

YEAR 12 *Trial Exam Paper*

2019

**HEALTH AND HUMAN
DEVELOPMENT**

Written examination

STUDENT NAME:

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>
13	13	100

- Students are permitted to bring into the examination: pens, pencils, highlighters, erasers, sharpeners and rulers.
- Students are NOT permitted to bring into the examination: blank sheets of paper and/or correction fluid/tape.
- Calculators are NOT permitted in this examination.

Materials supplied

- Question and answer book of 31 pages
- Additional writing space is available at the end of the book.

Instructions

- Write your **name** in the box provided above on this page.
- You must answer the questions in English.

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

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Instructions

Answer **all** questions in the spaces provided.

Question 1 (6 marks)

Disability-adjusted life year (DALY) is a measure of burden of disease. DALY is composed of years lived with disability (YLD) and years of life lost (YLL).

a. What is meant by ‘burden of disease’?

2 marks

b. Outline the difference between YLD and YLL.

2 marks

c. Identify a disease or condition that may result in higher YLD than YLL and justify your response.

2 marks

Question 2 (4 marks)

The World Health Organization defines health and wellbeing as a ‘state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’.

Source: <https://www.who.int/about/mission/en/>.

- a.** Explain the emotional dimension of health and wellbeing.

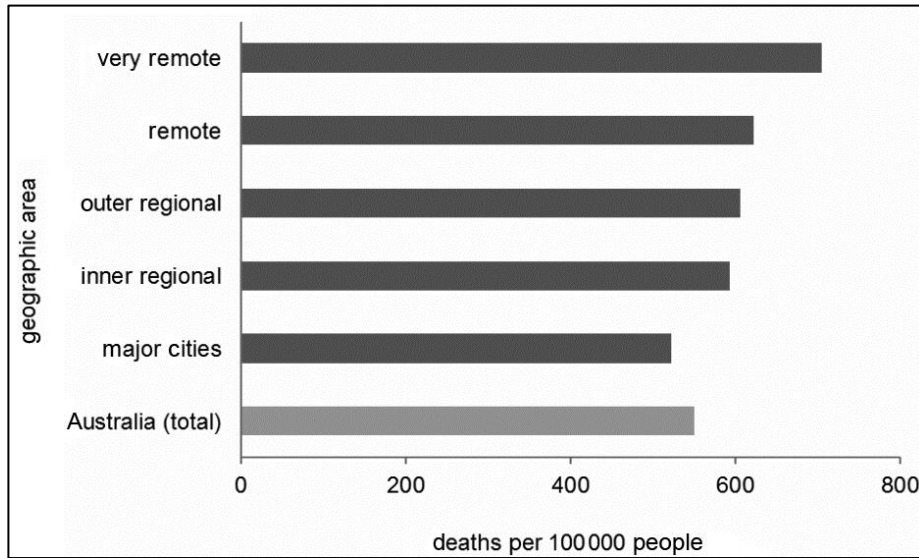
2 marks

- b.** Using an example, explain how a person can have poor emotional health and wellbeing yet still experience good overall health and wellbeing.

2 marks

Question 3 (11 marks)

The following graph shows the number of deaths for different geographic areas.



Source: <https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/deaths-remoteness>

- a.** Outline the relationship between geographic area and number of deaths shown in the graph above.

1 mark

- b.** Select one sociocultural factor and one environmental factor and explain how each could account for the relationship described in **part a**.

4 marks

Sociocultural factor _____

Environmental factor _____

- c. Identify and describe two action areas of the Ottawa Charter for Health Promotion and how they could be used to decrease the differences displayed in the graph on page 4.

6 marks

Action area 1 _____

Action area 2 _____

Question 4 (5 marks)

a. Identify **two** characteristics of a low-income country.

2 marks

b. Explain how **one** of the characteristics outlined in **part a.** would affect a country's burden of disease.

