**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 2, Task 2b

Structured Questions – Data Analysis

**Teacher Advice**

This task has been developed within the scope of the Study Design and **has been designed to be easily divided into two tasks worth 25 marks each (see below for where the SAC is divided into two parts).** **To complete the SAC in one part (worth 50 marks), simply delete the cover sheet for part 2.**

The relevant dot points from the Study Design for this task are:

***Key knowledge***

* Improvements in Australia’s health status since 1900 and reasons for these improvements, focusing on policy and practice relating to:
  + - ‘old’ public health
    - the biomedical approach to health and improvements in medical technology

Q 1 – 3

* + - 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
* 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
* The role of health promotion in improving population health, focusing on one of: smoking, road safety, or skin cancer, including:
  + why it was/is targeted
  + effectiveness of the health promotion in improving population health

Q 4 – 6

* + how the health promotion reflects the action areas of the Ottawa Charter for Health Promotion
* 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
* 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.

**Key skills**

* Analyse data that show improvements in health over time and draw conclusions about reasons for improvements
* Analyse the role of Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme in promoting Australia’s health

Q 1 – 3

* Analyse the strengths and limitations of biomedical and social models of health in bringing about improvements in health status
* Apply the action areas of the Ottawa Charter for Health Promotion to a range of data and case studies

Q 4 – 6

* Evaluate initiatives in terms of their capacity to improve Indigenous health and wellbeing
* Draw conclusions as to why dietary improvements are difficult to achieve in Australia.
* Explain the individual and collective importance of health and wellbeing as a resource

**Student preparation**

Students should be adequately prepared with regards to all relevant key knowledge and key skills dot points before sitting the task. Teachers should read through SAC tasks prior to students completing the task to ensure all relevant content has been addressed.

As well as having an understanding of key knowledge points and the ability to carry out the key skills, students should be able to explain or define all words within the dot points.

When presented with data, the data should be used at some stage in the related answers. This shows a greater level of understanding of data as opposed to making generalised comments.

If a question asks for similarities or differences between population groups, students should make reference to both groups in their answer.

Students should be aware of the difference between health status and factors affecting health status. If a question is about health status, students should link their answer back to a health status indicator or a particular condition. For example, socioeconomic status is an example of a sociocultural factor, not an aspect of health status.

When students are asked to link to health and wellbeing, the dimensions (physical, social, emotional, mental and / or spiritual) should form the basis of the response.

**Creating one 50 mark task**

This SAC has been created to allow simple conversion into 1 x 50 mark task - simply delete the cover sheet for Part 2.

**Time**

This SAC has been developed to be completed in a 60 minute timeframe. Teachers may want to add reading time to simulate the end-of-year examination. It can also be split into two tasks (worth 25 marks each) if smaller tasks are preferable. If so, these tasks should be completed in a 30 minute timeframe.

**Materials**

Students only require a pen to complete this task.

**Conditions**

This task should be completed under test conditions. It has been written to reflect the end-of-year examination and provides valuable practice for the skills required to succeed in the examination.

Students should not have access to any notes, mobile phones, calculators or any other electronic device.

**HEALTH AND HUMAN DEVELOPMENT**

Unit 3 Outcome 2, Task 2b (Part 1)

Structured Questions – Data Analysis

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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• Students are NOT permitted to bring into the assessment room: blank sheets of paper and/or white out liquid/tape.

• No calculator is allowed in this assessment.

**Materials supplied**

• Question and answer booklet.

• Additional space is available at the end of the booklet if you need extra paper to complete an answer. Ensure any extra space used is labelled clearly with the question number.

**Instructions**

• Write your **name** and **student number** in the space provided above on this page.

• All written responses must be in English.

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**devices into the assessment room.**

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**Question 1** (10 marks)

The following graph shows mortality rates over time due to injuries.

Source: Adapted from GRIM Books, AIHW, 2019.

1. Using data, outline the overall change in mortality rates due to injuries between 1907 and 2015

for males and females. 2 marks

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1. Use the change in mortality rates due to injuries to explain the contribution of the biomedical and

social models of health in improving health status in Australia. 4 marks

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1. Explain how Medicare and the PBS may promote the health and wellbeing of someone who sustains

an injury. 4 marks

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**Question 2** (5 marks)

The social model of health involves five principles which guide the implementation of health promotion initiatives.

