



Victorian Certificate of Education 2013

SUPERVISOR TO ATTACH PROCESSING LABEL HERE

STUDENT NUMBER

Figures

Words

Letter

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HEALTH AND HUMAN DEVELOPMENT

Written examination

Wednesday 6 November 2013

Reading time: 3.00 pm to 3.15 pm (15 minutes)

Writing time: 3.15 pm to 5.15 pm (2 hours)

QUESTION AND ANSWER BOOK

Structure of book

<i>Section</i>	<i>Number of questions</i>	<i>Number of questions to be answered</i>	<i>Number of marks</i>
A	12	12	35
B	7	7	60
			Total 95

- Students are permitted to bring into the examination room: pens, pencils, highlighters, erasers, sharpeners and rulers.
- Students are NOT permitted to bring into the examination room: blank sheets of paper and/or white out liquid/tape.
- No calculator is allowed in this examination.

Materials supplied

- Question and answer book of 20 pages.
- Additional space is available at the end of the book if you need extra paper to complete an answer.

Instructions

- Write your **student number** in the space provided above on this page.
- All written responses must be in English.

Students are NOT permitted to bring mobile phones and/or any other unauthorised electronic devices into the examination room.

SECTION A**Question 1 (3 marks)**

- a. Define 'health status'. 1 mark

- b. Outline the difference between mortality and morbidity as measurements of health status. 2 marks

Question 2 (4 marks)

- a. Give **one** example of a social determinant and **one** example of a behavioural determinant that could contribute to poorer health status for those living in rural and remote areas. 2 marks

social determinant

behavioural determinant

- b. Select **one** of the examples given in **part a.** and explain how it might contribute to variations in health status between those living in rural and remote areas and those living in major cities. 2 marks

example _____

explanation _____

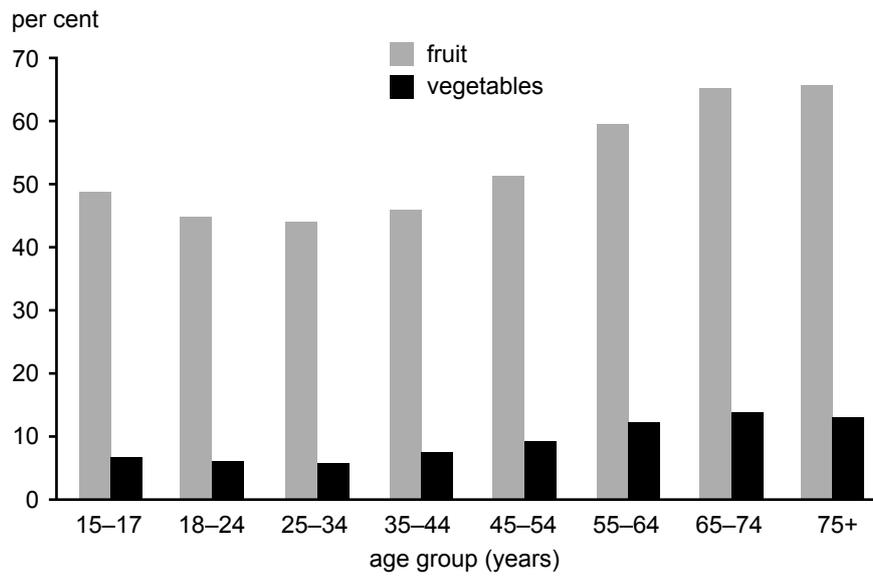
Question 3 (2 marks)

Complete the following table by providing **one** major food source of iodine and **one** major function of iodine as a determinant of health.

	Major food source	Major function as a determinant of health
Iodine		

Question 4 (3 marks)

People aged 15 years or over who usually eat the recommended daily intake of fruits and vegetables



Source: Australian Institute of Health and Welfare, *Australia's welfare 2011*, Australia's welfare series no. 10, cat. no. AUS 142, Canberra, 2011, p. 367

- a.** Identify **one** trend from the graph in relation to the percentage of people who usually eat the recommended daily intake of fruits and vegetables.

1 mark

- b.** Green leafy vegetables are a major food source of folate and iron. Complete the following table by identifying **one other** major food source for each of these nutrients.

