**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 3 Outcome 2, Task 2c – 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 – 4

* + - 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 5 – 7

* + 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 – 4

* 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 5 – 7

* 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)

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** (10 marks)

Nationally, our life expectancy at birth has increased over time. Between 1890 and 2016,

it rose for males from 47.2 to 80.4 years, and for females from 50.8 to 84.6 years.

Australia now has the fifth highest life expectancy for males and the eighth highest for

females compared with other member countries of the Organisation for Economic Co-operation and Development (OECD).

AIHW, 2018.

1. Besides changes in life expectancy, identify two improvements in health status in Australia since

1900. 2 marks

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1. Briefly explain how two practices relating to old public health have contributed to the change in life expectancy over time. 4 marks

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1. Outline one strength and one limitation of the biomedical model of health in improving life

expectancy in Australia in the future. 2 marks

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1. Outline one strength and one limitation of the social model of health in improving life expectancy in

Australia in the future. 2 marks

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**Question 2**  (4 marks)

Dalia is 16 years old and has been diagnosed with an anxiety disorder.

1. Briefly explain one way that Medicare may promote the health and wellbeing of Dalia. 2 marks

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1. Briefly explain how the PBS may promote health status in relation to anxiety disorders in Australia. 2 marks

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**Question 3** (4 marks)

Explain how the Australian health system promotes health outcomes in relation to equity and sustainability.

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**Question 4**  (7 marks)

Private health insurance and the National Disability Insurance Scheme (NDIS) are key components of Australia’s health system.

1. What is meant by private health insurance? 1 mark

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1. Identify and briefly describe one incentive put in place by the federal government to encourage people

to take out private health insurance. 2 marks

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1. Explain how the NDIS may promote social and mental health and wellbeing in Australia. 4 marks

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**HEALTH AND HUMAN DEVELOPMENT**

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

Case Study Analysis

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



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**Question 5** (10 marks)

Two action areas of the Ottawa Charter are ‘Strengthen community action’ and ‘Develop personal skills’.

1. Briefly explain what is meant by each of these action areas and discuss two ways that each has been

used to promote health in Australia in relation to an issue of your choice. 6 marks

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1. Identify two other action areas of the Ottawa Charter and explain how they have / could promote

Indigenous health and wellbeing in Australia. 4 marks

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**Question 6** (6 marks)

The following is about theMartu Leadership Program that operates in an Indigenous community in Western Australia.

Since 2013 the Martu Leadership Program (MLP) has been delivered through a partnership between World Vision and Kanyirninpa Jukurrpa (KJ), a Martu organisation that was established in 2005 to look after Martu culture and help build sustainable Martu communities.

The MLP was inspired by Martu communities wanting to have more say over things happening around them and look for solutions to local issues that were in many instances spiralling out of control.

Today this program goes to the heart of deeply ingrained social issues that have been identified by the community. The MLP is considered a lifeline to many Martu that have made it clear they are

hungry for knowledge and understanding of the mainstream world. The program is oversubscribed

from many Martu wanting to participate. A key component is developing aspirations and

partnerships. The program is designed to engage participants in a variety of activities aimed at

building their knowledge and confidence to work within the mainstream world. This is achieved

through activities which contribute to building knowledge, strategies, networks, and skills for Martu. It also helps mainstream services and organisations learn more about Martu and how to work with them to realise their community aspirations. The MLP is building strong foundations for Martu to strengthen their capacity to drive their own development. This includes realising their community vision for improvements in areas such as the criminal justice system, education, economy and housing amongst others.

Source: World Vision, Australia Program, 2018.

Evaluate this program in relation to its capacity to improve indigenous health and wellbeing.

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**Question 7** (9 marks)

Discretionary foods are high in energy but low in nutrients, and are not needed to meet nutrient requirements. About one-third of Australians’ energy comes from these foods and the proportion is even higher for teenagers aged 14–18, at 41%.

For children, sweet biscuits, cakes and muffins, potato and corn chips, pastries, ice cream and fried potato products are leading contributors to discretionary food intake.

