**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 3 Outcome 1, Task 1b – 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***

* Concepts of health and wellbeing (including physical, social, emotional, mental and spiritual dimensions) and illness, and the dynamic and subjective nature of these concepts
* Benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally
* Prerequisites for health as determined by the WHO including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity

Q 1 – 4

* Indicators used to measure and understand health status: incidence, prevalence, morbidity, burden of disease, disability-adjusted life year (DALY), life expectancy, health-adjusted life expectancy (HALE), mortality (including maternal, infant and under 5) and self-assessed health status **This dot point may be assessed in both 25 mark tasks.**
* Health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups including:

– males and females

– Indigenous and non-Indigenous

Q 5 – 7

– high and low socioeconomic status

– those living within and outside of Australia’s major cities

* The contribution to Australia’s health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron).

***Key skills***

* Explain the dynamic and subjective nature of the concepts of health and wellbeing and illness
* Describe interrelationships between dimensions of health and wellbeing
* Explain the individual and collective importance of health and wellbeing as a resource

Q 1 – 4

* Describe global benefits of the pursuit of optimal health and wellbeing
* Identify the WHO’s prerequisites for health and explain their links to improved health outcomes
* Describe and apply indicators used to measure health status **This dot point may be assessed in both 25 mark tasks.**
* Use data to describe and evaluate the health status of Australians
* Analyse patterns in morbidity and mortality in Australia over time

Q 5 – 7

* Analyse health information to explain factors that contribute to variations in health status between population groups.

**Student preparation**

Students should be adequately prepared with regards to all relevant key knowledge and key skill 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.

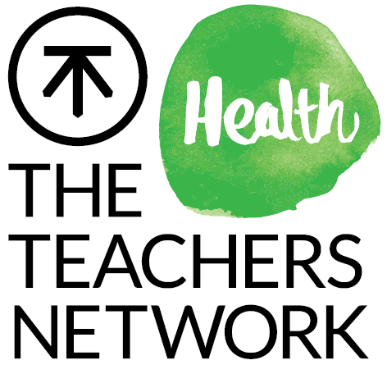
**Materials**

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 1, Task 1b (Part 1)

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** (8 marks)

A stable ecosystem is a prerequisite for health according to the World Health Organization (WHO).

1. Explain how a stable ecosystem can promote two dimensions of health and wellbeing. 4 marks

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1. Identify two other prerequisites for health according to the WHO. 2 marks

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1. Select one of the prerequisites from Q 1.b. and use it to show how two dimensions of health and

wellbeing can interrelate. 2 marks

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**Question 2**  (7 marks)

The following graph shows the proportion of people who were undernourished in Bangladesh, Myanmar and globally between 1990 and 2016.

Source: IHME, 2019.

1. Using data, outline the difference in the change in the proportion of those who were undernourished

over time between Myanmar and Bangladesh. 2 marks

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1. Approximately, what was the change in the proportion of those undernourished globally between

2000 and 2016? 1 mark

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1. Discuss how the change identified in part b. could act as a resource globally. 4 marks

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**Question 3**  (6 marks)

1. Briefly explain what is meant by physical health and wellbeing. 2 marks

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1. Using examples, briefly explain why physical health and wellbeing is considered to be dynamic and subjective. 4 marks

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**Question 4**  (4 marks)

The following graph shows self-assessed health status for people of different age groups in Australia in 2014-15 (AIHW, 2018).

Source: ABS, 2019.

1. Briefly explain self-assessed health status as a health status indicator. 2 marks

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1. Using data, briefly describe the relationship between age group and those assessing their health as fair

or poor. 2 marks

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**HEALTH AND HUMAN DEVELOPMENT**

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

Data Analysis

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



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**Question 5** (13 marks)

The following graph shows the proportion of people aged 18 and over who consumed alcohol at risky levels in Australia in 2017-18 according to socioeconomic (SES) group.

