

## VCE HEALTH AND HUMAN DEVELOPMENT UNIT 3 & 4 (STUDY DESIGN 2018 – 2022) – 2018 TIMELINE

### Unit 3: Australia's health in a globalised world

#### AREA OF STUDY 1 - Understanding health and wellbeing

This area of study explores health and wellbeing and illness as complex, dynamic and subjective concepts. While the major focus is on the health of Australians, this area of study also emphasises that Australia's health is not isolated from the rest of the world. Students inquire into the WHO's prerequisites for health and wellbeing and reflect on both the universality of public health goals and the increasing influence of global conditions on Australians. Students develop their understanding of the indicators used to measure and evaluate health status, and the factors that contribute to variations between population groups in Australia.

**Outcome 1** - On completion of this unit the student should be able to explain the complex, dynamic and global nature of health and wellbeing, interpret and apply Australia's health status data and analyse variations in health status. To achieve this outcome the student will draw on key knowledge and key skills outlined in Area of Study 1.

#### Key knowledge

- concepts of health and wellbeing (including physical, social, emotional, mental and spiritual dimensions) and illness, and the dynamic and subjective nature of these concepts
- benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally
- prerequisites for health as determined by the WHO including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity
- indicators used to measure and understand health status: incidence, prevalence, morbidity, burden of disease, disability-adjusted life year (DALY), life expectancy, health-adjusted life expectancy (HALE), mortality (including maternal, infant and under 5) and self-assessed health status Unit 3: Australia's health in a globalised world VCE Health and Human Development 2018–2022 16
- health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups including: – males and females – Indigenous and non-Indigenous – high and low socioeconomic status – those living within and outside of Australia's major cities
- the contribution to Australia's health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron).

#### Key skills

- explain the dynamic and subjective nature of the concepts of health and wellbeing and illness
- describe interrelationships between dimensions of health and wellbeing
- explain the individual and collective importance of health and wellbeing as a resource
- describe global benefits of the pursuit of optimal health and wellbeing
- identify the WHO's prerequisites for health and explain their links to improved health outcomes
- describe and apply indicators used to measure health status
- use data to describe and evaluate the health status of Australians
- analyse patterns in morbidity and mortality in Australia over time
- analyse health information to explain factors that contribute to variations in health status between population groups.

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### AREA OF STUDY 2 – Promoting health and wellbeing

This area of study looks at different approaches to public health over time, with an emphasis on changes and strategies that have succeeded in improving health and wellbeing. Students examine the progression of public health in Australia since 1900, noting global changes and influences such as the Ottawa Charter for Health Promotion and the general transition of focus from the health and wellbeing of individuals to that of populations. Students investigate the Australian health system and its role in promoting health and wellbeing. They conduct a detailed study on a successful health promotion campaign or program, and inquire into priorities for health improvements in Australia.

*Outcome 2 - On completion of this unit the student should be able to explain changes to public health approaches, analyse improvements in population health over time and evaluate health promotion strategies. To achieve this outcome the student will draw on key knowledge and key skills outlined in Area of Study 2.*

### Key knowledge

- improvements in Australia's health status since 1900 and reasons for these improvements, focusing on policy and practice relating to: – 'old' public health – the biomedical approach to health and improvements in medical technology – development of 'new' public health including the social model of health and Ottawa Charter for Health Promotion – the relationship between biomedical and social models of health Unit 3: Australia's health in a globalised world VCE Health and Human Development 2018–2022 17
- Australia's health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity
- the role of health promotion in improving population health, focusing on one of: smoking, road safety, or skin cancer, including: – why it was/is targeted – effectiveness of the health promotion in improving population health – how the health promotion reflects the action areas of the Ottawa Charter for Health Promotion
- initiatives introduced to bring about improvements in Indigenous health and wellbeing in Australia and how they reflect the action areas of the Ottawa Charter for Health Promotion
- initiatives to promote healthy eating in Australia including Australian Dietary Guidelines and the work of Nutrition Australia, and the challenges in bringing about dietary change.

### Key skills

- analyse data that show improvements in health over time and draw conclusions about reasons for improvements
- analyse the role of Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme in promoting Australia's health
- analyse the strengths and limitations of biomedical and social models of health in bringing about improvements in health status
- apply the action areas of the Ottawa Charter for Health Promotion to a range of data and case studies
- evaluate initiatives in terms of their capacity to improve Indigenous health and wellbeing
- draw conclusions as to why dietary improvements are difficult to achieve in Australia.

