



Western Australian Certificate of Education Examination, 2013

Question/Answer Booklet

HEALTH STUDIES

Stage 3

Please place your student identification label in this box

Student Number: In figures

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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 fluid/tape, 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.

Structure of this paper

Section	Number of questions available	Number of questions to be answered	Suggested working time (minutes)	Marks available	Percentage of exam
Section One: Multiple-choice	20	20	30	20	20
Section Two: Short answer	5	5	75	50	50
Section Three: Extended answer	4	2	75	30	30
Total					100

Instructions to candidates

1. The rules for the conduct of Western Australian external examinations are detailed in the *Year 12 Information Handbook 2013*. 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 your 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.

1. Which of the following **best** describes PABCAR?
 - (a) PABCAR refers to the core competencies required in public health to build capacity and effect organisational change.
 - (b) PABCAR describes public health problems and provides a range of solutions to address health inequities.
 - (c) PABCAR is a public health decision-making model to guide decision making about advocacy campaigns.
 - (d) PABCAR describes the levels of need that drive human motivation and emphasises the importance of self-actualisation.

2. The choice and use of valid and reliable evidence from a range of sources is a key component in
 - (a) developing social intelligence.
 - (b) building individual resilience.
 - (c) forming attitudes and values.
 - (d) undertaking a health inquiry.

3. Which is the **best** description of how the Ottawa Charter reduces inequities of specific groups?
 - (a) It provides a framework for developing and implementing strategies to promote health in five action areas.
 - (b) It creates supportive environments so that the psychological and social impacts on health are modified.
 - (c) It focuses on the complex interaction of factors outside an individual's control that result in poor health.
 - (d) It encourages developing countries to attain the eight United Nations Millennium Development Goals.

4. In general, people seem to recognise that stress can have an impact on health and well-being, but they do not always take actions to prevent stress or manage it well. Which of the following **best** outlines the skills that will support stress management?
 - (a) do well in career and studies and achieve work and financial stability
 - (b) focus on the negatives in your life until you resolve your problems
 - (c) take anger management classes and avoid dealing with difficult people
 - (d) improve time management, exercise regularly, eat and sleep well