1. What is meant by socioeconomic status? 1 mark

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1. Using data, outline the relationship between SES and risky alcohol consumption. 2 marks

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1. Explain how risky alcohol consumption contributes to health status and burden of disease in

Australia. 4 marks

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A range of variations in health status exist between high and low socioeconomic status (SES) groups.

1. Using one biological and one environmental factor as the basis of your response, explain two variations

in health status between high and low SES groups. 6 marks

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**Question 6**  (6 marks)

1. Briefly explain how low intake of iron contributes to health status in Australia. 2 marks

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1. Identify two other dietary risks and discuss how each contributes to burden of disease in Australia. 4 marks

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**Question 7**  (6 marks)

In 2011, Indigenous Australians experienced burden of disease at 2.3 times the rate of non-Indigenous Australians.

19% of this gap in burden of disease was due to cardiovascular diseases and 14% to injuries.

1. What is meant by ‘burden of disease’? 2 marks

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1. Using sociocultural factors as the basis of your response, discuss a reason for the gaps in relation to cardiovascular disease and injuries. 4 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 two marks for showing an understanding of two aspects of a stable ecosystem and another two marks if each is linked meaningfully to a dimension of health and wellbeing. If students use one aspect of stable ecosystems and link it to two different dimensions, a maximum of three marks can be awarded. Students should be encouraged to link to two different dimensions to ensure double dipping does not occur. Answers worth two marks include:

* A stable ecosystem can mean that resources such as food is readily available which can provide energy which promotes physical health and wellbeing.
* A stable ecosystem can provide resources for a decent standard of living such as clean air. This can reduce the risk of respiratory diseases. If people are not sick, they are more able to spend time with friends and family which can enhance relationships (social health and wellbeing).
* A stable ecosystem can provide a clean water supply. This means that people can access clean water which reduces the need to spend hours collecting water which means people can spend more time on other activities such as gaining an education. This can assist in promoting spiritual health and wellbeing as people are more likely to feel that they have a purpose in life.

b. Students receive one mark for each WHO prerequisite they correctly identify for a total of two marks. Answers are:

* Peace
* Shelter
* Education
* Food
* Income
* Social justice
* Sustainable resources
* Equity

c. Students receive two marks for using one of their selected prerequisites from Q 1.b. to show how two dimensions of health and wellbeing are interrelated. Students receive one mark for each link they make between their selected dimensions. To be eligible for any marks, the answer must relate to a WHO prerequisite. Students can choose any dimensions, but must show a two way relationship to be eligible for full marks. Answers worth two marks include:

* Social justice – Social justice increases feelings of security within the community as people are not discriminated against. This can promote feelings of connectedness to the community which promotes spiritual health and wellbeing. Feeling connected to the community can increase feelings of self-worth which can reduce negative thought patterns and promote mental health and wellbeing. Improved thought patterns can mean that individuals are more likely to work towards their purpose in life by being productive at work or spending quality time with family which promotes spiritual health and wellbeing.
* Equity – Equity means that all people would be able to access resources such as health care which reduces the impact of disease (physical). With reduced impact of disease, people are more equipped to spend time socialising with family and friends which builds relationships and promotes social health and wellbeing. Strong social connections can mean that people are encouraged by loved ones to look after themselves by limiting alcohol use, for example, which can promote healthy body weight.
* Food – Adequate food intake promotes the functioning of the immune system which reduces the risk of disease and enhances physical health and wellbeing. Absence of disease allows people to socialize with their friends which promotes social health and wellbeing by enhancing relationships. Positive relationships can provide opportunities to be physically active when socializing (by going swimming, for example) which can promote levels of fitness (physical).
* Income – Can develop resilience by being used for counselling and other support services which enhances emotional health and wellbeing. Resilience can mean that people are more likely to feel good about their ability to recover from adverse situations which enhances mental health and wellbeing. Positive mental health and wellbeing allows individuals to think clearly which can mean that they are better able to recognize and respond to the emotions they experience which promotes emotional health and wellbeing.
* Peace - Peace can mean that there is no armed conflict which can reduce the risk of injuries (physical). With fewer injuries, people are more likely to experience lower levels of stress which promotes mental health and wellbeing. With lower levels of stress, individuals are more likely to prioritise looking after themselves by eating well which can promote a healthy body weight (physical).

