Pendle Hill High School

Assessment Task Cover Sheet

Faculty/Subject:	PDHPE	Assessment Task No:	1
Year:	12	Assessment weighting:	25%
Date Given:	1/11/19	Due date and time:	4/12/19
Student name:		Teacher:	T.Swinnerton

Submission Instructions

- The task must be completed by the due date. Hard copies must be handed to your regular classroom teacher during school hours and signed for.
- Assignments received after **3:15pm** on the due date will be classed as a late submission, unless an alternate time is stated on the assessment cover sheet.
- Students must attend school and all scheduled classes on the due date of the assessment. See assessment handbook for details.

Absence/Late Submission

Late submission:

- For students in Years 11 and 12, the penalty is zero for work submitted after the due date and time. An immediate N award warning letter will be mailed to parents.
- For students in Years 7, 8, 9 and 10 the penalty is 20% of total mark per day (not marks scored). The penalty includes weekend and public holidays. This will result in an N award warning letter being mailed to parents for Year 9 and 10 students.

Absence:

- **Year 11 -12** - you are required to complete and submit to the front office an **Assessment Appeal form** within 48 hours of returning to school.
- **Year 7 -10 -** if you are absent from school on the day the task is to be completed, you are required on your return to school to provide a medical certificate or other documentation to the front office and your class teacher.
- Failure to provide adequate documentation will result in late submission penalties being applied.

Student Confirmation - please tick

○ This is all my own work. I have referenced any work used from other sources and have not plagiarised the work of others. I understand that plagiarised work will receive zero marks and an N award warning letter.

○ I have attached a complete bibliography - where appropriate.

○ I have kept a copy of my assignment.

Student Signature: ____

- -

Assessment Task Receipt

Students are to complete before handing in. Teacher signs the receipt that must be kept by the student.

Student Name: _________________________ Subject: __________________

Task Number: ____ Due Date: / /19 Date Submitted: / / 19

Student signature: ___________________ Teacher Signature: ___________________

Pendle Hill High School
Responsibilities Respect Rights Learning

Pendle Hill High School
Personal Development Health and Physical Education
HSC Assessment Task One

Task type: Priority Health Issue Report
Task weighting: 25%
Date handed out: Friday 1st November 2019
Date due: Wednesday 4th December 2019
Total Marks: 50 marks

Critical questions addressed:

- How are priority areas for Australia's health identified?
- What are the priority issues for improving Australia's health?
- What actions are needed to address Australia's health priorities?

Outcomes addressed

H1 describes the nature, and justifies the choice, of Australia's health priorities
H2 analyses and explains the health status of Australians in terms of current trends and groups most at risk
H3 analyses the determinants of health and health inequities.
H15 critically analyses key issues affecting the health of Australians and proposes ways of working towards better health for all
H16 devises methods of gathering, interpreting and communicating information about health and physical activity concepts.

Task Description

The Minister of Health is considering removing the priority status of a chosen disease/illness. You have been given the task of writing a health issue report, which justifies the priority status of the health priority issue you have chosen. This priority status will guarantee funding and support for health promotion initiatives that target this health issue.

The Health Issue Report must address the following:
Select **ONE** of the following priority health issues

- Diabetes
- Respiratory Disease
- Injury
- Mental Health problems and illnesses

In the task you must complete a detailed report with the following categories. It must be in a report format. The areas that must be covered in detail are as follows:

1. Epidemiological evidence that supports the priority status of the chosen priority health issue. Examine the **nature of the problem** and the **extent of the problem** (trends). (15 marks) (500 words plus images)
2. Examine the **risk factors** and **protective factors** associated with the disease/illness. (10 marks) (400 words)
3. Analyse the **socio-cultural, socio-economic** and **environmental factors** concerning the chosen health issue. (15 marks) (500 words)
4. Analyse the **Groups at risk** of the chosen health issue. (10 marks) (400 words)

Core 1 HSC – Assessment Task # 3
Health Issue Report Marking Criteria

One: Epidemiological Evidence (nature and extent of your chosen disease/ illness). (15 marks)

