



## **HEALTH STUDIES DRAFT SAMPLE EXAMINATION STAGE 3**

Section 7 of the *WACE Manual: Revised Edition 2008* outlines the policy on WACE examinations.

Further information about the WACE Examinations policy can be accessed from the Curriculum Council website at [http://newwace.curriculum.wa.edu.au/pages/about\\_wace\\_manual.asp](http://newwace.curriculum.wa.edu.au/pages/about_wace_manual.asp).

The purpose for providing a sample examination is to provide teachers with an example of how the course will be examined. Further finetuning will be made to this sample in 2008 by the examination panel following consultation with teachers, measurement specialists and advice from the Assessment, Review and Moderation (ARM) panel.

DRAFT



Western Australian Certificate of Education, Draft Sample Examination  
Question/Answer Booklet

**HEALTH STUDIES  
WRITTEN PAPER  
STAGE 3**

Please place your student identification label in this box

Student Number:    In figures

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In words

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***Time allowed for this paper***

Reading time before commencing work:    Ten minutes  
Working time for paper:    Three hours

***Material required/recommended for this paper***

**To be provided by the supervisor**

This Question/Answer Booklet

**To be provided by the candidate**

Standard items:    Pens, pencils, eraser or correction fluid, ruler, highlighter

***Important note to candidates***

No other items may be taken into the examination room. It is **your** responsibility to ensure that you do not have any unauthorised notes or other items of a non-personal nature in the examination room. If you have any unauthorised material with you, hand it to the supervisor **before** reading any further.

**Structure of this paper**

Section	Suggested working time	Number of questions available	Number of questions to be attempted	Marks
SECTION ONE Multiple-choice	30 minutes	20	20	20
SECTION TWO Short answer	75 minutes	4	4	40
SECTION THREE Extended answer	75 minutes	4	2	40
[Total marks]				100

**Instructions to candidates**

1. The rules for the conduct of Curriculum Council examinations are detailed in the *Student Information Handbook*. Sitting this examination implies that you agree to abide by these rules.

**SECTION ONE: MULTIPLE-CHOICE***[20 marks]*

Answer **ALL** questions. Choose the alternative which correctly answers the question or completes the statement. Record your answers on the separate multiple-choice answer sheet using a 2B, B or HB pencil. Read the instructions on this sheet with care.

Suggested working time: 30 minutes

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1. .

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[Adapted from: Board of Studies New South Wales, 2003]

2. What term is used to describe majority behaviours that are recommended for good health?

- (A) specific group norms
- (B) prescriptive norms
- (C) proscriptive norms
- (D) popular norms.

3. Which of the following is an example of personal skills development?

- (A) Implementation of smoke-free zones in workplaces
- (B) Provision of assertiveness training
- (C) Introduction of compulsory guidelines for safe participation in school sport
- (D) Provision of school counselling services to deal with mental health issues.

4. An example of conflict between the norms of specific groups and majority Australian norms is:

- (A) majority acceptance of alcohol conflicting with zero tolerance religious beliefs about alcohol
- (B) majority acceptance of smoking conflicting with the view of the elderly
- (C) majority norms of eating junk food conflicting with the National Dietary guidelines
- (D) majority norm of following Australian football conflicting with indigenous culture.

5. The United Nations Millennium Development Goals:

- (A) have been agreed to by all member nations
- (B) will be achieved by 2010
- (C) emphasise the importance of foreign aid
- (D) focus on achieving better literacy standards for men.