1. a. Students receive one mark each for outlining the difference in the change in the proportion of those who were undernourished over time between Myanmar and Bangladesh for a total of two marks. Note that data must be used at some point in the response to be eligible for full marks. Answers worth two marks include:

The rate in Myanmar decreased from around 48% in 2000 to around 10% in 2016 whereas in Bangladesh, the rate decreased from around 21% to around 15%.

b. Students receive one mark for correctly stating the change in the proportion of those who were undernourished between 2000 and 2016. No explanation is required in this response and some leeway should be allowed. Answers worth one mark include:

* It decreased from around 15% in 2000 to around 10.5% in 2016.
* It reduced by around 5%.

c. Students receive four marks for discussing how a reduction in the proportion of people who are undernourished can act as a resource globally. Students can make more points with less detail or fewer points with more detail. Answers worth two marks include:

* Reducing undernourishment meant more people will have the energy to work. This means that more people can contribute to the economy of their country which can promote global trade and assist in reducing poverty worldwide.
* With a reduction in undernourishment, more people are receiving the resources they need for a decent standard of living. This can reduce tensions between communities in neighbouring countries and assist in preventing conflict, which promotes health outcomes such as increasing life expectancy and reducing the risk of injuries.
* Reducing undernourishment means more children will not be sick, allowing them to go to school. If the global population is more educated, there will be the development of more industries which can promote the global economy.

A response worth four marks could be:

Reducing undernourishment globally will mean that peoples’ immune systems will function more effectively. This will reduce the spread of infectious diseases as there will be fewer hosts. As well as assisting in reducing the under 5 mortality rate, it will mean that children are more likely to receive an education by staying in school. With higher levels of education, this generation will be more likely to gain meaningful employment and receive a decent income. This can reduce global poverty and enhance the lives of people around the world.

1. a. Students receive two marks for making two points about what physical health and wellbeing relates to. One mark can be awarded for a relevant example, but if students only provide examples, one mark should be the maximum they receive. Examples worth two marks include:

* Physical health and wellbeing relates to the functioning of the body and its systems. It includes the physical capacity to perform daily activities or tasks.
* Physical health and wellbeing relates to the current state of the body. It includes aspects such as body weight and levels of energy.

b. Students receive one mark each for showing an understanding of subjective and dynamic as concepts and a further two marks for using an example related to physical health and wellbeing to demonstrate their understanding for a total of four marks. Answers worth two marks include:

Subjective

* Physical health and wellbeing means different things to different people. For example, for an elderly person, it might mean having chronic conditions well managed. For a young person, it might mean not being sick at all.
* The meaning of physical health and wellbeing can be influenced by an individual’s personal experiences. For example, one person may place greater emphasis on maintaining a healthy body weight whereas another person might place more emphasis on being fit or strong.

Dynamic

* Physical health and wellbeing can change quickly. It can be optimal at one point in time and then events such as an accident can alter it quickly by causing bones to fracture.
* Physical health and wellbeing can change over time. A person may be sick with tonsillitis and then medical treatment such as surgery or medication can relieve symptoms and restore physical health and wellbeing.

1. a. Students receive two marks for making two points about what self-assessed health status relates to:

Self-assessed health status relates to how individuals feel about their own level of health and wellbeing. Self-assessed health status data is often collected from population surveys and provides an indication of the overall level being experienced in relation to physical, social, emotional, mental and spiritual health and wellbeing.

b. Students receive one mark for describing the relationship between age group and those assessing their health as fair or poor and another mark for the correct use of data for a total of two marks. For example:

As the age groups increase, the proportion of those assessing their health as fair or poor also increases, from around 10% in the 15-24 age group to around 30% in the 75+ age group.

