**Victorian Certificate of Education
2011**

STUDENT NUMBER

Letter

Figures

Words

HEALTH AND HUMAN DEVELOPMENT
Written examination

Tuesday 8 November 2011

**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

Section	Number of questions	Number of questions to be answered	Number of marks
A	10	10	32
B	8	8	68
			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

The table below shows the Human Development Index for five developed countries.

Country	Human Development Index
Australia	0.937
USA	0.902
United Kingdom	0.849
Sweden	0.885
Japan	0.884

Source: Human Development Index, United Nations. Accessed February 2011

a. Define Human Development Index.

_____

_____

_____

_____

_____

2 marks

b. Using one of the countries in the table above, explain the relationship between a high Human Development Index and the level of human development.

_____

_____

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2 marks

Question 2

Nutrition is a determinant of health. Select one of the following nutrients.

- calcium

- iron

- fluoride

- vitamin A

For the selected nutrient, complete the table below to show one major health function of the nutrient and one major food source.
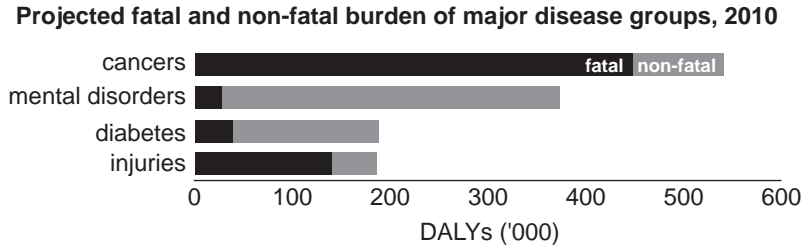
Nutrient	Major health function	Major food source

2 marks

Question 3

A measure known as the burden of disease shows the impact of different health problems.

The graph below shows the projected fatal and non-fatal burden of some major disease groups in Australia.

Projected fatal and non-fatal burden of major disease groups, 2010

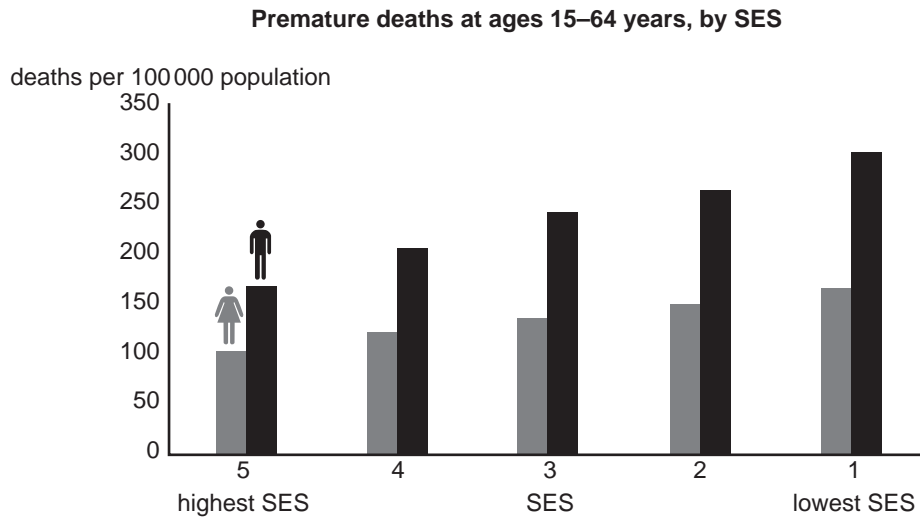Source: Australian Institute of Health and Welfare, Australia's health 2010

Define burden of disease and use an example from the graph to illustrate its meaning.

_____

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3 marks

Question 4

Health status varies within population groups in Australia. The graph below shows premature death rates for the 15–64 year age group according to socioeconomic status (SES).

Premature deaths at ages 15–64 years, by SES

deaths per 100 000 population

Source: Australian Institute of Health and Welfare, Australia's health 2010

a. Identify two factors that contribute to socioeconomic status.

1. _____

2. _____

2 marks

b. From the data in the graph, describe a conclusion that can be drawn about the relationship between socioeconomic status and rates of premature death.