2 marks

Nutrient	Major food source
folate	
iron	

Question 5 (4 marks)

Identify two indicators of the Human Development Index (HDI) and outline how they lead to variations in the HDI between Australia and a developing country.

indicator 1 _____

outline _____

indicator 2 _____

outline _____

Question 6 (2 marks)

Explain **one** difference between the biomedical model of health and the social model of health.

Question 7 (3 marks)

The SunSmart program is jointly funded by Cancer Council Victoria and VicHealth. The original campaign ‘Slip Slop Slap’ has evolved to include ‘Seek’ shade and ‘Slide’ on sunglasses, and the program focuses on both the harms and benefits of the sun’s ultraviolet (UV) radiation.

The success of the program has resulted in Victorians being more than twice as likely to wear hats and sunscreen as they were in the 1980s. More than 90 per cent of all Victorian primary schools are now participating in the SunSmart schools program.

Source: adapted from <http://www.vichealth.vic.gov.au>

- a.** Identify **one** priority of VicHealth that is evident in the SunSmart program. 1 mark

- b.** Describe how the SunSmart program helps to achieve VicHealth’s mission. 2 marks

Question 8 (2 marks)

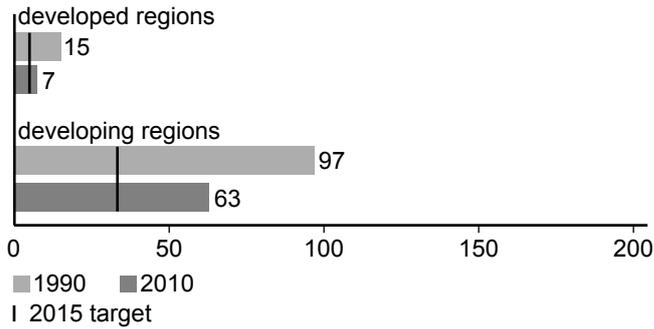
Outline two examples of how Medicare is different from private health insurance.

1.

2.

Question 9 (2 marks)

How does the United Nations (UN) define ‘sustainability’?

Question 10 (3 marks)**Under-five mortality rate, 1990 and 2010 (deaths per 1000 live births)**

Source: *The Millennium Development Goals Report 2012*, United Nations, New York, 2012, p. 26

The graph above shows the progress being made towards the achievement of Millennium Development Goal 4: Reduce child mortality. The vertical line shows the target set for 2015.

- a. Using data from the graph, describe the progress being made towards achieving Millennium Development Goal 4 in developed and developing regions. 2 marks

developed regions _____

developing regions _____

- b. Provide **one** reason why Millennium Development Goal 4 is important. 1 mark

Question 11 (3 marks)

In 2012, the then Australian Foreign Minister, Bob Carr, announced the introduction of a Comprehensive Aid Policy Framework to guide the Australian aid budget over the next four years. Highlights of the Comprehensive Aid Policy Framework include the following.

- More than 30 per cent of the aid budget will be delivered through partnerships with multilateral organisations.
- At least 10 per cent of the aid budget will be delivered through partnerships with non-government organisations.

Source: adapted from <http://foreignminister.gov.au>

- a. Identify **one** type of aid that is **not** mentioned in the highlights of the Comprehensive Aid Policy Framework above. 1 mark

- b. What is multilateral aid? In your answer, include **one** example. 2 marks

Question 12 (4 marks)

- a. List two examples of how the UN promotes world peace and security. 2 marks

1. _____

2. _____

- b. Select **one** of the examples listed in **part a.** and explain how this could contribute to an improvement in health status. 2 marks

SECTION B**Question 1 (8 marks)**

The Australian Government plays a major role in promoting healthy eating through legislation developed by Food Standards Australia New Zealand (FSANZ) and the development of the Dietary Guidelines.

Food Standards Australia New Zealand

A range of nutritional and other information is added to food labels to help consumers make safe and healthy food choices. Some information on labelling is required by legislation according to FSANZ. Other information is included voluntarily by manufacturers.

Dietary Guidelines

In 2012, the National Health and Medical Research Council (NHMRC) conducted a review of the Australian Dietary Guidelines that were originally released in 2003. The updated guidelines were released in 2013.

- a. Identify two examples of information that must appear on food labels in Australia and New Zealand according to legislation. 2 marks

1. _____

2. _____

- b. Explain how the information on food labels could assist in promoting healthy eating. 2 marks

- c. State two ways in which the Dietary Guidelines assist in promoting healthy eating. 2 marks

1. _____

2. _____

- d. Non-government organisations, such as Nutrition Australia, also provide dietary advice to promote healthy eating.

