VCE Health and Human Development 2025 (updated February 2025)

## Frequently asked questions

Teachers are advised to consult the frequently asked questions (FAQs) and answers in this document, as well as other support materials provided on the VCE Health and Human Development study page, when implementing the 2025 VCE Health and Human Development Study Design.

The FAQs will be updated if required during the course of the study design and teachers will be notified of changes via a VCAA Notice to Schools.

This document provides information on the following:

**Characteristics of the Study**

* Key concepts and skills
* dimensions of health and their relationship
* application of the term development
* commercial factors
* social justice
* Aboriginal and Torres Strait Islander Peoples’ culture and perspectives on health and wellbeing
* data analysis and correct units of measurement

**Unit 1 and Unit 2**

* sequence of areas of study
* changes to Unit 1 Area of Study 1
* health literacy
* health outcomes
* scope of Medicare, PBS, private health insurance and NDIS in Unit 2

**Unit 3 and Unit 4**

* prerequisites of health (no longer explicitly covered in Unit 3)
* biological, sociocultural and environmental factors
* population groups
* analysing data (major cities)
* diseases
* health promotion programs
* determinants of health
* ‘old’ public health
* global health and global trends
* SDGs
* effective aid programs
* Australia’s aid program
* WHO goal and objectives

**Assessment**

* use of acronyms and abbreviations
* linking concepts
* number of appropriate assessment tasks
* use of assessment tasks in Unit 3 and Unit 4
* task type requirements and resources

Characteristics of the study

### Key concepts and skills

##### Do the five dimensions of health and wellbeing apply to all units, 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. It is important to acknowledge that the 5 dimensions are not discrete but are related and influence one another.

##### Physical health and wellbeing

Physical health relates to the functioning of the body and its systems, it includes the physical capacity to perform daily activities or tasks.

Characteristics of physical health and wellbeing include the absence of illness, disease or injury, well-functioning body systems and immune system function, optimal blood pressure, levels of energy and fitness and a healthy body weight.

Physical health and wellbeing is supported by factors such as healthy eating, achieving adequate levels of sleep, being physically active and receiving health care when required.

##### Social health and wellbeing

Social health relates to the state of a person’s interactions with others and includes the quality of relationships with family, friends and others in the community and the ability to manage or adapt appropriately to different social situations. It also includes the level of support provided by family and within a community to ensure that every person has equal opportunity to function as a contributing member of the society.

Social health is supported by strong communication skills, empathy for others and a sense of personal accountability.

##### Spiritual health and wellbeing

Spiritual health relates to ideas, beliefs, values and ethics that arise in the minds and conscience of human beings.

Characteristics of spiritual health and wellbeing include the concepts of hope and peace, a guiding sense of meaning, place and purpose in life, and a sense of connection and belonging to the world in which one lives.

Spiritual health can be supported by factors such as connection to an organised religion or faith in a higher power and prayer, participating in activities such as meditation, taking time for relaxation, connection and belonging and spending time in the outdoors.

##### Emotional health and wellbeing

Emotional health relates to the ability to express feelings in an appropriate way.

Characteristics of emotional health include the positive recognition, management and expression of emotional actions and reactions, experiencing appropriate emotions in given scenarios, as well as the ability to display resilience. Emotional health is characterised by how emotionally secure and relaxed one feels in everyday life.

##### Mental health and wellbeing

Mental health is the current state of well-being relating to the mind or brain and includes the ability to think and process information.

Characteristics of mental health and wellbeing include being able to positively form opinions, make decisions and use logic, experiencing positive thought patterns, low levels of stress and anxiety, optimal self-esteem, as well as a sense of confidence.

What is meant by the term ‘relationship’ in the context of the dimensions of health and wellbeing (Unit 3 Area of Study 1)?

Unit 3 Area of Study 1 requires students to describe the relationship between dimensions of health and wellbeing. The change from ‘interrelationship’ to ‘relationship’ is to ensure consistency across the study design. The expected understanding and application of the term ‘relationship’ remains unchanged: students are still required to show how the dimensions are related and influence each other.