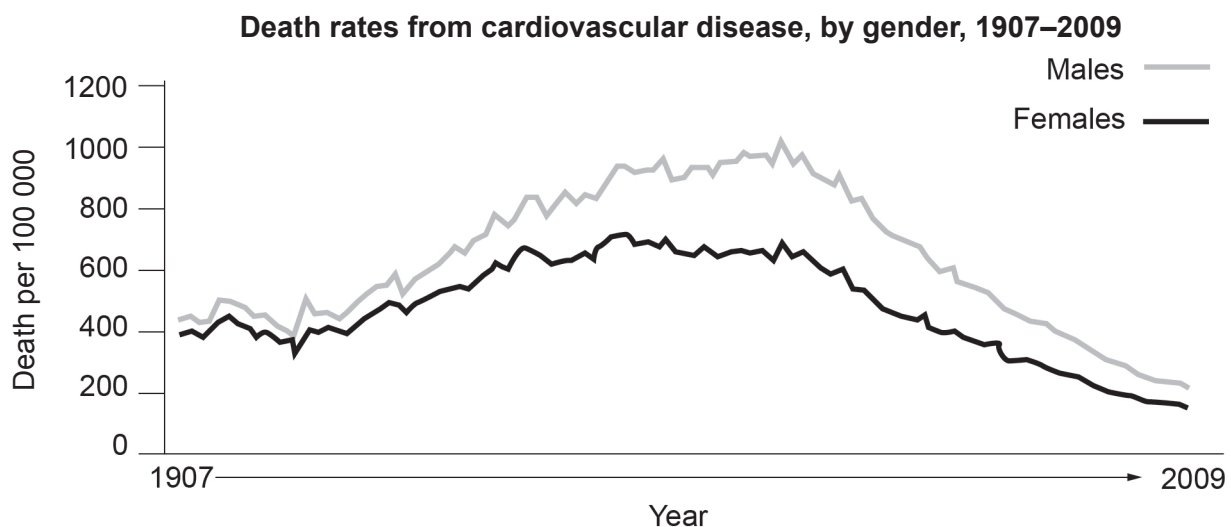
See next page

5. You are undertaking a comprehensive community needs assessment. What types of need will you collect data about?
- (a) physiological, security and comparative needs
 - (b) normative, felt, expressed and comparative needs
 - (c) deficiency, social, normative and security needs
 - (d) self-esteem, achievement and higher level needs
6. Which would be your first step in the process of undertaking a community health needs assessment?
- (a) setting the overall goals
 - (b) prioritising health issues
 - (c) analysing the problems
 - (d) identifying health issues
7. Which of the following statements **best** describes the relationship between health literacy and health status?
- (a) Health literacy includes a set of skills needed to function in a health care environment.
 - (b) Health literacy describes abilities to search the internet, use social media and read effectively.
 - (c) Health literacy is related more to income than to other attitudinal and environmental influences.
 - (d) Health literacy is determined by an individual and their family's health insurance status.
8. Which of the following has been the **most** successful public health advocacy campaign in Australia in the past decade?
- (a) regulation of alcohol sponsorship of sport
 - (b) restrictions on gambling
 - (c) tobacco marketing controls
 - (d) limits on fast food advertising
9. Global and local barriers to addressing social determinants of health include
- (a) stress, depression and lack of motivation to change.
 - (b) poverty, disease outbreaks and clean drinking water.
 - (c) personality differences and vulnerability to stress.
 - (d) affluence and related health-damaging behaviours.
10. The comparison of health indicators involves examining
- (a) age, gender and all emergency and planned hospitalisations.
 - (b) births, gender, culture, unintended injury rates and death.
 - (c) births, deaths and incidence of communicable diseases.
 - (d) life expectancy, death and prevalence of chronic disease.

See next page

11. The socio-ecological model of health is **best** described as recognising the interrelationships that exist among
- the individual, their relationships, community and society.
 - the individual, their geographic location and social gradient.
 - psychological, biological and social determinants of health.
 - cultural traditions, environmental factors and social networks.
12. Self-management skills that support positive health behaviours include
- resilience, stress management and assertion.
 - setting goals, persistence and perseverance.
 - compromise, negotiation and communication.
 - coaching, mentoring and resilience training.

Question 13 refers to the graph below.

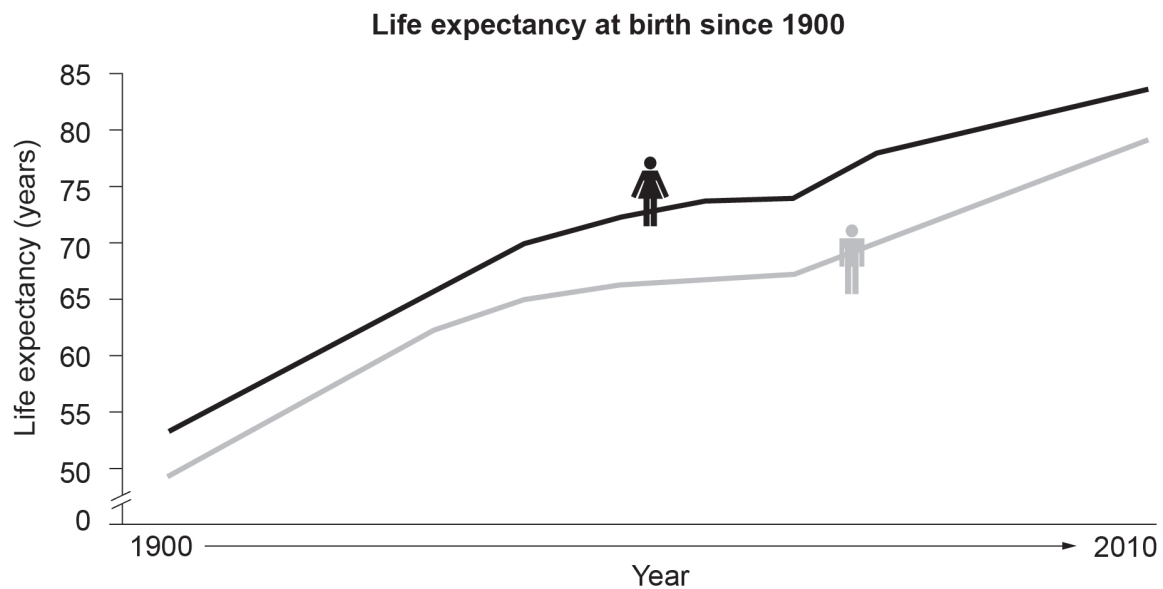


13. As a group, cardiovascular disease (CVD) includes heart attack, stroke and other heart and blood vessel diseases. CVD is Australia's biggest killer, accounting for one third of all deaths in 2009.

