



# VCE Health and Human Development

## Written examination – November

### Examination specifications

#### Overall conditions

The examination will be sat at a time and date to be set annually by the Victorian Curriculum and Assessment Authority.

There will be 15 minutes reading time and 2 hours of writing time.

VCAA examination rules will apply. Details of these rules are published annually in the *VCE and VCAL Administrative Handbook*.

The examination will be marked by a panel appointed by the VCAA.

The examination will contribute 50 per cent to the Study Score.

#### Content

The *VCE Health and Human Development Study Design 2010–2013* is the document for the development of the examination. All outcomes in Units 3 and 4 will be examined.

All of the key knowledge and skills that underpin the outcomes in Units 3 and 4 are examinable.

It should be noted that Unit 4 defines human development using the United Nations definition, which is a significant change from the previous study design. When answering questions about human development this definition should be used to frame student answers. See page 27 of the *VCE Health and Human Development Study Design 2010–2013*.

#### Format

The exam will consist of two sections.

**Section A:** Short answer questions based on Units 3 and 4. Mark range of 30 to 40.

**Section B:** Questions with multiple parts and/or scenarios, which allow students to apply knowledge and/or skills across both Units 3 and 4. Parts of questions will be worth a maximum of 10 marks. Mark range of 60 to 70.

The examination will be scored out of 90 to 100 marks.

The examination will be presented in a question and answer book.

#### Advice

During the 2010–2013 accreditation period for VCE Health and Human Development, examinations will be prepared according to the Examination specifications above. Each examination will conform to these specifications and will test a representative sample of the key knowledge and skills.

The following advice is part of the implementation of the Health and Human Development examination in 2010.

A sample paper has been supplied where there has been a significant change in content or format of the study design and/or the examination.

Teachers and students, in preparation for the examination, should use the sample paper as a guide.

The marks allocated to individual questions may vary from year to year. Each question will be followed by lined spaces which will provide a guide to the amount of written responses anticipated. Further guidance will be provided by the number of marks allocated to each question, which will be clearly stated below each question.

The VCAA does not publish answers to sample examinations. In order to meet copyright requirements some of the images on this website have been omitted. Additional detailed acknowledgments have been inserted for this sample paper only, but will not appear on the November examination paper.

The following documents should be referred to in relation to the 2010 Health and Human Development examination.

- *VCE Health and Human Development Study Design 2010–2013*
- *VCE Health and Human Development Assessment Handbook 2010.*



# Victorian Certificate of Education 2010

SUPERVISOR TO ATTACH PROCESSING LABEL HERE

## STUDENT NUMBER

Figures

Words


Letter

--

# HEALTH AND HUMAN DEVELOPMENT

## Written examination

Day Date 2010

Reading time: \*.\*.\* to \*.\*.\* (15 minutes)

Writing time: \*.\*.\* to \*.\*.\* (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	9	9	32
B	7	7	64
			Total 96

- 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 16 pages.

#### 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**

a. Define ‘burden of disease’.

---



---

1 mark

b. Briefly explain the difference between the meaning of life expectancy and health adjusted life expectancy (HALE).

---



---



---

2 marks

**Question 2**

Consider the following table that compares the health status of Australia with a range of developed countries.

**Table 1**

Country	Mortality rate for cancer 2002 Age standardised per 100 000	Mortality rate for cardiovascular disease 2002 Age standardised per 100 000	Mortality rate for injuries 2002 Age standardised per 100 000	Mortality rate for non-communicable diseases 2002 Age standardised per 100 000	HALE Years 2003	Life Expectancy 2006	Under 5 mortality rate per 1 000 2006
United States of America	134	188	47	460	69	78	8
Sweden	116	176	30	379	73	81	4
United Kingdom	143	182	26	434	71	79	6
Australia	127	140	35	362	73	82	6
Japan	19	106	39	287	75	83	4

Adapted from: www.who.int

Use the data in Table 1 to compare the health status of Australia with that of three other developed countries listed.

---



---



---



---



---

4 marks

**Question 3**

Four nutrients are listed in the table below.

Complete the table by briefly outlining the function of the nutrient as a determinant of health.

