

Assessment Schedule – 2015

Health: Analyse an international health issue (91462)

Assessment Criteria

Achievement	Achievement with Merit	Achievement with Excellence
<p>The candidate analyses a significant health issue of international concern.</p> <p><i>Analysis</i> involves applying a critical perspective to an international health issue through:</p> <ul style="list-style-type: none"> explaining the nature of the international health issue and its implications on the well-being of people and society explaining how the major determinants of health influence the named issue recommending strategies to bring about more equitable outcomes in relation to the named health issue. <p>Analysis is supported by evidence (examples, quotations, and / or data from credible and current sources from 2010 and after).</p> <p>See Appendix for sample answers.</p>	<p><i>In-depth analysis</i> involves recommending strategies for addressing the named international health issue in a way that takes into account:</p> <ul style="list-style-type: none"> the influence of the major determinants of health on the issue the impact of the major determinants of health on well-being. <p>In-depth analysis is supported by detailed evidence (examples, quotations, and / or data from credible and current sources from 2010 and after).</p>	<p><i>Perceptive analysis</i> involves recommending strategies based on a coherent explanation that connects the named international health issue and the influence of the major determinants of health on the issue to the underlying health concepts (hauora, socioecological perspective, health promotion, and attitudes and values).</p> <p>Perceptive analysis is supported by coherent and concise evidence (examples, quotations, and / or data from credible and current sources from 2010 and after).</p>

Evidence

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.	SIX 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.	SIX 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.	TWO responses at Merit level. The in-depth analysis consistently meets the requirements for Merit. Detailed supporting evidence is provided.	TWO responses at Excellence level. 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. 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 2015 examination could include, but are not limited to, e.g.:

- (1) Disease in the Pacific or Asia / Pacific region: non-communicable diseases (NCDs), such as heart disease, diabetes, obesity, and cancer.
- (2) Globalisation and risks to health in relation to nutrition: a focus on one particular country, or a variety of countries, e.g. Brazil, Chile, Colombia, Bangladesh, China, India, the Philippines, Nigeria, Tanzania, South Africa, and Fiji.

Question	Sample answers for the analysis of the international health issue of the impact of globalisation on nutrition in Latin America (not limited to these examples)
(a)	<p>Explains why the named health issue is of international concern, e.g.:</p> <p><i>The forces of globalisation are strongly influencing many negative lifestyle changes in Latin America. One in every five persons in the developing world is chronically undernourished, 192 million children suffer from Protein Energy Malnutrition (PEM), and over 2 000 million experience micronutrient deficiencies (World Health Organisation 2012). In addition, diet-related, non-communicable diseases such as obesity, cardiovascular disease, stroke, diabetes, and some forms of cancer exist, or are emerging as public health problems in many developing countries within Latin America.</i></p> <p><i>Processes of globalisation that have influenced food markets have made these products much cheaper, flavourful, and easier to produce, which has in turn, driven up their demand. So while globalisation and the accompanying economic development has created higher levels of food security for developing countries such as Latin America, the ongoing trend of eating in a more western fashion, has caused increased rates of adverse health and obesity. If these issues are not addressed, obesity promises to take a devastating toll on these emerging economies – and, given our global interconnectedness, on the world.</i></p>