For adults aged 51–70, alcoholic drinks account for more than one-fifth (22%) of discretionary food intake.

1. Briefly explain two ways that Nutrition Australia works to reduce discretionary food intake. 4 marks

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1. Identify two Australian Dietary Guidelines and explain how each may contribute to reduced intake of discretionary foods. 4 marks

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1. Draw one conclusion as to why reducing discretionary foods in Australia can be challenging. 1 mark

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**END OF QUESTION AND ANSWER BOOKLET**

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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 identifying two improvements in health status in Australia 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
* Mortality rates have decreased
* Infectious disease mortality rates have gone down
* Mortality rates from injuries have gone down.

b. Students receive two marks for each link they make between an aspect of old public health and improvements in life expectancy over time for a total of four marks. Answers worth two marks include:

* Old public health included the provision of clean drinking water. This reduces the risk of infectious diseases and mortality, thereby increasing life expectancy.
* Implementing food standards meant that people were better nourished and less likely to experience infectious diseases. This reduced rates of premature death and improved life expectancy.
* Old public health included a focus on implementing building regulations that assisted in promoting adequate ventilation which reduced the risk of conditions such as pneumonia and influenza which reduced the rate of death from infectious diseases and improved life expectancy.
* Implementing adequate sanitation systems meant there was less human waste in the immediate environment which reduced the risk of infectious diseases such as dysentery which contributed to less premature death and longer life expectancies.
* Implementing quarantine measures meant that fewer infectious diseases were coming into Australia from overseas which reduced the rate of people dying prematurely and increased life expectancy.
* The funding of mass vaccination programs against conditions such as measles, meant that fewer children contracted these conditions, contributing to lower under 5 mortality rates and a higher life expectancy.

c. Students receive one mark for outlining a strength and another mark for outlining a limitation of the biomedical model of health in improving life expectancy for a total of two marks. Answers worth one mark include:

* The biomedical model of health contributes to advances in technology which can assist in curing many more diseases in the future.
* Many common conditions can be treated effectively through the use of surgery and medication.
* Improvements continue to be made in relation to medical knowledge and procedures. This means that more and more diseases will be able to be treated in the future.
* The medical technology used to treat disease can be very expensive which means some people will not be able to afford it.
* Some causes of death (such as many cancers and genetic conditions) are sometimes difficult to treat. This can contribute to premature death as a result of these conditions which can decrease the ability of Australians to continually improve life expectancy.
* The effectiveness of the biomedical model largely relies on people presenting to health professionals early in the course of their disease. If they don’t, then treatment options can be limited contributing to premature death and a decreased ability to achieve sustained improvements in life expectancy.

d. Students receive one mark for outlining a strength and another mark for outlining a limitation of the biomedical model of health in improving life expectancy for a total of two marks. Answers worth one mark include:

* The social model of health can be successful at reducing the incidence of diseases that are caused by lifestyle factors such as lack of physical activity and therefore improving life expectancy.
* The social model of health can prevent cases of various diseases and therefore save money for the health system.
* The social model of health focusses on whole populations, so all people have the opportunity to benefit from it which can assist in improving life expectancy across the country.
* The social model of health focusses on disadvantaged groups who often have the lowest life expectancy in the country. This can assist in achieving significant improvements in Australia.
* The social model of health will only be effective in achieving improvements in life expectancy if people engage in the interventions put in place and some people may choose not to.
* As not all cases of disease can be prevented, there are some people with disease who will not benefit from the social model and continue to experience premature death which limits the ability to improve life expectancy.
* The social model of health does not work to treat diseases that are already present. This means that people will continue to develop these diseases and die from them which reduces the ability to achieve improvements in life expectancy.
1. a. Students receive two marks for using a specific benefit of Medicare and linking it to a dimension of health and wellbeing for Dalia. Examples worth two marks include:
* Dalia can access doctors’ consultations that are subsidised by Medicare. This can mean that she will receive treatment which may assist in reducing her anxiety, promoting mental health and wellbeing.
* Medicare will cover the cost of public hospital treatment for Dalia if required. This can mean that she can get back to her normal activities such as going to school which can provide a sense of purpose in life.
* Medicare will subsidise the cost of specialists’ consultations such as psychologists and psychiatrists. This can mean that Dalia receives appropriate treatment and can then return to normal activities like spending time with her family and friends, promoting social health and wellbeing.

b. Students receive two marks for linking the PBS to health status in Australia, for example:

By subsidising anti-anxiety medication, more people can afford to access these drugs which can reduce the level of morbidity rates due to this condition.