Nutrient	Function of nutrient as a determinant of health
Vitamin B12	
Protein	
Vitamin A	
Iron	

4 marks

**Question 4**

Nutrient Reference Values for Australia and New Zealand were released in 2006 by the National Health and Medical Research Council.

Outline the purpose of the Nutrient Reference Values in guiding dietary intake.

---



---



---

2 marks

**Question 5**

Two ways in which the federal government aims to improve the health of Australians is through the provision of Medicare and the Pharmaceutical Benefits Scheme.

- a. Describe how Medicare is funded.

---

---

---

2 marks

- b. What is the Pharmaceutical Benefits Scheme?

---

---

2 marks

**Question 6**

The United Nations has established Millennium Development Goals for achievement by 2015.

- a. Name one of the Millennium Development Goals where health is a central focus.

---

---

1 mark

- b. Briefly explain why this goal is important in promoting global health.

---

---

---

2 marks

**Question 7**

In order to eradicate extreme poverty and hunger, AusAid programs are delivered across a range of sectors that include health, education, infrastructure, gender equality, law and order (political stability), rural development and the environment.

Explain why some AusAid programs would include a focus on gender equality to eradicate extreme poverty and hunger.

---

---

---

---

---

4 marks

**Question 8**

For many Australians, Non-Government Organisations (NGOs) are the most visible representation of development assistance and a major source of information on issues related to international development.

- a. Name **one** non-government organisation (NGO) based in Australia that promotes global health and sustainable human development.

---

1 mark

- b. Briefly explain the role an NGO plays in promoting sustainable human development.

---

---

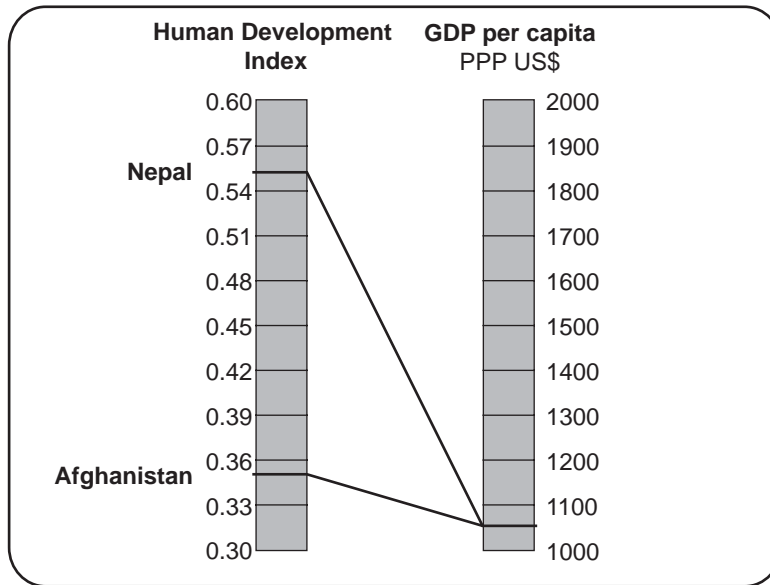
---

---

3 marks

**Question 9**

The graph below shows the Human Development Index for Nepal and Afghanistan in comparison to their GDP per capita which is defined as the amount of income earned per head of the population.



Source: Indicator table H of the Human Development Report 2009

a. What is the Human Development Index?

---



---



---



---

2 marks

b. Explain one possible reason for the difference in the Human Development Index of these two countries, given they have the same GDP or income per capita (per head of the population).

---



---



---



---

2 marks

**SECTION B****Question 1**

One of Australia's National Health Priority Areas is diabetes mellitus. The spread of preventable diabetes has increased. There have been 15 000 new cases (on average) in Victoria each year over a seven-year period. This increased the total number of cases from 96 000 to about 200 000 people. Four out of five cases of diabetes are type 2 diabetes.

- a. Identify one reference to the prevalence of diabetes described in the paragraph above.

---

---

1 mark

- b. What is one direct cost of diabetes mellitus for the individual?

---

---

1 mark

- c. Name and describe one health promotion campaign that has been introduced to reduce the incidence of diabetes mellitus.

