

STUDENT NUMBER						Letter			

HEALTH AND HUMAN DEVELOPMENT

VCE Units 3 & 4 Trial examination 2020

Reading time: 15 minutes Writing time: 2 hours

QUESTION AND ANSWER BOOK

Structure of book

	Number of questions to be	
Number of questions	answered	Number of marks
13	13	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 correction fluid/tape.
- No calculator is allowed in this examination.

Materials supplied

- Question and answer book of 23 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.



Please note

This sample examination paper is by no means intended to be an indication of the structure, format, emphasis, weighting of marks or content of the Victorian Curriculum and Assessment Authority's VCE Health and Human Development examination paper.

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Home Economics Victoria is a health promotion charity and a registered training organisation. Since 1958 our organisation has supported educators in empowering young people to live sustainably and take responsibility for their own physical, mental and social wellbeing.

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In	structions
Ar	nswer all questions in the spaces provided.
Qı	uestion 1 (5 marks)
a.	Describe physical health and wellbeing. 1 mark
b.	Using examples of physical health and wellbeing explain why the concept of health and wellbeing is considered to be subjective and dynamic. 4 marks

Question 2 (8 marks)

	What is a coronavirus* and why is a new virus strain making people in China so sick? January 26, 2020.
	It started as a few cases of pneumonia in workers at a fish market in central China. Now a new virus has the world on alert.
	In late December 2019, doctors began seeing a new type of viral pneumonia — fever, cough, difficulty breathing — in people who worked at or <u>visited the market in the suburbs of Wuhan in China</u> .
	Since then, hundreds more cases have been reported and a large number of people have died.
	Australian airports have <u>ramped up their screening procedures</u> of passengers arriving from China after a final flight from Wuhan landed in Australia on January 23.
	Cases have also been reported in the United States, Thailand and throughout South-East Asia. *Note coronavirus is now referred to as COVID-19
	Source: ABC news (adapted)
	https://www.abc.net.au/news/health/2020-01-20/coronavirus-chinese-pneumonia-mystery- explainer/11882490
	wellbeing as an individual resource. 2 marks
b.	Use information from the case study to, explain the importance of optimal health and wellbeing as a global resource. 2 marks

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Question 3 (5 marks)

In response to the COVID-19 outbreak, the World Health organisation has been working in a number of ways: Consider the following three sources from the WHO.



Source 1

Strategy and planning

This strategic preparedness and response plan outlines the public health measures that the international community stands ready to provide to support all countries to prepare for and respond to COVID-19. The document takes what we have learned so far about the virus and translates that knowledge into strategic action that can guide the efforts of all national and international partners when developing context-specific national and regional operational plans.

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/strategies-and-plans



Source 2 Source 3

Using the information provided on page 6 complete the following.

a.	Describe one World Health Organisation (WHO) strategic priority reflected in this information.	3 marks
b.	Identify one example of work of the WHO and explain how this example, contribute improved health outcomes	es to 2 marks

Question 4 (7 marks)

"In 2015–2017, life expectancy at birth was 71.6 years for Indigenous males and **75.6 years** for Indigenous females. In comparison, the non-Indigenous life expectancy at birth was 80.2 years for males and 83.4 years for females (Figure 7.1). This is a gap of 8.6 years for males and 7.8 years for females."

Sou	Source: Closing the Gap report 2020, page 78 https://ctgreport.niaa.gov.au/				
a. 	Describe life expectancy as a measure of health status.	ark —			
b.	Identify one environmental and one biological factor and explain how these factors might account for the differences in life expectancy between Indigenous and non-Indigenous Australians. 4 mar				
c.	Other than life expectancy describe one other difference in health status that exists between Indigenous and non-Indigenous Australians. 2 ma				

Question 5 (6 marks)

Deadly Choices is a health promotion initiative of the Institute for Urban Indigenous Health (IUIH).

It aims to empower Aboriginal and Torres Strait Islander peoples to make healthy choices for themselves and their families – to stop smoking, to eat good food and exercise daily. Deadly Choices also encourages our people to access their local Community Controlled Health Service and complete an annual 'Health Check'.

