|  |  |  |
| --- | --- | --- |
|  | *Richard Florida discusses the problems of city-living.* |  |
| **1** | Do cities make us sick? A century ago, it went without saying that they did. With their teeming slums, open sewers, filthy streets and soot-laden air, global capitals such as New York, Rome, London, Paris and Hong Kong were rife with infectious diseases. As recently as the 1960s – the height of the old urban crisis of de-industrialisation and white flight in America – cities had rates of infant mortality and disease that were far higher than those of suburbs. That world has been turned completely upside down. Cities have come back and poverty has shifted to the suburbs – a process which has been dubbed the “great inversion”. Today’s great cities are engines of technological innovation and economic growth; they are cleaner, greener and safer than many suburbs and rural areas, and much more productive. | 1  5 |
| **2** | Urban density is associated with high wages, artistic creativity and entrepreneurial start-ups rather than epidemics. Affluent city-dwellers have access to a wider variety of organic foods than even the rural people who grow them; they jog and bike and belong to expensive gymnasiums and enjoy long life expectancies. And, of course, cities are home to great medical centres. | 10 |
| **3** | But if our cities are experiencing a dramatic resurgence, inequality is also growing at a fantastic pace. Our economic geography is deeply polarised, and the fault lines run not just between cities and suburbs, but between comparatively rich cities and comparatively poor ones – and between the more or less advantaged and disadvantaged neighbourhoods within them. Comparatively healthy places, we found, were more urban and diverse, and generally had post-industrial economic structures. A strong hi-tech presence was a harbinger of better health; a dependence on older manufacturing industries was associated with poorer health. Metros with higher incomes, higher levels of education and greater concentrations of the creative class were healthier than those where less well-educated, working-class occupations predominated. |  |
|  | 15  20 |
| **4** | Urban structure and commuting styles also played a role. Denser metros where greater shares of residents walked or biked to work were healthier than more sprawling metros where larger shares of people drove to work by themselves. The way we live – not just what we eat and how much we exercise – appears to play a big role in how healthy we are. But if the downtowns of many older American cities are pre-eminently walkable, their more affordable peripheries and suburbs are as car dependent as most newer Sunbelt cities. And the affluent creative class is far from a majority: overall, it accounts for less than a third of the workforce. For most of us, urban living means long commutes, sedentary working days and the constant temptations of junk food, sugary, alcoholic beverages and the dramatic speed-up of society. People may complain about how busy they are and how overloaded modern life has become. |  |
|  | 25  30 |
| **5** | Our lives are spinning out of control. The major cause in the speed–up of life is not technology but economics. The nature of work has changed now that bosses are demanding more hours of work. After a long workweek, the rest of our life becomes a rat race, during which we have little choice but to hurry from activity to activity, with one eye always on the clock. Home-cooked meals give way to frozen pizzas, and Sundays turn into a whirlwind of errands. We have quickened the pace of life only to become less patient. We have become more organised but less spontaneous, less joyful. We are prepared to act for the future but less able to enjoy the present and reflect on the past. |  |
|  | 35 |
| **6** | At the same time, the prevalence of lifestyle diseases – atherosclerosis, heart disease, stroke, type 2 diabetes and the whole panoply of bad things that are associated with obesity, smoking and alcohol and drug abuse – is rising alarmingly. Two thirds of the 415 million people around the world who have type 2 diabetes live in cities. [A new study](http://citieschangingdiabetes.com/files/2015/11/Cities-Changing-Diabetes-Summit-Press-Release-FINAL.pdf) by researchers at University College London for the [Cities Changing Diabetes programme](http://citieschangingdiabetes.com/about/) explores the complex social and cultural factors that are  driving this epidemic. One of its most striking findings is that the social isolation that occurs in cities and vulnerability to disease are closely associated. That chimes with an important study published by | 40  45 |