Name \_\_\_\_\_

Description \_\_\_\_\_

---

---

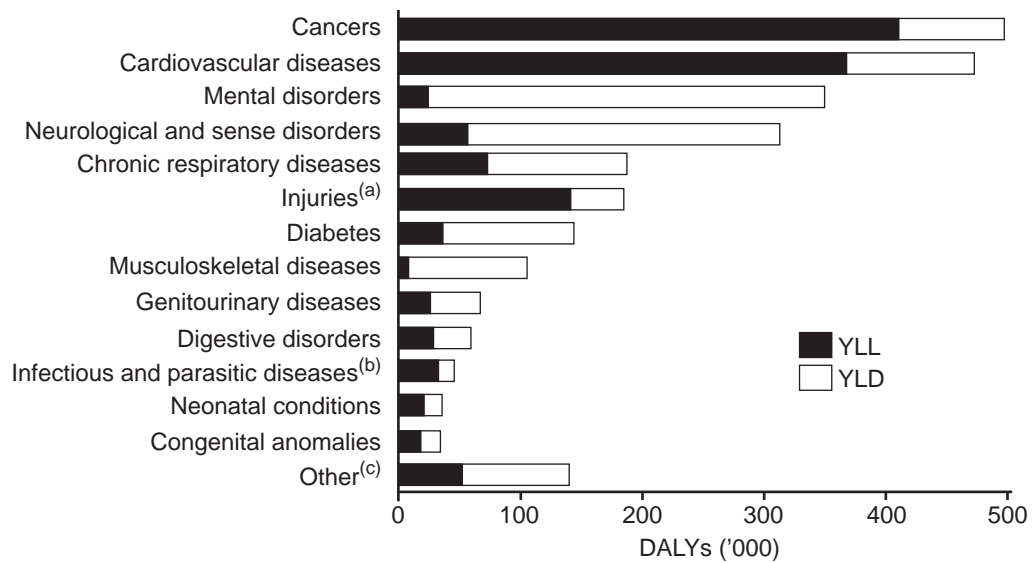
---

---

4 marks

**Question 2**

The data in the graph below shows the burden of disease for major disease groups for Australia in 2003.



(a) Includes intentional and unintentional injuries.

(b) Excludes acute respiratory infections.

(c) Includes maternal conditions, nutritional deficiencies, non-malignant neoplasms, skin diseases, oral health conditions, acute respiratory infections and ill-defined conditions.

Source: Australian Institute of Health and Welfare 2008, *Australia's Health 2008* p. 54

- a. Identify the disease group that accounted for the greatest number of DALYs in 2003.

---

1 mark

- b. Explain one example of a behavioural determinant that acts as a risk factor for this disease.

---



---



---

2 marks

- c. The Ottawa Charter outlines five priority or action areas for health promotion. Identify one of these action areas and explain how it could reduce the impact on the burden of disease associated with the disease grouping identified in **part a**.

Priority or action area \_\_\_\_\_

How it could reduce the burden of disease \_\_\_\_\_

---



---



---

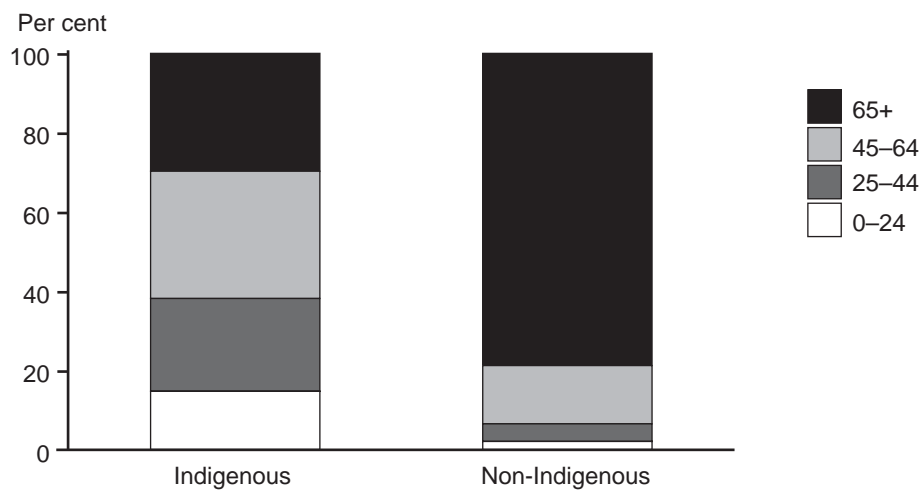


---

3 marks

### Question 3

The graph below compares the age distribution of deaths between indigenous and non-indigenous people, 2001–2005.



