Academic English
Skills for Success

Revised Second Edition

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Textbook map

Unit	Topic		Focus on Writing	Focus on Speaking
1	HEALTH	Introduction to features of academic writing and speaking	• recognize the basic features of academic writing at university level • search for and evaluate academic sources of information • identify different types of supporting evidence	• integrate different types of academic sources • recognize the purpose and features of a tutorial discussion
2	GLOBAL ISSUES	Note-taking and paraphrasing	• analyze assignment topics • synthesize and link ideas through note-taking and paraphrasing • reference multiple sources concurrently to strengthen evidence relating to your stance	• identify the similarities/ differences between written and spoken texts • transform written language into spoken language during a tutorial discussion
3	ETHICS	Expressing stance	• identify features of a successful academic stance • write a stance which has an academic tone, is reasonable and well-justified • integrate counter-arguments and rebuttals into a stance to make it more critical	• express agreement and disagreement with the stance of others in speaking • use questions to make a tutorial discussion more critical and thoughtful
4	CHINA and ASIA	Synthesizing ideas in a paragraph/ section	• logically connect ideas within a paragraph or a section • write accurate and appropriate section headings • connect ideas through the use of cohesive devices and strategies	• link your speaking turn to what has been previously said • change focus within an academic discussion
5	VALUES	Structuring a complete academic text	• apply a range of structural features to help you organize an academic text • recognize the similarities and differences in report and essay structures • create connections across paragraphs and sections	• reflect on your discussion skills • articulate strategies to improve your discussion skills in the future

Introduction for students

Aims

This textbook aims to:

- help you make the transition from studying at a secondary school to studying at an English-medium university,

- develop the general academic English skills you will need to complete your undergraduate degree at university.

Learning outcomes

By the end of the textbook you should be able to:

- identify features of academic writing and speaking,
- search for and evaluate academic sources,
- take effective notes and paraphrase from sources,
- express a personal and critical stance,
- synthesize ideas within a paragraph/section, and
- structure a complete academic text.

How to make the most of this textbook

Apply skills practised in this textbook to your other courses.

The work you do in this textbook should be useful in many, if not all, of your university courses. You should make a concerted effort to apply what you learn in this textbook to the writing and speaking you do in other courses.

Participate actively.

By the end of this textbook you will have practised your academic writing, read a number of academic texts, and participated in a series of academic speaking tutorials. Many of these tasks will require you to interact with your classmates in order to benefit from a variety of perspectives. You will get the most out of these tasks if you participate actively in and out of class.

Do complementary work.

Your teacher may supplement the work in this textbook with other work on grammar, vocabulary, citation and referencing skills and tasks on how to avoid plagiarism. This work is very important and will help you to achieve the aims listed above.

1

HEALTH

Introduction to features of academic writing and speaking

Learning outcomes

By the end of this unit, you should be able to:

- ▸ recognize the basic features of academic writing at university level,
- ▸ search for and evaluate academic sources of information,
- ▸ evaluate the quality of these sources,
- ▸ identify different types of supporting evidence, and
- ▸ recognize the purpose and features of a tutorial discussion.

ACADEMIC WRITING

Task 1
Reflect on the health care system in your country

In 1946, the World Health Organization (WHO) defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". Health care systems within countries therefore aim to organize people, institutions and resources in order to promote the broad definition of health offered by the WHO.

Use the table below to circle the type of health care system used in your country and rate your opinion of this system's impact on society's physical, mental and social well-being.

Circle the structure of health care in your country	Your opinion of this system's impact on . . .	
direct payment by the user	**. . . physical well-being** (e.g. its influence on physical disease)	poor ‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖ excellent
taxes from the public	**. . . mental well-being** (e.g. its influence on mental illnesses)	poor ‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖ excellent
national health insurance	**. . . social well-being** (e.g. its ability to cater for the health needs of **all** groups of people within a society)	poor ‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖ excellent
private health insurance		
a combination of the above		

Now share your thoughts with a partner and try to reach a consensus regarding the strengths and weaknesses of the health care system in your country.

Task 2
Discuss the success of the health care system

Your teacher will put you in groups of four and assign each member a different health issue as follows:

A: Obesity
B: Smoking
C: Stress
D: Air pollution

Imagine you are part of a government committee deciding how to reform the health care system in your country. However, there are only enough funds to reform one health issue. Your aim is to gain these funds to tackle the issue assigned to you by:

1. explaining the possible shortcomings of the current system in dealing with your assigned issue, and

2. suggesting practical solutions to this problem.

Use the table below to prepare your argument.

Improving our health care system
Your assigned health issue
Reason(s) for my viewpoint
A practical solution

Task 3
Present and rate your ideas

Spend around ten minutes explaining your ideas to the rest of your group. When you are finished, use the criteria below to decide whose solution will be chosen by your committee.

