**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 2, Task 2c

Structured Questions – Case Study 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 2c (Part 1)

Structured Questions – Case Study 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** (8 marks)

Since Tiana joined the NDIS two months ago, she has been able to spend two days a week at work. It’s been the best thing. She loves working with the kids and when I pick her up, she’s in a happy mood. Before we joined the NDIS we were running out of funding. I was getting very stressed but now she’s done so well and we’ve seen so much improvement.” - Marilyn Dillon, mum of NDIS participant Tiana Dillon, who works two days a week at a primary school

Source: COAG Disability Reform Council Quarterly Report, December 2018.

1. Briefly explain the NDIS. 2 marks

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1. Explain how the NDIS may assist in promoting social and mental health and wellbeing for Tiana. 2 marks

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1. Besides the NDIS, explain two ways that the health system promotes health in relation to access for

people who are classified as low-income earners, like Tiana. 4 marks

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**Question 2** (11 marks)

The following graph shows the change in life expectancy for males between 1910 and 2016.

Source: ABS, 2019.

1. Using data, briefly describe the change in male life expectancy between 1910 and 2016. 2 marks

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1. Briefly describe the social model of health and explain the role it may have played in relation to male

life expectancy in Australia. 4 marks

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1. Besides changes in life expectancy, briefly outline one way that health status has improved in

Australia since 1900. 1 mark

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1. Briefly explain how each of the following may have contributed to the change described in part c. 4 marks

Old public health\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Biomedical approach to health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Question 3** (6 marks)

1. Explain why the government encourages people to take out private health insurance. 2 marks

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1. Outline how the following promote health in Australia in relation to sustainability. 4 marks

Medicare\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HEALTH AND HUMAN DEVELOPMENT**

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

Structured Questions – Case Study 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**

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**Question 4** (6 marks)

The following relates to the Active Community Program in Western Australia.

Within the Smarter Than Smoking Active Community Program, the Active Community Program is an initiative to support remote Aboriginal and Torres Strait Islander communities in the Kimberley Region of Western Australia to deliver and stage regular community driven sporting and recreational activities on country (i.e. on local land). This program aims to increase community wide participation in a range of sporting and recreational activities.

Prior to 2009 the Garnduwa Executive Committee directed and delivered sporting and recreational activities in the Kimberley region. In order to support community capacity building, Garnduwa now plays more of a facilitation and support role by enabling communities to direct and deliver their own on-going sporting events.

The Active Community program aims to strengthen communities through linking community members in to the positive benefits associated with an increase in physical activity. Some of these include:

* improved physical well-being
* a greater awareness of positive lifestyle choices
* heighten levels of self-esteem and emotional well-being
* group work skills that lead to positive community connections.

In addition such programs help to provide increased prospects for employment and training for community members.

Garnduwa has also delivered partner programs that are aimed at the development of leadership skills, self-esteem and healthy eating.

Source: <https://healthinfonet.ecu.edu.au/key-resources/health-professionals/health-workers/programs-and-projects/3643/?title=Active%20Community%20Program>

Evaluate the potential of the Active Community Program in terms of its capacity to improve Indigenous health and wellbeing.

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**Question 5** (15 marks)

In 2011, dietary risks were estimated to contribute to over 10 % of the total burden of disease in Australia. As a result, healthy eating has emerged as one of the main areas for health promotion in Australia.

1. Identify two Australian Dietary Guidelines and explain how each can promote health outcomes

in Australia. 4 marks

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1. Briefly describe how the Healthy Eating Pyramid can promote health outcomes in Australia. 4 marks

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1. Identify two action areas of the Ottawa Charter and explain how each could be used to further promote

healthy eating in Australia. 4 marks

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1. Identify three challenges in relation to bringing about dietary change in Australia. 3 marks

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**Question 6** (4 marks)

Health promotion has achieved success in Australia in relation to a number of issues, including smoking, road safety and skin cancer.

Select one of these issues and explain two ways that health promotion has achieved success in relation to it.

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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 two marks for making two points about what the NDIS is. Points worth one mark include:

* The NDIS is a national insurance scheme that provides services and support for people with permanent, significant disabilities, their families and carers.
* The NDIS is a Federal Government scheme.
* The NDIS is a health insurance scheme that assists people with permanent, serious disabilities to lead an ordinary life.
* The NDIS can provide assistance such as assistive technology including wheelchairs and home modifications.
* The support that the NDIS provides is based on the individual’s specific needs (identified through an individualised plan).
* The NDIS can provide support relating to employment, social activities and community connectedness.

b. Students receive one mark for making a link between the NDIS and Tiana’s social health and wellbeing and another mark for making a link between the NDIS and Tiana’s mental health and wellbeing for a total of two marks. Examples worth one mark include:

Social health and wellbeing

* Tiana has been able to spend time at work which can increase social interactions with her workmates.
* Working makes Tiana happy and she may communicate with her mother more about her working day which can enhance their relationship.

