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HEALTH & HUMAN DEVELOPMENT

SEPTEMBER LECTURE

Presented by:
Janath Fernando

WELCOME!

- Hi I'm Janath Fernando!!
- I graduated from SCHS in 2018 with an ATAR of 97.80
- For HHD I received a 50 raw with a premier's award
- I currently study a Bachelor of Science at Melbourne university and am majoring in genetics
- Absolutely love sports and music as well as painting



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TODAY'S LECTURE

REVISION

Content Block 1
Unit 3 Revision and Unit
4 Revision



~9:30-10:45

15 min break
~(10:45-11:00)



Content Block 2
Exam Tips and Tricks!

~11:00-12:00

Note: Lecture slides from today is available in the resources section, (so don't stress if you don't get everything written down).

Feel free to take pictures of the slides as I'm talking 😊

CONTENT BLOCK 1

'Tricky Unit 3 & Unit 4 Concepts

HHD UNIT 3

Health as a resource

Models of Health

Australia's Healthcare System

Indigenous Health + Wellbeing

Initiatives to Promote Healthy Eating

HEALTH AS A RESOURCE

Benefits of health as a resource individually

- Children can feel well enough to **attend school** where they **receive an education** and further their literacy skills
- Increasing self-esteem and positive self-image
- Adults can feel well enough to **go to work** and earn a stable **income**
- Parents are able to **afford to feed their children**, preventing malnourishment and malnutrition, or deficiency diseases
- People can do the things they enjoy (e.g. playing sport)

Benefits of health as a resource nationally

- People being well enough to **work** means people are consistently contributing to the economy; the **country can grow economically**
- Governments can **use the income from taxation to develop better health care systems** to further improve health and enable universal health care
- Governments can **use the income from taxation** to improve parks, roads etc.

Benefits of health as a resource globally

- **Reduce risk of global disease outbreaks** (that could potentially cross borders, thus promoting peace)
- With more countries moving into the high-income category, these **nations can work together** to help eradicate poverty in the many low-income countries and achieve the targets of the SDGs
- Promotes social and economic development
- Promotes **sustainability**

TIPS

- One of the best ways to approach health as a resource individually, nationally and globally is through **income and taxation** as this can apply to all 3.

HOW?

STARTING POINT - people that are well (“healthy”) can go to work to earn an income



OLD/ NEW PUBLIC HEALTH

Old Public Health


- Related to government actions that focused on **changing the physical environment** to prevent the spread of disease
- Focus on **communicable diseases**
 - *Providing safe water*
 - *Sanitation and sewage disposal*
 - *Improved nutrition*
 - *Improved housing conditions*
 - *Better work conditions*



contagious
diseases

New Public Health

- Approach to health that expands traditional focus on individual behaviour to one that considers the way in which physical, sociocultural and political environments impact health
- Focus on **non-communicable/ lifestyle diseases**
 - *Health promotion*



Diseases linked
with the way
people live their
life

MODELS OF HEALTH

Biomedical Model of Health

- Focuses on the **physical and biological** aspects of disease and illness
- Medical model of care **practiced by doctors and health professionals**
- Associated with **diagnosis, cure and treatment** of disease



Social Model of Health

- Focuses on the **prevention** of diseases
- Improvements to health and wellbeing are achieved through directing efforts to **social, economic and environmental (SEE)** determinants of health
- For **health gains** to occur, SEE determinants must be addresses



*In order to **SEE** health gains, we address the **SEE** determinants*

RELATIONSHIP BETWEEN MODELS OF HEALTH

Biomedical model of health	Social model of health
'band-aid' or 'quick-fix' approach i.e. focuses on physical and biological aspects of diseases	addresses the broader influences i.e. social, environmental and economic aspects affecting health (SEE)
involves diagnosing and treating diseases once symptoms are already present	five principles of the social model AREAS
centres around doctors, health professionals, hospitals, health clinics	centres around the community, policies, education and health promotion
focus: <ul style="list-style-type: none"> - the individual and the attempt to return them to pre-illness levels - the disease itself 	focus: <ul style="list-style-type: none"> - the community to prevent ill health - influences and causes for ill health
<u>Examples:</u> <ul style="list-style-type: none"> - Chemotherapy - Medication (make it specific to condition) i.e. blood thinning medication for hypertension 	<u>Examples:</u> <ul style="list-style-type: none"> - Any health promotion program - Pick the Tick - SunSmart - BreastScreen

SOCIAL MODEL OF HEALTH

The Social Model of Health

The five principles = AREAS

Addresses the broader determinants of health

acts to Reduce social inequities

Empowers individuals and communities

acts to enable Access to healthcare

involves inter-Sectoral collaboration

Make sure you know the EXACT names for these. Because you get a mark for naming these, you'll lose a mark if you don't have the exact name!



SOCIAL MODEL OF HEALTH

Principle	Explanation
<u>ADDRESSES</u> the broader determinants of health	All social, environmental and economic factors impact on health. Factors include gender, income and culture.
<u>ACTS</u> to reduce social inequities	Reducing the inequities that exist in relation to the health status and provision of health services due to factors such as gender, age, race, SES, location and physical environment.
<u>EMPOWERS</u> individuals and the community	Involves providing knowledge, understanding, and information to empower individuals to participate in decision making about their health – education is a key component.
<u>ACTS</u> to enable access to healthcare	Involves providing health services and promotion that is affordable, accessible, and relevant to people's needs in a culturally appropriate manner.
<u>INVOLVES</u> inter-sectoral collaboration	The public and private sector working together in coordinated action to improve health outcomes of all.

THE OTTAWA CHARTER

The Ottawa Charter for health promotion

- Approach to health developed by WHO
- Aims to reduce inequalities in health
- Developed from the **social model of health**
- Defines **health promotion** as *“the process of enabling people to increase control over, and to improve their health”*

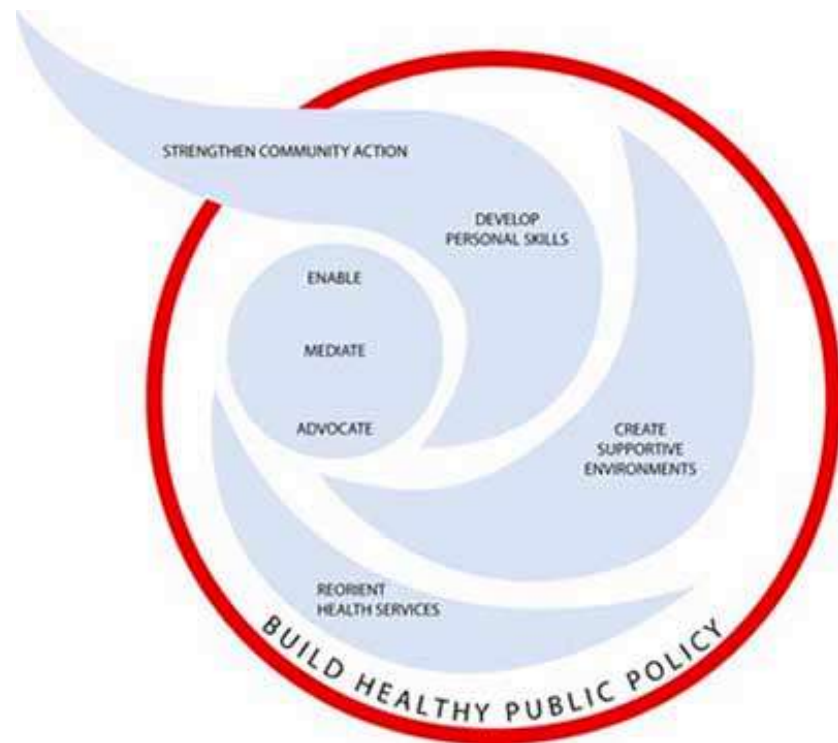


*Centred around 3 Strategies
and 5 Action Areas*

THE OTTAWA CHARTER

Strategies for health promotion (3)

- **Advocate:** supporting health promotion and lobbying governments
- **Enable:** creating supportive environments to allow people to reach their full potential
- **Mediate:** coordinated action from more than just the health sector working to improve health



THE OTTAWA CHARTER

Bad Cats Smell Dead Rats

Action areas

Build healthy public policy

Create supportive environments

Strengthen community action

Develop personal skills

Reorient health services



THE OTTAWA CHARTER

Action Area	Explanation
Build Healthy Public Policy	Relates to the decisions that are made by governments and organisations in relation to legislation, rules and regulations.
Create Supportive Environment	Change physical/social environment to encourage/promote health behaviours. Involves building links between individuals and environments. E.g. ensuring children's playgrounds are free from hazards.
Strengthen Community Action	Bringing everyone together and empowering communities to set health priorities and implement strategies to improve health and work towards common health goals.
Develop Personal Skills	Education Better position to make choices/decisions about their health
Reorient Health Services	Medical professionals typically associated with cure and treatment advocating health promotion Doctors take the role of educator (e.g. a doctor discussing the benefits of stopping smoking with a patient who presently has asthma)