	Obesity	Smoking	Stress	Air pollution
The ideas were easy to understand	Y/N	Y/N	Y/N	Y/N
Relevant reasons were given	Y/N	Y/N	Y/N	Y/N
The solution was practical	Y/N	Y/N	Y/N	Y/N

Task 4
Explore an argument in a written text

You are about to read either an essay (Group A) or a report (Group B) on a health-related topic. As you read, use the relevant space in the box below to:

1. note down the main arguments the writer makes, and

2. record the paragraph/section numbers which helped you identify these arguments.

Group A: Essay		Group B: Report	
Argument	Paragraph number	Argument	Section number

Argument	Paragraph number		Argument	Section number

Now compare your answers with a student who read the same text as you. Then check your ideas on pages 140 and 141.

Essay Topic:

Who should pay for healthcare?

The issue of who should pay for healthcare is highly controversial and complex. **Opinions on this issue are likely to be related to one's political views, ethical views, and socioeconomic status.** Funding for healthcare tends to come from four major sources: direct payment by the user, taxes from the public, national health insurance and private health insurance. Upon closer investigation, these four sources can be further categorized into **a government-provided healthcare system** (taxation and national health insurance) and **a user-paid system** (private health insurance and direct payment by the user at the time of treatment). This essay will first discuss these two models of healthcare and afterwards **argue that a combination of the two models is worth exploration and can serve as a blueprint for designing a more efficient healthcare system.**

People from wealthy backgrounds tend to support **a user-paid system** based on the belief that this type of system provides more choice and better quality than a government-run system. However, an examination of the overall US healthcare model illustrates that this is often not true. Davis et al. (2007) report that **"despite having the most costly health system in the world, the United States consistently underperforms on most dimensions of performance, relative to other countries"** (p. 34). The ability to pay for a higher cost healthcare system does not necessarily translate to better quality. **Another major argument** for a user-paid system is that it is an individual's responsibility to pay if the individual has the funds to do so. Otherwise, government revenue would be required, which is also needed for a number of other critical public programmes such as education and new infrastructure. Therefore, in order to better maintain other government-funded programmes, those who are able should take individual responsibility for their healthcare. While this point is valid, **the question of how those with insufficient economic means will be able to get healthcare remains unanswered.**

A controversial solution to **this question** lies within **a government-provided healthcare system**. One clear benefit to government funding is that those who cannot afford healthcare are provided with it. If a large percentage of any population cannot afford medical care, productivity among that population would likely decrease in cases of illness. There is also research to suggest that people who have constant access to healthcare generally live healthier lives and cost the medical system less overall than those who go to

Stance

Organization

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the doctor only in an emergency **(Williams, 2005; Emerson, 2006)**. The higher upfront costs that the government would accrue initially could be offset or eventually reduced by a decrease in the frequency of expensive emergency visits. An illustrative example of this was highlighted by Gawande (2011), who describes a preventative programme in the US that resulted in net savings in healthcare costs that were "undoubtedly lower" (para. 39). **However, arguments against a government-paid system still persist.** According to Smith (2001), it is often politically unpopular, as governments need to increase taxation as the population ages. This would decrease the likelihood of success for governments to convince people that a largely government-run system would be cheaper and more efficient. Few politicians would want to damage their own political careers by instituting higher taxation. **Thus, while shifting to a government-provided healthcare system would increase coverage for those who cannot afford healthcare, new controversy and complexity would also be introduced.**

In light of the benefits and deficiencies mentioned above, advocacy for a combined approach to funding healthcare is crucial. In fact, successful examples of a merger between the two healthcare systems are already existent. Hong Kong operates both a government- and user-paid healthcare system, broadening coverage for the entire community while maintaining more personalized services and choices for those who are able to afford them (Ko, 2013). **The same article also notes impressive and comparable measures of health in Hong Kong, with an infant mortality rate below 2 deaths per 1000 live births and an 80-year life expectancy.** In a similar comparison, Singapore employs a combined healthcare system. This combination has allowed Singapore to ensure health coverage for the poor, prevent financial destitution from catastrophic illness, and still preserve choices for those more financially able (Lim, 2004). **Health outcomes indicate efficacy: a 78.4 years in life expectancy, 2.2 per 1000 infant mortality rate, and an 80% satisfaction rate for corporatized public hospitals (Lim, 2004).** However, it should be noted that Hong Kong and Singapore have unique social and economic situations, and a population that, in contrast with other developed nations, is significantly smaller and more manageable. Nonetheless, they can be used as starting points for how a combined approach to healthcare can be administered as supported by Haseltine (2013), a noted Harvard professor and AIDS researcher, who believes that an investigation of the Singaporean healthcare system should be a requisite when government officials debate issues concerning healthcare systems. This combined approach also helps to partially alleviate political concerns about taxes mentioned previously as KPMG International (2012) reports that Hong Kong and Singapore are

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among the lowest, globally, in personal income tax rates and have remained flat since 2004. Evidence from these countries is highly suggestive that a government-paid system in conjunction with a public-user-paid system, if implemented correctly and accordingly, can maintain the benefits and allay deficiencies in each of the systems operating individually.