1. Students receive two marks for showing how an aspect of the health system reflects equity and sustainability and another two marks for linking each to health outcomes for a total of four marks. Note that answers can link to either health and wellbeing or dimensions. Examples worth two marks include:
* The NDIS provides support for people with disabilities. Those who experience more significant challenges in relation to their disability receive more support which promotes equity. This enables more people to access mainstream services such as health care which can reduce morbidity rates as people can receive treatment for common conditions.
* The Victorian Government funds the Royal Dental Hospital of Melbourne and over 80 dental clinics in metropolitan and regional Victoria to provide dental treatment for vulnerable groups. This increases access to dental services which can address the symptoms of disease which promotes physical health and wellbeing.
* 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.
* 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.
* The NDIS provides support for life for those who qualify which promotes sustainable access to health care for recipients. This means that support is ongoing which can assist individuals in leading a normal life and enjoying activities such as social interactions which promotes social health and wellbeing.
* 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.
* Not all procedures are covered by Medicare (such as cosmetic procedures). This saves the government money so more can be spent on clinically necessary procedures. This means that more people can be treated for these conditions which can reduce morbidity and mortality rates.
* The development of an electronic health record (eHealth) system promotes sustainability by streamlining the record-keeping system. This means that health providers around the country can access relevant patient information and improve their treatments as a result. This can assist in treating people more effectively which can reduce the symptoms that they experience, which can reduce stress and anxiety, promoting mental health and wellbeing.
1. a. Students receive one mark for briefly explaining private health insurance. Marks should not be awarded if students simply state the services that may be covered by private health insurance. An example could be:

Private health insurance is a type of health insurance that can be taken out in addition to Medicare to cover services not covered by Medicare.

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

* Lifetime health cover – people taking out private health insurance after the age of 30 pay an extra premium on 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 health insurance.

c. Students are awarded two marks for explaining how the NDIS can promote social health and wellbeing and another two marks for discussing how the NDIS can promote mental health and wellbeing for a total of four marks. Students should show a specific understanding of the NDIS to be eligible for full marks. For example, if a student answers ‘the NDIS increases opportunities for social interaction which promotes social health and wellbeing’, full marks should not be awarded. They need to explain how the NDIS increases these opportunities. Answers worth two marks include:

* The NDIS can provide funding for assistive technology such as wheelchairs. This can mean that people with disabilities become more mobile and can attend social gatherings.
* The NDIS provides assistance for people in accessing both mainstream and community support and services. This can include accessing local sporting or arts clubs which can enhance social interactions.
* The amount of care and support provided through the NDIS is based on the level of a person’s disability. This can reduce levels of anxiety for those with disabilities as they can receive the assistance they need, promoting mental health and wellbeing.
* The NDIS assists people with permanent, serious disabilities to lead an ordinary life. This includes opportunities for employment. This can assist in promoting self-esteem among participants (mental health and wellbeing).
1. a. Students receive one mark for explaining each action area and two marks for discussing two ways that each has been used to promote health in Australia for a total of six marks. Note that all examples should relate to the same issue. Answers worth three marks are:
* Strengthen community action: this relates to different groups and individuals in the community working together to achieve a common goal. Quit Victoria initiatives are a joint venture between the Victorian Government, VicHealth, the Heart Foundation and the Cancer Council. Together, these groups work to reduce smoking related deaths in Victoria. The Quitnow website strengthens community actionby providing links to the Quit organisation in each state and territory. Users can then access resources available in their location.
* Strengthen community action: this means that the whole community is involved in setting priorities, making decisions, planning strategies and implementing them to achieve better health. The Driver Reviver program involves a range of organisations such as State Emergency Services volunteers, rural and volunteer fire services, Lions Club and Apex members, State Police forces and the TAC. Together, they work to reduce the rate of road deaths by providing places for rest. Kids on the Move strengthens community actionbecause all members of the school and general community are encouraged to share the responsibility for the safety of children when they are travelling.
* Strengthen community action: this relates to different groups and individuals in the community working together to achieve a common goal. National Skin Cancer Action Week strengthens community action by encouraging people to get involved, including by putting posters up at work, home or at school to remind Australians of the importance of sun protection. This can reduce the incidence of melanoma by reducing UV exposure. SunSmart strengthens community actionby working with various groups to reduce UV exposure. Targeted groups include early childhood centres, schools, workplaces, local communities, sporting clubs and sporting venues.
* Develop personal skills: this priority area relates to increasing education among the population so they can make informed choices that may improve their health. 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. Quit develops personal skills by providing information regarding tobacco smoking and the benefits associated with not smoking. This is achieved through a mass advertising campaign and via downloadable information on its website.
* Develop personal skills: this relates to providing people with health-related knowledge and skills. 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. TAC campaigns work to develop personal skills relating to young drivers, fatigue, drug driving, motorcycle safety, distractions, vehicle safety, speeding and drink-driving by implanting mass advertising campaigns.
* Develop personal skills: this action area focusses on educating people about health-related concepts so they can live healthier lives. ‘UV. It all adds up’ — this campaign raised awareness about the cumulative effect UV exposure can have over long periods of time. This can assist in reducing mortality rates from skin cancer. During National Skin Cancer Action Week, the Cancer Council and the Australasian College of Dermatologists develop personal skills by reminding Australians of the importance of sun protection and early skin cancer detection.

b. Students receive one mark for each action area they identify and a further two marks for explaining how each has or could promote Indigenous health and wellbeing for a total of four marks. Note that if students use information from the case study in Question 6, no mark should be awarded.

Build healthy public policy

* Closing the Gap is a national policy that works to reduce variations in health status between Indigenous and non-Indigenous Australians. This policy works to reduce discrimination of Indigenous Australians which can promote feelings of confidence which is a part of mental health and wellbeing.
* In Indigenous communities, governments could place a sugar tax on sugar sweetened drinks and use that revenue to subsidise healthier foods. This can assist in promoting healthy body weight (physical health and wellbeing).

Create supportive environments

* Aboriginal Quitline is a telephone counselling service that creates a supportive environment by providing confidential support for Indigenous Australians who want to quit smoking. This can reduce the risk of infectious diseases among Indigenous Australians as immune system function improves by not smoking.
* The federal government could provide funding to ensure that Indigenous people are trained and employed as health workers in Indigenous communities. This could mean that more Indigenous people access health services which can treat symptoms of disease, promoting physical health and wellbeing.

Re-orient health services

* The ‘Be Deadly, Get Healthy’ program uses health workers such as physiotherapists to promote physical activity and reduce the risk of chronic disease. This improves body system functioning and physical health and wellbeing.
* Dieticians could run healthy eating workshops specifically for Indigenous Australians. This could promote healthy eating which promotes adequate energy levels (physical health and wellbeing).
1. Students receive six marks for their evaluation of the program. Reponses can draw on a range of criteria to evaluate the program, but more emphasis should be given to how the aspect of effective programs is reflected and why the selected aspect makes the program effective. At least one link to health and wellbeing should be included to be eligible for full marks. Students can discuss more aspects with less detail or fewer aspects with more detail.

Points worth one mark include:

* The program is effective as it is giving local people a chance to have a say over things, which is an issue raised by the community.
* The program is addressing a specific need of the community by targeting deeply ingrained social issues.

Examples worth two marks could be:

* The program may be effective as the local people are engaging with it (it is oversubscribed). The program focusses on things like education. With higher levels of education, the Martu are more likely to gain meaningful employment which can improve participants’ sense of purpose in life.
* The program is effective as it is giving local people a chance to have a say over things, which is an issue raised by the community. This includes improving housing within the community. Improved housing could mean that fewer people live in overcrowded conditions, reducing stress and anxiety and more people can find their own space within the home.
* The program is developing personal skills by providing knowledge and confidence to work in the mainstream world. This can promote feelings of self-esteem as people feel more empowered.