SUMMARY OF THE HEALTHCARE SYSTEM

Area of consideration	Examples of how it promotes health in Australia	How it is reflected in			
		Medicare	The PBS	Private Health Insurance	The NDIS
Funding	Provides infrastructure such as hospitals and medical technology. Provides training for health professionals. Pay salaries of medical staff. Allows implementation of health promotion programs.	Medicare is funded through general taxation, the Medicare Levy and the Medicare Levy Surcharge.	The PBS is funded by the Commonwealth Government through general taxation.	Generally funded by members through the premiums they pay.	Funding shared amongst all levels of governments in Australia including the Medicare Levy
Sustainability	The development of an electronic health record (eHealth) system (My Health Record in Australia) which promotes sustainability by streamlining the record-keeping process. Ensuring the health workforce are adequately trained can reduce the numbers of issues raised with the health system. Public cancer screenings such as BreastScreen and Bowel Screen – early detection can reduce the cost of treatment and improve health status. Funding research can improve the way diseases are prevented and treated, reducing the strain on the health system.	Medicare only covers essential 'clinically necessary' health services which assists in saving funds for future years and generations.	The PBS aims to be economically sustainable by only adding medications that are more efficient at treating diseases than existing treatments.	Is economically sustainably as it helps to meet the healthcare needs of the current generation through placing less burden on the public healthcare system.	The extra 0.5% added to the Medicare Levy by the Commonwealth Government to support the NDIS attempts to make the scheme more financially sustainable.
Access	The Royal Flying Doctor Service receives funding from the federal and state/territory governments to maintain its fleet of air and road vehicles and reach and treat those in need regardless of geographic location. Indigenous Health Incentive – this initiative provides financial incentives to medical practices to provide culturally appropriate healthcare for Indigenous people.	Medicare aims to treat patients in hospitals based on need, which means those in most need are treated first.	Can provide timely access to medication at local pharmacies at a reduced cost without having to travel	Through incentives such as the rebate scheme, the government tries to make private health insurance more financially accessible	Aims to ensure all Australians with disability are able to access all the services they need to lead an ordinary life.
Equity	Interventions to increase access for those of low SES, those living outside major cities and Indigenous Australian work to promote equity. Public dental health services – the Victorian Government funds the Royal Dental Hospital of Melbourne and over 80 dental clinics in metropolitan and regional Victoria to provide dental treatment for vulnerable groups.	The Medicare Safety Net protects those who experience higher costs of healthcare by providing extra financial support.	PBS safety net further protects individuals and families from large overall expenses for PBS-listed medicines.	Private health insurance rebate scheme provides a greater rebate for lower income earners to promote equity.	Due to the individualised plan, the NDIS provides more support to those who need help the most.

INDIGENOUS HEALTH AND WELLBEING

There are 2 different types of questions related to Indigenous Health and Wellbeing in the course

- 1 – evaluate information from a case study
- 2 – relate your own knowledge of an initiative and link it to the Ottawa Charter

Very different ways of approaching questions:

INDIGENOUS HEALTH AND WELLBEING

Common Indigenous health and wellbeing questions include students being provided with a case study and then having to evaluate the potential of the program being successful.

Other criteria to evaluate an Indigenous health and wellbeing program include:

- ✓ Are actual improvements in **health and wellbeing** made?
- ✓ The **number of people** who have accessed or been involved in this initiative.
- ✓ Is **feedback** provided by participants?
- ✓ Are **actions areas of the Ottawa Charter** that are evident in the initiative, including:
 - ❖ the provision of education.
 - ❖ the involvement of various stakeholders.
- ✓ Is the program **culturally appropriate** for Indigenous Australians?
- ✓ Have the **specific needs** relating to the health and wellbeing of Indigenous people been considered?
- ✓ Has **funding** been provided to implement the program?
- ✓ Does the program address a **specific health issue** for Indigenous Australians?

PRACTICE QUESTION

Australian Nurse-Family Partnership Program (ANFPP)

The ANFPP is an evidence based, nurse-led home visiting program. The program supports women pregnant with an Aboriginal and/or Torres Strait Islander baby who may benefit from a more intensive level of support to improve their own health and the health of their baby. The program aims to improve pregnancy outcomes by helping women engage in good preventive health practices; support parents to improve their child's health and development; and help parents develop a vision for their own future, including continuing education and finding work.

The ANFPP includes a number of agreed adaptations that have made it more culturally acceptable for the Australian Aboriginal and Torres Strait Islander setting. These adaptations include the addition of a cultural support role (Family Partnership Worker), eligibility criteria based on the Indigeneity of the child, acceptance of multiparous women and the adaption of materials and resources to the Aboriginal and Torres Strait Islander context.

The program is implemented in 13 sites across Australia including:

- Dubbo
- Cairns
- Alice Springs
- North Brisbane
- Hub and spoke model operating out of Darwin servicing Wadeye, Maningrida, Gunbalanya and Wurrumiyanga
- Palmerston/Darwin (Greater Yilli Rreung region including Darwin and the communities of Baggot, Palmerston Indigenous Village, Knuckey's Laagoon. Minmarrama Park, Kulaluk, One Mile Dam)
- South Brisbane
- Adelaide Metro (Playford, Port Adelaide, Enfield, Onkaparinga)
- Kempsey and Surrounds
- Blacktown, Western Sydney
- Canberra and surrounds
- Katherine
- Campaspe, Shepparton and Moira

Source : <http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-maternal-health-lp>

Evaluate the Australian Nurse-Family Partnership Program (ANFPP) in its capacity to improve Indigenous health and wellbeing. (4 marks)

PRACTICE QUESTION

Evaluate the Australian Nurse-Family Partnership Program (ANFPP) in its capacity to improve Indigenous health and wellbeing. (4 marks)

“Develop Personal Skills” - the ANFPP aims to improve Indigenous health and wellbeing through ‘continuing education’ for new mothers through having nurses teach them different skills like ‘good preventative health practices’. [1] This can, in turn, promote these newborn children’s physical health and wellbeing [1] as they will be receiving a **higher level of care from their mothers, enabling them to become physically healthier.**

Cultural Appropriateness - the ANFPP undertakes ‘the adaptation of materials and resources to the Aboriginal and Torres Strait Islander context’ in order to make the material culturally appropriate for new mothers from this population group. [1] This will positively impact these mothers’ mental health and wellbeing [1] as they **need not stress** about a lack of understanding information provided to them relating to caring for their children.

Overall, this program can be deemed to be effective in promoting Indigenous health and wellbeing ← *without this evaluation statement you cannot get full marks*

ABORIGINAL QUITLINE

Summary:

- Aimed at the prevention of smoking
- Caters specifically to Indigenous Australians and has people who know the language and culture on the line
- They provide callers with specific plans that cater to their needs
- Has the same number as the normal Quitline, but individuals can ask for specialist Aboriginal advisers



Reflection of the Ottawa Charter:

- **Create Supportive Environments:** The Quitline is a supportive environment for people wanting to quit
- **Strengthen Community Action:** people from the community participate in the program
- **Develop Personal Skills:** provides information to callers on how to quit

ABORIGINAL ROAD TO GOOD HEALTH

Summary:

- Aimed at the prevention of diabetes and other chronic diseases
- Promotes healthy lifestyles through encouraging healthier food choices (through reading nutritional labels) and exercise



Reflection of the Ottawa Charter:

Create Supportive Environments – organises group sessions to encourage healthier habits

Strengthen Community Action – the Victorian Aboriginal Health Service (VAHS) has a 6-week program for communities aimed at preventing type 2 diabetes

Develop Personal Skills – individuals are taught skills such as reading labels, getting active and staying on track to maintain their healthy habits

Reorient Health Services – the program encourages doctors to teach their patients about heart disease and how to prevent it

PROMOTING HEALTHY EATING

Role of Government - Australian Dietary Guidelines

Guideline	Explanation
Guideline 1	To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.
Guideline 2	Enjoy a wide variety of nutritious foods from the five food groups every day *And drink plenty of water
Guideline 3	Limit intake of foods containing saturated fat, added salt, added sugars and alcohol <ol style="list-style-type: none">Replace unhealthy fats with healthy fatsLimit food and drinks with added saltLimit food and drinks with added sugarLimit consumption of alcohol
Guideline 4	Encourage, support and promote breastfeeding
Guideline 5	Care for your food; prepare and store it safely

