

Health 2019 v1.2

General Senior Syllabus

This syllabus is for implementation with Year 11 students in 2019.

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1 Course overview

1.1 Introduction

1.1.1 Rationale

The knowledge, understanding and skills taught through Health and Physical Education enable students to explore and enhance their own and others' health and physical activity in diverse and changing contexts. Development of the physical, intellectual, social, emotional and spiritual capacities necessary in the strands of 'Movement and physical activity' and 'Personal, social and community health' are key components of the P–10 Australian Curriculum: Health and Physical Education. They provide the foundations for learning and alignment to the QCAA Physical Education and Health senior syllabuses, to build increasingly complex and developmental courses of study in the senior years.

The Health syllabus provides students with a contextualised strengths-based inquiry of the various determinants that create and promote lifelong health, learning and active citizenship. Drawing from the health, behavioural, social and physical sciences, the Health syllabus offers students an action, advocacy and evaluation-oriented curriculum. Embedded in Health is the Health inquiry model that provides the conceptual framework for this syllabus.

The Health syllabus is developmental and becomes increasingly more complex across the four units through the use of overarching approaches, frameworks and resources. This syllabus is underpinned by a [salutogenic](#) (strengths-based) approach, which focuses on how health resources are accessed and enhanced. Resilience as a personal health resource in Unit 1, establishes key teaching and learning concepts, which build capacity for the depth of understanding over the course of study. Unit 2 focuses on the role and influence of peers and family as resources through one topic selected from two choices: Elective topic 1: Alcohol, or Elective topic 2: Body image. Unit 3 explores the role of the community in shaping resources through one topic selected from three choices: Elective topic 1: Homelessness, Elective topic 2: Road safety, or Elective topic 3: Anxiety. The culminating unit challenges students to investigate and evaluate innovations that influence respectful relationships to help them navigate the post-schooling life-course transition.

Health uses an inquiry approach informed by the critical analysis of health information to investigate sustainable health change at personal, peer, family and community levels. Students define and understand broad health topics, which they reframe into specific contextualised health issues for further investigation. Students plan, implement, evaluate and reflect on action strategies that mediate, enable and advocate change through health promotion.

Studying Health will highlight the value and dynamic nature of the discipline, alongside the purposeful processes and empathetic approach needed to enact change. The investigative skills required to understand complex issues and problems will enable interdisciplinary learning, and prepare students for further study and a diverse range of career pathways. The development of problem-solving and decision-making skills will serve to enable learning now and in the future.

The health industry is currently experiencing strong growth and is recognised as the largest industry for new employment in Australia, with continued expansion predicted due to ageing population trends. A demand for individualised health care services increases the need for health-educated people who can solve problems and contribute to improved health outcomes across the lifespan at individual, family, local, national and global levels. The preventive health agenda is future-focused to develop 21st century skills, empowering students to be critical and creative thinkers, with strong communication and collaboration skills equipped with a range of personal, social and ICT skills.

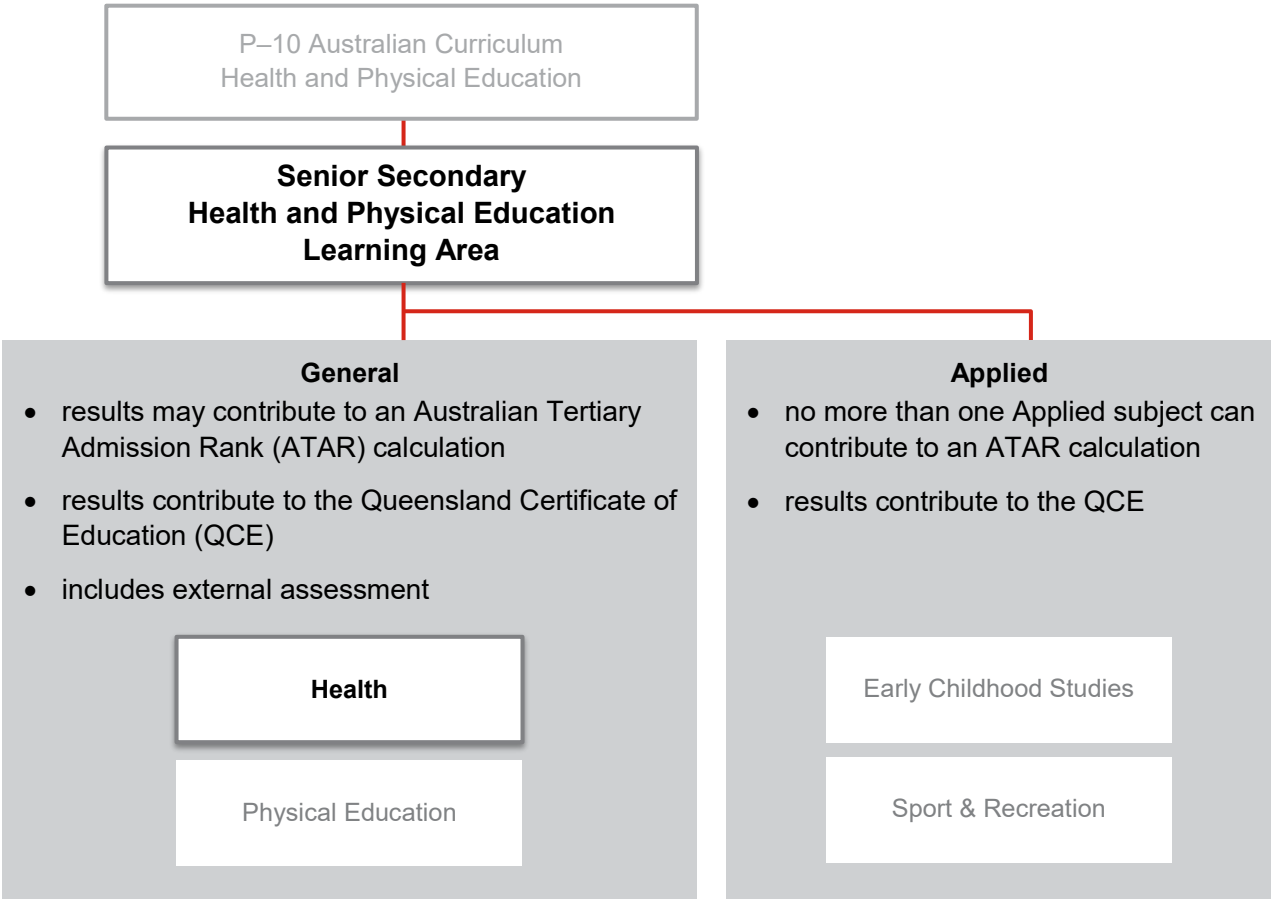
Pathways

Health is a General subject suited to students who are interested in pathways beyond school that lead to tertiary studies, vocational education or work. A course of study in Health can establish a basis for further education and employment in the fields of health science, public health, health education, allied health, nursing and medical professions.

1.1.2 Learning area structure

All learning areas build on the P–10 Australian Curriculum.

Figure 1: Learning area structure



1.1.3 Course structure

Health is a course of study consisting of four units. Subject matter, learning experiences and assessment increase in complexity from Units 1 and 2 to Units 3 and 4 as students develop greater independence as learners.

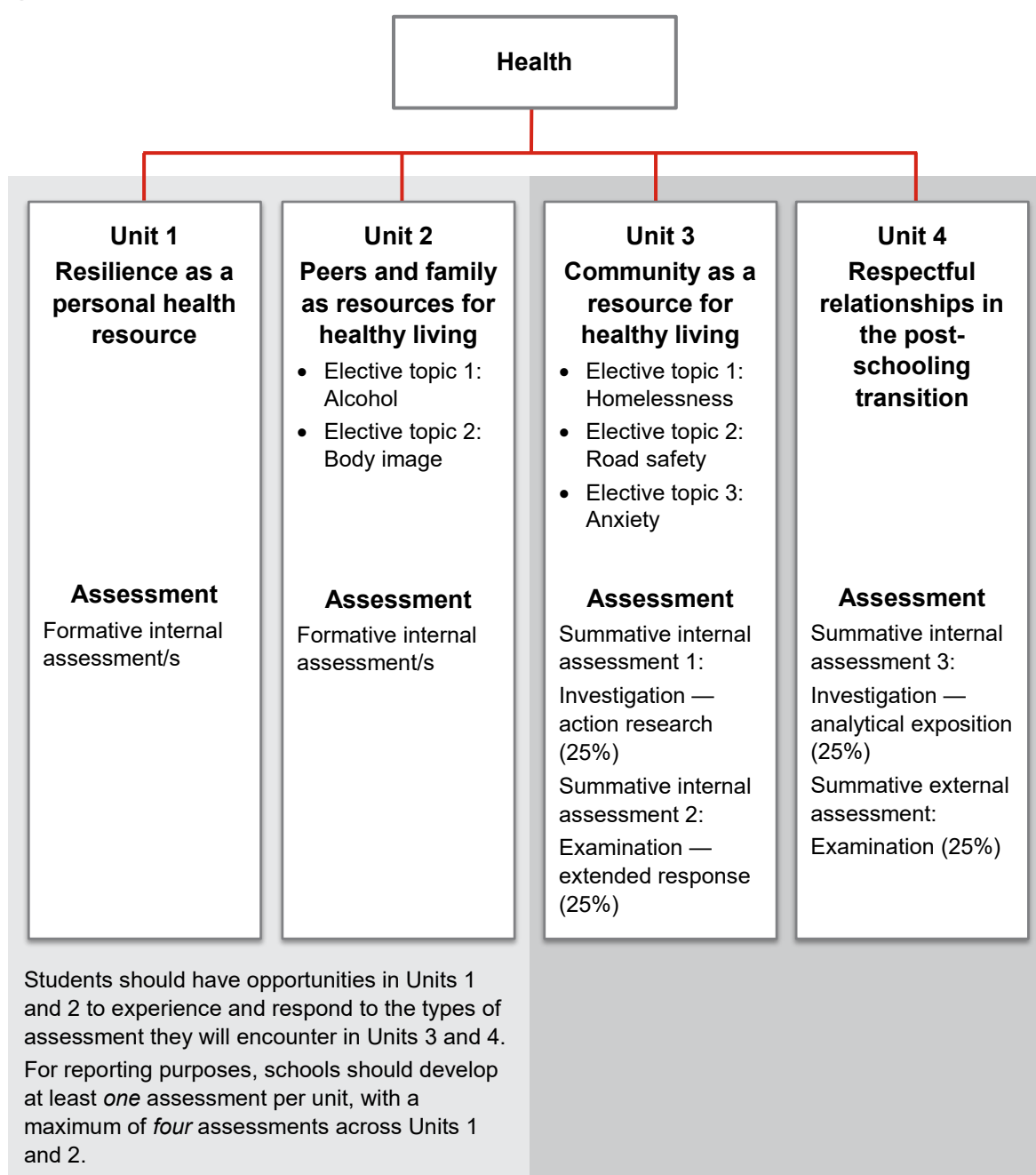
Units 1 and 2 provide foundational learning, which allows students to experience all syllabus objectives and begin engaging with the course subject matter. Students should complete Units 1 and 2 before beginning Unit 3. It is recommended that Unit 3 be completed before Unit 4.

Units 3 and 4 consolidate student learning. Only the results from Units 3 and 4 will contribute to ATAR calculations.

Figure 2 outlines the structure of this course of study.

Each unit has been developed with a notional time of 55 hours of teaching and learning, including assessment.

Figure 2: Course structure



1.2 Teaching and learning

1.2.1 Syllabus objectives

The syllabus objectives outline what students have the opportunity to learn. Assessment provides evidence of how well students have achieved the objectives.

Syllabus objectives inform unit objectives, which are contextualised for the subject matter and requirements of the unit. Unit objectives, in turn, inform the assessment objectives, which are further contextualised for the requirements of the assessment instruments. The number of each objective remains constant at all levels, i.e. Syllabus objective 1 relates to Unit objective 1 and to Assessment objective 1 in each assessment instrument.

Syllabus objectives are described in terms of actions that operate on the subject matter. Students are required to use a range of cognitive processes in order to demonstrate and meet the syllabus objectives. These cognitive processes are described in the explanatory paragraph following each objective in terms of four levels: retrieval, comprehension, analytical processes (analysis) and knowledge utilisation, with each process building on the previous processes (see Marzano & Kendall 2007, 2008). That is, comprehension requires retrieval, and knowledge utilisation requires retrieval, comprehension and analytical processes (analysis).

By the conclusion of the course of study, students will:

Syllabus objective	Unit 1	Unit 2	Unit 3	Unit 4
1. <u>recognise</u> and <u>describe</u> information about <u>health-related topics</u> and <u>issues</u>	•	•	•	•
2. <u>comprehend</u> and <u>use</u> <u>health approaches</u> and <u>frameworks</u>	•	•	•	•
3. <u>analyse</u> and <u>interpret</u> information about <u>health-related topics</u> and <u>issues</u>	•	•	•	•
4. <u>critique</u> information to <u>distinguish determinants</u> that influence <u>health status</u>	•	•	•	•
5. <u>organise</u> information for <u>particular</u> purposes	•	•	•	•
6. <u>investigate</u> and <u>synthesise</u> information to <u>develop action strategies</u>	•	•	•	•
7. <u>evaluate</u> and <u>reflect on implemented action strategies</u> to <u>justify recommendations</u> that <u>mediate, advocate and enable health promotion</u>	•	•	•	•
8. <u>make decisions</u> about and use mode-appropriate features, language and conventions for <u>particular</u> purposes and contexts	•	•	•	•

1. recognise and describe information about health-related topics and issues

When students recognise information, they identify characteristics or features about health-related topics and issues. Students describe information by giving a detailed account of those characteristics or features.

2. comprehend and use health approaches and frameworks

When students comprehend health approaches and frameworks, they clarify their understanding of the characteristics or features of the approaches and frameworks. When students use health approaches and frameworks, they apply their knowledge and understanding in relation to health-related topics and issues in a range of contexts.

3. analyse and interpret information about health-related topics and issues

When students analyse information, they examine primary sources and secondary sources to identify the relationships between the individual and their personal, social and community resources. When students interpret information, they draw conclusions about the significance of the relationships using the Health inquiry model.

4. critique information to distinguish determinants that influence health status

Students critique information by using the health approaches and frameworks to review information about a broad health-related topic in a detailed and analytical way. Students distinguish determinants for a specific issue by recognising the different factors that influence health status.

