**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 3 Outcome 1, Task 1c – 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***

* 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 – 3

* 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 4 – 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 – 3

* 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 4 – 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 1c (Part 1)

Case Study Analysis

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



• Students are permitted to bring into the assessment room: pens, pencils, highlighters, erasers, sharpeners and rulers.

• 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.

**Students are NOT permitted to bring mobile phones and/or any other unauthorised electronic**

**devices into the assessment room.**

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**Question 1** (17 marks)

Migraine is a neurological condition that is characterised by recurrent attacks of moderate to severe headache.

Deb is 20 years old and experiences severe migraines. She has had them since she was in her early teens and takes medication to reduce their severity. Alex is 10 and has just experienced her first migraine. Although the pain she experienced was intense, it passed after a period of time.

1. Briefly explain what is meant by ‘illness’. 1 mark

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1. Discuss factors that may contribute to different levels of illness experienced by Deb and Alex as

a result of their migraines. 4 marks

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1. Use the case study to explain why illness is considered to be dynamic. 2 marks

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1. Explain two ways that promoting optimal health and wellbeing may act as a resource for Deb. 4 marks

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A report on migraine in Australia found that:

* 4.9 million people in Australia suffer from migraine
* 71% of migraine sufferers are women and 86% are of working age
* 7.6% of migraine sufferers experience chronic migraine (more than 15 migraine days per month)
* The total economic cost of migraine in Australia is $35.7 billion.

Source: Deloitte Access Economics, 2018.

1. Referring to the information provided, explain how reducing migraine could act as a resource for

Australia. 2 marks

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1. Briefly explain what is meant by burden of disease. 2 marks

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1. Is migraine more likely to contribute to morbidity or mortality? Explain. 2 marks

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**Question 2**  (2 marks)

Rami is 16 years old and has a strong network of friends and a very supportive family. He attends school and has a part time job. With the money he earns, Rami purchases equipment for training and participation in triathlon events.

Use an example from the case study to show how two dimensions of health and wellbeing can interrelate.

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**Question 3**  (6 marks)

Food and shelter are prerequisites for health according to the World Health Organization (WHO).

1. Briefly discuss how food contributes to improved health and wellbeing. 2 marks

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1. Briefly discuss how shelter contributes to improved health status. 2 marks

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

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**HEALTH AND HUMAN DEVELOPMENT**

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

Case Study Analysis

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



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• 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.

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**Question 4** (6 marks)

According to the AIHW (2018), in 2014–15, people living in the lowest socioeconomic group were 2.6 times as likely as people in the highest group to have diabetes, and 1.7 times as likely to have heart, stroke or vascular disease. Death rates were nearly 1.5 times as high for people in the lowest

socioeconomic group than for people in the highest group—with even higher death rate

differences for specific causes, such as chronic obstructive pulmonary disease (2.2 times)

and lung cancer (1.8 times).

1. Identify two sociocultural factors and explain how each may contribute to a difference stated in the information above. 4 marks

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1. Besides the information provided, identify two variations in health status experienced by low

socioeconomic groups. 2 marks

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**Question 5**  (6 marks)

Low intake of fruits, vegetables and iron contribute to health status and burden of disease in Australia.

* 1. Describe two ways that low intake of fruit and / or vegetables can contribute to disease. 4 marks

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* 1. Explain how low intake of iron contributes to YLD in Australia. 2 marks

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**Question 6**  (9 marks)

According to the Australian Bureau of Statistics (ABS), in 2017-18, adults aged 18 years and over living in Inner Regional, and Outer Regional and Remote Australia were more likely to be overweight or obese than those living in Major Cities (72.4% and 72.2% compared with 65.0% respectively).

1. Briefly explain how this difference could contribute to variations in health status and burden of

disease. 4 marks

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According to the AIHW (2018), in 2016, the infant mortality rate increased with remoteness and infant deaths were over twice as high in Remote and very remote areas (6.0 per 1,000 live births) compared with Major cities (2.9 per 1,000 live births).

1. What is meant by the ‘infant mortality rate’? 1 mark

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1. Besides higher rates of overweight and obesity, explain two reasons that contribute to higher infant

mortality rates for those living outside major cities compared to those living within major cities. 4 marks

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**Question 7**  (4 marks)

High intake of fat contributes to weight gain and a number of other conditions.