Note: Data for Queensland, Western Australia, South Australia and the Northern Territory combined. Based on year of registration of death.

Source: Australian Institute of Health and Welfare 2008, *Australia's Health 2008* p. 75

- a. i. Select one age group where there is significant variation in the percentage of indigenous people who die compared to non-indigenous people.

---

1 mark

**ii.** For the age group selected, describe two social determinants that might contribute to this variation.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1 + 4 = 5 marks

**b.** Indigenous people are more likely to develop and die from cardiovascular disease than non-indigenous people.

Describe cardiovascular disease.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 marks

**c.** Explain the role of nutrition in the development of cardiovascular disease.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 marks

**d.** Explain one way the Australian Government could promote healthy eating to Indigenous Australians to improve their health status.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 marks

**Question 4**

Read the following case study about the PATS program and answer the questions that follow.

**Paying Attention To Self (PATS) program for adolescents**

The PATS program was an initiative of the Peer Support Programs developed at the Centre for Adolescent Health and was funded by VicHealth, the Victorian Department of Human Services and Beyondblue. It facilitated and supported five programs across Victoria, located in various locations.

The PATS program involves young people, aged 12 to 18 years, who have a parent with a mental illness, in an 8-week peer support program facilitated by a health professional and a peer leader.

**The main aims of the PATS program**

- To reduce the likelihood of the development of mental health difficulties in adolescents
- To decrease the risk factors for these young people
- To increase young people's coping skills so they can better meet future challenges

**Peer support leadership**

The peer leader was a young person who attended a PATS program and peer leadership training. They were responsible for the social aspects of the groups, organising activities and getting the participants mixing and talking. They acted as a positive role model for the group and were able to share their own experiences and coping strategies. Peer leaders played an important role in education and advocacy through public speaking and presentations at conferences and professional development sessions.

The PATS program also focused on workers, organisations, and the broader community, creating awareness of issues affecting young people with a parent with a mental illness.

Critical to this element was being able to use the voices of young people to talk about their personal experiences, which provided community members with a very strong and effective message regarding the needs of young people and how community organisations could best support them.

Source: Adapted from [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)

- a. Describe the role of VicHealth in promoting health.

---



---



---

2 marks

- b. Identify one principle of the social model of health and explain how it is reflected in the PATS program.

Principle \_\_\_\_\_

How it is reflected \_\_\_\_\_

---



---



---

3 marks

c. Discuss how the PATS program promotes the dimensions of health.

---

---

---

---

---

---

---

3 marks

**Question 5**

The following table shows a range of key indicators for selected countries.

Location	Population living below the poverty line (% living on &less US\$1 per day)	Human Development Index	Adult mortality rate (probability of dying between 15 to 60 years per 1000 population) both sexes	Infant mortality rate (per 1 000 live births) both sexes	Life expectancy at birth (years) both sexes	Population with sustainable access to improved drinking water sources (%) rural	Population with sustainable access to improved sanitation (%) rural
Malawi	20.8	.493	533	76	50	72	62
Mozambique	36.2	.402	477	96	50	26	19
Sudan		.531	296	62	60	64	24
Sweden		.963	64	3	81	100	100
India	34.3	.612	241	57	63	86	18
Australia		.970	65	5	82	100	100
Japan		.960	67	3	83	100	100

Source: adapted from UN Human Development Report 2008

- a. Using the data from the table, identify two countries that would be classified as being a developing country with high mortality. Justify using information from the table.

Country 1 \_\_\_\_\_

Justification \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country 2 \_\_\_\_\_

Justification \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3 + 3 = 6 marks

- b. Select two countries, other than Australia, identified in the table on page 13 and draw conclusions about the major burdens of disease likely to be experienced by these two countries. Justify using information from the table.

Country selected \_\_\_\_\_

---

---

---

Country selected \_\_\_\_\_

---

---

---

2 + 2 = 4 marks

- c. Using three elements that ensure sustainability of a program, describe a safe water and sanitation program that could be implemented in a country such as Mozambique.

---

---

---

---

---

---

---

---

---

---

6 marks



