

## 2020 Trial Examination

STUDENT  
NUMBER

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# HEALTH AND HUMAN DEVELOPMENT

## Units 3 & 4 – Written examination

Reading time: 15 minutes

Writing time: 2 hours

### QUESTION AND ANSWER BOOK

#### Structure of book

<i>Number of questions</i>	<i>Number of questions to be answered</i>	<i>Number of marks</i>
10	10	100
		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 permitted in this examination.

#### Materials supplied

- Question and answer book of 19 pages.

#### Instructions

- Print your name in the space provided on the top of this page.
- All written responses must be in English.

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

**Question 1 (10 marks)**

**a.** Explain what is meant by ‘physical health and wellbeing’?

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2 marks

**b.** Explain the dynamic nature of health and wellbeing.

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2 marks

**c.** Darren was recently diagnosed with a mental illness. Describe the interrelationship this might have within three dimensions of his health and wellbeing.

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3 marks

d. Peace, shelter and education are three WHO prerequisites of health. Identify and explain one other WHO prerequisite of health.

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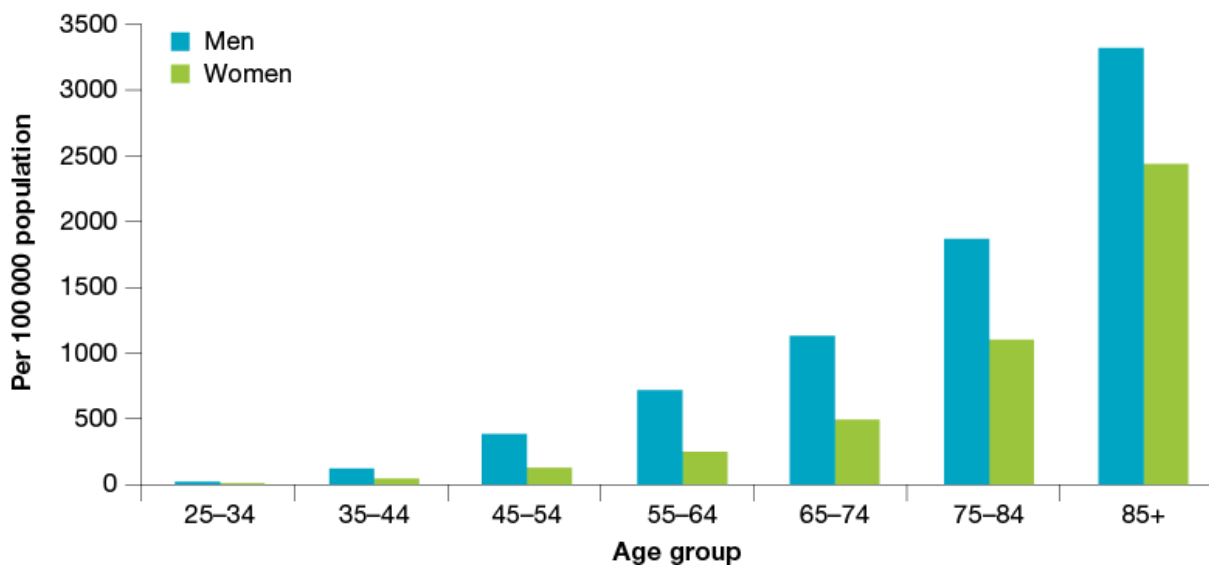
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3 marks  
2 + 2 + 3 + 3 = 10 marks

**Question 2 (16 marks)**

**FIGURE 2.28** Rates of heart attacks among people aged 25 years and over, according to sex, 2013



**TURN OVER**

**a.** Describe ‘health status’.

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2 marks

**b.** Outline the relationship between age and rates of heart attacks in Australia.

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2 marks

**c.** Identify and describe one sociocultural and one environmental factor that may impact on the rates of heart attacks in Australia.