5. organise information for particular purposes

Students organise information by selecting and sequencing research to respond to health-related topics and issues in a range of contexts. Students organise interdependent or coordinated parts of information by arranging them into a whole for particular purposes.

6. investigate and synthesise information to develop action strategies

Students investigate by conducting a formal inquiry to establish or obtain facts about data trends, barriers, enablers and existing resources. Students synthesise investigated information by combining different parts or elements into a whole to create a new understanding of a specific issue. When students develop action strategies to influence health issues, they make decisions about the methodology and resources required to address the needs, barriers and enablers for a target group from a range of alternatives.

7. evaluate and reflect on implemented action strategies to justify recommendations that mediate, advocate and enable health promotion

When students evaluate implemented action, they make judgments about the methodology and resources in relation to selected criteria. When students reflect on action strategies, they appraise their findings and propose recommendations that mediate, advocate and enable health promotion. When students justify recommendations, they provide evidence to support a decision or strategy.

8. make decisions about and use mode-appropriate features, language and conventions for particular purposes and contexts

When students make decisions about mode-appropriate features and conventions, they use written and complementary features to express meaning for particular purposes in a range of contexts. Students make language choices by selecting appropriate vocabulary. Students use referencing conventions to practise ethical scholarship for particular purposes.

1.2.2 Underpinning factors

There are three skill sets that underpin senior syllabuses and are essential for defining the distinctive nature of subjects:

- literacy — the set of knowledge and skills about language and texts essential for understanding and conveying Health content
- numeracy — the knowledge, skills, behaviours and dispositions that students need to use mathematics in a wide range of situations, to recognise and understand the role of mathematics in the world and to develop the dispositions and capacities to use mathematical knowledge and skills purposefully
- 21st century skills — the attributes and skills students need to prepare them for higher education, work and engagement in a complex and rapidly changing world.

These skill sets, which overlap and interact, are derived from current education, industry and community expectations. They encompass the knowledge, skills, capabilities, behaviours and dispositions that will help students live and work successfully in the 21st century.

Together these three skill sets shape the development of senior subject syllabuses. Although coverage of each skill set may vary from syllabus to syllabus, students should be provided with opportunities to learn through and about these skills over the course of study. Each skill set contains identifiable knowledge and skills that can be directly assessed.

Literacy in Health

Ongoing systematic teaching and learning focused on the literacy knowledge and skills specific to Health is essential for student achievement.

Students need to learn and use knowledge and skills of reading, viewing and listening to understand and learn the content of Health. Students need to learn and use the knowledge and skills of writing, composing and speaking to convey the Health content they have learnt.

To understand and use Health content, teaching and learning strategies include:

- making meaning of Health language and texts
- comprehending language and texts to make literal and inferred meanings about Health information
- using Health ideas and information in classroom, real-world and/or lifelike contexts to progress their own learning.

To analyse and evaluate Health content, teaching and learning strategies include:

- accessing the varied and changing Health modes of content delivery
- making conclusions about the purpose and audience of Health language and texts
- interpreting and analysing the ways language is used to convey ideas and information in Health texts
- use measurement to collect [qualitative data](#) and information
- transforming language and texts to convey Health ideas and information in particular ways to suit audience and purpose.

These aspects of literacy knowledge and skills are embedded in the syllabus objectives, unit objectives and subject matter, and instrument-specific marking guides (ISMGs) for Health.

Numeracy in Health

Although much of the explicit teaching of numeracy skills occurs in Mathematics, being numerate involves using mathematical skills across the curriculum. Therefore, numeracy development is an essential component of teaching and learning across the curriculum, and a responsibility for all teachers.

Health provides students with opportunities to:

- use calculation, estimation and measurement to collect quantitative data and information
- analyse, interpret and critique valid data using statistical reasoning, identifying patterns and relationships to consider trends in a range of health contexts
- synthesise a combination of different types of information and data to create new knowledge and draw conclusions to make decisions that inform the development and evaluation of health promotion strategies.

These aspects of numeracy knowledge and skills are embedded in the syllabus objectives, unit objectives and subject matter, and ISMGs for Health.

21st century skills

The 21st century skills identified in the following table reflect a common agreement, both in Australia and internationally, on the skills and attributes students need to prepare them for higher education, work and engagement in a complex and rapidly changing world.

21st century skills	Associated skills	21st century skills	Associated skills
critical thinking	<ul style="list-style-type: none"> • analytical thinking • problem-solving • decision-making • reasoning • reflecting and evaluating • intellectual flexibility 	creative thinking	<ul style="list-style-type: none"> • innovation • initiative and enterprise • curiosity and imagination • creativity • generating and applying new ideas • identifying alternatives • seeing or making new links
communication	<ul style="list-style-type: none"> • effective oral and written communication • using language, symbols and texts • communicating ideas effectively with diverse audiences 	collaboration and teamwork	<ul style="list-style-type: none"> • relating to others (interacting with others) • recognising and using diverse perspectives • participating and contributing • community connections

21st century skills	Associated skills	21st century skills	Associated skills
personal and social skills	<ul style="list-style-type: none"> • adaptability/flexibility • management (self, career, time, planning and organising) • character (resilience, mindfulness, open- and fair-mindedness, self-awareness) • leadership • citizenship • cultural awareness • ethical (and moral) understanding 	information & communication technologies (ICT) skills	<ul style="list-style-type: none"> • operations and concepts • accessing and analysing information • being productive users of technology • digital citizenship (being safe, positive and responsible online)

In Health, the identified 21st century skills can be developed through teaching and learning strategies, which include:

- critical thinking skills, such as:
 - analysing data and information to break complex aspects into component parts and recombine them in different ways to create new knowledge
 - decision-making by considering a range of health promotion alternatives
 - reasoning by creating a response to a range of issues in diverse health contexts
 - evaluating and reflecting on implemented action to judge the impact of a strategy.
- creative thinking skills, such as:
 - generating and applying new ideas to create health promotion strategies to influence health issues
 - synthesising data and information to create new knowledge
 - collecting valid quantitative data and qualitative data to create innovative action strategies in different health contexts
- communication skills, such as:
 - manipulating specialised language, terminology, symbols and diagrams to communicate in Health contexts
 - transforming language and texts in Health to convey ideas and information in particular ways to suit different audiences and purposes
- collaboration and teamwork skills, such as:
 - relating and interacting with others in Health learning contexts
 - recognising and using diverse perspectives in Health learning contexts
 - participating and contributing to create strategies to enhance own and others' health

- personal and social skills, such as:
 - developing cultural awareness, citizenship and moral and ethical understandings in Health learning contexts
 - demonstrating adaptability and flexibility to create strategies that enhance health
 - developing self-awareness of personal, social and community resources
 - developing self-awareness to enhance personal resources, including resilience, mindfulness, open and fair-mindedness
- ICT skills, such as:
 - accessing, capturing and analysing information, including primary data and secondary data
 - manipulating data and information using digital technologies to analyse trends, patterns or relationships
 - developing digital citizenship skills to be a safe, positive and responsible user of online and application (apps) based resources.

These elements of 21st century skills are embedded in the syllabus objectives, unit objectives and subject matter, and ISMGs for Health.

1.2.3 Aboriginal perspectives and Torres Strait Islander perspectives

The QCAA is committed to reconciliation in Australia. As part of its commitment, the QCAA affirms that:

- Aboriginal peoples and Torres Strait Islander peoples are the first Australians, and have the oldest living cultures in human history
- Aboriginal peoples and Torres Strait Islander peoples have strong cultural traditions and speak diverse languages and dialects, other than Standard Australian English
- teaching and learning in Queensland schools should provide opportunities for students to deepen their knowledge of Australia by engaging with the perspectives of Aboriginal peoples and Torres Strait Islander peoples
- positive outcomes for Aboriginal students and Torres Strait Islander students are supported by successfully embedding Aboriginal perspectives and Torres Strait Islander perspectives across planning, teaching and assessing student achievement.

Guidelines about Aboriginal perspectives and Torres Strait Islander perspectives and resources for teaching are available at www.qcaa.qld.edu.au/k-12-policies/aboriginal-torres-strait-islander-perspectives.

Where appropriate, Aboriginal perspectives and Torres Strait Islander perspectives have been embedded in the subject matter.

In Health, there is opportunity to explore Aboriginal perspectives and Torres Strait Islander perspectives across all four units using the inquiry approach. Specific programs and resources for Aboriginal peoples and Torres Strait Islander peoples are included.

The inclusion of a salutogenic or strengths-based approach regarding Aboriginal culture and Torres Strait Islander culture in this syllabus acknowledges, highlights and builds upon the important spiritual connections to Country/Place that many Aboriginal peoples and Torres Strait Islander peoples possess. The syllabus also addresses and brings to light some of the physical, spiritual and cultural implications that displacement has had on many Aboriginal peoples and

Torres Strait Islander peoples, while exploring and addressing the character strengths and resilience that exists in certain community groups.

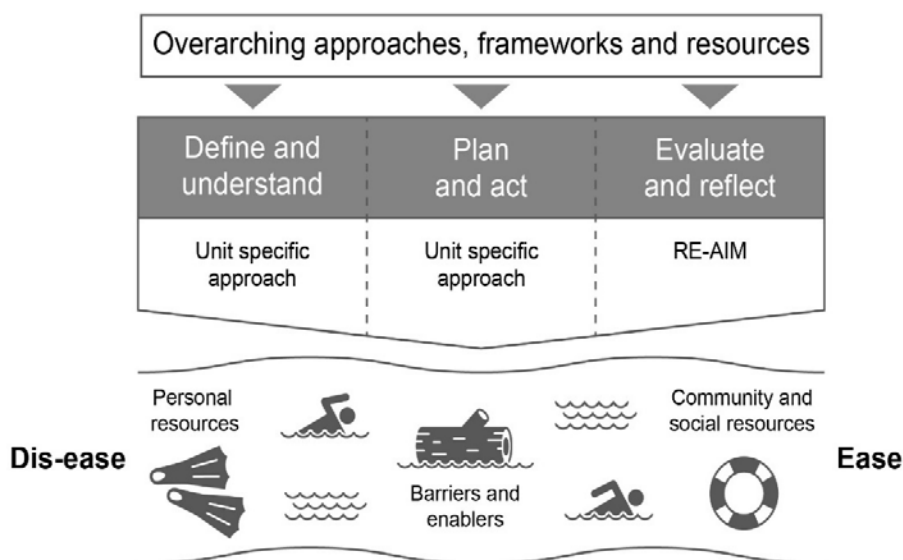
Assessing cultural determinants is a key element of the needs assessment that students complete in their local context to plan and implement action. Students can explore and raise awareness of specific social justice issues to strengthen, maintain or adapt peers, family and the community as resources for Aboriginal peoples and Torres Strait Islander peoples.

1.2.4 Pedagogical and conceptual frameworks

The Health inquiry model used throughout this syllabus is based on Antonovsky's (1979) salutogenic model of health (Lindström & Eriksson 2010). The Health syllabus is informed by salutogenic theory, which provides the foundational understanding and educative purpose needed for a strengths-based approach. In the salutogenic model, health is viewed as a continuum between 'dis-ease' and 'ease', where an individual's health status is fluid depending on the issue, context and available resources. Moving towards a position of ease is enhanced when individuals can access and use social and community resources to strengthen, build or maintain personal resources. Health literacy and social justice, alongside barriers and enablers, influence an individual's access to and use of personal, social and community resources. The stages of Health inquiry scaffold a purposeful investigation of the resources, barriers and enablers that influence movement towards a position of ease on the health continuum.

Antonovsky used a river of life metaphor to clarify his vision of salutogenesis as a theory to guide health promotion. From this perspective, health should be attended to as a dynamic ever-present relation between the swimmer and the river where 'we are all, always, in the dangerous river of life. The twin question is: How dangerous is our river? How well can we swim?' (Antonovsky 1996, p.14). The metaphor is represented in the Health inquiry model between the 'dis-ease' and 'ease' poles of the continuum.

Figure 3: Health inquiry model



The overarching approaches, frameworks and resources used to investigate barriers and enablers in all stages of Health inquiry are:

- the salutogenic model of health
- the Australian Institute of Health and Welfare's (AIHW) conceptual framework for the determinants of health (AIHW 2014)

- the World Health Organization's (WHO) Ottawa Charter for Health Promotion (WHO 1986)
- the framework for health promotion action (adapted from Murphy & Keleher 2003)
- health literacy
- social justice.

Three stages of Health inquiry

Teaching and learning in Health is underpinned by three stages of inquiry: define and understand, plan and act, and evaluate and reflect. These inquiry stages are used as a pedagogy and a conceptual framework and interact with the overarching health approaches, frameworks and resources. Each stage uses unit-specific approaches that increase in complexity across the four units (see the Unit-specific approaches table).

Stage 1: Define and understand

During Stage 1, students will:

- understand how health status is influenced by a range of determinants
- understand the health-related topic through the overarching health approaches, frameworks and resources
- use specified approaches to examine and interpret the interactive relationship between the individual and their personal, social and community resources, specifically
 - Unit 1 — positive psychology (PERMA+)
 - Unit 2 — social cognitive theory
 - Unit 3 — social ecological model (as adapted by the Center for Disease Control and Prevention, cited in Rubens & Shehadeh 2014, Figure A1)
 - Unit 4 — life-course perspective
- analyse and interpret a range of information about health-related topics to draw conclusions about the significance of the relationship between the individual and their personal, social and community resources
- critique information to distinguish the significant determinants for a specific issue
- investigate health resources for a specific issue.

Stage 2: Plan and act

During Stage 2, students will:

- develop a specific and contextualised health issue statement
- synthesise information and data gathered in Stage 1 to prepare inquiry questions that include the approach, target group and social justice principle
- design and implement justified data collection methods that adhere to ethical principles
 - protection from harm
 - gaining informed consent
 - ensuring confidentiality and anonymity
- investigate data, trends, existing policy, practice and resources that are relevant to the specific, contextualised health issue

- synthesise investigated information to develop action strategies
- apply the Ottawa Charter (Units 1 and 2) or diffusion of innovations model (Units 3 and 4) to develop an action strategy to mediate, advocate and enable health promotion that strengthens or maintains access and use of personal, social and community resources
- make decisions about the methodology and resources required to address the needs, barriers and enablers for a target group
- implement the action strategy and collect data to evaluate the impact of the methodology and resources.