**SEE NEXT PAGE**

6. Achieving equity in health is problematic because:
- (A) biomedical factors influencing health cannot be controlled
  - (B) there is a lack of cooperation from governments
  - (C) it is difficult to identify factors that create health inequities
  - (D) social and economic circumstances are highly influential
7. Which of the following is **NOT** a role of the World Health Organisation?
- (A) Setting of health priorities at a national, local or regional level
  - (B) Provision of leadership on matters critical to health
  - (C) Provision of technical support, and building of sustainable institutional capacity
  - (D) Monitoring of health trends in developing countries.
8. Social factors that influence the prevalence of nutritional deficiencies include:
- (A) Promotion of nutritional food by the media
  - (B) Accessibility of social support networks
  - (C) The influence of peers and family on dietary behaviour
  - (D) Level of income and access to nutritional food
9. Partnerships and alliances in health promotion are valuable because
- (A) information, expertise and resource sharing promotes multi-sectoral responses that can lead to effective health gains
  - (B) organisations are required to work together to get government funding for health promotion activities
  - (C) duplication of services means that the community has more choice between the government and non-government sectors
  - (D) decision-making processes are simpler when government and non-government agencies collaborate.
10. Regional differences in worldwide rates of deaths for children aged 0–14 years are best explained in terms of differences in:
- (A) proportion of persons in this age group
  - (B) health, housing and economic opportunities
  - (C) access to sophisticated medical equipment in hospitals
  - (D) the priority given to health concerns.

11. A model for developing effective public health programs would consist of finding answers to which of the following sets of questions?

(A)	<b>Why</b> is this health issue a problem?	<b>What</b> is the most popular program?	<b>How</b> will the program/s be implemented?	<b>Who</b> will be the target group?
(B)	<b>Why</b> is this health issue a problem?	<b>What</b> can be achieved in the shortest possible time frame?	<b>How</b> will the program/s be implemented?	<b>Which</b> intervention resources uses most efficiently?
(C)	<b>Why</b> is this health issue a problem?	<b>How</b> will the program/s be implemented?	<b>Which</b> intervention uses resources most efficiently?	<b>What</b> is the most well-researched program?
(D)	<b>Why</b> is this health issue a problem?	<b>Who</b> will be the target group?	<b>What</b> do you hope to achieve?	<b>How</b> will the program/s be implemented and how will you know if they are effective?

12. Actions and strategies to improve the health of specific groups should
- reflect the popular norms of the culture of the group
  - be relevant to specific health and cultural needs
  - be pitched at an average level of health literacy
  - reflect the wishes of cultural leaders of the group.
13. Which of the following is **NOT** essential to the development of positive relationships in health settings?
- The receiver being able to speak the same language as the healthcare provider
  - The provider being aware of cultural barriers and skills to address them
  - The receiver knowing how to access an interpreter if required
  - The receiver having an understanding of basic health information.
14. Successful advocacy in health promotion is **best** described as being able to:
- Apply external forces to decision-making by government agencies
  - Implement efforts and actions that focus on the achievement of goals
  - Establish a high public profile for media spokespersons
  - Influence outcomes to create positive change that improves people's lives.

15. Higher cigarette taxes and cigarette advertising restrictions are examples of:
- (A) policy measures implemented to support behaviour change
  - (B) actions to make the healthier choice the easier choice
  - (C) strategies to increase Government revenue
  - (D) policy measures implemented to reduce the incidence of disease

16. Use the following table to answer questions 16 and 17.

Comparison of levels of support by smokers for increased control over the tobacco industry by selected countries.

	Australia	USA	UK
For copyright reasons this table cannot be reproduced in the online version of this document.			

[From: Young et al., 2007]

The data in this Table show

- (A) smokers in the UK had the lowest level of support for regulation of the tobacco industry and government action to tackle harms from tobacco use
  - (B) support for tobacco companies to be allowed to advertise as they please was twice as high in Australia compared with the USA
  - (C) governments in the UK and Australia have more support among smokers to tighten regulation of tobacco companies compared with the USA government
  - (D) a minority of smokers in the three countries surveyed agreed that tobacco products should be more tightly regulated.
17. Which of the following statements on policy implications is consistent with the study results?
- (A) support among smokers for regulation of the tobacco industry is highest in the USA
  - (B) increased regulation of the tobacco industry in Australia will provoke a strong backlash from smokers
  - (C) smokers in Australia expect the government to do more to increase revenue from tobacco sales
  - (D) support for regulation of the tobacco industry in Australia is not limited to non-smokers.
18. Current national health priority areas in Australia include:
- (A) Provision of grants for research
  - (B) Reduction of child mortality
  - (C) Melanoma and all chronic disease
  - (D) Cancer control, cardiovascular health, and asthma.



