



INSIGHT
Trial Exam Paper

2011
HEALTH AND HUMAN
DEVELOPMENT
Written examination

STUDENT NAME:

QUESTION AND ANSWER BOOK

Reading time: 15 minutes

Writing time: 2 hours

Structure of book

	<i>Number of questions</i>	<i>Number of questions to be answered</i>	<i>Number of marks</i>
<i>Section A</i>	8	8	56
<i>Section B</i>	5	5	41
			Total 97

- Students are permitted to bring the following items into the examination: pens, pencils, highlighters, erasers, sharpeners and rulers.
- Students are NOT permitted to bring sheets of paper or white out liquid/tape into the examination.
- Calculators are not permitted in this examination.

Materials provided

- The question and answer book of 19 pages.

Instructions

- Write your **name** in the box provided.
- You must answer the questions in English.

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

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SECTION A**Question 1**

- a.** Explain the term *glycaemic index (GI)*.

2 marks

- b.** Discuss the role of the glycaemic index in the management of diabetes mellitus (commonly referred to as type 2 diabetes).

4 marks

Question 2

‘Attention has been drawn to communities of men in Australia with the poorest levels of health. Men in regional and remote regions have been recognised as a group with distinct and special needs. In most areas of health, men have poorer outcomes than women. This is also true in the rural context where men share a higher burden of disease than women.’

(Source: AIWH 2010. ‘A snapshot of men’s health in regional and remote Australia.’ Cat. no. PHE 120. Canberra: AIWH)

- a.** Explain the impact that living in a rural or remote area has on the health of men in Australia.

2 marks

- b.** Identify a biological, behavioural, and social determinant and explain how each would impact the health of men in Australia who live in a rural or remote area.

Biological: _____

Behavioural: _____

Social: _____

6 marks

SECTION A –continued

Question 3

- a.** List three nutrients that play a role (positive or negative) in cardiovascular disease and explain the role of each.

1. _____

2. _____

3. _____

6 marks

- b.** For each of the three nutrients you listed above, identify one food source.
Use the table below.

Nutrient	Food Source

3 marks

SECTION A –continued
TURN OVER

Question 4

Define the following terms:

a. Social health:

b. Prevalence:

c. Under-5 mortality rate:

3 marks

Question 5

Medicare is Australia's universal health care system. The three main objectives of Medicare are:

- i. To make health care affordable for all Australians.
- ii. To provide all Australians with access to health care services, with priority according to clinical need.
- iii. To provide a high quality of health care.

a. For each of the three main objectives of Medicare, list an example of how Medicare attempts to meet the objective.

i. _____

ii. _____

iii. _____

3 marks

b) Define the term *schedule fee*.

1 mark

c. In the table below, list two health care services that are covered by Medicare and two health care services that are not covered by Medicare.

Health care services that are covered by Medicare	Health care services that are NOT covered by Medicare
1.	1.
2.	2.

2 marks

Question 6

a. In the table below, list the three dimensions of the Human Development Index (HDI), as well as one indicator used to determine each dimension.

Dimension	Indicator

6 marks

Country	Life Expectancy at birth (years)	U5MR (per 1000 live births)	HDI
Australia	81.9	6	0.937
Kenya	55.6	128	0.470
Chile	78.8	9	0.783
Japan	83.2	4	0.884
Ghana	57.1	76	0.467
Bangladesh	66.9	54	0.469

(Adapted from: UNDP 2010. 'International Human Development Indicators.')

- b.** From the data above, identify one developing country and explain why it is developing.

Developing country: _____

Explanation: _____

3 marks

- c.** Give one possible reason why Bangladesh and Kenya have different life expectancies at birth but have very similar Human Development Index (HDI) values.

2 marks

Question 7

- a.** Explain what is meant by the term *private health insurance*.

2 marks

- b.** Opinions in the Australian community regarding private health insurance are divided; some are supporters while others are critics. Give two advantages and two disadvantages of private health insurance.

Advantages:

1.

2.

Disadvantages:

1.

2.

4 marks

Question 8

- a.** List two food labelling regulations, as outlined by Food Standards Australia and New Zealand (FSANZ).

1. _____

2. _____

2 marks

- b.** Outline the role of Australian Commonwealth Government in promoting healthy eating in Australia.

5 marks

END OF SECTION A

END OF SECTION A

SECTION B**Question 1**

Read the article below about VicHealth's '*Be Active Eat Well*' BAEW (Colac) project.

Small Australian town is model for community campaigns against obesity

The small town of Colac in rural Victoria is attracting national and international attention for its approach to fighting childhood obesity and reducing health inequalities.