1. Besides contributing to weight gain, briefly explain how high intake of fat can contribute to a

disease. 2 marks

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1. Identify two foods that contain high amounts of fat. 2 marks

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**END OF QUESTION AND ANSWER BOOKLET**

**Extra space for responses**

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

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**Answer Guide**

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

1. a. Students receive one mark for briefly explaining what is meant by illness. For example:

Illness relates to how an individual experiences disease.

b. Students receive one mark for each factor they refer to and another mark for explaining how it could contribute to differences in the level of illness experienced by Deb and Alex for a total of four marks. Students must make reference to at least two factors to be eligible for four marks. Answers worth two marks include:

* Deb takes medication which helps to reduce the severity of her migraines. As Alex has just had her first one, she may not have taken medication which could have made the pain more intense, contributing to a higher level of illness.
* Deb has experienced migraines in the past and Alex hasn’t. As a result, Deb may experience a lower level of illness as she is more used to the pain than Alex.
* Alex may have a lower pain tolerance than Deb which could contribute to higher levels of illness when migraines occur.
* Alex may have more support from her family as she in younger than Deb and would rely on them more for her daily needs. As a result, Alex may experience lower levels of illness.

c. Students receive one mark for showing an understanding of what dynamic refers to and another mark for using an appropriate example from the case study to illustrate this concept for a total of two marks. For example:

* Illness is considered dynamic as it changes over time. For example, Alex experienced intense pain from a migraine, but the condition passed and the level of illness experienced would have decreased.
* Illness is dynamic as it is constantly changing. Deb has experienced migraines for a number of years which would mean that her level of illness associated with them would change (i.e. increase when she has a migraine and decrease other times).

d. Students receive two marks for each way they explain that optimal health and wellbeing may act as a resource for Deb for a total of four marks. Students do not necessarily have to link to a dimension of health and wellbeing, but rather, how it can improve the quality of her life. Answers worth two marks include:

* Optimal health and wellbeing may mean that Deb does not have to spend as much money on medication. This extra disposable income can be used for a range of activities such as further study.
* Optimal health and wellbeing can mean that Deb can work productively. This can increase her income so she can provide resources for herself such as food, education and leisure activities.
* Optimal health and wellbeing can mean that Deb can complete activities that give her a sense of purpose in life such as spending time with family and friends. Being able to participate in the life of the community can assist in creating a positive cycle of health and wellbeing.
* Improved health and wellbeing can mean that Deb can focus on further improving her health and wellbeing by exercising and eating well. This can further improve her mood and her physical fitness.

e. Students receive two marks for explaining how reducing migraine could act as a resource for Australia. Students do not necessarily have to link to a dimension of health and wellbeing, but rather, how it can improve the quality of Australian lives. If students link to health and wellbeing, they must not double dip by using an answer similar to that used previously for this question. Answers worth two marks include:

* 86% of migraine sufferers are of working age. Decreasing migraine in Australia could therefore mean that more people can work which means the government will generate more taxation revenue which can be used to provide resources like public education.
* 4.9 million people experience migraine in Australia. Reducing migraine would therefore contribute to a decrease in the amount of pain experienced in society. It may also reduce levels of stress and anxiety that sufferers often experience.
* 7.6% of migraine sufferers experience chronic migraine. This would contribute to many absences from work, which contributes to economic loss. If migraine were reduced this money would be saved and would contribute to a stronger economy.
* Migraine costs the Australian economy $35.7 billion. Reducing migraine would contribute to less health care costs which would reduce the amount lost due to this condition. If sufferers return to optimal health and wellbeing, the government will potentially save money through reduced health care and medication costs. This can mean that more money is available for other needs such as social security and public housing.

f. 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.

g. Students receive one mark for stating that migraine is more likely to contribute to morbidity and another mark for their explanation. For example:

* Migraine would be more likely to contribute to morbidity. Although many people suffer from it, it is characterised by headaches which would not be likely to cause death.
* Migraine contributes more to morbidity in Australia. 4.9 million people experience migraine, yet it is not a leading cause of death, meaning that it isn’t often fatal.
1. Students receive one mark for using the case study to show how one dimension of health and wellbeing can influence another dimension and another mark for showing how the second dimension can influence the first. Examples worth two marks include:
* Rami participates in triathlons which would contribute to improved fitness (fitness). Higher levels of fitness would allow him to participate in more activities with his friends which can enhance his relationships (social). Enhanced relationships can reduce the likelihood of risk taking behaviours such as alcohol misuse which can mean that Rami is more likely to maintain a healthy body weight (physical).
* Rami has a strong network of friends and a supportive family (social). As a result, he may have more people to talk to when problems arise which can assist in processing emotions and building resilience (emotional). Higher levels of resilience can mean that Rami can deal with conflict more appropriately which can further enhance his relationships (social).
* Rami has a job which can provide him with a sense of purpose in life and enhance his spiritual health and wellbeing. Having a sense of purpose in life can mean that Rami is more likely to look after himself by eating well and exercising which can provide adequate levels of energy. Adequate levels of energy can mean that Rami is further able to work towards his purpose in life by participating in triathlons, promoting his spiritual health and wellbeing.
1. a. Students receive two marks for briefly discussing how food can promote health and wellbeing. Students can make two brief links to two dimensions for each prerequisite, or they can link to one dimension for each prerequisite with more detail. Note that if students link to health status indicators, full marks should not be awarded. Answers worth two marks include:
* Adequate food intake promotes the functioning of the body and its systems, which promotes physical health and wellbeing. It also provides energy which increases the ability of people to socialise which enhances relationships and promotes social health and wellbeing.
* Adequate food means that people do not have to spend their day looking for their next meal. This gives them more time to participate in things that give them a sense of meaning and purpose in life such as caring for children, which promotes spiritual health and wellbeing.
* Adequate food can reduce levels of stress as people know they are going to be adequately fed, improving mental health and wellbeing. It can also assist in brain function, so people are more able to think clearly, further enhancing mental health and wellbeing.