_____

_____

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_____

2 marks

c.   **i.**   Name one determinant of health (other than socioeconomic status).

_____

    ii.   Explain how this determinant may impact on the rates of premature death for the lowest socioeconomic population group in Australia.

_____

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_____

1 + 2 = 3 marks

Question 5

In low income countries the leading cause of death is pneumonia, followed by heart disease, diarrhoea, HIV/AIDS and stroke. In high income countries the leading cause of death is heart disease, followed by stroke, lung cancer, pneumonia and asthma.

Briefly explain how income may influence differences in the causes of death between low income and high income countries.

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_____

2 marks

Question 6

Define the following terms.

Under 5 mortality rate

_____

_____

_____

Morbidity

_____

_____

_____

2 marks

Question 7

Girls' education yields some of the highest returns of all development investments. Discuss how the education of girls can contribute to improved health.

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4 marks

Question 8

The World Health Organization plays a role in global health and sustainable human development.

List two core functions of the World Health Organization.

1. _____

_____

2. _____

_____

2 marks

Question 9

There are a number of values that underpin Australia's health care system.

List two of these values.

1. _____

2. _____

2 marks

Question 10

The Dhaka Ahsania Mission (DAM) is a nongovernment organisation that has established literacy classes for men and women in many poor and disadvantaged villages in Bangladesh.

These free classes teach participants information about literacy, health and human development such as

- how to earn a living
- how to improve quality of life
- how to access health services.

After attending these literacy classes in her local village, Hira has developed skills in literacy and learnt how to set up a sewing business. She is now earning an income and can afford a new home and education for her children.

Source: www.unicef.org

Evaluate the sustainability of the literacy program being offered in Bangladesh using two elements of sustainability.

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4 marks

END OF SECTION A
TURN OVER

SECTION B

Question 1

Indigenous males and females in Australia have significantly poorer health than their non-Indigenous counterparts.
For example

- the estimated life expectancy for Indigenous males is approximately 12 years less than that of non-Indigenous males
- the estimated life expectancy for Indigenous females is approximately 10 years less than that of non-Indigenous females
- the Indigenous rates for diabetes mellitus are six times higher than non-Indigenous Australians
- Indigenous rates of hospitalisations and mortality are around twice the rate of non-Indigenous Australians
- per person expenditure on health for Indigenous Australians was almost $6000 per person in 2006–2007, while for non-Indigenous Australians the spending was approximately $4500 per person.

Source: Australia's health 2010

a. Explain how one **social** determinant of health may impact on the variations in health status between Indigenous and non-Indigenous Australians.

_____

_____

_____

_____

_____

2 marks

b. Use two other examples of determinants of health to explain why Indigenous Australians have significantly poorer health status than non-Indigenous Australians.

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4 marks

In November 2008, for the first time in Australian history, Australian Governments agreed to work towards six clear and specific targets to significantly reduce the gap in life expectancy and opportunities between Indigenous and non-Indigenous Australians. This is known as the Closing the Gap Program. As part of this program, the Australian Government has placed 273 health professionals in remote primary health care services on short-term placements.

This includes 31 general practitioners, 178 registered nurses, 22 allied health professionals and 42 dental personnel.

Source: Closing the Gap, Prime Minister's Report 2010

c. Explain how the Closing the Gap Program may reflect one of the values that underpin Australia's health system.

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3 marks

Question 2

Malaria is a major burden of disease globally.

a. Describe one program that you have studied that focuses on decreasing the incidence of malaria.

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4 marks

b. Explain how the program described in **part a.** above may influence the health status and human development in a developing country.

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6 marks

Question 3

a. Identify VicHealth's mission.

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2 marks

VicHealth's Food for All program is designed to increase regular access to, and consumption of, a variety of foods (particularly fruit and vegetables) by people living in disadvantaged communities.

VicHealth believes that local governments are best placed to develop relevant, integrated and long-standing strategies to tackle food insecurity. Funding is provided to local governments with 20% or more of their population living in disadvantaged neighbourhoods.

