**Western Australian Certificate of Education
Examination, 2012**

Question/Answer Booklet

HEALTH STUDIES

Stage 3

Please place your student identification label in this box

Student Number: In figures   ☐☐ ☐☐☐ ☐☐☐

In words   _____

_____

Time allowed for this paper
Reading time before commencing work: ten minutes
Working time for paper: three hours

Materials required/recommended for this paper
To be provided by the supervisor
This Question/Answer Booklet
Multiple-choice Answer Sheet

Number of additional answer booklets used (if applicable): ☐

To be provided by the candidate
Standard items: pens (blue/black preferred), pencils (including coloured), sharpener, correction tape/fluid, eraser, ruler, highlighters

Special items: nil

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.

Ref: 12-063

Structure of this paper

Section	Number of questions available	Number of questions to be answered	Suggested working time (minutes)	Marks available	Percentage of total exam
Section One: Multiple-choice	20	20	30	20	20
Section Two: Short answer	4	4	75	40	40
Section Three: Extended answer	4	2	75	40	40
				Total	100

Instructions to candidates

1. The rules for the conduct of Western Australian external examinations are detailed in the *Year 12 Information Handbook 2012*. Sitting this examination implies that you agree to abide by these rules.

2. Answer the questions according to the following instructions.

   Section One: Answer all questions on the separate Multiple-choice Answer Sheet provided. For each question, shade the box to indicate your answer. Use only a blue or black pen to shade the boxes. If you make a mistake, place a cross through that square then shade your new answer. Do not erase or use correction fluid/tape. Marks will not be deducted for incorrect answers. No marks will be given if more than one answer is completed for any question.

   Sections Two and Three: Write answers in this Question/Answer Booklet.

3. You must be careful to confine your responses to the specific questions asked and to follow any instructions that are specific to a particular question.

4. Spare pages are included at the end of this booklet. They can be used for planning your responses and/or as additional space if required to continue an answer.
   - Planning: If you use the spare pages for planning, indicate this clearly at the top of the page.
   - Continuing an answer: If you need to use the space to continue an answer, indicate in the original answer space where the answer is continued, i.e. give the page number. Fill in the number of the question that you are continuing to answer at the top of the page.

Section One: Multiple-choice   **20% (20 Marks)**

This section has **20** questions. Answer **all** questions on the separate Multiple-choice Answer Sheet provided. For each question shade the box to indicate your answer. Use only a blue or black pen to shade the boxes. If you make a mistake, place a cross through that square then shade your new answer. Do not erase or use correction fluid/tape. Marks will not be deducted for incorrect answers. No marks will be given if more than one answer is completed for any question.

Suggested working time: 30 minutes.

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1. Your employer, a local government authority, requires you to undertake a health inquiry to determine epidemiological trends in the area. Your first step will be to

   (a) determine the appropriate techniques for data collection.
   (b) decide how to locate and justify information sources.
   (c) develop some inquiry questions and/or an hypothesis.
   (d) look for links between national health priorities and data.

2. An important connection between the environment in which individuals live and their health and wellbeing is well established. Which of the following **best** describes 'current' environmental threats to health in developed nations?

   (a) overconsumption and a system of structural inequality
   (b) biological determinants, overdevelopment and global warming
   (c) severe drought, flooding, storms and thermal extremes
   (d) overcrowding, lack of transportation and racial discrimination

3. Ella's 18th birthday party was advertised on the internet. This resulted in some 50 people gate-crashing the party, consuming excessive amounts of alcohol and becoming violent. The behaviour of the 'gate-crashers' is **best** described as an example of the

   (a) influence of cultural traditions.
   (b) absence of proscriptive norms.
   (c) lack of government policies.
   (d) influence of social networking.

4. Strategies for health promotion advocacy include

   (a) mediating, collaborating and mobilising groups.
   (b) lobbying, mobilising groups and influencing policy.
   (c) comparing health indicators and determining health priority areas.
   (d) controlling risk-taking behaviour and developing resilience.

5. The PABCAR public health decision-making model is **best** applied to

   (a) population-wide public health issues and problems.
   (b) individuals at risk of a range of chronic diseases.
   (c) the development of needs assessments and action plans.
   (d) only those health issues that are amenable to change.

