



Victorian Certificate of Education 2012

SUPERVISOR TO ATTACH PROCESSING LABEL HERE

STUDENT NUMBER

Figures

Words

Letter

HEALTH AND HUMAN DEVELOPMENT

Written examination

Wednesday 7 November 2012

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	8	8	30
B	7	7	70
			Total 100

- 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 24 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

Describe the mental dimension of health.

2 marks

Question 2

Explain the glycaemic index.

2 marks

Question 3

The Australian Government is responsible for administering the Pharmaceutical Benefits Scheme (PBS).

a. What is the PBS?

2 marks

b. Explain how the PBS may improve the health status of Australians.

2 marks

Question 4

The 2007 Australian National Children’s Nutrition and Physical Activity Survey (Children’s Survey) was commissioned by the Department of Health and Ageing, the Department of Agriculture, Fisheries and Forestry, and the Australian Food and Grocery Council.

Among others, the Children’s Survey showed the following results.

Sugar

- In the children surveyed, sugar contributed to between 23–24 per cent of total energy intake. The Dietary Guidelines recommend a diet moderate in sugar (energy from sugar should not contribute more than 20 per cent of overall energy intake).
- The proportion of all children who met the recommendations for a diet moderate in sugar increased with age (29 per cent of those aged 4–8 years compared with 39 per cent of 14–16 year olds).

Micronutrients

- Results indicate that some micronutrient intakes such as calcium, sodium and magnesium are likely to be problematic, particularly for the 14–16 year olds who were the least likely to meet the recommended intake.

Source: 2007 Australian National Children’s Nutrition and Physical Activity Survey (Children’s Survey)
used by permission of the Australian Government

- a. Select one of the results of the survey outlined above and describe briefly the possible short- or long-term consequences for health.

2 marks

- b. In terms of promoting healthy eating, provide two reasons why the government carries out national nutrition surveys.

reason 1 _____

reason 2 _____

4 marks

Question 5

In May 2010, the member states of the World Health Organization (WHO) collectively agreed to a 'global strategy to reduce the harmful use of alcohol'. The strategy recommends ten areas for national action that countries should focus on.

- leadership, awareness and commitment
- health services' response
- marketing of alcoholic beverages
- drink-driving policies and countermeasures
- reducing the negative consequences of drinking and alcohol intoxication
- availability of alcohol
- reducing the public health impact of illicit alcohol and informally produced alcohol
- community action
- pricing policies
- monitoring and surveillance

Source: adapted from World Health Organization (2010); www.who.int/en/

List one of the core functions of the WHO and identify two areas above that demonstrate this core function.

core function _____

area 1 _____

area 2 _____

3 marks

Question 7**Protecting livelihoods in Zimbabwe**

Sarah Ncube, from the Chidobe Ward in Zimbabwe, used to struggle to produce enough food for her family and to pay for her children's school fees.

In 2008, she came across the Protracted Relief Program that helped her grow a wider variety of crops. Through the program, she was able to buy seeds and other agricultural supplies such as fertiliser.

After just a year, her family harvested enough grains – including sorghum, millet and maize – to fill their stomachs every day. She's now selling the crops they don't eat for cash, providing \$30–\$50 in income a year.

Through the program, Sarah participated in a health and hygiene program to help keep her new collection of pots and plates spotlessly clean. She's joined a savings and loans group to help her manage her finances and she's also helping to manage the local borehole and water pump so the wider community can benefit from access to a reliable water source in the drought-ridden area.

Source: *Focus*, AusAID, Vol. 26 No. 2, June–Sept 2011

- a. Identify one Millennium Development Goal that the Protracted Relief Program is addressing.

1 mark

- b. Use two examples from the extract above to demonstrate how the program in Zimbabwe is addressing the goal identified in **part a**.

1. _____

2. _____

2 marks

Question 8

In 2011, the Australian Institute of Health and Welfare released a report called 'The health of Australia's males'. It reported that one in six Australian males did not use Medicare services in 2008–2009. This number is lower than that for females.

- a. Identify the level of government responsible for administering Medicare.

_____ 1 mark

- b. Explain how Medicare is funded.

_____ 2 marks

- c. Explain one determinant of health that could account for the behaviour of males with regard to their use of Medicare services.