1. Identify the principle of the social model of health that includes focusing on the broader sociocultural

and environmental factors that influence health outcomes. 1 mark

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1. Briefly explain the following principles of the social model of health and provide one example of

health promotion that reflects each one. 4 marks

Involves intersectoral collaboration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Empowers individuals and communities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Question 3** (10 marks)

The following graph shows the proportion of the Australian population with private health insurance between 1990 and 2016.

1. Briefly explain private health insurance. 2 marks

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1. Identify and briefly explain two incentives put in place to encourage people to take out private health insurance. 4 marks

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1. Explain how private health insurance promotes health in relation to: 4 marks

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**HEALTH AND HUMAN DEVELOPMENT**

Unit 3 Outcome 2, Task 2b (Part 2)

Structured Questions – Data Analysis

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**Materials supplied**

• Question and answer booklet.

• Additional space is available at the end of the booklet if you need extra paper to complete an answer. Ensure any extra space used is labelled clearly with the question number.

**Instructions**

• Write your **name** and **student number** in the space provided above on this page.

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**Question 4** (8 marks)

The following table shows the proportion of males and females at different ages who usually consume more than the upper limit recommended of sodium, a major component of salt.

|  |  |  |
| --- | --- | --- |
| **Age group** | **Males (%)** | **Females (%)** |
| 2-3 | 99.2 | 95.3 |
| 4-8 | 99.1 | 95.5 |
| 9-13 | 83.2 | 68.7 |
| 14-18 | 86.4 | 50.6 |
| 19-30 | 82.7 | 46.1 |
| 31-50 | 78.7 | 35.9 |
| 51-70 | 60.7 | 24 |
| 71 and over | 46.6 | 16.5 |

1. Identify the group of males most likely to consume more than the upper limit recommended for

sodium according to the table. 1 mark

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1. Identify the group of females least likely to consume more than the upper limit recommended for

sodium according to the table. 1 mark

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1. Outline two ways that Nutrition Australia works to reduce salt intake in Australia. 4 marks

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1. Identify the Australian Dietary Guideline that focusses on reducing salt intake. 1 mark

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1. Draw a conclusion relating to why reducing salt intake can be a challenge in Australia. 1 mark

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**Question 5** (9 marks)

1. Identify an issue that has been effectively targeted by health promotion in Australia. 1 mark

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1. Outline two reasons why the issue selected in part a. has been the target of health promotion. 2 marks

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1. Briefly explain each of the following action areas of the Ottawa Charter and discuss how each has been

used to promote health status relation to the issue identified in part a. 6 marks

Develop personal skills\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Re-orient health services\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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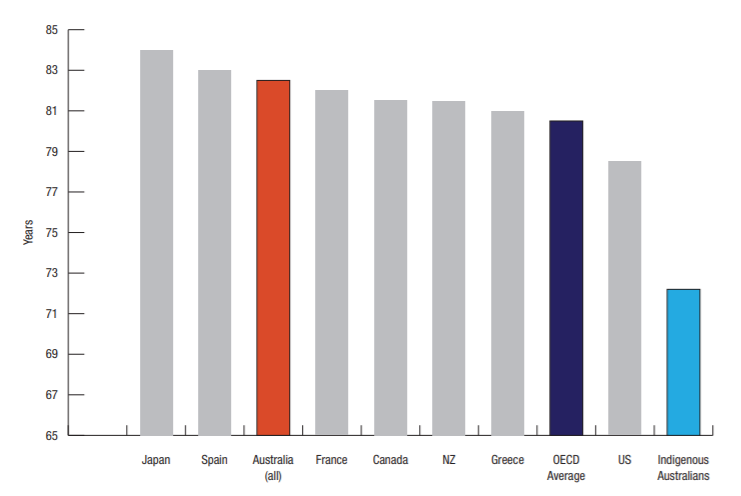
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**Question 6** (8 marks)

The following graph compares life expectancy for selected Organisation for Economic Co-operation and Development (OECD) countries, the OECD average and Indigenous Australians.

The OECD is an organisation with 36 member countries that work together to promote economic growth.



Source: AIHW, 2018.

1. Using data, compare life expectancy between Australia, Indigenous Australians and the OECD

average. 2 marks

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Reducing the difference in life expectancy is a key objective of the ‘Closing the Gap’ agreement. In response to the Closing the Gap agreement, a number of initiatives have been implemented to promote the health and wellbeing of Indigenous Australians.