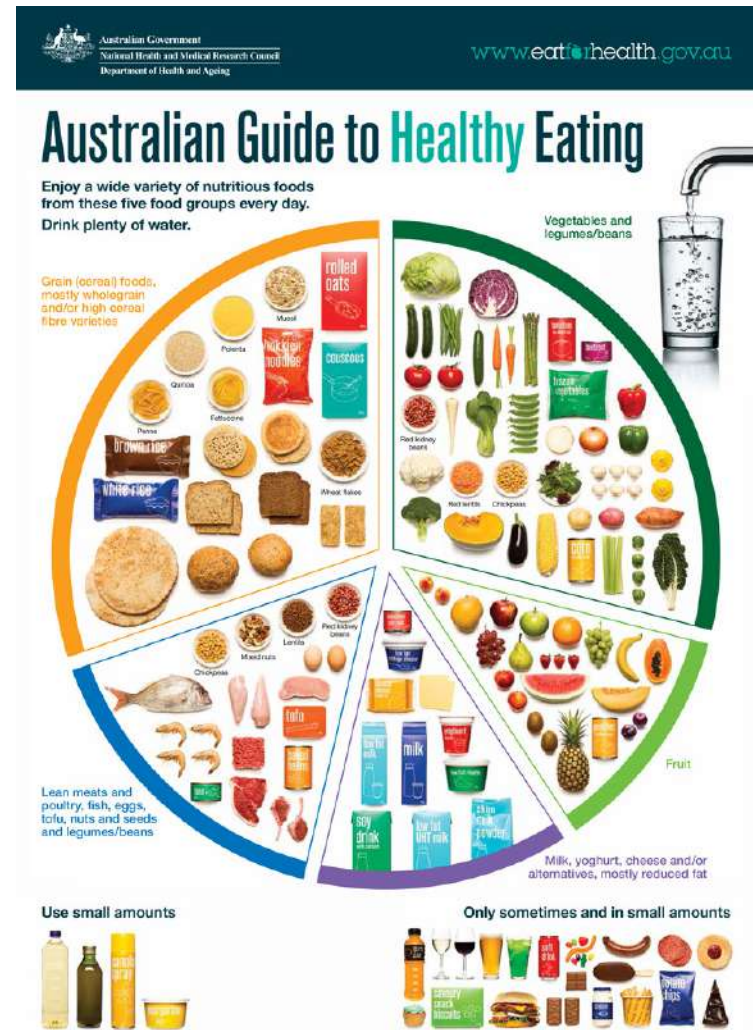
PROMOTING HEALTHY EATING

Australian Guide to Healthy Eating

- A food selection tool which visually represents the proportions of the 5 food groups recommended in the daily diet.
- The AGHE is a visual representation of ADGs 2 and 3.

How are the ADGs portrayed in the AGHE?

- ADG 2, 'enjoy a wide variety of nutritious foods from the five food groups' is portrayed in the centre circle of the AGHE.
- ADG 3, 'limit intake of foods containing saturated fat, added salt, added sugars and alcohol' is represented in the bottom right corner of the diagram in the 'only sometimes and in small amounts' section.



PROMOTING HEALTHY EATING

Nutrition Australia - Healthy Eating Pyramid

- a simple **visual guide** to the types and proportion of foods that individuals should eat every day for good health
- **based on the ADGs**, ranks the five core food groups and healthy fats, according to how much they contribute to a balanced diet
- Unlike AGHE, also addresses ADG1 (“be active every day”)

Tip: High scoring students will learn each individual layer and refer to them in their answers.



Differences between AGHE – AGHE by government, Pyramid by Nutrition Australia, AGHE addresses ADGs 2 and 3, vs HEP addresses 1, 2 and 3

PROMOTING HEALTHY EATING

Nutrition Australia – other initiatives

- **Healthy Eating Advisory Service (menu assessments)**
 - **information and support** on nutrition for organisations such as hospitals and schools. Includes **advice on healthier alternatives** and how to incorporate a range of nutritious foods into the menu
 - Nutrition Australia also works with early childhood services, outside school hours care and schools to promote healthy eating.
- **National Nutrition Week campaign:**
 - offers a **downloadable National Nutrition Week kit** containing information, media reports and games online, to **guide activities** in schools, health centres, community fairs and shopping centres.
 - The campaign for 2020 is “Eat Right, Bite by Bite.”



CHALLENGES IN DIETARY CHANGE



- **Food security**
 - When all people, at all times, have access to sufficient, safe and nutritious food to meet their dietary needs for an active and healthy life
 - Cost of healthy foods has increased more rapidly than unhealthy foods
 - Lower SES are more likely to experience **food insecurity** than high SES, mostly due to their income or low health literacy
 - Those living in rural areas or suburbs of a low SES can have difficulty accessing nutritious food due to geographical location since fast food outlets are in a higher density in these areas.
- **Education, nutrition knowledge and cooking skills:**
 - Lack of nutritional knowledge can predispose people to consume unhealthy foods
 - People lack the knowledge to assess their food intake
 - Difficulty in understanding food labels/ nutritional labels
 - Due to low education levels, individuals may not be able to cook a nutritious meal such as a stir-fry and may thus have to rely on packaged energy-dense foods.

Tip: In your response, when answering questions as to why dietary change may be difficult, link to how an ADG may not be able to be achieved/addressed

CHALLENGES IN DIETARY CHANGE

- Time constraints and convenience

- Meals are planned with consideration of time/ convenience
- E.g. full-time working parents may purchase 'convenience food' as opposed to cook fresh meals from scratch
- E.g. truck drivers and those working in trades may rely on outlet food offered near place of employment
- E.g. full-time working parents may give children money to buy food from canteen rather than prepare something at time due to time constraints
- Rise of food delivery services such as UberEats and Menulog provides ease for those with time pressure yet these foods are typically unhealthy

- Food marketing

- The influence of social media has revolutionised the way food is marketed, particularly to young people.
- Marketing through television and online advertisements influences what people eat, especially children.



HHD UNIT 4

The SDGs

The WHO

Types of Aid

Australia's Aid Program

STUDY DESIGN DOT POINTS

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

Key Skills

- **describe the objectives** of the UN's SDGs and **justify their importance**
- **describe key features of SDG 3** and analyse its relationships with other SDGs in collaborative approaches to **improving health and wellbeing, and human development globally**

SUSTAINABLE DEVELOPMENT GOALS



SUSTAINABLE DEVELOPMENT GOALS

17 GOALS TO TRANSFORM OUR WORLD

1 NO POVERTY



2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



6 CLEAN WATER AND SANITATION



7 AFFORDABLE AND CLEAN ENERGY



8 DECENT WORK AND ECONOMIC GROWTH



9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS



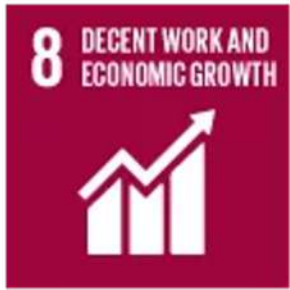
SUSTAINABLE DEVELOPMENT GOALS

SUSTAINABLE DEVELOPMENT GOALS



SUSTAINABLE DEVELOPMENT GOALS

17 GOALS TO TRANSFORM OUR WORLD



SUSTAINABLE DEVELOPMENT GOALS

What are the SDGs?



- 17 goals to be achieved by 2030
- Introduced by the UN
- Aim: to end extreme poverty, fight inequality and injustice, tackle climate change.
- Goals: 1, 2, 3, 4, 5, 6, and 13.

What you need to know for each goal (other than #3):

- Aim
- Brief description
- Why it is important (i.e. the negative, current situation)
- How it can (on its own) promote H+W/HD
- How it can work together with goal #3 to promote H+W/HD



SUSTAINABLE DEVELOPMENT GOALS

What are the SDGs?



- 17 goals to be achieved by 2030
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What you need to know for goal #3:

- Aim
- Brief description
- Why it is important (i.e., the negative, current situation)
- **Key Features**
- How it can work together with the other goals to promote H+W/HD



SUSTAINABLE DEVELOPMENT GOALS

Rationale

You don't need to know these word for word, but it helps to have a particular wording memorised

SDGs' rationale:

Build on the MDGs

The MDGs expired in 2015, so the SDGs are working to achieve what they didn't in terms of education, health and wellbeing and the environment

Address New Global Challenges

There has been an emergence of new global challenges since the MDGs were in place. These may even have the ability to undermine the progress of the MDGs (conflict, migration, extremism), so they must be addressed

Progress in All Areas was Uneven

This means that several groups were disadvantaged (poverty, sex, age, disability, ethnicity, geography etc.) and this had to be addressed

SUSTAINABLE DEVELOPMENT GOALS

Objectives

SDGs' objectives:

END EXTREME POVERTY

FIGHT INEQUALITY AND
INJUSTICE

TACKLE CLIMATE
CHANGE

You **NEED** to know the rationale and objectives, as these are often 'identify' questions.

SDG 3: GOOD HEALTH AND WELLBEING

#3 Good Health and Wellbeing

Aim

“Ensure healthy lives and promote wellbeing for all at all ages.”