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4 marks

2020 HEALTH AND HUMAN DEVELOPMENT EXAM

- d. Using your knowledge, outline the difference in health status between indigenous and non-indigenous Australians in relation to cardiovascular disease.

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2 marks

- e. Describe an initiative that could improve the difference outlined in part d.

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2 marks

- f. Identify two action areas of the Ottawa Charter and explain how each are addressed in the program described in part e.

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4 marks

2 + 2 + 2 + 4 + 2 + 4 = 16 marks

**TURN OVER**

**Question 3 (8 marks)**

In 2011, cancer was the leading contributor to burden of disease in Australia, accounting for 19 per cent of the total burden (AIHW, 2013).

- a. Use your knowledge to explain the differences between males and females in relationship to the impact of cancer on burden of disease.

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2 marks

- b. Explain two ways in which smoking can impact Australia's health status in relation to cancer.

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2 marks

- c. Identify one sociocultural and one environmental factor and explain how it may lead to people living outside major cities having higher rates of cancer.

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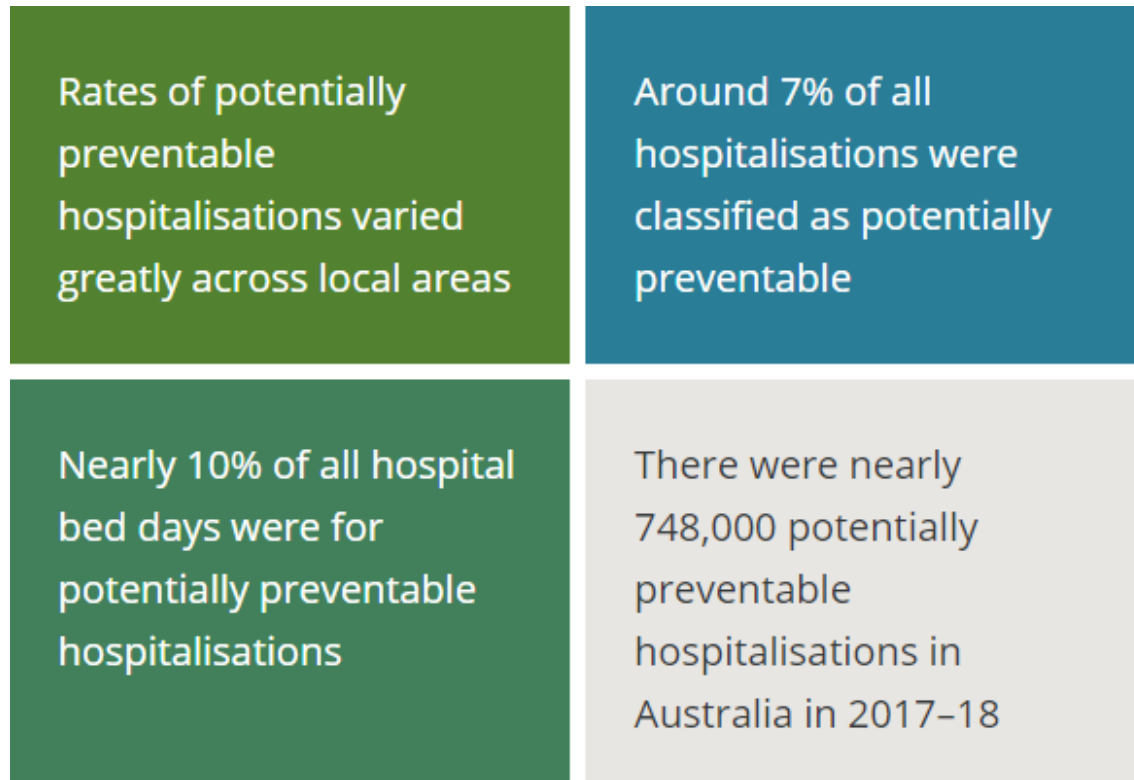
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4 marks