1. Briefly describe an initiative developed to promote Indigenous health and wellbeing. 3 marks

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1. Explain how the program described in part a. may promote health and wellbeing among Indigenous Australians. 3 marks

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**END OF QUESTION AND ANSWER BOOKLET**

**Extra space for responses**

**Clearly number all responses in this space.**

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**Answer Guide**

Please note that these answers are a guide only and do not represent every possible correct answer.

1. a. Students receive one mark for briefly describing the change in mortality rates due to injuries for males and another mark for describing the overall change for females for a total of two marks. Note that data must be used to be eligible for full marks. For example:

For males, the mortality rate due to injuries decreased from around 145 per 100 000 people in 1907 to around 55 per 100 000 in 2015. For females over the same period of time, it decreased from around 55 per 100 000 people to around 25 per 100 000.

b. Students receive four marks for explaining the role that both the biomedical and social models of health have played in decreasing mortality rates due to injuries over time. Students can make fewer points with more detail or more points with less detail. Answers worth two marks include:

* The biomedical model could have assisted in reducing mortality rates due to injuries as many infections that were caused by injuries contributed to death in the past, but interventions such as antibiotics have assisted in preventing many of these deaths.
* The biomedical model of health has contributed to the development of life support machines and systems. This has meant that people can be kept alive whilst their body heals, reducing mortality rates due to injuries in Australia.
* The social model of health has been responsible for the TAC advertising campaigns in Victoria. These campaigns have raised awareness and contributed to changed behaviour on the roads such as not drinking and driving and not speeding. These changes have contributed to fewer deaths as a result of injuries over time.
* The social model of health has contributed to changes in workplace safety. For example, each workplace can be subject to visits from WorkSafe officers to ensure the site is safe. This can contribute to fewer injuries at work and lower mortality rates.

c. Students receive two marks each for explaining how Medicare and the PBS can promote the health and wellbeing of someone who sustains an injury. A link should be made to a specific dimension of health and wellbeing to be eligible for full marks. Answers worth two marks include:

* By funding x-rays, Medicare assists doctors in making an accurate diagnosis. This means that the treatment may be more effective which can reduce the level of pain experienced which enhances physical health and wellbeing.
* By funding the cost of public hospital treatment, a person with an injury may be able to undergo surgery without having to come up with the money to pay for it. This can promote mental health and wellbeing as they may experience lower levels of stress as a result.
* By subsidising pain medication, an injured person is more likely to be able to afford this treatment. This can assist in reducing the physical symptoms of the injury, promoting physical health and wellbeing.
* The PBS can subsidise antibiotics which can assist in reducing the risk of secondary infections occurring as a result of an injury. This can mean that the person can return to their normal activities (such as school or work) sooner, providing them with a sense of purpose in life (spiritual health and wellbeing).

1. a. One mark is awarded for ‘addresses the broader determinants of health’.

b. Students receive one mark for correctly explaining the action area and another mark for an example that reflects each for a total of four marks. Answers worth two marks include:

* Involves intersectoral collaboration - this relates to various sectors within the community working together to achieve a common goal. An example is that governments have introduced smoking laws, sporting clubs promote the non-smoking messages and schools provide education about the dangers of smoking.
* Involves intersectoral collaboration – this principle is about having different groups within the community working together to achieve a common goal. An example is local councils, schools and parents working to implement a ‘Walking school bus’s program.
* Empowers individuals and communities - this principle relates to giving individuals and communities a say in health initiatives and providing people with the skills they require to improve their health. An example of this could be assisting Indigenous people in running programs to assist Indigenous communities in being more physically active.
* Empowers individuals and communities – the main focus of this principle is education and ensuring people have the knowledge required to lead healthier lives. An example of this could be providing people with cooking skills so they can prepare healthier meals.