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

- There has been a spectacular decline in deaths from CVD since 1907.
- The rate of deaths from CVD peaked around the start of this century.
- The rate of deaths from CVD is not much lower than it was 100 years ago.
- There has been a considerable fall in deaths from CVD since around 1968.

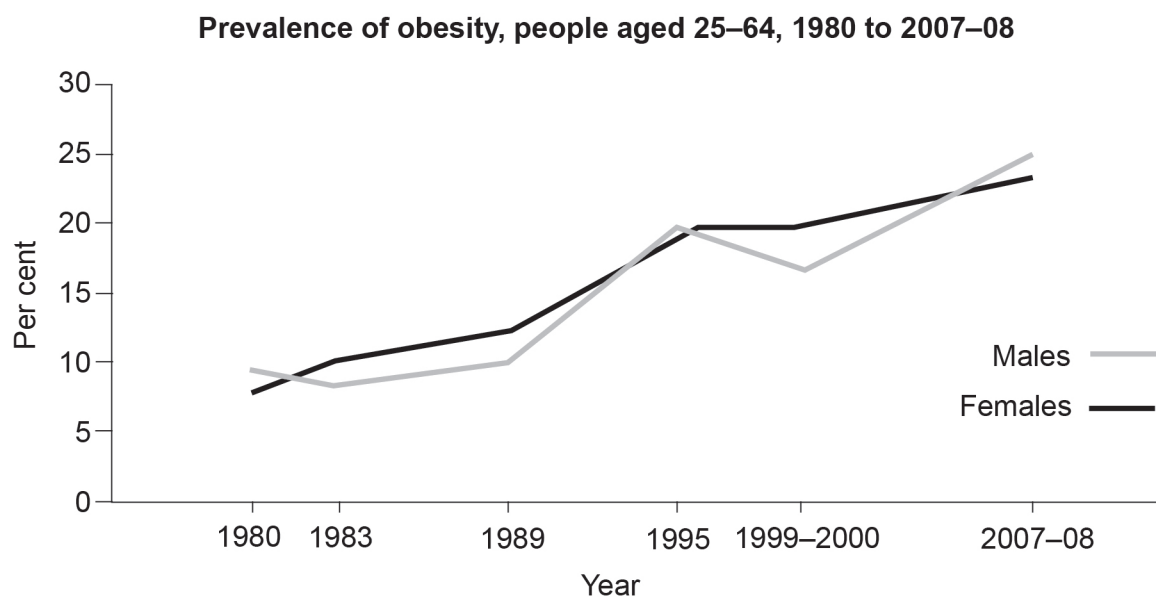
Question 14 refers to the graph below.



14. The Australian Institute of Health and Welfare's 2012 report card on the nation's health and health system profiles the life expectancy trends of Australians.
- Based on the information in the graph above, which statement is correct?
- Life expectancy for women peaked around 1955 and for males around 1977.
 - A boy born today can expect to live to 68 years and a girl to 73 years.
 - Life expectancy for most females who reach 65 years is about another 10 years.
 - Life expectancy at birth has risen dramatically over the past 100 years.
15. A proscriptive norm can be **best** defined as
- providing guidance on what is unacceptable behaviour.
 - informing individuals of what they should do in society.
 - influencing individuals to engage in productive behaviour.
 - fostering positive outcomes and morality without guilt.
16. Developing an open, rule-based, predictable, non-discriminatory trading and financial system is a specified target within which initiative?
- the third action area of the Ottawa Charter and its focus on reducing inequities of specific groups and redressing inequities
 - the Australian Collaborating Centre that supports the World Health Organisation Family of International Classifications Network
 - the eighth goal of developing a global partnership for development within the United Nations Millennium Development Goals
 - the Pharmaceutical Benefits Scheme, part of Australia's broader National Medicines Policy, which is an endorsed framework

See next page

Question 17 refers to the graph below.