_____ 2 marks

- d. List two health services males might use that could be claimed through Medicare.

1. _____

2. _____

2 marks

SECTION B

Question 1

‘In many ways cardiovascular disease (CVD) can be considered Australia’s most costly disease. It costs more lives than any other disease and has the greatest level of health expenditure. It also imposes a burden of disease, measured [by] disability and premature death, second only to cancer.’

Source: Australian Institute of Health and Welfare,
Cardiovascular disease: *Australian facts 2011, Cardiovascular disease series*, cat. no. CVD 53, Canberra, p. x

- a. Describe cardiovascular disease.

2 marks

- b. Provide one example each of a direct, indirect and intangible cost to the individual and/or community associated with CVD.

direct cost _____

indirect cost _____

intangible cost _____

3 marks

- c. Explain the role of nutrition in addressing cardiovascular health.

3 marks

Some population groups have much higher rates of illness and death from CVD than others, particularly Aboriginal and Torres Strait Islander peoples, those from the most socio-economically disadvantaged groups and those living in remote areas of Australia.

- d. Select one of these population groups. Identify two determinants of cardiovascular health and explain how each of these determinants could contribute to higher rates of cardiovascular disease for this population group.

population group _____

determinant 1 _____

explanation _____

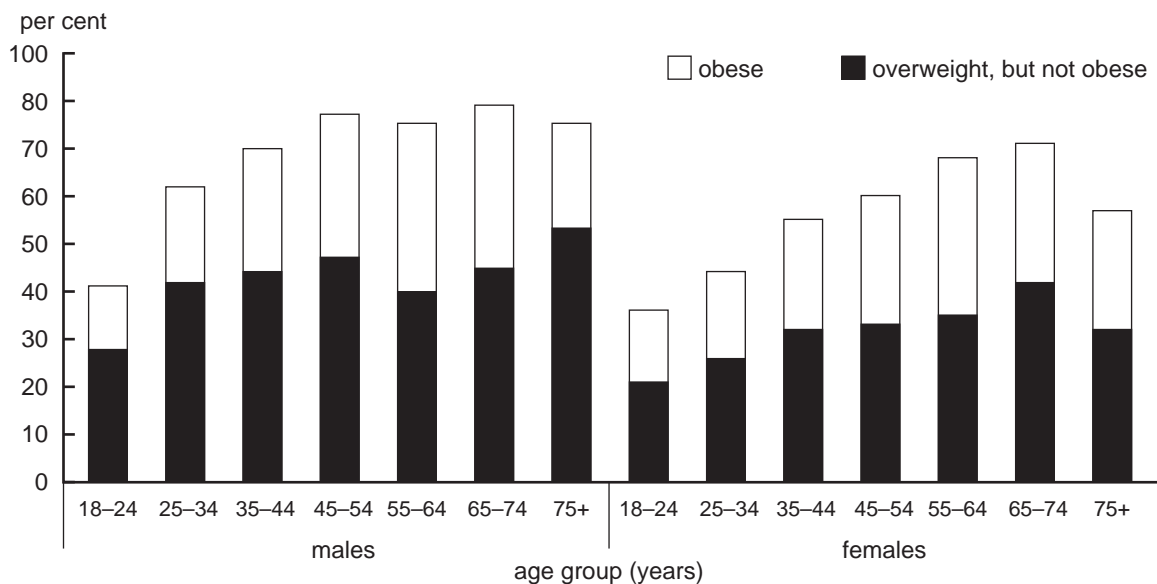
determinant 2 _____

explanation _____

4 marks

Question 2

Percentage of Australian adults who are overweight or obese by sex and age, 2007–2008



Source: Australian Institute of Health and Welfare, Cardiovascular disease: *Australian facts 2011, Cardiovascular disease series*, cat. no. CVD 53, Canberra, p. 32

- a. Outline one measurement that can be used to determine if an adult is obese.

1 mark

- b. Using the data in the graph, draw one conclusion about overweight and obese males compared to females.

