



Western Australian Certificate of Education Examination, 2014

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 2014*. 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. A study involving a comparison of health indicators would include a focus on
 - (a) death statistics.
 - (b) unemployment.
 - (c) social gradient.
 - (d) early childhood.

2. Gay, lesbian, bisexual, transgender and intersex young people are at higher risk of anxiety and depression and physical and emotional abuse. The factor **most** likely to create health inequities for these specific populations is
 - (a) gender bias.
 - (b) social justice.
 - (c) discrimination.
 - (d) drug addiction.

3. In January 2014, new research published shows that the number of smokers buying cigarettes on the spur of the moment in Western Australia dropped by a third since the introduction of a partial ban on shop displays. This is a result of all tobacco products sold in the State having been removed from sight since 2010, with retailers only able to have a board listing brand names and prices in a standard format. This is evidence of
 - (a) the relationship between improved health literacy and consumer health status.
 - (b) the importance of policy in regulating tobacco advertising at point of sale.
 - (c) the socio-ecological model of health and the individual's role in preventing ill-health.
 - (d) social marketing and its impact on proscriptive, prescriptive and popular norms.

4. Language differences can pose problems between patients and health professionals. One way for health professionals to overcome such barriers is to
 - (a) categorise patients according to culture to predict their health needs.
 - (b) write all instructions down in large print for patients and their families.
 - (c) speak loudly so instructions for the patient and carers are heard clearly.
 - (d) check whether non-verbal messages are conflicting with verbal messages.

See next page

5. Achieving social inclusion is about
- (a) allowing people to participate fully in the social and economic life of the nation.
 - (b) providing equal support to all members in society so no group gets any extra.
 - (c) implementing a set of inclusion criteria from government to facilitate equality.
 - (d) government policy and program initiatives that equalise cultural differences.
6. The World Health Organisation is **best** described as
- (a) Geneva's response to global poverty and disease.
 - (b) the global agency for international development.
 - (c) the global government agency that manages aid.
 - (d) a specialised agency of the United Nations.
7. The World Health Organisation defines health as
- (a) not just the absence of mental disorder but a state of wellbeing in which every individual realises their potential.
 - (b) a level of literacy that is beyond a narrow concept of sickness to broader health education and behaviour change.
 - (c) a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.
 - (d) a settings-based approach that involves a holistic and multi-disciplinary method to integrate action across risk areas.
8. When framing issues for health promotion advocacy, one would be **most** likely to
- (a) present issues in ways that are likely to get the most agreement from others.
 - (b) present valid conclusions and enforce solutions and change.
 - (c) analyse issues critically and develop some inquiry questions independently.
 - (d) use diverse communication forms appropriate to the proposed solutions.
9. The impact of civil war on the personal, social and cultural identity of a population would be likely to be evidenced by
- (a) individual efforts to justify one's personal stance and opinions.
 - (b) global barriers to addressing social determinants of health.
 - (c) violence, conflict and displacement from traditional homelands.
 - (d) arbitration, negotiation, compromise and community resilience.
10. The United Nations Millennium Development Goals
- (a) range from halving extreme poverty to halting the spread of HIV/AIDs and providing universal primary education.
 - (b) are measurable targets with the primary aim of including the private sector in health decision making by 2015.
 - (c) were declared at the 1991 Third International Conference on Health Promotion to strengthen the Ottawa Charter.
 - (d) are a response to the perceived lack of progress toward achieving the goals of the 2005 Bangkok Charter.

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11. Indicators of alcohol-related harm among young people include
- (a) ideals of proscriptive, prescriptive and social norms.
 - (b) economic hardship, neglect and housing inadequacy.
 - (c) significantly higher numbers of homeless in the city.
 - (d) mental health and behavioural disorders and assaults.
12. The Pharmaceutical Benefits Scheme in Australia is intended to provide
- (a) a revenue raising avenue for governments.
 - (b) no cost to consumers for costly medications.
 - (c) unrestrained drug prescribing and dispensing.
 - (d) timely and affordable access to medications.
13. Early life has an impact on health inequities because
- (a) it is both a biological and a social determinant.
 - (b) early development and education last a lifetime.
 - (c) most diseases are more common in childhood.
 - (d) many individual factors can lead to premature death.
14. PABCAR is **best** described as a
- (a) hierarchy based on the five levels of need.
 - (b) model based on five health promotion areas.
 - (c) six-step public health decision-making model.
 - (d) five-step approach to public health promotion.
15. Risk factors are an important component in measuring health determinants. Which of the following statements in respect to risk factors is true?
- (a) The more common a disease, the easier it is to control one or more risk factors.
 - (b) Risk factors vary in the amount of risk they pose, for example, level of exposure.
 - (c) The precise point at which risk begins is the key measure in determining outcomes.
 - (d) The population-wide risk doesn't increase with the rate or duration of exposure.
16. Prescriptive norms are **best** described as
- (a) the rules and expectations governing society.
 - (b) informing individuals of what they should do.
 - (c) providing guidance on what is unacceptable.
 - (d) prescribed rules that are set within legislation.

