HEALTH AND HUMAN DEVELOPMENT

Written examination

Thursday 8 November 2018
Reading time: 11.45 am to 12.00 noon (15 minutes)
Writing time: 12.00 noon to 2.00 pm (2 hours)

QUESTION AND ANSWER BOOK

<table>
<thead>
<tr>
<th>Structure of book</th>
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<tbody>
<tr>
<td>Number of questions</td>
</tr>
<tr>
<td>13</td>
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</tbody>
</table>

- 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 correction fluid/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.
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Question 1 (6 marks)

a. Outline how life expectancy differs from health-adjusted life expectancy.  

b. Explain how changes in policy and practice relating to ‘old’ public health may have contributed to Australia’s health status over time.
Question 2 (5 marks)
a. What is meant by ‘new’ public health?  

b. Analyse one way in which ‘new’ public health may have contributed to improvements in Australia’s life expectancy over time.
Question 3 (6 marks)
Sam is 25 years old and loves to play hockey. Sam recently suffered a broken leg and will be unable to play hockey for at least two months. Watching the team play has led to Sam feeling frustrated and upset.

a. Referring to the information above, explain why the concept of health and wellbeing is considered to be dynamic. 2 marks

b. Explain the spiritual dimension of health and wellbeing. 2 marks

c. Explain why Sam could still have optimal spiritual health and wellbeing. 2 marks
Question 4 (8 marks)
Consider the following three sources relating to the National Disability Insurance Scheme (NDIS).

Source 1
The following data is from the NDIS quarterly report (September 2017).

![Bar chart showing primary disabilities of active participants with an approved plan](chart1.png)


Source 2
The following data is from the NDIS quarterly report (December 2017).

![Pie chart showing percentage of NDIS participants reporting that the NDIS was helping them, 2017](chart2.png)

Source 3
The following information relates to a child who has recently been diagnosed with autism.

Anna’s son Daniel is in primary school and has been diagnosed with autism. This diagnosis means he is eligible for assistance through the NDIS. James, the NDIS Local Area Coordinator, met with Anna to discuss Daniel’s needs and goals, and developed an individual NDIS plan for Daniel. James was able to connect Anna with workshops for parents, designed to develop their knowledge of autism and ways to help their children build their skills and independence. Part of the plan included funding for a backyard playground to help Daniel participate in activities to improve his imagination.

Using the information provided, analyse the NDIS’s contribution to optimal health and wellbeing as a resource both individually and nationally.
Question 5 (7 marks)

According to the 2012–2013 Australian Aboriginal and Torres Strait Islander health survey:

- Obesity rates for Aboriginal and Torres Strait Islander males and females were significantly higher than the comparable rates for non-Indigenous people in almost every age group.
- Aboriginal and Torres Strait Islander rates for heart disease were significantly higher than the comparable rates for non-Indigenous people in all age groups from 15–54 years.
- Aboriginal and Torres Strait Islander rates for diabetes/high sugar levels were between three and five times as high as the comparable rates for non-Indigenous people in all age groups from 25 years and over.


a. Select one sociocultural factor and explain how this factor could account for the differences in Indigenous and non-Indigenous health status identified in the health survey. 3 marks

Sociocultural factor ________________________________

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b. Referring to information from the health survey above, explain how the Australian Dietary Guidelines could assist in improving Indigenous health status. 4 marks

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**Question 6** (10 marks)

‘Koori community kitchen’ is a small cooking program targeting urban Aboriginal people in Victoria. The program aims to empower the community and promote a healthier wellbeing. The ‘Koori community kitchen’ acts as a meeting place for members of the Koori community and provides an opportunity to support these community members with their health and wellbeing issues. The kitchen is open to any Koori community member to meet and have a chat with other community members in a culturally friendly environment. The program runs every Thursday ... and is coordinated by Peninsula Health.


a. Describe how the ‘Koori community kitchen’ program could improve social and emotional health and wellbeing. 4 marks

b. Identify and describe two action areas of the Ottawa Charter for Health Promotion that are reflected in the ‘Koori community kitchen’ program and explain how they are evident. 6 marks

Action area 1

Action area 2
Question 7 (10 marks)
The following table shows indicators of health status for a range of countries.