17. The Australian Institute of Health and Welfare's 2012 report card on the nation's health and health system profiles trends in Australian rates of obesity.

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

- (a) Rates of obesity for males and females have increased over the past few decades.
 - (b) Rates of obesity in capital cities and urban areas are worse than those in rural areas.
 - (c) Younger Australians have much greater obesity issues than men and women aged over 50 years.
 - (d) Obesity is more prevalent among men and women of higher socioeconomic status.
18. The World Health Organisation is the
- (a) agency with diplomatic missions that manages Australia's overseas aid program.
 - (b) directing and coordinating authority for health within the United Nations system.
 - (c) partnership of 177 countries and territories that helps nations to withstand crises.
 - (d) declaration of 189 nations to free people from extreme poverty and multiple deprivations.

19. The most recent National Health Priority Area recognised by the Australian Health Ministers in 2012 was
- (a) mental health.
 - (b) dementia.
 - (c) suicide prevention.
 - (d) prostate cancer.
20. Many aspects of health are related to how financially well-off people are. This is because
- (a) public health advocacy targets higher-income earners.
 - (b) personal lifestyle choices are not socially conditioned.
 - (c) socioeconomic status can create health inequities.
 - (d) psychological determinants have the most impact on health.

End of Section One

See next page

Section Two: Short answer

50% (50 Marks)

This section has **five (5)** 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 that you are continuing to answer at the top of the page.

Suggested working time: 75 minutes.

Question 21

(10 marks)

Compared with past years, people who have heart attacks now have a better chance of surviving in Australia. This may be due to an increase in the effective diagnosis of milder heart attacks, as tests have become increasingly sensitive over time.

- (a) Identify **two** environmental factors relating to geographic location and **two** social network factors that might also be responsible for the above positive trend. (4 marks)

Question 21 (continued)

- (b) Describe **three** examples of how cultural traditions might influence the formation of personal beliefs, attitudes and values toward seeking screening for heart attack risk. (6 marks)

Question 22

(10 marks)

Australia works with the governments of neighbouring countries to help them to improve the way in which they deliver economic and community services.

- (a) Describe the role and the geographical focus of Australia's AusAID program. (4 marks)

- (b) Describe **three** different methods AusAID uses to enhance health and provide **one** example of each method. (6 marks)

