**Kym Willett** - My name is Kym Willett and I have worked with Chris Clark and the VCAA and the implementation of the revised Health and Human Development study design. This is the fourth in a series of videos to support teachers and their understanding of the recently revised Health and Human Development study design. This video follows on from the introduction and assessment video as well as the videos that introduce the changes in units one and two. This video will specifically examine the key amendments that have been made to the study design in Unit 3. It's important to note that this video and the remaining what's new video for Unit 4 are intended to be an introduction to the changes in the study.

Further resources and professional development opportunities will be available in the form of support materials, webinars, and workshops to allow for a deeper understanding of the revised study. The characteristics of the study of health and human development are a new inclusion in the study design. These are the underpinning and organising ideas for HHD and are reflected in the key knowledge and key skills across units 1 through to 4. They're explicitly described in the study design document on pages 12 to 15 and are discussed in the introduction and assessment video. These characteristics include many of the key terms and concepts that occur in the key skills and key knowledge.

Unit 3 remains organised as two areas of study as shown in this slide. Specific changes that have been made to Unit 3 area study 1 will be described over the next two slides. The prerequisites of health have moved to Unit 1, and this has been discussed in the Unit 1 video, but essentially the prerequisites are introduced in Unit 1 as a key concept that underpins health and human development. The key skill that looks at dimensions of health and wellbeing now uses the term relationships rather than interrelationships. This is to allow for greater consistency in the application of language across the course as the term relationships has been used in Unit 4.

Students are still being asked to describe how each dimension can impact on other dimensions. Years of life lost and years lived with disability have been added to the key knowledge health status indicators. These were generally taught to allow students to properly understand burden of disease, so their inclusion in the study design formalises this knowledge. No specific population groups are now referenced in the study design when describing and analysing factors in relation to variations in health status, this puts the focus on the impact of various factors and less on the population groups themselves. The study design still references variations in health status between population groups, which gives the flexibility to explore a range of differences and use information and data to analyse the factors that can cause the variations rather than rote learning a range of factors and potentially stigmatising particular population groups. When reviewing specific influences on health status, vaping has been added as an emerging factor that contributes to health status.

Further specific changes to Unit 3, Area of Study 1 include high BMI, which has been removed from the study design since it is a population based measure rather than a specific influence. Overweight and obesity is used in line with Australian government data. Iron has been removed as an example of nutritional imbalance from this study design and the key skill, describe how examples of biological, sociocultural and environmental factors can influence health outcomes has been added to support the related key knowledge in this study design. By having explicit key skills alongside the key knowledge, gives teachers and students greater clarity on how they're to apply the key knowledge in this study. The key skill explained the individual national and global importance of health and wellbeing as a resource has also been refined to more closely reflect the same language that is used in the related key knowledge for this consistency.

Throughout the study design, health status and burden of disease has been streamlined to just health status. This is because health status includes the measure of burden of disease. Specific changes that have been made to Unit 3 Area of Study 2 are outlined across the next two slides. By removing the policy and practise focus when looking at models of health, it is intended that students can focus more on understanding and applying the concepts rather than focusing on classifying examples as either a policy or practise.

As mentioned previously, there is a reduced emphasis on rote learning throughout this area of study with a focus on the application and analysis of concepts. This is especially evident around the concept of the social model of health, where students are asked to focus on the concept rather than memorising the principles of this model. This emphasis on application has also led to the removal of a specific study of a health promotion campaign to instead allow students to analyse a range of examples of health promotion rather than learning and memorising one detailed example. The Aboriginal and Torres Strait Islander Guide to Healthy Eating has been included as a specific initiative to promote healthy eating. While the work of Nutrition Australia is no longer listed as a specific initiative.

As mentioned previously throughout the study design key skills have been included to support relevant key knowledge points where needed. This is to give teachers and students clarity on how the knowledge can be applied. In this area of study, the key skill evaluate the impact of initiatives to promote healthy eating in Australia and their ability to improve health outcomes is an example where a key skill has been added to support the relevant key knowledge. Further changes that have been made to Unit 3 Area of Study 2 sees the inclusion of a social justice lens for exploring Aboriginal and Torres Strait Islander People's health promotion programmes. This is a contemporary addition to the key skill when students have been asked to analyse initiatives introduced to improve Aboriginal and Torres Strait Islander People's health and wellbeing in Australia.

In addition, throughout the area of study, there is a change of wording to focus on health outcomes rather than health and wellbeing. This allows greater flexibility to use either health status or health and wellbeing as appropriate to support the application in this area of study. For Unit 3 assessment, there is a range of task type options that are available to use in Unit 3 and the same in Unit 4. It is important to note that a task type cannot be repeated across Outcome 1 and Outcome 2.

Chris Clark is the Curriculum Manager for health and physical education at the VCAA, and he can be contacted by the details listed on this slide.

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