Mental health and wellbeing

* Working at the primary school can provide Tiana with improved self-esteem as she feels she is contributing to the community.
* Working is making Tiana feel happy which can improve her thought patterns, making them more positive.

c. Students receive one mark for linking an aspect of the health system to access for low income earners and another mark for explaining how it promotes health for a total of four marks. Note that students can link to either health and wellbeing or health status indicators. Examples worth two marks include:

* Medicare provides access to low income earners to services such as doctors’ consultations and treatment in public hospitals. This can mean that common conditions can be effectively treated which can reduce levels of pain and manage symptoms enhancing physical health and wellbeing.
* All Australian citizens and permanent residents are entitled to access subsidised medicines through the PBS. This increases access for low income earners which can reduce stress as essential medicines are accessible promoting mental health and wellbeing.
* The PBS promotes access to essential medicines for low income earners by including a concessional co-payment amount. This can provide greater access for low income earners and can reduce morbidity and mortality rates as many conditions can be treated and even cured.
* The federal government’s private health insurance rebate increases access to private health insurance for those on lower incomes. This can improve morbidity rates as lower income earners may not have to wait for surgery and can be treated sooner.

1. a. Students receive one mark for describing the change in male life expectancy and another mark for the correct use of data. For example:

Life expectancy has increased steadily for males between 1910 and 2016, from around 55 to approximately 80 years.

b. Students receive four marks for explaining the social model of health and linking an example/s of it to improved male life expectancy. Answers should relate to interventions implemented since the 1970s to be considered the social model of health. Students can include a brief description of the social model of health for one mark and then three points of discussion linking it to improved male life expectancy or they can describe the social model for two marks and include two points linking it to male life expectancy. Answers worth four marks include:

* The social model of health aims to address the sociocultural and environmental factors that influence health behaviours. It works to prevent premature death and ill-health by focussing on health promotion. An example of this has been the TAC advertising campaigns that have worked to change the culture of dangerous driving. This has assisted in reducing deaths from road crashes and increasing life expectancy.
* The social model of health aims to improve health for all people and prevent diseases and injuries from occurring where possible. This includes introducing increased taxes on tobacco and the banning of smoking in many public places. This has resulted in a decrease in the proportion of males who smoke which contributes to lower rates of lung cancer and higher life expectancy.
* The social model of health targets populations in an attempt to promote health. This model works to provide people with the skills and knowledge they need to reduce their risk of ill-health. This includes interventions such as providing education about UV exposure and the dangers associated with it. This can contribute to reduced UV exposure, lower rates of melanoma and higher life expectancy for males.

c. Students receive one mark for identifying another improvement in health status since 1900. Note that data does not have to be used in this response. Answers worth one mark include:

* Infant / under 5 mortality rates have improved
* Maternal mortality ratio has gone down
* Morbidity and mortality rates from respiratory diseases have decreased
* Infectious disease mortality rates have gone down

d. Students receive two marks each for showing how old public health and the biomedical approach assisted with the improvement identified in part c for a total of four marks. If the answer doesn’t link to the improvement in part c. full marks should not be awarded. Answers worth two marks include:

Old public health

* Interventions such as underground sewerage systems assisted in reducing the mortality rates from infectious diseases such as cholera. This has meant that people, especially children, have been less likely to contract and die from these conditions, decreasing infant / under 5 mortality rates.
* Old public health introduced more sanitary birthing conditions. This resulted in fewer women contracting infectious diseases whilst giving birth, reducing the maternal mortality ratio.
* Building and workplace regulations improved ventilation in workplaces and houses. This reduced the amount of air pollution present in these settings, decreasing the rate and impact of respiratory conditions.
* The implementation of mass vaccination programs meant that more people were protected against conditions such as small pox and measles. This meant fewer people got infected and died from these conditions, decreasing the mortality rate from infectious diseases.