Criteria	Marks
- Presents a clear, logical and well-constructed report that addresses both the nature and the trends of the disease. - Provides an in depth description of the nature of chosen disease/ illness. - Provides an extensive sample of epidemiological evidence to highlight the burden of the disease. - Evidence displays a thorough understanding of the burden of the disease as well as trends relating to the chosen disease. - Extensive investigation of different population data and comparisons. - Variety of epidemiology references made. - Clearly identifies sources of data in bibliography / reference list	12 - 15
- Presents a sound report that addresses both the nature and the trends of the disease. - Provides a satisfactory description of the nature of chosen illness / disease and provides a number of samples of epidemiological evidence to highlight the burden of the disease. - Evidence displays a sound understanding of the burden of the disease as well as trends relating to the chosen disease. Use some different sources of epidemiology data. - Identifies sources of data in bibliography / reference list	8- 11
- Presents a basic/limited report that addresses the nature and/or trends of the disease. - Provides a basic description of the nature of chosen disease / illness. - Uses some data to highlight burden of disease but may lack ability to link statistics to nature/trend of disease. - Limited OR no reference list uses to identify source of data	4- 7
-Presents a limited report that addresses the nature and/or trends of the disease. - Provides a basic description of the nature of chosen disease / illness. - Does not use data to highlight burden of disease and provides minimal or no statistics to support trends. - No reference list	1-3
- Response does not meet the task description	0

Two: Risk Factors and Protective Factors of chosen illness/disease (10 marks)

Criteria	Marks
- Presents a clear, logical and well-constructed report that identifies both risk factors and protective factors in detail. - Demonstrates a thorough understanding of modifiable and non-modifiable risk factors for the illness /disease. - Examines in detail how risks factors have impacted on the epidemiological data.	8 - 10
- Presents a clear and well-constructed report that identifies both risk factors and protective factors. - Demonstrates a sound understanding of modifiable and non-modifiable risk factors for the illness / disease. - Examines how risks factors have impacted on the epidemiological data.	5 - 7
- Presents a report that identifies risk factors and/or protective factors but lacks detail. - Demonstrates a basic to limited understanding of modifiable and non-modifiable risk factors for the illness / disease.	2 - 4
- Response does not meet the task description	0 - 1

Three: Socio-cultural, socioeconomic and environmental determinants of chosen illness/disease (15 marks)

Criteria	Marks
- Presents an extensive, clear, logical and well-constructed report that addresses each of the determinants of health (socio-cultural, socioeconomic and environmental) in detail. - Demonstrates an excellent understanding of each determinant, providing specific examples. - Analysis of each determinant of health and clearly links to chosen illness/disease.	12 - 15
- Presents a sound report that addresses each of the determinants of health (socio-cultural, socioeconomic and environmental). - Demonstrates a sound understanding of each determinant, providing some examples of each. - Analysis of each determinant of health and partly links to chosen illness/disease.	8-11
- Presents a basic report that addresses each OR some of the determinants of health (socio-cultural, socioeconomic and environmental) in limited detail. - Demonstrates a basic understanding of each determinant, providing limited examples of each. - Analysis of each determinant of health is not (or limited) linked to chosen illness/disease.	4 - 7
- Presents a basic report that addresses at least one determinant of health (socio-cultural, socioeconomic and environmental) in limited detail. - Demonstrates a limited understanding of this determinant, does not support with examples. - Determinant of health is not (or limited) linked to chosen illness/disease.	1-3
- Response does not meet the task description	0 - 1

Four: Identifying Groups at Risk (10 marks)

Criteria	Marks
- Presents clear knowledge of groups at risk and provides justification as to how they relate to the chosen illness/disease. - Makes clearly evident the relationship between the determinants and their impact on the groups at risk for chosen illness /disease - Provides relevant examples	8-10
- Describes the groups at risk and provides an argument as to how they relate to chosen illness/disease - Provides a brief overview of the impact these groups have on the chosen illness/disease and attempts to link to determinants. - Provides some examples	5-7
- Provides an example of a group at risk for chosen illness/disease. - Links some aspects of the relationship between this group and the chosen illness and disease. - Provides limited examples	2-4
- Response does not meet the task description	0-1