Stage 3: Evaluate and reflect

During Stage 3, students will:

- reflect on data gathered to inform evaluation and recommendations
- evaluate and reflect on the implemented action strategy methodology, resources and findings using the overarching health approaches and frameworks and the RE-AIM framework
- draw conclusions about the influence of action on the health issue
- synthesise information to predict the sustainability and impact of the action strategy
- propose and justify recommendations that mediate, advocate and/or enable further action and consider barriers and enablers for change
- make decisions about mode-appropriate features, language and conventions that will be used for particular purposes.

The unit-specific approaches used to investigate barriers, enablers, personal, community and social resources for each stage of the Health inquiry are:

Unit-specific approaches

Stage 1: Define and understand	Stage 2: Plan and act	Stage 3: Evaluate and reflect
Unit 1: <u>Resilience</u> as a personal health resource		
<u>Positive psychology</u> — <u>PERMA+</u>	<u>Ottawa Charter</u> — personal skills	<u>RE-AIM</u>
Unit 2: <u>Peers and family</u> as resources for healthy living		
<u>Social cognitive theory</u>	<u>Ottawa Charter</u>	<u>RE-AIM</u>
Unit 3: <u>Community</u> as a resource for healthy living		
<u>Social ecological model</u>	<u>Diffusion of innovations model</u>	<u>RE-AIM</u>
Unit 4: <u>Respectful relationships</u> in the <u>post-schooling transition</u>		
<u>Life-course perspective</u>	<u>Diffusion of innovations model</u>	<u>RE-AIM</u>

1.2.5 Subject matter

Subject matter is the body of information, mental procedures and psychomotor procedures (see Marzano & Kendall 2007, 2008) that are necessary for students' learning and engagement with Health. It is particular to each unit in the course of study and provides the basis for student learning experiences.

Subject matter has a direct relationship to the unit objectives, but is of a finer granularity and is more specific. These statements of learning are constructed in a similar way to objectives. Each statement:

- describes an action (or combination of actions) — what the student is expected to do
- describes the element — expressed as information, mental procedures and/or psychomotor procedures
- is contextualised for the topic or circumstance particular to the unit.

1.3 Assessment — general information

Assessments are formative in Units 1 and 2, and summative in Units 3 and 4.

Assessment	Unit 1	Unit 2	Unit 3	Unit 4
Formative assessments	•	•		
Summative internal assessment 1			•	
Summative internal assessment 2			•	
Summative internal assessment 3				•
Summative external assessment				•

1.3.1 Formative assessments — Units 1 and 2

Formative assessments provide feedback to both students and teachers about each student's progress in the course of study.

Schools develop internal assessments for each senior subject, based on the learning described in Units 1 and 2 of the subject syllabus. Each unit objective must be assessed at least once.

For reporting purposes, schools should devise at least *two* but no more than *four* assessments for Units 1 and 2 of this subject. At least *one* assessment must be completed for *each* unit.

The sequencing, scope and scale of assessments for Units 1 and 2 are matters for each school to decide and should reflect the local context.

Teachers are encouraged to use the A–E descriptors in the reporting standards (Section 1.4) to provide formative feedback to students and to report on progress.

1.3.2 Summative assessments — Units 3 and 4

Students will complete a total of *four* summative assessments — three internal and one external — that count towards their final mark in each subject.

Schools develop *three* internal assessments for each senior subject, based on the learning described in Units 3 and 4 of the syllabus.

The three summative internal assessments will be endorsed and the results confirmed by the QCAA. These results will be combined with a single external assessment developed and marked by the QCAA. The external assessment results for Health will contribute 25% towards a student's result.

Summative internal assessment — instrument-specific marking guides

This syllabus provides ISMGs for the three summative internal assessments in Units 3 and 4.

The ISMGs describe the characteristics evident in student responses and align with the identified assessment objectives. Assessment objectives are drawn from the unit objectives and are contextualised for the requirements of the assessment instrument.

Criteria

Each ISMG groups assessment objectives into criteria. An assessment objective may appear in multiple criteria, or in a single criterion of an assessment.

Making judgments

Assessment evidence of student performance in each criterion is matched to a performance-level descriptor, which describes the typical characteristics of student work.

Where a student response has characteristics from more than one performance level, a best-fit approach is used. Where a performance level has a two-mark range, it must be decided if the best fit is the higher or lower mark of the range.

Authentication

Schools and teachers must have strategies in place for ensuring that work submitted for internal summative assessment is the student's own. Authentication strategies outlined in QCAA guidelines, which include guidance for drafting, scaffolding and teacher feedback, must be adhered to.

Summative external assessment

The summative external assessment adds valuable evidence of achievement to a student's profile. External assessment is:

- common to all schools
- administered under the same conditions at the same time and on the same day
- developed and marked by the QCAA according to a commonly applied marking scheme.

The external assessment contributes 25% to the student's result in Health. It is not privileged over the school-based assessment.

1.4 Reporting standards

Reporting standards are summary statements that succinctly describe typical performance at each of the five levels (A–E). They reflect the cognitive taxonomy and objectives of the course of study.

The primary purpose of reporting standards is for twice-yearly reporting on student progress. These descriptors can also be used to help teachers provide formative feedback to students and to align ISMGs.

Reporting standards

A
<p>The student <u>demonstrates accurate</u> recognition and <u>discerning</u> description of a range of <u>relevant</u> information about <u>health-related topics</u> and issues, and <u>succinct</u> comprehension and <u>perceptive</u> use of relevant health <u>approaches</u> and <u>frameworks</u>, in a range of contexts.</p> <p>The student demonstrates <u>insightful analysis</u>, <u>interpretation</u> and <u>critique</u> of a range of <u>valid</u> information about health-related topics and issues to <u>distinguish</u> determinants that influence health, and displays <u>effective</u> organisation of information to achieve a <u>particular</u> purpose.</p> <p>The student shows discerning <u>investigation</u> and insightful <u>synthesis</u> of information to <u>develop sophisticated action strategies</u> to influence <u>health issues</u>. They <u>justify</u> recommendations that <u>mediate</u>, <u>advocate</u> and <u>enable health promotion</u> through <u>critical</u> evaluation and insightful reflection on implemented action strategies. Decision-making about, and accurate use of mode-appropriate features, language and conventions for <u>particular</u> purposes is discerning.</p>
B
<p>The student demonstrates recognition and <u>purposeful</u> description of a range of information about health-related topics and issues, and <u>considered</u> comprehension and <u>effective</u> use of <u>appropriate</u> health approaches and frameworks, in a range of contexts.</p> <p>The student demonstrates purposeful analysis, interpretation and critique of a range of information about health-related topics and issues to distinguish determinants that influence health, and displays effective organisation of information to achieve a particular purpose.</p> <p>The student shows purposeful investigation and considered synthesis of information to develop <u>feasible</u> action strategies to influence health issues. They justify recommendations that mediate, advocate and enable health promotion through considered evaluation and purposeful reflection on implemented action strategies. Decision-making about, and accurate use of mode-appropriate features, language and conventions for particular purposes is purposeful.</p>
C
<p>The student demonstrates recognition and <u>appropriate</u> description of information about health-related topics and issues, and appropriate comprehension and use of health approaches and frameworks, in a range of contexts.</p> <p>The student demonstrates appropriate analysis, interpretation and critique of information about health-related topics and issues to distinguish determinants that influence health, and displays appropriate organisation of information to achieve a purpose.</p> <p>The student investigates and synthesises information to develop action strategies to influence health issues. They justify recommendations that mediate, advocate and enable health promotion through feasible evaluation and reflection on implemented action strategies. Decision-making about, and use of some mode-appropriate features, language and conventions for particular purposes is appropriate.</p>

D

The student demonstrates variable recognition and superficial description of some information about health-related topics and issues, and superficial comprehension and use of aspects of health approaches and frameworks, in a range of contexts.

The student demonstrates superficial analysis, interpretation and explanation of aspects of information about health-related topics and issues to distinguish some determinants, and organises aspects of information.

The student investigates information to develop superficial and/or partial strategies and make recommendations that relate to health promotion. Decision-making and use of mode-appropriate features, language and conventions is variable.

E

The student demonstrates elements of recognition, description and comprehension of health information.

The student provides elements of explanation and organisation of aspects of information and some determinants that influence health.

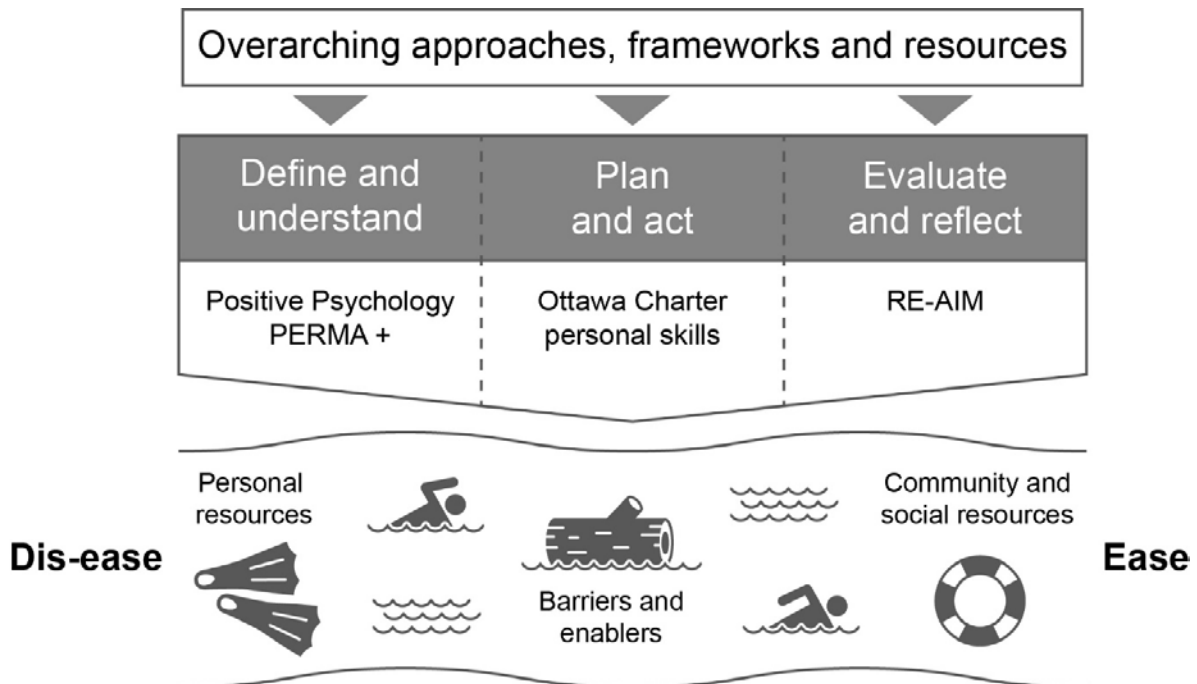
The student provides elements of description of action strategies that influence health, and makes variable and/or inappropriate use of features, language and conventions.

2 Unit 1: Resilience as a personal health resource

2.1 Unit description

In Unit 1, students are introduced to and explore the broad notion of health, focusing on resilience as a personal health resource. In this introductory unit of Health, students will learn how to apply a socio-critical lens to develop a 'critical' perspective of health and to gain an understanding of how health is socially constructed. The ability of people and authorities to influence the perception of health and illness for individuals is considered from pathogenically and salutogenically oriented lenses. Students develop their understanding of the overarching approaches, frameworks and resources used to understand and critique health topics and issues through the Unit 1 Health inquiry model. Students learn how to reframe a broad health-related topic as a narrow, specific and contextualised issue through an inquiry approach. Students use the PERMA+ framework, personal skills action area of the Ottawa Charter and RE-AIM to analyse, implement and evaluate action strategies that build resilience as a resource for personal health.

Figure 4: Unit 1 Health inquiry model



Unit requirements

The learning for this unit has been divided into three stages of inquiry. The table below outlines the notional hours for the three stages:

Stages of inquiry and suggested assessment	Notional hours
Stage 1: Define and understand resilience as a personal health resource	20
Stage 2: Plan for action in a personal health context	25
Stage 3: Evaluate and reflect on action in a personal health context	10

2.2 Unit objectives

Unit objectives are drawn from the syllabus objectives and are contextualised for the subject matter and requirements of the unit. Each unit objective is assessed at least once.

Students will:

1. recognise and describe information about resilience in a personal health context
2. comprehend and use specified aspects of approaches, frameworks and resources
3. analyse and interpret information about resilience in a personal health context
4. critique information about resilience to distinguish determinants that influence health status in a personal health context
5. organise information about resilience for particular purposes
6. investigate and synthesise information to develop an action strategy to influence resilience in a personal health context
7. evaluate and reflect on implemented action strategies related to resilience in a personal health context to justify recommendations that mediate, advocate and enable health promotion
8. make decisions about and use mode-appropriate features, language and conventions for particular purposes and contexts.

2.3 Stage 1: Define and understand resilience as a personal health resource

Subject matter

How does resilience relate to health?

In this area of study, students will:

- recognise and describe personal health status
- recognise and describe how health status is evaluated and measured by self and others, including the AIHW and Mission Australia
- recognise and describe the significance of mental health and wellbeing for young people's health status
- recognise and describe how the definitions, philosophies and representations of health have changed over the past century and inform the study of health
 - pathogenic and salutogenic perspectives
 - dimensions of health
 - static and dynamic health
 - cultural perspectives
 - Health inquiry model
- recognise and describe how health determinants influence behaviour using the AIHW conceptual framework for determinants of health
 - physical determinants include genetic factors, biological factors and biomedical factors
 - psycho-sociocultural determinants include cognitive function, stress, health behaviours, culture, media, education, employment, income, family, neighbourhood, peers, social inclusion, self-esteem, social cohesion, government policies and resources
 - economic/environmental determinants include resources, health systems, wealth, landscape, climate, chemical factors and human-made factors
- define and describe stressors, stimuli, locus of control, hardiness and resilience
- recognise and describe the physiological responses to stressful stimuli and positive stimuli such as
 - production of adrenaline, cortisol and noradrenalin, including the fight–flight reaction to stress
 - actions of dopamine, oxytocin, endorphins and serotonin as positive brain neurotransmitters
 - negative emotions
 - positive emotions
 - neuroplasticity — how the brain is adaptable and dynamic
- define and describe resilience and critique its significance as a general resistance resource for health status by considering the objective elements of wellbeing, including optimism, physical activity, nutrition and sleep
- apply research skills and processes to critique how resilience is influenced by intrinsically related physical, mental, emotional, social and spiritual dimensions of health
- symbolise the determinants of health that relate to mental wellbeing, and the role of resilience as a general resistance resource to enhance understanding of critical and non-critical elements
- apply research skills and processes to critique how resilience is influenced by external developmental assets and internal developmental assets (Search Institute 2016)
 - external assets related to support, empowerment, boundaries and expectations, and constructive use of time
 - internal assets related to commitment to learning, positive values, social competencies and positive identity
- recognise and describe the health literacy framework as an overarching resource in the Health inquiry model — functional health literacy, interactive health literacy and critical health literacy
- recognise and describe the social justice framework as an overarching resource in the Health inquiry model
 - three principles — diversity (recognition and tolerance of difference); equity (access to and quality of

- resources); and supportive environments (environmental factors influencing health improvement)
- the influence of barriers and enablers on access to personal, community and social resources
 - define and contrast equity and equality
 - symbolise the levels of health literacy as they relate to social justice to enhance understanding of critical and non-critical elements
 - critique the importance of resilience and personal agency as resources across the life-course and the influence on
 - education, work, family life and health trajectories
 - key transitions across the life-course
 - challenges presented by critical moments, life events and turning points
 - critique the influence of eustress and stress on their own and others' resilience from salutogenically and pathogenically oriented perspectives
 - pathogenically oriented perspective emphasises risk and harm reduction
 - salutogenically oriented perspective emphasises assets according to positive psychology to build resilience.