In questions that require students to demonstrate the relationship between the dimensions of health, they must first and foremost address the requirements of the question. This includes identifying signposting language (e.g. the relationship between *each* dimension) which indicates the need to show a 2-way relationship in their response.

The focus of expected understanding in this part of the study is on *showing the nature of the relationship* and therefore mark allocation will prioritise this understanding. However, if a question requires students to use an example(s), often from the stimulus material provided, they are expected to show an understanding of the dimension (i.e. characteristic) through the chosen example(s) and demonstrate a meaningful connection between the dimensions (relevant to the question).

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

In Unit 2, the term development refers to developmental transitions or developmental changes and relates to the physical, social emotional and intellectual development of an individual. In Unit 4 the term refers to human development as defined by organisations such as the United Nations and the World Health Organization (WHO). In this context, human development includes concepts such as the Human Development Index.

##### Commercial factors are now considered a subset of sociocultural factors, how is this applied throughout the study design?

Throughout the study design, any reference to sociocultural factors allows for the inclusion of references to commercial factors. For example, in Unit 3 Area of Study 1 students consider biological, *sociocultural* and environmental factors that influence health status between population groups. This content provides a rich opportunity to consider commercial factors.

In Unit 3 Area of Study 2, there is an explicit reference within the key knowledge regarding challenges in bringing about nutritional change. This reference highlights the importance of commercial factors related to this content.

##### The revised study design emphasises social justice as a prerequisite for health and wellbeing. This includes human rights, access, participation and equity. What is the meaning of equity and equality and how does this relate to the study design?

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

In relation to health and wellbeing equity 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

##### What are examples of resources to deliver Aboriginal and Torres Strait Islander Peoples’ knowledge, culture and perspectives on health and wellbeing?

The [Support Materials](https://www.vcaa.vic.edu.au/curriculum/vce/vce-study-designs/health-human-development/Pages/TeachingandLearning.aspx)contain examples of teaching and learning activities with associated links that can support the delivery of Aboriginal and Torres Strait Islander Peoples’ knowledge, culture and perspectives on health and wellbeing.

Further examples of sites that can support teacher delivery include;

* [VCAA Aboriginal and Torres Strait Islander Perspectives in the VCE](https://www.vcaa.vic.edu.au/VCAAProfessionalLearning/ProfessionalLearningPrograms/VCE/Pages/AboriginalPerspectives.aspx) professional learning webinar
* [Victorian Aboriginal Education Association](https://www.vaeai.org.au/)
* [Australians Together](https://australianstogether.org.au/)
* [Wingaru](https://www.wingaru.com.au/)
* [Aboriginal Health and Medical Research Council](https://www.ahmrc.org.au/)
* [National Aboriginal Community Controlled Health Organisation](https://www.naccho.org.au/)

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

Data collection does not need to 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 services in the local community
* use of secondary data from a range of sources.

Prior to students collecting 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.

##### Why are correct units of measurement important in VCE Health and Human Development?

Analysing data is a significant key skill in Health and Human Development. An important aspect of data analysis is ensuring correct units of measurement are used. For example, a graph showing the mortality rate for those under 5 years of age is not likely to be showing the number of deaths, but rather the rate of deaths per 1000 live births. In this example, omitting the unit of measurement makes the analysis of the data inaccurate.

# Unit 1 and Unit 2

### What is the intent behind changing the sequence of Areas of Study in Unit 1?

The changes to the sequence of Unit 1 allow for the concepts of health that are explored in Unit 1 Area of Study 1 to be applied and further examined in Area of Study 2: Youth health and wellbeing. This improves the continuity in the delivery of concepts and increases the potential time available for schools to support students in completing the Unit 1 Area of Study 2 Key Skill, *research, collect and analyse data on one health focus relating to youth, examining its impact, management, advocacy and costs.*

### What is the intent behind the changes to content in Unit 1 Area of Study 1, noted by the adoption of the title Concepts of Health?

