HEALTH AND HUMAN DEVELOPMENT

2018 Trial Examination 2 – TEACHER ADVICE

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Teacher Advice

The end-of-year examination will require students to recall and apply information in situations with which they are not familiar. Practising these skills is vital in achieving a high standard. This task has been developed within the scope of the Study Design and Examination Specifications. Although the content of the VCAA examination will differ from the content within this paper, it will provide students with opportunities to practise these skills.

The marking guide at the end of this paper provides advice on marking the paper that reflects the detail required on the VCAA examination.

Student preparation

Students should be adequately prepared with regards to all relevant key knowledge and key skills dot points before sitting the task.

As well as having an understanding of key knowledge points and the ability to carry out the key skills, students should be able to explain all key terms within the dot points. Although definitions do not have to be memorised, the meaning cannot be compromised by the students’ interpretation.

Use the mark allocation as a guide as to how much detail is required in extended response questions.

When presented with data, the data should be used at some stage in the related questions. This shows a greater level of understanding of data as opposed to making generalised comments.

If a question asks for similarities or differences between countries or population groups, students should make reference to both countries / groups in their answer.

Students should be aware of the difference between health status and factors that influence health status. If a question is about health status, students should link their answer back to a health indicator or a particular condition. For example, access to health care is an example of a factor, not an aspect of health status. ‘Increased mortality rates due to not having conditions such as cardiovascular disease diagnosed and managed’ would be an example of an aspect of health status in this scenario.
If asked how a given scenario may impact on ‘health and wellbeing’, students can refer to one or more of the five dimensions (i.e. physical, social, emotional, mental and spiritual). If a question relates to ‘health status’ students should link back to a health indicator (e.g. life expectancy, burden of disease, incidence or prevalence of specific conditions).

When identifying principles of the social model of health or action areas of the Ottawa Charter in case studies, the use of quotes from the stimulus material can assist in demonstrating understanding.

Students should have a thorough understanding on one of the issues identified in Unit 3 (i.e. smoking, road safety or skin cancer) and be able to apply their knowledge to a new context.

When a question asks for a possible impact on human development, students should be sure to link their answer back to one aspect of human development.

The various aspects include an environment where people:

- can develop to their full potential and lead productive, creative lives in accordance with their needs and interests
- have their choices expanded and capabilities enhanced
- have access to knowledge
- have access to health and a decent standard of living
- participate in the life of the community
- participate in the decisions that affect their lives.

The use of brackets can be useful to identify health and wellbeing and human development if a question asks for possible impacts on both.

Students can refer to the shortened names of the Sustainable Development Goals (SDGs).

Students should discuss factors in the manner that they are written in the question. For example, if a question is asking about ‘clean water’, students should discuss this and not lack of access to clean water.

The priorities of the World Health Organisation Agenda are required knowledge. The priorities are:

- Universal health coverage
- International health regulations
- Increasing access to medical products
- Social, economic and environmental determinants
- Non-communicable diseases
- Health-related Sustainable Development Goals

When discussing how health and wellbeing can be impacted in a global context, students should discuss health concerns of populations that go beyond the borders of any individual countries. Linking to the dimensions of health and wellbeing without making the global context clear does not represent global health and wellbeing.

Students are required to know one program relating to the SDGs (one in total, not one for each) and a focus of this dot point is the features of effective programs. Again, students may be required to apply this knowledge to a new context.
Time

This examination has been developed to be completed in a 120-minute timeframe with an additional 15 minutes of reading time at the beginning of the session.

Materials

Students only require a pen to complete this task.

Conditions

This task should be completed under test conditions.

Students should not have access to any notes, mobile phones, calculators or any other electronic device.
HEALTH AND HUMAN DEVELOPMENT
Written examination

Thursday 8 November 2018
Reading time: 11.45 am to 12.00 noon (15 minutes)
Writing time: 12.00 noon to 2.00 pm (2 hours)

STRUCTURE OF BOOK

<table>
<thead>
<tr>
<th>Number of questions</th>
<th>Number of questions to be answered</th>
<th>Number of marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>14</td>
<td>100</td>
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</tbody>
</table>

• Students are permitted to bring into the assessment room: pens, pencils, highlighters, erasers, sharpeners and rulers.
• Students are NOT permitted to bring into the examination room: blank sheets of paper and/or white out liquid/tape.
• No calculator is allowed in this examination.

MATERIALS SUPPLIED
• Question and answer booklet.
• Additional space is available at the end of the booklet if you need extra paper to complete an answer.

INSTRUCTIONS
• Write your student number in the space provided above on this page.
• All written responses must be in English.

Students are NOT permitted to bring mobile phones and/or any other unauthorised electronic devices into the assessment room.

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Question 1 (13 marks)

Dietary risks contribute significantly to health status and burden of disease in Australia.

a. Identify two dietary risks common in Australia and explain how each contributes to burden of disease. 4 marks

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b. Discuss how the Healthy Eating Pyramid may assist in addressing the dietary risks identified in part a. 4 marks

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C. Draw two conclusions as to why dietary improvements are difficult to achieve in Australia. 2 marks

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d. Explain one example of how a supportive environment could be created to address dietary risks in Australia. 3 marks

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Question 2 (13 marks)

<table>
<thead>
<tr>
<th></th>
<th>Births attended by skilled personnel (%)</th>
<th>Maternal mortality (per 100 000 births)</th>
<th>World Bank income group</th>
<th>HDI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>99.7</td>
<td>6</td>
<td>High-income</td>
<td>.939</td>
</tr>
<tr>
<td>Somalia</td>
<td>9.4</td>
<td>732</td>
<td>Low-income</td>
<td>NA</td>
</tr>
<tr>
<td>Egypt</td>
<td>91.5</td>
<td>33</td>
<td>Middle-income</td>
<td>.691</td>
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</tbody>
</table>


a. Explain what is meant by maternal mortality. 1 mark

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b. Using data, briefly outline the relationship between births attended by skilled personnel and maternal mortality. 2 marks

