



VCE Exam Essentials

Health & Human Development
Unit 3 – Course Notes

A+

- ✓ A Complete Guide to the VCE Exams
- ✓ Comprehensive & Detailed A+ Notes
- ✓ VCE Exam Style Questions & Solutions
- ✓ Written by Experienced VCAA Examiners
- ✓ VCAA Examination Standard

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VCE EXAM ESSENTIALS

Unit 3 Health & Human Development **Australia's Health in a Globalised World**

VCE Accreditation Period
2018 – 2023



www.tsfx.edu.au/vce-essentials

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HEALTH AND HUMAN DEVELOPMENT EXAMINATION

GENERAL INFORMATION

- Contribution to Study Score – 50%.
- Exam booklet includes questions and spaces for answers.
- Marks reflect depth. Marks are allocated for each question (including sub parts).
- Stimulus material provided in many questions. Examples: data, case studies, tables etc.
- Addresses Unit 3 **AND** 4.
- Requires understanding, interpretation and application of knowledge.
- Must be familiar with terminology.

USEFUL TIPS

- Use reading time wisely (begin to interpret stimulus material).
- Read entire paper first.
- Go back and read each question carefully.
- Note key words and understand what is expected e.g. list, briefly describe, explain. Highlight these after reading time.
- Use examples to illustrate ideas when explaining.
- Answer questions you are confident in first.

TECHNIQUE

- Use mark allocation and the descriptors in the question as a guide for detail required. 'Describe' and 'explain' require more depth than 'outline'.
- If the question asks for three factors, only the first three will be assessed. The first question following a table/graph usually asks you about trends from the graph (don't give reasons unless you are asked to).
- If you run out of time, jot down points. Never leave a question blank.
- Use appropriate terminology from the key knowledge.
- Do not re-write question or include an introduction, etc.
- If you make a mistake, rule it out, no whiteout.
- Always re-read answers.
- Make sure handwriting is legible. No grey lead pencil!

EXAM CONTENT

The examination will cover content drawn from both Units 3 and 4. All areas of study and outcomes are examinable. There are no formalised exam criteria and therefore the key knowledge and key skills points should form the basis of understanding.

UNIT 3 – OUTCOME 1

Key Knowledge	✓	Key Skills	✓
Concepts of health and wellbeing (including physical, social, emotional, mental and spiritual dimensions) and illness, and the dynamic and subjective nature of these concepts.		<p>Explain the dynamic and subjective nature of the concepts of health and wellbeing and illness.</p> <p>Describe interrelationships between dimensions of health and wellbeing.</p>	
Benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally.		<p>Explain the individual and collective importance of health and wellbeing as a resource.</p> <p>Describe global benefits of the pursuit of optimal health and wellbeing.</p>	
Prerequisites for health as determined by the WHO including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity.		Identify the WHO's prerequisites for health and explain their links to improved health outcomes.	
Indicators used to measure and understand health status: incidence, prevalence, morbidity, burden of disease, disability-adjusted life year (DALY), life expectancy, health-adjusted life expectancy (HALE), mortality (including maternal, infant and under 5) and self-assessed health status.		<p>Describe and apply indicators used to measure health status.</p> <p>Use data to describe and evaluate the health status of Australians.</p> <p>Analyse patterns in morbidity and mortality in Australia over time.</p>	
<p>Health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups including:</p> <ul style="list-style-type: none"> – Males and females – Indigenous and non-Indigenous – High and low socioeconomic status – Those living within and outside of Australia's major cities 		Analyse health information to explain factors that contribute to variations in health status between population groups.	
The contribution to Australia's health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron).			