PRIORITY HEALTH ISSUE REPORT SCAFFOLD
EXAMPLE CVD

Point 1: Epidemiological Evidence (nature and extent of your chosen disease/ illness).
(15 marks)

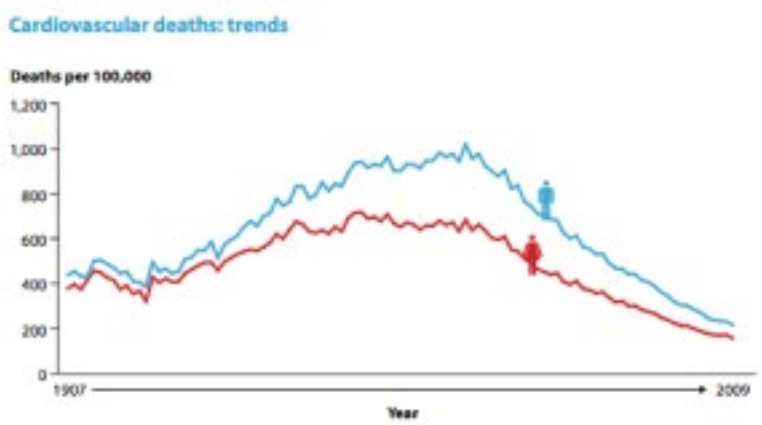
The nature of the problem

Cardiovascular disease refers to all the diseases of the circulatory system (heart and blood vessels). These include diseases such as: coronary heart disease, stroke, myocardial arrhythmia, and heart failure. The main cause of many of these diseases is atherosclerosis, which refers to the build-up of fat and plague inside the arteries, which can block the blood vessel. A blockage can result in death of cells that were relying on these arteries for their oxygen supply – such as in a heart attack.

Coronary heart disease includes heart attacks and angina. While a heart attack results from momentary blockage of the artery to a section of heart muscle, angina results from a partial blockage and produces chest pain, particularly on exertion. A Stroke is a temporary blockage to the blood vessels to the brain, resulting in death of some brain cells, or a vessel begins to bleed, reducing the delivery of oxygen to part of the brain. Stroke (cerebrovascular disease) can result in a range of debilitations including: communication, mobility, thinking and can also be fatal. Heart failure is a condition where the heart is unable to maintain a strong enough blood flow. It can result in chronic tiredness, reduced capacity for physical activity and shortness of breath. It is a life-threatening condition and cannot be cured in most cases.

Extent of the problem (trends)

Cardiovascular diseases are the leading causes of death in Australia. Coronary heart disease is first accounting for 15% and stroke is second on the list accounting for 8%. Cardiovascular diseases account for the largest burden of disease, with both coronary heart disease and cerebrovascular disease in the top five for burden of disease when diseases are separated. Cardiovascular disease is also the most costly disease in Australia. The current trend in death rates because of coronary heart diseases is downward – falling 73% in the last 30 years. This downward trend is mostly due to improvements in medical and surgical treatments.



The rate of strokes has fallen by 25% in the last 10 years, while the total number of people who have had a stroke has increased by 6% over the same period. Over a third of people who have a stroke have a resulting disability. Stroke death rates have fallen by 70% over the last 30 years. Hospitalisation rates for stroke have fallen by 17% in the last 10 years.

Point Two: Risk Factors and Protective Factors of chosen illness/disease (include modifiable and non-modifiable) (10 marks)

Risk factors and protective factors

A risk factor is any factor which increases the likelihood of a person developing a health disorder or health condition. There are many risk factors for cardiovascular disease, however the main factors are: hypertension (high blood pressure), physical inactivity, obesity, and smoking. Many of these risk factors have behaviour factors associated with them. Eating high calorie and high fat diets contributes to obesity and can cause cardiovascular diseases. The current trend in Australia for overweight and obesity is upwards. Inactivity can also contribute towards obesity and higher rates of inactivity are associated with cardiovascular disease. Both obesity and inactivity also contribute to hypertension, as does smoking. Smoking also contributes to the plague build up and atherosclerosis, the main underlying cause of cardiovascular diseases. The trend in smoking across Australia is downward, while most others are upwards. Other risk factors include a family history of cardiovascular diseases or their underlying causes.