Description

- aim to promote health and wellbeing for all ages
- Improving maternal and child health and wellbeing
- Reducing the level of communicable diseases
- Reducing the level of non-communicable diseases
- Ensuring access to medicines and vaccinations
- Achieving universal health coverage

Note – although the word ‘health and wellbeing’ is featured in this SDG’s name, this does NOT relate to the 5 dimensions at all.

*For this particular SDG, you need to know its **KEY FEATURES** to answer questions which can be broken down into 3 categories:*



KEY FEATURES OF SDG3

SDG3

CATEGORIES

**Maternal and
Child Health and
Wellbeing**

**Communicable
Diseases**

**Non-
Communicable
Diseases**

FEATURES

FEATURES

FEATURES

- Reduce the global maternal mortality ratio
- End preventable deaths of newborns and children under 5 years of age

- End of the AIDS epidemic and other epidemics
- Support the research and development for medicines for communicable diseases

- Promoting mental health and wellbeing
- Reduce the number of global deaths and injuries from road traffic accidents

SDG 1: NO POVERTY

#1 – No Poverty

Aim

"End all poverty over the next 15 years"

Description

- Aims to eradicate extreme poverty, currently measured as people living on less than US\$1.90 a day
- Aims to reduce poverty by at least half
- Implementing social protection systems
- Fair use of economic resources
- Building resilience in disastrous situations

Let's break this down into 3 features:

- ✓ Eradicate extreme poverty
- ✓ Reduce rates of poverty globally
- ✓ Implement nationally appropriate social protection systems

1 NO
POVERTY



SDG 1: NO POVERTY

Why is it important?

- Inability to afford food → **hunger and malnutrition** = weakens the immune system leading to increased mortality/morbidity from infectious diseases
- Inability to afford **health care** → lack of vaccination
- Lack of access to **clean water and sanitation** → water-borne diseases

Not linking them to H+W and HD, but how it directly improves

How it can work towards improving health and wellbeing and human development globally?

- **end hunger and malnutrition** = reduce burden of disease from pneumonia, diarrhoea, malaria, measles
- **afford health care** = vaccination against communicable diseases, also reduce maternal mortality and U5MR
- **clean water and sanitation** = reduce mortality from water-borne diseases

Basically, just the opposite. Don't waste your time memorising different things!

LEARNING THE SDG'S

Why is it important?

- Can't afford [issue #1] → negative consequence
- Can't access [issue #2] → negative consequence
- Aren't aware of [issue #3] → negative consequence

How it can work towards improving health and wellbeing and human development globally?

- If they *can* afford [issue #1]... → positive consequence
- If they *can* access [issue #2]... → positive consequence
- If they *are* aware of [issue #3]... → positive consequence

SDG 1: NO POVERTY

How it works with SDG3 to improve health and wellbeing and human development globally? (*link to 5 dimensions or aspects of definition*)

How is 'SDG 1: No poverty' related to SDG 3?

- Eradicate poverty → sufficient funds for **healthcare** → new mothers may be able to have their children in sanitary environments, decreasing their likelihood of dying in childbirth → improved **maternal and child health and wellbeing** overall → *you can then link this to H+W or HD*
- Eradicate poverty → more **clean water and sanitary environments** → reduce **communicable diseases** → reduces incidence of **HIV, malaria, tuberculosis, hepatitis, etc.** (SDG 3) → *you can then link this to H+W or HD*
- Eradicate poverty → afford access to **quality education** → less likely to have labour intensive jobs → less stress and therefore better **mental health and wellbeing** (i.e. **non-communicable diseases**)

ALWAYS link this back to the key features of SDG3 (best to also specify one of the 3 main categories either way)

SDG 1: NO POVERTY

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ALWAYS link this back to the key features of SDG3 (best to also specify one of the 3 main categories either way)

Just to give you an idea of how to feature the features

SDG 1: NO POVERTY

How it works with SDG3 to improve health and wellbeing and human development globally? (*link to 5 dimensions or aspects of definition*)

Just the overall category

How is 'SDG 1: No poverty' related to SDG 3?

- Eradicate poverty → sufficient funds for **healthcare** → new mothers may be able to have their children in sanitary environments, decreasing their likelihood of dying in childbirth → improved **maternal and child health and wellbeing** overall → *you can then link this to H+W or HD (only if the question so prompts!!!! << very important for the next two weeks)*
- Eradicate poverty → more **clean water and sanitary environments** → reduce **communicable diseases** → reduces incidence of **HIV, malaria, tuberculosis, hepatitis, etc. (SDG 3)** → *you can then link this to H+W or HD*
- Eradicate poverty → afford access to **quality education** → less likely to have labour intensive jobs → less stress and therefore better **mental health and wellbeing** (i.e. **non-communicable diseases**)

ALWAYS link this back to the key features of SDG3 (best to also specify one of the 3 main categories either way)

Just to give you an idea of how to feature the features

SDG 1: NO POVERTY

How it works with SDG3 to improve health and wellbeing and human development globally? (*link to 5 dimensions or aspects of definition*)

Just the overall category

How is 'SDG 1: No poverty' related to SDG 3?

- Eradicate poverty → sufficient funds for **healthcare** → new mothers may be able to have their children in sanitary environments, decreasing their likelihood of dying in childbirth → improved **maternal and child wellbeing** overall → *you can then link this to H+W or HD (only so prompts!!!! << very important for the next two weeks)*
- Eradicate poverty → more **clean water and sanitary environments** → reduces incidence of **HIV, malaria, hepatitis, etc.** (SDG 3) → *you can then link this to H+W or HD*
- Eradicate poverty → afford access to **quality education** → less likely to have labour intensive jobs → less stress and therefore better mental health and wellbeing (i.e. **non-communicable diseases**)

One of the specific features (also just happens to be a dimension here) plus the overall category

ALWAYS link this back to the key features of SDG3 (best to also specify one of the 3 main categories either way)

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One of the specific features (also just happens to be a dimension here) plus the overall category

ALWAYS link this back to the key features of SDG3 (best to also specify one of the 3 main categories either way)

All of these are ok to do, as long as you just link them back to those categories in some way

SDG 1: NO POVERTY

How it works with SDG3 to improve health and wellbeing and human development globally? (*link to 5 dimensions or aspects of definition*)

How is 'SDG 3: Good health and wellbeing' related to SDG 1?

This is very important as, sometimes, you can be asked 'how does progress in (one SDG) lead to progress in (a different SDG), so you need to have an understanding of the reverse too (order is very important!!).

- Absence of **non-communicable diseases** (e.g. mental health conditions) → ability to work more often → earn an income to spend on needs and wants → working to eradicate hunger and malnutrition → **eradicate extreme poverty**
- Absence of **communicable diseases** → more individuals are able to go to work, and earn a stable income → **reduce rates of poverty**
- Reduction of **U5MR** → associated with promoting a strong healthcare system → government can shift funding to other areas, such as promoting **nationally appropriate social protection systems**.

ADDRESSING THE SECTORS

About this part of the key knowledge:

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**

ADDRESSING THE SECTORS

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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**

Basically, there are many sectors that can be related to each SDG. Some sectors other than the health one include:

- Welfare sector → SDG 1: No Poverty
- Agricultural sector → SDG 2: Zero Hunger
- Education sector → SDG 4: Quality Education
- Legal sector → SDG 5: Gender Equality
- Water/irrigation sector → SDG 6: Clean Water and Sanitation
- Climate sector → SDG 13: Climate Action

SDG3 is basically the health sector
(good health and wellbeing)

So, we have to look at the different sectors and how they link to the health (i.e. the different SDGs and how they link to SDG3)

ADDRESSING THE SECTORS

How is 'SDG 1: No poverty' related to SDG 3?

- Eradicate poverty → sufficient funds for **healthcare** → new mothers may be able to have their children in sanitary environments, decreasing their likelihood of dying in childbirth → improved **maternal and child health and wellbeing** overall
- Eradicate poverty → more **clean water and sanitary environments** → reduce **communicable diseases** → reduces incidence of **HIV, malaria, tuberculosis, hepatitis, etc. (SDG 3)**
- Eradicate poverty → afford access to **quality education** → less likely to have labour intensive jobs → less stress and therefore better mental health and wellbeing (i.e., **non-communicable diseases**)

*So, the **welfare** sector will work together with the health sector to simultaneously work towards achieving SDG 1 and 3.*

LEARNING THE SDGs



You can repeat all this basic info for ALL the SDGs to make sure you have everything covered for each



SDG 2: ZERO HUNGER

#2 Zero Hunger

Aim

“End hunger, achieve food security and improved nutrition and promote sustainable agriculture.”

Description

Two sides to ‘zero hunger’

1. Adequate nutrition!

- ✓ ensure all people have access to adequate food
- ✓ end all forms of malnutrition

2. Sustainable agriculture!

- ✓ improve farm practices to increase yield and ensure sustainability

Just think: food security



SDG 4: QUALITY EDUCATION

#4 Quality education

Aim

“Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.”