UNIT 3 – OUTCOME 2

Key Knowledge	✓	Key Skills	✓
<p>Improvements in Australia’s health status since 1900 and reasons for these improvements, focusing on policy and practice relating to:</p> <ul style="list-style-type: none"> – ‘Old’ public health – The biomedical approach to health and improvements in medical technology – Development of ‘new’ public health including the social model of health and Ottawa Charter for Health Promotion – The relationship between biomedical and social models of health 		<p>Analyse data that show improvements in health over time and draw conclusions about reasons for improvements.</p> <p>Analyse the strengths and limitations of biomedical and social models of health in bringing about improvements in health status.</p>	
<p>Australia’s health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity.</p>		<p>Analyse the role of Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme in promoting Australia’s health.</p>	
<p>The role of health promotion in improving population health, focusing on one of: smoking, road safety, or skin cancer, including:</p> <ul style="list-style-type: none"> – Why it was/is targeted – Effectiveness of the health promotion in improving population health – How the health promotion reflects the action areas of the Ottawa Charter for Health Promotion 		<p>Apply the action areas of the Ottawa Charter for Health Promotion to a range of data and case studies.</p>	
<p>Initiatives introduced to bring about improvements in Indigenous health and wellbeing in Australia and how they reflect the action areas of the Ottawa Charter for Health Promotion.</p>		<p>Evaluate initiatives in terms of their capacity to improve Indigenous health and wellbeing.</p>	
<p>Initiatives to promote healthy eating in Australia including Australian Dietary Guidelines and the work of Nutrition Australia, and the challenges in bringing about dietary change.</p>		<p>Draw conclusions as to why dietary improvements are difficult to achieve in Australia.</p>	

EXAM TERMINOLOGY

Some of the more common exam terminology includes:

Analyse:	Examine the components of; Look for links, trends, patterns and relationships.
Apply:	Use the information to show meaning, make links.
Assess:	Weigh up the value of
Comment:	Make relevant remarks about
Compare:	Show similarities
Contrast:	Show differences
Define:	Give the precise meaning of
Demonstrate:	Show how
Describe:	Give a general description, outline
Discuss:	Look at both sides of, give an overall account
Evaluate:	Judge, weigh up good and bad (pros and cons), give your opinion of
Explain:	Show understanding, make clear
Identify:	List, recognise, acknowledge
Illustrate:	Use examples to show
Justify:	Give reasons and evidence to support a position or statement
List:	Make points briefly
Outline:	Give an overview, a general summary
Suggest:	Put forward ideas, proposals

UNIT 3: DIFFERENT MEASURES OF HEALTH STATUS OF AUSTRALIANS

HEALTH INDICATORS

Key Word	Definition
Burden of Disease	A measure of the impact of diseases and injuries, specifically it measures the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability. Burden of disease is measured in a unit called DALY.
Health Adjusted Life Expectancy (HALE)	A measure of the burden of disease based on life expectancy at birth but including an adjustment for time spent in poor health. It is the number of years in full health that a person can expect to live, based on current rates of ill health and mortality.
Disability Adjusted Life Year (DALY)	A measure of burden of disease, one DALY equals one year of healthy life lost due to premature death and time lived with illness, disease or injury.
Life Expectancy	An indication of how long a person can expect to live, it is the number of years of life remaining to a person at a particular age if death rates do not change (AIHW 2008).
Under 5 Mortality Rate (U5MR)	The number of deaths of children under 5 years of age per 1000 live births.
Mortality	Death in the population.
Mortality Rate	(Sometimes referred to as 'death rate'.) The measure of the proportion who die in a one-year period (usually per 100 000).
Morbidity	Ill health in an individual and levels of ill health in a population or group (AIHW, 2008).
Incidence	(When referring to morbidity) the number or rate of new cases of a disease during a specified period of time (usually a twelve-month period).
Prevalence	The number or proportion of cases of a particular disease or condition present in a population at a given time. (AIHW 2008).
Health Status	An individual's or a population's overall level of health, taking into account various aspects such as life expectancy, amount of disability and levels of disease risk factors. (AIHW 2008).
Health Promotion	The process of enabling people to increase control over, and to improve, their health.

Key Word	Definition
Biomedical Model of Health	Focuses on the physical or biological aspects of disease and illness. It is a medical model of care practised by doctors and/or health professional and is associated with the diagnosis, cure and treatment of disease.
Social model of health	A conceptual framework within which improvements in health and wellbeing are achieved by directing effort towards addressing the social, economic and environmental factors of health. The model is based on the understanding that in order for health gains to occur, social, economic and environmental factors must be addressed. Includes five principles.
Ottawa Charter for health promotion	An approach to health development by the World Health Organisation which attempts to reduce inequalities in health. The Ottawa Charter for Health Promotion was developed from the social model of health and defines health promotion as ‘the process of enabling people to increase control over, and to improve, their health’ (WHO 1998). The Ottawa Charter identifies three basic strategies for health promotion which are enabling, mediating, and advocacy. Has five priority/action areas.
Biological factors	Refer to the cells, tissues and systems of the body, their structure and how adequately they function. Examples include: <ul style="list-style-type: none"> • Body weight. E.g. underweight, healthy weight. • Blood pressure levels • Blood cholesterol levels • Glucose regulation • Genetics • Birth weight
Factors of health	Factors that raise or lower a level of health in a population or individual. Factors of health help to explain or predict trends in health and why some groups may have better or worse health than others. Factors can be classified as biological, behavioural, social and physical environment.
Metabolism	All of the chemical reactions that occur in the body involving nutrients.
Sociocultural factors	Aspects of society and the social environment that impact on health, such as early life experiences, social networks and support, SES level, access to health care, stress, housing and cultural factors.