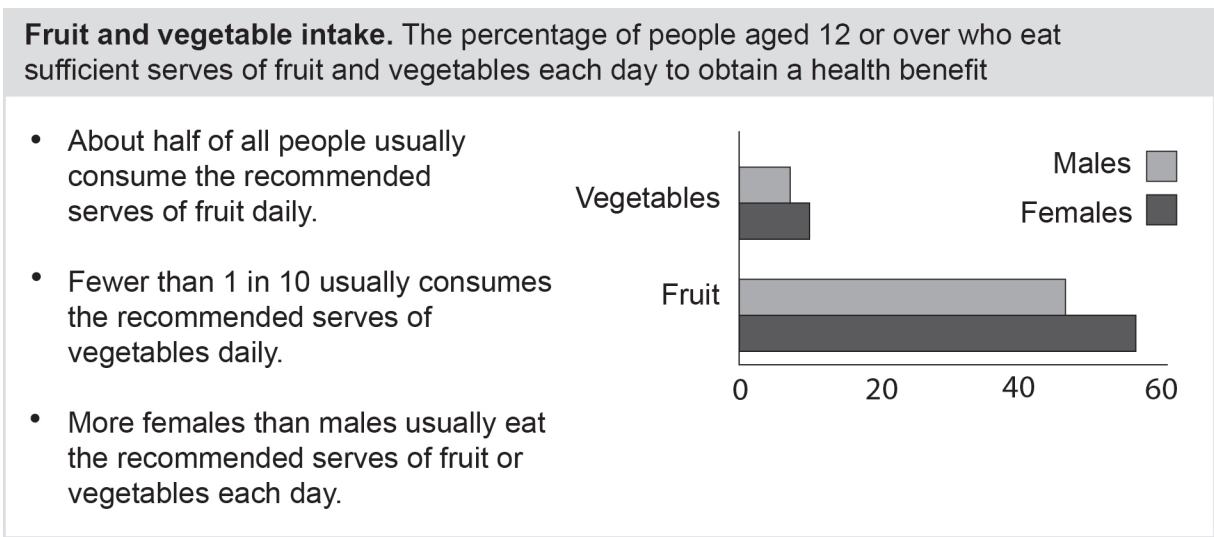
Question 23

(10 marks)

Good nutrition plays a major role in our health and wellbeing.

- (a) Provide **four** reasons why people with good health literacy are better able to follow a healthy diet. (4 marks)

The graph below shows that fewer than one person in ten aged 12 and over usually eats sufficient serves of vegetables and that about half eat sufficient serves of fruit.



The results from the 2007–08 National Health Survey show that the proportion of people in Australia consuming insufficient amounts of fruits and vegetables did **not** vary greatly by geographic location or socioeconomic status (see Table below).

Insufficient consumption of fruit and vegetables, by selected variables, people aged 15 and over, 2007–08 (per cent)

Selected variable	Males	Females
Geographic location		
Major cities	95.6	93.6
Inner regional	92.5	89.6
Other ^(a)	95.6	90.6
Socioeconomic status		
1st quintile (most disadvantaged)	95.7	94.9
2	95.4	92.0
3	95.3	92.9
4	94.5	91.0
5th quintile (least disadvantaged)	94.9	92.1

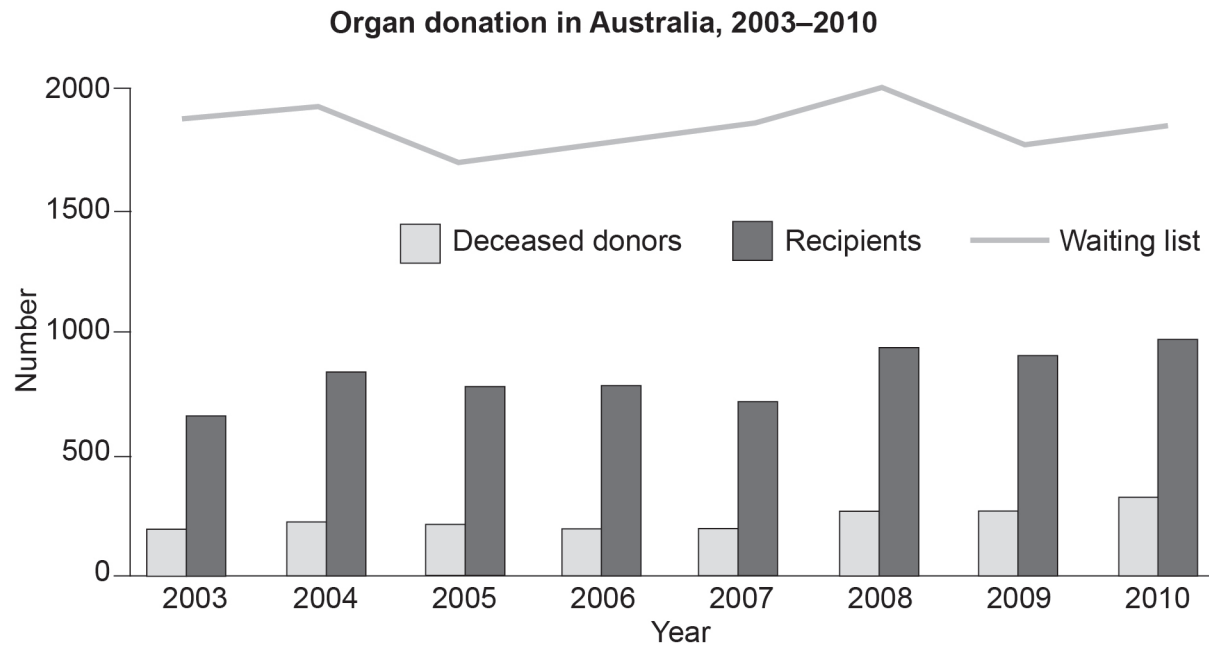
(a) 'Other' includes Outer regional and Remote areas.