**VCE HEALTH AND HUMAN DEVELOPMENT UNIT 3 & 4 (STUDY DESIGN 2018 – 2022) – 2018 TIMELINE**

TERM	WEEK	UNIT	AOS/ OUTCOME	KEY KNOWLEDGE	SCHOOL-ASSESSED COURSE WORK (SAC)
(2017 Orient ation Week)	9 (1)	3	1	3.1.1 - concepts of health and wellbeing (including physical, social, emotional, mental and spiritual dimensions) and illness, and the dynamic and subjective nature of these concepts 3.1.2 - benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally 3.1.4 - indicators used to measure and understand health status: incidence, prevalence, morbidity, burden of disease, disability-adjusted life year (DALY), life expectancy, health-adjusted life expectancy (HALE), mortality (including maternal, infant and under 5) and self-assessed health status (simple definitions for holiday homework)	
SUMMER BREAK					
<b>TERM 1 2018</b>					
29/1	1 (2)	3	1	3.1.3 - prerequisites for health as determined by the WHO including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity	
5/2	2 (3)	3	1	3.1.4 - indicators used to measure and understand health status: incidence, prevalence, morbidity, burden of disease, disability-adjusted life year (DALY), life expectancy, health-adjusted life expectancy (HALE), mortality (including maternal, infant and under 5) and self-assessed health status	
12/2	3 (4)	3	1	3.1.5 - health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups including: – males and females – Indigenous and non-Indigenous – high and low socioeconomic status – those living within and outside of Australia’s major cities	
19/2	4 (5)	3	1	3.1.5 - health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups including: – males and females – Indigenous and non-Indigenous – high and low socioeconomic status – those living within and outside of Australia’s major cities	
26/2	5 (6)	3	1	3.1.6 - the contribution to Australia’s health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron).	
5/3	6 (7)	3	1	3.1.6 - the contribution to Australia’s health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron).	
12/3	7 (8)	3	2	3.2.1 - improvements in Australia’s health status since 1900 and reasons for these improvements, focusing on policy and practice relating to:	Labour Day 12/3 <b>SAC Unit 3 AOS 1</b>

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				<ul style="list-style-type: none"> <li>– ‘old’ public health</li> <li>– the biomedical approach to health and improvements in medical technology</li> <li>– development of ‘new’ public health including the social model of health and Ottawa Charter for Health Promotion</li> <li>– the relationship between biomedical and social models of health</li> </ul>	Friday 16 <sup>th</sup> March (Part A)
19/3	8 (9)	3	2	3.2.1 - improvements in Australia’s health status since 1900 and reasons for these improvements, focusing on policy and practice relating to: <ul style="list-style-type: none"> <li>– ‘old’ public health</li> <li>– the biomedical approach to health and improvements in medical technology</li> <li>– development of ‘new’ public health including the social model of health and Ottawa Charter for Health Promotion</li> <li>– the relationship between biomedical and social models of health</li> </ul>	<b>SAC Unit 3 AOS 1</b> Monday 19 <sup>th</sup> March (Part B)
26/3	9 (10)	3	2	3.2.2 - Australia’s health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity	Good Friday 30/3
<b>TERM 2</b>					
DATE	WEEK	UNIT	AOS/ OUTCOME	KEY KNOWLEDGE	SCHOOL-ASSESSED COURSE WORK (SAC)
16/4	1 (11)	3	2	3.2.2 - Australia’s health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity	
23/4	2 (12)	3	2	3.2.3 - the role of health promotion in improving population health, focusing on one of: smoking, road safety, or skin cancer, including: – why it was/is targeted – effectiveness of the health promotion in improving population health – how the health promotion reflects the action areas of the Ottawa Charter for Health Promotion	ANZAC day 25 April
30/4	3 (13)	3	2	3.2.4 - initiatives introduced to bring about improvements in Indigenous health and wellbeing in Australia and how they reflect the action areas of the Ottawa Charter for Health Promotion	
7/5	4 (14)	3	2	3.2.5 - initiatives to promote healthy eating in Australia including Australian Dietary Guidelines and the work of Nutrition Australia, and the challenges in bringing about dietary change.	
14/5	5 (15)	3	2	3.2.5 - initiatives to promote healthy eating in Australia including Australian Dietary Guidelines and the work of Nutrition Australia, and the challenges in bringing about dietary change.	