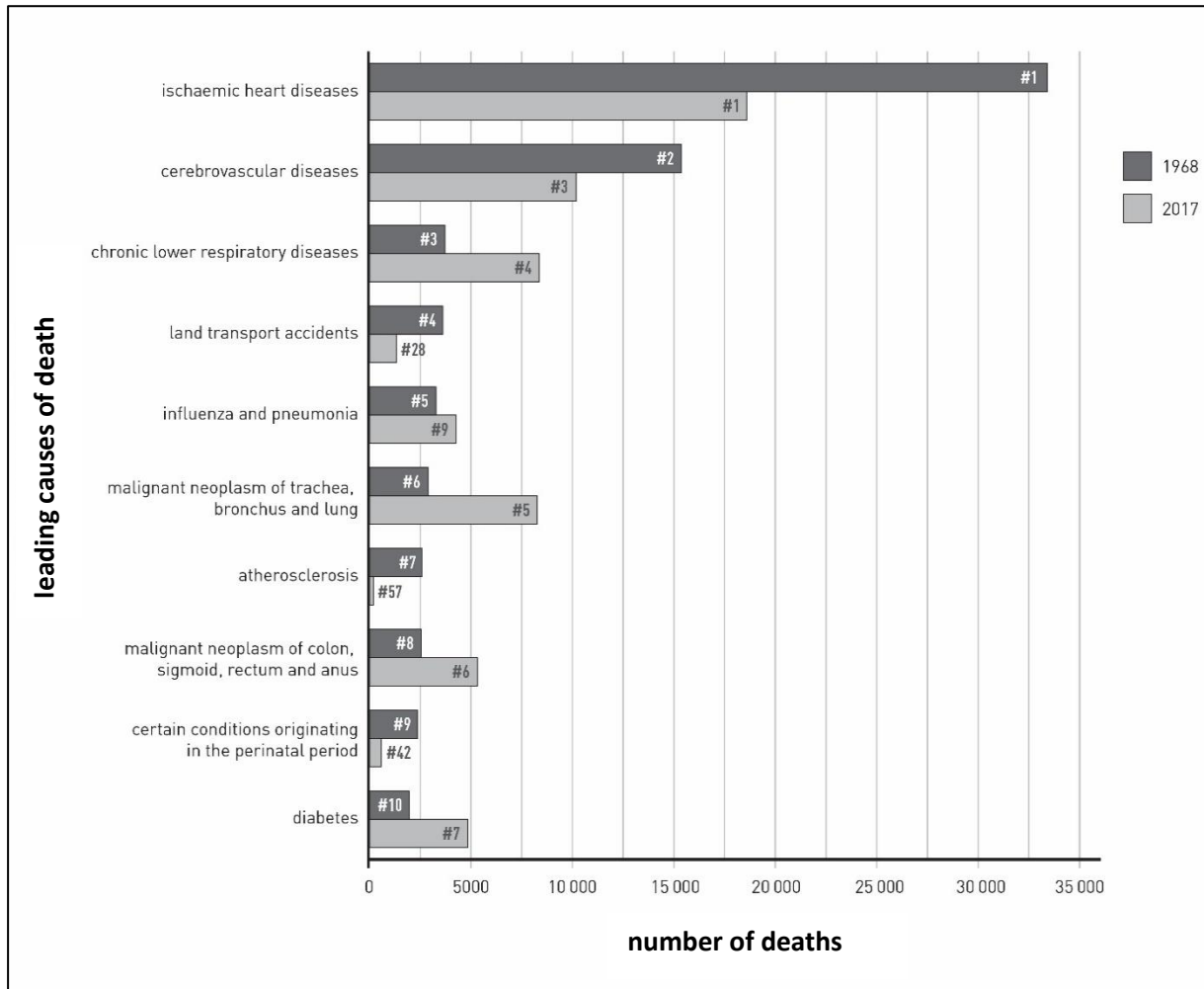
3 marks

Question 5 (6 marks)

Consider the following two sources relating to life expectancy.