1. a. Students receive two marks for making two points about what private health insurance is. Students should include that private health insurance is a type of insurance that can be taken out in addition to Medicare. Other points include:

* Individuals and families pay a premium in return for contributions towards medical services.
* Private health insurance provides greater choice in terms of choosing a doctor and hospital and reduced waiting lists.
* People can opt for extras which can cover other services not usually covered by private health insurance such as dental and physiotherapy.
* The most basic level of private health insurance will cover some of the costs associated with treatment in a private hospital.

b. Students receive one mark for correctly identifying a relevant incentive and a further mark for explaining it. Answers are:

* Lifetime Health Cover – people taking out private health insurance after the age of 30 pay a higher premium for their insurance.
* Private Health Insurance Rebate – people with lower incomes may be eligible for a partial refund on their premiums.
* Medicare Levy Surcharge – those on higher incomes may have to pay the extra tax if they do not have a basic level of private insurance.

c. Students receive two mark for showing how each of access and funding are reflected by private health insurance and another mark for explaining how it promotes health. Note that these answers can relate to either health and wellbeing or health status indicators. Answers worth two marks include:

Access

* The federal government’s private health insurance rebate increases access to private health insurance for those on lower incomes. This means people have more treatment options which can assist in reducing mortality rates.
* Private health insurance can increase access to health services that may have otherwise been too expensive for patients to afford. This assists in reducing stress as people are more likely to be able to access the services they need.

Funding

* Private health insurance provides much of the funding for private hospitals which are responsible for around 40% of hospital treatments. This means that more people can be treated in the public system which assists in increasing life expectancy as more patients can be treated.
* The federal government funds the private health insurance rebate which means private health insurance is more affordable for more people. This gives more people more choice in relation to their health care which can mean that more conditions are treated and cured, promoting physical health and wellbeing.

1. a. One mark is awarded for the ‘2-3’ age group.

b. One mark is awarded for identifying ‘71 and over’.

c. Students receive two marks for explaining each way that Nutrition Australia may assist people in reducing their salt intake for a total of four marks. Answers worth two marks include:

* Nutrition Australia implements the Healthy Eating Pyramid. This is a food selection model that shows a salt shaker with a cross through it, indicating to consume less salt. It also shows a range of healthier foods in the four main layers which are generally low in salt. If people follow this model, they may decrease their salt intake.
* Nutrition Australia prepares, designs and distributes publications and resources that address a range of issues including salt intake. These resources could assist individuals in making changes to their diet to reduce salt intake by educating people more about foods that are high in salt.
* Nutrition Australia promotes National Nutrition Week by sending resources to schools. These resources assist schools in educating students about the value of healthy eating, including the importance of limiting salt intake.
* Nutrition Australia carry out menu assessments which can assist in reducing the salt levels of foods available in workplace canteens for example. This can assist workers in reducing their salt intake.
* Nutrition Australia conducts healthy cooking demonstrations which include a focus on reducing salt intake which can educate people about how to cook meals with a lower salt content. This knowledge can then be used at home to reduce the salt intake of families.

d. One mark is awarded for identifying ‘limit intake of foods containing saturated fat, added salt, added sugar and alcohol’.

e. Students receive one mark for drawing a conclusion as to why reducing salt intake can be a challenge in Australia. Examples include:

* Many people do not know how much salt can be dangerous to their health and wellbeing which prevents many people from cutting back.
* Salt is a flavour enhancer and people may not like the taste of food if salt is not added.
* Salt is often added during food processing and people may not know how salty the foods are that they are eating.
* If people rely on food prepared by others (such as at restaurants or food cooked at home by a family member) then the amount of salt included in the food may be out of their control.

1. a. Students receive one mark for identifying either smoking, road safety or skin cancer. Note that students could potentially choose a different issue, but will have trouble answering the questions that follow.

b. Students receive two marks for outlining two reasons relating to why their selected issue is targeted. Answers include:

**Smoking**

* Smoking kills thousands of Australians each year.
* Smoking costs Australia millions of dollars each year in health costs.
* Exposure to environmental tobacco smoke (ETS) causes disease and premature death in adults and children who do not smoke.

**Road safety**

* There have been thousands of deaths on Australia’s roads and all are considered preventable.
* Every day, an average of four people are killed and 90 are seriously injured as a result of using Australia’s roads.
* Road injuries can be severe and last a lifetime, reducing the ability of people to work productively.

**Skin cancer**

* Australia has the highest rate of skin cancer in the world.
* Melanoma is a significant contributor to YLL in Australia.
* Surgery can alter a person’s appearance as large amounts of surrounding tissue is often removed, which can contribute to depression and anxiety.

c. Students receive one mark for correctly explaining each action area of the Ottawa Charter, another mark for an example relevant to their selected issue and a third mark for linking it to health status for a total of six marks. Answers worth three marks include:

Develop personal skills

* Relates to providing people with the knowledge and skills they need to improve their health and wellbeing. Advertising campaigns such as ‘Don’t make smokes your story’ work to educate people of the dangers of smoking which can increase their likelihood of quitting which reduces rates of premature death.
* Relates to providing people with the knowledge and skills they need to improve their health and wellbeing. The P.A.R.T.Y. program is a trauma prevention and health promotion initiative that seeks to develop the personal skills of young people by providing a real experience of a major trauma service. This can reduce the rate of car crashes and increase life expectancy as a result.
* Relates to providing people with the knowledge and skills they need to improve their health and wellbeing. The ‘UV. It all adds up’ campaign raises awareness about the cumulative effect UV exposure can have over long periods of time. This can assist in reducing mortality rates from skin cancer.