17. Friendships, positive social relationships and strong supportive networks can improve health at home, at work and in the community. This statement is a good description of
- social status.
 - social gradient.
 - social support.
 - social context.

Question 18 relates to the table below.

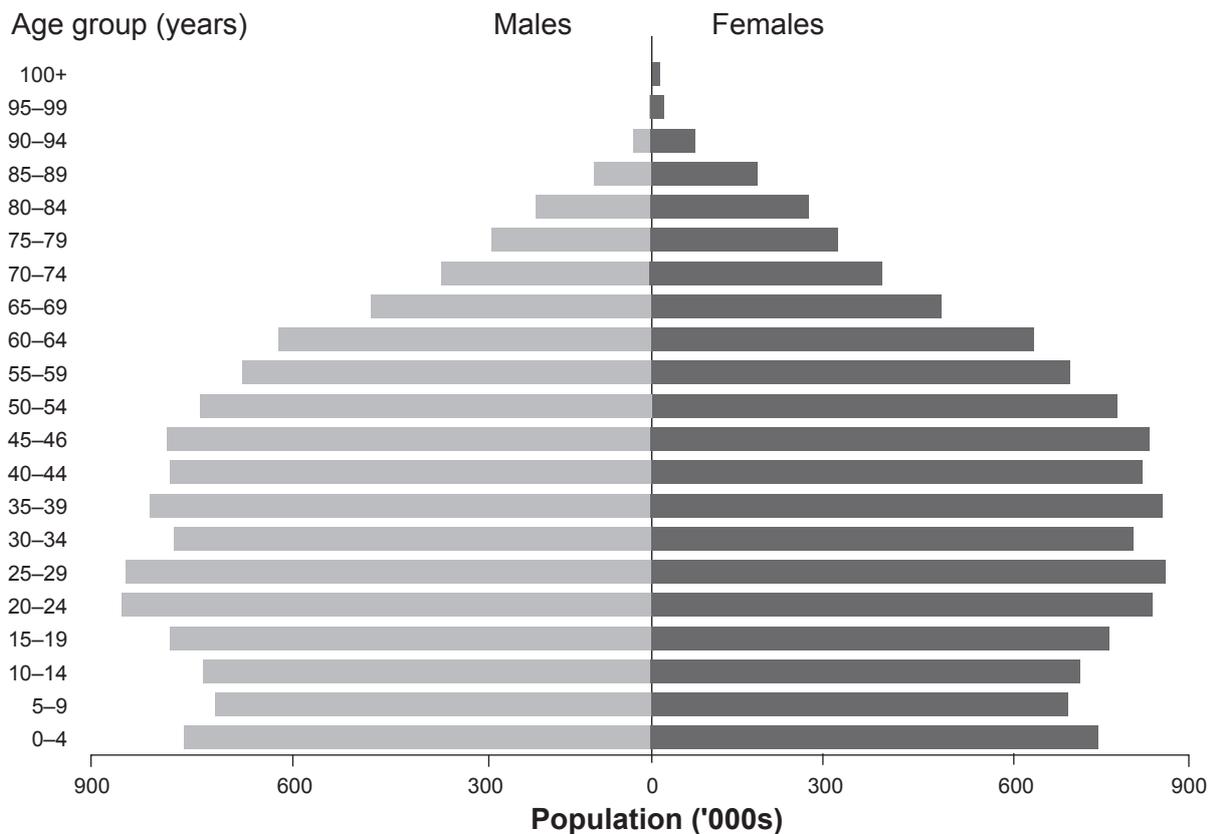
Top five external causes of all hospitalised injury by age group (years), 2009-10

Rank	0–14	15–24	25–64	65 and over
1	Falls	Other unintentional	Other unintentional	Falls
2	Other unintentional	Transportation	Falls	Other unintentional
3	Transportation	Falls	Transportation	Transportation
4	Smoke, fire and flames, heat and hot substances	Intentional, inflicted by another	Intentional, self-inflicted	Poisoning, pharmaceuticals
5	Poisoning, pharmaceuticals	Intentional, self-inflicted	Intentional, inflicted by another	Intentional, self-inflicted