What is clear is that deciding which party is responsible for funding healthcare costs is highly contentious. In response, this essay has discussed the benefits and deficiencies of a government-paid healthcare system and a public-user-paid system. Despite the possibility of higher taxes and inadequate allocation to other government-funded programmes, a government-paid healthcare system offers coverage to a wider number of people. However, proponents of a public-user-paid system believe that healthcare should be the responsibility of each individual. **In view of these arguments, a way forward is to establish a feasible combined healthcare system approach.** Using Singapore and Hong Kong as case studies, other nations should investigate how this approach can be successfully applied to their local contexts in order to minimize weaknesses in each individual healthcare system while maximizing their benefits.

→ Stance

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Report Topic:

How serious is the problem of childhood obesity in developing countries?
What are the causes? What are some possible interventions to lower obesity rates?

1. Introduction

The obesity epidemic has been "spreading" from developed to developing countries (DCs). As countries rise out of poverty, their populations tend to develop a set of health conditions linked to their more affluent, urbanized lifestyle. This phenomenon is not only being seen in adults, but increasingly in children too. **This report will outline the seriousness of** ◄———— • Organization **the childhood obesity problem in Asian DCs. It will then discuss the main causes of this problem** and **suggest a multifaceted approach to** ◄———— • Stance **tackle this worrying public health problem.**

2. Seriousness of Childhood Obesity

   2.1 Growing Levels of Childhood Obesity

   Since there is currently no worldwide consensus regarding the definition of childhood obesity, it is very difficult to compare rates across countries. Different studies use different measures; some do not distinguish between being obese and overweight and some do. However, **a common definition of childhood obesity is a BMI** ◄———— • Stance **greater than the 95th percentile, while the definition of being overweight is greater than the 85th percentile for children** (Must & Strauss, 1999).

   Despite differing measurements of obesity, some comparative research has been done to uncover trends in obesity in DCs. For example, one analysis of 160 nationally representative surveys from 94 DCs shows that obesity rates are increasing (Onis & Blossner, 2000). This phenomenon is mostly centred in urban areas of these countries and the rates are much higher in older children (6–18) than in pre-schoolers (Kelishadi, 2007).

   A different study focusing on China estimated that 12.9% of ◄———— • Citation **children were overweight and of those, 6.5% were obese (Wang, 2001). However, urban areas usually have much higher rates than this. In Dalian, for example, the overweight rates (including rates of obesity) were found to be 22.9% for boys and 10.4% for girls (Zhou, Yamauchi, & Natsuhara et al., 2006).**

The rates for one urban area in India (Amritsar in the Punjab region) were slightly lower than in urban China: 14% of boys and 18.3% of girls aged 10–15 years were found to be overweight, and of those, 5% of boys and 6.3% of girls were obese (Sidhu, Marwah, & Prabhjot, 2005). The rate in Pakistan was similar: the overall rate of overweight and obesity in children was 5.7%. The rate in boys was 4.6% versus 6.4% in girls and these rates increased with age, rising to 7% and 11% for boys and girls aged 13–14 years (Jafar et al., 2008).

These rates are not much different than those in the USA about 10 years ago. In 1998 the rates for 6 to 17-year-olds were 11% obese and 14% overweight (Troiano & Flegal, 1998). Current rates are significantly higher, with 31.7% of the same age group overweight and 16.9% obese (2–19 years) (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). This is an indicator of where many people in DCs might end up as they become more wealthy.

2.2 Consequences of Childhood Obesity
Severely overweight children are at risk of **developing skeletal (Dietz, Gross & Kirkpatrick, 1982), brain (Scott, Siatkowski, Eneyni, Brodsky, & Lam, 1997), lung (Marcus et al., 1996) and hormonal (Caprio, Bronso, Sherwin, Rife, & Tramborlane, 1996) conditions.** Non-medical consequences are also severe. These include long-term effects on self-esteem, body image and also increased feelings of sadness and loneliness (Strauss, 2000), largely as a result of peer rejection (Schwartz & Puhl, 2003). In severe cases, this rejection has been reported to lead to suicide (Lederer, 1997). The research into these long-term effects is scarce because high levels of childhood obesity are a relatively new phenomenon.

3. Major Causes of Childhood Obesity
Malnutrition used to be the focus of public health initiatives in DCs. Now, while malnutrition is still a problem in these contexts, so too is obesity. This is largely caused by rapid urbanization (Kelishadi, 2007) and increased wealth. This link between economic progress and negative health consequences, sometimes called "New World Syndrome" (Kelishadi, 2007), is extremely complicated. **However, there are mainly two factors at play: individuals' increasing energy consumption and decreasing energy expenditure through a lack of exercise.**

3.1 Increased energy consumption
The diet of people living in urban areas in DCs is vastly different from those living in rural areas and includes consumption of a

— Citation

— Organization

— Stance

higher proportion of fat, sugar, animal products, and less fibre, often found in restaurant foods (Popkin, 1998). This diet leads to a higher consumption of energy than more "traditional" diets.