The World Health Organization (WHO) recognises ageing as the most powerful risk factor for CVD with the risk of stroke doubling every decade after the age 55 years. Other non-modifiable risk factors are also important. For instance, males have higher rates of coronary heart disease (CHD) than women; CVD risk increases if a first-degree blood relative has had CHD or stroke before age 55 years (for a male relative) or 65 years (for a female relative); and some ethnic groups show higher rates of CVD than others .

Modifiable risk factors can have a marked effect on the prevalence of CVD in the community. The burden of disease and injury in Australia quantified 12 risk factors associated with CVD, which together explained 69% of the burden from this group of causes. High blood pressure and high cholesterol were the largest contributors.

Protective Factors

Protective factors reduce the likelihood of a person suffering a disease and/or improve their capacity to respond should a disease occur. A protective factor can therefore be described as one that contributes positively to an individual's health and wellbeing. Examples protective factors for cardiovascular disease include: regular physical activity, regular health checks, and eating a balanced diet low in saturated fats.

Point Three: Socio-cultural, socioeconomic and environmental determinants of chosen illness/disease (15 marks)

The sociocultural, socioeconomic and environmental determinants

The sociocultural determinants of cardiovascular disease include: family, media, peers, religion and culture. Genetics play an important role in many chronic diseases and cardiovascular disease is no exception. In addition to the genetic inherited, growing up in a family that is overweight or obese, eats foods high in sugar and saturated fats or lives a sedentary lifestyle leads to children who grow up to live a similar lifestyle and make similar choices concerning these risk factors. Peers can also influence people to make poor health choices, such as pressure to smoke, which can lead to increases in cardiovascular disease.

Socioeconomic determinants of cardiovascular disease include employment, income and education. Education, especially health literacy and knowledge influences lifestyle choices. Higher levels of education help produce lower incidence of cardiovascular disease. Education also enables choice of employment. Cardiovascular disease has higher rates in blue collar employment, such as trades and labour. This is often linked with other lifestyle choices often associated with these forms of employment such as higher rates of smoking and drinking as well as higher saturated fat diets. Lower income levels result in fewer health related choices as many incur cost to the individual, such as joining a gym, or buying lean meats rather than regular meat.

The environmental determinants of cardiovascular disease are geographical location, and access to health services and technology. People living in rural areas have higher rates of death from cardiovascular disease. This could be because the speed of medical treatment for heart attacks or a stroke greatly affects the results. People who access medical treatment swiftly have less chance of disability or death resulting from their stroke or heart attack. Access to technology also impacts survival rates, but also is used in medical checks to test for atherosclerosis, angina and other cardiovascular diseases.

Point Four: Identifying Groups at Risk **(10 marks)**

Groups at risk are defined as people in the community with a higher-than-expected risk for developing a particular disease, which may be defined on a measurable parameter– eg, an inherited genetic defect, physical attribute, lifestyle, habit, socioeconomic and/or educational feature, as well as environment.
There are a number of groups at risk of cardiovascular disease. These include: (Discuss in detail)

- ATSI, who have 2.6 times as many heart attacks as other Australians over 25 and are 1.7 times as likely to have a stroke.
- People with low socioeconomic status, who have a 40% higher death rate from cardiovascular disease and higher rates of stroke.
- Rural and remote people, who have a higher burden form stroke compared with people in major cities.
- The elderly, who represent 15% of those who have coronary heart disease and account for 70% of people who had a stroke.
- Smokers have much higher rates of cardiovascular diseases, and Men, who have more cardiovascular disease than their female counterparts.