Description (i.e. features)

- ✓ Aim for all boys and girls to have equal access to high quality, free and equitable education
- ✓ Build and upgrade education facilities
- ✓ Increase the number of youths and adults who have the relevant technical and vocational skills required for employment
- ✓ Ensure all individuals have adequate literacy and numeracy skills

SDG 5: GENDER EQUALITY

#5 Gender equality

Aim

“Achieve gender equality and empower women and girls.”



Description

- same access and participation to **political, economic and public** life by addressing the barriers to gender equality

Three components (i.e. features)

- ensure that all females have the same opportunities as males at all levels of life
- end discrimination and violence towards women and girls (e.g. child marriage, genital mutilation, sex trafficking)
- ensure universal access to sexual and reproductive health and reproductive rights

SDG 6: CLEAN WATER AND SANITATION

#6 Clean water and sanitation

Aim

“Ensure availability and sustainable management of water and sanitation for all.”



Description (3 main features)

- ensure everyone has access to safe water
- provide **sanitation facilities**, invest in **adequate infrastructure**, encourage **hygiene practices** (promote universal access to adequate sanitation)
- promote the **sustainable reuse of water**

SDG 13: CLIMATE ACTION

#13 Climate action

Aim

“Take urgent action to combat climate change and its impacts.”



4 main features:

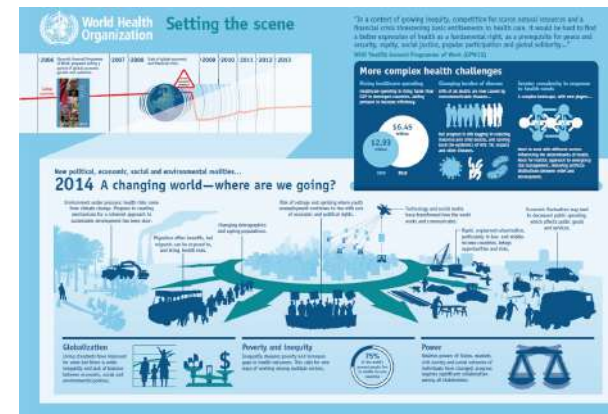
- Strengthen resilience to climate-related natural disasters (e.g. floods, bushfires, droughts)
- Implement climate related practices into national policies and planning
- Improve education and awareness to mitigate climate change
- Reduce the effect of climate related events

The WHO

OVERVIEW

Description

- The World Health Organisation (WHO) is a body of the **United Nations** (the same people who make the SDGs) that works to promote health and wellbeing and human development globally.



Mission

Promote health – keep the world safe – serve the vulnerable

The main goal of the WHO is to **build a better and healthier future for everyone in the world.**

PRIORITIES

The 3 strategic priorities of the WHO are:

Achieving Universal Health Coverage

Addressing Health Emergencies

Promoting Healthier Populations

Mission

Promote health – keep the world safe – serve the vulnerable

Strategic Priorities (and goals)

Ensuring healthy lives and promoting well-being for all at all ages by:

Achieving universal health coverage – 1 billion more people benefitting from universal health coverage

Addressing health emergencies – 1 billion more people better protected from health emergencies

Promoting healthier populations – 1 billion more people enjoying better health and well-being

ACHIEVING UNIVERSAL HEALTH COVERAGE

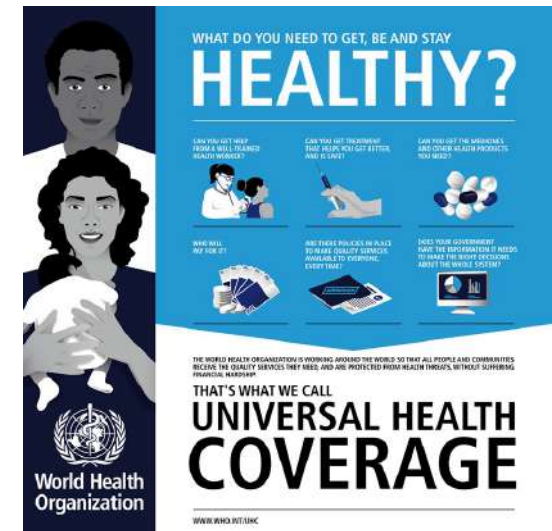
1 billion more people benefitting from universal health coverage.

Means that all people in a particular place (usually a country) have access to **quality healthcare without facing any barriers** such as race, gender, financial status, etc and are **not at risk of financially suffering** after using these services.

The WHO aims to progress towards achieving universal health coverage by addressing:

- ✓ Service access and quality
- ✓ Health workforce
- ✓ Access to medicines, vaccines and health products
- ✓ Governance and finance
- ✓ Health information systems
- ✓ Advocacy
- ✓ Country support

What you will need to include in your answers about 'achieving universal health coverage'



ADDRESSING HEALTH EMERGENCIES

1 billion more people better protected from health emergencies



Primary idea is ensuring that people are **better protected in times of disasters**. Health emergencies (natural disasters, and outbreaks of communicable disease)

Can be broken down into 2 main focuses:

Building Resilience: ensuring that people have a **high level of resilience** in time of outbreaks through endeavours such as:

- having buildings that are resilient to earthquakes
- houses near the sea that are built on platforms in case of floods
- Providing education to allow people to understand the risks for epidemics and how to avoid them

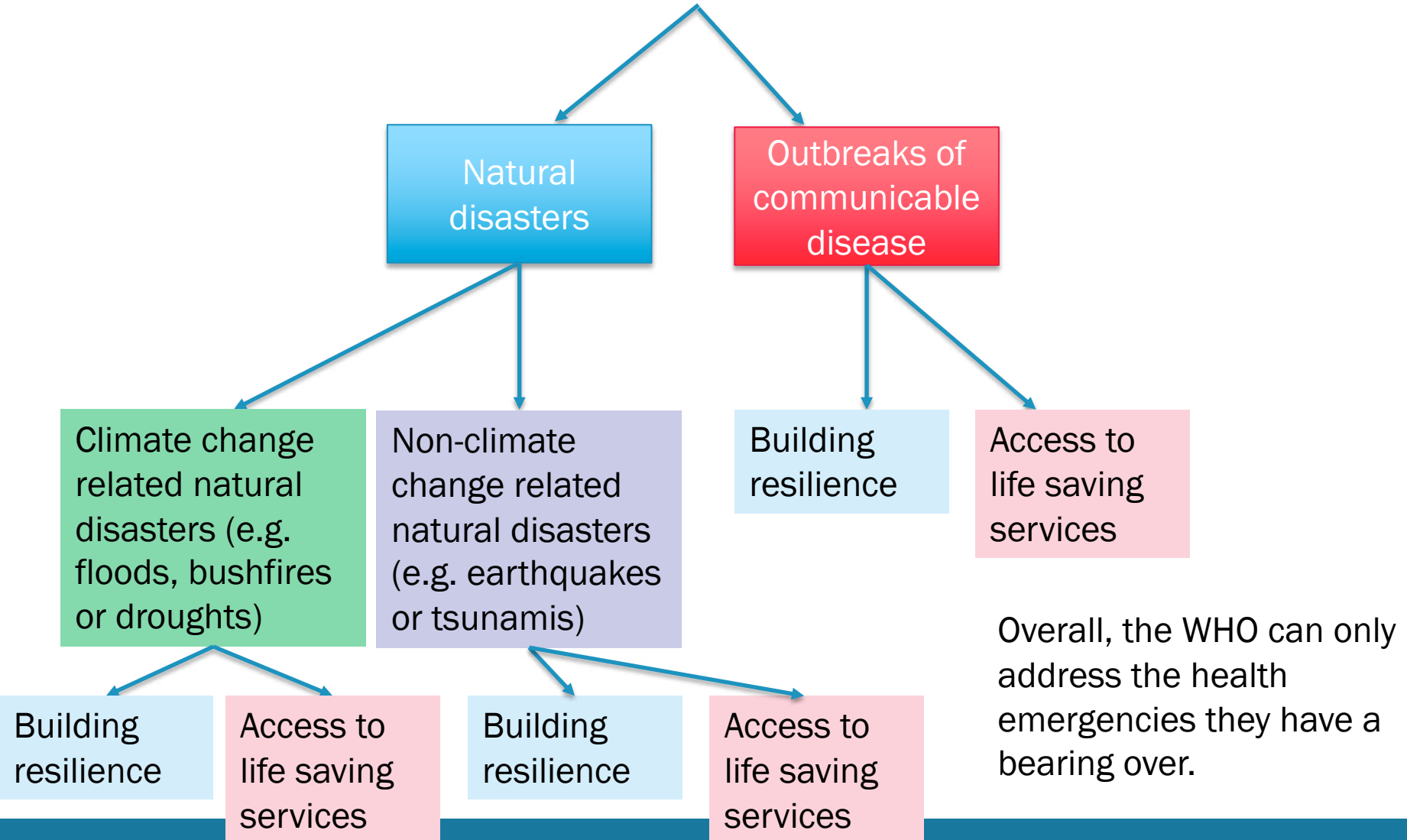
Access to life-saving services: ensuring that people who are affected have **access to services** that will alleviate further distress including:

- health promotion
- disease prevention
- maintaining the prevention of diseases once they have been eradicated

You will need to refer to one of these 2 in your answers about 'addressing health emergencies'

ADDRESSING HEALTH EMERGENCIES

Health Emergencies



PROMOTING HEALTHIER POPULATIONS

1 billion more people enjoying better health and well-being

This is centred around **5 main platforms** which have been developed based on current pressing world issues and are the focus of this priority

The WHO aims to progress towards promoting healthier populations by addressing:

- ✓ Improving human capital across the life course
- ✓ Accelerating action on preventing noncommunicable diseases and promoting mental health
- ✓ Accelerating elimination and eradication of high impact communicable diseases
- ✓ Tackling antimicrobial resistance
- ✓ Addressing health effects of climate change in small island developing states and other vulnerable states.