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 c. Briefly explain what is meant by universal health coverage. 2 marks

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QUESTION 2 – continued

TURN OVER
d. Besides maternal mortality, explain how the key feature of universal health coverage can assist in achieving another key feature of SDG 3.  
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e. Outline two advantages and two limitations of using the HDI to compare countries such as Australia and Egypt.  
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f. Besides those shown in the table, outline two characteristics of countries like Somalia compared to those like Australia.  
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Question 3 (3 marks)

Health and wellbeing is a subjective concept that includes a number of dimensions.

a. Briefly explain the subjective nature of illness and health and wellbeing.  
2 marks

b. Briefly explain what is meant by emotional health and wellbeing.  
1 mark

Question 4 (6 marks)

‘Increasing rates of overweight and obesity in low-, middle- and high-income countries is mainly due to the global marketing of processed foods’. To what extent do you agree with this statement?
Question 5  (10 marks)

Source 1:


Source 2:

Australian Government aid contributions ($ millions) 2017-18

- Bilateral Partnerships
- Multilateral partnerships
- NGO partnerships
- Emergency aid

Source: Adapted from Commonwealth of Australia, DFAT, Australian Aid Budget Summary 2018–19.
Source 3

Pacific Women Shaping Pacific Development is Australia’s flagship gender equality investment in the Pacific, supporting women in 14 countries to participate fully, freely and safely in political, economic and social life. Greater gender equality, especially in leadership and decision-making, improves economic circumstances at the country, local and household level. It is a multi-stakeholder initiative, working with a range of partners from governments, civil society organisations, the private sector, regional and multilateral agencies. The focus on leadership, economic empowerment, ending violence against women and enhancing agency emphasises a number of the SDGs, while the anticipated outcomes are also evident across a range of the SDGs. In its first five years, the initiative has seen 10,605 women take on leadership roles at the community, provincial and national level; 5,964 women access financial literacy training and financial services; and more than 526,000 people participate in community awareness sessions on violence against women.


Using the above information and your own knowledge, discuss the different types of partnerships within Australia’s aid program and explain the importance of these partnerships in achieving the SDGs in the Pacific region.
Question 6 (12 marks)

The following graph shows the rate of DALY (per 100 000) by socioeconomic status (SES) and lifespan stage.

![Graph showing rate of DALY by SES and lifespan stage.](source)

Source: AIHW data 2018.

a. Briefly explain DALY as a measure of burden of disease. 1 mark

b. Briefly explain what is meant by SES. 1 mark

c. Using data, outline the relationship between SES and rate of DALY. 2 marks
d. Identify one biological, one sociocultural and one environmental factor and explain how each contributes to the relationship outlined in part c.  

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6 marks

e. Discuss how a reduction in DALY could act as a resource for those aged 85+.  

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2 marks
Question 7 (6 marks)

According to the United Nations’ Telecommunication Development Sector, the use of digital technologies increased by up to 500% in some regions between 2000 and 2017, with much of this increase occurring in low- and middle-income countries.

a. Briefly explain two implications for health and wellbeing in low- and middle- income countries of the increase in the use of digital technologies. 4 marks

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b. Discuss how the increasing use of digital technologies could influence human development in low-income countries. 2 marks

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Question 8 (4 marks)

There are a number of important considerations in ensuring the effectiveness of aid programs.

Outline two key features of effective aid programs and explain why each is an important consideration.

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Question 9 (4 marks)

Social justice and education are two of the WHO's prerequisites for health. Briefly explain how each of these can contribute to improved health outcomes in low-income countries.

Social justice

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Education

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Question 10 (8 marks)

The following graph shows life expectancy at birth for males and females between 1900 and 2016.

Source: Adapted from ABS data, accessed 2018.

a. Outline two ways that old public health contributed to the change in life expectancy between 1900 and 2016.  

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b. Outline two strengths and two limitations of the social model of health in bringing about further improvements in life expectancy.  

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Question 11 (3 marks)

Sustainability is an important consideration in the promotion of health and wellbeing globally.

a. Briefly explain what is meant by sustainability.
   1 mark
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b. Briefly explain why social sustainability is important in the promotion of health and wellbeing in a
global context.
   2 marks
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Question 12 (8 marks)

The SDGs are interconnected which means that they influence each other and a change in one will
contribute to changes in others.

a. Discuss how SDG 13 Climate action and SDG 3 Good health and wellbeing are interconnected.
   Ensure you make reference to two key features of SDG 3 in your answer.
   4 marks
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b. Outline two ways that individuals can take action to assist in achieving the SDGs. 4 marks

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Question 13 (6 marks)

Smoking, road safety and skin cancer are issues that are targeted by health promotion in Australia.

Select one of these targets of health promotion

a. Outline two reasons why your selected issue is targeted by health promotion. 2 marks

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b. Explain how the social model and biomedical model may address your selected issue. 4 marks

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Question 14 (4 marks)

On Wednesdays, about 50 Aboriginal families on low incomes arrive at Mullum Mullum’s Indigenous Gathering Place. They come for a cuppa and a chat and to pick up a food package filled with fresh fruit, vegetables, nutritious meals such as quiches and soups, and health tips and simple recipes.

Everyone who registers for the food bank volunteers at least two hours each month to ‘give back’ to their community.

The volunteers now essentially run the program themselves, with the assistance of one worker. ‘I looked at other food banks and the ones that had collapsed and why they collapsed and it was because they didn’t have enough backup, so if something went wrong with the coordinator it just crumbled,’ says Food Bank founder Bronwyn Fenn.