3.2 Reduced energy expenditure — Stance

This increase in energy consumption is at odds with a decrease in energy consumption. As a country moves from an agricultural economy to an industrialized one, the energy expenditure of the population tends to decrease (Popkin, 2001). There has been a lot of research about the effect of this trend on adult energy expenditure. Once industrial processes become more computerized, employment moves to the service sector and a larger proportion of the population spend the working day behind a desk, leading to lower levels of activity and ultimately higher rates of obesity. Less is known about children. — Organization
However, **as noted in Section 2.2**, insufficient research has been conducted on childhood obesity, and thus the changes in DC youths' energy expenditure and the consequent impact on childhood obesity remain unclear.

4. Suggested Interventions — Stance
Unfortunately, there is little chance of DCs averting an obesity pandemic in the future (Prentice, 2006). There is no reason to believe that they will be any more successful than developed countries, which have been **largely unsuccessful** in reducing rates of childhood obesity. Furthermore, DCs tend to have limited resources for large-scale intervention programmes through the public health sector and much of these populations associate a more "Westernized" lifestyle with an increase in social status and are therefore reluctant to give up, for example, eating in restaurants, watching a lot of TV, playing computer games, and travelling predominantly by car.

However, this does not mean that action should not be taken. **Although** — Stance
many of the underlying causes of obesity stem from much needed growth, for example, access to higher-paid employment in the service sector and increased economic wealth, interventions are needed, even if they have a limited effect in the near future. Kruger et al. (2005) suggest a model for South Africa that can serve as a useful starting point for DCs. They argue that obesity prevention and treatment should be based on:
  - education
  - behaviour change
  - political support
  - adequately resourced programmes
  - evidence-based planning
  - proper monitoring and evaluation

They also argue that interventions should have the following components:
- reasonable weight goals
- healthful eating
- physical activity
- behavioural change

This model might sound vague, but this is necessary as the specifics of what programme to run or what kind of political change is needed will depend heavily on the target country and even target region within that country as each country and region has its own unique set of conditions which require different adaptations of these interventions.

5. Conclusion

Obesity has become a pandemic and the incidence of childhood obesity is rising in DCs. Its causes are complicated but they predominantly relate to the changing social and economic conditions which develop as countries gain wealth, urbanize and industrialize. In order to tackle this worrying trend, interventions which target local needs are needed. **Even though medium-term success in lowering obesity rates is likely to be limited,** meeting modest targets such as a reduction in 1–2% of childhood obesity can have a future impact on the health outcomes of millions of inhabitants of DCs.

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Features of successful academic writing

Your written assignments at university should:

1. express a clear, detailed and critical opinion/**stance**,

2. **cite** ideas from multiple academic sources to support that stance, and

3. be clearly and logically **organized**.

You will learn how to achieve these aspects of academic writing throughout the textbook.

Task 5
Identify features of a successful academic essay or report

Look again at the essay or report that you just read. Each text has a number of places which have been bolded and underlined. These are places where stance, organization and citation occur successfully. Make a note of **why** they are successful to the right of the text.

Task 6
Compare features of successful academic writing with your partner

Work in pairs with a student who read and analyzed the same text as you. Compare the features you found.

Homework
Identify features of a successful academic essay/report

If you completed Task 5 using the essay, read and annotate the report for features of successful academic writing.

If you completed Task 5 using the report, read and annotate the essay for features of successful academic writing.

ACADEMIC SPEAKING

Task 1
Consider the purpose of university tutorial discussions

Step 1: What do you think is the main purpose of university tutorial discussions? Spend a few minutes discussing this question with two to three students.

Step 2: Now read what some professors and tutors said when they were asked about the purpose of a tutorial discussion. Which purposes did they mention that you didn't think of in Step 1?

"I think that by sharing information with others, students are challenged to think about topics in new ways and to practise critical thinking skills. This can help them gain a deeper understanding of academic issues."

"Tutorial discussions give students a reason to go and research a topic. If they don't do this, they may let both themselves and the group down . . . so that's a strong motivator. I think without putting in the time reading, it's hard for students to understand complex topics."

"In tutorials, students have to work together to solve problems. I think this process helps them build confidence and interpersonal skills they will need later in life. I wish we'd had tutorial discussions when I was at university!"

"I feel that tutorial discussions are a great opportunity for students to think about their progress during the course. They can apply what they learnt in the lecture and the tutor has a chance to see how his or her students are progressing and give them the feedback they need."

"You know, in tutorial discussions you can't hide like you can in a lecture. You have to be active . . . both when you prepare and in class. By doing the research yourself and then discussing it, I think you're much more likely to remember what you've learnt than if you just listen passively . . . discussions make learning more memorable."