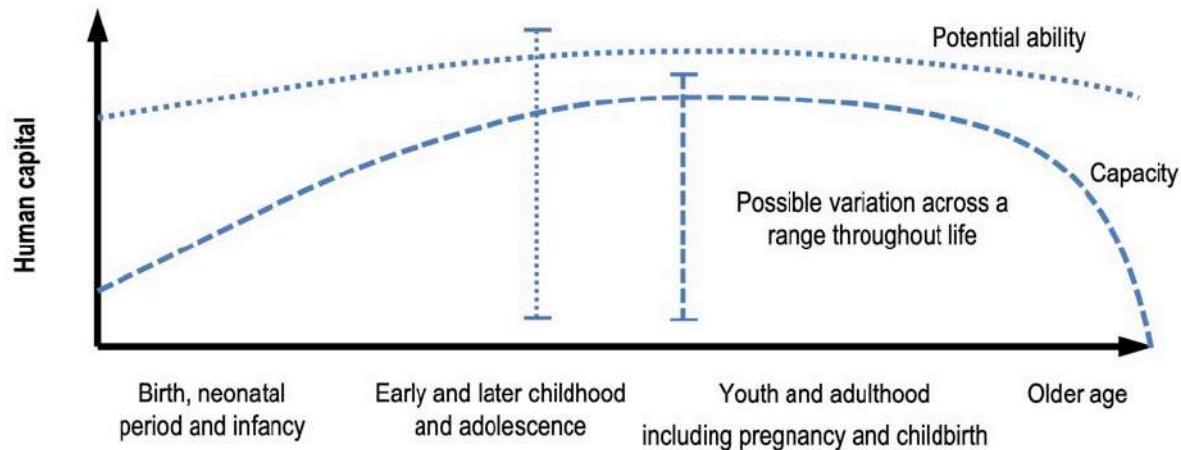


What you will need to include in your answers about 'promoting healthier populations'



PROMOTING HEALTHIER POPULATIONS

Fig. 5. Increasing human capital throughout life through an integrated set of evidence-based interventions



From the WHO – so, people are at their peak of potential ability at ‘early and later childhood and adolescence’, which is why the WHO focuses on these population groups

PROMOTING HEALTHIER POPULATIONS

Tackling antimicrobial resistance

Antimicrobial resistance: when microorganisms that cause diseases (e.g. bacteria and fungi) develop over time, so that medications that are used to cure infections they cause are rendered ineffective.

How it happens:

- Consistent lack of hygiene
- Overuse of medications

Why this is a problem?

Not only does it impact people's health, but it also means a financial loss for countries (because it's related to medications)

What the WHO is prioritising:

- Research into improving medications
- Promoting hygienic practices and immunisations

This will both reduce mortality and ensure that the money countries are spending are going to good use, not wasting their funds, promoting overall healthier populations.



FORMS OF WORK

The WHO works in a number of different ways to ensure their priorities are completed to the utmost standard. Some of the ways include:

1. Providing leadership and creating partnerships to improve health and wellbeing.
2. Providing technical support and assisting health systems to become sustainable.
3. Conducting research and providing health and wellbeing information.
4. Setting global norms and standards and monitoring their implementation.
5. Developing policies to assist countries to take action to promote health and wellbeing.
6. Monitoring health and wellbeing and health and wellbeing trends.

You really only need to know 2 to be covered for the exam!

(You don't need to know these word for word! I know my go to were just providing practical, tailored advice and monitoring trends)

FOREIGN AID

It is good to know the +ve's and -ve's of each form of aid

EMERGENCY

- Key idea 'keeps people alive in times of disaster'
- Short term
- If you see any short term, quick fix approaches (provision of food, blankets etc.), this is likely emergency aid

BILATERAL

- Key idea 'one government directly helping another'
- More long term
- If you ever see something like '[Donor country] providing aid to [Recipient country]', this is likely bilateral aid

MULTILATERAL

- Key idea 'a group of countries pooling their money into an international organisation'
- Long term
- If you ever see the name of an international organisation (e.g. the WHO, the UN), you are likely dealing with multilateral aid

FEATURES OF AUSTRALIA'S AID PROGRAM

Run by the Department of Foreign Trade and Affairs (DFAT)

Priority Areas

Building resilience: humanitarian assistance, disaster risk reduction and social protection

Education and health

Infrastructure, trade facilitation and international competitiveness

Gender equality and empowering women and girls

Effective Governance: policies, institutions and functioning economies

Agriculture, fisheries and water



Australian Government
Department of Foreign Affairs and Trade

Key Notes

- You must know these verbatim
- As part of the key skills, you will have to be able to understand these and then identify these from **case studies** and explain how they are reflected within

You can remember these via the acronym BEIGE-A

FEATURES OF AUSTRALIA'S AID PROGRAM

Types of Partnerships Involved

Bilateral – working with another government (such as Papua New Guinea)

Private Sector – working with a private sector (such as a university)

NGOs – working with an NGO (such as WorldVision)

Multilateral – working with an international organisation (such as the UN)

They do this in order to ensure they can work towards the best possible health outcomes of other countries in every way possible



Australian Government

Department of Foreign Affairs and Trade

E.G. FEATURES OF AUSTRALIA'S AID PROGRAM

Priority area: Infrastructure, trade facilitation and international competitiveness

- Australia is committed to *tackling infrastructure bottlenecks* to help *create the right conditions for sustainable economic growth and to enhance trade and investment opportunities across the region.*
- Australia recognises that developing countries may need assistance, including through aid for trade investments, to address supply-side constraints and make the most of open market opportunities.



E.G. FEATURES OF AUSTRALIA'S AID PROGRAM

Priority area: Infrastructure, trade facilitation and international competitiveness

- Australia aims to enable developing countries to trade by:
 - Improving their customs procedures
 - Facilitating the market to provide finance to small and medium sized enterprises, and
 - Helping women entrepreneurs to export
- Examples of this Australian aid priority area include:
 - Reconstructed four major bridges along Kokoda and Northern Highways in the Oro Province, PNG, that were destroyed by Cyclone Guba in 2007.
 - In Cambodia, DFAT leveraged \$6.3 million of private investment in power and water companies that will bring piped, treated water or reliable electricity to over 210,000 people in rural areas.

END OF CONTENT BLOCK 1

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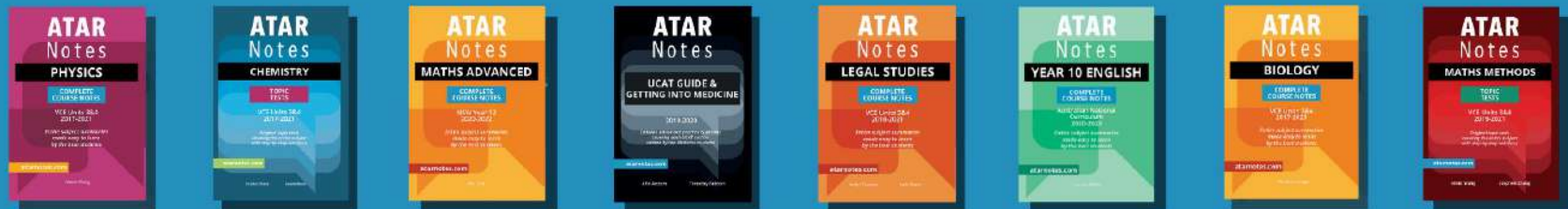
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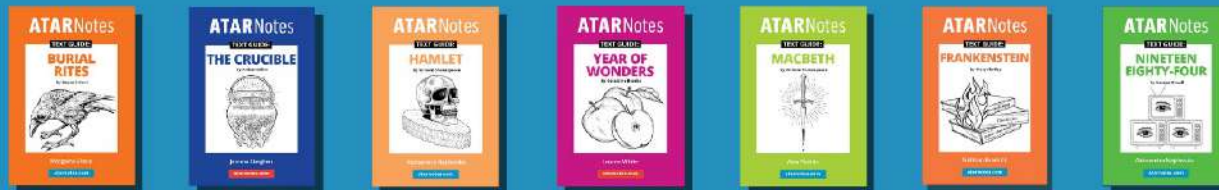
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CONTENT BLOCK 2