Fruit and vegetables are provided by non-profit organisations SecondBite and FareShare, who rescue fresh produce that would otherwise end up in landfill. FareShare also turns some of that rescued produce into nutritious meals.

‘With the contents of the boxes varying radically from week to week, families are learning about seasonal shopping, kids are trying new fruits and vegetables and Elders are sharing their knowledge about foods and how to cook them,’ says Bronwyn. Volunteers add timely health tips on issues such as looking after yourself in the heat, or preventing heart disease, as well as simple nutritious recipes.

‘Families tell me they save $50 a week,’ Bronwyn says. ‘Most is going into paying bills, for uniforms, all sorts of things. Some are buying more nutritious food.’

‘They tell me: 'This is changing our lives'.’

Source: VicHealth, ‘Life is health, health is life’, 2011.

Evaluate the program in relation to its capacity to improve Indigenous health and wellbeing.

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END OF QUESTION AND ANSWER BOOK
Extra space for responses

Clearly number all responses in this space.
HEALTH AND HUMAN DEVELOPMENT

2018 Trial Examination 2 - ANSWER GUIDE

* Please note that these answers are a guide only and do not represent every possible correct answer.

1. a. Students receive one mark for each dietary risk they identify and a further two marks for linking each one to burden of disease. Note that students must make reference to specific diseases to be eligible for full marks. Identifying ‘high body mass index’, ‘overweight’ or ‘obesity’ are not awarded marks as they are potential outcomes of dietary risks, not dietary risks themselves. Answers worth two marks include:

- Under-consumption of vegetables. Vegetables contain anti-oxidants which can reduce the risk of conditions such as cancer. Under-consumption can mean that anti-oxidant intake is low which can increase YLL due to cancer deaths.
- Under-consumption of fruit. Fruit are high in fibre which provides feelings of fullness. Not eating enough fruit can therefore contribute to weight gain and DALY due to obesity-related conditions such as type 2 diabetes.
- Under-consumption of dairy foods. Dairy is rich in calcium which is required to strengthen bones. Under-consumption can therefore contribute to osteoporosis which is a leading contributor to YLD among older Australians.
- High intake of fat. Fat is energy dense and if eaten in excess, contributes to weight gain. High body mass index is a key risk factor in Australia for a range of conditions including cardiovascular disease, some cancers and type 2 diabetes which are leading causes of DALY in this country.
- High intake of salt. Salt draws fluid into the blood stream and increases blood pressure. This can place a greater strain on the heart and contribute to heart attack and stroke, increasing YLL from these conditions.
- High intake of sugar. Sugar provides a source of nourishment for bacteria in the mouth which can create acids as a by-product. Increased acid in the mouth can dissolve enamel and increase the incidence of dental caries (or cavities). This is a common cause of YLD among children in Australia.
- Low intake of fibre. Fibre assists in cleansing the digestive tract and low intake can therefore increase the risk of colorectal cancer which is a leading cause of YLL in Australia.
- Low intake of iron. Low intake of iron can mean that haemoglobin does not form properly which can result in anaemia, a common cause of YLD among females of child bearing age.
b. Students receive four marks for making four points about how the Healthy Eating Pyramid can address the selected dietary risks. Students should be specific in the answer and if they make general statements (such as ‘it promotes healthy eating’ or ‘it encourages people not to eat too much fat’) marks should not be awarded. Answers worth two marks include:

- Under-consumption of vegetables – the Healthy Eating Pyramid has vegetables accounting for the majority of the bottom foundation layer indicating that vegetables should be consumed in high proportions. If people followed this advice, they would consume adequate amounts of vegetables.
- Under-consumption of fruit – fruit is shown in the foundation layer of the Pyramid. If a person followed this, they would consume adequate amounts of fruit.
- Under-consumption of dairy foods – dairy accounts for half of the middle layer. This indicates that people should consume some milk, cheese, yoghurt or alternatives which could prevent people from under-consuming dairy.
- High intake of fat – the pyramid only includes healthier fats which are shown at the top of the pyramid in the smallest proportion. This would mean that overall fat intake is limited which could reduce intake.
- High intake of salt – a salt shaker is shown outside the pyramid with a cross next to it indicating that added salt should be eliminated from the diet. This could reduce overall intake.
- High intake of sugar – a teaspoon containing sugar is shown outside the pyramid with a cross next to it indicating that added sugar should be eliminated from the diet. This could reduce overall intake.
- Low intake of fibre – the pyramid shows grain foods and fruit and vegetables in the foundation layers which are all high in fibre. If people consume most of their foods from these groups, they will consume adequate amounts of fibre.
- Low intake of iron – the pyramid shows meats and other high iron foods in the middle layer. If people consume moderate amounts of these foods, they should consume adequate amounts of iron.

c. Students receive one mark for each conclusion that is drawn as to why dietary improvements are difficult to achieve in Australia. No explanation is required in this response. Answers worth one mark include:

- Factors such as income can influence the foods people can afford which can decrease an individual’s ability to change their food intake.
- People often lack time to prepare healthier meals due to work demands and caring for family members.
- An individual’s personal preferences have a significant impact on what they eat and can make dietary change difficult.
- People rely on the foods available to them and these may not always include healthier options.
- Dietary change is influenced by the skills that people have. Lack of cooking skills can prevent dietary change.
d. Students receive three marks for explaining how a supportive environment could be created to address dietary risks in Australia. One mark is awarded for the intervention and two marks for linking it to dietary risks. Answers worth three marks include:

- Taxes could be put on processed foods that are high in salt, sugar and fat. This revenue could be used to subsidise the cost of fresh produce such as fruit and vegetables. This creates a supportive environment by making healthier foods cheaper which could assist in reducing dietary risks such as low fruit and vegetable intake.
- Schools and workplaces could restrict the availability of foods that are high in sugar in their canteens. They could also ensure that there are plenty of dairy and high-fibre options. This creates a supportive environment by encouraging people to consume healthier foods when at school or work.
- A traffic light system could be put in place in supermarkets and fast food restaurants to show which foods are healthier options and which are not as healthy. This could encourage people to choose the healthier options which can reduce the risk of high consumption of fat, sugar and salt. This creates a supportive environment by making the healthier foods easy to identify, even for those with limited nutritional knowledge.
- A website could be set up that shows people how to prepare healthy meals. This creates a supportive social environment by providing easy access to nutrition information. The website could promote the use of fresh ingredients which can assist in increasing fibre and iron intake.