Reorient health services

* This action area relates to utilising the current health system and health professionals to promote health instead of waiting for disease or injury to occur. Quit provides a free online learning training program for health professionals which assists them in helping others to quit which reduces mortality rates due to lung cancer.
* This action area relates to utilising the current health system and health professionals to promote health instead of waiting for disease or injury to occur. Ambulance officers participate in TAC education programs which can assist in preventing road trauma and reduces morbidity and mortality rates.
* This action area relates to utilising the current health system and health professionals to promote health instead of waiting for disease or injury to occur. SunSmart provides support for community health workers, general practitioners and local governments in promoting awareness of UV exposure. This can reduce the risk of sunburn and the incidence of melanoma.

1. a. Students receive two marks for comparing the life expectancy between Australia, Indigenous Australians and the OECD average for a total of two marks. Note that data must be used to be eligible for full marks. An example could be:

In Australia, the life expectancy was around 82.5, the OECD average was around 80.5 and for Indigenous Australians, it was around 72.

b. Students receive one mark for each point they make about a program working to promote Indigenous health and wellbeing (for a total of three marks). Answers worth three marks include:

* The ‘2 Spirits’ program is a community program that works to improve the sexual health and wellbeing of Indigenous gay men and transgender women through education, prevention, health promotion, and community development activities. In consultation with community members, the program identifies appropriate means of addressing sexual health issues in this population, through means such as printed resources and campaigns; peer education workshops; retreats for people living with HIV; and social support groups.
* ‘Learn Earn Legend!’ is a program targeting young Indigenous Australians. The program uses high-profile Indigenous Australians to work with young people and encourage them to stay in school. The program works to promote literacy and numeracy so young Indigenous Australians can earn a living and support their families.

c. Students receive three marks for including three points of discussion as to how the program can promote indigenous health and wellbeing. Students can make more links with less detail or fewer links with more detail. Answers worth three marks include:

* This program can assist in promoting mental health and wellbeing by ensuring all people feel valued, thereby improving self-esteem. It also works to promote physical health and wellbeing by promoting messages of safe sex, reducing the risk of STIs. If people do not contract STIs, they may experience lower levels of stress.
* As the program promotes education, young people may feel good about themselves if they develop skills which can enhance self-esteem. They may also have an opportunity to bond with other young people, which can enhance social health and wellbeing. By finding a career they are interested in, they may experience a greater purpose in life (spiritual health and wellbeing).

**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 2, Task 2b (Part 1) – Structured Questions

**Marking sheet**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 1.a. | 2 |  |  |
| 1.b. | 4 |  |  |
| 1.c. | 4 |  |  |
| 2.a. | 1 |  |  |
| 2.b. | 4 |  |  |
| 3.a. | 2 |  |  |
| 3.b. | 4 |  |  |
| 3.c. | 4 |  |  |
| TOTAL | 25 |  |  |

Overall comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: This assessment is a school-based assessment. It is therefore a preliminary result only. The total result for all School Assessed Coursework in the study will be statistically moderated against the GAT and the end-of-year examination results.**

**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 2, Task 2b (Part 2) – Structured Questions

**Marking sheet**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 4.a. | 1 |  |  |
| 4.b. | 1 |  |  |
| 4.c. | 4 |  |  |
| 4.d. | 1 |  |  |
| 4.e. | 1 |  |  |
| 5.a. | 1 |  |  |
| 5.b. | 2 |  |  |
| 5.c. | 6 |  |  |
| 6.a. | 2 |  |  |
| 6.b. | 3 |  |  |
| 6.c. | 3 |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL | 25 |  |  |

Overall comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: This assessment is a school-based assessment. It is therefore a preliminary result only. The total result for all School Assessed Coursework in the study will be statistically moderated against the GAT and the end-of-year examination results.**