The changes to Unit 1 Area of Study 1 now allow for students to develop knowledge such as the dimensions, indicators, prerequisites, perspectives and influences of health. This knowledge underpins the development of further concepts throughout the course, highlighting the importance of their delivery in Unit 1.

The relocation of the prerequisites of health from Unit 3 to Unit 1 establishes a **fundamental understanding** of the conditions required for health from the outset of the study.

### Health literacy is an explicit sociocultural factor listed in Unit 1 Area of Study 1. Refer to characteristics of the Study.

Health literacy is now explicit within the key knowledge point related to sociocultural factors contributing to variations in health outcomes for youth. The importance of the concept of health literacy to VCE Health and Human Development is indicated by its place within the Characteristics of the Study, as outlined on page 15 of the study design.

### What is meant using ‘health outcomes’ instead of health status and health behaviours in Unit 1?

The use of the term 'health outcomes’ in Unit 1 allows for the impact of factors and influences on health to be explored broadly as this term encompasses health and wellbeing and health status.

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

Unit 2 should focus on youth access, 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 are examples of allied and alternative health providers?
* What is the PBS?
* What is the difference between Medicare and private health insurance?
* Why would people pay for private health insurance?
* What is the NDIS?

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.

The *Support Materials* provide suggestions for learning activities that explore Medicare, the PBS and private health insurance.

# Unit 3 and Unit 4

### As prerequisites of health have been moved to Unit 1, do students need to know this information as part of the Unit 3 and Unit 4 study design?

While prerequisites of health are no longer an explicit concept within the Unit 3 and Unit 4 study design, they are implicitly present through the Unit 3 (e.g. Area of Study 2 social justice related to programs to improve Aboriginal and Torres Strait Peoples’ health and equity related to Australia’s health system) and Unit 4 (e.g. global trends, particularly conflict and mass migration). Therefore, teachers who are working with students who have not completed Unit 1 VCE Health and Human Development, should ensure students are provided with the foundational knowledge regarding prerequisites through the context of delivering the relevant content areas within Unit 3 and Unit 4.

### What biological, sociocultural (including commercial) and environmental factors should be taught in Unit 3 Area of Study 1?

Students should understand the concepts of biological, sociocultural (including commercial) and environmental factors and should be able to provide relevant examples of each to explain variations in health status. Examples that could be included for study are outlined on pages 12 and 13 of the study design.

### Unit 3 Area of Study 1 no longer requires the study of specific population groups. What is the intent behind this change and how should this impact teaching and learning?

As part of an emphasis on adopting a strengths-based approach in VCE Health and Human Development, key knowledge contained within Unit 3 Area of Study 1 related to biological, sociocultural and environmental factors that contribute to variations in health status between population groups, no longer requires a specific study of population groups. This is to remove potential stigmatisation of population groups and instead emphasise the skill of data analysis and identification of factors that influence health status through case study information. This approach means the population group acts as a context for the study of factors that influence health status, rather than the focus of study.

To emphasise the point above, a case study could have population groups deidentified to focus students’ attention on explaining how the factors contribute to variations in health status between groups.

Students should be exposed to a range of case study material containing data that allows for the factors contributing to variations in health status to be considered and explained.

### Unit 3 Area of Study 1 refers to variations in health status between population groups, which could include students analysing data related to living within and outside major cities. What constitutes a major city?

[Australia’s Health 2022](https://www.aihw.gov.au/getmedia/c6c5dda9-4020-43b0-8ed6-a567cd660eaa/aihw-aus-241.pdf?v=20240304110351&inline=true) 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.

### Do students need to know about diseases in Unit 3 Area of Study 1?

The study design does not mention specific diseases, however the key knowledge ‘the contribution to Australia’s health status of smoking and vaping, alcohol, overweight and obesity and nutritional imbalance requires students to link these factors to health outcomes. For example, when studying the impact of smoking and vaping on health status and burden of disease, students are expected to recognise that smoking is a risk factor for cancer and heart disease etc. The key skills require students to ‘use data to evaluate the health status of Australians’. When examining health data, students identify the major burdens of disease in Australia, which will help frame the diseases they need to be familiar with.