Discuss the following two questions with your classmates:

1. How might university discussions differ in purpose from discussions you have participated in before at school?

2. What do you think will be the biggest challenges for you in adapting to university discussions?

Task 2
Analyze discussion feedback

Read the following examples of discussion feedback from a tutor in a university English class. Using three different colours, highlight what the students **did well**, what they still need to **improve** and what the **tutor's advice** is on how they could improve.

Feedback for Student 1:

"You prepared well for this tutorial and made some effective notes. This helped you give some relevant examples to support your stance. Do you realize that you look down at your notes a lot though and that you speak very quickly, which can make it difficult to follow you? Don't forget to look at the other students as you speak and go a little slower. Perhaps you could ask questions occasionally to check students are with you."

Feedback for Student 2:

"You approached this tutorial seriously, were well-informed and did a good job of citing your sources clearly. I sometimes found it hard though to identify your stance. Remember, you shouldn't be trying to say everything you know, you need to be more selective. Practise recording your ideas in note form and organize them by topic and not the text. This way it should be easier for others to follow your position and to respond to you."

Feedback for Student 3:

"Well done. You managed to speak more loudly and clearly this time; you also made better eye contact and appeared more confident. I think you could disagree (politely) more and generally, be more critical of what you hear. Before the next discussion you might find it helpful to imagine what other people might say to help you consider alternative ideas and perspectives."

Feedback for Student 4:

"I noticed you balanced agreement and disagreement well this time, but I'm not sure that all your turns link properly to what the previous speaker said, e.g. if a question is asked, answer it first and then add your own stance, and if you change the topic, signal this too. You are using a good range of vocabulary, but you often forget to use modals and adverbs to state opinions cautiously, e.g. 'New students *might/ perhaps* need some time to adapt.'"

Task 3
Create your own speaking assessment criteria

Look at Task 1 and Task 2 again, what do you now think the distinguishing features of a successful university discussion are? In groups of three to four, create **four university discussion assessment criteria**. Record them in the table below, adding one or two examples for each criterion. The first has been done for you as an example.

University Discussion Assessment Criteria	
Criterion 1: Stance	**Criterion 2:** _____
Example: *It is **clear and concise**. This means that I should express only one idea at a time and I should also change the written language to simple, spoken language.*	**Example:**
Example: *There is **critical thought**. This means that I should show an awareness of different views, i.e. the complexity of academic argument.*	**Example:**
Criterion 3: _____	**Criterion 4:** _____
Example:	**Example:**
Example:	**Example:**

Task 4
Participate in a tutorial discussion

Now, hold a 30-minute tutorial discussion with your group members. The topic of your discussion addresses the following questions:

1. Is there a good work-life balance in your country?

2. What are some realistic ways that work-life balance could be improved?

Task 5
Analyze your strengths and weaknesses

Take five minutes to fill in the form below. Rate your overall performance on each criterion as follows:

1 = I did this **most of the time**   **2** = I did this **some of the time**   **3** = I **rarely** did this

	1	2	3
My stance was:			
clear – e.g. I changed the written language in the source to my own spoken language.	☐	☐	☐
concise – e.g. I expressed one idea at a time.	☐	☐	☐
critical – e.g. I acknowledged that academic ideas are complex, not black and white.	☐	☐	☐
I interacted well by:			
linking my ideas smoothly into the discussion – e.g. I linked my point to a point that had been mentioned before.	☐	☐	☐
using active listening skills – e.g. I used eye contact, nodding and expressions of agreement.	☐	☐	☐
not dominating – e.g. I allowed other students to break into the discussion.	☐	☐	☐
My language was:			
fluent – e.g. I was able to speak without a lot of hesitations.	☐	☐	☐
accurate – e.g. I was able to use a range of grammar and vocabulary to express complex academic ideas.	☐	☐	☐
clear – e.g. I used stress, intonation and pausing to express my meaning.	☐	☐	☐
I cited:			
from sources to support my stance – e.g. I didn't just rely on my own personal opinion in the discussion.	☐	☐	☐
by mentioning the reliability of my source – e.g. I mentioned that the information I cited came from a reliable source (*The Journal of XX*/The World Health Organization).	☐	☐	☐

Ideas for future improvement

Answers

Unit 1

ACADEMIC WRITING

Task 4
Explore an argument in a written text

The table below outlines the key arguments in the essay and report.