Answering Questions Guide

Exam Tips

HOW TO... FROM UNIT 3

‘health and wellbeing’:

Link to one of the 5 dimensions of health and wellbeing

‘health status’:

Link to one of the 9 indicators of health status

‘health’ or ‘health outcomes’:

Your choice – one of the above (i.e. health status or health and wellbeing)

‘burden of disease’:

Link your answer back to YLLs, YLDs, or DALYs (remember – although $YLL+YLD=DALY$, you can speak about the *individual aspects* when answering questions)

‘mortality rate’:

Ensure you reference the fact that it is the ‘number of deaths **per - live births**’ (because it’s a RATE)

‘Ottawa Charter’:

Link your answer back to one of the 5 action areas

‘social model of health’:

Link your answer back to one of the 5 guiding principles

‘Australian Dietary Guidelines’:

Link your answer back to one of the 5 specific guidelines

HOW TO... FROM UNIT 4

'sustainability':

Link your answer back to one of the **3 dimensions of sustainability** (social, economic, environmental)

'human development':

Link your answer back to one of the **elements of the human development definition**

'HDI':

Link your answer back to either the **dimensions** or the **indicators of the HDI** (although, if they've mentioned indicators or dimensions already in the question info, continue with that)

'climate change':

Link your answer back to one of the **3 elements of climate change** (rising sea levels, more extreme weather events and changing weather patterns)

'SDG 3':

Link your answer back to one of the **key features**. To ensure you have fully answered the question, include both a specific key feature and its overall category (e.g. **reducing mental health conditions** i.e. **non-communicable diseases**)

'SDG _':

Link your answer back to one of the key features of the specified SDG

'the WHO's strategic priorities':

Link your answer back to one of the **3 strategic priorities**, writing out the name for a mark

HOW TO....8-14 MARKER

Q: Selecting evidence from the sources presented and using your own knowledge, explain reasons for similarities and/or differences in health status due to oral diseases within and between countries, and discuss opportunities for health promotion to reduce the prevalence and impact of oral diseases in low- and high-income countries. (12 marks)

A:

	Excellent (3 marks)	Above Average (2 marks)	Average (1 mark)	Poor (0 marks)
The effective use of sources	The student is able to effectively synthesise the five sources available in their response.	Students mentions a number of the five sources available in their response.	Students mention a number of the five sources available in their response in a manner which does not support their response.	There is no supporting evidence from any sources in the student's response.
Linking to differences in health status between population groups in Australia	Students mentions variations which exist between population groups in Australia to an extensive degree in regard to oral diseases.	Students mentions variations which exist between population groups in Australia to somewhat of a degree in regard to oral diseases	Limited mention of variations which exist between population groups in Australia in regard to oral diseases.	No mention of variations which exist between population groups in Australia in regard to oral diseases.
Linking to differences in health status between income groups	Students mentions variations which exist between global income groups to an extensive degree in regard to oral diseases.	Students mentions variations which exist between global income groups to somewhat of a degree in regard to oral diseases	Limited mention of variations which exist between global income groups in Australia in regard to oral diseases.	No mention of variations which exist between global income groups in regard to oral diseases.
Application of the Ottawa Charter and related health promotion		The student has mentioned 2 Ottawa Charter Action Areas in their response to support how health promotion can reduce the effect of oral diseases.	The student has mentioned 1 Ottawa Charter Action Area in their response to support how health promotion can reduce the effect of oral diseases.	The student has not mentioned any Ottawa Charter Action Areas in their response.
Use of own knowledge		The student has coherently used cause and effect, and their own knowledge to link between sources, and the other criteria.	The student has made some effort to use cause and effect, and/or their own knowledge to link between sources, and the other criteria.	The student has made no effort to use cause and effect, or their own knowledge to link between sources, and the other criteria.

A COUPLE OF USEFUL TECHNIQUES

During the exam, you may come to a brain-freeze (completely normal btw :D). In that situation try to use of these two techniques of mine.

1. The shift in funding method

e.g. The achievement of SDG 13: Climate Action is associated with alleviating the effects of climate change such as rising sea levels. If these detrimental effects can be reduced, governments may shift their funding towards promoting the quality of roads, which may assist in reducing the number of global road traffic accidents, thereby assisting in the achievement of SDG 3: Good Health and Wellbeing (h+w).

2. 1 step back. 2 steps forward

e.g. Through developing policies such as the Global Framework on Tobacco Control, the WHO works to reduce the number of smokers globally, which can assist more individuals to spend the money they otherwise would've spent on tobacco on health promoting resources such as nutritious food for their families and children, assisting to reduce the likelihood of child malnutrition, thereby assisting to reduce child mortality globally, promoting the achievement of SDG 3: Good h+w.

EXAM TIPS

- **Tips for the day of the exam:**

- Get a really good night **sleep** the night before. The HHD exam is at 3pm on the 19th of November so **try not study HHD on the day of the exam** (I know this can be difficult for some of you but trust me it's really important to keep the brain fresh).
- Try to have a **really nutritious breakfast** with low GI foods (sustain energy throughout the day) and try to maintain fluids.
- Try to **get to the examination in advance** to avoid any traffic or delays that make increase levels of stress (mental health and wellbeing). Even if you wait in the car at school, this is fine.
- Try to **refrain surrounding yourselves with peers that make you nervous** or ask questions prior to the exam. Whilst you might not think this way, there have plenty of cases where peers have asked friends about things not examinable just to increase anxiety levels.
- From personal experience, **walking for 30 minutes or so before the exam** really helps to stimulate the brain and takes your mind of the exam which is really helpful.
- Studies have shown that **Mozart – Sonart for Two Pianos in D** stimulates parts of the brain which are required for recall and application (and I'm not a classical music fan btw aha)
https://www.youtube.com/watch?v=tT9gT5bqi6Y&t=4s&ab_cha`nnel=Am4d3usM0z4rt

EXAM TIPS

- Utilise reading time wisely! Worth taking a **mental note of what questions stood out to you and looking back at those again** – even mentally prepping an answer for them will help. Really important to try to devise the marking scheme during this time.
- In reading time I recommend doing three things.
 1. **Read the exam in full** at least once (~ 5 minutes)
 2. On the second time around, **allocated the marking scheme** for each question (at least try to for all questions)
 3. Try to **determine an order** in which you might complete the questions. Try to build up confidence by doing questions you know you can get full marks on first. For the longer questions (e.g. sources), make sure to read the sources in full in reading time so you don't need to do so in writing time.

EXAM TIPS

- The VCAA *usually* go for about **2 lines per 1 mark**. Don't stress too much about this, because this also applies for 'identify' questions – which can literally be 1 word! **Be confident in your answers and just do what you know needs to be done**
- For HHD, the **examiner marking your paper will get your physical paper**, so **feel free to write outside the lines if you have a lot to say!** (e.g. your answers can look something like this!). Make sure however to have **handwriting that is legible and readable**.

d. Use one biological and one sociocultural factor to explain the difference in DALYs experienced by those in low and high SES groups.

4 marks

Biological - ~~lower~~ lower birthweight babies = those in low SES groups

tend to have lower birthweight babies, which in their future could lead to a ^{such as asthma (sudden infant death syndrome)} ~~wide~~ range of different diseases and even SIDS. As such, this may contribute to both the YLLs and YLDs of those in low SES groups, making their overall DALY ^{across} ~~over~~ all age groups consistently higher than those in high SES groups.

Sociocultural - lack of education = those in low SES groups tend to have lower education levels than those with a high SES and in turn, lower health literacy levels. As such, they tend to have lesser knowledge on basic diseases/illnesses and hygiene contributing to a spread of communicable diseases and thus increasing their YLLs and YLDs, making their overall DALY across all age groups consistently higher than those in high SES groups.

DALY are used to measure burden of disease.

EXAM TIPS

- Start with the shorter questions first; looking back and seeing that you've done a chunk of the exam is a **massive confidence booster** for the rest of the exam time. **No need to go chronologically**
 - Studies have shown that you remember approximately **50-60% of content in the 1st hour** of an exam and **90% upwards in the second hour**
- If you use the **extra writing space**, make sure you've made a **SUPER clear note on both that page and the back page**.
Don't make the examiner search – they don't get paid that much...

b. Describe two reasons (rationale) for the development of the Sustainable Development Goals. 4 marks

► To build on the MDGs which ended in 2015. While these Millennium development goals did have some achievements, there needed to be new goals to replace the ones which were developed when the MDGs were developed.