An answer worth three marks is:

The program is a collaboration between World Vision and KP. As KP are involved, the program is more likely to be culturally appropriate as local traditions will be taken into account. This means that more local people are likely to engage with the program which can build their skills for employment. Greater levels of employment can contribute to people feeling like they have a purpose in their life and can also lead to higher levels of confidence.

1. a. Two marks are awarded for explaining each way that Nutrition Australia works with a relevant link to decreasing discretionary foods for a total of four marks. Examples worth two marks include:
* Through the Nutrition Australia website, recipes that promote healthy eating are provided free of charge to the community. By using these recipes, people are more likely to consume foods from the five food groups instead of discretionary foods.
* Nutrition Australia promotes National Nutrition Week by sending resources to schools. These resources assist schools in educating students about the value of healthy eating and provides ways to reduce discretionary food intake (by consuming plenty of vegetables, for example).
* The Healthy Eating Advisory Service works to assist organisations in providing healthier food items. For example, it can provide menu assessments which can reduce the amount of discretionary foods available in canteens.
* Nutrition Australia produces a wide range of publications and resources, including nutrition books, portion bowls and plates, booklets, posters, fact sheets, leaflets and webinars. These resources promote consuming foods from the five food groups and not discretionary foods.
* Nutrition Australia dietitians and nutritionists conduct a range of seminars to provide education to workplaces and members of the public wanting to improve their diet, such as reducing their discretionary food intake.
* Development of the Healthy Eating Pyramid. The Healthy Eating Pyramid is a simple visual guide to the types and proportion of foods that individuals should eat every day for good health. It includes discretionary foods in the bottom right corner advising to consume sometimes and in small amounts.

b. Students receive one mark for each Australian Dietary Guideline they identify and another mark for linking to a reduced intake of discretionary foods for a total of four marks. Examples worth two marks include:

* Dietary Guideline 3 advises to ‘limit the intake of foods containing saturated fat, added salt, added sugars and alcohol’. If people followed this guideline, they would reduce their discretionary food intake as these foods are relatively high in one or more of these foods.
* Dietary Guideline 2 states that individuals should ‘enjoy a wide variety of nutritious foods from the five groups every day’. The five food groups provide the nutrients required without adding too much energy or salt. Consuming these foods can provide feelings of fullness, reducing the chance of consuming discretionary foods.
* To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs. This can mean that people are less likely to consume discretionary foods, as for most people, they contain more energy than they need to maintain a healthy weight.

c. Students receive one mark for drawing a conclusion as to why dietary improvements are difficult to achieve in Australia. No explanation is required in this response. Answers worth one mark include:

* People often lack time to prepare healthier meals due to work demands and caring for family members.
* An individual’s personal preferences have a significant impact on what they eat and can make dietary change difficult.
* People rely on the foods available to them and these may not always include healthier options.
* Dietary change is influenced by the skills that people have. Lack of cooking skills can prevent dietary change.
* Willpower can make dietary change difficult as people are often presented with a range of foods throughout their daily lives.

**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 3 Outcome 2, Task 2c (Part 1) – Case Study Analysis

**Marking sheet**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 1.a. | 2 |  |  |
| 1.b. | 4 |  |  |
| 1.c. | 2 |  |  |
| 1.d. | 2 |  |  |
| 2.a. | 2 |  |  |
| 2.b. | 2 |  |  |
| 3. | 4 |  |  |
| 4.a. | 1 |  |  |
| 4.b. | 2 |  |  |
| 4.c. | 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 - 2020**

Unit 3 Outcome 2, Task 2c (Part 2) – Case Study Analysis

**Marking sheet**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 5.a. | 6 |  |  |
| 5.b. | 4 |  |  |
| 6. | 6 |  |  |
| 7.a. | 4 |  |  |
| 7.b. | 4 |  |  |
| 7.c. | 1 |  |  |
| 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.**