18. The table depicts the top five external causes of all hospitalised injury by age group for 2009-10. Which of the following conclusions is correct?
- Some types of hospitalised injury occur at all ages.
 - All ages are hospitalised from fire-related injuries.
 - Other unintentional is the highest threat of injury for children.
 - Falls are the main reason young adults are injured.
19. The **most** likely reason that injury prevention and safety promotion is a National Health Priority Area is because
- people with less serious injuries who are not hospitalised but require time off work cause a drop in productivity.
 - it is the greatest cause of death in the first half of life and leaves many with serious disabilities or long-term conditions.
 - the population most at risk of injury are those with high incomes and socioeconomic status who take risks.
 - older people have the highest rates of intentional injury as a result of falls and this is preventable and costly.

Question 20 relates to the graph below.

Australian population by age and sex, June 2010



20. The graph depicts the Australian population by age and sex as of June 2010. Which of the following conclusions is correct?
- (a) The age group with the largest population is that comprising those aged 35–39 years.
 - (b) There were more males than females at ages up to 35 years.
 - (c) The size and structure of the whole population is relatively stable.
 - (d) There was a higher male and female infant mortality around age 6.

End of Section One

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Question 22

(10 marks)

In 2013, Western Australia achieved its best year in organ donation and transplants, with a record number of kidney and liver transplants and a 50 per cent increase in the number of deceased donors.

- (a) Explain **two** ways culture can affect health decision making with respect to organ donation and transplants. (4 marks)

DonateLife WA considers improvements in how doctors and families are discussing organ donation at a difficult time as one reason for the increased donor and transplant rates.

- (b) Identify and describe **three** cultural influences on relationship building between health care providers, patients and families in health settings. (6 marks)

Question 23

(10 marks)

Drinking alcohol impairs your senses and can encourage risk-taking behaviour. Combining alcohol and swimming can result in injury, disability and death.

- (a) Identify and describe **two** skills that support positive health behaviours and would assist an individual to better self-manage and avoid the risk associated with drinking alcohol and swimming. (4 marks)

- (b) Identify **three** domains in the socio-ecological model of health and for **each** provide an example of a strategy that could be used to prevent alcohol consumption combined with swimming. (6 marks)

Question 28

(15 marks)

The supply of health services does not always meet needs and demand.

- (a) Explain how the above statement can affect a population's health. (2 marks)

Maslow's Hierarchy of Needs is a theory in psychology proposed by Abraham Maslow in 1943.

- (b) Explain the purpose of Maslow's Hierarchy. (3 marks)

- (c) Identify **five** levels of need within Maslow's Hierarchy and describe the characteristics of each level. (10 marks)

ACKNOWLEDGEMENTS

Section One

- Question 3** Data source: O’Leary, C. (2014, January 7). *Ban all cigarette signs: experts*. Retrieved January 7, 2014, from <https://au.news.yahoo.com/thewest/a/20630774/ban-all-cigarette-signs-experts/>
- Question 18** Australian Institute of Health and Welfare. (2012). Table 6.6: Top 5(a) external causes of all hospitalised injury(b), by age group (years), 2009–10. *Australia’s health 2012*. Canberra: Australian Institute of Health and Welfare, p. 296. Used under a Creative Commons BY 3.0 licence.
- Question 20** Australian Institute of Health and Welfare. (2012). Figure 2.1: Australian population by age and sex, June 2010. *Australia’s health 2012*. Canberra: Australian Institute of Health and Welfare, p. 47. Used under a Creative Commons BY 3.0 licence.

Section Two

- Question 21 (c)** Text adapted from: Australian Institute of Health and Welfare. (2012). BreastScreen Australia. *Australia’s health 2012*. Canberra: Australian Institute of Health and Welfare, p. 168. Used under a Creative Commons BY 3.0 licence
- Australian Institute of Health and Welfare. (2012). Figure 4.5: Participation in BreastScreen Australia by region (A) and socioeconomic status (B), women aged 50–69, 2009–2010 [Graphs]. *Australia’s health 2012*. Canberra: Australian Institute of Health and Welfare, p. 169. Used under a Creative Commons BY 3.0 licence
- Question 22 (a)–(b)** Adapted from: O’Leary, C. (2014, January 4). Record year for WA organ donations. *The Weekend West*, p. 17.

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