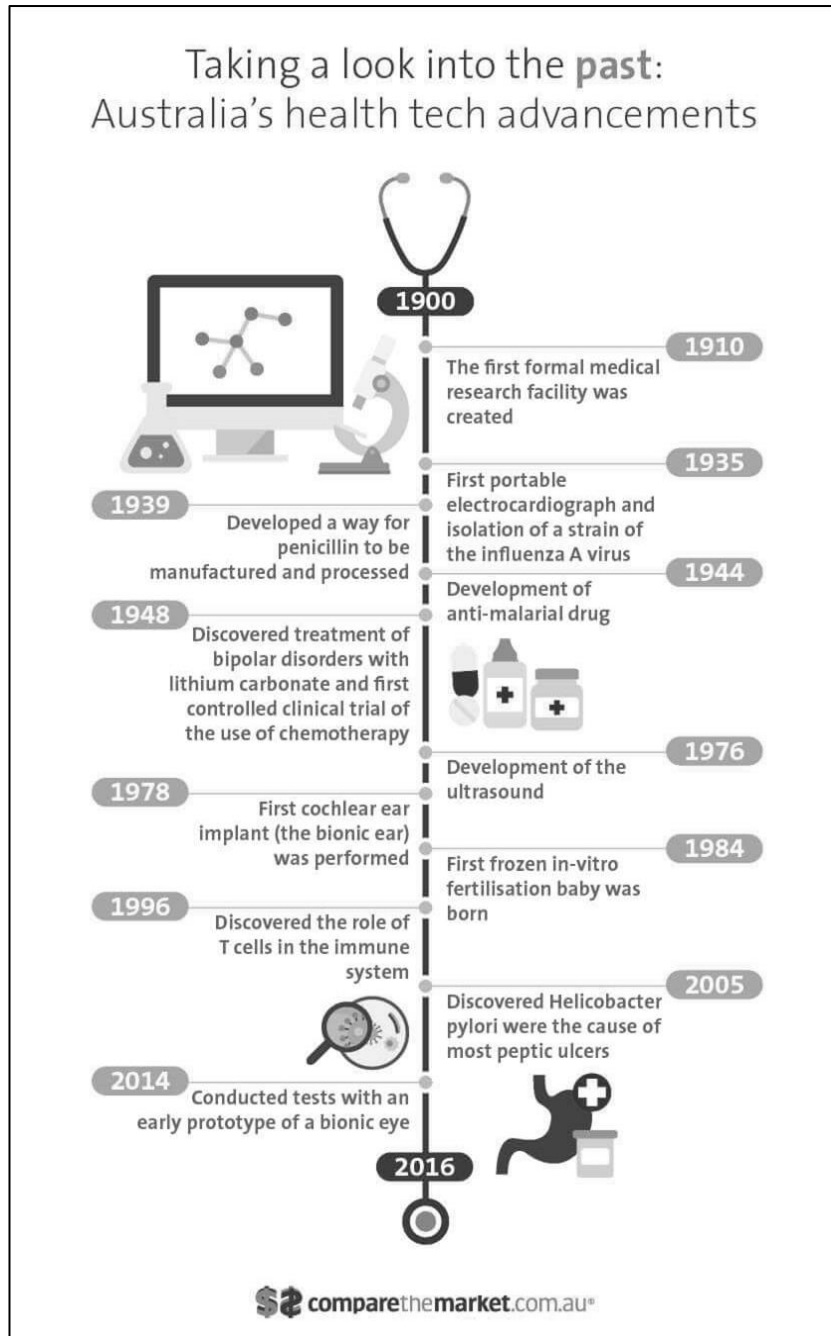
Source 1

The following data is from the Australian Bureau of Statistics.



Source: <https://www.abs.gov.au/ausstats/abs@.nsf/0/88EFFE07A1559DD1CA258354000BABB4?Opendocument>

Source 2



Source: <https://www.comparethemarket.com.au/blog/health/past-present-future-health-tech/>

Question 6 (3 marks)

Equity is one of the nine prerequisites of health determined by the World Health Organization (WHO).

a. What is meant by the term ‘equity’?

1 mark

b. Outline how achieving equity may help achieve two of the WHO’s other prerequisites of health.

2 marks

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Question 7 (11 marks)**2016 Human Development Index – Highest rankings**

HDI ranking	Country	Human Development Index (HDI)	Life expectancy at birth	Expected years of schooling	Mean years of schooling	Gross national income (GNI) per capita
1	Norway	0.949	81.7	17.7	12.7	67,614
2	Australia	0.939	82.5	20.4	13.2	42,822
2	Switzerland	0.939	83.1	16.0	13.4	56,364
4	Germany	0.926	81.1	17.1	13.2	45,000
5	Singapore	0.925	83.2	15.4	11.6	78,162
5	Denmark	0.925	80.4	19.2	12.7	44,519
7	Netherlands	0.924	81.7	18.1	11.9	46,326
8	Ireland	0.923	81.1	18.6	12.3	43,798
9	Iceland	0.921	82.7	19.0	12.2	37,065
10	Canada	0.920	82.2	16.3	13.1	42,582
10	United States	0.920	79.2	16.5	13.2	53,245
12	Hong Kong, China (SAR)	0.917	84.2	15.7	11.6	54,265
13	New Zealand	0.915	82.0	19.2	12.5	32,870
14	Sweden	0.913	82.3	16.1	12.3	46,251
15	Liechtenstein	0.912	80.2	14.6	12.4	75,065
16	United Kingdom	0.909	80.8	16.3	13.3	37,931

Source: <https://www.tutor2u.net/economics/reference/human-development-index>

The table above depicts the four indicators used to measure a country's Human Development Index (HDI).

a. What are the dimensions of the HDI?

3 marks

b. Who is responsible for the HDI index?

1 mark

Question 8 (11 marks)

a. What is the purpose of the Sustainable Development Goals (SDGs)?

