

Assessment Schedule – 2014**Health: Analyse an international health issue (91462)****Evidence Statement**

See *Appendix* for possible responses.

N1	N2	A3	A4	M5	M6	E7	E8
Partial answer, but does not analyse the health issue.	Insufficient evidence to meet the requirements for Achievement.	THREE responses at Achievement level. The analysis generally meets the requirements for Achievement, but the answer may be inconsistent across the criteria. Some supporting evidence is provided.	THREE responses at Achievement level. The analysis consistently meets the requirements for Achievement. Supporting evidence is provided.	TWO responses at Merit level. The in-depth analysis generally meets the requirements for Merit, but some aspects of the answer may be inconsistent across the criteria. Some detailed supporting evidence is provided.	THREE responses at Merit level. The in-depth analysis consistently meets the requirements for Merit. Detailed supporting evidence is provided.	ONE response at Excellence level for (c). The perceptive analysis generally meets the requirements for Excellence, but one aspect of the answer may be inconsistent across the criteria. Consistent and coherent evidence is provided.	TWO responses at Excellence level responses (including (c)). The perceptive analysis meets the requirements for Excellence. Consistent and coherent evidence is provided throughout.

N0 = No response; no relevant evidence.

Cut Scores

	Not Achieved	Achievement	Achievement with Merit	Achievement with Excellence
Score range	0 – 2	3 – 4	5 – 6	7 – 8

Appendix

Note: International health issues for this 2014 examination include colonisation and the health of indigenous peoples; and diseases in the Pacific or Asia Pacific regions.

Question	Possible evidence for the analysis of the international health issue of diabetes in Samoa (not limited to these examples)
(a)	<p><u>How the TWO most significant and relevant determinants of health contribute to diabetes in Samoa being of international concern, and why these are the two most important determinants of health, supported with detailed evidence, eg:</u></p> <p>(1) Determinant 1: Economic:</p> <ul style="list-style-type: none"> • <i>About 30% live below the poverty line in Samoa (www.aid.govt.nz).</i> • <i>Food choices are influenced by affordability, as well as personal, family, and cultural preferences. Healthier food options are often more expensive than those with high concentrations of fat and sugar, and those that are nutritionally limited. Affordability of food is a significant issue for Pacific households, who are the least likely to report that they could always eat properly.</i> • <i>Access to medical professionals limited with only 50 doctors in the country.</i> • <i>Lower incomes mean that many of the conditions or factors that support good health, such as good nutrition and quality housing, are less accessible. For example, the proportion of Pacific households spending more than 30% of their income on housing was 33% in 2009, reflecting a steady increase from 23% in 2004 (Ministry of Social Development, 2010).</i> • <i>Pacific peoples experience greater exposure to risk factors such as smoking, alcohol, and poor nutrition, with Pacific youth being particularly at risk. Exposure to these risk factors contributes to a greater incidence of diabetes.</i> <p>(2) Determinant 2: Cultural:</p> <ul style="list-style-type: none"> • <i>Traditional food such as taro, coconut milk, and corned beef are still customary, and this kind of fatty food leads to people becoming overweight, which increases the risk of diabetes.</i> • <i>35.6% of the Samoan population said they eat virtually no fruit (www.health.gov.ws).</i> • <i>Traditions such as on Sundays where families go to church, have a large traditional lunch, and then sleep the rest of the day, can lead to inactivity and to becoming overweight, which increases the risk of diabetes.</i> • <i>Perceptions about being overweight, ie in the past, being overweight has been seen as a positive thing as it often meant wealth and prosperity, as in your family could afford to eat; and even today, being overweight and obese in Samoa is seen as culturally acceptable: "It's the way we are" (Pacific Health).</i> • <i>High obesity rates among Pacific people were one explanation for their propensity to Type 2 diabetes, which is usually linked to diet, and increases with age. Experts also suggested that indigenous people are more susceptible to diabetes as they have not physiologically adapted to western food and lifestyles.</i> • <i>The Samoan government prioritised rebuilding of infrastructure after the 2009 tsunami, and this dictated where large amounts of their funding went. International aid earmarked for health promotion was redirected to disaster relief.</i> <p>Note: Other major determinants include political and environmental.</p>

(b)

The long-term implications of the determinants of health in (a) on the well-being of those most directly affected by diabetes in Samoa, AND for those in the wider community, supported with **detailed evidence**, eg:

- *Diabetes is a global health problem that causes a significant burden in many countries and has become an important cause of morbidity and mortality in developing countries, reaching epidemic proportions. Acute and long-term complications of diabetes pose a significant economic burden on developing economies*
- *37% of all deaths are due to cardiovascular disease (World Health Organisation 2013).*
- *40% of the population have raised blood pressure (World Health Organisation 2013).*
- *The burden includes having to care for those affected, resulting in fewer healthy people being able to engage in the workforce because they have to care for the sick and afflicted.*
- *Poverty and debt conditions are made worse by economic conditions, debt.*
- *84.6% of Samoans are overweight with 54.1% deemed to be obese (World Health Organisation 2013) – this is the highest percentage in the world.*
- *Wealthy pharmaceutical companies profiteering in western countries with insulin, but not providing insulin to poorer countries at a rate they can afford.*
- *Ripple effects for future generations as this way of living becomes ingrained.*
- *Diabetes problem continues to grow largely because of poverty.*
- *Lack of regular health checks, eg in the last 12 months, only 35% of Samoans had had a blood sugar or blood pressure check (www.health.gov.ws).*
- *Effects on life expectancy and effects on households.*
- *Diabetes is a leading cause of blindness, amputations, kidney failure, heart attacks, and strokes, plus early death. Disadvantaged people in every country carry the greatest burden, and indigenous communities are especially vulnerable.*
- *Strain on Samoa's health care system with more people requiring treatment, needing hospitalisation or home care.*
- *Households affected financially if a parent is stopped from working due to side effects such as blindness or amputation.*

(c)

One local AND one international strategy that would help address the determinants of health in (a), their consequent impacts on well-being in (b), AND how EACH strategy would bring about more equitable outcomes for those directly and indirectly affected by diabetes in Samoa, supported with **detailed evidence**, eg:

(1) Strategy 1: Increase international aid to prevent diabetes, as well as support those that currently have it

- *Upgrading the skills of current Samoan health care workers.*
- *Improving reproductive, maternal, and child services to reduce gestational diabetes.*
- *Improving primary health care and community health outreach through integrated health services.*
- *Subsidising healthy food, which will reduce the cost to households – the reduced cost may encourage families to eat healthier options.*
- *Applying a collective approach, ie New Zealand, Australia, The World Bank, and the UN could contribute fairly, so that the burden is shared by all evenly.*
- *Improving well-being would mean that Samoans have more equality in access to medical care, such as regular check ups (prevention), as well as access to vital medicines like insulin and blood testing kits.*
- *Families of the sufferers would not have to give up work to care for their sick relatives, but would be able to continue to be productive citizens, and thereby improve the standard of living of Samoa as a whole.*
- *Countries whose pharmaceutical companies make huge profits from supplying blood testing kits and insulin, could have their governments set policies where a percentage of the profits were used to subsidise the drugs in countries with high poverty levels, such as Samoa*

(2) Strategy 2: Prioritise and strengthen community action programmes / education

- *The strength of Samoan culture lies in the way families and their communities connect, so this could be used to increase awareness of the importance of healthy eating and physical activity, ie getting the message out through schools, workplaces, churches, and villages.*

Note: Examples of other ideas for strategies that could be used to include economic and political determinants can be found at <http://www.avert.org/hiv-and-aids-africa.htm>