How do we understand resilience according to the PERMA+ model?

In this area of study, students will:

- investigate the role of positive psychology, the PERMA and PERMA+ frameworks in enhancing wellbeing and resiliency
 - positive psychology is the scientific study of wellbeing and flourishing
 - PERMA (+) — (P)ositive emotions centre around feeling good; (E)ngagement is being completely absorbed in activities; (R)elationships is about being authentically connected to others; (M)eaning refers to having a purposeful existence; and (A)ccomplishment is based on having a sense of achievement and success; (+) are the objective elements of wellbeing, including optimism, physical activity, nutrition and sleep
- recognise and describe the range of sources for health-related research
 - primary sources include information in its most original and authentic form taken from surveys, observations, interviews, questionnaires and experiments
 - secondary sources include published data from books, magazines, newspapers, journals and periodicals; personnel records such as letters or diary entries; electronic data such as documentaries; government records such as surveys, records, census data and other statistical reports; and the internet
- identify the features of credible health research — validity, reliability and currency
- recognise and describe the role ethics, confidentiality and mandatory reporting play in collecting and producing research
- analyse and interpret health research to draw conclusions about statistical trends and findings in relation to resilience and personal stressors for young people undertaking the transition into senior schooling
- collaborate with others to classify information about mental wellbeing and the role of resilience as a personal health general resistance resource by sorting essential and non-essential secondary research
- match information about mental wellbeing and the role of resilience as a personal health general resistance resource to distinguish essential and non-essential secondary research into appropriate sections for a personal needs assessment
- analyse and interpret information to make decisions about the significance of mental wellbeing and the role of resilience as a personal health general resistance resource for young people undertaking the transition into senior schooling in the school context
- investigate primary data collection methods to identify and analyse the relationship between resilience and the significance of stressors for young people undertaking the transition into senior schooling in their school context, such as
 - questioning-based collections such as online self-assessments of character strengths, developmental assets, resilience and stress
 - observation-based collections such as apps that capture primary data, including optimism, sleep, physical activity, nutrition and mental health.

2.4 Stage 2: Plan for action in a personal health context

Subject matter

How can resilience be reframed as a personal health action strategy?

In this area of study, students will:

- investigate the PERMA and PERMA+ frameworks for their capacity to develop their own personal skills
 - (P)ositive emotions — optimism, pleasure, enjoyment, gratitude, hope and humour
 - (E)ngagement — activities that enable growth and flow in intellectual, skill and emotional capabilities
 - (R)elationships — building positive relationships
 - (M)eaning — the need to feel that what we do has value and is worthwhile
 - (A)ccomplishment — identifying strengths, setting tasks, having goals and savouring achievements
 - (+) — the objective elements of wellbeing, including:
 - optimism — optimistic people have higher levels of physical and psychological wellbeing and are more resilient to stressful life events
 - physical activity — regular exercise releases adrenaline and controls cortisol levels, which enhances wellbeing and physical health
 - nutrition — increased fruit and vegetable consumption is consistently linked with improved mental health and lowered risk of obesity, Type 2 diabetes, heart disease and some cancers
 - sleep — people with good sleep habits report better quality of life and lower levels of depression, mood swings, loss of concentration and irritability
- synthesise information to make decisions about the two elements of PERMA+ that have the greatest capacity to enhance wellbeing and resilience through the development of personal skills
- justify decisions with primary data and secondary data about the indicators of personal wellbeing and resilience for the two elements of the PERMA+ framework
- select one element of the PERMA+ framework to develop a personal health action strategy that develops personal skills through the use of issue statements or questions that include
 - issue statements can include data and/or quotes from secondary sources
 - issue questions that specify the PERMA+ element, the target group (themselves) and the social justice principle
- identify the methodology and resources required to develop a personal health action strategy for one PERMA+ element that addresses needs, barriers and enablers
- implement the personal health action strategy for a specified period.

What are the health approaches, strategies and systems that apply to the specific issue?

In this area of study, students will:

- recognise and describe the characteristics of health approaches, strategies and systems
- comprehend and explain the health systems that operate at the local, national and global levels, including the United Nations, WHO, AIHW, federal and state government departments of health and local councils
- recognise and describe the role of schools in enhancing resilience and addressing stressors among young people
- recognise and describe the influence of partner local and national, government and non-government organisations on schools' roles in enhancing resilience and addressing stressors among young people
- comprehend and explain the five action areas of the Ottawa Charter — build healthy public policy; create supportive environments for health; strengthen community action for health; develop personal skills; and reorient health services
- comprehend and explain the three basic strategies of the Ottawa Charter — advocate for health to create the essential conditions for health; enable all people to achieve their full health potential; and mediate between the different interests in society in the pursuit of health
- analyse, interpret and critique a health promotion case study to identify how the Ottawa Charter strategies and action areas are mobilised.

How can action strategies be used to advocate, mediate and enable change by reframing resilience into a narrow personal health issue in their school context?

In this area of study, students will:

- comprehend and use the PERMA+ framework and Ottawa Charter to identify approaches that build resilience within their school setting
- critique school resources and evaluate their relevance for the needs of their cohort drawing on social justice principles, health literacy skills of the target audience, and pre-test primary data and secondary data
- synthesise findings and use the PERMA+ framework and the Ottawa Charter to make decisions about how the broad topic of resilience is reframed as a specific contextualised personal health issue in their school context through the use of issue statements or questions
- plan and justify an action strategy based on one of the Ottawa Charter strategies for health promotion
 - action strategies could include organisation of time, stress management, optimising energy levels, growth mindset, positive psychology, positive education and health literacy.

2.5 Stage 3: Evaluate and reflect on action in a personal health context

Subject matter

What evidence can be used to judge the impact of action in relation to resilience?

In this area of study, students will:

- investigate the evidence that can be used to judge the impact of action in relation to resilience
- recognise and describe RE-AIM as a scientific method of systematically considering the strengths and weaknesses of action through the steps of reach, effectiveness, adoption, implementation and maintenance
- reflect on the impact of the chosen action and make decisions to recommend improvements that advocate, mediate and enable further change to enhance resilience as a personal health resource
- justify decisions about the effectiveness of the chosen action in strengthening, maintaining or adapting resilience as a personal health resource
- make decisions about and use mode-appropriate strategies to communicate with stakeholders by disseminating action, findings and recommendations.

2.6 Assessment guidance

In constructing assessment instruments for Unit 1, schools should ensure that the objectives cover, or are chosen from, the unit objectives. If one assessment instrument is developed for a unit, it must assess all the unit objectives; if more than one assessment instrument is developed, the unit objectives must be covered across those instruments.

The suggested assessment techniques for Unit 1 are an investigation — analytical exposition, and an examination.

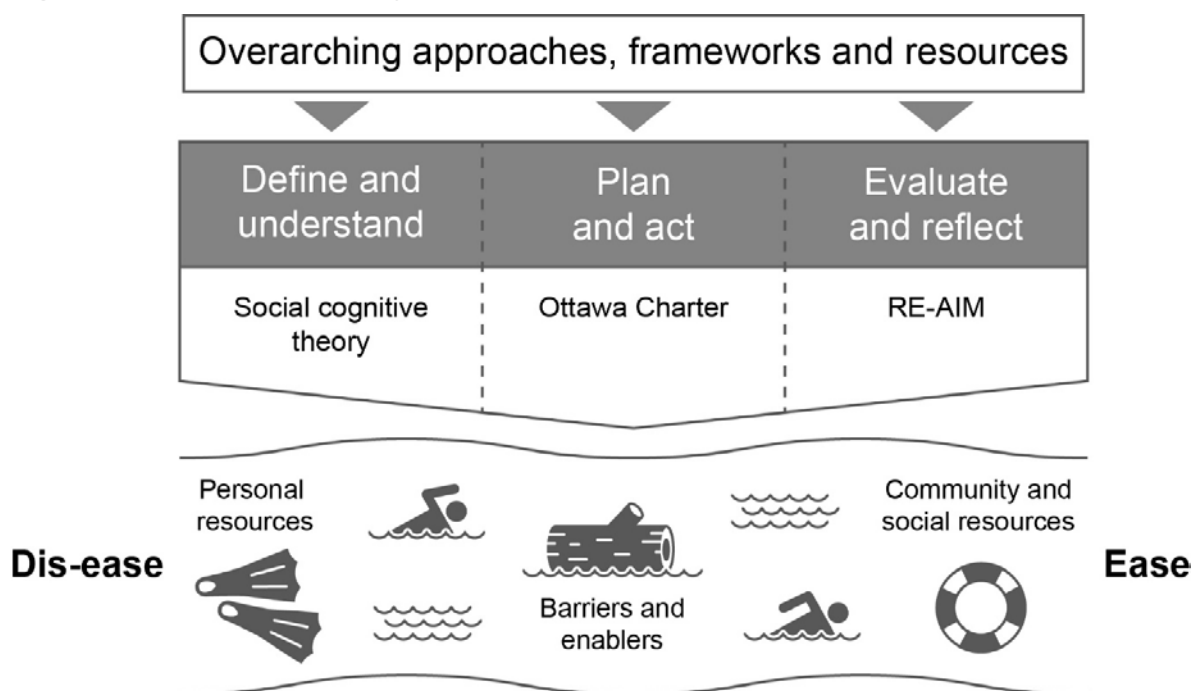
3 Unit 2: Peers and family as resources for healthy living

3.1 Unit description

In Unit 2, students develop their skills to plan, implement and evaluate an action strategy to advocate, mediate and enable change in relation to alcohol use or body image in a peer and family health context. An inquiry approach is used to define and understand alcohol or body image as the broad health-related topic and reframe the chosen topic into a narrow-contextualised health issue.

Students investigate the risk factors and protective factors, individual and socioecological resources that are needed for healthy living through a peer and family health context. Primary data and secondary data trends are analysed to inform the development of an action strategy to strengthen, maintain or adapt peer/family resources. The action strategy is implemented and evaluated with recommendations and reflection used to inform future investigations. Approaches and frameworks within the Unit 2 Health inquiry model guide the action strategy development and evaluation.

Figure 5: Unit 2 Health inquiry model



Unit requirements

Unit 2 offers the flexibility for schools to choose *one* focus health topic from two choices: Elective topic 1: Alcohol or Elective topic 2: Body image. This unit has been divided into three stages of inquiry. The learning around determinants, health approaches, frameworks and resources, primary data and secondary data remains the same; however, the specific subject matter will differ according to the topic chosen. Within each topic, students choose a specific issue to investigate within their peer or family context. The Unit 2 Health inquiry model guides the planning, implementation and evaluation of the action strategy.

The table below outlines the notional hours for the three stages:

Stages of inquiry and suggested assessment	Notional hours
Stage 1: Define and understand alcohol use or body image in a peer and family health context	18
Stage 2: Plan for and implement action in a peer or family health context	27
Stage 3: Evaluate and reflect on action in a peer or family health context	10

3.2 Unit objectives

Unit objectives are drawn from the syllabus objectives and are contextualised for the subject matter and requirements of the unit. Each unit objective is assessed at least once.

Students will:

1. recognise and describe information about the chosen topic in a peer and family health context
2. comprehend and use specified approaches, frameworks and resources
3. analyse and interpret information about the chosen topic in a peer and family health context
4. critique information about the chosen topic to distinguish determinants that influence health status in a peer and family health context
5. organise information about the chosen topic for particular purposes
6. investigate and synthesise information to develop an action strategy to influence an issue relating to the chosen topic in a peer or family health context
7. evaluate and reflect on an implemented action strategy in a peer or family health context to justify recommendations that mediate, advocate and enable health promotion for an issue relating to the chosen topic
8. make decisions about and use mode-appropriate features, language and conventions for particular purposes and contexts.

3.3 Elective topic 1: Alcohol

3.3.1 Stage 1: Define and understand alcohol use in a peer and family health context

Subject matter

How does alcohol use relate to health?

In this area of study, students will:

- recognise and describe the interrelationship between personal, peer and family health from a salutogenic perspective
 - how an individual is a resource for safe alcohol use — responsible alcohol use, abstinence, moderation
 - how peers are a resource for safe alcohol use — respectful relationships
 - how family is a resource for safe alcohol use — positive role modelling
- recognise and describe how health determinants influence behaviour using the AIHW conceptual framework for the determinants of health and the framework for health promotion action
 - physical determinants — human brain development; suppression of neural pathway; genetics,
 - psychological determinants — self-regulation, coping skills, self-efficacy; personality, image, self-esteem and peer pressure; perceived parental/carer support, monitoring and communication; risk-taking and decision-making; self-concept, desire to 'fit in', social alienation, social support and resilience
 - social determinants — family structure, positive norms and values, role modelling, supportive relationships, limits, rules, clear expectations, peer mentors and role models, education levels, employment, culture, communication skills, media, engagement with school and community; rebelliousness, anti-social behaviour, alcohol- and drug-related violence
 - economic determinants — capitalism, marketing, consumerism, policy tensions and alcohol taxes; the influence of unmeasured and unregulated alcohol advertising such as point-of-sale, branded merchandise, sponsorships and films and the teenager's manufactured desire for newness; alcohol industry funding; lock-out laws
- recognise and describe how alcohol use impacts health
- critique how alcohol use is expressed or changes across the life-course (from being a child with parent role models, to an adult who has progressed through their career transition into retirement)
 - a 'rite of passage' for young people in their post-schooling transition
 - negative risk-taking and thrill-seeking and the subsequent influence on education, work, family and health trajectories across the life-course.