See next page

6.   Contemporary public health problems are **best** described as a result of

      (a)   individual behaviours such as poor diet, lack of exercise and smoking.
      (b)   factors that are often outside an individual's control, such as poverty and
             overcrowding.
      (c)   overconsumption, toxic wastes, affluence and global warming.
      (d)   a lack of supportive conditions for health promoting behaviours.

7.   You are planning to undertake a needs assessment of your local community. Which of the
      following **best** describes the information you would collect first?

      (a)   comparative, felt, expressed and normative needs
      (b)   the relationship between health literacy and needs
      (c)   the influence of environmental factors on health needs
      (d)   social determinants and needs of the at-risk populations

8.   Which of the following skills support personal positive health behaviour?

      (a)   self-management, self-talk and active listening
      (b)   computer and internet literacy and research
      (c)   assertion, stress management and resilience
      (d)   empathy, assertion and communication

9.   Being able to follow the usage instructions on medication is an indicator of

      (a)   self-management.
      (b)   self-regulation.
      (c)   self-awareness.
      (d)   self-actualisation.

10.   Maslow's Hierarchy of Needs is

      (a)   best described as an inverted pyramid that graphically presents a theory about the
             hierarchy of needs.
      (b)   a theory that propounds that certain lower needs must be satisfied before higher
             needs can be satisfied.
      (c)   the result of a large psychological study in the United States in 1943 about what
             constitutes mental illness.
      (d)   a personality-based theoretical framework that involves physiological, safety and
             esteem needs.

11.   Which measures are **most** appropriate when undertaking a comparison of health
      indicators?

      (a)   poverty, social gradient measures and life expectancy
      (b)   death, life expectancy and prevalence of chronic disease
      (c)   cultural background and prevalence of communicable disease
      (d)   maternal health, birth weight, gender and geographical location

Questions 12–13 refer to the following table.

Commonly reported long-term conditions, 2007–08

Condition	Males		Females	
	Per cent	Rank	Per cent	Rank
Long-sightedness	22.8	1	28.5	1
Short-sightedness	20.1	2	25.3	2
Hayfever and allergic rhinitis	14.1	3	16.0	3
Back pain/problems, disc disorders	14.1	4	13.5	4
Hearing loss	13.1	5	7.4	11
Asthma	8.9	6	11.0	6
Hypertensive disease	8.8	7	10.0	7
Chronic sinusitis	6.7	8	11.2	5
Mood (affective) problems	6.2	9	8.7	9
High Cholesterol	6.0	10	5.4	15
Osteoarthritis	5.9	11	9.7	8
Migraine	3.3	16	8.0	10

12. The latest National Health Study in 2007–08 estimated that 75% of Australians had a long-term condition in 2007–08, that is, a disease or health problem that had lasted, or was expected to last, six months or more.

    Based on the information in the table above, which statement is correct?

    (a) Many conditions are commonly reported by both males and females.
    (b) Asthma and osteoarthritis feature in the top 10 conditions reported by males.
    (c) Long-sightedness and short-sightedness are more commonly reported by males.
    (d) High cholesterol and hearing loss are more commonly reported by females.

13. The list of the top 10 conditions in the table above is similar to that reported in previous years, except that mood (affective) problems entered this ranking for the first time in 2007–08.

    Given this information, which of the following is the **most** testable hypothesis?