b. Students receive two marks for briefly discussing how shelter can promote health status. Students can make two brief links to two health status indicators, or they can link to one indicator with more detail. Note that if students link to dimensions of health and wellbeing, full marks should not be awarded. Answers worth two marks include:

* Shelter can promote privacy and safety. This can mean that people are less likely to be victims of violence which can assist in reducing morbidity associated with injuries.
* Shelter can provide protection from the elements. This can assist in reducing exposure to extremes in temperature which can in turn, reduce rates of mortality associated with exposure.
* Shelter can mean that people are less exposed to pathogens that cause infectious diseases. This can reduce the incidence of these conditions which can also contribute to lower morbidity and mortality rates.

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

* Peace
* Education
* Income
* A stable eco-system
* Social justice
* Sustainable resources
* Equity
1. a. Students receive one mark for each sociocultural factor they identify and a further two marks for linking each to a difference from the stimulus material for a total of four marks. For example:
* Education – Those from lower socioeconomic groups generally have less health-related knowledge than those from higher socioeconomic groups. This can contribute to increased rate of risky behaviour such as smoking. This can contribute to higher rates of conditions such as lung cancer.
* Income - Those from lower socioeconomic groups generally have lower incomes than those from higher socioeconomic groups. 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.
* Food insecurity – As a result of the cost, those from the lowest SES group may rely on processed foods which can be higher in energy. This can contribute to higher rates of obesity and related conditions such as heart, stroke and vascular diseases and type 2 diabetes 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, compared to higher SES groups. This can mean that interventions are not put in place to prevent diseases such as heart, stroke and vascular diseases, contributing to higher rates of these conditions.
* Social exclusion - Those from lower socioeconomic groups are more likely to be socially excluded than those from higher socioeconomic groups. This can result in higher rates of mental illness and rates of self-harm which can contribute to a higher rate of DALY.
* Early life experiences – Those from low SES groups are more likely to be exposed to tobacco smoke in the uterus than those in high SES groups. This can contribute to low birth weight which increases the risk of infections, contributing to a death rate nearly 1.5 times higher for people in the lowest SES group.

b. Students receive one mark for each difference in health status they identify for a total of two marks. No explanation is required here. Examples include:

* Lower life expectancy
* Higher U5MR
* Higher maternal mortality rates
* Higher infant mortality rates
* Higher rates of asthma
* Higher rates of mental and behavioural problems
* Higher rates of injuries
* Higher rates of chronic kidney disease
1. a. Students receive two marks for each link they make between low intake of fruit and / or vegetables to disease for a total of four marks. If students use a similar response for each (such as low fibre intake), a total of two marks should be awarded. Answers worth two marks include:

Under-consumption of fruit

* Fruit are high in fibre which provides feelings of fullness. Not eating enough fruit can therefore contribute to weight gain and higher incidence of obesity-related conditions such as type 2 diabetes.
* Under-consumption of fruit can mean that the intake of some vitamins is deficient which can increase the incidence of neural tube defects such as spina bifida.
* Fruit contain anti-oxidants which can reduce the risk of conditions such as cancer. Under-consumption can mean that anti-oxidant intake is low which can increase the prevalence of some cancers.