Group A: Essay		Group B: Report	
Argument	Paragraph number	Argument	Section number
Opinions on the issue of healthcare are likely to be related to one's political views, ethical views, and socioeconomic status.	1	As countries rise out of poverty, their populations tend to develop a set of health conditions linked to their more affluent, urbanized lifestyle.	1
A combination of the two models is worth exploration and can serve as a blueprint for designing a more efficient healthcare system.	1	Levels of childhood obesity are growing.	2.1
The ability to pay for a higher cost healthcare system does not necessarily translate to better quality.	2	It is very difficult to compare rates of obesity across countries.	2.1
In order to better maintain other government-funded programmes, those who are able should take individual responsibility for their healthcare.	2	There are significant negative medical and non-medical consequences of obesity. However, the amount of research on the long-term effects of obesity is scarce.	2.2
In a government-paid system, the higher upfront costs that the government would accrue initially could be offset or eventually reduced by a decrease in the frequency of expensive emergency visits.	3	Individuals' increasing energy consumption and decreasing energy expenditure through a lack of exercise are the two main factors contributing to obesity.	3

But, while shifting to a government-provided healthcare system would increase coverage for those who cannot afford healthcare, new controversy and complexity would also be introduced.	3	There is little chance of DCs averting an obesity pandemic in the future.	4
A combined approach to funding healthcare is crucial.	4	DCs tend to have limited resources for large-scale intervention programmes through the public health sector and much of these populations associate a more "Westernized" lifestyle with an increase in social status and are therefore reluctant to give up habits which contribute to obesity.	4
		Although many of the underlying causes of obesity stem from much needed growth, for example, access to higher-paid employment in the service sector and increased economic wealth, interventions are needed, even if they have a limited effect in the near future.	4

Task 5
Identify features of a successful academic essay or report

These are only suggested answers; other answers are also possible.

Essay Topic:

Who should pay for healthcare?

The issue of who should pay for healthcare is highly controversial and complex. **Opinions on this issue are likely to be related to one's political views, ethical views, and socioeconomic status.** Funding for healthcare tends to come from four major sources: direct payment by the user, taxes from the public, national health insurance and private health insurance.

Stance – shows complexity of topic

Upon closer investigation, these four sources can be further categorized into **a government-provided healthcare system** (taxation and national health insurance) and **a user-paid system** (private health insurance and direct payment by the user at the time of treatment). This essay will first discuss these two models of healthcare and afterwards **argue that a combination of the two models is worth exploration and can serve as a blueprint for designing a more efficient healthcare system.**

People from wealthy backgrounds tend to support **a user-paid system** based on the belief that this type of system provides more choice and better quality than a government-run system. However, an examination of the overall US healthcare model illustrates that this is often not true. Davis et al. (2007) report that **"despite having the most costly health system in the world, the United States consistently underperforms on most dimensions of performance, relative to other countries"** (p. 34). The ability to pay for a higher cost healthcare system does not necessarily translate to better quality. **Another major argument** for a user-paid system is that it is an individual's responsibility to pay if the individual has the funds to do so. Otherwise, government revenue would be required, which is also needed for a number of other critical public programmes such as education and new infrastructure. Therefore, in order to better maintain other government-funded programmes, those who are able should take individual responsibility for their healthcare. While this point is valid, **the question of how those with insufficient economic means will be able to get healthcare remains unanswered.**

A controversial solution to **this question** lies within **a government-provided healthcare system**. One clear benefit to government funding is that those who cannot afford healthcare are provided with it. If a large percentage of any population cannot afford medical care, productivity among that population would likely decrease in cases of illness. There is also research to suggest that people who have constant access to healthcare generally live healthier lives and cost the medical system less overall than those who go to the doctor only in an emergency **(Williams, 2005; Emerson, 2006)**. The higher upfront costs that the government would accrue initially could be offset or eventually reduced by a decrease in the frequency of expensive emergency visits. An illustrative example of this was highlighted by Gawande (2011), who describes a preventative programme in the US that resulted in net savings in healthcare costs that were "undoubtedly lower" (para. 39). **However, arguments against a government-paid system still persist.** According to Smith (2001), it is often politically unpopular, as governments need to increase taxation as the population ages. This would

Organization – two points of focus of essay

Stance – overall thesis of essay

Organization – first focus of essay

Citation – direct quote to support stance

Organization – second argument in paragraph

Organization – use of pronouns to show connections with the essay

Organization – second focus of essay

Citation – evidence from multiple sources to support stance

Stance – putting both sides of the argument to give a balanced and complex argument

decrease the likelihood of success for governments to convince people that a largely government-run system would be cheaper and more efficient. Few politicians would want to damage their own political careers by instituting higher taxation. **Thus, while shifting to a government-provided healthcare system would increase coverage for those who cannot afford healthcare, new controversy and complexity would also be introduced.**