19. Global challenges to health have emerged as important health issues because
- (A) improvements in global health are necessary to improve global economics
  - (B) there is an uneven distribution of gains and losses from globalisation and this contributes to health inequities
  - (C) low-income countries have little influence over global economics
  - (D) health inequities within countries will continue to exist.
20. A competent level of health literacy may be demonstrated by the ability to
- (A) facilitate meetings and advocate for better health
  - (B) find health information and evaluate it for personal relevance and validity
  - (C) visit a healthcare professional and take prescription medicine
  - (D) successfully navigate the hospital system.

**END OF SECTION ONE**

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**SECTION TWO: SHORT ANSWER**

*[40 marks]*

This section has **FOUR (4)** questions. Attempt **ALL** questions (worth 10 marks each).

Suggested working time: 75 minutes

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**Question 1**

**(a)** Use **two** examples to explain how health behaviour in relation to a health issue for a specific population is influenced by popular social and cultural norms.

*[4 marks]*

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**(b)** Describe **two** government initiatives in relation to this issue. Use examples to explain how they might promote positive behaviour change.

*[6 marks]*

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Question 4



[From: Australian Institute of Health and Welfare, 2000]

The above graph shows the population in Australia at particular age groups in 1997 and the estimate for 2051.

- (a) Explain the consequences that the projected changes may have for health care in Australia. *[4 marks]*

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**SECTION THREE: EXTENDED ANSWER***[40 marks]*

This section has **FOUR (4)** questions. In this section you are required to answer **TWO (2)** questions. Each question is worth **TWENTY (20)** marks.

Suggested working time: 60 minutes

Number the question you are answering clearly.

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**Question 5**

- (a) Discuss and provide examples of factors that create health inequities for a specific population. *[10 marks]*
- (b) Evaluate the importance of policy and legislation in addressing health inequities within this specific group. *[10 marks]*

**Question 6**

- (a) Use examples to evaluate the influence of language and other cultural influences on the building of relationships in healthcare settings. *[10 marks]*
- (b) Use appropriate examples to discuss the essential skills necessary for effective communication in healthcare settings. *[10 marks]*

**Question 7**

You have been appointed to work in a local council to promote personal and community health and wellbeing.

- (a) Describe how you would determine health needs within the local community. Use examples to support your answer. *[10 marks]*
- (b) Following a review of community needs, problematic alcohol use amongst young people emerges as a health priority. Design **two** strategies to address this issue. Explain how each strategy is consistent with **two** of the guiding principles for health promotion. *[10 marks]*

**Question 8**

- (a) Average life expectancy rates for male and female non-indigenous Australians are on average 20 years more than for indigenous Australians. Discuss the impact of at least **three** social determinants of health and explain how they contribute to differences in life expectancy and burden of disease between indigenous and non-indigenous groups. *[10 marks]*
- (b) Discuss the importance of advocacy in health promotion. In your answer, use an example to explain how advocacy can be used to gain support to address the social determinants of health. *[10 marks]*

**END OF SECTION THREE**

**SEE NEXT PAGE**











# ACKNOWLEDGEMENTS

## SECTION ONE

**Question 1** Adapted from: Board of Studies New South Wales. (2003). *Personal Development, Health and Physical Education: 2003 Higher School Certificate Examination* (p. 4, q. 7). Retrieved November, 2007, from [http://www.boardofstudies.nsw.edu.au/hsc\\_exams/hsc2003exams/pdf\\_doc/pdhp\\_e\\_03.pdf](http://www.boardofstudies.nsw.edu.au/hsc_exams/hsc2003exams/pdf_doc/pdhp_e_03.pdf).

**Question 16** Table from: Young, D. et al. (2007, April). Australian smokers support stronger regulatory controls on tobacco: findings from the ITC four-country survey. *Australian and New Zealand Journal of Public Health*, 31(2), pp. 164–169.

## SECTION TWO

**Question 4** Australian Institute of Health and Welfare. (2000). *Disability and ageing: Australian population patterns and implications* (p. 9). Retrieved November, 2007, from <http://www.aihw.gov.au/publications/dis/da/da-c02.pdf>.