How do we understand alcohol use according to the social cognitive theory?

In this area of study, students will:

- comprehend and explain the social cognitive theory as the dynamic interaction between individual, environment and behavioural influences
- symbolise the individual, environmental and behavioural influences that relate to alcohol use to enhance comprehension of critical and non-critical information
- comprehend and explain the role of peers and family as environmental influences such as role modelling, peer pressure, parental expectations and beliefs
- analyse, interpret and organise health research from secondary sources to provide evidence of environmental influences
 - consider national, state and local/regional trends over time data including sources such as the AIHW, the National Household Drug Survey, the Centre for Accident Research and Road Safety (CARRS-Q), the Australian Bureau of Statistics (ABS) and other credible sources
- analyse and interpret health research about peer and family as environmental influences of alcohol use to compare and contrast local and national contexts, local community priorities, variances in demographics, beliefs and drinking patterns of young people
- collaborate with others to classify information about alcohol use by sorting essential and non-essential research and secondary data
- match information about alcohol use to distinguish essential and non-essential research and secondary data into appropriate sections for a needs analysis
- analyse and interpret information to make decisions about the significance of alcohol use in a peer and family context
- investigate primary data collection pre-test methods to make decisions about the significance of alcohol use in a local peer and family context
 - questioning-based collections such as surveys, polls, interviews, social media engagement.

3.3.2 Stage 2: Plan for and implement action in a peer or family health context

Subject matter

How can social cognitive theory be used to reframe alcohol use as a specific issue in a peer or family context?

In this area of study, students will:

- comprehend and use the social cognitive theory to investigate environment based protective approaches that can be used to influence alcohol use
 - observational learning — of new behaviours role modelled by peers, others and through the media
 - facilitation — providing tools, resources or environmental changes that make new behaviours easier to perform
 - incentive motivation — the use of rewards and punishments to modify behaviours
 - collective efficacy — beliefs about the ability of a group to perform action that leads to the desired outcome, e.g. parent groups to organise safe parties and advocating for other environmental changes to reduce underage alcohol use
- critique information to evaluate the extent to which these approaches are strengthened, maintained or limited by community barriers and enablers — social justice, health literacy, moral disengagement, key stakeholder engagement (schools, councils, local business and not-for-profit organisations), existing resources (Australian Drug Foundation, Queensland Police, Queensland Fire and Emergency Services, Queensland Department of Education and Training), research centres at tertiary institutions and community groups
- critique information to select the most significant social justice principle for alcohol use in a specific peer or family context informed by primary data
- synthesise information to make decisions about how the broad health-related topic of alcohol is reframed as a specific contextualised health issue related to safe alcohol use in a peer or family context through the use of issue statements and questions that include
 - issue statements with data and/or quotes from secondary sources
 - issue questions that specify the specific approach, target group (peers or family) and social justice principle.

What are the health approaches, strategies and systems that apply to the specific issue related to safe alcohol use in a peer or family context?

In this area of study, students will:

- comprehend and use the social cognitive theory and Ottawa Charter to identify and categorise information about the chosen approach that addresses the contextualised health issue related to safe alcohol use
- recognise and describe RE-AIM as a tool for evaluating health promotion
- comprehend and use RE-AIM to make decisions about the approach, strategy, action area and data collection methods.

How can action strategies be used to advocate, mediate and enable change in relation to a specific issue related to safe alcohol use in a peer or family health context?

In this area of study, students will:

- synthesise pre-test primary data and secondary data to plan and justify an action strategy to strengthen, maintain or adapt peers or family as a resource
- evaluate the capacity of the proposed action to enhance peers or family as a resource using the reach, effectiveness and implementation steps of RE-AIM
- critique information to make decisions about refinements needed for the proposed action strategy and develop the resources needed to implement action
- implement action strategy.

3.3.3 Stage 3: Evaluate and reflect on action in a peer or family health context

Subject matter

What evidence can be used to judge the impact of action in relation to the specific issue related to safe alcohol use in a peer or family context?

In this area of study, students will:

- synthesise information to develop and implement primary data collection to evaluate implemented action using the reach, effectiveness and implementation steps of RE-AIM
- analyse and interpret the collected primary data to make decisions about the significance of key findings in relation to the action strategy
- compare primary data with secondary data and research to evaluate the impact of the chosen action in strengthening, maintaining or adapting peers or family as a resource
- reflect on the impact of the chosen action and justify recommendations that mediate, advocate and enable further health promotion to strengthen, maintain or adapt peers or family as a resource
- make decisions about and use mode-appropriate strategies to communicate with stakeholders by disseminating action, findings and recommendations.

3.4 Elective topic 2: Body image

3.4.1 Stage 1: Define and understand body image in a peer and family health context

Subject matter

How does body image relate to health?

In this area of study, students will:

- recognise and describe the interrelationship between personal, peer and family health from a salutogenic perspective, by considering
 - how an individual is a body image resource — self-acceptance, media literacy, healthy living and nutrition, positive and respectful relationships, cyber safety, online identity
 - how peers are body image resources — positive role modelling, respecting diversity
 - how family is a body image resource — positive role modelling, supportive environment
- recognise and describe how health determinants influence behaviour using the AIHW conceptual framework for determinants of health, and the framework for health promotion action
 - physical determinants — human brain development, genetics, family history of body image issues and/or health-related problems such as obesity; approaches to dieting, healthy eating, exercise, eating disorders; brain function/visual cortex
 - psychological determinants — personality, image, self-esteem, peer pressure, self-concept, social self-concept (peers and significant others), emotional self-concept (emotional states), physical self-concept (physical ability and appearance) and resilience
 - social determinants — socialisation, family, culture, role models, media, social media, virtual world/gaming (avatars), health and fashion trends
 - economic determinants — capitalism, marketing and advertising of fashion and food, consumerism, policy tensions, government health priorities (overweight and obesity), funding for foundations/organisations, import and food taxes, age regulations for cosmetic surgery and tattooing, voluntary code of conduct; community infrastructure
- recognise and describe how body image impacts health
- critique how body image is expressed or changes across the life-course
 - socialisation across the life-course — globalisation of media and the westernised body image ideals
 - changes to family structures and environment across the life-course — family composition and gender stereotyping
 - types of relationships across the life-course — evolution of online dating, gaming and use of social media platforms for communication and forming relationships
 - biophysical influences on body image across the life-course — changes related to the key transitions of puberty and menopause.

How do we understand body image according to social cognitive theory?

In this area of study, students will:

- comprehend and explain the social cognitive theory as the dynamic interaction between individual, environment and behavioural influences
- work collaboratively to symbolise the individual, environmental and behavioural influences that relate to body image to enhance comprehension of critical and non-critical information
- comprehend and explain the role of peers and family as environmental influences such as role modelling, peer pressure, parental expectations and beliefs
- analyse, interpret and organise health research from secondary sources to provide evidence of environmental influences
 - national trends over time, including food, physical activity and obesity trends from the AIHW, ABS and other credible sources
- analyse and interpret health research about peer and family as influences on body image to compare and contrast local and national contexts, local community priorities, variances in demographics, food and physical activity beliefs and behaviours
- collaborate with others to classify information about body image by sorting essential and non-essential research and secondary data
- match information about body image to distinguish essential and non-essential research and secondary data into appropriate sections for a needs analysis
- analyse and interpret information to make decisions about the significance of body image in a peer and family context
- investigate primary data collection pre-test methods to make decisions about the significance of body image in a local peer or family context
 - questioning-based collections from sources, including surveys, polls, interviews, social media engagement
 - questioning or observation-based collections from cosmetic surgery centres, tattoo parlours, gyms, local community parks, personal trainers
 - innovations (online tools) — self-esteem (the Rosenberg self-esteem scale), body somatotype evaluations, body image self-assessments.

3.4.2 Stage 2: Plan for and implement action in a peer or family health context

Subject matter

How can social cognitive theory be used to reframe body image as a specific issue in a peer or family context?

In this area of study, students will:

- comprehend and use the social cognitive theory to investigate environment-based protective approaches that can be used to influence body image
 - observational learning — new behaviours role modelled by peers, others and through the media
 - facilitation — providing tools, resources or environmental changes that make new behaviours easier to perform
 - incentive motivation — the use of rewards and punishments to modify behaviours
 - collective efficacy — beliefs about the ability of a group to perform action that leads to the desired outcome (e.g. peer groups work together to promote the acceptance of group norms)
- critique information to evaluate the extent to which these approaches are strengthened, maintained or limited by community barriers and enablers — social justice, health literacy, moral disengagement, key stakeholder engagement (schools, councils, local businesses and not-for-profit organisations), existing resources (the National Eating Disorders Collaboration, the Butterfly Foundation and organisations such as Headspace and ReachOut)
- critique information to select the most appropriate social justice principle for body image in a specific peer or family context informed by primary data
- synthesise information to make decisions about how the broad, health-related topic of body image is reframed as a specific contextualised health issue in a peer or family context through the use of issue statements and questions that include
 - issue statements with data and/or quotes from secondary sources
 - issue questions that specify the specific risk factor or protective factor, the target group (peers or family) and the social justice principle.

What are the health approaches, strategies and systems that apply to the specific body image issue in a peer or family context?

In this area of study, students will:

- comprehend and use the social cognitive theory and the Ottawa Charter to identify and categorise information about the chosen approach that addresses the contextualised health issue related to body image
- recognise and describe RE-AIM as a tool for evaluating action
- comprehend and use RE-AIM to make decisions about the approach, strategy, action area and data collection methods.

How can action strategies be used to advocate, mediate and enable change in relation to a specific body image issue?

In this area of study, students will:

- synthesise pre-test primary data and secondary data to plan and justify an action strategy to strengthen, maintain or adapt peers or family as a resource
- evaluate the capacity of the proposed action to enhance peers or family as a resource using the reach, effectiveness and implementation steps of RE-AIM
- critique information to make decisions about refinements needed for the proposed action strategy and develop the resources needed to implement action
- implement action strategy.

3.4.3 Stage 3: Evaluate and reflect on action in a peer or family health context

Subject matter

What evidence can be used to judge the impact of action in relation to the specific body image issue in a peer or family context?

In this area of study, students will:

- synthesise information to develop and implement primary data collection to evaluate implemented action using the reach, effectiveness and implementation steps of RE-AIM
- analyse and interpret the collected primary data and make decisions about the significance of key findings in relation to the action strategy
- compare primary data with secondary data and research to evaluate the impact of the chosen action in strengthening, maintaining or adapting peers or family as a resource
- reflect on the impact of the chosen action and justify recommendations that advocate, mediate and enable further health promotion to strengthen, maintain or adapt peers or family as a resource
- make decisions about and use mode-appropriate strategies to communicate with stakeholders by disseminating action, findings and recommendations.

3.5 Assessment guidance

In constructing assessment instruments for Unit 2, schools should ensure that the objectives cover, or are chosen from, the unit objectives. If one assessment instrument is developed for a unit, it must assess all the unit objectives; if more than one assessment instrument is developed, the unit objectives must be covered across those instruments.

The suggested assessment techniques for Unit 2 are an investigation — action research, and an examination.

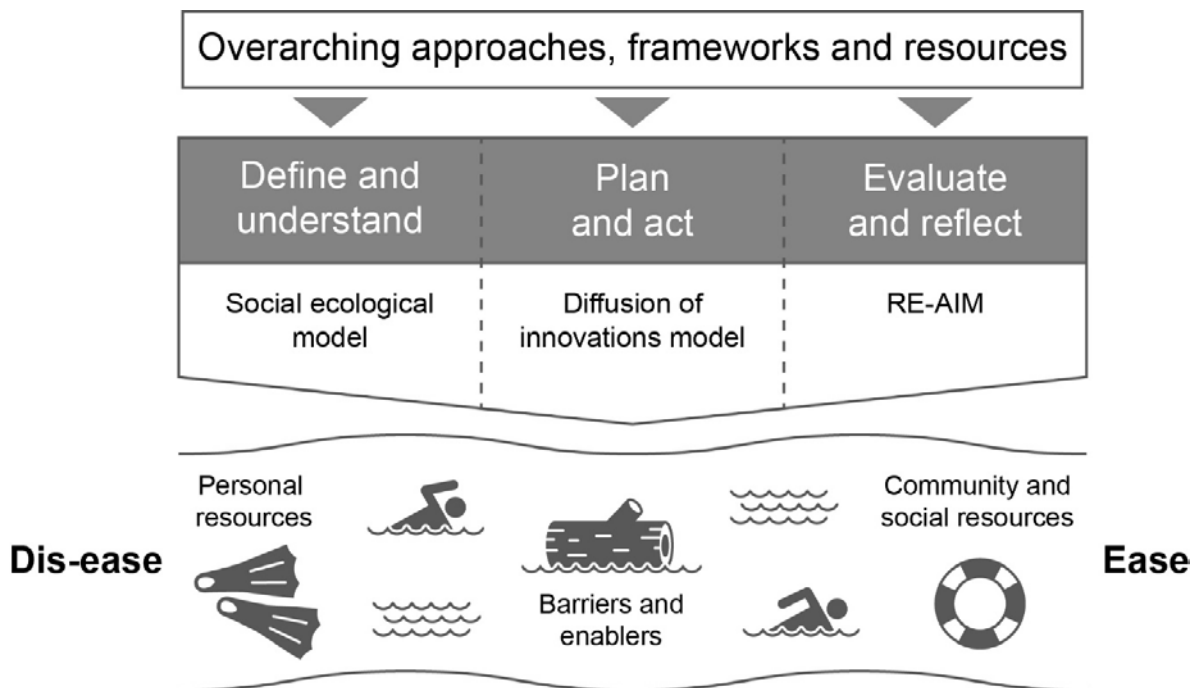
4 Unit 3: Community as a resource for healthy living

4.1 Unit description

In Unit 3, students develop their skills to plan, implement, evaluate and reflect on an action strategy to advocate, mediate and/or enable change in relation to homelessness, road safety or anxiety in a community health context. An inquiry approach is used to define and explore the broad health-related topic before students reframe the chosen topic into a narrow-contextualised health issue.