### In Unit 3 Area of Study 2, what approach should be taken to deliver key knowledge and skills related to health promotion programs?

Students are no longer required to focus on one specific health promotion program. The key knowledge requires students to understand the role of health promotion in improving population health. They will apply this knowledge by analysing a range of data, case studies and examples of health promotion programs in relation to the use of action areas of the Ottawa Charter for Health Promotion.

Teachers are encouraged to expose students to a range of health promotion examples enabling them to develop a broad understanding of how these programs can contribute to improved health outcomes.

### What is the intended scope of knowledge for the concept of the social model of health and the Ottawa Charter for Health Promotion (not including principles of the social model of health) in Unit 3 Area of Study 2?

The key knowledge point (reasons for improvements in Australia’s health status since 1900…) and associated key skills require students to:

* know each model (old public health, biomedical approach and (concept of the) social model of health and the Ottawa Charter for Health Promotion)
* describe the relationship between each model and the strengths and limitations of each
* discuss how each model can positively impact health and wellbeing (dimensions) and health status (indicators).

The following examples provide an overview of the intended scope of knowledge in covering the social model of health:

* the model targets the broader determinants of health (environmental and sociocultural factors)
* the model focuses on the impact of lifestyle-based disease
* the model focuses on health promotion and prevention through policies and education
* the model targets whole communities
* the model addresses inequities in health status
* the Ottawa Charter acts as an example for the enactment of the social model of health

The intent for the development of this knowledge is through a range of data and case study programs, in preference to rote learning specific aspects.

### What level of detail should be covered for ‘old public health’?

Students should understand 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 given the opportunity to analyse data and develop an understanding that allows them to draw conclusions about why improvements have occurred. This will also provide strong background for students when studying Unit 4 and low- and middle-income countries.

### What is expected of students when asked to consider the global context?

When students are faced with the term ‘globally’ or ‘global context’, they are expected to consider and refer to the health and human development impact on many people (worldwide) and not just an individual.

### 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 human development. For example, when teaching about the implications of climate change on health and human development, 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 human development. The same approach applies for the other global trends listed in the study design.

### 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.

### What change has occurred in the application of the SDGs, and how do we teach the relationships between SDG 3 and the other SDGs in delivering the study design?

Students no longer need to recall the rationale and objectives of the SDGs and instead are required to discuss their importance for global health (including health and wellbeing and health status) and human development.

The SDGs are integrated and related to each other. 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 12. in promoting health and human development globally. The change from SDG 13 to SDG 12 aligns with the cross study focus on sustainability.

Students will need to understand the key features of Goal 3 and will explore how the actions and achievements of goals 1, 2, 4, 5, 6 and 12 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 contributes to achieving **targets related to reducing deaths and illnesses caused by water pollution and contamination**.

### Do students need to know specific programs when applying their knowledge of the SDGs?

No. The revised study design no longer requires students to know and specify a specific program when showing an understanding of effective aid programs. The key knowledge focuses on the key features of effective programs and the accompanying key skill requires students to evaluate the effectiveness of aid programs. Therefore, students can use their knowledge of what constitutes an effective program by evaluating a range of aid programs.

### What are features of an effective aid program?

Features of an effective aid program could include education, a focus on women, a focus on sustainability, free cost, a focus on results, transparency and accountability, or a focus on local people.

It is important that students can explain how such features contribute to the effectiveness of a program.

### How can students respond to the context of questions that refer to the importance of an SDG/SDG objective?

Students can refer to current issues regarding the specific objective (e.g. For ‘Address climate change’ – That climate change contributes to rising sea levels, which can displace people…). Alternatively, students can refer to what will occur if the objective is met (e.g. For ‘Address climate change’ – By slowing climate change sea levels will rise less, which means fewer people will be displaced…).

To highlight the importance of the SDGs or objectives, links can be made to poverty, health outcomes and/or human development.

