Assessment Schedule - 2016

Health: Analyse an international health issue (91462)

Assessment Criteria

Achievement	Achievement with Merit	Achievement with Excellence				
The candidate analyses a significant health issue of international concern.						
Analysis involves applying a critical perspective to an international health issue through:	In-depth analysis involves recommending strategies for addressing the named international health issue in a way that takes into account:	Perceptive analysis involves recommending strategies based on a coherent explanation that connects:				
 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. 	the influence of the major determinants of health on the issue the impact of the major determinants of health on well-being.	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).				
Analysis is supported by evidence (examples, quotations, and / or data from credible and current sources from 2011 and after).	In-depth analysis is supported by detailed evidence (examples, quotations, and / or data from credible and current sources from 2011 and after).	Perceptive analysis is supported by coherent and consistent evidence (examples, quotations, and / or data from credible and current sources from 2011 and after).				

Evidence

N1	N2	А3	A4	M5	М6	E7	E8
Partial answer, but does not analyse the health issue.	Insufficient evidence to meet Achievement.	FOUR responses at Achievement level.	FOUR responses at Achievement level.	TWO responses at Merit level.	TWO responses at Merit level.	TWO responses at Excellence level.	TWO responses at Excellence level.
		The analysis generally meets the requirements for Achievement, but the answer may be inconsistent across the criteria.	The analysis consistently meets the requirements for Achievement.	The in-depth analysis generally meets the requirements for Merit, but some aspects of the answer may be inconsistent across the criteria.	The in-depth analysis consistently meets the requirements for Merit.	The perceptive analysis generally meets the requirements for Excellence, but one aspect of the answer may be inconsistent across the criteria.	The perceptive analysis meets the requirements for Excellence.
		Some supporting evidence is provided.	Supporting evidence is provided.	Some detailed supporting evidence is provided.	Detailed supporting evidence is provided.	Consistent and coherent evidence is provided.	Consistent and coherent evidence is provided throughout.

N0 = No response; no relevant evidence.

Appendix – Sample answers for analysis of the international health issue of the impact of globalisation on nutrition in the Middle East (not limited to these examples)

Note: International health issues for this 2016 examination could include, but are not limited to, e.g.:

- (1) Disease in the Pacific or Asia / Pacific region: communicable diseases such as HIV and malaria; 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. the Middle East (Qatar, Bahrain, United Arab Emirates, Jordan, Saudi Arabia, Kuwait).

The candidate MUST support their analysis with evidence (examples, quotations, and / or data from credible and current sources from 2011 and after).

Question	Expected Coverage
(a)	Explains why the named health issue is of international concern, e.g.:
	Globalisation is occurring in the Middle East, in particular Qatar, Bahrain, the United Arab Emirates, Jordan, Saudi Arabia, and Kuwait.
	'New world' money from oil, and a move towards a more 'western style' diet, have promoted a more sedentary lifestyle.
	As a result of globalisation, there are high rates of NCDs such as obesity, high blood pressure, and diabetes occurring.
	• There is particular concern for women who lead a more sedentary lifestyle, as well as young people.
(b)	Identifies a significant and relevant determinant of health that is influencing the named health issue.
	Explains how this determinant contributes to the named health issue, and the implications for the short and long-term well-being of people and society, supported with specific and relevant evidence , e.g.:
	Determinant (1): Economic
	The recent discovery of oil, and the subsequent increase in wealth, is one contributing factor to why changes in diet have occurred in the Middle East.
	People can now afford to purchase luxury items, including imported food and tobacco products.
	People have access to more money, private cars, technology, household maids, phones, and household appliances, so these countries are engaging in less physical activity.
	Individuals living in urban areas are more likely to be overweight or obese because they can afford and can access public transport more easily, so lead a more sedentary lifestyle.
	Health budgets are disproportionately allocated, often at the expense of preventive strategies such as nutrition.
	The lower the socio-economic 'class', the higher the impact of NCDs.
	The implications of the economic determinant
	Due to having more money, people are choosing to stray away from their traditional diets, and therefore the levels of obesity, diabetes, and other NCDs, have increased.
	Increased consumption of fast food and predominance of sedentary lifestyles.
	Pressure on the health care system.
	Social and personal loss.
	Malnourishment in the form of overeating as well as under-eating, will increase those with clogged arteries, putting pressure on health care systems in the developing world.
	Note: Other major determinants include political and environmental.

(c) Identifies another significant and relevant determinant of health that is influencing the named health issue.

Explains how this determinant contributes to the named health issue, and the implications for the shortand long-term well-being of people and society, supported with **specific and relevant evidence**, e.g.:

Determinant (2): Cultural

- A lack of knowledge about diabetes and the health consequences also contributes to the high percentage of excessive weight.
- There is also a cultural appreciation of female plumpness, and the practice of 'Leblouh' ('fattening').
- Leisure-time physical activity is not a common concept, especially for rural women, where lack of sex-segregated facilities and cultural norms are prohibitive factors.
- Unhealthy eating habits are reinforced in school canteens, where high fat and high carbohydrate foods such as pizza, burgers, sandwiches, and za'atar, are available for lunch.
- Meals consisting of processed ingredients with preservatives, saturated fats, and hydrogenated oil, are preferred over traditional foods.
- Food is often consumed communally, making it nearly impossible to ensure proper portions. A person who does not eat when food is offered is seen as offensive and shameful.
- It is also 'normal' within many Middle Eastern countries to be obese.
- In Saudi Arabia, women are prohibited from using hotel gyms and pools, and are targets of harassment when they exercise publicly. This is based on the belief that giving women the freedom to exercise would lead to the corruption and decline of the nation.
- In schools, physical activity for girls is avoided, because some fear that changing clothes outside of the home would cause girls to lose their shyness, an admirable moral quality.
- There is a belief that obese children will outgrow their fatness as they age.

The implications of the cultural determinant

- Women are more likely to be overweight or obese due to cultural norms and perceptions of appropriate female behaviour and occupations.
- Between meal times, children are eating French fries, chocolate, and soda, which lack micronutrients and dietary fibre.
- People are choosing to stray away from their traditional diets, so there are increased levels of obesity, diabetes, and other NCDs.
- · Local cultural and food traditions are disappearing.
- The traditional model of one family member cooking for the rest of the family is disappearing as people choose more convenient options.
- Pressure on health care systems.
- (d) Recommend ONE strategy to address the determinant of health named in (b), and ONE strategy to address the determinant named in (c).

Explain how EACH strategy will bring about more equitable outcomes for those affected, by addressing the determinants, and their impacts on the well-being of people and society, e.g.:

Strategy to address economic determinant:

- Government money needs to be invested into regional nutritional policies and strategies that focus on consumer behaviour and education.
- Higher taxes and stricter food regulations on food labelling, promotion, and advertising could reduce the move towards a more 'western' diet.
- Clinics could be funded to set up programmes to reduce the burden from nutrition-related diseases, unhealthy dietary patterns, and physical inactivity.

Strategy to address cultural determinant:

- School feeding programmes could be set up to focus on nutritional education and encourage the use of local produce.
- Increase public knowledge and awareness on the impact of a 'western' diet, and lack of physical activity on health.
- A focus on education at all levels, social marketing campaigns, and the incorporation of positive messages in the media.

NCEA Level 3 Health (91462) 2016 — page 4 of 4

Cut Scores

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