Describe **one** example of how Nutrition Australia achieves this.

2 marks

Question 2 (6 marks)

Men’s Shed is an initiative of the Australian Men’s Shed Association. It has been developed in many local communities across Australia, and it offers men an opportunity to socialise with other men in their community and learn new skills, such as woodworking and the restoration of old furniture.

The Australian Men’s Shed Association is a not-for-profit organisation that is funded by the Federal Government. It is now the largest association in Australia focused on men’s health and wellbeing.

Source: adapted from <http://www.mensshed.org>

- a. Outline two ways in which this initiative could improve men’s health.

2 marks

1. _____

2. _____

- b. Identify and explain two principles of the social model of health that are evident in the Men’s Shed initiative.

4 marks

1. _____

2. _____

Question 3 (9 marks)

AusAID has supported work in the Isabel Province in the Solomon Islands. This program has achieved success in reducing malaria by focusing on simple activities such as providing treated mosquito nets, spraying households with insecticides, eliminating mosquito breeding grounds and improving the diagnosis of malaria in local health facilities. Education programs are run in schools and there are local drama performances in villages to educate people about malaria. A group of women has also formed a 'Mother's Union' to share the message with the community.

The Solomon Islands is currently on track to eliminate malaria within two years.

Source: adapted from *Focus*, AusAID, vol. 27 no. 3, Oct.–Dec. 2012, p. 27;
Australian Department of Foreign Affairs and Trade

- a.** Outline two reasons why Isabel Province is committing resources to the elimination of malaria. 2 marks

1. _____

2. _____

- b.** Describe how two elements of sustainability contribute to the effectiveness of the Isabel Province malaria program. 4 marks

1. _____

2. _____

- c.** Isabel Province has been able to achieve improvements in malaria rates through the support of AusAID. 3 marks
 Identify one of the objectives of AusAID and explain how the malaria program contributes to achieving this objective.

objective _____

explanation _____

Question 4 (9 marks)

- a.** Outline the purpose of Millennium Development Goal 5: Improve maternal health. 2 marks

- b.** Describe a program that could be implemented by a non-government organisation to improve the maternal health of women in a developing country. 3 marks

- c.** Explain how the program described in **part b.** could promote sustainable human development. 4 marks

Question 5 (5 marks)

Source: Australian Institute of Health and Welfare, *Australia's health 2010*,
Australia's health series no. 12, cat. no. AUS 122, Canberra, 2010, p. 254

- a. Using information from the graph, identify how socio-economic status is related to deaths per 100 000. 1 mark

- b. Identify **one** biological determinant and explain how it might contribute to the differences in deaths per 100 000 between the population groups with the highest and lowest socio-economic status. 2 marks

biological determinant _____

explanation _____

- c. Death rates are one way in which health status can be measured. Incidence and prevalence are other measurements of health status.

Outline the difference between incidence and prevalence.

2 marks

Question 6 (11 marks)

- a. Outline key features of the condition known as asthma.

2 marks

- b. Provide two reasons why asthma is identified as a National Health Priority Area.

2 marks

1. _____

2. _____

- c. List **one** Federal Government and **one** State Government responsibility in relation to asthma. 2 marks

Level of government	Responsibility
Federal	
State	

- d. Outline one indirect and one intangible cost to the **community** associated with asthma. 2 marks

indirect cost _____

intangible cost _____

- e. Explain **one** health promotion program that has been introduced to reduce the burden of disease associated with asthma. 3 marks

Question 7 (12 marks)

- a. Consider the following information about health and health services in Australia and Swaziland.

	Australia	Swaziland
life expectancy (years)	82	49
births attended by skilled health personnel (%)	99	74
physicians (doctors) per 10 000 population	29.9	1.6
hospital beds per 10 000 population	38	21
prevalence of HIV (%) in population aged 15–49	0.1	25.9

Data: World Health Organization, *World Health Statistics 2011*
http://www.who.int/whosis/whostat/EN_WHS2011_Full.pdf

Using information from the table, explain how access to healthcare might account for the difference in life expectancy between Australia and Swaziland.

4 marks

Possible Dreams International 'Mealie Meal' Project

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this material is not supplied

Source: adapted from <http://www.possibledreamsinternational.org>

b. Explain the term 'food security'.

2 marks