► To address new global challenges. Since 2000 ²⁰¹⁵, there have been new global challenges such as an increased crime rate and those relating to ~~the~~ climate change, meaning the SDGs could begin to address these from 2015 when they were established.

Back page

The extra space – label exactly which question you're answering because you may have more than 1

The page of the question – you can't miss it

Extra space for responses
Clearly number all responses in this space.

1a) Progress in all areas was ^{on} even. This meant that some people were discriminated against – whether because of gender or financial status – and the SDGs aim to address such groups to create a more even progress.

2b) and will not need to stress about spending a lot of their income on healthcare if they need it, as this coverage often involves subsidising such. This ~~of stress~~ ~~unfairly~~ ~~promotes~~ ~~people~~ shows how Universal Health Coverage is able to promote mental health and wellbeing as they reduce people's stress when it comes to accessing necessary health coverage.

EXAM TIPS

- Read **EVERYTHING** during reading time. Don't be the person who didn't realise there was a question on the back page. Look for the **END OF QUESTION AND ANSWER BOOK** at the end to know.

After the exam when everyone discussing answers and you didn't know there was a question 13...



EXAM TIPS

If you see a question you know is supposed to be an even number of marks and it's odd, treat it as the **EVEN** number **ABOVE** the mark you have there. More is fine, less is not!

(e.g. 'Explain how the above case study can promote health and wellbeing' for 3 marks – treat it as 4, not 2 (so, case study link for 1 mark and the impact on health and wellbeing for 1 mark, repeating this twice for the full 3 marks.))

EXAM TIPS

- Make *everything super clear for the examiner*, particularly those things that get you a mark for just naming things like a dimension of H+W, an element of the HD definition, the AREAS or BCSDR. This includes things like:
 - Label – identify what you're doing before you answer the rest
 - If you choose not to label, underline the key elements where you would receive a mark so the examiner doesn't have to look for it (e.g., Human Development aspects)
 - You can also choose to **highlight** your key points if you're colourfully inclined
 - Not everything will be clearly outlined in your answer, so you can choose to
 - Add dot points
 - Wherever you think they need to be

EXAM TIPS

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 - Label – identify what you’re doing before you answer the rest
 - If you choose not to label, underline the key elements where you would receive a mark so the examiner doesn’t have to look for it (e.g., Human Development aspects)
 - You can also choose to **highlight** your key points if you’re colourfully inclined
 - Not everything will be clearly outlined in your answer, so you can choose to
 - Add dot points so you can have writing everywhere else to be able to divide sections of an answer in the lines
 - Wherever you think they need to be
 - Especially if you’re splitting an answer (e.g. 2 different H+W dimensions)

EXAM TIPS

- If you forget a health promotion program *has worked* to ...(promote h+w, health, etc.), **MAKE IT UP!**
An assessor has no time to filter through facts – they're looking for answer structure -, so just say anything.

Examples:

Describe one program that has been used to prevent the rates of smoking in adolescents (3 marks)

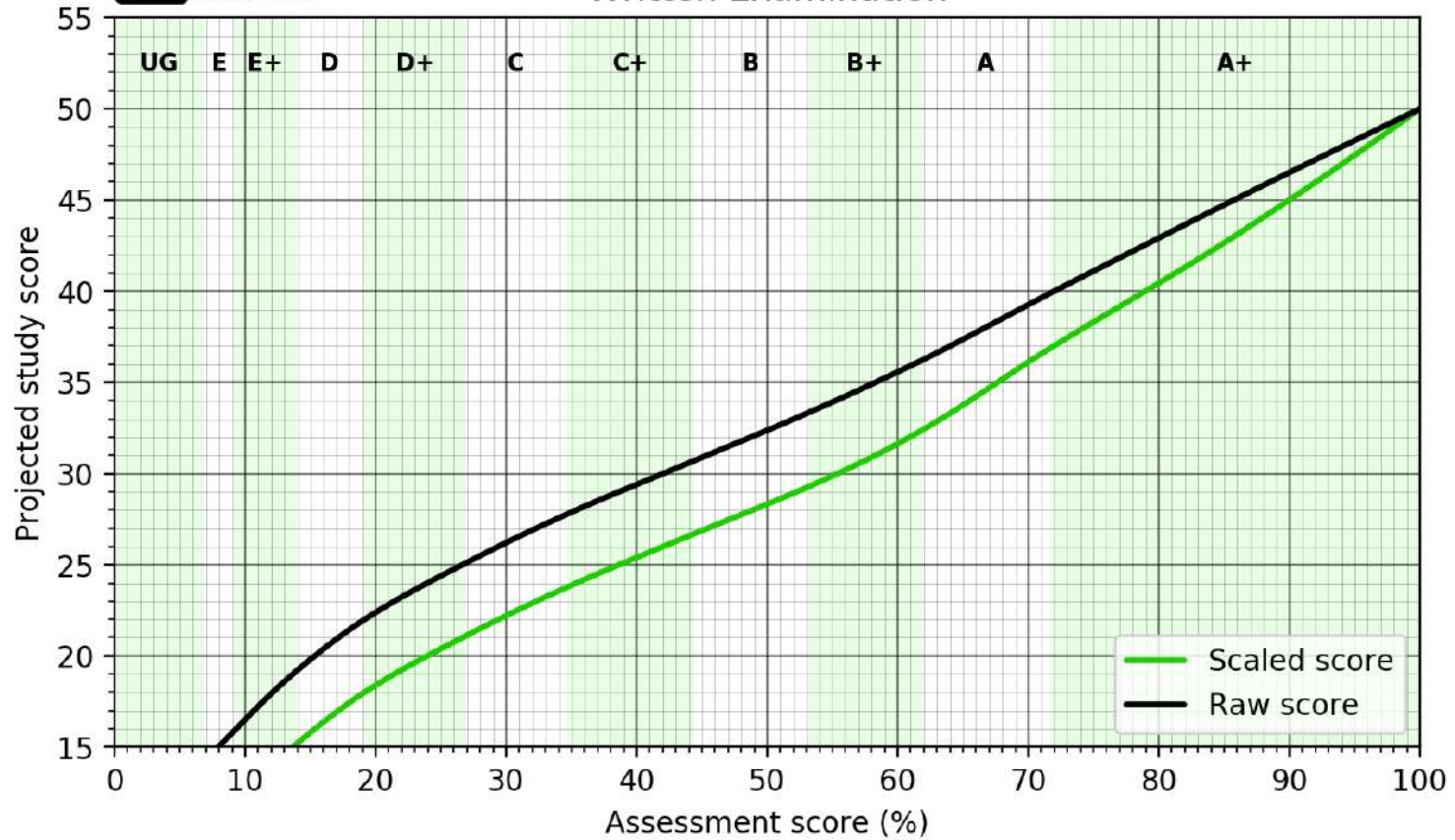
The Trouble with Tar program is a program developed by the Victorian Government to reduce the smoking rates of adolescents through providing advice within their school environments. It has reached over 200 schools in Victoria where representatives go in to schools to remind students about the dangers of smoking for their health and the health of those around them. They use researchers and youth speakers to provide a personal approach to quitting smoking. As of 2015, the rates of smoking have dramatically decreased, with a significant number of adolescents reducing their smoking rates by over 50%.

FYI: The Trouble with Tar program is not real :D

HHD GRADE DISTRIBUTION



Health and Human Development Written Examination



HHD GRADE DISTRIBUTION - 2020

Grade		UG	E	E+	D	D+	C	C+	B	B+	A	A+	NR	Total
Male	n	0	96	179	291	458	529	548	365	275	203	86	0	3,030
	%	0.0	3.2	5.9	9.6	15.1	17.5	18.1	12.0	9.1	6.7	2.8	0.0	100.0
Female	n	3	176	284	543	949	1,236	1,530	1,462	1,317	1,252	913	0	9,665
	%	0.0	1.8	2.9	5.6	9.8	12.8	15.8	15.1	13.6	13.0	9.4	0.0	100.0
Gender X	n	0	0	1	1	1	2	0	0	0	2	0	0	7
	%	0.0	0.0	14.3	14.3	14.3	28.6	0.0	0.0	0.0	28.6	0.0	0.0	100.0
Total	n	3	272	464	835	1,408	1,767	2,078	1,827	1,592	1,457	999	0	12,702
	%	0.0	2.1	3.7	6.6	11.1	13.9	16.4	14.4	12.5	11.5	7.9	0.0	100.0
Score Ranges		0-15	16-21	22-33	34-45	46-60	61-76	77-94	95-111	112-127	128-145	146-200	N/A	Max 200

Summary Statistics:

Mean	91.1
Std Dev	37.2
Median	C+

ATARNotes

**GOOD LUCK EVERYONE ON
YOUR EXAMS!!**

If you have any further questions feel free to email me
janath@tutesmart.com



P.S. Bruni my Cavoodle says
good luck to you all too :D

