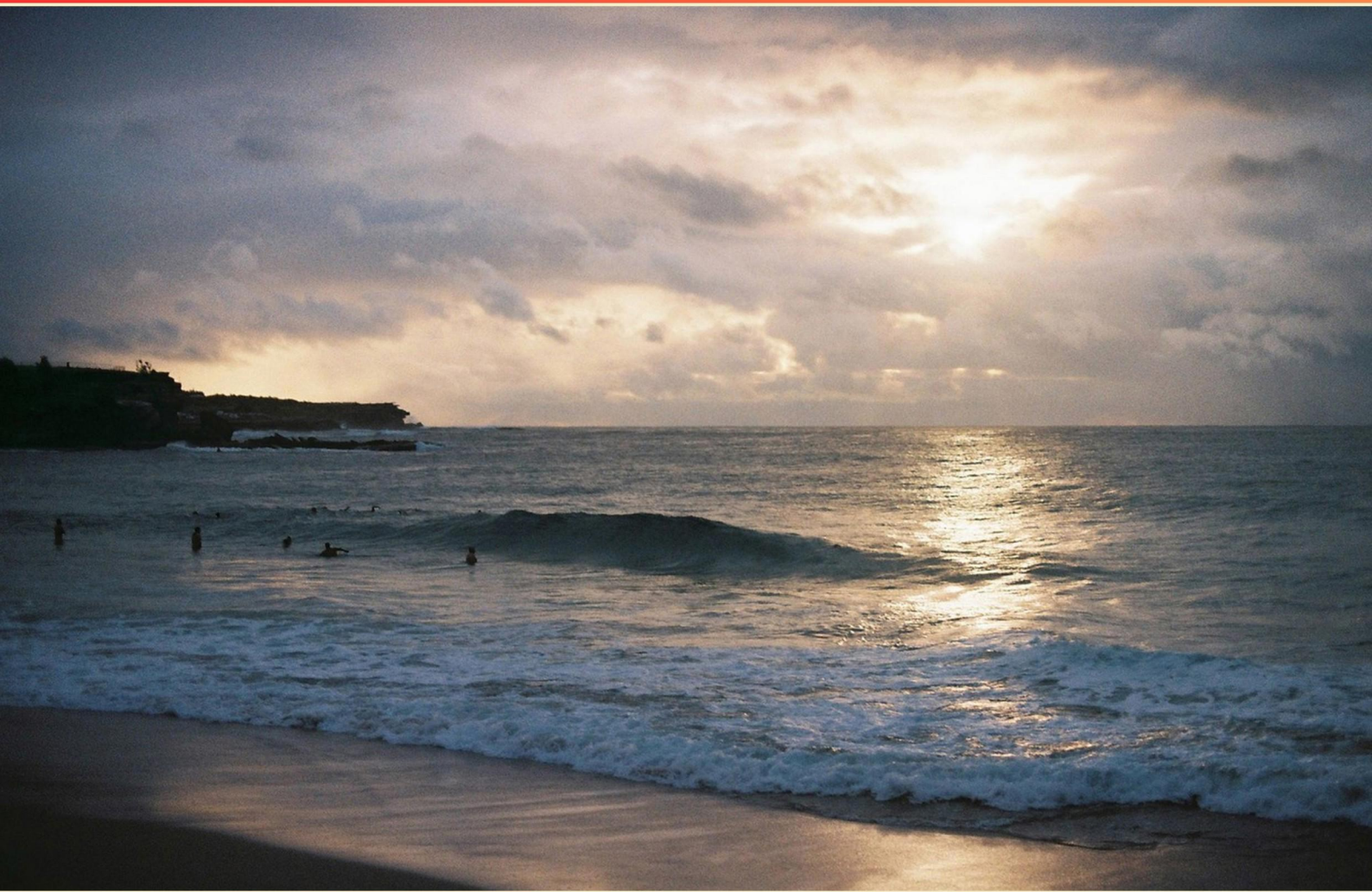


HMS HEALTH IN AN AUSTRALIAN AND GLOBAL CONTEXT PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://hmshealthinausglobalcontext.examzify.com>



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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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1. What is the Medicare Levy Surcharge?

- A. An extra tax for high-income earners without private cover
- B. A discount on Medicare for low-income families
- C. A cap on private health insurance premiums
- D. A government grant for hospitals

2. What is the purpose of being a critical health consumer?

- A. To follow every online health tip without question
- B. To assess the accuracy and credibility of health information and make informed decisions
- C. To rely solely on the opinions of friends
- D. To select the cheapest treatment regardless of evidence

3. Which description best captures how big data can be applied in population health?

- A. It cannot monitor population health.
- B. It only stores data for archival purposes.
- C. It can track outbreaks like COVID-19, chronic disease trends, and evaluate treatment effectiveness.
- D. It hinders detection of outbreaks.