Deadly Choices is a social marketing campaign that is made up of:

- Tobacco cessation programs
- Community events
- Sport and recreation
- Education programs
- Cooking programs
- Leadership camps
- Social media.

Governments have committed to Closing the Gap in Indigenous health, but only our communities can make this happen.

In Aboriginal slang, if something is 'deadly' it is great. As such a Deadly Choice is a good choice, and we encourage community to make such choices each day.

Source: https://deadlychoices.com.au/about/what-is-deadly-choices/

Using the Ottawa Charter for Health Promotion evaluate the 'Deadly Choices' initiative in its ability to promote health and wellbeing of Indigenous Australians.		

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Question 6 (12 marks)

Prevalence of smoking in relationship to socioeconomic status, (current daily smokers 18 years and over)



https://www.vu.edu.au/sites/default/files/australias-health-tracker-by-socioeconomic-status.pdf

a.	rates of current daily smokers. 2 marks
b.	Identify one sociocultural factor and explain how this factor could account for the differences in the prevalence of smoking between the highest and lowest socioeconomic groups outlined in part a. 2 marks

c. Explain how smoking can impact on health status in Australia	2 marks
d. High intake of salt is another major issue contributing to poor health outcomes in Aust Outline how high intake of salt can impact burden of disease in Australia	tralia. 2 marks
Australia's health tracker by socioeconomic status (2017) reports that 'people in most disadvantaged communities are 57 per cent more likely to be obese than the most advanta	aged. '.
e. Identify two action areas of the Ottawa Charter for Health Promotion and use example explain how they could improve obesity levels in the most disadvantaged communities Australia.	
Action area:	
Example:	

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Action area:	
Example:	

Question 7 (8 marks)

Consider the following three sources of information, relating to Asthma

Source 1

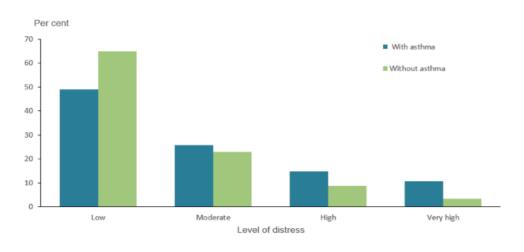
"Asthma is a chronic inflammatory disorder of the airways. People with asthma experience episodes of wheezing, breathlessness and chest tightness due to widespread narrowing of the airways."

Source: AIHW. https://www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma/contents/asthma Treatment of Asthma:

There are two main types of asthma medication; relievers and preventers. Everyone who has asthma needs a reliever to treat asthma symptoms. Some people with asthma also take a regular preventer treatment, making airways less sensitive to environmental triggers. Source: Better Health Channel: https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/asthma-management

Source 2

Figure 5: Psychological distress experienced by people aged 18 and over with and without asthma, 2017-18



Notes

https://www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma/contents/asthma

Source 3

National asthma council: Sensitive choice program.

Sensitive Choice is a community service program that identifies asthma and allergy-aware products. It also aims to educate Australians about the importance of managing their asthma and allergies.

The program is of particular value to the millions of Australians and New Zealanders with asthma and the one in three of us who have allergies.

To help you identify these asthma and allergy-aware products, community-conscious companies use the Sensitive Choice symbol on their packaging. You'll find that reassuring blue butterfly on hundreds of products – from bedding to building materials, from cleaning agents to carpets, from air purifiers and vacuum cleaners to the very paint you put on your walls.