    (a) In 2007–08, mood (affective) problems have replaced osteoarthritis in terms of burden of disease.
    (b) In 2007–08, mood (affective) problems are increasing across the younger female population.
    (c) In 2007–08, mood (affective) problems are increasing because of a lack of emotional resilience.
    (d) Mood (affective) problems are increasing for the male population as reported in 2007–08.
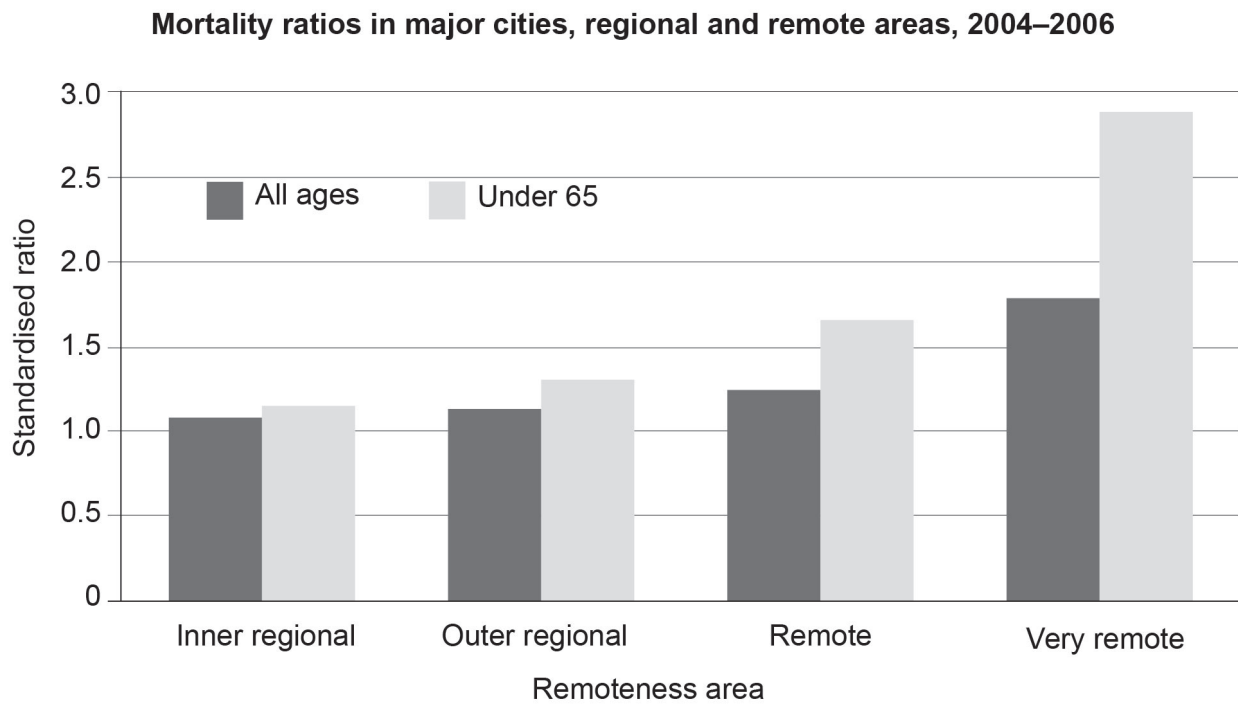
Question 14 refers to the following table.

Trends in self-assessed health status, persons aged 15 years and over (per cent)

Rating	Males			Females			Persons		
	2001	2004–05	2007–08	2001	2004–05	2007–08	2001	2004–05	2007–08
Excellent/very good	50.1	54.7	54.8	52.9	58.1	57.3	51.5	56.4	56.1
Good	31.4	28.8	29.6	29.2	26.9	28.5	30.2	27.8	29.0
Fair/poor	18.5	16.5	15.6	17.9	15.1	14.2	18.2	15.7	14.9

14. Based on the information in the table above, which refers to the 2001–2008 period, which statement is correct?

    (a) Fewer than 1 in 6 persons reported that their health was fair or poor.
    (b) Most respondents self-reported that their health was good.
    (c) The proportion of respondents reporting their health as good is on the rise.
    (d) Large differences between males and females were found in health ratings.

15. Tobacco smoking continues to cause more ill health and death than other well-known health determinants such as high blood pressure, obesity and physical inactivity. The impact of smoking is also apparent in the 'social costs' which can **best** be seen in

    (a) healthcare costs, fires, pain and suffering and lost productivity.
    (b) passive smoking effects such as chest infections, ear infections and asthma.
    (c) a softening of attitudes toward alcohol and illicit drug use among young people.
    (d) the increasing proportion of students aged 12–15 years who are smokers.

16. Which of the following would be considered unfavourable ecological factors according to the Ecological Model of Health and Disease?

    (a) challenges, risks, commitments, inadequate medical care
    (b) social connectedness, sexual adjustment and discrimination
    (c) the built environment, urban design, traffic systems and safety
    (d) excessive alcohol, drug misuse, sexual adjustment

17. You are leading health promotion advocacy within your organisation. Which of the following set of strategies **best** encapsulates what you need to include in your approach?

    (a) mobilising groups, framing issues and cultivating champions
    (b) analysing national trends, social marketing and social justice
    (c) legislative change, community development and diversity
    (d) needs assessment, cost-benefit analysis and evaluation

See next page

18. Many families were affected by devastating floods and fires across Australia in 2010. Individuals affected would have benefited **most** from skills and processes in the area of

   (a) enabling strategies.
   (b) health inquiry.
   (c) critical assessment.
   (d) self-management.