|  |  |  |
| --- | --- | --- |
|  | Toronto Public Health, which looked into the increasing incidence of mental health problems and suicides in the city’s population. The link it found between suicide and social isolation was unmistakable. Isolation is a fact of life in far-flung sprawling suburbs where people depend on the car, but it also occurs in even the most crowded cities. | 50 |
| **7** | There is good news and bad news in this. If urban living elevates some health risks, cities can also mobilise the resources that are needed to mitigate them. Most cities have well-established infrastructures for the delivery of social welfare and health services. Urban hospitals and clinics are developing more and more effective medical interventions; as medical schools and medical professionals reach better understandings of the specifically urban dimensions of health problems, they will be better able to respond to them. Urban density and diversity accelerate the transmission of information and ideas; cities are rich in media and other mass communication professionals and platforms that can go far to raise public awareness and change behaviours. |  |
|  | 55 |
| **8** | A growing chorus of social critics dare to say that faster is not always better. Quality of time is important. We must pay attention to the psychological, environmental and political consequences of our constantly accelerating world. A balanced life, with intervals of creative frenzy giving way to relaxed tranquillity, is what is needed. How do we begin to apply the brakes in our lives when the world around us seems to be stomping on the gas pedal? |  |
|  | 60 |
| **9** | Quality of place is important too – numerous surveys have shown that the physical and intangible features of a city are associated with [higher levels of happiness](http://www.citylab.com/design/2012/01/why-some-cities-are-healthier-others/365/) and better health. Poor health outcomes and intractable urban poverty are as closely related today as they were historically; raising minimum wages, improving education and creating higher levels of socio-economic mobility can go far to change that. Community-building can help dispel the plague of loneliness. |  |
|  | 65 |
| **10** | Cities can do a lot, and many are – but they cannot do it all by themselves. A century ago, healthcare practices and standards received a huge boost through the extraordinary concept of teaching hospitals. We need to bring similar levels of innovation and creativity to the delivery of healthcare in our cities today – via robust urban agendas at the state and national levels of government, and by building international networks of expertise that knit private and public resources together. Cities themselves need to become more like teaching hospitals where researchers, policy-makers, urbanists and residents can come together to identify the most effective ways to promote healthier lifestyles. By the middle of this century, 75% of humanity will live in cities; we are about to embark on the greatest epoch of city-building that history has ever seen. We can do it systematically, making our  cities better and healthier places, or we can wing it. The choice is ours. |  |
|  | 70  75 |

*Read the passage in the Insert and then answer* ***all*** *the questions. Note that up to fifteen marks will be given for the quality and accuracy of your use of English throughout this Paper.*

*NOTE: When a question asks for an answer IN YOUR OWN WORDS AS FAR AS POSSIBLE and you select the appropriate material from the passage for your answer, you must still use your own words to express it. Little credit can be given to answers which only copy words or phrases from the passage.*

1. What is the purpose of the rhetorical question in the opening statement?

**……………………………………….………………………………………………………………**

**……………………………………………….………………………………………………..….**[1]

1. From paragraph 1, what is the main distinction between cities 100 years ago and today?

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**……………………………………………….………………………………………………..….**[2]

1. According to the author in paragraph 2, what benefits are cities linked with? **Use**

**your own words as far as possible.**

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1. Explain what the author is suggesting by saying that “our economic geography is deeply polarised” (line 15)? **Use your own words as far as possible.**

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**……………………………………………….…………………………………………………...**[3]

1. Why does the author think that urban living is harmful (line 29-31)? **Use your**

**own words as far as possible.**

**……………………………………………….………………………………………………………**

**……………………………………….………………………………………………………………**

**……………………………………….………………………………………………………………**

**……………………………………………….…………………………………………………...**[2]

1. Using material from Paragraphs 5-7, summarise what the author has to say about

the problems of city life and how cities are best positioned to address them.

Write your summary **in no more than 120 words,** not counting the opening

words which are printed below. Use your own words as far as possible.

One problem is that **………………………………….………………….……………………...**

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**……………………………………….………………………………………………………………**

**……………………………………….…………………………….………………………..……**[8]

1. Explain the author’s use of the phrase “dare to say” in line 59.

**……………………………………….………………………………………………………………**

**……………………………………………….…………………………………………………...**[1]

1. What is the author implying in the last sentence of paragraph 8?

**……………………………………….………………………………………………………………**

**……………………………………………….………………………………………………..….**

**……………………………………….………………………………………………………………**

**……………………………………………….………………………………………………..….**[2]

1. What reasons does the author suggest in lines 65 – 68 that might stand in the way of

“happiness and better health” (line 65)?