<table>
<thead>
<tr>
<th></th>
<th>Fertility rate, total (births per woman)*</th>
<th>Mean years of schooling†</th>
<th>Cancer death rate per 100,000 (males)‡</th>
<th>Chronic respiratory disease death rate per 100,000 (males)‡</th>
<th>Human Development Index†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>1.8</td>
<td>13.2</td>
<td>135.9</td>
<td>27.8</td>
<td>0.939</td>
</tr>
<tr>
<td>South Sudan</td>
<td>4.9</td>
<td>4.8</td>
<td>121.1</td>
<td>63.2</td>
<td>0.418</td>
</tr>
<tr>
<td>Greece</td>
<td>1.3</td>
<td>10.5</td>
<td>157.0</td>
<td>34.2</td>
<td>0.866</td>
</tr>
<tr>
<td>France</td>
<td>2.0</td>
<td>11.6</td>
<td>179.8</td>
<td>18.7</td>
<td>0.897</td>
</tr>
<tr>
<td>Niger</td>
<td>7.3</td>
<td>1.7</td>
<td>57.5</td>
<td>49.1</td>
<td>0.353</td>
</tr>
</tbody>
</table>

Data: *The World Bank, World Development Indicators: Reproductive health, Table 2.14, <www.worldbank.org>;
‡World Health Organization, Global Status Report on noncommunicable diseases 2014, pp. 154–161

a. Identify a low-income country from the table above and use data from the table to justify your response. 2 marks

Low-income country ____________________________

Justification __________________________________________________________________________

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Question 7 – continued
b. i. Describe the Human Development Index (HDI).  

ii. Outline one advantage and one limitation of the HDI.  

Advantage

Limitation

c. i. Identify one feature of Sustainable Development Goal (SDG) 3, ‘Good health and wellbeing’, that is relevant to addressing the health issues shown in the table on page 10.

ii. Explain how actions taken to achieve SDG 4, ‘Quality education’, could assist in achieving SDG 3.
Afghan Farmers Adopt Modern Agricultural Practices on Orchards

Farmer Abdul Azim … is able to irrigate his orchard in Zarshakh village, thanks to the recently installed solar water pump. Zarshakh … is one of the most water deficient villages in Paghman district in eastern Kabul Province [Afghanistan]. While residents derive most of their income from horticulture, they were hardly ever able to enjoy fresh farm produce themselves …

In March 2016, the National Horticulture and Livestock Project (NHLP)1 … dug a water well and installed the solar water pump for Azim … The total cost was around 670,000 afghans (about US$10,000), of which NHLP covered 75 per cent while the rest was paid by Azim. [A US$190 million grant was provided by the World Bank to assist the Afghan Government in funding the project.]

‘We used to spend 300,000 afghans (about US$5,500) in any given year to buy fuel for generators to power pumps to get water for our farmland,’ Azim says. ‘With the installation of the solar water pump, I saved all that money and yet, for the first time in my village, I had enough water for irrigation.’

The installation of the solar water pump has helped Azim expand his farm from 1.4 to 2.4 hectares. ‘Before the solar pump, most of my farmland lay barren. I did not even have vegetables on my table regularly,’ he says. ‘But in these six months, I not only have vegetables, I have enough to give to my neighbours too.’

…

NHLP covers 14 districts in Kabul Province. In 2016, the project established more than … 1,600 hectares, of new almond, apple, and apricot orchards, built 84 raisin drying houses, and 35 irrigation reservoirs.

To date, 17 water wells have been dug and 12 solar water pumps installed for farmers who faced water shortage. ‘Our activities have helped farmers in Kabul and their produce can now compete with imported fruits in Afghanistan,’ says Baryalay Momand, NHLP’s provincial coordinator for Kabul.


1National Horticulture and Livestock Project (NHLP) – operated by the Afghan Government and promotes improved farming practices

a. Describe the type of aid represented in the program above. 2 marks

b. Explain how this program promotes human development. 2 marks
c. Discuss the relationship between this program and the achievement of SDG 3.  

