



Condobolin High School

Notification of an Assessment Task

Name and Type of Task: Living Rural data analysis

Subject: Year 9 PDHPE

Task Number: 2

Date Issued:

9A – Friday 7th June 2024, period 4 (week 6)

9B – Friday 7th June 2024, period 4 (week 6)

Date Due:

9A - Tuesday 25th June 2024, period 4 (week 9)

9B – Tuesday 25th June 2024, period 1 (week 9)

Total Marks: 20

Weighting: 30%

Class Teacher/s: Mrs Ridley

Head Teacher: Mr Small

Submission Instructions – Task is to be submitted during class time, on the dates and periods indicated above.

Task Context:

This term in class you have been investigating the challenges and opportunities of living rural. You have done this by collecting, interpreting and analysing data in relation to health, safety and wellbeing. You have also compared health statistics between the bush and the city.

In this assessment you will have the opportunity to demonstrate your understanding of inequities that are prevalent in rural and remote communities through comparing different geographical areas in terms of health trends and services.

Course Outcomes:

- PD5-2 researches and appraises the effectiveness of health information and support services available in the community
- PD5-7 plans, implements and critiques strategies to promote health, safety, wellbeing and participation in physical activity in their communities
- PD5-8 explores how regular physical activity keeps individuals healthy

Task Description:

This task will include part A and part B.

In this task you will be required to analyse data and statistics in relation to health and wellbeing in relation to rural and remote areas. You will be provided with the data and statistics relevant in order to answer the given questions.

Part A (12 marks)

Lack of nearby health services is a bigger barrier for people living in remote Australia

In 2016, the proportion of patients who said that a reason they did not see a GP or specialist was that there were no health services nearby rose with increasing remoteness.

	No GP nearby	No specialist nearby
Major cities	3%	6%
Inner regional	5%	22%
Outer regional	9%	31%
Remote and very remote	20%	61%

After adjusting for the effects of other patient characteristics, patients living in Remote and very remote areas were:

- 8.2 times as likely as those living in Major cities to report that not having a GP nearby was a reason for not seeing a GP when needed
- 24.4 times as likely as those living in Major cities to report that not having a specialist nearby was a reason for not seeing a specialist when needed.



You are required to answer the following questions;

- 1) Describe the trends in the table
- 2) Using the table above and additional research, outline the challenges faced by people living in rural and remote areas in relation to health care
- 3) Explain the implications associated with the lack of services within rural and remote communities

Below is the link for where to find the table above. This may help you in finding additional information;

<https://www.aihw.gov.au/reports/primary-health-care/coordination-of-health-care-experiences-barriers/summary>

Part B (8 marks)

Examine the NSW Aboriginal Knockout health challenge and Marang Dhali Eating Well program information attached to answer the questions below;

- 1) Outline the barriers and enablers of this program
- 2) Explain the likelihood of teenagers participating in this program

Criteria for Assessing Learning:

You will be assessed on your ability to:

- Interpret health data relating major cities, inner regional, outer regional, remote and very remote areas
- Explain a range of health trends occurring in rural and remote communities
- Assess the success of a health promotions within your community

Key Verbs:

Interpret: Draw meaning from

Assess: Make a judgement of value, quality, outcomes, results or size

Describe: Provide characteristics and features

Outline: Indicate the main features of

Explain: Make the relationships between these evident; provide why and/or how

NSW Aboriginal Knockout health challenge

The NSW Aboriginal Knockout Health Challenge is a free program where you can come together with your mob to eat healthy and live a more active life.

About the Knockout

The NSW Aboriginal Knockout Health Challenge is a community led healthy lifestyle and weight loss challenge for Aboriginal communities across NSW.

The Challenge aims to motivate Aboriginal people to manage their lifestyle-related risk factors for chronic disease and reduce prevalence of overweight and obesity through a weight loss competition and physical activity challenges.

The Challenge recognises that Aboriginal communities are best placed to decide what works best for them. Registered teams are supported to take lead on physical activity and nutrition activities that will work for them, to make and lead a healthier lifestyle. These activities may include weekly boot-camp style workouts, cooking classes, walking groups and educational and information sessions.

The Challenge aims to join up existing services and networks and build capacity in local communities to ensure that outcomes will be sustainable.

HOW THE CHALLENGE WORKS

The challenge takes place twice a year and runs for 10 weeks.

Teams are made up of 30 Aboriginal participants plus a team manager, and support staff (such as dietitians and personal trainers). Participants are required to provide medical clearance and their starting weight as part of the registration process.

Individuals who are not part of a team can be placed in an existing community team or virtual team. Teams receive \$2000 in start-up funding. The start-up funds are an incentive to support the team to implement the Challenge locally in their community.

Teams in the past have used funds for equipment purchase, subsidy of gym memberships, venue hire and incentives for team members.