Question 19 refers to the following graph.

Mortality ratios in major cities, regional and remote areas, 2004–2006

19. The graph shows that overall mortality rates for the population increased with remoteness. What would be the **most** accurate conclusion for these data?

   (a) All males in inner and outer regional areas have higher mortality than their remote male counterparts due to unhealthier lifestyles.
   (b) Some of the difference in mortality can be explained by the high proportion of Indigenous people who live in remote areas.
   (c) Inner regional areas have such high death rates overall because young adults move to the major cities.
   (d) Mortality within specific age groups does not vary by remoteness because of reported deaths.

See next page

20. The **main** purpose of the eight United Nations Millennium Development Goals is to

    (a) galvanise efforts to meet the needs of the world's poorest.
    (b) halve extreme poverty and halt the spread of HIV/AIDS worldwide.
    (c) achieve Health for All by the year 2020.
    (d) provide universal primary education for all by the target date of 2015.

End of Section One

Section Two: Short answer **40% (40 Marks)**

This section has **four (4)** questions. Answer **all** questions. Write your answers in the spaces provided.

Spare pages are included at the end of this booklet. They can be used for planning your responses and/or as additional space if required to continue an answer.
- Planning: If you use a spare page for planning, indicate this clearly at the top of the page.
- Continuing an answer: If you need to use the space to continue an answer, indicate in the original answer space where the answer is continued, i.e. give the page number. Fill in the number of the question(s) that you are continuing to answer at the top of the page.

Suggested working time: 75 minutes.

Question 21 **(10 marks)**

Tobacco smoking is the single most preventable cause of ill health and death in Australia. The usual measure of population smoking rates is 'daily' smoking (that is, smoking every day), as this reflects the pattern of smoking most harmful to health. The great majority of smokers do smoke every day.

(a) Some groups within the population are more likely to smoke than others. Explain **three** factors that could contribute to high rates of smoking among people living in regional and remote areas. (3 marks)

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(b) Outline **three** ways in which government policies and regulations might influence a
smoker to quit. (3 marks)

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(c) Identify the **four** levels of the socio-ecological model of health and outline how each level
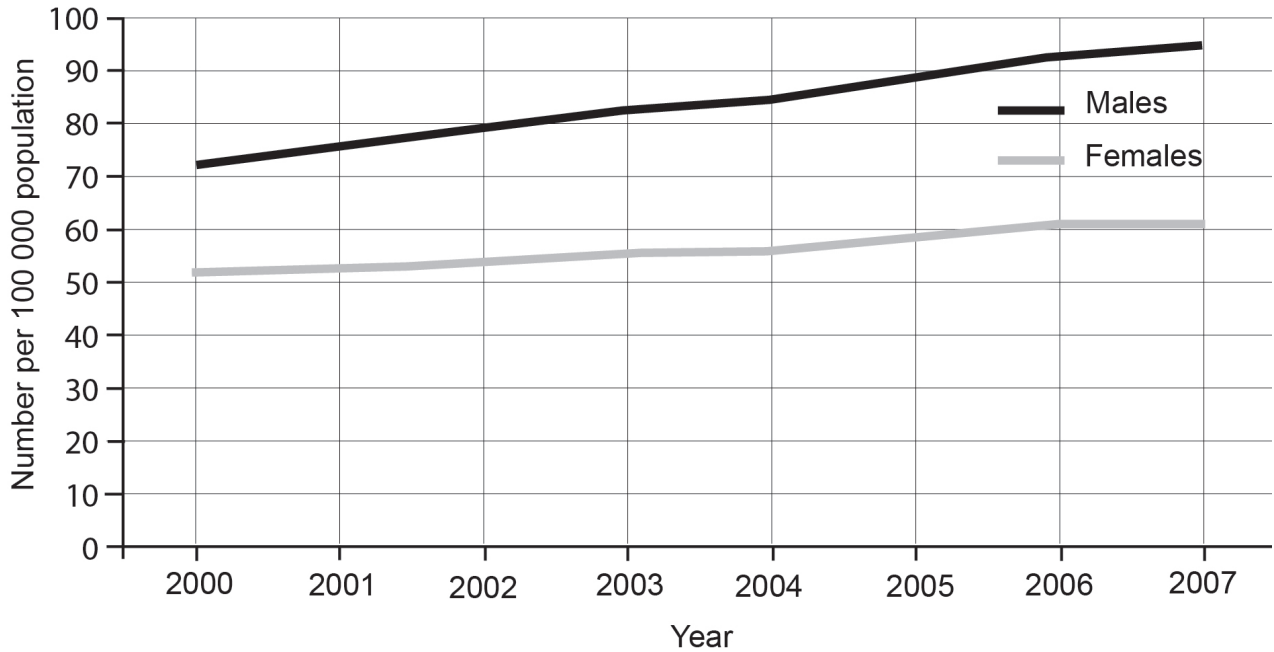could be applied to help an individual to quit smoking. (4 marks)