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d. Identify two features of effective aid that are evident in this program and analyse how these features could contribute to the program’s success.  

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Question 9 (4 marks)

a. Explain the term ‘discrimination’.  

b. Explain how discrimination might contribute to differences in health status and burden of disease.
Question 10 (9 marks)
In 2014, the World Health Organization (WHO) established the Commission on Ending Childhood Obesity. The commission was established to review, build upon and address gaps in existing guidelines and strategies. It developed a set of recommendations to successfully tackle childhood and adolescent obesity in different contexts around the world.

a. Outline how the work of the WHO reflected in the information above contributes to good health and wellbeing.  

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b. Identify the WHO priority reflected in the information above.  

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c. Why is childhood obesity now a global issue affecting high-income, middle-income and low-income countries?  

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Question 11 (10 marks)

The AMA [Australian Medical Association] wants the Government to use tax policy to force up the prices of sugar-sweetened drinks to change behaviour … For the AMA, taxing them is far from the single solution to the obesity or diabetes epidemics …

Source: Emily Clark, ‘The AMA wants sugar-sweetened drinks taxed, but will it happen?’, ABC News, 7 January 2018, <www.abc.net.au>

a. Using your knowledge of effective health promotion, including the Ottawa Charter for Health Promotion, explain why taxing soft drinks is not the only solution to addressing the obesity epidemic. 6 marks

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b. Describe and justify two examples of social actions that could be taken to address the increasing rates of childhood obesity. 4 marks

Example 1

Example 2
Question 12 (11 marks)

Adi Chocolates – Artisan chocolate from Fiji for the tourism sector and exports

In Fiji cocoa beans were left to rot under the trees and cocoa gardens were not maintained. The Government of Fiji had promoted cocoa … to [help] diversify exports but when world market prices [fell] in the 1980s, Fiji became too expensive and buyers interested in cheap cocoa in bulk stayed away. Around the same time, the tourism sector started to grow in Fiji and with it grew the demand for high-quality local chocolate for use in resort kitchens for chocolate fountains and pastry or for tourists in search of authentic Fijian products. In June 2012, Adi Chocolates stepped into this gap and started producing high-quality dark chocolate by hand for the tourism sector and exports, thereby creating a new demand for local beans and a renewed interest among farmers to start harvesting and maintaining their gardens.

MDF1 [Market Development Facility] invested in a partnership with Adi Chocolates to upscale production from a purely manual, kitchen-based operation to a partially mechanised process, able to produce a larger volume and more variety of chocolates … [One of the activities that occurred under the partnership was the recruitment] of an ‘outgrower manager’ to maintain relations with farmers and teach them how to prune their cocoa gardens and dry and ferment their cocoa beans for better yields and better quality cocoa …

Adi Chocolates now supplies up to 40 major resorts, restaurants and retailers around Fiji and also has started to export to Japan as well as to some retail outlets in Europe. As Adi Chocolates opens up the market for Fijian chocolate, demand for cocoa from Fijian farmers will grow. As a result, by 2017, 70 farmers [were earning] an additional income of around FJD 200 per year.


1MDF – a multi-company, private sector development program funded by the Australian Government

a. Identify one priority area of Australia’s aid program that this initiative represents. 1 mark

b. Describe how this initiative reflects the features of Australia’s aid program. 3 marks
c. Increased world trade and tourism is one example of a global trend. Using examples from this initiative, analyse the implications of increased world trade and tourism for health and wellbeing.  

3 marks


d. i. What is meant by ‘sustainability’?  

1 mark

ii. Explain how the Australian Government’s investment in Adi Chocolates contributes to sustainability.  

3 marks
**Question 13** (2 marks)
Peace is a WHO prerequisite for health.

Explain how peace can lead to improved health outcomes.
Extra space for responses

Clearly number all responses in this space.
An answer book is available from the supervisor if you need extra paper to complete an answer. Please ensure you write your student number in the space provided on the front cover of the answer book. At the end of the examination, place the answer book inside the front cover of this question and answer book.