In light of the benefits and deficiencies mentioned above, advocacy for a combined approach to funding healthcare is crucial. In fact, successful examples of a merger between the two healthcare systems are already existent. Hong Kong operates both a government- and user-paid healthcare system, broadening coverage for the entire community while maintaining more personalized services and choices for those who are able to afford them (Ko, 2013). **The same article also notes impressive and comparable measures of health in Hong Kong, with an infant mortality rate below 2 deaths per 1000 live births and an 80-year life expectancy.** In a similar comparison, Singapore employs a combined healthcare system. This combination has allowed Singapore to ensure health coverage for the poor, prevent financial destitution from catastrophic illness, and still preserve choices for those more financially able (Lim, 2004). **Health outcomes indicate efficacy: a 78.4 years in life expectancy, 2.2 per 1000 infant mortality rate, and an 80% satisfaction rate for corporatized public hospitals (Lim, 2004).** However, it should be noted that Hong Kong and Singapore have unique social and economic situations, and a population that, in contrast with other developed nations, is significantly smaller and more manageable. Nonetheless, they can be used as starting points for how a combined approach to healthcare can be administered as supported by Haseltine (2013), a noted Harvard professor and AIDS researcher, who believes that an investigation of the Singaporean healthcare system should be a requisite when government officials debate issues concerning healthcare systems. This combined approach also helps to partially alleviate political concerns about taxes mentioned previously as KPMG International (2012) reports that Hong Kong and Singapore are among the lowest, globally, in personal income tax rates and have remained flat since 2004. Evidence from these countries is highly suggestive that a government-paid system in conjunction with a public-user-paid system, if implemented correctly and accordingly, can maintain the benefits and allay deficiencies in each of the systems operating individually.

What is clear is that deciding which party is responsible for funding healthcare costs is highly contentious. In response, this essay has discussed the benefits and deficiencies of a government-paid healthcare

Organization – a summary sentence at the end of the paragraph

Stance – establishing an argument based on points in previous paragraphs

Citation – statistics are given to strengthen stance

system and a public-user-paid system. Despite the possibility of higher taxes and inadequate allocation to other government-funded programmes, a government-paid healthcare system offers coverage to a wider number of people. However, proponents of a public-user-paid system believe that healthcare should be the responsibility of each individual. **In view of these arguments, a way forward is to establish a feasible combined healthcare system approach.** Using Singapore and Hong Kong as case studies, other nations should investigate how this approach can be successfully applied to their local contexts in order to minimize weaknesses in each individual healthcare system while maximizing their benefits.

Stance – summary

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Report Topic:

How serious is the problem of childhood obesity in developing countries?
What are the causes? What are some possible interventions to lower obesity rates?

1. Introduction

The obesity epidemic has been "spreading" from developed to developing countries (DCs). As countries rise out of poverty, their populations tend to develop a set of health conditions linked to their more affluent, urbanized lifestyle. This phenomenon is not only being seen in adults, but increasingly in children too. **This report will outline the seriousness of the childhood obesity problem in Asian DCs. It will then discuss the main causes of this problem** and **suggest a multifaceted approach to tackle this worrying public health problem.**

2. Seriousness of Childhood Obesity

    2.1 Growing Levels of Childhood Obesity

    Since there is currently no worldwide consensus regarding the definition of childhood obesity, it is very difficult to compare rates across countries. Different studies use different measures; some do not distinguish between being obese and overweight and some do. However, **a common definition of childhood obesity is a BMI greater than the 95th percentile, while the definition of being overweight is greater than the 85th percentile for children** (Must & Strauss, 1999).

    Despite differing measurements of obesity, some comparative research has been done to uncover trends in obesity in DCs. For example, one analysis of 160 nationally representative surveys from 94 DCs shows that obesity rates are increasing (Onis & Blossner, 2000). This phenomenon is mostly centred in urban areas of these countries and the rates are much higher in older children (6–18) than in pre-schoolers (Kelishadi, 2007).

    For example, one study estimated that 12.9% of children throughout China were overweight and of those, 6.5% were obese (Wang, 2001). However, urban areas usually have much higher rates than this. In Dalian, for example, the overweight rates (including rates of obesity) were found to be 22.9% for boys and 10.4% for girls (Zhou, Yamauchi, & Natsuhara et al., 2006).

    The rates for one urban area in India (Amritsar in the Punjab region) were slightly lower than in urban China: 14% of boys and 18.3% of girls

Organization – outline of report

Stance – overall thesis of report

Stance – definition of key terms to make stance clear

Citation – statistics to strengthen stance

aged 10–15 years were found to be overweight, and of those, 5% of boys and 6.3% of girls were obese (Sidhu, Marwah, & Prabhjot, 2005). The rate in Pakistan was similar: the overall rate of overweight and obesity in children was 5.7%. The rate in boys was 4.6% versus 6.4% in girls and these rates increased with age, rising to 7% and 11% for boys and girls aged 13–14 years (Jafar et al., 2008).

These rates are not much different than those in the USA about 10 years ago. In 1998 the rates for 6 to 17-year-olds were 11% obese and 14% overweight (Troiano & Flegal, 1998). Current rates are significantly higher, with 31.7% of the same age group overweight and 16.9% obese (2–19 years) (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). This is an indicator of where many people in DCs might end up as they become more wealthy.