3 marks

b. Identify **two** key features of SDG 3, ‘Good health and wellbeing’.

2 marks

c. Explain how actions taken to achieve SDG 1, ‘No poverty’, could assist in achieving SDG 3.

3 marks

d. Explain how achieving SDG 3 promotes sustainability.

3 marks

- b.** Explain how the program discussed in **part a.** could lead to optimal health and wellbeing as a resource individually, nationally and globally.

4 marks

Question 10 (10 marks)

The Australian Government allocates a significant amount of the yearly Budget to health care, particularly towards Medicare and the Pharmaceutical Benefits Scheme (PBS). Below are two summaries of Medicare and PBS statistics for the 2017–18 financial year.

Source 1**More GP attendances and more benefits paid**

In 2017–18, patients accessed almost 155 million GP services, at a cost in Medicare benefits of \$7.8 billion. This compares to 149 million services in 2016–17 at a cost of \$7.5 billion in Medicare benefits. This is an increase of 4.9% in service volume and an increase in benefits of 5.5% compared with 2016–17.

More Medicare services overall

The volume of total Medicare services in 2017–18 was 414.3 million services, at a cost of \$23.2 billion in Medicare benefits. This compares to 394.3 million services 2016–17, at a cost of \$22.0 billion in Medicare benefits. This is an increase of 5.9% in service volume and an increase in benefits of 6.3% compared with 2016–17.

Source: <http://www.health.gov.au/internet/main/publishing.nsf/Content/Annual-Medicare-Statistics>

Source 2

Total Pharmaceutical Benefits Scheme (PBS) government expenditure (both Section 85 and Section 100) on an accrual accounting basis for the 2017–18 financial year was \$11,690 million (excluding revenue), compared with \$12,058 million for the previous year. This is a decrease of 3.0%.

Total 2017–18 PBS subsidised prescription volume increased by 0.8% to a total of 204.1 million, compared to 202.4 million for the 2016–17 financial year.

In 2017–18, PBS government expenditure (Section 85 and Section 100) was \$11,602.9 million (excluding rebates), which is 88.9% of the total cost of PBS prescriptions. The remainder was patient contributions, which amounted to \$1,455.5 million.

Source: <http://www.pbs.gov.au/info/statistics/expenditure-prescriptions/expenditure-prescriptions-twelve-months-to-30-june-2018>

- a. Explain how the PBS may promote health and wellbeing and improve Australia’s health status.

3 marks

- b. Explain how Medicare promotes human development.

3 marks

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Question 11 (7 marks)**Papua New Guinea (PNG) and Australia: a broad and enduring partnership**

- 560 Australia Award Scholarships 2018, 60% of which were awarded to women
- 3000 legal and support officers trained
- \$6 billion worth of two-way trade in 2017
- Around 5000 Australian businesses operate in PNG investing over \$16 billion into PNG economy

Adapted from: <https://dfat.gov.au/geo/papua-new-guinea/development-assistance/Documents/papua-new-guinea-and-australia-a-broad-and-enduring-partnership-infographic.pdf>

- a.** Describe the type of aid evident in the programs above.

2 marks

- b.** Identify **one** Australian aid priority that is targeted in the aid programs in Papua New Guinea.

1 mark

c. Identify **two** reasons why Australia would provide significant aid to Papua New Guinea.

2 marks

d. Explain **one** way in which the work of the World Health Organization (WHO) could complement any of the programs on page 22.

2 marks

Question 12 (6 marks)

- a.** Explain the relationship between the *Australian Dietary Guidelines* and the ‘Australian Guide to Healthy Eating’.