2. a. Students receive one mark for briefly explaining what maternal mortality relates to. This question is not asking about the maternal mortality rate or ratio, but a mark can be awarded if students include that it relates to death of the mother due to pregnancy or childbirth. Note that the new Study Design does not require students to rote learn definitions.

The death of a women due to pregnancy or childbirth.

b. Students receive one mark for outlining the relationship between births attended by skilled personnel and maternal mortality and another mark for the correct use of data for a total of two marks. For example:

The higher the proportion of births attended by skilled personnel, the lower the maternal mortality rate. For example, Australia has 99.7% of births attended by skilled personnel and have a maternal mortality rate of 6 per 100 000 births and Somalia has 9.4% of births attended by skilled personnel and a maternal mortality rate of 932 per 100 000 births.

c. Students receive two marks for briefly explaining universal health coverage. Two clear points about universal health coverage should be included for two marks:

Universal health coverage means that all people can access the health care they need without experiencing financial hardship as a result.

Answers worth one mark include:

- Universal health coverage means that all people can access health services when they require them.
- It means that people can receive care regardless of their ability to pay.
- Universal health coverage relates to all people being covered by health services including health promotion, disease prevention and biomedical treatments.
- Universal health coverage means that people do not go into poverty as a result of accessing health care.
d. Students receive two marks for linking universal health coverage to a key feature of SDG 3. One mark is awarded for showing an example of universal health coverage and a second mark for making a meaningful link to another key feature of SDG 3. Answers worth two marks include:

- With universal health coverage, all people could receive treatment for conditions such as cardiovascular diseases. With interventions such as medication and early diagnosis, mortality from these diseases would decrease which would assist in achieving the feature ‘reduce mortality from non-communicable diseases’.
- Universal health coverage can assist in increasing vaccination rates among children for conditions such as TB, providing medicine for people infected with diseases such as HIV and malaria and educating people about how to prevent the spread of these diseases which can assist in achieving the goal of ‘ending the epidemics of HIV, TB, malaria and neglected tropical diseases’.
- Universal health coverage means that people who experience mental health issues can receive the treatment they require. If they can access counselling for example, their symptoms may decrease which assists in working towards the feature ‘promote mental health and wellbeing’.
- Many childhood deaths can be prevented with adequate health care. If all people can access hospital services during childbirth, it can assist in ending preventable newborn deaths as complications can be treated by interventions such as a caesarean section (C-section).
- Universal health coverage can mean that more people can access health care when injured as a result of road traffic accidents. With proper treatment, fewer people will die from their injuries which assists in working towards halving deaths from road traffic accidents.

e. Students receive one mark for each strength and limitation of the HDI they outline for a total of four marks. Note that references to Egypt and Australia are not necessary to be eligible for full marks. Answers worth one mark include:

Strengths

- The HDI takes more than just average incomes into account, so gives a more accurate representation of how well people are living in Australia and Egypt.
- It provides an indication of opportunities for education, which reflects access to knowledge in Egypt and Australia.
- Average income reflects the ability to access the resources required for a decent standard of living.
- It makes comparison easier, as numerous statistics do not have to be sorted through and compared, so countries like Egypt and Australia can be compared very easily.

Limitations

- The HDI only reflects selected aspects of human development and therefore does not capture the richness and depth of human development that may be experienced in Australia and Egypt.
- The HDI, although moving beyond economic indicators, is still based on averages and, therefore, does not provide an indication of the inequalities that exist within Egypt and Australia.
- No survey data are collected in the HDI, so people’s feelings about their lives and issues facing communities are not reflected.
- Collecting data is complex and the reliability of data for measuring human development remains a challenge.
f. Students receive two marks for outlining two characteristics of low-income countries compared to high-income countries. There are many characteristics that students can use for this. Examples worth one mark include:

- Population growth rates are often low in high-income countries compared to low-income countries.
- Levels of education are often lower in low-income countries compared to high-income countries.
- Infrastructure is often well established in high-income countries compared to low-income countries.
- Rates of communicable (or infectious diseases) are often higher in low-income countries compared to high-income countries.
- Access to clean water and sanitation is often lower in low-income countries compared to high-income countries.
- Low-income countries often have fewer industries than high-income countries.