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Question 22 **(10 marks)**

A total of 13 101 deaths in Australia in 2007 were caused to some degree by diabetes (9.5% of all deaths). Where diabetes was the underlying cause of death, kidney-related diseases (32%) are one of the common conditions listed as associated causes. Dialysis and transplants, known as kidney replacement therapy, are used to treat people with end-stage kidney disease.

The following graph describes trends in prevalence of treated end-stage kidney disease between 2000 and 2007.
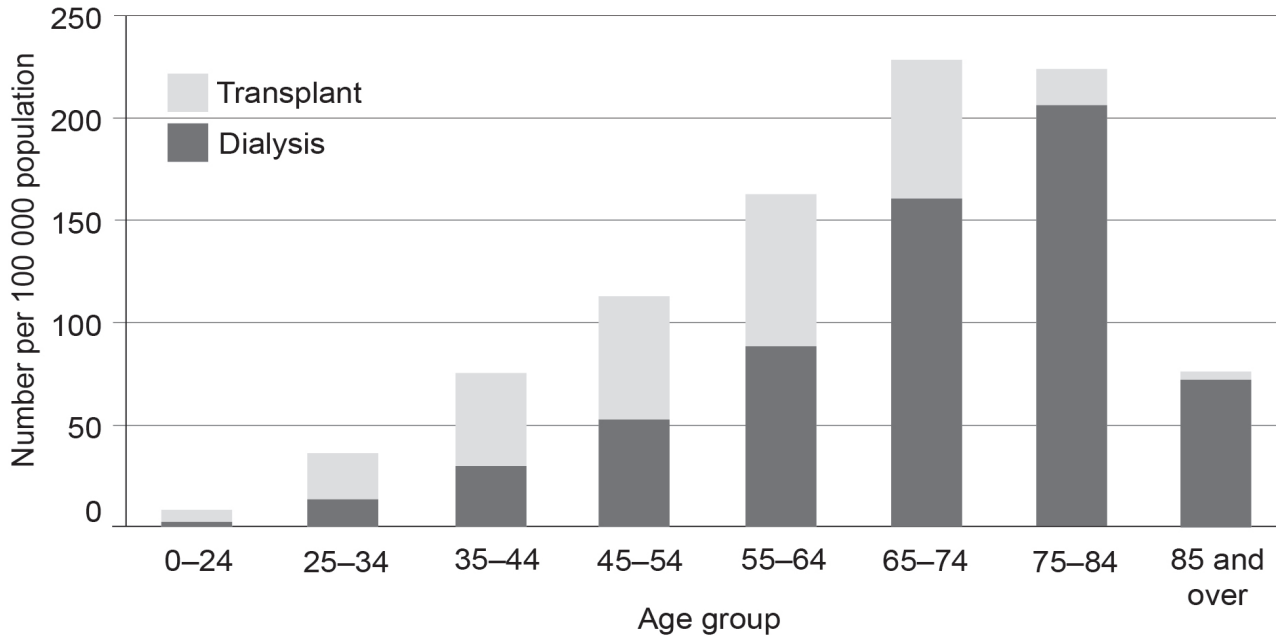
Trends in prevalence of treated end-stage kidney disease, 2000–2007

(a)   Use the graph above to describe **two** trends in the prevalence of treated end-stage kidney disease.   (2 marks)

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The following graph describes the prevalence of people on dialysis or living with a functioning transplant, by age group, 2007.