Unit 3
OUTCOME 1
Understanding Health and Wellbeing

❖ **Concepts of health and wellbeing (including physical, social, emotional, mental and spiritual dimensions) and illness, and the dynamic and subjective nature of these concepts**

Dimension of health and wellbeing	Description	Examples
Physical health and wellbeing	Relates to the functioning of the body and its systems; it includes the physical capacity to perform daily activities or tasks.	<ul style="list-style-type: none"> • Healthy Body Weight • Adequate energy levels • Appropriate levels of fitness • Strong immune system • Ability to perform physical tasks • Free from illness, disease and injury
Social health and wellbeing	The ability to form meaningful and satisfying relationships with others and the ability to manage or adapt appropriately to different social situations.	<ul style="list-style-type: none"> • Having a good network of friends • A supportive and understanding family • Having social needs met • Effective communication with others • Ability to adapt to a variety of social situations
Mental health and wellbeing	Mental health refers to the state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.	<ul style="list-style-type: none"> • Managing day to day activities with low levels of stress • Being able to lead an independent life • Being resilient in the event of misfortune • Having positive self esteem
Emotional health and wellbeing	The ability to recognise, understand and effectively manage and express emotions as well as the ability to display resilience.	<ul style="list-style-type: none"> • Having high levels of resilience • Recognise and understand a range of emotions • Effectively respond to and manage emotions

Dimension of health and wellbeing	Description	Examples
Spiritual health and wellbeing	Relates to ideas, beliefs, values and ethics that arise in the minds and conscience of human beings. It includes the concepts of hope, peace, a guiding sense of meaning or value, and reflection on a person's place in the world. Spiritual health and wellbeing can also relate to organised religion, a higher power and prayer, values, a sense of purpose in life, connection or belonging.	<ul style="list-style-type: none"> • Having a sense of belonging • Acting according to values and beliefs • Peace and Harmony • Positive meaning and purpose in life

Illness:

A subjective concept related to personal experience of a disease.

Dynamic nature of health:

The health and wellbeing experienced by an individual is **dynamic**, meaning that it is constantly changing.

Eg: A person may be sick with tonsillitis and then medical treatment such as surgery or medication can relieve symptoms and restore health and wellbeing.

Subjective nature of health:

The concept of health and wellbeing is viewed in many different ways and is therefore said to be **subjective**.

Eg: For an elderly person, it might mean having chronic conditions well managed. For a young person, it might mean not being sick at all.

QUESTION 1

- a. Explain the following term, using an example:

Physical Health and Wellbeing:

2 Marks

Spiritual Health and Wellbeing:

2 Marks

Emotional Health and Wellbeing:

2 Marks

- b. Discuss the possible interrelationships of health and wellbeing, using **three** dimensions in your discussion. 3 Marks

❖ **Benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally**

In 1986 the World Health Organisation stated that to reach an optimal level of health and wellbeing, 'an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health (and wellbeing) is, therefore, seen as a resource for everyday life, not the objective of living'.

Thinking about this, it is obvious that to perform your best, and contribute to society we see being in a state of optimal health as a resource for the individual, the nation and the globe.

Benefits of Optimal Health and Wellbeing for the **INDIVIDUAL**:

- Work productively
- Gain an education
- Earn an income
- Exercise
- Effectively run a household (e.g. shopping, cleaning, caring for children)
- Spend time with friends
- Work towards their purpose in life
- Increase leisure time
- Live independently
- Sleep well
- Maintain positive thought patterns.

Benefits of Optimal Health and Wellbeing for the **NATION**:

- Longer, healthier lives
- Health system savings
- Fewer people relying on social security
- Increase Productivity
- Higher average incomes
- Reduced stress and anxiety in the community
- Increased social participation.