Winners are based on team's total percentage weight loss with the prize funds is calculated on the top 20 participants per team. The prize funds are to be used to support existing or new initiatives in your community that promote healthy lifestyles, reduce chronic diseases and work towards closing the Gap in Aboriginal communities.

Condo Kilo Killers

Condo Kilo killers was the team name that we entered into the challenge, we had to design and implement a 10 week program that was aimed at Healthy eating, benefits of losing weight, and group exercises classes, and providing ongoing support and monitoring with each participate.

Marang Dhali Eating Well program

A practical cooking and food program for Aboriginal communities.

THE WIRADJURI PROGRAM NAME

'Marang Dhali' is the Wiradjuri language phrase for 'eating well'. We acknowledge and thank Stanley Vernard "Stan" Grant Snr, AM, an Elder of the Wiradjuri Nation and Language Specialist of the Elders Council, for his advice and permission to use this phrase in the title of our program.



PROGRAM OVERVIEW

In response to the growing issue of food security in western New South Wales the Marang Dhali Eating Well: A practical cooking and food program for Aboriginal communities was developed. Joint Health Promotion program funding allowed the MDEW program to build on existing food security interest within three pilot communities at Condobolin, Peak Hill and Orange.

Food security has many components influenced by the food system as well as individual, social and economic factors. Individual factors include access to food, nutrition knowledge, cooking skills, availability of cooking equipment, and time and ability to prepare food. Social and economic factors of the individual, family or community, like income and transport, also have an impact.

"Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life." (Food and Agriculture Organisation, 2005, p. 5)

External contractors, the Healthy Kids Association, researched existing materials and resources, consulted with three communities, and pilot tested the program materials with two workshop series in Peak Hill and Condobolin. Over time the original program has been modified to meet the needs of MDEW facilitators in our communities.

The resultant MDEW program is for use by Aboriginal Health Workers to deliver cooking and nutrition workshops in their local communities. The aim of these workshops is to increase food literacy and food safety knowledge, and enhance practical skills. This will help families have access to and consume a diet that will assist them to achieve positive health outcomes. Participants will improve their knowledge of buying, storing and preparing healthy, affordable food.

The MDEW program addresses food security issues by using less expensive food alternatives and demonstrating the use of simple recipes and healthy ways to cook. The cooking sessions also provide hints about the best shopping and food storage practices, as well as meal planning and safe food preparation.

Within the Marang Dhali facilitator manual, there are week-by-week instructions on planning interactive cooking sessions, and all the program templates required. Also included are health and nutrition information sheets providing information on nutrition for good health, food safety and cooking with kids. They provide information for both leaders and participants. The nutrition information sheets can be used in different settings, by a range of health professionals.

It is recommended the MDEW program is presented in four to six sessions. Eating the food prepared on site is a great opportunity to yarn with participants or it can be taken home to the family.

Overall, the MDEW program aims to provide information and a process to improve the knowledge and skills of Aboriginal people to feed their families. The workshops use an action learning approach, which is recommended for adult learning.

Marking Guidelines:

Part A (12 marks)

Description	Marks
<ul style="list-style-type: none">• Outlines an extensive range of health care challenges faced by people in rural and remote areas• Student is able to justify an extensive range of trends evident in the graph• Explains an extensive range of implications associated with the lack of services within rural and remote communities	11-12
<ul style="list-style-type: none">• Outlines a broad range of health care challenges faced by people in rural and remote areas• Student is able to examine a broad range of trends evident in the graph• Explains a broad range of implications associated with the lack of services within rural and remote communities	9-10
<ul style="list-style-type: none">• Outlines a range of health care challenges faced by people in rural and remote areas• Student is able to outline a range of trends evident in the graph• Outlines implications associated with the lack of services within rural and remote communities	6-8
<ul style="list-style-type: none">• Outlines health care challenges faced by people in rural and remote areas• Student is able to provide a description on some of the trends evident in the graph• Identifies implications associated with the lack of services within rural and remote communities	3-5
<ul style="list-style-type: none">• Identifies one or more health care challenges faced by people in rural and remote areas• Student describes one or more of the trends evident in the graph• Identifies one or more implications associated with the lack of services within rural and remote communities	1-2

Part B (8 Marks)

<ul style="list-style-type: none"> • Outlines an extensive range of barriers and enablers of the program • Extensively explains the likelihood of teenagers participating in the program, and why 	7-8
<ul style="list-style-type: none"> • Outlines a broad range of barriers and enablers of the program • Explains a range of reasons why/why not teenagers would participate in the program, and why 	5-6
<ul style="list-style-type: none"> • Outlines barriers and enablers of the program • Explains the likelihood of teenagers participating in the program 	3-4
<ul style="list-style-type: none"> • Identifies barriers and enablers of the program • Identifies reasons why/why not teenagers would participate in the program 	1-2