2 marks

- c. Use two priority areas identified in the Ottawa Charter for Health Promotion to describe how the levels of obesity in Australia could be reduced.

priority area 1 _____

description _____

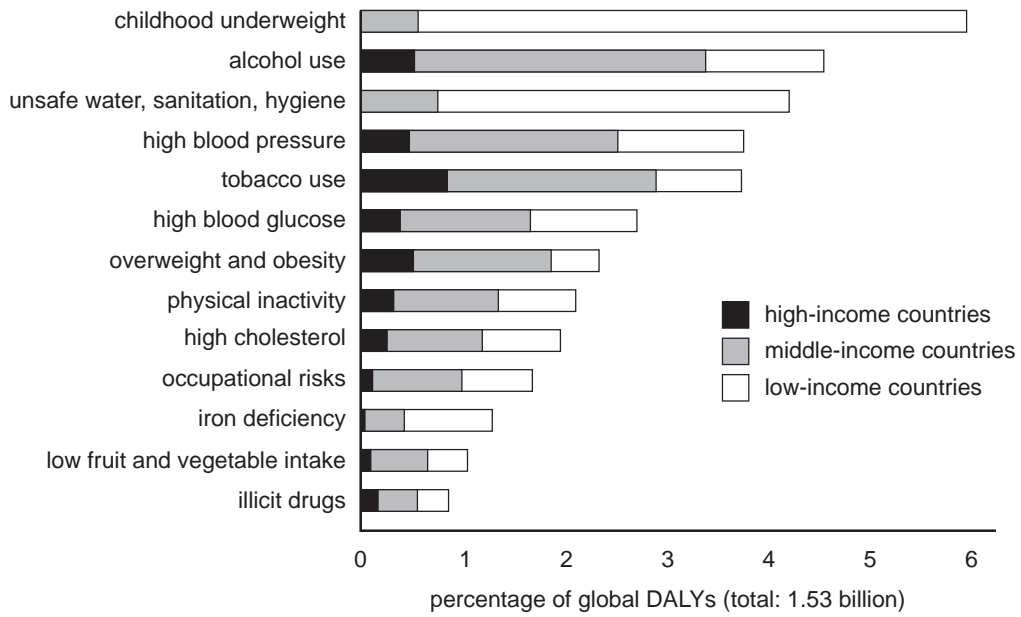
priority area 2 _____

description _____

4 marks

Question 3

Consider the following graph.



Source: World Health Organisation, www.who.int/mediacentre/factsheets/fs349/en/

a. Explain what is meant by global marketing.

2 marks

c. The Heart Foundation’s advice is to ‘choose healthier fats and oils’. Identify two types of healthier fats and oils, and explain why they are considered to be healthier options.

1. _____

2. _____

4 marks

d. Draw one conclusion about the effectiveness of the advice provided by the Heart Foundation for maintaining a healthy weight.

2 marks

Question 6

AusAID is responsible for managing the Australian Government’s overseas aid program.

a. List two objectives of AusAID.

1. _____

2. _____

2 marks

b. Explain one reason why AusAID provides funding to non-government organisations (NGOs).

2 marks

c. i. Identify one NGO with which AusAID works.

ii. Describe a program that the NGO, with AusAID, has implemented to promote global health and sustainable human development.

1 + 4 = 5 marks

- d. Complete the table below by identifying two different types of aid (other than funding NGOs) that AusAID provides. Describe each type of aid and give one example that represents each type.

Type of aid	Description	Example
1.		
2.		

6 marks

Question 7**Indicators of health status for a range of countries (2009)**

Country	GNI \$US	Life expectancy	U5MR /1000	Maternal mortality /100 000	Injuries % of DALYs	Obesity % of population		HIV /1000	Tuberculosis /100 000
						Males	Females		
Australia	38 510	82	5	8	15	25.2	24.9	1	8
Afghanistan	–	68	199	1 400	9	1.5	3.3	–	337
Bhutan	5 290	63	79	200	14	4.7	6.6	2	179
United Kingdom	35 860	80	5	12	9	24.4	25.2	2	15
Sweden	38 050	81	3	5	12	18.2	15.0	1	8
Burkina Faso	1 170	52	166	560	7	1.7	3.0	12	397
Chad	1 160	48	209	1 200	5	2.4	3.8	34	456
Japan	33 440	83	3	6	15	5.5	3.5	1	26
USA	45 640	79	8	24	19	30.2	33.2	6	5

Source: World Health Organisation and Human Development Reports

- a. Select one developing country from the table and use the data to justify whether it represents a developing country with high or low mortality strata.

2 marks