2.2 Consequences of Childhood Obesity
Severely overweight children are at risk of **developing skeletal (Dietz, Gross & Kirkpatrick, 1982), brain (Scott, Siatkowski, Eneyni, Brodsky, & Lam, 1997), lung (Marcus et al., 1996) and hormonal (Caprio, Bronson, Sherwin, Rife, & Tramborlane, 1996) conditions.** Non-medical consequences are also severe. These include long-term effects on self-esteem, body image and also increased feelings of sadness and loneliness (Strauss, 2000), largely as a result of peer rejection (Schwartz & Puhl, 2003). In severe cases, this rejection has been reported to lead to suicide (Lederer, 1997). The research into these long-term effects is scarce because high levels of childhood obesity are a relatively new phenomenon.

Citation – evidence from multiple sources to support stance

3. Major Causes of Childhood Obesity
Malnutrition used to be the focus of public health initiatives in DCs. Now, while malnutrition is still a problem in these contexts, so too is obesity. This is largely caused by rapid urbanization (Kelishadi, 2007) and increased wealth. This link between economic progress and negative health consequences, sometimes called "New World Syndrome" (Kelishadi, 2007), is extremely complicated. **However, there are mainly two factors at play: individuals' increasing energy consumption and decreasing energy expenditure through a lack of exercise.**

Organization – introducing two main causes which form the basis of sections

3.1 Increased energy consumption
The diet of people living in urban areas in DCs is vastly different from those living in rural areas and includes consumption of a higher proportion of fat, sugar, animal products, and less fibre, often found in restaurant foods (Popkin, 1998). This diet leads to a higher consumption of energy than more "traditional" diets.

Stance – headings which show writer's stance

3.2 Reduced energy expenditure

This increase in energy consumption is at odds with a decrease in energy consumption. As a country moves from an agricultural economy to an industrialized one, the energy expenditure of the population tends to decrease (Popkin, 2001). There has been a lot of research about the effect of this trend on adult energy expenditure. Once industrial processes become more computerized, employment moves to the service sector and a larger proportion of the population spend the working day behind a desk, leading to lower levels of activity and ultimately higher rates of obesity. Less is known about children. However, **as noted in Section 2.2**, insufficient research has been conducted on childhood obesity, and thus the changes in DC youths' energy expenditure and the consequent impact on childhood obesity remain unclear.

4. Suggested Interventions

Unfortunately, there is little chance of DCs averting an obesity pandemic in the future (Prentice, 2006). There is no reason to believe that they will be any more successful than developed countries, which have been **largely unsuccessful** in reducing rates of childhood obesity. Furthermore, DCs tend to have limited resources for large-scale intervention programmes through the public health sector and much of these populations associate a more "Westernized" lifestyle with an increase in social status and are therefore reluctant to give up, for example, eating in restaurants, watching a lot of TV, playing computer games, and travelling predominantly by car.

However, this does not mean that action should not be taken. **Although many of the underlying causes of obesity stem from much needed growth, for example, access to higher-paid employment in the service sector and increased economic wealth, interventions are needed, even if they have a limited effect in the near future.** Kruger et al. (2005) suggest a model for South Africa that can serve as a useful starting point for DCs. They argue that obesity prevention and treatment should be based on:

+ education
+ behaviour change
+ political support
+ adequately resourced programmes
+ evidence-based planning
+ proper monitoring and evaluation

They also argue that interventions should have the following components:
+ reasonable weight goals
+ healthful eating

Stance – headings which show writer's stance

Organization – references to previous sections to show links between ideas

Stance – clearly stated using evaluative language

Stance – beginning of writer's stance to the 3rd question in the report topic

- physical activity
- behavioural change

<u>This model might sound vague, but this is necessary</u> as the specifics of what programme to run or what kind of political change is needed will depend heavily on the target country and even target region within that country as each country and region has its own unique set of conditions which require different adaptations of these interventions.

<div style="float:right">Stance – acknowledging potential criticisms that a reader might make</div>

5. Conclusion

<u>Obesity has become a pandemic and the incidence of childhood obesity is rising in DCs. Its causes are complicated but they predominantly relate to the changing social and economic conditions which develop as countries gain wealth, urbanize and industrialize.</u> In order to tackle this worrying trend, interventions which target local needs are needed. **<u>Even though medium-term success in lowering obesity rates is likely to be limited,</u>** meeting modest targets such as a reduction in 1–2% of childhood obesity can have a future impact on the health outcomes of millions of inhabitants of DCs.

<div style="float:right">Stance – summary</div>

<div style="float:right">Stance – realistic recommendations are given</div>

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Task 8
Identify quality academic sources

These are only suggested answers; other answers are also possible.

Text	Good academic source?	Why or why not?
Text 1 – Book	Yes	Book is likely to be a good academic source as the book is edited by a university publisher and is recent. The content and language of the small excerpt is also in fairly objective and academic tone.
Text 2 – Website	No	Not a good academic source as the website is a commercial website, thus the research given in the website is likely to be biased. A commercial website selling its own products would be unlikely to publish information that damages their products.