4. What is a key example of an opportunity arising from an ageing population?

- A. Job growth in health and aged care sectors and mentoring and volunteering
- B. Increased youth unemployment
- C. Reduced demand for healthcare services
- D. Decreased volunteer participation

5. What is a significant challenge faced by Indigenous Australians in the healthcare system?

- A. Excess access to all services
- B. Overfunded healthcare with surplus staff
- C. No language barriers
- D. Poorer health outcomes and limited culturally safe services

- 6. Which years are covered by the National Preventative Health Strategy?**
- A. 2021-2030
 - B. 2011-2020
 - C. 2031-2040
 - D. 1999-2009
- 7. Chronic disease management programs aim to improve outcomes through which components?**
- A. Care plans and lifestyle support.
 - B. One-time acute interventions only.
 - C. Only medication stocking.
 - D. Emergency department redirection.
- 8. What is the purpose of the National Preventative Health Strategy (2021-2030)?**
- A. A plan for rapid hospital expansion
 - B. A strategy that promotes healthy ageing and disease prevention
 - C. A framework for pharmaceutical pricing
 - D. A program for international health aid
- 9. Which chronic disease prevalence is 2.1 times higher in Aboriginal and Torres Strait Islander peoples?**
- A. Diabetes
 - B. Cardiovascular disease
 - C. Cancer
 - D. Respiratory disease
- 10. What is the Private Health Insurance Rebate?**
- A. An extra tax for high-income earners without private cover
 - B. A premium subsidy based on income
 - C. A government loan for private insurance premiums
 - D. A fixed discount for all policyholders

Answers

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1. A
2. B
3. C
4. A
5. D
6. A
7. A
8. B
9. B
10. B

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Explanations

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1. What is the Medicare Levy Surcharge?

- A. An extra tax for high-income earners without private cover**
- B. A discount on Medicare for low-income families
- C. A cap on private health insurance premiums
- D. A government grant for hospitals

The Medicare Levy Surcharge is an extra tax for higher income Australians who do not have private hospital cover. It's designed to encourage people with higher incomes to take out private health insurance, easing demand on the public hospital system. It's charged in addition to the standard Medicare Levy, and the rate scales with income and family situation, usually ranging around 1% to 1.5% of taxable income. If you earn above the set thresholds and don't hold adequate private hospital cover, you pay this surcharge; having private cover generally means you won't pay it. It's not a discount, not a cap on private premiums, and not a government grant.

2. What is the purpose of being a critical health consumer?

- A. To follow every online health tip without question
- B. To assess the accuracy and credibility of health information and make informed decisions**
- C. To rely solely on the opinions of friends
- D. To select the cheapest treatment regardless of evidence

Being a critical health consumer means actively evaluating health information before acting. In a world full of diverse sources, you check who wrote it, where it comes from, when it was published, and what evidence supports the claim. You look for high-quality evidence (like systematic reviews or guidelines) and consider any conflicts of interest, the relevance to your situation, and how strong the data are. This approach also involves weighing potential risks and benefits and, when needed, discussing options with a healthcare professional. The goal is to use information to make informed, safe, and appropriate decisions rather than following claims blindly. Why this matters is that accepting information at face value or choosing actions based on convenience or popularity can lead to harmful choices. Following every online health tip without question, relying only on friends' opinions, or selecting the cheapest treatment regardless of evidence can expose you to ineffective or unsafe care.

3. Which description best captures how big data can be applied in population health?

- A. It cannot monitor population health.
- B. It only stores data for archival purposes.
- C. It can track outbreaks like COVID-19, chronic disease trends, and evaluate treatment effectiveness.**
- D. It hinders detection of outbreaks.

Big data in population health is about turning vast, diverse data into actionable insights for surveillance, planning, and evaluation. By bringing together sources like electronic health records, laboratory results, public health surveillance, environmental and social determinants data, and even mobility or wearable data, it becomes possible to see patterns at scale and in near real time. This enables tracking where and when outbreaks such as COVID-19 are emerging, monitoring how chronic diseases trend over time across different communities, and assessing whether treatments or public health interventions are working in real-world settings. It's not merely about storing information; it's about analytics that inform timely public health actions and policy decisions. While archival storage is a limited view, big data provides the tools to detect signals early, measure impact, and guide resource allocation.

4. What is a key example of an opportunity arising from an ageing population?

- A. Job growth in health and aged care sectors and mentoring and volunteering
- B. Increased youth unemployment
- C. Reduced demand for healthcare services
- D. Decreased volunteer participation

As populations age, the demand for health and aged care services grows, creating real opportunities in the workforce and in community roles. More older people means more need for nurses, carers, therapists, and support staff in hospitals, residential facilities, and home-based care, which drives job growth in these sectors. At the same time, ageing societies often unlock chances for mentoring and volunteering, as experienced individuals can share skills, support younger workers, and contribute to community programs. This combination—expanded employment in health and aged care plus stronger mentoring and volunteering—illustrates how an ageing population can create meaningful opportunities. The other options don't fit: ageing typically increases the need for healthcare services, not reduces it, and while volunteering can grow, a decrease would not be an opportunity arising from ageing.

