

# DIRECTIONS FOR TEACHERS

## LISTENING SECTION

### COMPREHENSIVE EXAMINATION IN ENGLISH

Wednesday, August 12, 2015 — 8:30 to 11:30 a.m., only

**BE SURE THAT THE LISTENING SECTION IS ADMINISTERED TO EVERY STUDENT.**

- 1 Before the start of the examination period, say:

Do not open the examination booklet until you are instructed to do so.

- 2 Distribute an answer sheet to each student. Then distribute one examination booklet, one essay booklet, and scrap paper to each student.
- 3 After each student has received an examination booklet, an essay booklet, scrap paper, and his or her answer sheet, say:

A separate answer sheet has been provided for you. Follow the instructions for completing the student information on your answer sheet. You must also fill in the heading on each page of your essay booklet that has a space for it, and write your name at the top of each sheet of scrap paper.

- 4 After the students have filled in all headings on their essay booklets, say:

You will listen to a passage and answer some multiple-choice questions. You will hear the passage twice.

I will read the passage aloud to you once. Listen carefully. You may take notes on page 3 of your examination booklet. Then I will tell you to open your examination booklet to page 4. You will be given a chance to read the questions before the second reading. Then I will read the passage a second time. You may also take notes during the second reading or answer the questions.

Now I will read the passage aloud to you for the first time. Open your examination booklet to page 3.

- 5 Note the time you start reading the listening passage. The three-hour examination starts now. Read both the introduction and the passage aloud, including the attribution at the end. Read with appropriate expression, but without added comment.

## Listening Passage

**The following passage is from an article entitled “Local Food Consumption and Rural Public Health” by Corry Bregendahl, published in *Rural Roads* in September 2006. In this excerpt, Bregendahl discusses the benefits of eating locally grown foods.**

Rural and urban residents alike are increasingly becoming attuned to the way food tastes, despite — or perhaps because of — the abundance of highly processed matter that typically adorns our plate and lines our stomachs meal after meal. Yet the era of convenience foods, absent of flavor beyond that provided by salt, corn sweeteners, and fat, is slowly waning as we begin to collectively comprehend the devastating long-term impact this kind of food culture has on public health. Nationally, 300,000 annual obesity-related deaths have finally managed to send small ripples throughout the public health and food policy arenas after languishing for decades in dead-end debates that link food decision-making with individual responsibility (many of which continue today). Clinging to the periphery of these debates is the role local food can play in reducing food-related health risks. Yet few efforts have clearly connected the impact of consuming locally grown food on public health and improved eating behaviors. Rural health professionals have an opportunity to fill this void.

In rural areas, food systems (a term used to describe the inputs, processes and people involved in keeping people fed) differ from those in urban areas. Rural food systems typically lack the quantity and variety of food distribution points such as grocery stores and restaurants that populate urban areas. While urban residents typically have better access to food through food retailers, rural areas often have greater access to food grown and harvested locally or food procured through hunting, fishing, and foraging activities. In the largely rural state of Iowa, alternative food markets such as farmers’ markets, on-farm sales, and Community Supported Agriculture (CSA) are proliferating rapidly. CSA is a direct market community food system where consumers pay growers up front for locally grown, usually organic produce they receive weekly throughout the season. Today in Iowa there are an estimated 170 farmers’ markets and 50 CSAs, many of which serve rural communities.

Study after study has shown that people prefer to eat locally grown fresh fruits and vegetables because of their superior taste and quality. Results of research conducted in 2005 by the North Central Regional Center for Rural Development (NCRCRD) can help inform the work of health professionals to reduce food-related public health risks. Funded by the Leopold Center for Sustainable Agriculture, the study examined the ways in which multi-producer CSA contributes to broad notions of community health in Iowa. People (or members) join for a variety of reasons such as improving environmental health, improving human health, supporting the local economy and learning about food and farm issues. Among members who join for human health reasons, they say CSA provides them access to tastier food and encourages them to eat healthier. “My family would eat more vegetables by being a part of the CSA than if we only purchased them at the grocery store.” “[CSA] expands my family’s vegetable consumption.” “It provides good incentives to get more vegetables into the family diet.” Other members say participation challenges them and their families to eat more creatively by eating outside their normal buying habits because CSA offers them better quality produce and more variety than grocery stores. Many members also remark that eating CSA produce is more nutritious and healthy than conventional produce because it is fresher (more nutrients are present at the time of consumption), varieties are grown for taste rather than durability, and products contain fewer (if any) pesticides and herbicides because they are grown organically. Members also contend that participating in CSA changes the family food culture by encouraging healthier eating behaviors as family members learn to connect with their food. Studies on community

gardening projects confirm this finding — those who engage in community gardening are more likely to eat more vegetables. As one respondent aptly noted, “Buying local is vital to our health and to the health of our community.”...

Back in the 70s, “fresh” meant anything that wasn’t canned or frozen. Today, a growing number of people are equating “fresh” with flavor and nutrition and expect more from their food, food producers, and food processors. In this regard, products commonly available in commercial outlets marketed as “fresh” don’t measure up anymore, giving rise to a resurgent interest in homegrown varieties that emphasize taste. Rural health professionals in agriculturally important areas find themselves uniquely poised to address this issue but don’t always know where or how to start. They can start by using their clinical expertise to understand the links between food and agriculture policy and public health. Then they can use that knowledge to forge new relationships and demand it become the topic of professional and public debate. Although these activities will require a substantial commitment of time, energy, and resources none of us seem to have anymore, it will have a positive impact on the lives of our children and the health of our communities. What could be more important than that?

—excerpted from “Local Food  
Consumption and Rural Public Health”  
*Rural Roads*, September 2006

6 After reading the passage aloud once, say:

You may take five minutes to read the questions on page 4 of your test booklet before I read the passage aloud the second time.

7 After the students have had five minutes to read the questions, say:

As you listen to the second reading, you may take notes or answer the questions. You will be given an opportunity to complete the questions after the second reading. Now I will read the passage aloud a second time.

8 Read both the introduction and the passage a second time.

9 After the second reading, say:

Now turn to page 4 of your test booklet, read the directions and answer the multiple-choice questions. You may look over your notes to answer the questions.