Biomedical approach to health

* Developments in surgical techniques for heart issues has meant that many children have been able to be treated for heart conditions which has reduced mortality rates over time.
* Improved medical technology such as ultrasound scans, have meant that more complications during pregnancy can be detected. This means that interventions can be put in place that reduce the risk of the mother dying as a result of the pregnancy, reducing the maternal mortality ratio.
* The development of new medicines have meant that some respiratory diseases can be effectively treated now. This has reduced the morbidity and mortality rates associated with these diseases.
* The development of vaccines have meant that many infectious diseases can now be prevented which has assisted in reducing the U5MR over time.

1. a. Students receive two marks for explaining why the government encourages people to take out private health insurance. Students can make two brief points or one point with more detail. Answers worth one mark include:

* It provides much needed funding for the health system
* It takes pressure off the public system
* It is cheaper for the government when people use private hospitals.

Answers worth two marks could be:

* Private hospitals are responsible for a large proportion of hospital separations. Without people using this system, the public system would be under a lot more stress, increasing waiting times and negatively impacting health status.
* The government contributes 75% of the schedule fee for treatment in private hospitals and doesn’t have to pay for accommodation or other costs. When people use the private system, it saves the government funding.

b. Students receive one mark each for showing how sustainability is reflected by Medicare and the PBS and another mark for explaining how it promotes health for a total of four marks. Note that these answers can relate to either health and wellbeing or health status indicators. Answers worth two marks include:

Medicare

* Determining which services will be subsidised through Medicare can preserve funds for the most necessary services, yielding the greatest gains in health outcomes. For example, not funding cosmetic procedures can mean that there are more resources for treating cardiovascular disease which can reduce mortality rates.
* The Medicare levy is based on a percentage of a person’s income. This means that as incomes increase, the money raised for Medicare increases as well. This means that more money is available to invest in pathology for example, which assists in providing optimal diagnosis and treatment, reducing morbidity and mortality rates.

PBS

* Continually reviewing the medicines available through the PBS means those that will have the greatest benefits are prioritised, which assists in keeping the scheme sustainable. This means that more people can benefit from the drugs available, reducing symptoms of injury and disease and promoting physical health and wellbeing.
* The Therapeutic Goods Administration (a federal government body) verifies the effectiveness of all PBS medicines. This contributes to improved treatment and less reliance on the health system as people are more likely to be treated effectively the first time, which also promotes health outcomes such as mortality rates.

1. Students receive six marks for their evaluation of the program. Students can draw on a range of criteria to evaluate the program. Note that the criteria can be phrased as a question or statement. Principles of the social model of health and action areas of the Ottawa charter can be used to formulate a response, but in this instance, answers must relate to the ability to evaluate the program, not simply state what the concept relates to. They can make fewer points in more detail or more points in less detail. Points worth two marks include:

* The program has the ability to improve Indigenous health and wellbeing as it is focussing on a significant issue within Indigenous communities. Overweight and obesity is a significant issue in many Indigenous communities and physical activity is an effective way to address this issue.
* The program has empowered the community by allowing the local people to implement their own on-going sporting events. This can contribute to greater participation among local people which can further promote positive health and wellbeing outcomes such as increased social interaction.
* The program is working to reduce social inequities as Indigenous Australians living in remote areas often experience poorer health outcomes than other groups. This program therefore has the ability to reduce mortality and morbidity rates by promoting healthy lifestyles among this group.
* A range of sporting and recreational activities are implemented which gives more people a chance to participate in an activity that they enjoy. This can assist in promoting outcomes such as social interaction and fitness as more people may participate at some stage.
* The program aims to improve employment and training opportunities for local community members. This can assist in improving socioeconomic status which can positively influence health outcomes such as reduced rates of obesity and type 2 diabetes which are more common among low socioeconomic groups.

1. a. Students receive one mark for each guideline they correctly identify and another mark for linking to improved health outcomes in Australia. Note that these links can relate to either health and wellbeing or health status indicators. Answers worth two marks include:

* To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs. Meeting energy needs can mean that extra energy is not being consumed. This can promote a healthy body weight as extra energy is not stored as fat.
* Enjoy a wide variety of nutritious foods from the five groups every day. This can assist in providing adequate amounts of carbohydrate from fruit and vegetables which provides energy which enhances physical health and wellbeing.
* Limit intake of foods containing saturated fat, added salt, added sugars and alcohol. This can reduce the risk of hypertension as salt increases blood volume and blood pressure. This in turn decreases the risk of heart attack and stroke.

b. Students receive four marks for discussing how the Healthy Eating Pyramid can promote health outcomes in Australia. Students must show specific knowledge of the pyramid to be eligible for full marks. No marks should be awarded for general statements such as ‘the pyramid shows a range of food groups in their correct proportions’. Answers worth four marks include:

* The pyramid shows the food groups according to four layers. The first two layers are the foundation layers that should make up most of the diet. These foods are high in fibre and if people consume these foods, they can reduce their risk of obesity which is a risk factor for other diseases, such as type 2 diabetes. These foods are also low in saturated and trans fats which can reduce the risk of atherosclerosis and cardiovascular disease by reducing the amount of bad cholesterol in the body.
* The pyramid recommends using herbs and spices to add flavour. This means that people will be less likely to add salt which increases blood volume and blood pressure, increasing the risk of heart attack and stroke. The pyramid also suggests to consume water as the drink by showing a glass of water at the bottom right corner of the pyramid with a tick next to it. This can assist in reducing energy intake from sugary drinks and assist in maintaining a healthy body weight.
* The pyramid shows a salt shaker and teaspoon of sugar with a cross next to them indicating to limit salt and sugar intake. Limiting salt intake can assist in decreasing blood volume and the risk of hypertension and associated impacts such as heart attack and stroke. Limiting sugar intake can assist in reducing the risk of dental caries and weight gain as excess sugar intake is stored as fat. This further promotes health outcomes by reducing the risk of cardiovascular disease and type 2 diabetes.

c. Students receive one mark for correctly identifying a priority area of the Ottawa Charter and another mark for explaining how it has / could be used to further promote healthy eating. Examples include:

* Develop personal skills – students could be taught how to prepare healthy meals at school as a part of the school curriculum. This could include consuming high fibre foods and unprocessed fruit and vegetables.
* Build Healthy Public Policy – a tax could be put on energy dense foods to make them a less appealing option. This could decrease energy intake and decrease the risk of obesity.
* Re-orient health services – dieticians could visit workplaces to conduct healthy cooking demonstrations to show people how to turn ingredients into healthy meals.
* Create Supportive environments – food labelling like the Health Star Rating System could be expanded to all foods, including take-away and restaurant food. This could assist people in choosing healthier options.
* Strengthen community action - Local governments, school and community groups could work together to spread the healthy eating message. Food selection models could be promoted through all of these agencies.

d. Students receive three marks for identifying three challenges in bringing about dietary change. Note that no explanation is required here. Answers worth one mark include:

* People may not have the time to cook healthier foods.
* People often require willpower to change their diet.
* They may lack the resources required for cooking heathier foods.
* People may rely on foods that are available to them at meal times.
* Individuals may not have the knowledge relating to which foods are healthier than others.
* People often prefer certain foods to others, which may not be the healthiest options.
* Unhealthy processed foods can be convenient and sometimes more affordable than healthy foods.

1. One mark is awarded for each example provided and another mark for explaining how it has impacted the issue selected. Note that students are not expected to use data in their response and can make general statements relating to the effectiveness of health promotion. Answers worth two marks include:

Smoking

* Banning smoking in public places has assisted in reducing the proportion of people who smoke and the rate at which people smoke. This has assisted in reducing mortality rates associated with smoking-related diseases such as lung cancer.
* Increasing tax on tobacco has contributed to reducing the number of young people taking up smoking. This assists in reducing the incidence of conditions such as respiratory diseases.
* Banning the display of tobacco products has contributed to reducing the rate of people taking up smoking which increases life expectancy as not as many people will die from smoking-related diseases.

Road safety

* Safer cars with features such as air bags, have meant that fewer people are seriously injured when accidents occur. This increases life expectancy as mortality rates from injuries are reduced.
* Drink-driving laws have contributed to fewer people consuming alcohol and then driving their vehicle. This has contributed to fewer car accidents and reduced morbidity and mortality from injuries.
* Speed cameras encourage drivers to slow down. Speed is major contributor to car crashes, so lower speeds mean fewer crashes on Australian roads.

Skin cancer

* The banning of solariums has contributed to reducing over exposure to UV radiation. This is a major risk factor for skin cancer, which means that the incidence of skin cancer is lower than it otherwise would have been.
* No hat, no play policies can prevent overexposure to UV which can reduce the rate of melanoma among young Australians. This assists in reducing mortality rates and increasing life expectancy.
* UV alerts can reduce exposure to UV as people know when UV is at its highest levels. This reduces the rate of skin cancers and mortality rates as a result.

**HEALTH AND HUMAN DEVELOPMENT - 2019**

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

**Marking sheet**

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

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

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

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**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 2c (Part 2) – Structured Questions

**Marking sheet**

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

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

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

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

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