Local governments are encouraged to work with local charities and community-based health workers to improve the planning of those things that influence access to foods: ease of shopping close to where people live; easy ability to transport food to housing areas; providing culturally relevant education to help newly arrived families on how to recognise 'healthy' foods and how to prepare foods unfamiliar to them; and provide help in budgeting finances.

Source: VicHealth

b. Explain one way the Food for All program meets VicHealth's mission.

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2 marks

c.   **i.**   Identify two principles of the social model of health that are relevant to the Food for All program.

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ii.   Use examples from the Food for All program described on page 11 to demonstrate how these two principles are reflected in the VicHealth funded program.

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2 + 4 = 6 marks

Question 4

Since 1980, almost half of the world's poorest countries have experienced conflict. More than 90 per cent of wars now take place within countries rather than between them.

The main causes of conflict within countries include

- political instability
- economic and social inequalities
- extreme poverty
- lack of economic growth
- poor government services
- high unemployment
- environmental degradation.

During the 1990s alone, war claimed more than five million lives. The cost, in terms of human suffering, economic loss and wasted development opportunities, has been enormous.

Source: Focus, magazine published by AusAID

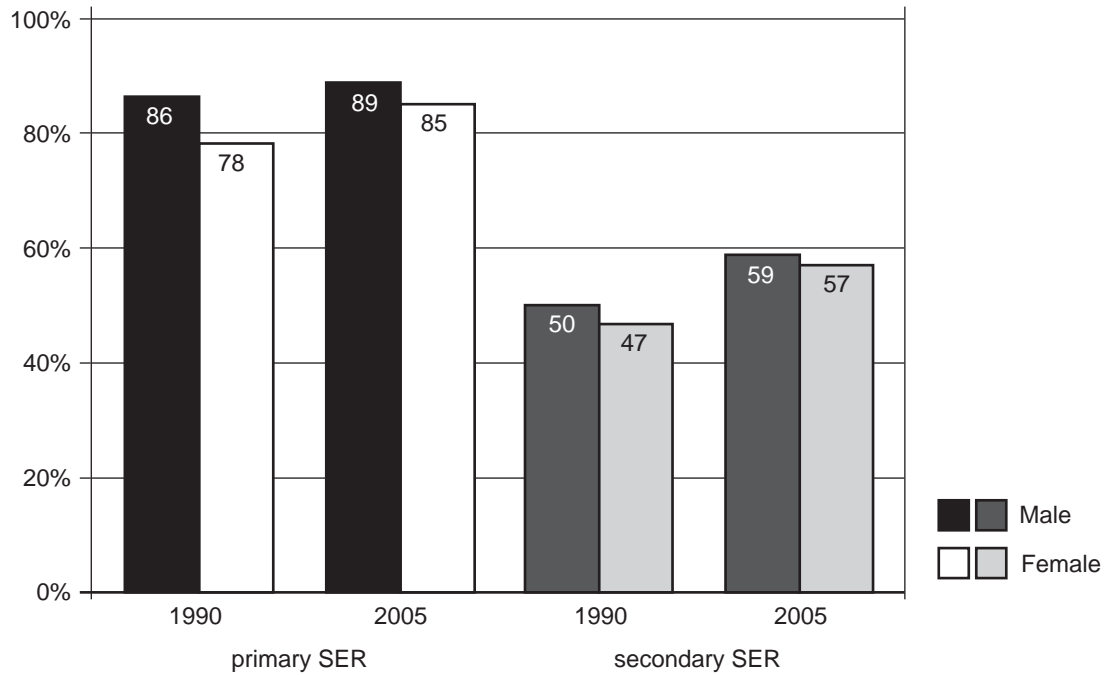**a.** Explain how political instability may influence health status in developing countries.

_____

_____

_____

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_____

2 marks

b. Explain how political instability may influence human development in developing countries.

_____

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2 marks

Question 5

The graph below compares the primary and secondary school enrolment ratios (SER) of boys and girls in developing countries in 1990 to that of 2005.

a.   Identify one similarity evident in the graph.

