Government of **Western Australia**
School Curriculum and Standards Authority

WACE
Western Australian Certificate of Education

Western Australian Certificate of Education Examination, 2015

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 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 2015*. 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.

See next 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. A normative need

   (a) reflects social norms, networks and majority norms.
   (b) is what most people consider to be 'the norm'.
   (c) is where people perceive and say what they want or feel they need.
   (d) is usually based on research and defined by experts.

2. It can be difficult for health professionals to understand the complexities and diversity of any cultural group that is different from their own. This statement is **best** explained by

   (a) cultural traditions that influence beliefs, attitudes and values toward death.
   (b) language and culture influencing relationship building in health settings.
   (c) the impact of culture on views of death and end-of-life decision making.
   (d) the different views about transplants and organ donations across cultures.

3. Improving national health priorities requires a combination of interventions, some population-based and some focused on the individual. Which of the following is a population-based intervention aimed at reducing the incidence of cardiovascular disease?

   (a) drug treatment for people displaying the symptoms of high blood pressure
   (b) reducing salt consumption through appropriate labelling of processed foods
   (c) nicotine replacement therapy to help people who are seeking to quit smoking
   (d) primary health care sector to provide treatment for people with high cholesterol

4. Arbitration is **best** explained as

   (a) an interpersonal skill that might enhance collaboration within health settings.
   (b) a communication technique generally reserved for formal legal proceedings.
   (c) a form of compensation whereby an external mediator settles disputes and costs.
   (d) a self-management skill often used to resolve conflict in health care settings.

5. Health promotion advocacy is

   (a) the main strategy used to improve life expectancy and reduce mortality.
   (b) a tactic used in the advertising of health products and health services.
   (c) aimed at making known a range of factors that affect health favourably.
   (d) primarily a secondary prevention strategy used to influence health policy.

See next page

6. In practice, reducing global poverty, famine and disease outbreaks would require

(a) dealing with the barriers to addressing social determinants of health.
(b) decreasing the impact of environmental determinants on equalities.
(c) reducing differences between developing countries' health priorities.
(d) enforcing strict international trade barriers for emerging economies.

7. Life expectancy is **best** described as the

(a) combination of the incidence and prevalence of chronic disease.
(b) most commonly-used health measure to describe population health.
(c) population's burden of disease, taking into account births and deaths.
(d) profile of morbidity across the total population at a given point in time.

8. To justify your position in concluding a health inquiry, you should include

(a) an analysis and clarification of information used.
(b) diverse communication and presentation styles.
(c) a broad range of solutions specific to your audience.
(d) a convincing argument to support your hypothesis.

9. The purpose of Maslow's Hierarchy is to

(a) label the levels of need one needs to meet in order to reach one's potential.
(b) outline the sets of rewards and unconscious desires that drive people.
(c) explain the motivation and needs behind individuals seeking fulfilment.
(d) outline the hierarchy of wants and specify the order in which they occur.

10. Young adults with a history of diagnosed skin cancer should be advised to

(a) place their sole emphasis on self-skin checks and screening not prevention.
(b) reassess the relationship between their behaviours and proscriptive norms.
(c) change their exposure to risk factors, and aim for early detection and treatment.
(d) liberally apply vitamin A cream or lotion to any suspicious skin lesions.

11. Health promotion actions can **best** improve national health priorities by

(a) investing only in prevention activities that reduce the development of diseases.
(b) increasing control over the determinants of individuals' and community health.
(c) focusing on penalties through taxation, such as increasing the costs of smoking.
(d) limiting expenditure to only those at high risk and not the entire population.