Students investigate the risk factors and protective factors, individual and socio-ecological resources that are needed for a target group in their local or regional community. Primary data and secondary data trends are analysed to inform the development of an action strategy to strengthen, maintain or adapt community resources. The action strategy is implemented and evaluated with recommendations and reflection used to inform future investigations.

Figure 6: Unit 3 Health inquiry model



Unit requirements

Unit 3 offers the flexibility for schools to choose one focus health topic from three choices: Elective topic 1: Homelessness, Elective topic 2: Road safety or Elective topic 3: Anxiety. This unit has been divided into three stages of inquiry. The learning around vulnerable groups, determinants, health approaches, frameworks and resources, and primary data and secondary data remains the same; however, the specific subject matter will differ according to the topic chosen. Within each topic, students choose a specific issue to investigate within their local or regional context. The Unit 3 Health inquiry model guides the planning, implementation and evaluation of the action strategy.

The table below outlines the notional hours for the three stages of inquiry and the suggested assessment.

Stages of inquiry and suggested assessment	Notional hours
Stage 1: Define and understand homelessness, road safety or anxiety in a community health context	18
Stage 2: Plan for and implement action in a community health context	17
Summative internal assessment 1: Investigation — action research	10
Stage 3: Evaluate and reflect on action in a community health context	8
Summative internal assessment 2: Examination	2

4.2 Unit objectives

Unit objectives are drawn from the syllabus objectives and are contextualised for the subject matter and requirements of the unit. Each unit objective is assessed at least once.

Students will:

Unit objective	IA1	IA2
1. <u>recognise</u> and <u>describe</u> information about the chosen topic in a <u>community health context</u>	•	•
2. <u>comprehend</u> and <u>use</u> specified <u>approaches</u> , <u>frameworks</u> and <u>resources</u>	•	•
3. <u>analyse</u> and <u>interpret</u> information about the chosen topic in a <u>community health context</u>	•	•
4. <u>critique</u> information about the chosen topic to <u>distinguish determinants</u> that influence <u>health status</u> in a community health context	•	•
5. <u>organise</u> information about the chosen topic for a <u>particular</u> purpose	•	•
6. <u>investigate</u> and <u>synthesise</u> information to <u>develop</u> an <u>action strategy</u> to influence an issue relating to the chosen topic in a community health context	•	
7. <u>evaluate</u> and <u>reflect on</u> an implemented action strategy in a community health context to <u>justify</u> recommendations that <u>mediate</u> , <u>advocate</u> and <u>enable health promotion</u> for an issue related to the chosen topic		•
8. <u>make decisions</u> about and use mode-appropriate features, language and conventions for <u>particular</u> purposes and contexts.	•	•

4.3 Elective topic 1: Homelessness

4.3.1 Stage 1: Define and understand homelessness in a community health context

Subject matter

How does homelessness relate to health?

In this area of study, students will:

- recognise and describe the different types of homelessness (primary, secondary, tertiary)
- recognise and describe the interrelationship between personal, peer, family and community health from a salutogenic perspective
 - how an individual is a resource for homeless people
 - how peers and family are a resource for homeless people
 - how communities are a resource for homeless people
- recognise and describe how health determinants influence behaviour using the AIHW conceptual framework for the determinants of health and the framework for health promotion action
 - physical determinants — genetics, human brain development, chronic health conditions and disability
 - psychological determinants — personality, psychological disorders, image, self-esteem, resilience and peer pressure, gambling and drug and alcohol dependence, mental health
 - social determinants — socialisation, role models, media, family, culture, refugee and migrant backgrounds, connection to Country/Place, physical and cultural displacement for Aboriginal peoples and Torres Strait Islander peoples, remote communities, domestic and family violence, public places and overcrowding
 - economic determinants — capitalism, marketing, consumerism, policy tensions, welfare, entrenched disadvantage, intergenerational poverty, local, state, national and international economic influences such as the global financial crisis, housing affordability, government funding, programs, not-for-profit organisations and partnerships, and unemployment rates
- recognise and describe how homelessness impacts health
- critique how homelessness as a community health concern is expressed or changes across the life-course
 - from being a dependent child to being an independent young person and to being an older person
 - through intergenerational homelessness.

How do we understand homelessness according to the social ecological model?

In this area of study, students will:

- comprehend and explain the social ecological model as the dynamic interaction between individual, relationship, community and societal levels of factors that influence homelessness
- work collaboratively to symbolise the intrapersonal, interpersonal, organisational, community and policy influences that relate to homelessness to enhance comprehension of critical and non-critical information
- comprehend and explain the influence of community in relation to homelessness
 - development of media policy and guidelines
 - recognition of mental health; the role of Country/Place, culture and identity for Aboriginal peoples and Torres Strait Islander peoples; domestic and family violence and relationship breakdowns; drug and alcohol addiction; employment; and housing and affordability
 - perceptions of truancy, intergenerational poverty, overcrowding, drug addiction, domestic and family violence as risk factors for homelessness
 - adoption of education, training, engagement and counselling as protective factors that provide opportunities to develop self-efficacy
 - awareness of stereotypes and the associated stigma related to homelessness, e.g. Vinnies CEO Sleepouts and Homelessness Games
 - awareness of opportunities that aim to ‘turn off the tap; improve and expand services; and break the cycle’ (Commonwealth of Australia 2008)
- analyse, interpret and organise health research from secondary sources and draw conclusions about trends in relation to homelessness in a community context
 - national, Queensland or local/regional trends over time data
- analyse and interpret health research about community influences of homelessness to compare and contrast local and national contexts, including community priorities, variances in demographics, perceptions and beliefs
- collaborate with others to classify information about homelessness by sorting essential and non-essential research and secondary data
- match information about homelessness to distinguish essential and non-essential research and secondary data into appropriate sections of a needs analysis
- analyse and interpret information to make decisions about the significance of homelessness in a local or regional community context
- investigate primary data collection pre-test methods to make decisions about the significance of homelessness in a local or regional community context
 - question-based collections from sources (such as surveys, polls, interviews and social media engagement) to determine community perceptions of homelessness, causes, risk factors and vulnerable groups
 - observation-based collections from community homelessness resources.

4.3.2 Stage 2: Plan for and implement action in a community health context

Subject matter

How can the social ecological model be used to reframe the health-related topic as a specific community homelessness issue?

In this area of study, students will:

- comprehend and use the social ecological model (as adapted by the Center for Disease Control) to investigate the multiple levels of factors that can be used to influence homelessness
 - individual — biological, psychological, personal history, knowledge of homelessness status, resources and support, ability to access services, individual barriers
 - relationship — social, cultural, ongoing social support and encouragement from personal groups
 - community — settings (schools, workplaces, neighbourhoods), social and physical environment, councils and other government institutions, not-for-profit organisations, networks of resources and support at local, state and national levels
 - societal — social and cultural norms; health, economics, educational and social policies (laws, regulations, funding) that help to maintain economic or social inequalities between groups in society; eligibility for resources; and housing availability and affordability
- critique information to evaluate the extent to which these levels of factors that influence homelessness are strengthened, maintained or limited by community barriers and enablers — social justice, health literacy, key stakeholder engagement (schools, councils, local business and not-for-profit organisations), existing resources (Homelessness Australia, Reconnect, DV Connect, research centres at tertiary institutions and community groups, e.g. Northern Beaches, Geelong and Ryde Projects, Young People Beat, Brotherhood of St Lawrence and Springboard)
- critique information to select the most significant social justice principle for homelessness in a specific community context informed by primary data
- synthesise information to make decisions about how the broad health-related topic of homelessness is reframed as a specific contextualised health issue in a community context through the use of issue statements and questions that include
 - issue statements with data and/or quotes from secondary sources
 - issue questions that specify the specific approach, target group (community) and social justice principle.

What are the health approaches, strategies and systems that apply to the specific issue related to homelessness in a community context?

In this area of study, students will:

- comprehend the diffusion of innovations model, and its principles and stages as an action strategy to address homelessness across multiple levels of influence
- comprehend and use the social ecological model and diffusion of innovations model to identify and categorise current innovations that address the contextualised health issue related to homelessness at the community level
- comprehend and use the diffusion process variables and general factors that influence the success and speed innovations are adopted (innovation uptake)
 - characteristics of innovations — relative advantage, compatibility, complexity, trialability and observability
 - characteristics of individuals — innovators, early adopters, early-majority adopters, late-majority adopters and laggards
 - rate of adoption
 - features of the setting — geographical, societal culture, political conditions, globalisation and uniformity
 - characteristics of change agents
- recognise and describe RE-AIM as a tool for evaluating action
- synthesise information to make decisions about appropriate data collection methods using RE-AIM.

How can action strategies be used to advocate, mediate and enable change in relation to the homelessness issue?

In this area of study, students will:

- synthesise pre-test primary data and secondary data using diffusion process variables to inform the development of an action strategy for a specific homelessness related issue in their community context
- evaluate the capacity of the proposed action to enhance their community as a resource for homelessness using RE-AIM and the diffusion process variables
- critique the health literacy skills of the target audience to predict the impact on the diffusion strategy
- synthesise information to make decisions about refinements needed for the proposed action strategy and develop the resources needed to implement action
- implement diffusion action strategy.

4.3.3 Stage 3: Evaluate and reflect on action in a community health context

Subject matter

What evidence can be used to judge the impact of this action in relation to the homelessness issue?

In this area of study, students will:

- synthesise information to develop and implement primary data collection to evaluate implemented action informed by RE-AIM and the diffusion process variables
- analyse and interpret the collected primary data and make decisions about the significance of key findings in relation to the action strategy
- compare primary data with secondary data and research to evaluate and reflect on the impact of the diffusion action strategy and justify recommendations that mediate, advocate and enable maintenance, sustainability and/or institutionalisation
- make decisions about and use mode-appropriate strategies to communicate with stakeholders by disseminating action, findings and recommendations.

4.4 Elective topic 2: Road safety

4.4.1 Stage 1: Define and understand road safety in a community health context

Subject matter

How does road safety relate to health?

In this area of study, students will:

- recognise and describe the interrelationship between personal, peer, family and community health from a salutogenic perspective
 - how an individual is a resource for road safety — driver, passenger or road user
 - how peers and family are a resource for road safety — influence on risk-taking and decision-making
 - how communities are a resource for road safety — advocacy groups, driver/rider training, transport infrastructure and policy
- recognise and describe how health determinants influence behaviour using the AIHW conceptual framework for the determinants of health and the framework for health promotion action
 - physical determinants — human brain development and gender
 - psychological determinants — personality, psychological disorders, image, self-esteem, peer pressure, hazard recognition and perception, optimism bias and third-person effect
 - social determinants — socialisation, role models, media, family and culture, negative risk-taking and thrill-seeking; and road behaviours of international drivers
 - economic determinants — marketing, consumerism, policy tensions and built environment; cost of cars with 5-star safety systems; car advertising strategies; funding projects for local, state and national roads
- recognise and describe how road safety impacts health
- critique how road safety as a community health concern is expressed or changes across the life-course (from being a dependent passenger with parent role models, to young drivers gaining a licence, through to elderly drivers losing their ability to drive)
 - negative risk-taking or thrill-seeking
 - different types of road use (pedestrians, cyclists, motorcyclists, cars and heavy vehicles)
 - altered perception of risk associated with distraction and inattention; drink and drug driving; fatigue; seat belt use; and speeding (Fatal Five road behaviours), environmental factors (built and weather related) and vehicle safety features.

How do we understand road safety according to the social ecological model?

In this area of study, students will:

- comprehend and explain the social ecological model as the dynamic interaction between individual, relationship, community and societal levels of factors that influence road safety
- work collaboratively to symbolise the intrapersonal, interpersonal, organisational, community and policy influences that relate to road safety to enhance comprehension of critical and non-critical information
- comprehend and explain the role of the community in relation to road safety
 - social norms and adherence to road rules
 - role modelling and risk-taking on the road
 - advocacy groups, road safety education and driver/rider training schools
- analyse, interpret and organise health research from secondary sources, and draw conclusions about trends in relation to road safety in a community context
 - national, Queensland or local/regional trends over time data
- analyse and interpret health research about community influences of road safety to compare and contrast local and national contexts
 - local community priorities, variances in demographics, infrastructure and road use patterns
 - the subjective perception of road safety
- collaborate with others to classify information about road safety by sorting essential and non-essential research and secondary data
- match information about road safety to distinguish essential and non-essential research and secondary data into appropriate sections of a needs analysis
- analyse and interpret information to make decisions about the significance of road safety in a local or regional community context
- investigate primary data collection pre-test methods to make decisions about the significance of road safety in a local or regional community context
 - question-based collections from sources (such as surveys, polls, interviews and social media engagement) to determine community perceptions, causes, risk factors and protective factors, vulnerable groups and self-reported road behaviours
 - observation-based collections from sources such as speed devices and apps that promote safe driving; and behaviour observations such as traffic light compliance, pedestrian crossings, mobile phones, helmet use among cyclists and scooter riders, cyclists stopping at red lights, use of headphones for pedestrians and cyclists, use of child restraints, and road behaviours in school drop-off zones.

4.4.2 Stage 2: Plan for and implement action in a community health context

Subject matter

How can the social ecological model be used to reframe the health-related topic as a specific community road safety issue?

In this area of study, students will:

- comprehend and use the social ecological model to investigate the multiple levels of factors that can be used to influence road safety
 - individual — biological, psychological, personal history, knowledge of road rules, resources and support, individual barriers
 - relationship — social, cultural, ongoing social support and encouragement from personal groups
 - community — settings (schools, workplaces, neighbourhoods), social and physical environment, councils and other government institutions, not-for-profit organisations, networks of resources and support at local, state and national levels
 - societal — social and cultural norms; the health, economic, educational and social policies (laws, regulations, funding) that help to maintain economic or social inequalities between groups in society; and eligibility for resources
- critique information to evaluate the extent to which these levels of factors that influence road safety are strengthened, maintained or limited by community barriers and enablers — social justice, health literacy, key stakeholder engagement (schools, councils, road safety advocacy groups, police/fire/ambulance/emergency services, research centres at tertiary institutions and community groups) and existing resources (Queensland Department of Transport and Main Roads, Royal Automobile Club of Queensland and CARRS-Q)
- critique information to select the most significant social justice principle for road safety in a specific local or regional context informed by primary data
- synthesise information to make decisions about how the broad health-related topic of road safety is reframed as a specific contextualised health issue in a community context through the use of issue statements and questions that include
 - issue statements with data and/or quotes from secondary sources
 - issue questions that specify the specific risk or protective factor, the target group of road users and a social justice principle.