<p>(b)</p>	<p>Identifies a significant and relevant determinant of health that is influencing the named health issue. Explains the short-term AND long-term health implications of the named determinant for the well-being of people and society, supported with specific and relevant evidence, e.g.:</p> <p>Determinant (1): Economic</p> <ul style="list-style-type: none"> • <i>Parents have been buying their children cheaper, less nutritious foods and have been eating fewer meals per day, due to low economic incomes. This is causing NCDs. In Latin America it was found that the increase in sales of ultra-processed products was associated with an increase in adult body mass index (BMI) at all levels of consumption (PAHO, 2014). This has physical impacts on well-being in relation to the health effects of obesity, but also impacts on well-being in relation to self-esteem, and other mental and emotional aspects that are impacted when obesity affects a person's life.</i> • <i>As a result of improvements in technology and reduced manual labour, the number of sedentary lifestyles is increasing, impacting on well-being by increasing chances of fatigue, breathing difficulties, and cardiovascular disease.</i> • <i>Impacts on well-being of society include further stress on already stretched medical facilities, inability for people to adequately cope with the rigours associated with full-time employment due to ill health, and therefore not being able to afford to acquire the necessities of life.</i> • <i>NCDs have risen in Latin American countries, requiring additional money for health care.</i> • <i>As a result of the change in diet due to cheaper, more convenient food options, obesity is on the rise. The prevalence of obesity (34.9%) or overweight / obesity (66.3%) reported for Belize, was higher than that reported for the Mexico City, and equal to the United States respectively (WHO, 2010).</i> • <i>Increasing economic growth is impacting agricultural systems, squeezing small farmers out of business, and contributing to increasing urbanisation, which in turn is leading to a negative shift in diet patterns (FAO, 2013). This also impacts on well-being, as urban areas become overpopulated, and diseases associated with overcrowding such as a lack of sanitation, and spread of disease, create social issues in relation to crime, and also mental and emotional issues.</i> • <i>Increasing number of convenience food options such as fast-food outlets, supermarkets, and restaurants impact on well-being, including the lower level of nutrients in these foods, which impacts on energy levels of people, but also on the breakdown of family time as people grab meals, rather than spending time in a traditional way where the family gathering for meals has a social and cultural importance.</i> • <i>As a result of urbanisation, there are often impacts on well-being due to increased crime and people feeling unsafe; and due to overpopulation and consequent poor living conditions and poverty. There are also impacts on the government funding of organisations such as the police, and this then removes services from other vital areas such as hospitals and education.</i> • <i>Overcrowding in cities because of urbanisation could result in poor physical health such as increased lung disease due to increased pollution.</i> • <i>Stress resulting from poor living conditions and a more sedentary lifestyle due to urbanisation, could result in increased cigarette and alcohol consumption, impacting on increased cancer rates, and consequent impacts on health care services. Decreased physical activity impacts on mental and emotional well-being due to a sedentary lifestyle, and the consequent impacts due to increased stress on support services.</i> <p>Note: Other major determinants include political and environmental.</p>
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<p>(c)</p>	<p><u>Explains how the determinant of health in (b) contributes to the named health issue, supported with specific and relevant evidence, e.g.:</u></p> <p>How the economic determinant contributes to the health issue:</p> <ul style="list-style-type: none"> • <i>The economic determinant is influencing what citizens eat due to their level of income. Incomes are low in Latin America compared to the rest of the world. The average monthly income in Columbia is \$US692. This is less than half the global average of \$US1 480 (International Labour Organisation, 2012).</i> • <i>The number of supermarkets has increased in recent years causing diets to change. The general pattern of supermarket entry into retail is first to specialise in the sale of packaged and processed foods, followed by fresh or frozen meat, and lastly fresh produce. Many processed foods contain added sodium and sweeteners, and are also high in fat.</i> • <i>Westernised food is cheaper to produce and has a longer shelf-life, often containing a lot of fat, sugar, and salt.</i> • <i>Fresh food prices are affected by environmental factors. The price of Brazil's fresh fruit and vegetables rose in January 2015 due to a drought, the fastest monthly pace in 12 years, which pushed the 12-month inflation rate to 7.14 % (Lewis, 2015).</i> • <i>Socioeconomic status dictates food consumption patterns. The lower socioeconomic groups drift towards poor-quality, energy-dense, but cheap, affordable foods.</i> • <i>People are migrating from rural to urban areas to find work and earn money for their families. As a result of urbanisation there is often an increase in crime, pollution, cigarette and alcohol consumption, yet decreased physical activity.</i> • <i>Increased wages are also contributing to a shift in diet, with more people eating processed food due to higher disposable incomes. The average wage has increased in Lima, the capital of Peru, by 56 % since 2006, and unemployment has decreased (Bloomberg, 2012).</i> • <i>Due to long working hours, there is not much time for families to spend cooking together. In Chile, the average working day is ten hours, with an additional one to three hours commuting time (Vio and Albala, Chile Case Study, FAO, 2013). This encourages people to eat more processed foods, preferring convenience over nutrition.</i>
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<p>(d)</p>	<p><u>Identifies another significant and relevant determinant of health that is influencing the named health issue.</u></p> <p><u>Explains the short-term AND long-term health implications of the named determinant for the well-being of people and society, supported with specific and relevant evidence, e.g.:</u></p> <p>Determinant (2): Cultural</p> <ul style="list-style-type: none"> • <i>NCDs have risen in these countries ... Mexico obesity rate surpassed the US last year at 32.8 % versus 31.8 % (FAO, 2013).</i> • <i>Life expectancy decreases. A report in 2013 by the Organisation for Economic Cooperation and Development (OECD) on Mexico found that Mexico has the lowest life expectancy of all OECD countries. This impacts on well-being by causing mental and emotional stress, as people are worried that they will not get the opportunity to see their grandchildren grow up. This also leads to breakdowns of the extended family structure that exists in many Latin American cultures.</i> • <i>Local culture and food traditions are disappearing. For example, local food markets are diminishing, impacting on people feeling less connected to their culture, and the consequent impacts on people’s well-being that this loss in understanding of their culture and break down of societal structures, may cause.</i> • <i>Traditional meals and meal times are being replaced by spontaneous, often unplanned food purchases on street corners, or in small kiosks.</i> • <i>The traditional model of one family member taking responsibility for meal planning and food preparation for the household has fractured in most urban environments, impacting on well-being, as individuals seeing themselves of value to the family and the social structures that are important, diminish.</i> • <i>Increases in type 2 diabetes, cardiovascular disease, cancer, dental disease, osteoporosis, and blindness. For example, seven out of every ten Mexicans are overweight, and three out of ten are clinically obese (OECD, 2010), impacting on the physical well-being of individuals, but also on the increased burden on health care services, and the inability of the government to be able to afford these increased needs, and therefore increasing the overseas deficits.</i> <p>Note: Other major determinants include political and environmental.</p>
<p>(e)</p>	<p><u>Comprehensively explains how the determinant of health in (d) contributes to the named health issue, supported with specific and relevant evidence, e.g.:</u></p> <p>How the cultural determinant contributes to the health issue:</p> <ul style="list-style-type: none"> • <i>The cultural determinant is influencing what citizens eat. The food culture is shifting from a traditional, locally produced diet, to a more westernised, highly-processed diet. For example, Mexico’s weight problems increased rapidly in the 1980s when processed food supplanted traditional whole grains and vegetables in Mexico’s food market (OECD, 2010).</i> • <i>In the past, food was restricted and seasonal. Nowadays food is less scarce, with year-round availability.</i> • <i>Supermarkets replacing traditional farmers markets.</i> • <i>Increasingly, it is street food vendors, cafeterias at work or school, and childcare facilities that provide family members with at least one, and often several meals per day. Traditionally balanced and dietary quality meals would come from the household. This is now influenced by cultural changes. (FAO, 2013).</i> • <i>Due to western influences, it is normal for children to watch larger amounts of television. In Brazil and Chile, individuals watch four to five hours of television per day, while in the Philippines, children spend on average more than one and a half hours per day in front of the television (FAO, 2013).</i> • <i>A review of food-related television advertisements in Brazil reported 58 % of commercials promoting high-fat and high-sugar products, 9 % featuring meat, beans, or eggs, and no advertisements for fresh fruit and vegetables (FAO, 2013).</i> • <i>Changes in values, in response to the appeal “to be modern”, also influence food purchases and food preparation. Ultra-processed foods are convenient, ubiquitous, heavily marketed, and formulated to be palatable and habit-forming (PAHO, 2014).</i> • <i>Secondary factors such as marketing, advertising, the appeal of new products, new retail outlets including supermarkets and multinational fast food chains, contribute to dietary adaptation and convergence. Peru has the greatest concentration of places to eat, and fast foods are growing. Peruvians only have to travel 0.66 miles to find an American-style fast food restaurant (Bloomberg, 2012).</i>