Psychological distress is measured using the Kessler Psychological Distress Scale (K10), which involves 10 questions about negative
emotional states experienced in the previous 4 weeks. The scores are grouped into Low: K10 score 10–15, Moderate: 16–21, High: 22–29,
Very high: 30–50.

model of health and the social model of health in improving health and wellbeing relation to asthma in Australia.	g outcomes in 8 marks

Question 8 (9 marks)

Water, Sanitation and Hygiene (WASH)
World Vision is committed to helping children enjoy life in all its fullness by working with families, communities and partners and gain access to safe water, improved sanitation and hygiene practices, as they form the first pillars towards health and wellbeing of children and families.
The Water, Sanitation and Hygiene (WASH) Program at World Vision Ethiopia principally aims to reach children and families with a holistic suite of WASH interventions, led by its mission; "Every child deserves safe water".
The strategic focus areas are improved water supply, improved sanitation services, improved hygiene practices and strengthened WASH institutions in rural and urban settings as well as emergencies with WASH needs.
World Vision Ethiopia employs low cost and innovative interventions and makes communities the centre of its activities.
Between 2011-2018, WVE has provided 2.9 people with safe drinking water, more than 2.4 million people with dignified sanitation and 2.45 million people are practicing healthy hygiene behaviour through its three major areas; Rural WASH, Urban WASH and Emergency WASH Response.
a. Explain how the WASH program promotes human development. 2 marks
b. Discuss the relationship between this program and the achievement of SDG 3. 4 marks

c. Explain how the 'WASH' program could contribute to the achievement of an SDG oth SDG 3.		
SDG selected:		

Question 9 (10 marks)



Source: https://www.cebm.net/tag/global-health/

a.	Using the information above, discuss the impact global marketing could have on the global health status of non-communicable diseases and deaths from cardiovascular disease in low and middle-income countries. 6 marks

b.	Outline a characteristic of low-income countries compared to high-income countries a this could contribute to deaths due to cardiovascular disease in low-income countries.		
	this court contribute to deaths due to cardio vascular discuse in fow income countries	3 mark	
c.	Briefly describe a key feature of Sustainable Development Goal 3 'Good Health and Wellbeing' that is relevant to addressing deaths due to cardiovascular disease	1 mark	

Question 10 (10 marks)

Overweight and obesity



Source: The health of Australia's male's https://www.aihw.gov.au/reports/men-women/male-health/contents/lifestyle-and-risk-factors/overweight-and-obesity

In 2017–18, **7 in 10 men** and **6 in 10**women were overweight or obese. (b)

overweight and obesity in Australian males and females. 4 marks
iet is one of the most important risk factors that can be improved to significantly impact verweight/obesity.
Identify and explain two reasons why dietary change to reduce overweight/obesity may be difficult in Australia. 4 marks

Evaluate how the Australian Dietary Guidelines could assist in improving the proportion of

c.	With reference to a challenge identified in part b, outline one way, how Nutrition Aworks to promote healthy eating in Australia.	ıstralia 2 marks
	works to promote neartify eating in Prastrana.	2 marks
Oı	uestion 11 (8 marks)	
1 n	nere are many components of Australia's health care system.	
a.	Private Health Insurance is an important aspect of Australia's health care system. We reference to one of equity, sustainability or access, explain why the government has implemented incentives for more Australians to purchase and be covered by private	S
	insurance.	2 marks
<u></u>	Describe the role of the National Disability Insurance Scheme (NDIS)	
υ.	Describe the fole of the functional Disability insurance scheme (10015)	2 marks

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c. Analyse how the NDIS reflects equity and sustainability.	4 marks

Question 12 (5 marks)

a.	Explain what is meant by mass migration	1 mark
b.	Outline the implications of mass migration on health and wellbeing.	4 marks

Question 13 (8 marks)

Cambodia is a middle-income country in Asia. Listed below is the Human Development Index (HDI) in Cambodia in 1990 and in 2018.

HDI in 1990	HDI in 2018
0.384	0.581

a.	The HDI is measured by three dimensions and four indicators. Outline two indicators that may have changed in Cambodia, which might account for the improvement in HDI		
	between 1990 and 2018. 2 ma	arks	
1			
b.	Evaluate the usefulness of the HDI in measuring the human development of countries. 2 m	arks	
c.	Identify two dimensions of sustainability and explain their importance in promoting he and wellbeing in Cambodia. 4 m	ealth arks	

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Extra space for responses Clearly number all responses in this space.

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