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### UNIT 4: GLOBAL HEALTH AND HUMAN DEVELOPMENT

#### **AREA OF STUDY 1 – Introducing global health and human development**

This area of study explores global health, human development and sustainability. Students identify similarities and differences in the health status between people living in developing countries and Australians, and analyse reasons for the differences. The role of the United Nations' Millennium Development Goals is investigated in relation to achieving sustainable improvements in health status and human development.

**Outcome 1** - On completion of this unit the student should be able to analyse factors contributing to variations in health status between Australia and developing countries, and evaluate progress towards the United Nations' Millennium Development Goals.

#### **Key Knowledge**

- characteristics of high-, middle- and low-income countries
  - similarities and differences in health status and burden of disease in low-, middle- and high-income countries, including Australia
  - factors that contribute to similarities and differences in health status and burden of disease, including access to safe water; sanitation; poverty; inequality and discrimination (race, religion, sex, sexual orientation and gender identity); and global distribution and marketing of tobacco, alcohol and processed foods
  - the concept and dimensions of sustainability (environmental, social, economic) and its role in the promotion of health and wellbeing
  - the concept of human development, including advantages and limitations of the Human Development Index
  - implications for health and wellbeing of global trends including: – climate change (rising sea levels, changing weather patterns and more extreme weather events) – conflict and mass migration – increased world trade and tourism – digital technologies that enable increased knowledge sharing.
- Unit 4: Health and human development in a global context VCE Health and Human Development 2018–2022 20 Key skills

#### **Key Skills**

- describe characteristics of high-, middle- and low-income countries
- evaluate data to analyse similarities and differences between countries in relation to health status and burden of disease
- analyse factors that contribute to health status and burden of disease in different countries and discuss their impact on health and wellbeing
- compare health data and other information to analyse reasons for health inequalities within and between nations
- explain sustainability (environmental, social, economic) and its importance in the promotion of health and wellbeing in a global context
- explain the Human Development Index and evaluate its usefulness in measuring human development of countries
- analyse the implications for health and wellbeing of particular global trends.

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### AREA OF STUDY 2 – Promoting global health and human development

This area of study explores the role of international organisations including the UN and WHO in achieving sustainable improvements in health and human development. Students consider strategies designed to promote health and sustainable human development globally, as well as Australia's contribution to international health programs and contributions to non-government organisations.

**Outcome 2** - On completion of this unit the student should be able to describe and evaluate programs implemented by international and Australian government and non-government organisations, and analyse the interrelationships between health, human development and sustainability.

#### Key knowledge

- rationale and objectives of the UN's SDGs
- key features of SDG 3 'Ensure healthy lives and promote wellbeing for all at all ages'
- relationships between SDG 3 and SDGs 1, 2, 4, 5, 6 and 13 that illustrate collaboration between the health sector and other sectors in working towards health-related goals
- priorities and work of the WHO
- the purpose and characteristics of different types of aid including emergency, bilateral and multilateral
- features of Australia's aid program including its priority areas and the types of partnerships involved
- the role of non-government organisations in promoting health and wellbeing, and human development
- features of effective aid programs that address the SDGs, and examples of effective implementation, with details of one such program including: – its purpose and the SDG/s addressed – details of implementation and the partnerships involved – contribution to promoting health and wellbeing, and human development
- ways in which individuals can engage with communities and/or national and international organisations to take social action that promotes health and wellbeing.

#### Key skills required

- define human development and sustainability concepts
- use, interpret and analyse data to draw informed conclusions about the health status and human development of developing countries compared to Australia
- compare factors that influence the health status and human development of Australia and developing countries
- describe the eight UN's Millennium Development Goals, their purpose and reasons why they are important
- evaluate the progress towards the Millennium Development Goals.
- identify and explain different types of aid and evaluate their contribution towards achieving global health and sustainable human development
- describe the role of international and Australian government and non-government agencies and organisations in promoting global health and sustainable development
- interpret and analyse data
- analyse and evaluate aid programs in terms of the elements of sustainability and their contribution to health and sustainable human development
- analyse the interrelationships between health, human development and sustainability in a range of scenarios.