3. a. Students receive two marks for explaining the subjective nature of illness and health and wellbeing. Both concepts must be included to be eligible for two marks. For example:

- Illness and health and wellbeing are subjective concepts as they are influenced by a range of factors such as age, genetics, past experiences and pain threshold. As these characteristics vary from person to person, these concepts mean different things to different people.
- Illness and health and wellbeing are influenced by a range of factors and therefore mean different things to different people. For example, as people get older, they may not be as strong as they once were and may take longer to heal from injuries which can influence the way they view these two concepts.

b. One mark is awarded for briefly explaining what is meant by emotional health and wellbeing. Answers worth one mark include:

- Relates to the ability to recognise, understand and effectively manage emotions and use this knowledge when thinking, feeling and acting.
- Emotional health and wellbeing is about the positive management and expression of emotional actions and reactions as well as the ability to display resilience.
- Emotional health and wellbeing relates to being able to recognise and understand the range of emotions.
4. Students receive marks for discussing the extent to which they agree with the statement that ‘Increasing rates of overweight and obesity in low-, middle- and high-income countries is mainly due to the global marketing of processed foods’. Students can agree, disagree or discuss aspects of both positions and be eligible for full marks. Students should draw on their knowledge relating to low-, middle- and high-income countries to be eligible for full marks. Answers worth six marks include:

- There are many factors that contribute to the increasing rates of obesity in all countries and the marketing of processed foods is only one of them. Rising incomes and developing economies in many countries mean that there is more money available to spend on processed foods. This is where the marketing of these products can be effective in increasing their consumption and contributing to increasing rates of overweight and obesity. Many low- and middle-income populations also want to emulate pop-culture from high-income countries which often includes the consumption of foods that are high in fat and sugar, which contributes to increasing rates of obesity. Many other factors however, also play a role. The increasing use of digital technology such as video games and computers has meant that people are not as physically active as they were in the past, meaning that more energy is being stored as fat, contributing to increasing rates of overweight and obesity in all countries.

- Increasing rates of overweight and obesity are the result of a complex combination of factors, of which, the marketing of processed foods is significant. Processed food companies target people in all countries with a range of techniques to sell food and drinks that are high in fat and sugar, contributing to weight gain. As average incomes in many countries increase, the potential of this marketing to have an impact is increasing. As more people gain access to media such as the internet, the exposure of this marketing is also increasing. Many people (in all income countries) lack nutritional knowledge and are unaware of the impacts that the regular consumption of processed foods can have on their body weight. This increases the impact of marketing, but is not due to the marketing itself. People are also exercising less which is a key factor in contributing to increasing rates of overweight and obesity.
5. Students receive marks for explaining the type of partnerships within Australia’s aid program and for explaining the importance of these partnerships in achieving the SDGs in the Pacific region. Students are not necessarily awarded marks for each point they make, but rather, the quality of their response overall. The following rubric might be useful in assessing each response. Please note that if a student addresses each criteria, they would be eligible for 16 marks for a 12 mark question. Due to their being no set criteria, students can answer in a number of ways and this rubric should be used as a guide only:

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<tr>
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<th>3</th>
<th>2</th>
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<tbody>
<tr>
<td>Discussion of different types of partnerships within Australia’s aid program</td>
<td>More than two types of partnerships are adequately discussed.</td>
<td>Two types of partnerships are adequately discussed.</td>
<td>One type of partnership is adequately discussed.</td>
<td>No partnerships are discussed.</td>
</tr>
<tr>
<td>Discussion of the importance of partnerships within Australia’s aid program</td>
<td>The importance of more than two types of partnerships are adequately discussed.</td>
<td>The importance of two types of partnerships are adequately discussed.</td>
<td>The importance of one type of partnership is discussed.</td>
<td>The importance of different types of partnerships are not discussed.</td>
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<tr>
<td>Links to the SDGs</td>
<td>The role of partnerships in addressing three SDGs are clearly discussed.</td>
<td>The role of partnerships in addressing two SDGs are clearly discussed.</td>
<td>The role of partnerships in addressing an SDG is clearly discussed.</td>
<td>The role of partnerships in addressing an SDG is not discussed.</td>
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<tr>
<td>Use of source information</td>
<td>Multiple pieces of source information are used to develop responses.</td>
<td>Two pieces of source information are used to develop responses.</td>
<td>One piece of source information are used to develop responses.</td>
<td>No pieces of source information are used in the response.</td>
</tr>
<tr>
<td>Use of own knowledge</td>
<td>Multiple pieces of the student’s own knowledge are used to develop responses.</td>
<td>Two pieces of the student’s own knowledge are used to develop responses.</td>
<td>One piece of the student’s own knowledge is used to develop responses.</td>
<td>No pieces of the student’s knowledge are used.</td>
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See page 8 for examples of high-scoring responses.
The following are examples of high-scoring responses:

- The Australian Government implements its aid program through a number of partnerships, such as bilateral, multilateral, non-government and with the private sector. These partnership allow the program to implement a range of programs addressing the Australian aid priorities. For example, the program invests $218 million in multilateral partnerships. This allows groups such as UNICEF to implement large-scale education programs in the Pacific that provides education for all children. This increases the ability of children to attend school and works toward the SDG ‘Quality education’. Private sector partnerships focus on gender equality and empowering women and girls by providing opportunities for leadership at all levels and access to financial training and services. This can allow women to access small loans to assist them in starting small businesses. This allows them to generate an income and works towards the SDG 1 No poverty and SDG 5 Gender equality by giving women the chance to make their own decisions and earn their own money.

- The partnerships between Australia and governments, civil society, the private sector and multilateral agencies has allowed women in the Pacific to take on more leadership roles which assists in achieving SDG 5 Gender equality. The government also provides $182 million to NGOs which allows them to run their programs in the Pacific. These programs often reach people who are not reached by other types of aid and focus on priorities like agriculture, fisheries and water. This can increase the amount of food available in these communities which in turn can assist in promoting SDG 2 Zero hunger. Australia also partners directly with countries through bilateral agreements (for a total of $2487 million in 2017-18) which allows Australia to specify what the money should be used on. The priorities guide these decisions and increase development in areas such as infrastructure and trade facilitation. This can assist in increasing economies and average incomes which works towards SDG 1 No poverty.