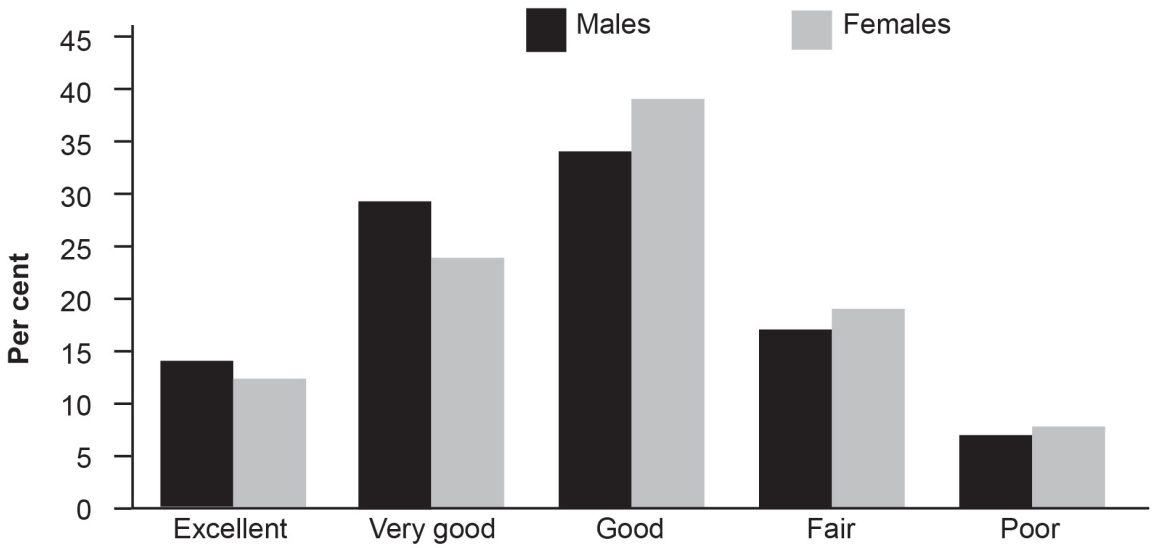
12. Fitted seat belts in motor vehicles and tobacco plain packaging are **best** described as

(a) health promotion campaigns.
(b) community education programs.
(c) behavioural change campaigns.
(d) policy and regulatory activities.

See next page

Question 13 refers to the following graph.

Self-assessed health status of Indigenous Australians, by sex, 2012–2013



13. The graph depicts the self-assessed health status of Indigenous Australians, by sex, 2012–2013. Using the graph, which of the following conclusions is correct?

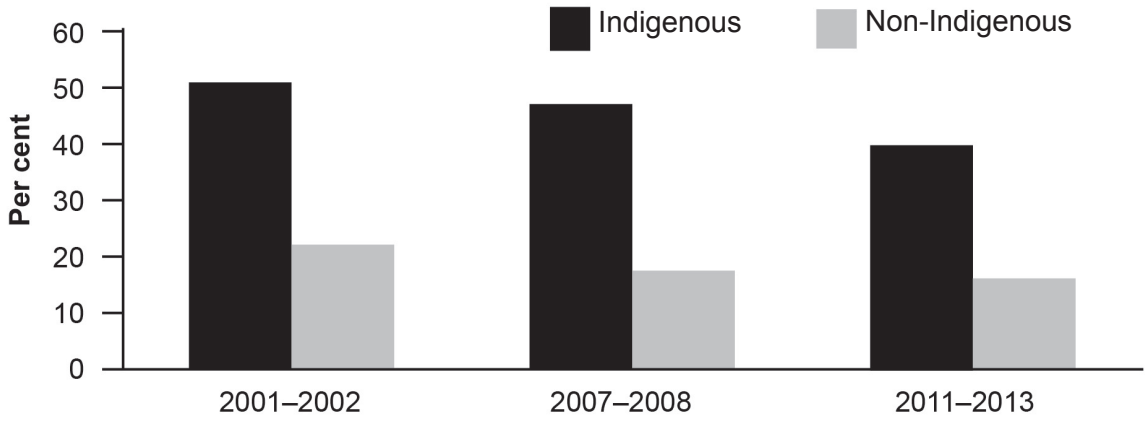
(a) About two in five Indigenous Australian females (39%) rated their health as excellent or very good.
(b) About one in four Indigenous Australians (49%) rated their health as good.
(c) About 40% of Indigenous Australians rated their health as fair or poor.
(d) Indigenous Australian males rate their health poorly compared with Indigenous Australian females.

See next page

Smoking rates are significantly higher in the Indigenous population than in the non-Indigenous population in Australia.

Question 14 refers to the following graph.