Under-consumption of vegetables

* Vegetables are high in fibre which provides feelings of fullness. Not eating enough vegetables can therefore contribute to weight gain and higher incidence of obesity-related conditions such as type 2 diabetes.
* Under-consumption of vegetables can mean that the intake of some vitamins is deficient which can increase the incidence of neural tube defects such as spina bifida.
* Vegetables contain anti-oxidants which can reduce the risk of conditions such as cancer. Under-consumption can mean that anti-oxidant intake is low which can increase the prevalence of some cancers.

b. Students receive two marks for explaining how low intake of iron contributes to YLD in Australia. If students make reference to anaemia, one mark can be awarded. For two marks, students should include a reference to haemoglobin. Answers worth two marks could be:

* Iron is a key component of haemoglobin which carries oxygen in the blood. Low intake can mean that haemoglobin levels are low which can contribute to anaemia, a cause of YLD in Australia.
* Iron forms the ‘haem’ part of haemoglobin and low intake can therefore contribute to anaemia. Anaemia contributes to feelings of lethargy and is a contributor to YLD in Australia.
1. a. Students receive two marks for making a link between overweight and obesity to a variation in health status and two marks for making a link between overweight and obesity to a variation in burden of disease for a total of four marks. Each answer should include a reference to a particular condition to be awarded full marks. Answers worth two marks include:

Health status

* Overweight and obesity are key risk factors in Australia for a range of conditions including some cancers and type 2 diabetes. These conditions can contribute to higher rates of mortality for those living outside major cities compared to those living within major cities.
* Overweight and obesity are key risk factors for hypertension. Hypertension increases the risk of heart attack and stroke which can increase mortality rates and decrease life expectancy for those living outside major cities compared to those living within major cities.

Burden of disease

* Overweight and obesity place extra strain on the joints. This can contribute to arthritis and higher rates of YLD for those living outside major cities compared to those living within major cities.
* Overweight and obesity increase the risk of mental health problems such as anxiety and depression. These conditions contribute higher rates of YLD for those living outside major cities compared to those living within major cities.

b. Students are awarded one mark for briefly explaining the infant mortality rate as a measure of health status. Students should explain the infant mortality rate as opposed to infant mortality to receive one mark. For example:

Infant mortality rate refers to the number of deaths (usually per 1000 live births) occurring between birth and the first birthday.

c. Students receive one mark each for correctly identifying a relevant factor and a further mark for each for linking it to the higher infant mortality rate among those living outside major cities compared to those living within major cities for a total of four marks. Answers worth two marks include:

* Birth weight – Babies born outside major cities are more likely to be born with a low birth weight compared to the rest of the population. This can increase the risk of infectious diseases and infant mortality among this group.
* Access to health care – Those living outside major cities are more likely to experience geographical barriers to health care when compared to the rest of the population. This can mean that complications arising during infancy go untreated which can increase the infant mortality rate.
* Education / health literacy – Those living outside major cities have lower levels of education compared to those living within major cities. This can mean that mothers outside major cities may not have the same level of knowledge in relation to health care for their infants. This can mean that conditions go undiagnosed, contributing to higher rates of infant mortality.
* Socioeconomic status – Those living outside major cities have an overall lower socioeconomic status than those within major cities. This can increase the risk of malnutrition during pregnancy, contributing to low birth weight babies and higher rates of infant mortality.
* Early life experiences – Those living outside major cities are more likely to smoke during pregnancy than those living within major cities. This can increase the risk of low birthweight babies and respiratory conditions which contribute to higher rates of infant mortality.
* Road quality – Road quality is often poorer outside major cities compared to within major cities. This can increase the risk of car crashes and premature death for the occupants, contributing to higher infant mortality rates.
1. a. Students receive two marks for explaining how high intake of fat can contribute to disease. Note that if students simply state that high intake of fat increases the risk of a specific disease, one mark should be awarded. Answers worth two marks include:
* High intake of fat can interfere with the function of cell membranes, contributing to impaired glucose regulation. If this risk factor is not addressed, it can lead to a breakdown in this process which is a characteristic of type 2 diabetes.
* High intake of fat can contribute to high levels of low-density lipoprotein (the ‘bad’ cholesterol). Over time, this can narrow the arteries which can contribute to complete blockages which can result in heart attack or stroke.

b. Students receive one mark for each food they identify that is high in fat. Note that students can refer to a type of food product (such as a meat pie) or a specific food (e.g. Big Mac). Note that no marks should be awarded for answers such as processed foods, fast foods or desserts as not all foods within these groups are high in fat. Answers worth one mark include:

* Full cream milk
* Pastry
* Pizza
* Cheese
* Oils
* Fatty cuts of meat
* Fried foods
* Hamburgers

**HEALTH AND HUMAN DEVELOPMENT - 2020**

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

**Marking sheet**

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

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

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

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

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

**HEALTH AND HUMAN DEVELOPMENT - 2020**

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

**Marking sheet**

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

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