2 marks

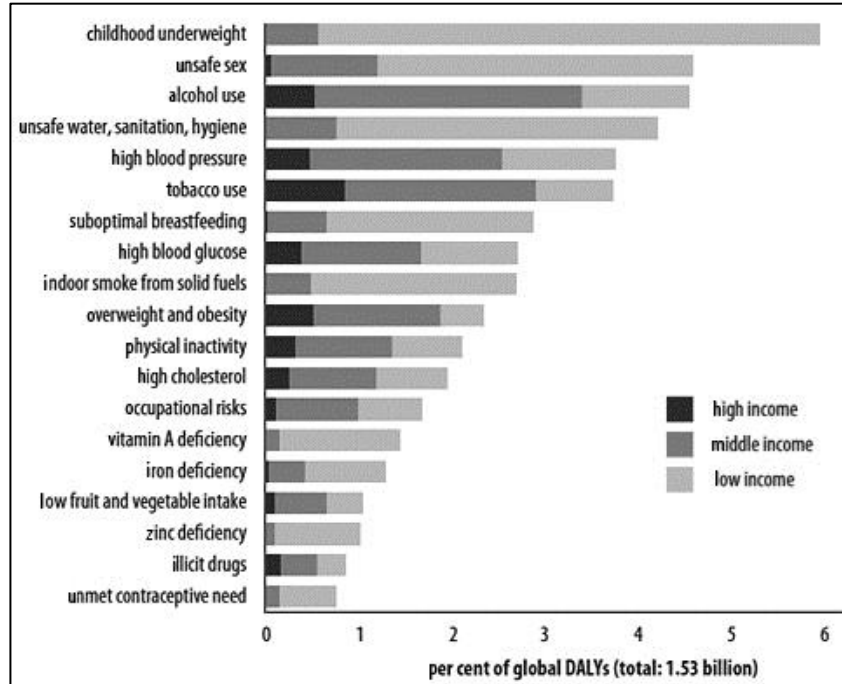
- b.** Discuss the role one of the models from **part a.** could play in decreasing the impact of **one** dietary risk on Australia’s health status and burden of disease.

4 marks

Question 13 (12 marks)

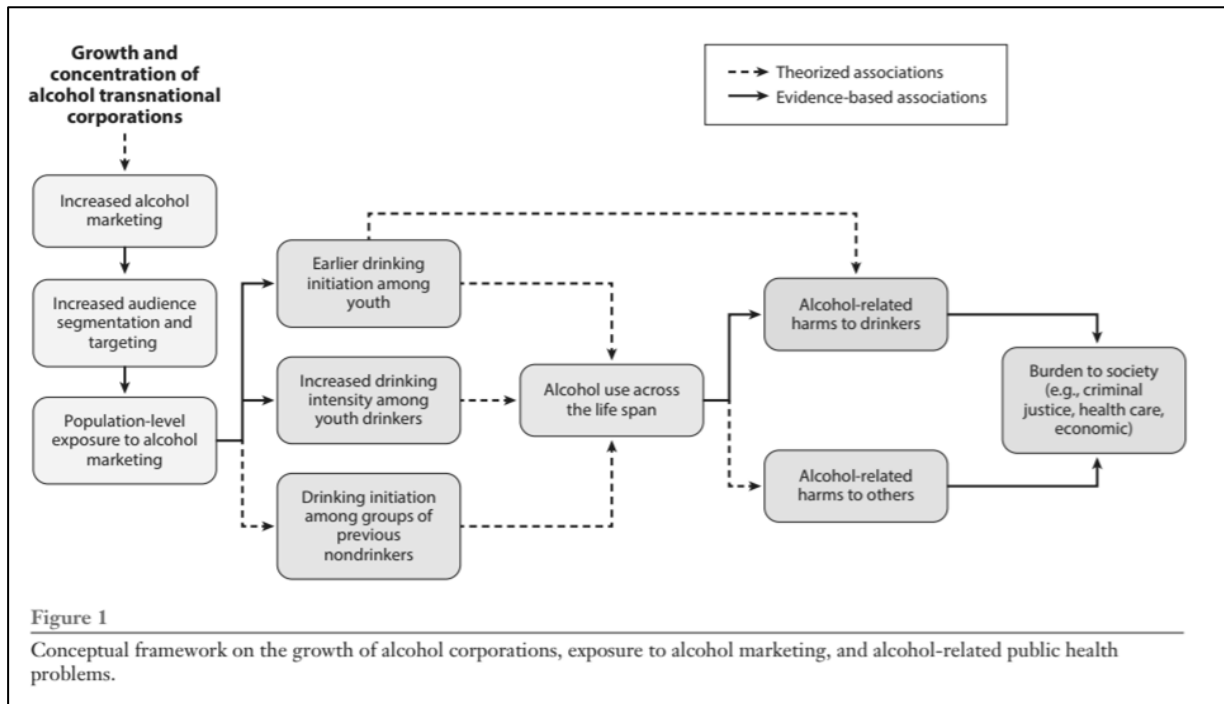
Consider the following three sources relating to the effect of alcohol on health and wellbeing.

Source 1



Source: <https://epianalysis.wordpress.com/2012/02/28/alcohol/> under a Creative Commons Attribution-Share Alike 3.0 license. Full terms at <https://creativecommons.org/licenses/by-sa/3.0/deed.en>.

Source 2



Source: <https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-040617-014711>

b. Describe and justify two examples of social actions that could be taken to address the global marketing of alcohol.

4 marks

Example 1 _____

Example 2 _____

END OF QUESTION AND ANSWER BOOK