Percentage of current daily smokers in Australia by Indigenous status, people aged 18 and over (age-standardised), 2001–2002 to 2011–2013



14. The graph depicts the percentage of daily smokers in Australia by Indigenous status, people aged 18 and over, 2001–2002 to 2011–2013. Using the graph, which of the following conclusions is correct?

(a) The difference between the proportion of Indigenous and non-Indigenous smokers has increased from 25% in 2001 to 28% in 2011–2013.
(b) The proportion of Indigenous adults who smoke daily decreased between 2001–2002 and 2011–2013 from 51% to 40%.
(c) For non-Indigenous adults, the proportion of daily smokers rose from 16% in 2007–2008 to 22% in 2011–2013.
(d) Smoking rates are highest among Indigenous people aged 18 years and over for both males and females.

15. Which of the following statements **best** describes the prevalence of chronic disease within the Indigenous Australian population?

(a) Many social determinants contribute to the gap between the health of Indigenous and non-Indigenous Australians.
(b) Most Indigenous Australians live in very remote areas and unemployment is the main issue affecting health.
(c) Social disadvantage and lower education and employment rates are responsible for the health equalities.
(d) Indigenous Australians live longer than non-Indigenous Australians, so the rates of chronic disease are higher.

16. The first step in a health inquiry is

(a) undertaking a needs assessment to identify gaps and priorities.
(b) developing inquiry questions or hypotheses independently.
(c) locating, identifying and selecting reliable sources of information.
(d) using diverse communication forms appropriate to the audience.

See next page

17. Amenability of change is a stage used in decision making for health program planning and refers to

(a) whether there is evidence that the problem can be changed.
(b) the level of public health change required to fix the problem.
(c) whether there is broad acceptance for the planned change.
(d) which recommended actions need to be changed due to cost.

18. Which of the following self-management skills or qualities would support the development of positive health behaviours?

(a) enabling and mediating cognitive dissonance
(b) positive attitudes and values towards health
(c) stress management, resilience and assertion
(d) experience in building supportive environments

19. Framing issues **best** refers to

(a) a technique for mobilising decision makers.
(b) an example of population health lobbying.
(c) an action that clarifies and effects change.
(d) a strategy for health promotion advocacy.

20. The *Slip Slop Slap* campaign began in 1981 to warn of the risk of skin cancer and is **best** described as

(a) an endorsement program for the Cancer Council Australia.
(b) a non-government-funded program to prevent skin cancer.
(c) a program targeting those most at risk of sun and solarium exposure.
(d) a well-known Australian educational and behavioural campaign.

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 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.

Suggested working time: 75 minutes.

Question 21 **(8 marks)**

The number of children suffering run-over injuries from reversing cars in driveways has been increasing in the past five years.

(a) Using the Ottawa Charter action area of 'developing personal skills', explain **two** actions a parent could take to prevent such an injury from occurring. (4 marks)

See next page

(b) Within the Ottawa Charter action area of 'creating supportive environments', explain **two** measures a parent could take to prevent such an injury from occurring. (4 marks)

See next page

Question 22 **(8 marks)**

(a) Explain how improving health literacy might address the inequity of access to health care. (2 marks)

(b) Describe **three** ways in which health literacy could help a community to become involved in preventing disease outbreaks. (6 marks)

See next page

Question 23 **(11 marks)**

(a) Identify **five** facts about the term ‘chronic disease’. (5 marks)

See next page

Question 23 (continued)

(b) Explain what is meant by the 'prevalence of chronic disease' and outline **four** challenges chronic diseases create for health systems. (6 marks)

See next page

Question 24 **(11 marks)**

(a) Describe **one** example of how government tobacco-related policies and legislation influence the formation of beliefs, attitudes and values with respect to child safety and smoking. (2 marks)

(b) Explain how drink driving laws influence the development of the **three** types of norms; identify clearly and outline each different norm within your explanation. (9 marks)

See next page

Question 24(b) continued

See next page

Question 25 **(12 marks)**

(a) Outline **three** actions to address health inequity. (3 marks)

(b) Explain the difference between 'health inequality' and 'health inequity' and illustrate your explanation by providing an example related to a specific population group. (4 marks)

See next page

Question 25 (continued)

(c) Outline examples of **five** factors that can affect all populations and can result in health inequities. (5 marks)

End of Section Two

See next page

Section Three: Extended answer **30% (30 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.