2 + 2 + 4 = 8 marks

**Question 4 (12 marks)**

**SOURCE A:** <https://www.aihw.gov.au/reports/primary-health-care/potentially-preventable-hospitalisations/contents/overview>



**SOURCE B:** <https://www.health.gov.au/about-us/the-australian-health-system#medicare-the-foundation-of-our-health-system>

*Medicare — the foundation of our health system*

Medicare has been Australia’s universal health care scheme since 1984. Its 3 major parts are:

- medical services
- public hospitals
- medicines

Medicare is available to Australian and New Zealand citizens, permanent residents in Australia, and people from [countries with reciprocal agreements](#).

Medicare covers all of the cost of public hospital services. It also covers some or all of the costs of other health services. These can include services provided by GPs and medical specialists. They can also include physiotherapy, community nurses and basic dental services for children. The other important part of Medicare is the Pharmaceutical Benefits Scheme (PBS). The PBS makes some prescription medicines cheaper.

**TURN OVER**

SOURCE C: <https://www.phaa.net.au/documents/item/3241>

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# TOP 10 PUBLIC HEALTH SUCCESSES OVER THE LAST 20 YEARS

Folate: We reduced neural tube defects ✓

Immunisation: heading towards disease elimination ✓

Oral health: We reduced dental decay ✓

We contained the spread of HPV & its related cancers ✓

Slip! Slop! Slap!: We reduced the incidence of skin cancer in young adults ✓

HIV: We contained the spread ✓

Fewer people are dying due to smoking ✓

Gun control: We reduced gun deaths in Australia ✓

Finding cancer early: We prevented deaths from bowel & breast cancer ✓

We brought down our road death & injury toll ✓



**Public Health Association**  
AUSTRALIA

[www.phaa.net.au](http://www.phaa.net.au)

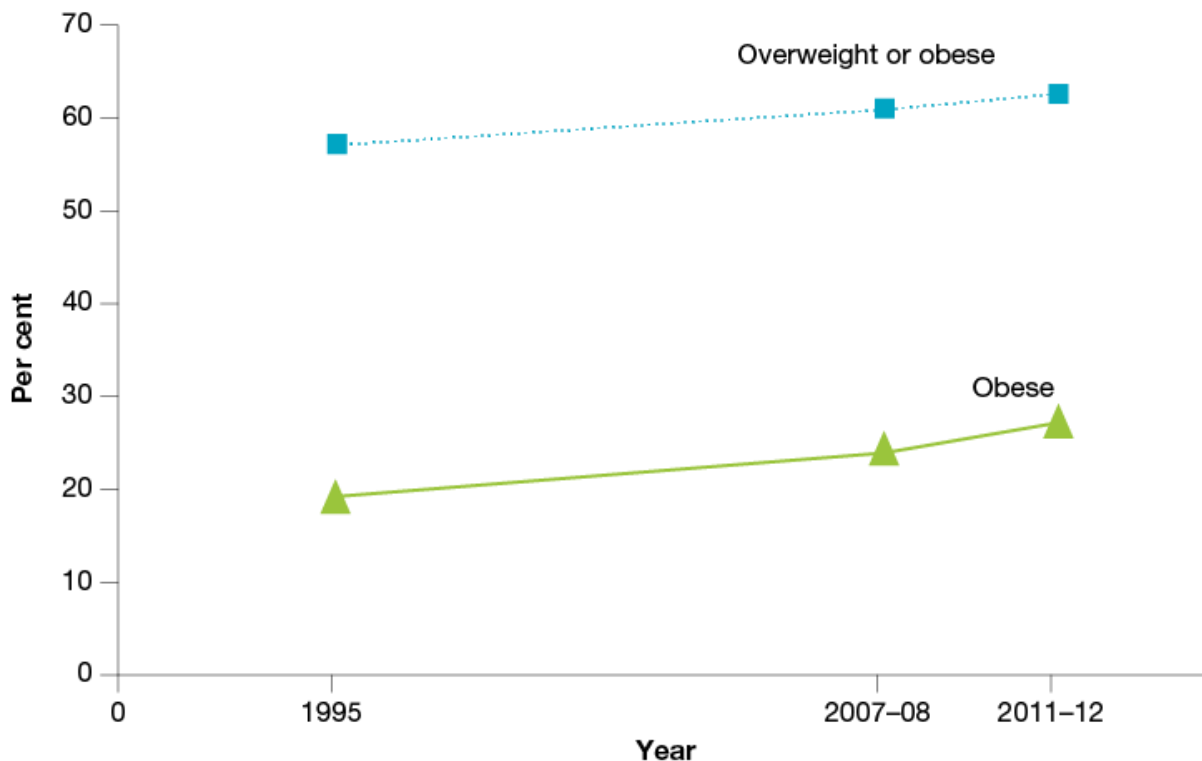
Selecting evidence from the sources presented, and using your understanding of the ‘old public’ health system and the ‘new public’ health system, draw conclusions about the impact of each system on improving the health and wellbeing of Australians, and discuss the contribution that





