# VCE Health and Human Development 2018-2024 – Frequently Asked Questions

1. Do the five dimensions of health and wellbeing apply to all units and how are these dimensions defined?

Yes the five dimensions of health and wellbeing (physical, social, spiritual, emotional and mental) apply across all units of the study design. The [*Advice for teachers*](http://www.vcaa.vic.edu.au/Documents/vce/hhd/HealthHumanDevelopmentAFT-2014.pdf) includes an explanation of the five dimensions of health and wellbeing.

2. What is the difference between the term development in Unit 2 and Unit 4?

The terminology in Unit 2 refers to developmental transitions or developmental changes. In this context Unit 2 relates to the physical, social emotional and intellectual development of an individual. In the previous study design this was referred to as individual human development. Unit 4 on the other hand refers to human development as described by organisations such as the United Nations and the World Health Organization. In Unit 4 human development encompasses concepts such as the Human Development Index.

3. What is the meaning of equality and equity and how does this relate to the study design?

The study design uses the terms inequality and equity. The study design explores the inequalities or the differences in health and wellbeing and the various factors that contribute to these differences.

Equity in relation to health and wellbeing refers to addressing the causes of inequality and providing strategies to ensure fairness. Equity is not about treating everyone equally but rather providing what individuals or groups require for health and wellbeing. The following image provides a simple explanation of the differences between equity and equality.



Interaction Institute for Social Change | Artist: Angus Maguire

4. Some of the key skills across the study design require the collection of data. How do students do this?

Data collection does not need be large scale. Collection of data could include:

* surveys of students within the class group or their peer group
* interview of family members or other students
* direct observation
* conducting an audit of health service in their local community
* use of secondary data from a range of sources.

Prior to requiring students to collect data, teachers should discuss the ethical principles of conducting research, this includes the concepts of:

* informed consent
* do no harm to the participants, researcher or community
* the individual’s right to privacy.

Teachers need to ensure that data collection methods do not require individuals to disclose personal information about their health status or health behaviours. Data collection practices need to be consistent with school policies.

Unit 1

5. Do I still need to teach physical, social, emotional and intellectual components of development in Unit 1?

No, this content is no longer in Unit 1. Key knowledge relating to ‘definitions and characteristics of development, including physical, social, emotional and intellectual’ has been moved to Unit 2 Area of Study 1: Developmental transitions.

Unit 2

6. What needs to be covered in Unit 2 regarding Medicare, Pharmaceutical Benefits Scheme (PBS) and private health insurance? How is this different from Unit 3?

Unit 2 should focus more on individual rights and responsibilities; it should address questions such as:

* What does Medicare provide for me?
* When can I get my own Medicare card?
* Do I need a Medicare card to go to the doctor?
* What is the PBS?
* What is the difference between Medicare and private health insurance?
* Why would people pay for private health insurance?

Exploring the health system in Unit 2 is about building students health literacy skills to ensure that they become informed consumers that know how to access health services in their community.

Unit 3 focuses on Australia’s health system including Medicare, the PBS, private health insurance and the National Disability Insurance Scheme in relation to promoting health at a population level. Australia’s health system is explored from the perspective of funding, sustainability, access and equity.

7. Are the areas of study in Unit 2 equally weighted?

The review panel considered that more time would be required to teach the key knowledge and key skills of Area of Study 1. As a guide they suggested that Area of Study 1 could be weighted at approximately 60% and Area of Study 2 could be approximately 40%. Teachers can use this suggested weighting or may decide to use an alternate weighting in their unit planning.

Unit 3

8. Unit 3, Area of Study 1 refers to variations in population groups including those living within and outside major cities. What constitutes a major city?

[Australia’s Health 2016](http://www.aihw.gov.au/australias-health/2016/population-groups/#t12) refers to those living outside major cities as being rural and remote. This terminology is based on the Australian Bureau of Statistics Geographical Classification System. Examples of major cities include Melbourne and Geelong. Regional cities such as Bendigo, Ballarat and Mildura are not considered to be major.

9. What biological, sociocultural and environmental factors should be taught in Unit 3 Area of Study 1?

Students should understand the concepts of biological, sociocultural and environmental factors and should be able to provide relevant examples of each to explain variations in health status. Some examples could include:

* Biological factors - genetics, body weight, blood pressure, cholesterol levels etc.
* Sociocultural factors – socioeconomic status, level of education, employment status, cultural background, social networks (e.g. family, peer group), social expectations and attitudes (e.g. gender expectations), cultural traditions, media etc.
* Environmental factors – geographic location, quality of air and water, safe workplaces, community safety, access to physical resources within a community (e.g. transportation, recreation facilities and health services).

10. Do students need to know about diseases in area of study 1?

The study design does not mention specific diseases, however the key knowledge ‘the contribution to Australia’s health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks etc.’ will require students to link these factors to health outcomes. For example, when studying the impact of smoking on health status and burden of disease students would be expected to identify that smoking is a risk factor for cancer and heart disease etc. The key skills require students to ‘use data to describe and evaluate the health status of Australians’. When students are examining health data they will be identifying the major burdens of disease in Australia, this will help frame the diseases they need to be familiar with.