**……………………………………….………………………………………………………………**

**……………………………………………….………………………………………………..….**

**……………………………………….………………………………………………………………**

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1. How does the author suggest a sense of optimism in “we are about to embark on the

greatest epoch …” (lines 76 – 77)?

**……………………………………….………………………………………………………………**

**……………………………………………….………………………………………………..….**[1]

1. Richard Florida sees the problems and potential of cities. How far would you agree with

his observations, relating your arguments to your own experiences and that of your society?

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Answer Scheme for 2017 NJC Prelim GP Paper 2

1. What is the purpose of the rhetorical question in the opening statement? (1m)

|  |  |  |
| --- | --- | --- |
|  | Lifted | Paraphrase |
| 1 | **Do cities make us sick?** A century ago, it went without saying that they did. With their teeming slums, open sewers, filthy streets and soot-laden air, global capitals such as New York, Rome, London, Paris and Hong Kong were rife with infectious diseases. As recently as the 1960s – the height of the old urban crisis of de-industrialisation and white flight in the US – cities had rates of infant mortality and disease that were far higher than those of suburbs. (lines 1-5) | (Purpose)  It is to **provoke our thinking/ draw our attention to**  (Do not accept “emphasize”, “show”, “highlight”.)  (Context)  the issue of **how cities may be damaging to our health/ have adverse effects on our health.** |
| Learning point:   1. Both parts (purpose + context) needed for 1 mark 2. Students must note the specific purpose of the use of a rhetorical question. 3. Students should not lift “sick” but should paraphrase it. The context of “health” must be included. | | |

1. From paragraph 1, what is the main distinction between cities 100 years ago and today? (2m)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Lifted | Paraphrase |  |
| 1 | A century ago, it went without saying that they did. **With their teeming slums, open sewers, filthy streets and soot- laden air**, global capitals such as New York, Rome, London, Paris and Hong Kong were **rife with infectious diseases.** (lines 1-3) | 1. In the past, cities were **terribly/ extremely polluted and had poor sanitation.**   (Accept “very dirty” as paraphrase of “filthy”.)  Or   1. **Illnesses were rampant/ pervasive** in cities in the past. | Students must get matching pairs to get full marks. (2 or 0) |
| 2 | Today’s great cities are engines of technological innovation and economic growth; they are **cleaner, greener and safer** than many suburbs and rural areas, and much more productive. (lines 7-9) | 1. In contrast, **cities now have well-maintained environments.**   Or   1. In contrast, **cities now have healthier environments.** |
| Learning Points:   1. Students must capture either 1a + 2a or 1b + 2b. 2. Students need to be discriminating in selecting the main distinction between the cities of the past and the present. (The distinction is not about people falling ill more easily in the past – not about city-dwellers but the subject of cities being rampant with diseases). 3. Students should not use the negative format of the word to show contrast. 4. The extent of (types of) pollution/ sanitation must be captured for part 1. 5. Discourse marker is needed to show contrast between past and present. 6. Reference to the subject must be included. | | | |

1. According to the author in paragraph 2, what benefits are cities linked with? Use your own words as far as possible. (3m)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Lifted | Paraphrase |  |
| 1 | Urban density is associated with **high** | Cities are linked to **good income/** | 5pts = |
|  | **wages,** (line 10) | **salaries and** | 3m |
|  |  |  | 3-4pts  = 2m 1-2pts |
| 2 | **artistic creativity and entrepreneurial start-ups** (lines 10-11) | **Inventive/innovative ideas and new innovative companies.** |
|  |  |  | = 1m |
| 3 | Affluent city-dwellers **have access to a** | **Natural healthy food is available/** |
|  | **wider variety of organic foods** (lines | **affordable** |  |
|  | 11-12) |  |  |
| 4 | they **jog and bike and belong to** | Who **benefit from healthy lifestyles** |  |
|  | **expensive gyms and enjoy long life** | **and anticipate a prolonged life.** |  |
|  | **expectancies.** (lines 12-13) | (Accept “long”) |  |
| 5 | And, of course, **cities are home to great** | Additionally they **provide excellent** |  |
|  | **medical centres.** (line 13) | **medical services/ hospitals/** |  |
|  |  | **infrastructure.** |  |
| Learning Points:   1. Paraphrasing question 2. Students should try to pick out all relevant points in the paragraph. | | | |