### What do students need to know about Australia’s aid program (Unit 4 Area of Study 2)

The key knowledge in Unit 4 Area of Study 2 refers to ‘the role of Australia’s aid program in supporting the achievement of the SDGs and the partnerships involved.’.

The revised study design no longer requires students to know the priority areas for Australia’s aid program.

The information released by the Australian Government regularly changes, which includes the names used to reference the aid program. Currently in 2025 the program is referred to in the official documentation found [here](https://www.dfat.gov.au/development/australias-development-program) as Australia’s development program or Australia’s Official Development Assistance (ODA). For the purposes of VCE Health and Human Development, students can refer to ‘Australia’s aid program’, Australian Government aid or Federal Government aid.

The study design deliberately does not refer to DFaT because government departments sometimes change their names.

The following links to DFaT provide useful information and are current in 2025

[[Australia’s](https://www.dfat.gov.au/development/australias-development-program) development program](https://www.dfat.gov.au/development/australias-development-program)

[[Australian Aid](https://adp.dfat.gov.au/)](https://adp.dfat.gov.au/)

[[Who](https://www.dfat.gov.au/development/who-we-work-with) we work with](https://www.dfat.gov.au/development/who-we-work-with)

### What do students need to know regarding the goal and objectives of the WHO following the publication of the Fourteenth General Program of Work (GPW 14)?

In 2024, the World Health Organization met to approve the [Fourteenth General Program of Work (GPW 14)](https://www.who.int/about/general-programme-of-work/fourteenth) which covers the goal and objectives of the WHO for 2025-2028..

In 2025 students undertaking VCE Health and Human Development (From 2025) will study and be assessed against the goal and objectives of the WHO Fourteenth General Program of Work (GPW 14) 2025–2028.

Updated supplementary material that focused on the changes to the priorities and work of the WHO was published in January 2025 (consistent with the publication used in 2024) and can be found on the [VCE Health and Human Development](https://www.vcaa.vic.edu.au/curriculum/vce/vce-study-designs/health-human-development/Pages/TeachingandLearning.aspx) Study page on the VCAA website.

Assessment

### What acronyms/abbreviations are appropriate to use?

Students can use any scientific abbreviation (e.g. BMI) or abbreviation that is stated within the Study Design (e.g. HALE, DALY, WHO, UN, SDGs).

If the answer to a question is a specific content term, then the term should be written out in full. For example, a question asking for the name of the initiative developed by the UN that aims to end extreme poverty by 2030 should be answered with ‘Sustainable Development Goals’, rather than ‘SDGs’. However, the use of the acronym (SDGs) in the context of a discussion is acceptable.

For other commonly used terms within the study, students are encouraged to write the term out in full the first time, abbreviate it in brackets and then refer to the abbreviation for the remainder of that question only. If students are going to refer to the concept again in a different question, they should write it out again in full the first time. Given the use of electronic marking in the end-of-year examination, students can no longer rely on the use of a self-created abbreviation across different exam questions, on different pages.

If in doubt, students are recommended to write the entire term and not use an abbreviation.

### What is considered an appropriate link between concepts?

Students are to ensure that any link provided between concepts (such as links between the dimensions of health and wellbeing) is framed using the correct context. For example, if a question asks how income can promote health and wellbeing, an appropriate answer should discuss how income influences physical health and wellbeing rather than a discussion around poverty and its negative impacts on health and wellbeing.

### 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.

### 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 26) and Unit 4 (see page 30). 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.

### Can SACs be repeated in Units 3 and Unit 4?

Each SAC type (written report, extended response, oral presentation, visual presentation and structured questions) can only be used per unit (i.e. once in Unit 3 and once in Unit 4).

If teachers choose to split an Outcome into two SAC tasks (Part A and Part B), then the same SAC task can be used for both parts. However, this task can not be used across the remainder of the Unit.

### What is expected for each task type, including the new extended response task type?

The [Support Materials](https://www.vcaa.vic.edu.au/curriculum/vce/vce-study-designs/health-human-development/Pages/Assessment.aspx#GAA) contain detailed examples of the requirements for each task type, including the new extended response task type.