Benefits of Optimal Health and Wellbeing for the **GLOBALLY**:

- Reduced risk of disease transmission between countries
- Assists in promoting peace and stability
- Promotes economic development
- Promotes Social development
- Promotes sustainability

QUESTION 2

- a. Describe the meaning of being in a state of optimal health. 2 Marks

- b. Identify **two** examples of the benefits of optimal health for:

Individually: 2 Marks

Nationally: 2 Marks

Globally: 2 Marks



❖ ***Prerequisites for health as determined by the WHO including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity***

In 1986, the World Health Organisation (WHO) felt their needed to be greater guidance to countries on how to improve the health status globally. An international conference was held in Ottawa, Canada. One of the key objectives of this meeting was to provide guidance to governments and other groups on how to improve the health and wellbeing of all people worldwide.

As a result, the Ottawa Charter for Health Promotion was developed, this has a focus on promotion and prevention for health, therefore improve the global health status. The Ottawa Charter identifies specific prerequisites or basic conditions and resources that must be available if any gains in health and wellbeing are to occur.

Many of these prerequisites impact each other, so individuals and communities who have access to one of them often experience an increased ability to access the others.

There are NINE prerequisites identified in the Ottawa Charter, there are:

- Peace
- Shelter
- Education
- Food
- Income
- Stable Ecosystem
- Sustainable Resources
- Social Justice, and
- Equity



PEACE:

Description: Peace can be defined as the absence of conflict.

When a community or country is experiencing peace, there is a decreased risk of premature death, serious injury, disability and other adverse effects usually associated with conflict. This promotes physical health and wellbeing of all people.

Individually, peace allows people to go about their daily activities, e.g. work/school/socialising (therefore enhancing social and mental health and wellbeing).

Infrastructure is preserved, e.g. transport systems, agriculture, healthcare facilities (which allows people to feel safe and connected as part of the community, therefore increasing emotional and spiritual health and wellbeing).

SHELTER:

Description: shelter describes a structure that provides protection from the outside environment. Adequate shelter is a basic human right.

Shelter provides protection from the elements, privacy, safety and security, reduced risk of diseases, stress and anxiety and increases the ability to focus on education and employment to lead a meaningful life.

EDUCATION:

Education impacts health and wellbeing in numerous ways. Education empowers individuals and increases their ability to earn an income, understand health promotion messages, exhibit healthy behaviours, and find meaning and purpose in life. As a result, educated people often have greater access to the resources required to experience high levels of health and wellbeing.

Meaningful employment also promotes self-esteem and provides a sense of purpose and meaning in life, which enhances spiritual health and wellbeing.

FOOD:

Adequate food intake is both an essential requirement for life and a basic human right.

'The state in which all persons obtain nutritionally adequate, culturally appropriate, safe food regularly through local non-emergency sources' (VicHealth) is referred to as food security.

Access to appropriate and nutritious food helps to provide adequate levels of energy. Adequate energy increases the capacity of children to attend school and learn.

INCOME:

Income is an underlying factor for many health and wellbeing outcomes, Income allows an individual to be able to afford resources such as healthcare, recreation, transport and education.

Having access to money means that people are better able to afford activities that they enjoy such as recreational pursuits and socialising. This can promote the dimensions of health and wellbeing.

Governments receive income from the taxes paid by individuals and businesses. This money is used to boost the country's economy and provide basic resources.

A STABLE ECOSYSTEM:

An ecosystem is a community that consists of all of the living and nonliving components of a particular area. The living components include plants, animals and micro-organisms such as bacteria, and the non-living components include weather, rocks, soil and watercourses.

A stable ecosystem occurs when balance is achieved between the environment and the species that live in an environment.

A balanced ecosystem means that these resources are available for human use and can regenerate as quickly as they are used. This is therefore able to promote health and wellbeing.

SUSTAINABLE RESOURCES:

Sustainability is defined by the United Nations as 'meeting the needs of the present without compromising the ability of future generations to meet their own needs.'

Sustainable resources therefore relate to ensuring that the resources used to promote health and wellbeing in the present are available for future generations, so they too can experience a good quality of life.

These resources are often required to engage in activities such as education, employment, sleep, food production and recreation, which all work to promote health and wellbeing.

Sustainable use of land and water is therefore required to ensure that future generations have a reliable food and water supply to prevent disease and enhance health and wellbeing.