- (b) Given the information in the graph and the table, identify and describe **two** factors, besides geographic location and socioeconomic status that can create health inequities that may cause insufficient consumption of fruit and vegetables. (6 marks)

Question 24

(10 marks)

During 2011, there were about 1600 Australians on the transplant waiting list at any one time. The graph below depicts trends in the donation of organs for transplantation between 2003 and 2010.



(a) Using the graph above, describe **two** trends in the data presented. (4 marks)

Question 25

(10 marks)

Some population groups or age groups may be more susceptible than others to certain diseases.

- (a) Describe **two** socioeconomic factors that could have an impact on an older person trying to successfully manage multiple chronic health conditions. (2 marks)

The strength of a person's vaccination status may determine whether he or she develops a disease, or how severely they are affected.

- (b) Explain how social justice principles in health can influence a person's vaccination status. (8 marks)

End of Section Two

See next page

Question 27

(15 marks)

Methanol is widely used as a solvent in a variety of products, from engine antifreeze to paint, and has been responsible for hundreds of deaths in southern Asian countries in recent years. Travellers can often be the victims of unscrupulous operators of unregulated bars and outdoor parties who add methanol to crushed ice, fruit juice and other ingredients to create deadly cocktails for unsuspecting tourists. Young adults are often particularly at risk, as they are travelling on tight budgets and can be lured by discounted cocktails or other alcoholic drinks.

(a) Outline the **five** main strategies for health promotion advocacy you have studied.

(5 marks)

(b) Describe **one** example of an action for **each** strategy you nominated in part (a) to address the problems for tourists who may be served with methanol-laced cocktails in southern Asia.

(10 marks)

ACKNOWLEDGEMENTS

Section One

- Question 13** Graph adapted from: Australian Institute of Health and Welfare. (2012). Figure 6.4: Death rates from CVD, by gender, 1907–2009. *Australia's health 2012*. Canberra: Australian Institute of Health and Welfare, p. 267. Used under a Creative Commons BY 3.0 licence.
- Question 14** Data source: Australian Institute of Health and Welfare. (2012). Life expectancy at birth since 1900 [Graph]. *Australia's health 2012*. Canberra: Australian Institute of Health and Welfare.
- Question 17** Graph adapted from: Australian Institute of Health and Welfare. (2012). Figure 5.6: Prevalence of obesity, people aged 25–64, 1980 to 2007–08. *Australia's health 2012*. Canberra: Australian Institute of Health and Welfare, p. 211. Used under a Creative Commons BY 3.0 licence.

Section Two

- Question 21** Data source: Australian Institute of Health and Welfare. (2012). Chance of surviving a heart attack. *Australia's health 2012*. Canberra: Australian Institute of Health and Welfare.
- Question 23(b)** Graph adapted from: Australian Institute of Health and Welfare. (2012). Fruit and vegetable intake. *Australia's health 2012*. Canberra: Australian Institute of Health and Welfare, p. 200. Used under a Creative Commons BY 3.0 licence.
- Table adapted from: Australian Institute of Health and Welfare. (2012). Figure 5.3: Insufficient consumption of fruit and vegetables, by selected variables, people aged 15 and over, 2007–08 (per cent). *Australia's health 2012*. Canberra: Australian Institute of Health and Welfare, p. 200. Used under a Creative Commons BY 3.0 licence.
- Question 24(a)** Graph adapted from: Australian Institute of Health and Welfare. (2012). Figure 7.23: Organ donation in Australia, 2003–2010. *Australia's health 2012*. Canberra: Australian Institute of Health and Welfare, p. 211. Used under a Creative Commons BY 3.0 licence..
- Question 24(b)** Data source: Australian Institute of Health and Welfare. (2012). Organ donation. *Australia's health 2012*. Canberra: Australian Institute of Health and Welfare, p. 458.

Section Three

- Question 26(b)** Data source: Australian Institute of Health and Welfare. (2012). *Australia's health 2012*. Canberra: Australian Institute of Health and Welfare.

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