11. Do we have to teach about vaccination, it does not appear to be included in Unit 3?

Vaccination would be addressed in Unit 3 area of study 2 in relation to the key knowledge focusing on improvements in Australia’s health status since 1900. Vaccination relates to the biomedical approach to health. The development of new vaccinations and the introduction of community vaccination programs during the 1900s have had a significant impact on the reduction of a range of diseases. The development of new vaccines still continues today, for example human papilloma virus.

12. In area of study 2, do I have to teach all three listed programs targeting smoking, road safety and skin cancer in Unit 3? How will this key knowledge be assessed?

No, the key knowledge specifies a focus on one program, with an emphasis on the effectiveness of the program and how it reflects the Ottawa Charter for Health Promotion. The relevant key skill states ‘apply the action areas of the Ottawa Charter for Health Promotion to a range of data and case studies’. This means that students will need to apply their knowledge and skills obtained through studying one of the programs listed to a new context. This is a good example illustrating why it is important to read the key knowledge and key skills together. These three programs were selected as they represent successful health promotion so a more detailed study of one will help students to understand what effective health promotion includes.

13. The social model of health includes the principle ‘addressing the broader determinants of health’. What are the determinants of health?

The study design refers to a range of factors that impact on health status and burden of disease. These are classified as biological, sociocultural and environmental factors - see question 9 for examples. When discussing the principles of the social model of health the broader determinants of health are the biological, sociocultural and environmental factors.

14. What depth should I teach in regard to old public health?

Students should have an understanding of the concept ‘old public health’ and be able to provide a range of examples relating to old public health since 1900. The key skill relevant to this key knowledge requires students to ‘analyse data to show improvements in health over time and draw conclusions about reasons for improvements’. Therefore students should be provided with the opportunity to analyse data and have an understanding that enables then to draw conclusions about why improvements have occurred. This will also provide good background for students when they study Unit 4 and low- and middle-income countries.

Unit 4

15. Do all the global trends listed in Unit 4 area of study 1 have to be taught?

Yes, all global trends listed must be taught. It is important to note that the focus of teaching should be on the implications of the global trends listed for health and wellbeing. For example, when teaching about the implications of climate change on health and wellbeing, students need a basic understanding of climate change, including the aspects listed in the study design (rising sea levels, changing weather patterns and more extreme weather events). More importantly students should be able to analyse the implications of climate change on health and wellbeing. The same approach applies for the other global trends listed in the study design.

16. Can students use the abbreviated name of the Sustainable Development Goals (SDGs)?

Yes, either the abbreviated or the longer version for the names of the SDGs can be used.

17. How do we teach the relationships between SDG 3 and the other SDGs?

The SDGs are integrated and related to each other. They are global goals that apply to all countries regardless of different levels on income or development. Achievement of Goal 3 ‘Ensure healthy lives and promote wellbeing for all at all ages’ is closely linked to the achievement of other SDGs. The study design specifies that students analyse the relationship between SDG 3 and SDGs 1, 2, 4, 5, 6 and 13. The key knowledge states that this is in relation to collaboration between the health sector and other sectors in working towards health-related goals.

Students will need to have a detailed understanding of Goal 3 and will explore how the actions and achievements of goals 1, 2, 4, 5, 6 and 13 assist in contributing to Goals 3. For example Goal 6 ‘Clean water and sanitation’ requires the development of infrastructure to ensure all communities have access to clean water and hygienic sanitation facilities. This in turn will contribute to the achievement of targets relating to the reduction of deaths and illnesses relating to water pollution and contamination.

18. How many programs do students need to know for the SDGs?

The key knowledge in Unit 4 area of study 2 specifies that students should focus on one program. The key knowledge focuses on the key features of effective programs that address the SDGs. The emphasis of the key skill is not about knowing a program but rather on students to applying their understandings to analyse and evaluate the effectiveness of aid programs in promoting health and wellbeing, and human development. A more in depth analysis of what makes an effective program provides students with the transferable skills to do this. Students can do this by investigating one good example.

19. Do students need to refer to Department of Foreign Affairs and Trade (DFaT)?

The key knowledge in Unit 4, area of study 2 refers to ‘Australia’s aid program’ which in 2017 is administered by DFaT. The study design deliberately does not refer to DFaT, as Government departments sometimes change their names. Students should understand that the Federal Government sets Australia’s aid policy which is administered by a Government Department (currently DFaT). Students can refer to Australia’s aid program in different ways, for example Australian Government aid or Federal Government aid or referring to the relevant Government Department that administered the aid program.

20. Do students need to know the United Nations action areas?

No – this key knowledge is no longer in Unit 4 of the VCE Health and Human Development study design.

Assessment

21. How many assessment tasks should there be for Units 1 and 2?

In Unit 1 and 2 there should be at least one assessment task for each outcome. In Unit 1 there are three outcomes therefore as a minimum there should be three assessment tasks. In Unit 2 there are two outcomes which means there should be a minimum of two assessment tasks. Teachers can always decide to set more than the minimum number of assessment tasks.

22. How many SACs are required for Unit 3 and Unit 4?

The study design specifies the minimum number of SACs and the weighting of marks for each outcome for Unit 3 (see page 19) and Unit 4 (see page 23). Each outcome is assessed using one or more tasks. As there are two outcomes in both Unit 3 and Unit 4, this means a minimum of two assessment tasks are required for each Unit. Teachers can always decide to set more than the minimum number of assessment tasks.