_____

_____

_____

1 mark

b.   Identify one difference evident in the graph.

_____

_____

_____

1 mark

Education at all levels, and in all its forms, is a vital tool for addressing virtually all global problems relevant for sustainable development, in particular: poverty, HIV/AIDS, environmental degradation, knowledge formation and sharing, rural development, and changes in production and consumption patterns.

c. Discuss the role education can play in achieving sustainable human development.

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6 marks

Question 6

Millennium Development Goal 8, *Develop a Global Partnership for Development*, is about developing and developed countries working together.

a. Describe the purpose of Millennium Development Goal 8.

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2 marks

b. Discuss why Millennium Development Goal 8 is important.
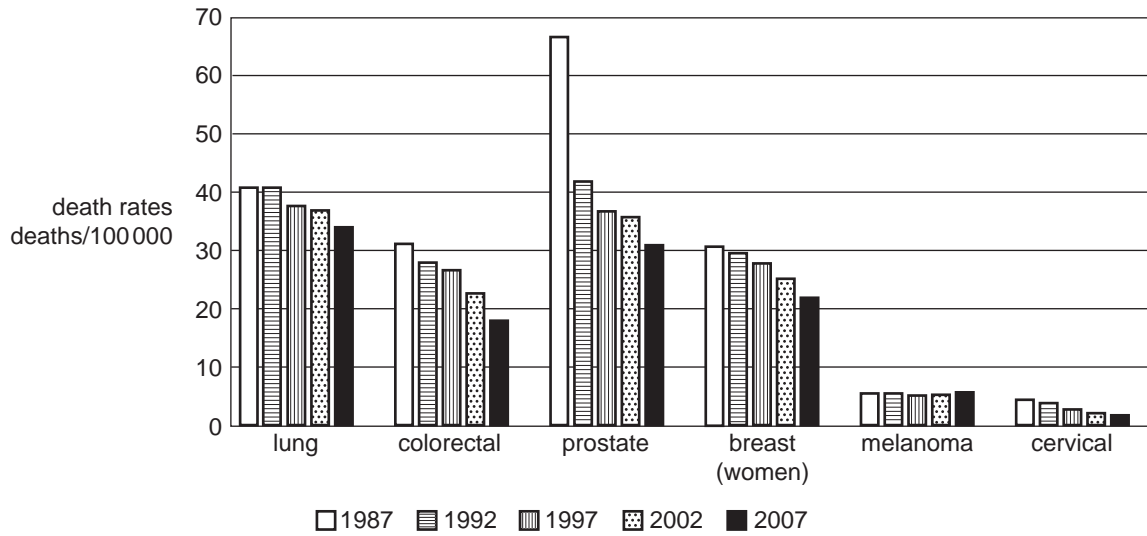
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4 marks

c. **i.** Identify one example of how developed countries can contribute to developing countries achieving Millennium Development Goal 8.

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ii. Using the example above, explain how this contribution may help to eradicate poverty in developing countries.

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1 + 3 = 4 marks

SECTION B – continued
TURN OVER

Question 7

**Trends in death rates for selected NHPA cancers
1987–2007**

Source: Australian Institute of Health and Welfare, Australia's health 2010

a. Explain the role nutrition plays in addressing colorectal cancer.

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_____

_____

_____

2 marks

b. **i.** Describe one health promotion program that has been implemented to address **any one** of the cancers shown in the graph.

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ii. Justify why this program has been implemented.

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3 + 2 = 5 marks

Question 8

The Ottawa Charter for Health Promotion is an approach to health promotion that reflects the social model of health. It identifies three strategies as well as five priority areas that are important for promoting health.

The three strategies are

- enabling
- mediating
- advocacy.

a. Outline how health promotion is defined in the Ottawa Charter.

_____

_____

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2 marks

b. Select two of the three strategies listed above and explain how each of these is important for health promotion.

1. _____

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2. _____

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4 marks

c. Use two of the five priority areas and describe how they could be used to reduce death rates from any one of the NHPA cancers.

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4 marks

END OF QUESTION AND ANSWER BOOK

Extra space for responses

Clearly number all responses in this space.