6. a. Students must correctly explain DALY as a measure of burden of disease for one mark:

One DALY is equal to one year of healthy life lost through premature death, illness, disease or disability.

b. Students receive one mark for briefly explaining socioeconomic status. For example:

Socioeconomic status relates to a person’s position in society compared to others, based on education, income and occupation.

c. Students receive one mark for outlining the relationship between SES and DALY and another mark for the correct use of data. Note that reasons for the difference do not receive a mark. If students just describe the difference between the highest and lowest SES without stating what the relationship between SES and DALY is, no marks are awarded. An answer worth two marks could be:

As SES goes up, the rate of DALY goes down. For example, for those aged 65-84 the rate of DALY is around 1 200 per 100 000 people and this rate goes down with each increase in SES until it reaches around 900 per 100 000 in the highest SES group.
d. Students receive one mark each for correctly identifying a relevant biological, sociocultural and environmental factor and another mark for linking each to the difference in the rate of DALY for a total of six marks. Answers worth two marks include:

**Biological**

- **Body weight** – Low SES groups have higher rates of obesity than high SES groups. This places more strain on the heart and increases the risk of cardiovascular disease, which contributes to the higher rate of DALY.
- **Blood pressure** – Those in low SES groups experience higher rates of hypertension than high SES groups. This indicates that the heart is working harder which can increase the risk of heart attack and contributes to a higher rate of DALY.
- **Glucose regulation** – Those in low SES groups are more likely to experience impaired glucose regulation than high SES groups. This increases the risk of type 2 diabetes which contributes to a higher rate of DALY.
- **Birth weight** – Low SES groups have higher rates of low birthweight than high SES groups. This contributes to higher rates of cardiovascular disease in adulthood which contributes to a higher rate of DALY.

**Sociocultural**

- **Education** – Those from lower socioeconomic groups generally have less health-related knowledge than those from higher socioeconomic groups. This can contribute to reduced access to preventative medicine which increases the risk of diseases and premature death which contributes to a higher rate of DALY.
- **Income** - Those from lower socioeconomic groups generally have lower incomes than those from higher socioeconomic groups. This can mean that they are less able to afford health promoting resources such as health care and adequate food. This can increase the risk of conditions such as cardiovascular disease which can lead to premature death and a higher rate of DALY.
- **Food insecurity** – As a result of the cost, those from the lowest SES group may rely on processed foods which can be higher in energy. This can contribute to higher rates of obesity and related conditions such as cardiovascular disease and type 2 diabetes compared to the highest SES group. These conditions could contribute to the higher rate of DALY.
- **Access to health care** – Those from the lowest SES group may lack the income and knowledge related to accessing preventative medicine. This can mean that interventions are not put in place to prevent disease which can contribute to higher rates of disease and a higher rate of DALY.
- **Social exclusion** - those from lower socioeconomic groups are more likely to be socially excluded than those from higher socioeconomic groups. This can result in higher rates of mental illness and rates of self-harm which can contribute to a higher rate of DALY.
- **Early life experiences** – Those from low SES groups are more likely to be exposed to tobacco smoke in the uterus than those in high SES groups. This can contribute to low birth weight which increases the risk of infections, contributing to a higher rate of DALY.
Environmental

- Geographic location – suburbs with greater socioeconomic disadvantage often have a higher density of fast food outlets than those in higher SES suburbs. This can increase the intake of energy-dense foods and contribute to higher rates of heart attacks and therefore DALY than those in high SES groups.
- Housing – those in low SES groups experience poorer housing conditions such as overcrowding and hazards such as faulty wiring. This can contribute to mental health issues and injuries and partially explains the higher rate of DALY for low SES groups compared to high SES groups.
- Environmental tobacco smoke – more low SES people are exposed to environmental tobacco smoke which can increase the impact of conditions such as asthma which contributes to greater DALY than those in the high SES group.
- Work environment – the work environment of low SES people is often more dangerous than those in high SES groups. Factory work and manufacturing plants can contribute to higher rates of injuries and DALY than high SES groups.

e. Students receive two marks for making two points relating to how a reduction in DALY could act as a resource for those aged 85 and over. Answers worth two marks include:

- A decrease in DALY can mean that fewer people aged 85 and over are disabled. This increases their ability to live independently and participate in activities they enjoy. They may also save healthcare-related costs leaving more money to spend on other things such as socialising.
- A decrease in DALY can mean that older people are more able to stay active in their daily lives. They can be physically and socially active which promotes health and wellbeing. They may also experience lower levels of stress as they are in relatively good health.

7. a. Students receive two marks for linking increased use of digital technologies to implications for health and wellbeing for a total of four marks. Answers worth two marks include:

- Digital technologies can assist in educating people in low- and middle-income countries, especially those who live outside of major cities. This can increase the ability of people to enact health-promoting behaviours such as healthy eating which can assist in maintaining a healthy body weight (physical health and wellbeing).
- Digital technologies can contribute to increased and more effective communication. This can mean that people in low- and middle-income countries can stay in touch more effectively with loved ones which can promote social health and wellbeing.
- Digital technologies can increase access to health care for example, through eHealth technology. This can assist people in having conditions diagnosed which can lead to better treatment options that can reduce symptoms and promote physical health and wellbeing.
- People in low- and middle-income countries can be better informed of disasters via digital technology. This can assist them in staying safe during these events which can reduce stress and enhance mental health and wellbeing.
- Privacy and safety issues can contribute to risks such as cyberbullying. This can contribute to stress and anxiety which influences mental health and wellbeing.
b. Students receive two marks for linking the increasing use of digital technologies to human development. Answers worth two marks include:

- Digital technologies can increase education and the ability of people in low-income countries to earn an income. This can mean that people can afford the resources required for a decent standard of living, such as adequate shelter and health care.
- Digital technology can assist people in low-income countries to access health information. This can assist in reducing risk factors such as smoking and poor dietary intake which can assist people in leading long, healthy and creative lives in accordance with their needs and interests.
- Digital technologies can provide access to knowledge and assist people in low-income countries in expanding their choices and capabilities in relation to education and employment.