1. Explain what the author is suggesting by saying that “our economic geography is deeply polarised” (line 15)? Use your own words as far as possible. (3m)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Lifted | Paraphrase |  |
| 1 | Our **economic geography is deeply polarised**, (line 15) | There is a **pronounced/ extreme divide/ great disparity in the standard of living** | 4pts = 3m  2-3pts  =2m  1pt = 1m |
| 2 | and the fault lines **run not just between cities and suburbs**, (lines 15-16) | **between the cities and the outlying areas** |
| 3 | **but between comparatively rich cities and comparatively poor ones** (line 16) | and **also between wealthy cities and those that are deprived/ less well to do** |
| 4 | – and **between the more or less advantaged and disadvantaged neighbourhoods** within them. (lines 16-17) | Additionally there is a big difference seen **between the privileged and underprivileged vicinities within them**.  (Accept privilege as referring to wealth.) |  |
| Learning Points:   1. Students must explain the keywords in the quote and capture the degree of the divide . 2. Students need to be careful in their choice of points as the rest of the paragraph describes polarity in terms of health, not focusing on the economic geography. | | | |

1. Why does the author think that urban living is harmful (line 29-31)? Use your own words as far as possible. (2m)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Lifted | Paraphrase |  |
| 1 | For most of us, urban living means **long commutes,** (line 29) | Urban life **results in greater travelling time between places** | 3-  4pts  =  2m  1-  2pts  =  1m |
| 2 | **sedentary working days** (line 30) | and **being inactive when on the job** |
| 3 | and the **constant temptations of junk food, sugary, alcoholic beverages** (line 30) | **frequent desire for unhealthy snacks** |
| 4 | and **the dramatic speed-up of society**. People may complain about **how busy they are**, **how overloaded modern life has become.** (lines 31-32) | and an **excessively hectic pace of life/ schedules which are extremely packed** |
| Learning Points:   1. Paraphrasing question 2. Modifiers (constant, dramatic,etc.) must be captured in the answers. 3. Dramatic speed-up does not refer to the sudden onset of a fast pace, rather that society is now moving very fast. | | | |

1. Using material from Paragraphs 5-7, summarise what the author has to say about the problems of city life and how cities are best positioned to address them. Write your summary **in no more than 120 words,** not counting the opening words which are printed below. Use your own words as far as possible.