Prevalence of people on dialysis or living with a functioning transplant, by age group, 2007

(b)   Use the graph above to describe **two** characteristics of the age profile of people receiving treatment for end-stage kidney disease.   (2 marks)

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The most recent data in Australia for those who have had a kidney transplant show a 90% survival outcome for deceased donor kidney transplants and a 95% survival outcome for live donor kidney transplants.

(c)   Describe **three** examples of how a person's culture might affect their health decision making with respect to organ donation and transplantation.   (6 marks)

Question 23 **(10 marks)**

(a) Identify **two** health issues for which government legislation can either restrict or promote healthy behaviour. (2 marks)

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(b) Outline **one** example of government legislation that influences the formation of beliefs, attitudes and values in respect of **each** of your nominated health issues. (4 marks)

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(c)   The 'one punch' legislation was introduced in Western Australia as part of the Criminal Law Amendment (Homicide) Act 2008. The one punch laws mean that throwing just one punch could lead to up to 10 years in jail if the victim is killed. Explain **four** strategies that might help to develop positive health behaviours/norms in respect to this legislation.

(4 marks)

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Question 24 **(10 marks)**

(a) Identify and describe **one** of the eight United Nations Millennium Development Goals.

(3 marks)

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(b) Outline **three** barriers to achieving your identified goal on a global scale. (3 marks)

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(c)   Provide **four** examples to demonstrate how health workers might ensure that your
         identified goal is met.   (4 marks)

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End of Section Two

Section Three: Extended answer 40% (40 Marks)

This section contains **four (4)** questions. You must answer **two (2)** questions. Write your answers in the spaces provided.

Spare pages are included at the end of this booklet. They can be used for planning your answers and/or as additional space if required to continue an answer.
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Suggested working time: 75 minutes.

Question 25 **(20 marks)**

(a) As a planner for the Western Australian Country Health Service, outline **five** strategies for developing health services so they take into account different levels of health literacy across the State. (5 marks)

The Pilbara Indigenous Employment Program aims to increase Indigenous employment opportunities and improve services to Aboriginal communities.

(b) Provide **five** detailed examples of how the Program might address health inequities for Indigenous people in the Pilbara. (15 marks)

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Question 26 **(20 marks)**

Urbanisation has seen the rapid and massive growth of, and migration to, large cities. Changes to the physical environment can also change the social environment and some of these changes are associated with mental and emotional health issues.

(a)   Describe **five** strategies for health promotion advocacy to address the issues of isolation, rage and lack of social connection that have been caused by urbanisation. Include **one** example for each strategy.   (10 marks)

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The number of reported snakebites in outer urban and metropolitan areas in Western Australia has doubled in the past three years. This rise is attributed to urban sprawl and the presence of more mice in the suburbs.

(b)   Under each of the action areas of the WHO Ottawa Charter, describe **two** strategies that governments could use to address this issue and minimise bites and deaths. Your answer should be structured under each Ottawa Charter action area.   (10 marks)

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Question 27 **(20 marks)**

(a) Nominate **three** action areas of the Ottawa Charter and describe **one** strategy for each area that would help to address the specific issue of improving the access to health care of people in geographically isolated areas. (6 marks)

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The mining boom in Western Australia has resulted in an expanding fly-in fly-out workforce. An accepted definition of fly-in fly-out is:

> All employment in which the work is so isolated from the workers' homes that food and accommodation are provided for them at the work site, and rosters are established whereby employees spend a fixed number of days at the site, followed by a fixed number of days at home.

While the fly-in fly-out workforce model has helped to meet labour demands, there has been growing concern about the impact on the health and wellbeing of the individual workers and their families.

(b)   Describe **four** ways in which these workers' occupational lifestyles could create some health inequities for them. (8 marks)

See next page

(c)   Nominate **three** psychological and social determinants that might affect the workers'
      families and discuss the potential health issues that could result.   (6 marks)

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Question 28   **(20 marks)**

Social inclusion is a key Australian Government policy.

(a)   Outline **four** barriers to implementing social inclusion strategies in Australia.   (4 marks)

(b)   Explain how the societal norms of different cultural groups may result in social exclusion, with an impact on their health.   (6 marks)

See next page

(c)   As a program officer at a primary health care centre, you are undertaking a study to determine whether there are any cultural barriers to community members accessing the services provided by the centre in which you work. Outline the techniques you might use for locating, identifying, selecting and justifying sources of data.   (10 marks)

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End of questions

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ACKNOWLEDGEMENTS