What are the health approaches, strategies and systems that apply to the community road safety issue?

In this area of study, students will:

- comprehend the diffusion of innovations model, and its principles and stages as an action strategy to address road safety across multiple levels of influence
- comprehend and use the social ecological model and diffusion of innovations model to identify and categorise current innovations that addresses the contextualised health issue related to road safety at the community level
- comprehend and use the diffusion process variables and general factors that influence the success and speed innovations are adopted (innovation uptake)
 - characteristics of innovations — relative advantage, compatibility, complexity, trialability and observability
 - characteristics of individuals — innovators, early adopters, early-majority adopters, late-majority adopters and laggards
 - rate of adoption
 - features of the setting — geographical, societal culture, political conditions, globalisation and uniformity
 - characteristics of change agents
- recognise and describe RE-AIM as a tool for evaluating action
- synthesise information to make decisions about appropriate data collection methods using RE-AIM.

How can action strategies be used to advocate, mediate and enable change in relation to the road safety issue?

In this area of study, students will:

- synthesise pre-test primary data and secondary data using diffusion process variables to inform the development of an action strategy for a specific road safety related issue in their community context
- evaluate the capacity of the proposed action to enhance their community as a resource for road safety using RE-AIM and diffusion process variables
- critique the health literacy skills of the target audience to predict the impact on the diffusion strategy
- synthesise information to make decisions about refinements needed for the proposed action strategy and develop the resources needed to implement action
- implement diffusion action strategy.

4.4.3 Stage 3: Evaluate and reflect on action in a community health context

Subject matter

What evidence can be used to judge the impact of this action in relation to the road safety issue?

In this area of study, students will:

- synthesise information to develop and implement primary data collection to evaluate implemented action informed by RE-AIM and the diffusion process variables
- analyse and interpret the collected primary data and make decisions about the significance of key findings in relation to the action strategy
- compare primary data with secondary data and research to evaluate and reflect on the impact of the diffusion action strategy and justify recommendations that advocate, mediate and enable maintenance, sustainability and/or institutionalisation
- justify decisions using data from primary sources and secondary sources
- make decisions about and use mode-appropriate strategies to communicate with stakeholders by disseminating action, findings and recommendations.

4.5 Elective topic 3: Anxiety

4.5.1 Stage 1: Define and understand anxiety in a community health context

Subject matter

How does anxiety relate to health?

In this area of study, students will:

- recognise and describe the different types of anxiety disorders — generalised anxiety disorder, specific phobias, obsessive compulsive disorder, post-traumatic stress disorder and panic disorder
- recognise and describe interrelationship between personal, peer, family and community health from a salutogenic perspective
 - how an individual is a resource for people with anxiety — health literacy, help-seeking strategies, emotional awareness and self-regulation, impulse control, positive psychology, growth mindset, empathy, positive lifestyle choices and coping strategies to provide support in tough situations
 - how peers, family and communities are a resource for people with anxiety — mental health knowledge, acceptance, advocacy, assistance with help-seeking, positive relationships, connectedness and role modelling resilience
- recognise and describe how the community influences health behaviours within the AIHW conceptual framework for the determinants of health and the framework for health promotion action
 - physical determinants — inherited genetic predisposition, human brain development and gender
 - psychological determinants — thought processes, personality, psychological disorders, image, self-esteem and resilience
 - social determinants — socialisation, role models, media, family and culture; young people (including secondary school graduates and university entrants), Aboriginal peoples and Torres Strait Islander peoples, women and men, pregnancy and early parenthood, returned servicemen and women, LGBTIQ community, people from remote areas and multicultural and/or different religious backgrounds
 - economic determinants — capitalism, marketing, consumerism, policy tensions and welfare
- recognise and describe how anxiety impacts health
- critique how anxiety as a community health concern is expressed or changes across the course of a person's life
 - perception of anxiety – barriers and enablers
 - impact of stimuli/stressors on educative, work, family and health trajectories
 - impact of life transitions and life events such as leaving school and becoming new parents.

How do we understand anxiety according to the social ecological model?

In this area of study, students will:

- comprehend and explain the social ecological model as the dynamic interaction between individual, relationship, community and societal levels of factors that influence anxiety
- work collaboratively to symbolise the intrapersonal, interpersonal, organisational, community and policy influences that relate to anxiety to enhance comprehension of critical and non-critical information
- comprehend and explain the role of community in relation to anxiety
 - recognition, validation and acceptance of mental health and anxiety as a community concern
 - provision of community face-to-face and technology-based resources (online, apps and helplines)
 - initiatives to support the reporting, portrayal and communication of suicide and mental illness within the community such as Mindframe
- analyse, interpret and organise health research from secondary sources and draw conclusions about trends in relation to anxiety in a community context
 - national, Queensland or local/regional trends over time data
- analyse and interpret health research about community influences of anxiety to compare and contrast local and national contexts, including community priorities, variances in demographics, perceptions and beliefs
- collaborate with others to classify information about anxiety by sorting essential and non-essential research and secondary data
- match information about anxiety to distinguish essential and non-essential research and secondary data into appropriate sections of a needs analysis
- analyse and interpret information to make decisions about the significance of anxiety in a local or regional community context
- investigate primary data collection methods to make decisions about the significance of anxiety in a local community context
 - question-based collections from sources (such as survey, polls, interviews and social media engagement) to assess knowledge, awareness of resources and causes of anxiety
 - catastrophe scales
 - Mindspot Anxiety Quiz
 - beyondblue anxiety and depression checklist (K10 test)
 - Kessler 10 Psychological Distress Scale (K10)
 - Generalised Anxiety Stigma Scale (GASS).

4.5.2 Stage 2: Plan for and implement action in a community health context

Subject matter

How can the social ecological model be used to reframe the health-related topic as a specific community anxiety issue?

In this area of study, students will:

- comprehend and use the social ecological model (as adapted by the Center for Disease Control) to investigate the multiple levels of factors that can be used to influence anxiety
 - individual — biological, psychological, personal history, knowledge of anxiety status, resources and support, ability to access services, individual barriers
 - relationship — social, cultural, ongoing social support and encouragement from personal groups
 - community — settings (schools, workplaces, neighbourhoods), social and physical environment, councils and other government institutions, not-for-profit organisations, networks of resources, support at local, state and national levels
 - societal — social and cultural norms; the health, economic, educational and social policies (laws, regulations, funding) that help to maintain economic or social inequalities between groups in society; and eligibility for resources
- critique information to evaluate the extent to which these levels of factors that influence anxiety are strengthened, maintained or limited by community barriers and enablers — social justice, health literacy, key stakeholder engagement (schools, councils, local business and not-for-profit organisations), and existing resources (AIHW Mental Health Services Australia, mindhealthconnect, National E-Mental Health Strategy, Queensland Government Mental health and wellbeing, Mental Health Australia, beyondblue, ReachOut, Headspace and Australian Indigenous HealthInfoNet)
- critique information to select the most significant social justice principle for anxiety in a specific community context informed by primary data
- synthesise information to make decisions about how the broad health-related topic of anxiety is reframed as a specific contextualised health issue in a community context through the use of issue statements and questions that include
 - issue statements with data and/or quotes from secondary sources
 - issue questions that specify the specific approach, target group (community) and social justice principle.

What are the health approaches, strategies and systems that apply to the specific issue related to anxiety in a community context?

In this area of study, students will:

- comprehend the diffusion of innovations model, and its principles and stages as an action strategy to address anxiety across multiple levels of influence
- comprehend and use the social ecological model and diffusion of innovations model to identify and categorise current innovations that address the contextualised health issue related to anxiety at the community level
- comprehend and use the diffusion process variables and general factors that influence the success and speed innovations are adopted (innovation uptake)
 - characteristics of innovations — relative advantage, compatibility, complexity, trialability and observability
 - characteristics of individuals — innovators, early adopters, early-majority adopters, late-majority adopters and laggards
 - rate of adoption
 - features of the setting — geographical, societal culture, political conditions, globalisation and uniformity
 - characteristics of change agents
- recognise and describe RE-AIM as a tool for evaluating action
- synthesise information to make decisions about appropriate data collection methods using RE-AIM.

How can action strategies be used to advocate, mediate and enable change in relation to the anxiety issue?

In this area of study, students will:

- synthesise pre-test primary data and secondary data according to diffusion process variables to inform the development of an action strategy for a specific anxiety related issue in their community context
- evaluate the capacity of the proposed action to enhance their community as a resource for anxiety using RE-AIM and the diffusion process variables
- critique the health literacy skills of the target audience to predict the impact on the diffusion strategy
- synthesise information to make decisions about refinements needed for the proposed action strategy and develop the resources needed to implement action
- implement diffusion action strategy.

4.5.3 Stage 3: Evaluate and reflect on action in a community health context

Subject matter

What evidence can be used to judge the impact of this action in relation to the anxiety issue?

In this area of study, students will:

- synthesise information to develop and implement primary data collection to evaluate implemented action informed by RE-AIM and the diffusion process variables
- analyse and interpret the collected primary data and make decisions about the significance of key findings in relation to the action strategy
- compare primary data with secondary data and research to evaluate and reflect on the impact of the diffusion action strategy and justify recommendations that mediate, advocate and enable maintenance, sustainability and/or institutionalisation
- make decisions about and use mode-appropriate strategies to communicate with stakeholders by disseminating action, findings and recommendations.

4.6 Assessment

4.6.1 Summative internal assessment 1 (IA1): Investigation — action research (25%)

Description

This assessment requires students to research a specific question through collection, analysis and synthesis of primary data and secondary data. An investigation uses research or investigative practices to assess a range of cognitions in a particular context. Research or investigative practices include locating and using information beyond students' own knowledge and the data they have been given.

Students must adhere to research conventions, e.g. citations and reference lists. This assessment occurs over an extended and defined period of time. Students may use class time and their own time to develop a response.

Assessment objectives

This assessment technique is used to determine student achievement in the following objectives:

1. recognise and describe information from primary sources and secondary sources about the chosen topic in a community context
2. comprehend and use the specified approaches, frameworks and resources as they relate to the chosen topic in a community context
3. analyse and interpret information from primary sources and secondary sources about the chosen health-related topic and issue in a community context
4. critique information to distinguish determinants that influence health status in a community context
5. organise information about a chosen issue for a particular purpose
6. investigate and synthesise information to develop a diffusion action strategy to address an issue in a community context
8. make decisions about and use mode-appropriate features, language and conventions for a particular purpose.

Note: Objective 7 is not assessed in this instrument.

Specifications

Description

Teachers select one health-related topic from either Elective topic 1: Homelessness, Elective topic 2: Road safety or Elective topic 3: Anxiety. The student is required to investigate an issue related to the chosen topic in their local or regional community context. The student's response is presented in a research report format. The response will include the following genre, features and referencing conventions:

- report headings — title page, executive summary, table of contents, introduction, discussion, planning for action, reference list and appendices
- written features include terminology/vocabulary, conventional spelling, punctuation and grammar

- referencing conventions — ethical scholarship through the use of in-text citations and a reference list using a recognised system of referencing.

Action research assessable evidence

- introduction
 - define the issue and identify the issue statement/s related to either homelessness, road safety or anxiety to frame the investigation
- discussion — local or regional context analysis and needs assessment using the social ecological model
 - analyse and interpret the most significant supporting secondary data, pre-test primary data, trends, barriers and enablers related to the chosen issue
 - analyse the relationship between existing personal, social and community resources to draw conclusions about the most significant area of need
 - critique a range of contextual information using the individual, relationship and community levels of influence from the social ecological model to distinguish the most significant determinants related to the chosen issue
 - synthesise information to determine a relevant social justice principle
- planning for action — reasoned decision-making using the diffusion of innovations model
 - synthesise investigated information about trends, barriers, enablers and existing resources to develop a diffusion action strategy that includes
 - a target group
 - the methodology and the resources required to address the needs, barriers and enablers for the target group by strengthening and/or maintaining innovation uptake
 - the most significant diffusion process variables (choose two from: characteristics of innovations, characteristics of individuals, rate of adoption, features of the setting or characteristics of change agents) and how these are to be considered for the implementation phase
 - post-test data collection strategies
- reference list — acknowledge all sources cited in the action research.

Conditions

- Time:
 - approximately 10 hours of the time allocation for Unit 3
 - students may use class time and their own time to develop a response.
- Length:
 - 1500–2000 words
 - the executive summary, table of contents, reference list and appendices (items such as innovation characteristics, questionnaires, tables, graphs, diagrams, interview transcripts, photographs, health promotion resources and primary data collection tools) are not included in the word count.

- Other:
 - one draft or outline submitted
 - schools implement authentication strategies that reflect QCAA guidelines for ensuring student authorship.

Summary of the instrument-specific marking guide

The following table summarises the criteria, assessment objectives and mark allocation for the investigation.

Criterion	Objectives	Marks
Recognising and comprehending	1 and 2	6
Analysing, critiquing and organising	3, 4 and 5	8
Investigating and synthesising	6	8
Communicating	8	3
Total		25

Note: Unit objective 7 is not assessed in this instrument.