One problem is that

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Line | Text | Paraphrase |
| 1 | L33 | Our lives are **spinning out of control** | We are **losing our grip on life** (idiomatic expression**) / unable to manage our**  **lives effectively** |
| 2 | L33 | The **major** cause in the **speed-up of**  **life…..economics** | **Mainly** because life has become  **hectic/accelerated due to our work life** |
| 3 | L34 | The nature of work has changed now | We are expected to **commit more time to** |
|  |  | that bosses are demanding **more** | **our job** |
|  |  | **hours of work** |  |
|  | L35 | **After a long work week….** | Do not accept lift for “work”. |
| 4 | L35 | ..**the rest of our life** becomes **a rat**  **race……** | We are **equally frenzied in our free**  **time**. |
| 5 | L36 | ..to hurry from **one activity to activity**, **with one eye always on the clock.** | We are **rushing for time** to attend to  **overwhelming daily duties** |
| 6 | L36 | Home cooked meals **give way to frozen pizzas(e.g.)** | Even to the extent of **eating fast/ processed food** |
| 7 | L37 | **Sundays turn into a whirlwind of**  **errands** | **Using the day off for chores/ menial**  **tasks** |
| 8 | L37- | We have quickened the pace of life | This **results in us being intolerant,** |
|  | 38 | **only to become less patient**. |  |
| 9 | L38 | **Less spontaneous**, | Leading **too structured a life** |
| 10 | L38- | **Less joyful/** ….**less able to enjoy** | And being **less happy**/ **derive less** |
|  | 39 | **the present** and | **pleasure from life** |
| 11 | L39 | **Reflect** on the past | With no time to **contemplate** the past/ what we have done  Accept lift for “past”. |
| 12 | L40 | **At the same time**, **the prevalence**  **of lifestyle diseases ……………** | **Simultaneously**, **illnesses related to**  **our way of life are widespread**. |
| 13 | L41 | And **the whole panoply of bad things that are associated with**  obesity, smoking, alcohol and drug abuse **is rising alarmingly** | Besides the **drastic increase in the adverse effects of harmful pursuits/ indulgences** |
| 14 | L45- | …..**the social isolation** that occurs | The situation is exacerbated by **a sense** |
|  | 46 |  | **of loneliness/desolation** |
|  |  |  | Accept “being alone”. |
| 15 | L46 | … **increasing incidence of mental health problems** and suicides | Which results **in the rise in psychological illnesses** and suicides. |
|  |  | ADDRESS PROBLEMS |  |
| 16 | L52 | ..**mobilise the resources needed to** | However cities have the **means to** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **mitigate them** | **alleviate the problems** |
| 17 | L52- 53 | **Well-established infrastructure**.. **delivery of social welfare and health services** | With their **recognized organisations/ institutions for community support and healthcare.**  Do not accept “facilities”. |
| 18 | L53- 55 | ..**more and more effective medical interventions** | **Increasingly early actions are taken to address diseases successfully** |
| 19 | L55- 56 | **Medical schools and medical professionals** reach **better understandings of specifically urban dimensions of health**  **problems, better able to respond to them** | As **specialists gain more knowledge of afflictions affecting cities**, they can **deal with the health problems.** |
| 20 | L56 | **Urban density** | Furthermore with a **big population/ being closely packed** |
| 21 | L56 | **Diversity** | And the **variety of people**, |
| 22 | L57 | **Accelerate the transmission of information and ideas;** cities rich in media and mass communication professionals and platforms | **The spread of information is easily facilitated/disseminated**  Accept lift for “information”. The focus is on the transmission. |
| 23 | L58 | **Raise public awareness** | To **bring about people’s consciousness of their health**  The context for health is implied. |
| 24 | L58 | **Change behaviours** | And their **lifestyle** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1-2 | 3-4 | 5 | 6-7 | 8-9 | 10-11 | 12-13 | 14+ |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Our problem is that………

We mismanage our lives mainly because work life is hectic and exacting. Leisure time is equally frenzied, attending to overwhelming daily duties with no time to cook. This results in us being intolerant, having too structured a life, being unhappy with no time to contemplate the past. Simultaneously, we are vulnerable to lifestyle illnesses. Besides the increase in harmful pursuits, we suffer from loneliness which consequently brings about psychological illnesses and suicides. However cities have the means to alleviate these problems. There are recognised organisations for community support and healthcare. Increasingly early actions address diseases successfully. Specialists gain better insights into illnesses. Furthermore, the big and varied population facilitates information for people’s greater consciousness of health and lifestyle. (120 words)

1. Explain the author’s use of the phrase “dare to say” in line 59. (1m)

|  |  |  |
| --- | --- | --- |
|  | Lifted | Inferential |
| 1 | **A growing chorus of social critics dare to say that faster is not always better.** Quality of time is important. We must pay attention to the psychological, environmental and political consequences of our constantly accelerating world. A balanced life, with intervals of creative frenzy giving way to relaxed tranquillity, is what is needed. (lines 59-61) | The author wants to show that  An increasing number of social commentators, are **confident** (purpose) that **a slower pace of life may be the preferred option** (context) **despite** popular opinion/ belief  OR  These commentators are **challenging** (purpose) **mainstream thinking that favours a speedy lifestyle**. (context) |
|  | Learning Points:   1. Students need to explain the phrase in context. 2. Either interpretation of “dare to say” is accepted. 3. The idea of “in spite of” must be captured. | |