1. a. Students receive one mark for briefly explaining socioeconomic status. For example:

Socioeconomic status relates to a person’s position in society compared to others, based on education, income and occupation.

b. Students receive one mark for outlining the relationship between SES and risky alcohol consumption and another mark for the correct use of data for a total of two marks. For example:

As socioeconomic status goes up, so does the proportion of those who consumed alcohol at risky levels. For example, around 35% of the lowest SES group consumed alcohol at risky levels compared to around 47% in the highest SES group.

c. Students receive two marks for linking alcohol use to health status and another two marks for linking it to burden of disease. If they use the same explanation twice (e.g. alcohol leads to weight gain and increases the risk of cardiovascular disease), a maximum of three marks can be awarded. Answers worth two marks include:

Health status

* Alcohol use can contribute to weight gain as it contains energy. This increases the risk of heart attack and stroke which can be fatal, contributing to lower life expectancy.
* If alcohol is consumed during pregnancy, it can increase the risk of foetal alcohol spectrum disorder (FASD) which contributes significantly to morbidity.
* Alcohol use can impact relationships which increases the risk of mental health issues, increasing the prevalence of conditions such as depression.

Burden of disease

* Alcohol is filtered through the liver. Excessive consumption can cause scarring of the liver tissue and liver disease which can contribute to premature death and YLL.
* Long term alcohol consumption increases the risk of cancer including stomach and colorectal cancer. These conditions can cause premature death and contribute to DALY.
* Alcohol use can contribute to injuries, especially if the person drives a car whilst under the influence, contributing to YLD.

d. Students receive one mark each for correctly identifying a relevant biological and environmental factor and another mark for identifying each variation in health status between the two groups and another mark for linking the factor to the variation for a total of six marks. Answers worth three marks include:

Biological

* Body weight – Low SES groups have higher rates of obesity than high SES groups. This places more strain on the heart and increases the risk of cardiovascular disease, which contributes to higher mortality rates and lower life expectancy.
* Blood pressure – Those in low SES groups experience higher rates of hypertension than high SES groups. This indicates that the heart is working harder which can increase the risk of heart attack and contributes to lower life expectancy.
* Glucose regulation – Those in low SES groups are more likely to experience impaired glucose regulation than high SES groups. This increases the prevalence of type 2 diabetes.
* Birth weight – Low SES groups have higher rates of low birthweight than high SES groups. This contributes to higher rates of cardiovascular disease in adulthood which contributes to a higher rate of DALY.

Environmental

* Environmental tobacco smoke – Lower socioeconomic groups are more likely to smoke tobacco inside the home compared to higher SES groups. Exposure to tobacco smoke can increase the risk of respiratory conditions and cancer among non-smokers which can contribute to premature death and lower life expectancy.
* Proximity to fast food outlets – Lower socioeconomic neighbourhoods are often targeted by fast food outlets more than higher socioeconomic areas. This can increase the consumption of foods that are energy dense which can contribute to weight gain and a higher prevalence of conditions such as type 2 diabetes and cardiovascular disease.
* Quality of recreation facilities – The quality of recreation facilities is often poorer in low SES areas compared to high SES areas. This can mean that those in low SES areas do not have as many opportunities for physical activity which can lead to weight gain and premature death from conditions such as type 2 diabetes. This contributes to higher mortality rates among these groups.
* Housing quality – Housing quality is often poorer in low SES areas compared to high SES areas. This can increase the risk of injuries such as electrocution from faulty wiring, contributing to lower life expectancy.
* Work environments – Those in low SES groups often work in more dangerous working environments such as factories, than those in high SES groups. This can lead to higher rates of injury deaths.

1. a. Students receive one mark for explaining how low iron intake contributes to disease and another mark for linking it to an aspect of health status in Australia. Note that low intake of iron does not contribute to many deaths in Australia and answers should therefore link to non-fatal outcomes. For example:

Low intake of iron can contribute to iron-deficiency anaemia, a condition characterised by low levels of haemoglobin, tiredness and weakness. This contributes to morbidity in Australia, especially among women of child-bearing age.