Two hours west of Melbourne, with only 11 000 inhabitants, Colac is the site of a long-term, community-wide campaign called '*Be Active Eat Well*', which is funded by the Victorian government. The campaign aims to build the community's capacity to fight childhood obesity. Its action plan was designed and implemented by local organizations, including schools; parents; and local health, housing, and government services. Key strategies include transforming canteen menus, introducing daily fruit, reducing television watching, and increasing activities after school.

In the first three years of the campaign, children in Colac had significantly lower weight (about 1 kg) and smaller waists (about 3 cm), compared with children in a nearby control area. In what the authors describe as a world first, the community-based obesity prevention campaign seemed to reduce health inequalities. In Colac, changes in weight and other measures were not related to children's socio-economic status, whereas in the control group the more disadvantaged students experienced greater unhealthy weight gain.

(Adapted from: Moynihan, R. British Medical Journal, 16 August 2010.)

- a. Briefly describe the role of VicHealth.

2 marks

- b. Select one of VicHealth’s values from their mission statement and discuss how this value is evident in the ‘*Be Active Eat Well*’ case study above.

Value: _____

3 marks

- c. The government promotes healthy eating using a number of different methods. Select one of these methods and discuss how it could be used in the ‘*Be Active Eat Well*’ project above.

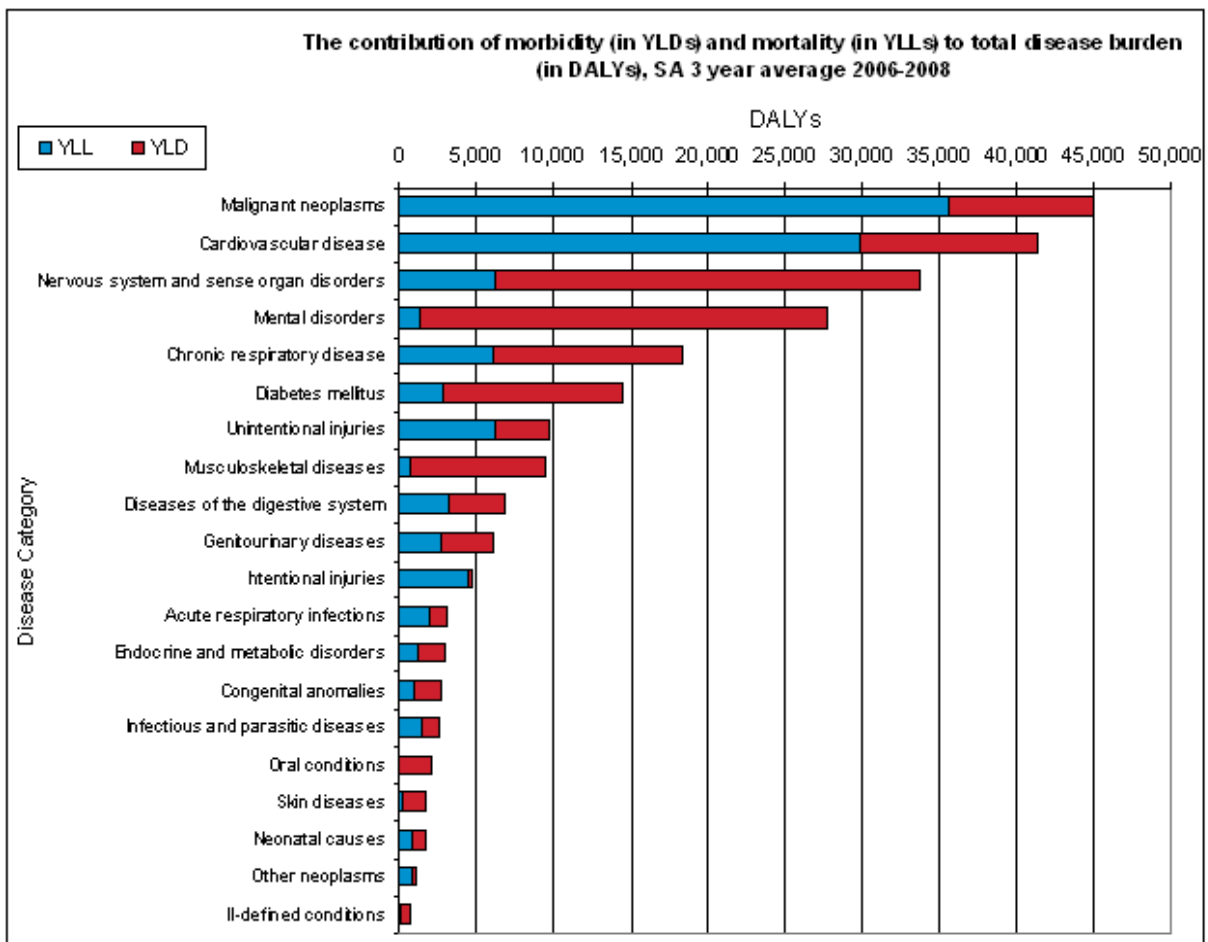
Method selected: _____

4 marks

Question 2

- a.** Explain how 'burden of disease' is measured in Australia.