**Question 5 (12 marks)**

**Overweight or obese, persons aged 18 and over, 1995, 2007–08 and 2011–12**



a. Using data, outline how the rates of obesity have changed over time.

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2 marks

b. Identify two action areas of the Ottawa charter and outline how each area could assist in improving obesity rates.

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4 marks

The Australian Dietary Guidelines give advice on eating for health and wellbeing. They're called dietary guidelines because it's your usual diet that influences your health. Based on the latest scientific evidence, they describe the best approach to eating for a long and healthy life.

<https://www.eatforhealth.gov.au/guidelines/about-australian-dietary-guidelines>

c. Outline the purpose of the Australian Dietary Guidelines.

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2 marks

d. Using your knowledge of nutrition, identify and outline how one Australian Dietary Guideline could assist in the reduction of obesity over time.

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2 marks

**TURN OVER**

- e. Fibre is an important nutrient; explain the role of fibre in reducing the rates of obesity in Australia.

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2 marks  
2 + 2 + 2 + 4 + 2 = 12 marks

**Question 6 (9 marks)**

- a. Briefly explain the Human Development Index (HDI).

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2 marks

- b. Outline two advantages and two limitations of the HDI.

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4 marks

- c. Discuss why the HDI is often used to measure the health and wellbeing of a population instead of looking at the average income of a country.

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3 marks

2 + 4 + 3 + 2 = 9 marks

**Question 7 (13 marks )**

Tanzania has struggled to achieve both the water and the maternal mortality Millennium Development Goals. In 2010, UNICEF/WHO’s Joint Monitoring Programme estimated that only half of Tanzania’s 45 million residents had access to improved water sources and only 10% had access to improved sanitation.<sup>1</sup> At the same time, and despite some improvements, Tanzania’s maternal mortality ratio stood at 454 deaths per 100,000 births, meaning that nearly 8,000 women die yearly from the largely preventable or treatable complications of pregnancy and childbirth.<sup>2</sup> Approximately one in ten maternal deaths in Tanzania is caused by puerperal sepsis, which is caused by infection introduced at the time of labour and delivery.

Reduction of maternal mortality and access to reproductive health is a key component of the Millennium Development Goals and the post-2015 development agenda. This issue is an international priority and a priority of African countries, including Tanzania.

<http://www.globalwaterforum.org/2015/05/11/where-there-is-no-toilet-case-study-of-water-and-sanitation-in-birth-locations-in-tanzania/>

**TURN OVER**

**a.** Outline what is meant by ‘safe water’.

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1 mark

**b.** Identify the two Sustainable Development Goals (SDGs) that have been introduced since 2015 to target the issues being addressed in the case study above.

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2 marks

**c.** Describe the interrelationship between the two SDGs identified in part b.

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2 marks

**d.** Identify one global trend, and explain using examples, how addressing this trend could lead to improvements in one of the SDGs identified in part b.