b. Students receive one mark for each dietary risk they identify and another two marks for linking each to burden of disease for a total of four marks. High body mass index can occur as a result of dietary risks, but is not a dietary risk itself. Student responses should be phrased as risk factors to be eligible for marks (for example, ‘high salt intake’ as opposed to ‘salt intake’). Students should receive a maximum of three marks if they ‘double dip’ (i.e. use two similar explanations for each dietary risk). For example, under-consumption of fruit and vegetables both contribute to low fibre intake, weight gain and associated conditions such as cardiovascular disease. If students use these two dietary risks and use a similar link for each, only three marks should be awarded. Answers worth two marks include:

* Under-consumption / low intake of vegetables – vegetables are high in fibre and low intake can contribute to feelings of ongoing hunger. This can lead to overeating, weight gain and an increased risk of conditions such as cardiovascular disease which contribute significantly to DALY.
* Under-consumption / low intake of fruit – fruit is high in antioxidants. Low intake can therefore mean that free radicals can harm body tissues and contribute to cancer. Cancer can lead to premature death and YLL as a result.
* Under-consumption / low intake of dairy foods – Dairy foods are high in calcium. Low intake can therefore mean that bones are not as strong as they should be which can lead to higher rates of osteoporosis, a leading cause of YLD in Australia.
* High intake of fat – high fat intake can lead to weight gain. Weight gain can increase the prevalence of type 2 diabetes which can lead to premature death and YLL.
* High intake of salt – salt increases blood pressure by increasing blood volume. This can increase the rate of heart attack and stroke which contribute significantly to DALY.
* High intake of sugar – sugar can provide fuel for bacteria in the mouth which produce acid and can lead to dental decay. This increases the rate of dental caries which is a leading cause of YLD, especially among children.
* Low intake of fibre – fibre assists in cleansing the digestive tract. Lack of fibre can therefore increase the risk of conditions such as colorectal cancer and contribute to DALY.

1. a. Students must explain burden of disease for two marks. For example:

Burden of disease is a measure of the impact of diseases and injuries, specifically it measures the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability.

b. Students receive one mark for each sociocultural factor they identify and a further mark for linking one to cardiovascular disease and another mark for linking the other two injuries for a total of four marks. Answers worth two marks include:

* Education – Indigenous Australians often have lower levels of education than non-Indigenous Australians. This can mean that Indigenous Australians are more likely to drink alcohol to excess which can affect motor control and could contribute to higher burden of disease from injuries due to causes such as violence and car crashes.
* Income - Indigenous Australians generally have lower incomes than non-Indigenous Australians. This can mean that they are less able to afford health promoting resources such as health care and adequate food. This can increase the risk of conditions such as cardiovascular disease which can contribute to higher burden of disease.
* Food insecurity – As a result of the cost, Indigenous Australians may rely on processed foods which can be higher in energy. This can contribute to higher rates of obesity and related conditions such as cardiovascular disease compared to the highest SES group.
* Access to health care – Those from the lowest SES group may lack the income and knowledge related to accessing preventative medicine. This can mean that interventions are not put in place to prevent disease which can contribute to higher rates of diseases and higher mortality rates.
* Social exclusion – Indigenous Australians are more likely to be socially excluded than non-Indigenous Australians. This can increase the prevalence of mental illness such as depression which may contribute to self-harm and higher rates of injuries.

**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 3 Outcome 1, Task 1b (Part 1) – Data Analysis

**Marking sheet**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 1.a. | 4 |  |  |
| 1.b. | 2 |  |  |
| 1.c. | 2 |  |  |
| 2.a. | 2 |  |  |
| 2.b. | 1 |  |  |
| 2.c. | 4 |  |  |
| 3.a. | 2 |  |  |
| 3.b. | 4 |  |  |
| 4.a. | 2 |  |  |
| 4.b. | 2 |  |  |
| 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 1, Task 1b (Part 2) – Data Analysis

**Marking sheet**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 5.a. | 1 |  |  |
| 5.b. | 2 |  |  |
| 5.c. | 4 |  |  |
| 5.d. | 6 |  |  |
| 6.a. | 2 |  |  |
| 6.b. | 4 |  |  |
| 7.a. | 2 |  |  |
| 7.b. | 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.**