(f)

Recommends TWO strategies to address the determinants of health named in (b) and (d).

Explains how EACH strategy will enhance the well-being of, and bring about more equitable outcomes for, those directly and indirectly affected by the named health issue, supported with **specific and relevant evidence**, e.g.:

Strategy to address the economic determinant:

- *International aid and / or government money needs to be invested into policies that focus on consumer behaviour and education. For example, the government could restrict unhealthy food advertising and replace it with the promotion of healthy food. This could alter signals to consumers and encourage product changes.*
- *Some countries in Latin America are fighting against the obesity epidemic with new taxes and stricter regulations on food labelling, promotion, and advertising. More countries need to adopt these policies, which focus on taxing junk food in order to supplement health care costs, and reduce unhealthy eating habits. PAHO's Director has welcomed this idea as "important advances that should be stimulated throughout the region" (PAHO, 2014).*
- *A "fat" tax could also be implemented to restrict junk food intake. Mexico's Congress has been more aggressive on taking action than most countries, lately passing a variety of anti-junk food laws in the form of "sin taxes" (no different than alcohol and tobacco) – such as a 5% tax on packaged food, with at least 275 calories per 100 grams, and an extra peso on every litre of sugar-saturated drink. Mexican President Nieto says that, within the decade, the loss in sales of harmful foods will pale in comparison to the money that would otherwise be poured into clinical obesity treatment (WHO, 2014).*
- *Poorer countries, where sales of ultra-processed products are lower, and where traditional diets still prevail, like Bolivia and Peru, have a lower average BMI, whereas countries where sales of these products are higher, like Mexico and Chile, have greater average BMI (PAHO, 2014).*
- *Street-food vendors can easily and usefully become involved in projects to promote traditional fruit and vegetables. Vendors selling near schools and workplaces can be provided with incentives to include more fruit and vegetables in the meals they prepare. Mobile vendors selling fruit and natural fruit juices can be encouraged.*

Strategy to address the cultural determinant:

- *Education is a proven strategy at both ends of the nutrition spectrum. Money needs to be invested into educational programmes such as a school feeding programme.*
- *Schools and childcare facilities are an ideal place to promote fresh fruit and vegetables. Children can be taught the health benefits of consuming them in adequate amounts in both of these places.*
- *School feeding programmes have been in several Latin American countries since 2009. These inter-sectorial legal policies focus on nutrition education and the encouragement of local produce. More countries need to develop these policies. They not only promote school attendance and increase nutritional knowledge, but also increase the income of the community's farmers (FAO, 2013).*
- *For many urban families, one to two meals per day are eaten outside the home. For many children, this means the majority of meals are consumed at school or daycare centres. Coordination between agriculture, education, health, and nutrition is essential in this arena to provide favourable environments, and appropriate messages for maintaining or recreating healthy food cultures.*
- *One of the most obvious unions between agriculture, health, nutrition, and education is via the promotion of fresh fruit and vegetables. Most national and international dietary guidelines are in agreement that consumption of fresh fruit and vegetables is a healthy food choice and generally needs to be increased.*
- *Appreciation of local produce can also be cultivated through exposing children to indigenous crops and teaching them about their nutritional properties.*