2 marks



(Adapted from: Government of South Australia 2010. 'South Australia Burden of Disease.')

b. Mental Health is listed as one of the eight National Health Priority Areas. From the graph above, list two reasons for this.

1. _____

2. _____

2 marks

c. For mental health, describe:

i. an indirect cost to the community.

ii. a direct cost to the individual.

2 marks

Question 3

a. Explain the Social Model of Health.

2 marks

b. Select and explain two of the **key** principles of the Social Model of Health, using an example to explain each.

Key principle: _____

Key principle: _____

6 marks

The '*SunSmart Schools Program*' is a VicHealth initiative which aims to reduce damage to health caused by UV exposure.

In order to become recognised, schools must

- have a written sun protection policy meeting minimum standards relating to curriculum, behaviour and the environment;
- be working to increase shade and reschedule outdoor activities to lower UV times of the day; and
- teach children about sun protection.

Evidence suggests that childhood exposure to UV radiation contributes significantly to the development of skin cancer in later life. Educating school children and reducing their sun exposure is expected to have a major impact on the future incidence of skin cancer.

(Source: Cancer Council Australia 2010.)

- c. In the table below, list the five priority action areas of the *Ottawa Charter for Health Promotion*, and provide an example of how each action area relates to the SunSmart Schools Program.

Priority action area of the Ottawa Charter	Example from the ' <i>SunSmart</i> ' Schools program

5 marks

Question 4

- a.** Women in developing countries often have lower life expectancies, higher rates of communicable diseases, and poorer health status than their male counterparts. Give two possible reasons for this inequality.

1. _____

2. _____

2 marks

- b.** Identify and describe a program that aims to improve the health status of women in developing countries.

3 marks

- c.** Discuss the effectiveness of the program you described in **part b.**

2 marks

**SECTION B – continued
TURN OVER**

Question 5

Read the following case study.

Piecing lives together: integrated mine action in Cambodia

Nearly three decades of war have left Cambodia severely contaminated by landmines and unexploded ordnance (UXO). Landmines are devices buried in the ground that explode when triggered by a person (anti-personnel) or vehicle (anti-vehicle). They are made from metal or plastic and come in many forms, including blast, fragmentation and bounding. UXO include bombs, shells, mortars, grenades and other ammunition that failed to detonate as intended. UXO are spread throughout Cambodia. Estimates of the areas contaminated by mines and UXO vary from 460 to 4,446 square kilometres because the exact locations of the devices were not mapped; neither are there accurate records of what land has been cleared.

When demining and mine awareness education began in Cambodia in the early 1990s, about 12 people were killed or injured every day. Since 2000, casualties have occurred at a rate of about two per day. Despite knowledge of the dangers of landmines and UXO, poverty leads people to risk walking and working in uncleared areas. Farmers need to grow food and families need to collect firewood and materials for housing. Children need to travel to school. In addition, some people scavenge for metal to sell for recycling in order to make a living. The Cambodia Mine Action Centre (CMAC) is the mine clearance organisation in the project region. Unsafe areas are marked clearly to warn people of the danger. These areas are then carefully examined for landmines and UXO. Often demining teams include local men and women, who appreciate the income. De-miners undergo training and wear protective clothing to limit the consequences of an explosion. They clear the vegetation, sweep the land with a metal detector to find metal objects, and carefully prod any suspicious object. Sometimes they use dogs to smell for explosives in plastic mines, which cannot be found with the metal detector. From 2001-2005 in the project area over 150 hectares of priority land was cleared, removing more than 819 anti-personnel mines, 248 anti-vehicle mines and 670 UXO.

(Adapted & edited from: Global Education. 'Piecing lives together: integrated mine action in Cambodia.' 17 August 2010.)

Using the case study, discuss the interrelationships between health, sustainability and human development.

6 marks

**END OF SECTION B
END OF QUESTION AND ANSWER BOOK**