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<b>TERM 2</b>					
<b>DATE</b>	<b>WEEK</b>	<b>UNIT</b>	<b>AOS/ OUTCOME</b>	<b>KEY KNOWLEDGE</b>	<b>SCHOOL-ASSESSED COURSE WORK (SAC)</b>
21/5	6 (1)	4	1	4.1.1 - describe characteristics of high-, middle- and low-income countries 4.1.2 - similarities and differences in health status and burden of disease in low-, middle- and high-income countries, including Australia	<b>SAC Unit 3 AOS 2</b> Monday 21 <sup>st</sup> May (Part A)
28/5	7 (2)	4	1	4.1.3 - factors that contribute to similarities and differences in health status and burden of disease, including access to safe water; sanitation; poverty; inequality and discrimination (race, religion, sex, sexual orientation and gender identity); and global distribution and marketing of tobacco, alcohol and processed foods	<b>SAC Unit 3 AOS 2</b> Monday 28 <sup>th</sup> May (Part B)
4/6	8 (3)	4	1	4.1.3 - factors that contribute to similarities and differences in health status and burden of disease, including access to safe water; sanitation; poverty; inequality and discrimination (race, religion, sex, sexual orientation and gender identity); and global distribution and marketing of tobacco, alcohol and processed foods	
11/6	9 (4)	4	1	4.1.4 - the concept and dimensions of sustainability (environmental, social, economic) and its role in the promotion of health and wellbeing 4.1.5 - the concept of human development, including advantages and limitations of the Human Development Index	Queen's Birthday 11 <sup>th</sup> June
18/6	10 (5)	4	1	4.1.6 - implications for health and wellbeing of global trends including: – climate change (rising sea levels, changing weather patterns and more extreme weather events) – conflict and mass migration – increased world trade and tourism – digital technologies that enable increased knowledge sharing.	
25/6	11 (6)	4	1	4.1.6 - implications for health and wellbeing of global trends including: – climate change (rising sea levels, changing weather patterns and more extreme weather events) – conflict and mass migration – increased world trade and tourism – digital technologies that enable increased knowledge sharing.	
<b>TERM 3</b>					
16/7	1 (7)	4	2	4.2.1 - rationale and objectives of the UN's SDGs 4.2.2 - key features of SDG 3 'Ensure healthy lives and promote wellbeing for all at all ages'	
23/7	2 (8)	4	2	4.2.3 - relationships between SDG 3 and SDGs 1, 2, 4, 5, 6 and 13 that illustrate collaboration between the health sector and other sectors in working towards health-related goals	
30/7	3 (9)	4	2	4.2.3 - relationships between SDG 3 and SDGs 1, 2, 4, 5, 6 and 13 that illustrate collaboration between the health sector and other sectors in working towards health-related goals	
6/8	4 (10)	4	2	4.2.4 - priorities and work of the WHO	<b>SAC Unit 4 AOS 1</b> Monday 6 <sup>th</sup> August (Part A) Friday 10 <sup>th</sup> August (Part B)

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13/8	5 (11)	4	2	4.2.5 - the purpose and characteristics of different types of aid including emergency, bilateral and multilateral 4.2.6 - features of Australia's aid program including its priority areas and the types of partnerships involved	
20/8	6 (12)	4	2	4.2.6 - features of Australia's aid program including its priority areas and the types of partnerships involved 4.2.7 - the role of non-government organisations in promoting health and wellbeing, and human development	
27/8	7 (13)	4	2	4.2.8 - features of effective aid programs that address the SDGs, and examples of effective implementation, with details of one such program including: – its purpose and the SDG/s addressed – details of implementation and the partnerships involved – contribution to promoting health and wellbeing, and human development	
3/9	8 (14)	4	2	4.2.9 - ways in which individuals can engage with communities and/or national and international organisations to take social action that promotes health and wellbeing	
10/9	9 (15)	4	2		<b>SAC Unit 4 AOS 2</b> Monday 10 September (Part A) Friday 14 September (Part B)
17/9	10 (16)	4	2	Exam Revision	
TERM 3 BREAK					
<b>TERM 4</b>					
8/10	1			Exam Revision Practice Exams	
15/10	2			Exam Revision	