1. What is the author implying in the last sentence of paragraph 8? (2)

|  |  |  |
| --- | --- | --- |
|  | Lifted | Inferential |
| 1 | **How do we begin to apply the brakes in our lives** | The author is implying that t**here is a sense of struggle/ difficulty**  OR  The author is **uncertain of how we can slow down** |
| 2 | **when the world around us seems to be stomping on the gas pedal?**  (lines 62-63) | **amidst the frenzy all around us** / **when the pace of life is so hectic (Context)** |
|  | Alternatively students may answer in this way: | Just as it is difficult to   1. apply the brakes to slow down when everyone else is accelerating   (No credit for Part 1 alone)   1. it is also a challenge for us to slacken our pace of life when the world around us is so hectic. |
|  | Learning point:   1. Students must grasp that this is a rhetorical question posed by the author and implies a sense of difficulty or struggle. 2. The word “implies” requires students to pick out the inference from the sentence; it is not a question which requires students to explain the metaphor (“Explain what the author means”). | |

1. What reasons does the author suggest in lines 65-68 that might stand in the way of “happiness and better health”? (line 65) (2m)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Lifted | Inferential |  |
|  |  | 3-  4pts  =  2m |
| 1 | Poor health outcomes and intractable urban poverty are as closely related today as they were historically; **raising minimum wages,** (lines 65-67) | They are:  Very **low incomes/ earnings** |
|  |  |  | 1-  2pts  =  1m |
| 2 | **improving** education (lines 67) | **Poor** education levels/ **low**  literacy levels |
|  |  | Allow lift for education |  |
| 3 | **and creating higher levels of socio- economic mobility can go far to change that.**  (line 67-68) | and **limited movement/ ability to rise up the social ladder**  Allow lift for “socio-economic”. |  |
| 4 | **Community-building can help dispel the plague of loneliness.**  (line 68) | I**solation due to a lack of togetherness/ connections/ social cohesion** |  |
| Learning Points:   1. Inference question as students must infer how these factors could possibly impede people’s happiness and health 2. Students cannot directly paraphrase from the passage. | | | |

1. How does the author suggest a sense of optimism in “we are about to embark on the greatest epoch…” (lines 76-77)? (1m)

|  |  |  |
| --- | --- | --- |
|  | Lifted | Inferential |
| 1 | By the middle of this century, 75% of humanity will live in cities; we are about to **embark on the greatest epoch of city-building that history** has ever seen. (lines 76-77) | The author suggests this by **highlighting/ emphasising** (do not accept “show”)  that this is the **very era/ point in time** when the **growth/ development of cities will peak/ reach its height.** |
| Learning Points:   1. Students must get both parts of the answer to get the full mark. 2. Students have to pay close attention to the choice of words that suggest optimism. 3. Students must capture the meaning of “greatest” in the answer. | | |

1. Richard Florida sees the problems and potential of cities. How far would you agree with his observations, relating your arguments to your own experiences and that of your society? (10m)

Requirements of the question:

* 1. Students are to identify **three relevant arguments** from the passage addressing the author’s observations about the **problems and potential of cities.**
  2. **Both problems and potential** must be discussed – failure to address either would constitute an “incomplete treatment of the requirements” (Band 3).
  3. **Explicit reference must be made** to how the problems and potential are heightened in, or particularly relevant to cities or urban living. Students should not merely relate all arguments to Singapore without reference to cities just because Singapore is a city state.
  4. Students must **take a stand** as to whether the arguments identified can be contextualised to the individual and society (making judgements and decisions).
  5. **Arguments are to be evaluated**, showing the extent to which they are contextualised to their society. (developing arguments to their logical conclusions)
  6. **Examples** offered can be based on their observations, knowledge and experience from their **society** (not necessarily Singapore). **Personal examples or insight** should be related to society at large or the larger community.

There should be a **succinct introduction and conclusion.** (very clear shape and paragraph organisation)