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4 marks

e. Identify two areas of the work of the World Health Organisation (WHO) and outline how each could assist with the SDG discussed in part d.

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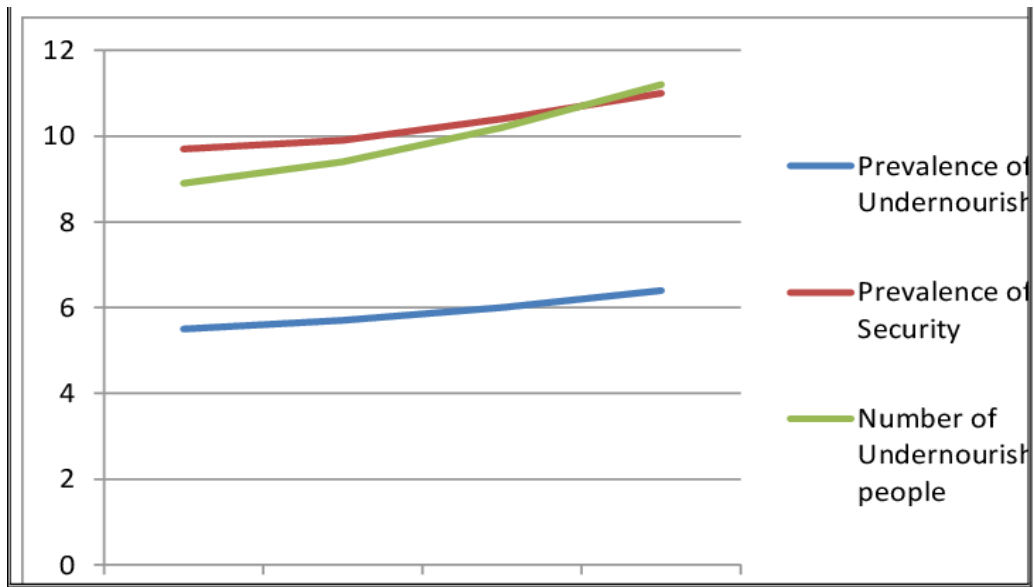
4 marks

1 + 2 + 2 + 4 + 4 = 13 marks

**TURN OVER**

**Question 8 (7 marks)**

Graphical representation of prevalence of undernourishment, food security and number of undernourished people in Nigeria between 2009 and 2014.



Source: FAOSTAT, 2014.

Source: [https://www.researchgate.net/figure/Graphical-representation-of-prevalence-of-undernourishment-food-security-and-number-of\\_fig1\\_293814921](https://www.researchgate.net/figure/Graphical-representation-of-prevalence-of-undernourishment-food-security-and-number-of_fig1_293814921)

a. Identify a trend evident in the graph above.

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1 mark

b. Outline one type of social action that could be taken to reduce the level of undernourishment in Nigeria and explain how this could improve human development and health and wellbeing.

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3 marks

- c. Identify one WHO strategic priority and explain how it could improve the level of undernourishment in Nigeria.

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2 marks

- d. Identify one non-government organisation and describe one strategy they use which could help the people of Nigeria with improving food security.

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2 marks

1 + 3 + 2 + 2 = 8 marks

**Question 9 (12 marks)**

- a. Describe Medicare.

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2 marks

**TURN OVER**

- b.** Outline one similarity and one difference between the Pharmaceutical Benefits Scheme and Private Health Insurance.

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2 marks

- c.** Using an example for each, describe how the National Disability Insurance Scheme addresses equity and sustainability for the Australian health care system.

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4 marks

- d.** Identify one target of health promotion in Australia and explain why it has been chosen.

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2 marks

e. Describe one program that has been implemented in addressing health promotion for the target identified in part d.

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2 marks

2 + 2 + 4 + 2 + 2 = 12 marks

**END OF QUESTION AND ANSWER BOOK**