- 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.

Suggested working time: 75 minutes.

Question 26 **(15 marks)**

A truck carrying about 60 tonnes of ammonium nitrate for use as crop fertiliser was travelling to Wenderup and crashed just outside Pinnjuri. The highway was closed and an exclusion zone secured around the site of the crash. However, the combination of the chemical and diesel fuel caused a large explosion. The blast destroyed a fire truck and injured two fire fighters and three bystanders. The small town of Pinnjuri has limited resources and, as the Community Development Officer for the Pinnjuri Shire, you have been asked to work with the local community following this incident.

(a) Explain the purpose of conducting a needs assessment after this horrific crash. Identify the **four** types of need and state how each one might apply to the members of the Pinnjuri community. (5 marks)

See next page

Question 26(a) continued

(b) Describe **two** self-management skills that would support positive health behaviours for members of this local community and provide an example of how the community might apply each skill. (4 marks)

See next page

(c) Within the Ottawa Charter action area of 'strengthening community action', explain **three** strategies that members of the town of Pinnjuri could undertake to address the community's emotional reactions of shock, anxiety and grief. (6 marks)

See next page

Question 27 **(15 marks)**

Historically, entertainment at sideshows included attractions such as a mental asylum house of horrors. Mental illness was portrayed as a form of entertainment and something to be ridiculed and of which to be afraid.

Describe **five** strategies for health promotion advocacy to create better awareness of mental health in the community and among patrons of sideshows, providing **one** example of each strategy being applied in this situation.

See next page

See next page

Question 28 **(15 marks)**

Harsh prosecutions have been called for to deal with the perpetrators of one-punch attacks following a man being blinded in one eye as a result of such an attack.

(a) Explain **two** ways in which government policies and regulations play a role in the prevention of injuries related to one-punch attacks. (4 marks)

See next page

(b) Family violence is increasing in your region. Outline **four** social determinants that might be causing this increase. (4 marks)

See next page

Question 28 (continued)

(c) As the manager of a community health centre, you want to conduct a health inquiry into the problem of rising family violence and to assist in the development of solutions. Outline **seven** skills or processes necessary to conducting a health inquiry into this issue.

(7 marks)

See next page

Question 29 **(15 marks)**

The United Nations (UN) is working with governments and other partners to build on the momentum generated by the UN's Millennium Development Goals.

(a) Identify and outline the Millennium Development Goals. (8 marks)

See next page

Question 29 (continued)

(b) Describe the purpose of the Millennium Development Goals and provide **five** examples of progress made since they were adopted by world leaders in 2000. (7 marks)

End of questions

Additional working space

Question number: _____

Additional working space

Question number: _____

Additional working space

Question number: _____

Additional working space

Question number: _____

Additional working space

Question number: _____

ACKNOWLEDGEMENTS

Section One

Question 7 Information from: Australian Institute of Health and Welfare. (2014). Life expectancy. In *Australia's Health 2014*. Canberra: AIHW, p. 67.

Question 13 Australian Institute of Health and Welfare. (2014). Health status of Indigenous Australians [Graph]. In *Australia's Health 2014*. Canberra: AIHW, p. 304. Used under a Creative Commons BY 3.0 licence.

Question 14 Australian Institute of Health and Welfare. (2014). Daily smokers in Australia [Graph]. In *Australia's Health 2014*. Canberra: AIHW, p. 307. Used under a Creative Commons BY 3.0 licence.

Question 15 Information from: Australian Institute of Health and Welfare. (2014). Chronic disease in Indigenous Australians. In *Australia's Health 2014*. Canberra: AIHW, p. 296.

Question 20 Information from: Australian Institute of Health and Welfare. (2014). Slip Slop Slap campaign. In *Australia's Health 2014*. Canberra: AIHW, p. 346.

Section Two

Question 21 Adapted from: O'Leary, C. (2014, December 8). *Driveway run-overs on the rise*. The West Australian, p. 3.

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