5. What is a significant challenge faced by Indigenous Australians in the healthcare system?

- A. Excess access to all services
- B. Overfunded healthcare with surplus staff
- C. No language barriers
- D. Poorer health outcomes and limited culturally safe services

The issue being tested is how health equity and cultural safety shape Indigenous health outcomes. The best description of the significant challenge is poorer health outcomes together with limited culturally safe services. Indigenous Australians experience higher rates of chronic disease, shorter life expectancy, and other health gaps that are not just about medical treatment but about how care is delivered. When services aren't culturally safe—lacking respect for language, beliefs, and ways of healing—people may delay seeking care, have poorer communication with clinicians, or feel uncomfortable within the system, which contributes to worse outcomes. Remote areas add further barriers like distance, transport costs, and staffing shortages, intensifying these inequities. The other statements don't reflect reality: access is not excess; the system is not overfunded with surplus staff; language barriers exist for many communities. The real challenge lies in making healthcare both accessible and culturally safe so Indigenous people receive timely, appropriate care that aligns with their values.

6. Which years are covered by the National Preventative Health Strategy?

- A. 2021-2030
- B. 2011-2020
- C. 2031-2040
- D. 1999-2009

The main concept here is the time period that the National Preventive Health Strategy covers. This strategy in Australia is designed as a decade-long plan running from 2021 through 2030, which gives a long enough horizon to set meaningful prevention goals, implement programs, and track progress over time. The 2021–2030 timeframe aligns with contemporary public health planning and funding cycles, allowing initiatives to mature and be evaluated at regular intervals. The other decade options don't match the official plan's horizon: they refer to earlier or later periods that are not the current strategy's timeframe. So the correct period is 2021–2030.

7. Chronic disease management programs aim to improve outcomes through which components?

- A. Care plans and lifestyle support.**
- B. One-time acute interventions only.
- C. Only medication stocking.
- D. Emergency department redirection.

Ongoing, coordinated care is what chronic disease management aims for. The best way to improve outcomes is through a tailored care plan that sets personal goals and outlines regular follow-up, along with strong support for lifestyle changes and self-management. This approach helps people manage symptoms, adhere to treatments, monitor risk factors, and prevent complications, reducing hospitalisations over time. One-time acute interventions don't provide the continuous support needed for chronic conditions, simply stocking medications misses the ongoing adherence and monitoring, and redirecting to the emergency department focuses on where care happens rather than how care is organized and how patients are supported to manage daily living with their condition.

8. What is the purpose of the National Preventative Health Strategy (2021-2030)?

- A. A plan for rapid hospital expansion
- B. A strategy that promotes healthy ageing and disease prevention**
- C. A framework for pharmaceutical pricing
- D. A program for international health aid

The main idea being tested is what national preventive health plans aim to achieve. This strategy is about preventing illness and helping people stay healthy across their lives, rather than just treating problems after they appear. It focuses on promoting healthy ageing and reducing the risks that lead to chronic diseases. So, the best choice is that the strategy is a plan to promote healthy ageing and disease prevention across the population. It guides actions to reduce risk factors like smoking, poor diet, physical inactivity, and risky alcohol use, supports healthier environments, and coordinates efforts across communities, workplaces, and healthcare services. It aims to keep people healthier for longer and lessen the burden of preventable illnesses. It isn't about rapidly expanding hospitals, setting pharmaceutical prices, or providing international health aid, which is why those options don't fit the purpose of a preventive health strategy.

9. Which chronic disease prevalence is 2.1 times higher in Aboriginal and Torres Strait Islander peoples?

- A. Diabetes
- B. Cardiovascular disease**
- C. Cancer
- D. Respiratory disease

The main idea is the overall burden of cardiovascular disease among Aboriginal and Torres Strait Islander peoples compared with non-Indigenous Australians. Data show cardiovascular disease occurs about 2.1 times more often in Indigenous populations, reflecting a higher mix of risk factors—smoking, high blood pressure, diabetes, obesity, high cholesterol—and greater obstacles to prevention and timely treatment, especially in remote communities. These factors together drive the higher prevalence and impact on heart health and stroke risk. Other chronic diseases like diabetes, cancer, and respiratory conditions are also more common in Indigenous groups, but the specific 2.1 times higher prevalence is the figure reported for cardiovascular disease, which is why this option best fits.

10. What is the Private Health Insurance Rebate?

- A. An extra tax for high-income earners without private cover
- B. A premium subsidy based on income**
- C. A government loan for private insurance premiums
- D. A fixed discount for all policyholders

The Private Health Insurance Rebate is a government subsidy that lowers the cost of private health insurance premiums. It isn't a tax, loan, or a fixed discount; it's designed to help people with private cover by reducing what they pay for their premiums. The amount you receive depends on your income (and family circumstances), so higher incomes may receive a smaller rebate while lower incomes can get a larger portion. You can receive the rebate as a reduction on your insurer's premium or claim it as a tax offset on your annual return.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://hmshealthinausglobalcontext.examzify.com>

We wish you the very best on your exam journey. You've got this!

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