8. Students receive one mark for each feature of effective aid programs they identify and another two marks for linking each to improving human development for a total of four marks. A range of criteria can be used when evaluating the program, but answers must show an understanding of elements of effective programs in their response. Answers worth two marks include:

- It involves partnerships – partnerships ensure that all stakeholders are involved in the planning and implementation of the program. They all bring different skills which increases the chance of effective change.
- It is accountable and transparent – this means that the most effective use of funds is promoted. Money and resources can be used in the most efficient way, maximising the impact of the program.
- Involves education – when a program involves education, this knowledge can be passed on to the next generation meaning that any improvements are sustainable.
- Gives the local people ownership – when local people are given ownership of the program, they are more likely to actively participate which increases the chance of success.
- It focusses on women – women are more likely to share information with children and other community members, meaning that knowledge is shared among the community.
- It is results focussed – when an aid program is results focussed, it is more likely to address the most pressing needs of the community like the provision of health care and clean water and sanitation.
- It is culturally appropriate – understanding and taking the local culture into account will mean that people are more likely to participate in the program which increases its effectiveness.
9. Students receive two marks for linking social justice to improved health outcomes and two marks for linking education to improved health outcomes for a total of four marks. Note that these responses can link to either dimensions of health and wellbeing or health status indicators. Answers worth two marks include:

Social justice

- If all people can access adequate income or social support, they are more able to afford shelter which can promote feelings of security and decrease levels of stress (mental health and wellbeing).
- If all people are protected under the rule of law, they are less likely to experience mental health issues which can reduce morbidity due to conditions such as anxiety and depression.
- If all people experience equal rights, they are more likely to experience a sense of belonging to the community in which they live which promotes spiritual health and wellbeing.

Education

- Educated women are more likely to be able to make their own decisions such as who they marry. This can promote mental health and wellbeing as they are more likely to marry someone who suits their personality which can reduce feelings of stress.
- Educated people are more likely to display health promoting behaviours such as not smoking which can reduce rates of lung cancer in low-income countries.
- Educated people are more likely to choose their career which can promote a sense of purpose in life which enhances spiritual health and wellbeing.

10. a. Students receive two marks for each link they make between old public health and improved life expectancy for a total of four marks. Answers worth two marks include:

- Old public health included interventions such as underground sewerage systems. This assisted in reducing the risk of infectious diseases and premature death which contributed to an increase in life expectancy from around 50 in 1900 to around 85 in 2016.
- Old public health included building requirements for housing which reduced the risk of respiratory diseases caused by inadequate ventilation. This meant that fewer people were dying from these causes which contributed to the increase in life expectancy between 1900 and 2016.
- Old public health includes quarantine measures and the provision of clean drinking water. This reduced the risk of infections among children as many were caused by water- and air-borne diseases which in turn, reduce the mortality rate from infectious diseases and increased life expectancy by around 30 years between 1900 and 2016.
- Implementing food standards meant that children were better nourished which reduced the risk of infectious diseases leading to death as the immune system was more equipped to fight it off, reducing deaths from infectious diseases and improving life expectancy over time.
- The funding of mass vaccination programs against conditions such as measles, meant that fewer children contracted these conditions, contributing to lower under 5 mortality rates and improved life expectancy as children accounted for many deaths back in 1900.
b. Students receive one mark for each strength they outline and one mark for each limitation they outline in relation to the social model of health bringing about further improvements in life expectancy. Answers worth one mark include:

Strength

- The social model of health can address risk factors such as lack of physical activity by promoting exercise which can prevent cardiovascular disease and promote life expectancy.
- The social model of health targets whole populations, so rates of preventable diseases may decrease, increasing life expectancy.
- The social model of health is relatively inexpensive so it can assist in increasing life expectancy at an affordable cost.

Limitation

- The social model of health will only be effective in increasing life expectancy if people engage in the interventions put in place and some people may choose not to.
- The social model of health does not contribute to new technologies in relation to treating disease. So more effective treatments may not be developed for conditions that can’t be prevented which means life expectancy may not increase.
- Even with healthy lifestyles, some causes of death cannot be prevented. This means that there is a limit to how much the social model can contribute to improved life expectancy.

11. a. Students receive one mark for explaining what is meant by sustainability:

Sustainability relates to meeting the needs of the present without compromising the ability of future generations to meet their own needs.

b. Students receive two marks for linking an aspect of social sustainability to health and wellbeing in a global context. Note that if students do not clarify the global nature of their response, only one mark should be awarded. Answers worth two marks include:

- Social sustainability means that all children around the world can access education in the future. This can inform them of the benefits of safe sexual practices which can reduce the risk of STIs globally which promotes physical health and wellbeing.
- Social sustainability means that all females everywhere will be able to access the same resources as males such as education and employment. This can reduce levels of stress and promote mental health and wellbeing around the world.
- Social sustainability means that all people will be able to gain meaningful employment which promotes a sense of purpose and promotes spiritual health and wellbeing around the world.
- Social sustainability means that all people can access resources such as food and water into the future. This can assist in reducing the risk of infectious diseases which promotes physical health and wellbeing globally.
12. a. Students receive two marks for linking a key feature of SDG 3 to SDG 13 and two marks for linking SDG 13 to a key feature of SDG 3 for a total of four marks. Answers worth two marks include:

- Addressing climate action will assist in stabilising weather patterns. This will assist the agricultural industry in producing food which provides energy and contributes to lower rates of infectious diseases as immune system function is more effective. This can reduce under 5 mortality rates.
- Climate action will result in more sustainable energy production. This assists in reducing air pollution which can reduce the risk of death from hazardous chemicals and air, water and soil pollution and contamination.
- Climate action can reduce global warming which can reduce the spread of disease carrying mosquitoes. This can reduce the spread of malaria and neglected tropical diseases (NTD).
- If fewer people are contracting HIV, TB and malaria, people will be able to work more productively which means that governments will generate more tax revenue and can put more money into exploring actions to reduce the impact of climate change.
- A reduction in non-communicable diseases means that money will be saved through the health system as fewer diseases will need to be treated. This can mean that money can be put into developing sustainable energy production which reduces carbon dioxide emissions and reduces the impact of climate change.

b. Students receive two marks for linking each example of social action to one of the SDGs for total of four marks. Answers worth two marks include:

- Donate money to non-government organisations (e.g. World Vision, Oxfam, Tabitha Foundation, Red Cross) to help them continue the work they do in low- and middle-income countries. These programs provide resources such as clean water and sanitation which assists in achieving the SDG ‘Clean water and sanitation’.
- Volunteer time to assist in raising funds or become part of a volunteer program designed to help improve the lives of others and their communities. Volunteering saves organisations money which can then be put into agricultural programs which assists in achieving SDG 2 ‘Zero hunger’.
- Support a social change campaign by signing online petitions or becoming involved in online competitions and other social media activities. This can encourage companies to pay their employees decent wages which assist in achieving SDG 1 No poverty.
- Find out more about social issues and implement an awareness campaign locally or through social media outlets. Awareness can influence other people to change their spending habits to bring about change. This can include reducing the number of child workers in low- and middle-income countries which can mean they stay in school which promotes the SDG Quality education.
13. a. Students receive two marks for outlining two reasons why their selected issue is targeted by health promotion. Answers should relate to the selected issue. Answers worth one mark include:

**Smoking**

- Smoking kills thousands of Australians each year.
- Smoking costs Australia millions of dollars each year in health costs.
- Exposure to environmental tobacco smoke (ETS) causes disease and premature death in adults and children who do not smoke.
- Smoking is a preventable risk factor and health promotion has the ability to significantly decrease the impacts of this addiction.

**Road safety**

- There have been thousands of deaths on Australia’s roads and all are considered preventable.
- Every day, an average of four people are killed and 90 are seriously injured as a result of using Australia’s roads.
- Road injuries can be severe and last a lifetime, reducing the ability of people to work productively.
- Deaths from road traffic accidents are considered preventable so health promotion can significantly reduce the impact.

**Skin cancer**

- Australia has the highest rate of skin cancer in the world.
- Melanoma is a significant contributor to YLL in Australia.
- Surgery can alter a person’s appearance as large amounts of surrounding tissue is often removed, which can contribute to depression and anxiety.
- Most skin cancers are preventable through behaviour change, so health promotion has the potential to significantly reduce the burden associated with this disease.
b. Students receive two marks for explaining how the social model may address their selected issue and two marks for explaining how the biomedical model could address the selected issue for a total of four marks. Students can explain one intervention for each model in more detail or two interventions for each model in less detail. Answers can relate to actual or potential interventions for each model. Answers worth four marks include:

- Smoking can be banned in public places which reflects the social model. This has the potential to discourage smokers from lighting up and also reduces the amount of environmental tobacco smoke that non-smokers are exposed to. The biomedical model can address this issue by using surgery to remove cancerous tumours and chemotherapy to reduce the risk of the cancer cells growing.

- Taxes can be increased to discourage young people from taking up smoking and telephone help lines can be used to assist people wanting to quit, which reflect the social model. The biomedical model can use medication to assist people in quitting and heart surgery to reduce the risk of heart attacks.

- The social model can use road safety campaigns to educate people about the dangers of risks on the road such as texting whilst driving, speeding and drink driving. These can run on radio, television and on the internet. The biomedical model can treat injuries sustained on the roads such as surgery to realign bones and stiches to reduce blood loss.

- Road laws such as speed limits assist in reducing the risk of crashes. Booze buses also reduce the likelihood of people drink driving. Biomedical interventions can treat injuries such as medication for pain relief and the insertion of plates and screws to assist in the healing of broken bones.

- Health promotion activities such as the banning of solariums assists in reducing UV exposure for many people. Advertising the risks of excessive exposure to UV, especially in summer, can also reduce the risk of skin cancer. The biomedical model can use surgery to remove skin cancers and radiation therapy to reduce the size of tumours if they spread.

- The social model can use sun shades in schools to reduce the exposure of children to UV which can reduce their risk of skin cancer in later life. Schools can also educate children as to how to protect themselves from over-exposure to UV, such as applying sunscreen and wearing a hat. The biomedical model can use chemotherapy if the skin cancer spreads to other organs to reduce the size of tumours. Surgery can also be used to remove tumours.
14. Students receive four marks for evaluating the program in relation to its capacity to improve Indigenous health and wellbeing. Principles of the social model of health and action areas of the Ottawa charter can be used to formulate a response, but in this instance, answers must relate to the ability to evaluate the program, not simply state what the concept relates to. Answers worth two marks include:

- The participants are involved in running the program which gives them ownership. This encourages regular participation which can reduce the rate of overweight and obesity by consuming fresh foods which promotes physical health and wellbeing.
- The program includes education and that knowledge can be shared among other community members. This means that more people are likely to eat healthy meals which can provide adequate levels of energy (physical health and wellbeing).
- The program has about 50 families participating which means that the program is reaching a large number of people. The tips they receive by being a part of the program can make them feel more confident which promotes mental health and wellbeing.
- The feedback from participants suggests that the program is having the desired effect. ‘This is changing our lives’ is the response from the participants. This may indicate that they feel connected to the program which can promote spiritual health and wellbeing.
- A specific need of the group is being targeted as Indigenous Australians experience high rates of diet-related diseases. This can promote physical health and wellbeing by reducing their risk of these conditions.