Instrument-specific marking guide

Criterion: Recognising and comprehending

Assessment objectives

1. recognise and describe information from primary sources and secondary sources about the chosen topic in a community context
2. comprehend and use the specified approaches, frameworks and resources as they relate to the chosen topic in a community context

The student work has the following characteristics:	Marks
<ul style="list-style-type: none"> • <u>accurate</u> recognition and <u>discerning</u> description of relevant contextual information from a range of <u>primary sources</u> and <u>secondary sources</u> about the chosen topic that includes: <ul style="list-style-type: none"> - <u>resources</u>, <u>barriers</u> and <u>enablers</u> for individuals and the community - <u>data trends</u> and impact on <u>health status</u> - <u>determinants</u> • <u>succinct</u> comprehension and <u>perceptive</u> use of the <u>relevant</u> <ul style="list-style-type: none"> - overarching health <u>approaches</u>, <u>frameworks</u> and resources - <u>social ecological model</u> levels of influence - <u>diffusion process variables</u>. 	5–6
<ul style="list-style-type: none"> • recognition and <u>appropriate</u> description of some contextual information from primary sources and secondary sources about the chosen topic that includes: <ul style="list-style-type: none"> - resources, barriers and enablers for individuals and the community - data trends - determinants • comprehension and <u>appropriate</u> use of the: <ul style="list-style-type: none"> - overarching health approaches, frameworks or resources - social ecological model levels of influence - diffusion process variables. 	3–4
<ul style="list-style-type: none"> • <u>variable</u> recognition and <u>superficial</u> description of some information about the chosen topic • superficial comprehension and <u>use</u> of <u>aspects</u> of: <ul style="list-style-type: none"> - an overarching health resource - a diffusion of innovations concept. 	1–2
<ul style="list-style-type: none"> • does not satisfy any of the descriptors above. 	0

Criterion: Analysing, critiquing and organising

Assessment objectives

3. analyse and interpret information from primary sources and secondary sources about the chosen health-related topic and issue in a community context
4. critique information to distinguish determinants that influence health status in a community context
5. organise information about a chosen issue for a particular purpose

The student work has the following characteristics:	Marks
<ul style="list-style-type: none"> • <u>insightful analysis</u> and interpretation of <u>relevant</u> contextual information related to the chosen <u>health-related topic</u> and issue using a range of <u>valid primary sources</u> and <u>secondary sources</u> to <u>draw conclusions</u> about <ul style="list-style-type: none"> – <u>local</u> or <u>regional</u> trends (in comparison to other datasets) – <u>barriers and enablers</u> – existing personal, social and community <u>resources</u> • <u>insightful critique</u> of relevant contextual information using the <u>social ecological model</u> to <u>distinguish</u> the <u>significant determinants</u> that influence the chosen health issue • <u>coherent</u> and <u>effective</u> organisation of information to achieve a <u>particular purpose</u>. 	7–8
<ul style="list-style-type: none"> • <u>purposeful</u> analysis and interpretation of relevant contextual information related to the chosen health-related topic and issue using primary sources and secondary sources to draw conclusions about <ul style="list-style-type: none"> – local or regional trends (in comparison to other datasets) – barriers and enablers – existing personal, social or community resources • purposeful critique of relevant contextual information using the social ecological model to distinguish determinants that influence the chosen health issue • effective organisation of information to achieve a particular purpose. 	5–6
<ul style="list-style-type: none"> • <u>appropriate</u> analysis and interpretation of contextual information related to the chosen health-related topic and issue using primary sources and/or secondary sources to draw conclusions about: <ul style="list-style-type: none"> – local or regional trends – barriers or enablers – existing personal, social or community resources • appropriate critique of information to distinguish determinants that influence the chosen health issue • appropriate organisation of information to achieve a particular purpose. 	3–4
<ul style="list-style-type: none"> • <u>superficial</u> analysis and interpretation of <u>aspects</u> of information from sources about the chosen issue • identification of determinants that influence health • organisation of aspects of information. 	1–2
<ul style="list-style-type: none"> • does not satisfy any of the descriptors above. 	0

Criterion: Investigating and synthesising

Assessment objective

6. investigate and synthesise information to develop a diffusion action strategy to address an issue in a community context

The student work has the following characteristics:	Marks
<ul style="list-style-type: none"> • <u>discerning investigation</u> and <u>insightful synthesis</u> of information to <u>develop</u> a <u>sophisticated diffusion action strategy</u> for a contextual issue that includes: <ul style="list-style-type: none"> - a target group - the methodology and <u>resources</u> required to address the <u>needs</u>, <u>barriers</u> and <u>enablers</u> for the target group by strengthening and/or maintaining <u>innovation uptake</u> - <u>two significant diffusion process variables</u> - data-collection tools. 	7–8
<ul style="list-style-type: none"> • <u>purposeful</u> investigation and <u>considered</u> synthesis of information to develop a <u>feasible</u> diffusion action strategy for a contextual issue that includes: <ul style="list-style-type: none"> - a target group - the methodology and resources required to address the needs, barriers and enablers for the target group - diffusion process variables - data-collection tools. 	5–6
<ul style="list-style-type: none"> • <u>investigation</u> and <u>appropriate</u> synthesis of information to develop a diffusion action strategy for a contextual issue that includes: <ul style="list-style-type: none"> - a target group - the methodology and resources required to address the needs, barriers or enablers for the target group - a diffusion process variable - data-collection tools. 	3–4
<ul style="list-style-type: none"> • investigation of information to develop an action strategy that includes <u>superficial</u> and/or <u>partial aspects</u> of: <ul style="list-style-type: none"> - a target group - the methodology and/or resources - data collection. 	1–2
<ul style="list-style-type: none"> • does not satisfy any of the descriptors above. 	0

Criterion: Communicating

Assessment objective

8. make decisions about and use mode-appropriate features, language and conventions for a particular purpose

The student work has the following characteristics:	Marks
<ul style="list-style-type: none">• <u>discerning</u> decision-making and <u>accurate use</u> of<ul style="list-style-type: none">- <u>written features</u> to achieve a <u>particular purpose</u>- language for a <u>community context</u>- referencing and report genre conventions.	3
<ul style="list-style-type: none">• <u>appropriate</u> decision-making and use of<ul style="list-style-type: none">- written features to achieve a particular purpose- language for a community context- referencing and report genre conventions.	2
<ul style="list-style-type: none">• <u>variable</u> and/or <u>inappropriate</u> use of<ul style="list-style-type: none">- written features- language- referencing and/or report genre conventions.	1
<ul style="list-style-type: none">• does not satisfy any of the descriptors above.	0

4.6.2 Summative internal assessment 2 (IA2): Examination — extended response (25%)

Description

The examination assesses the application of a range of cognitions to a provided problem, question or issue.

Student responses must be completed individually, under supervised conditions, and in a set timeframe.

Assessment objectives

This assessment technique is used to determine student achievement in the following objectives:

1. recognise and describe information from primary sources and secondary sources about the chosen topic in an alternate community context
2. comprehend and use the specified approaches, frameworks or resources as they relate to the chosen topic in an alternate community context
3. analyse and interpret information from primary sources and secondary sources about the chosen health-related topic and issues in an alternate community context
4. critique information to distinguish determinants that influence health status in an alternate community context
5. organise information about a chosen issue for a particular purpose
7. evaluate and reflect on an implemented diffusion action strategy for a chosen issue using RE-AIM and justify recommendations in an alternate community health context
8. make decisions about and use mode-appropriate features, language and conventions for a particular purpose.

Note: Objective 6 is not assessed in this instrument.

Specifications

Description

Extended response

Teachers select one health-related topic from either Elective topic 1: Homelessness, Elective topic 2: Road safety or Elective topic 3: Anxiety. The examination is a response to stimulus and requires students to write an extended response using essay genre conventions. The response evaluates one innovation from two possibilities — the innovation implemented in their diffusion action strategy or an alternate innovation presented in the stimulus material. Students evaluate and reflect on the impact of their innovation or the alternate innovation presented in the stimulus using two RE-AIM steps. RE-AIM is used to assess the (R)each, (E)ffectiveness, (A)doption, (I)mplementation and (M)aintenance of health promotion action. Students justify recommendations for future action that mediates, advocates and enables innovation uptake of the selected innovation in the alternate community context presented in the stimulus material.

Item specifications

- the task is an extended response to unseen questions and/or statements
- requires sustained analysis, synthesis and evaluation to fully answer questions and/or statements
- includes a context statement/s that frames the evaluation of implemented action using RE-AIM
- includes question/s that challenge students to
 - respond through selective use of gathered data, information and analysis
 - evaluate their innovation or the alternate innovation presented in the stimulus material using two RE-AIM steps
 - justify recommendations to address a specific goal
- scaffolding should model the range of cognitions required in the student response
 - comprehend and use specified approaches, frameworks or resources
 - analyse and interpret information in the stimulus materials
 - critique information using the social ecological model to distinguish the most significant determinants
 - evaluate and reflect on the innovation used for their diffusion action strategy or the alternate innovation presented in the stimulus material using the two most significant RE-AIM steps
 - justify one recommendation for future action that mediates, advocates or enables innovation uptake of the selected innovation in the alternate community context presented in the stimulus material.

Stimulus specifications

- stimulus materials will be succinct enough (one A3 page) to allow students sufficient time to engage with them and include information related to
 - one alternate community context that could include
 - features of the setting — information about the geographical setting, societal culture, political conditions and demographics from the diffusion of innovations model
 - characteristics of individuals in the alternate context so that students can decide if most of the population are innovators, early adopters, early-majority adopters, late majority adopters or laggards
 - factors from the individual, relationship, community and societal levels of influence from the social ecological model
 - primary data and secondary data
 - one alternate innovation that must enable students to make a judgment about
 - characteristics of innovations — relative advantage, compatibility, complexity, trialability and observability
 - the likely impact of the alternate innovation — information related to all RE-AIM steps is necessary for students to decide which two will be selected for their response

Conditions

- Time: 2 hours plus 15 minutes planning time
- Length: 800–1000 words
- Other:
 - unseen stimulus
 - notes allowed — schools implement authentication strategies that reflect QCAA guidelines for ensuring student authorship of notes pages prior to the examination.

Summary of the instrument-specific marking guide

The following table summarises the mark allocation for the objectives assessed in the examination.

Criterion	Objectives	Marks
Recognising and comprehending	1 and 2	6
Analysing, critiquing and organising	3, 4 and 5	8
Evaluating and reflecting	7	8
Communicating	8	3
Total		25

Note: Unit objective 6 is not assessed in this instrument.

Instrument-specific marking guide

Criterion: Recognising and comprehending

Assessment objectives

1. recognise and describe information from primary sources and secondary sources about the chosen topic in an alternate community context
2. comprehend and use the specified approaches, frameworks or resources as they relate to the chosen topic in an alternate community context

The student work has the following characteristics:	Marks
<ul style="list-style-type: none"> • <u>accurate</u> recognition and <u>discerning</u> description of <u>relevant</u> and provided contextual information from <u>primary sources</u> and <u>secondary sources</u> that includes <ul style="list-style-type: none"> - <u>resources</u>, <u>barriers</u> and <u>enablers</u> for the target group - <u>data</u> trends and the impact on the <u>health status</u> of the target group - <u>determinants</u> • <u>succinct</u> comprehension and <u>perceptive</u> use of the relevant <ul style="list-style-type: none"> - overarching health <u>approaches</u>, <u>frameworks</u> or <u>resources</u> - <u>social ecological model</u> level of influence - <u>diffusion process variables</u>. 	5–6
<ul style="list-style-type: none"> • recognition and <u>appropriate</u> description of some contextual information from primary sources and secondary sources that includes <ul style="list-style-type: none"> - resources, barriers and enablers for the target group - data trends - determinants • comprehension and appropriate use of the <ul style="list-style-type: none"> - overarching health approaches, frameworks or resources - social ecological model level of influence - diffusion process variables. 	3–4
<ul style="list-style-type: none"> • <u>variable</u> recognition and <u>superficial</u> description of some information about the chosen topic • superficial comprehension and use of <u>aspects</u> of <ul style="list-style-type: none"> - an overarching health resource - a diffusion of innovations concept. 	1–2
<ul style="list-style-type: none"> • does not satisfy any of the descriptors above. 	0

Criterion: Analysing, critiquing and organising

Assessment objectives

3. analyse and interpret information from primary sources and secondary sources about the chosen health-related topic and issues in an alternate community context
4. critique information to distinguish determinants that influence health status in an alternate community context
5. organise information about a chosen issue for a particular purpose

The student work has the following characteristics:	Marks
<ul style="list-style-type: none"> • <u>insightful analysis</u> and interpretation of <u>relevant</u> and provided contextual information related to implemented action from <u>primary sources</u> and <u>secondary sources</u> to <u>draw conclusions</u> about: <ul style="list-style-type: none"> – <u>data trends</u> – <u>barriers and enablers</u> – <u>personal, social and community resources</u> • <u>insightful critique</u> of relevant contextual information using the <u>social ecological model</u> to <u>distinguish</u> the significant determinants that influence health in the alternate community context • <u>coherent</u> and <u>effective</u> organisation of information to achieve a <u>particular purpose</u>. 	7–8
<ul style="list-style-type: none"> • <u>purposeful</u> analysis and interpretation of relevant and provided contextual information related to implemented action from primary sources and secondary sources to draw conclusions about: <ul style="list-style-type: none"> – data trends – barriers and enablers – personal, social or community resources • purposeful critique of relevant contextual information using the social ecological model to distinguish the determinants that influence health in the alternate community context • effective organisation of information to achieve a particular purpose. 	5–6
<ul style="list-style-type: none"> • <u>appropriate</u> analysis and interpretation of contextual information related to implemented action from relevant and/or provided primary sources and/or secondary sources to draw conclusions about: <ul style="list-style-type: none"> – data trends – barriers or enablers – personal, social or community resources • appropriate critique of contextual information to distinguish the determinants that influence health • appropriate organisation of information to achieve a particular purpose. 	3–4
<ul style="list-style-type: none"> • <u>superficial</u> analysis and interpretation of <u>aspects</u> of information about implemented action from sources • identification of determinants that influence health • organisation of aspects of information. 	1–2
<ul style="list-style-type: none"> • does not satisfy any of the descriptors above. 	0

Criterion: Evaluating and reflecting

Assessment objective

7. evaluate and reflect on an implemented diffusion action strategy for a chosen issue using RE-AIM and justify recommendations that mediate, advocate and enable innovation uptake in a community health context

The student work has the following characteristics:	Marks
<ul style="list-style-type: none">• <u>critical</u> evaluation and <u>insightful</u> reflection on the innovation impact, methodology and resources using two relevant steps of <u>RE-AIM</u>• <u>discerning</u> justification of recommendations for future action that <u>mediates</u>, <u>advocates</u> or <u>enables innovation uptake</u> in an alternate <u>community health context</u> using the <u>diffusion of innovations model</u>.	7–8
<ul style="list-style-type: none">• <u>considered</u> evaluation and <u>purposeful</u> reflection on the innovation impact, methodology and resources using RE-AIM• <u>effective</u> justification of recommendations for future action in an alternate community health context using the diffusion of innovations model.	5–6
<ul style="list-style-type: none">• <u>feasible</u> evaluation and reflection on the innovation using RE-AIM• <u>feasible</u> justification of recommendations for future action in a community health context.	3–4
<ul style="list-style-type: none">• <u>superficial</u> evaluation and reflection on aspects of the innovation• <u>superficial</u> or <u>partial</u> recommendations for future action.	1–2
<ul style="list-style-type: none">• does not satisfy any of the descriptors above.	0

Criterion: Communicating

Assessment objective

8. make decisions about and use mode-appropriate features, language and conventions for a particular purpose

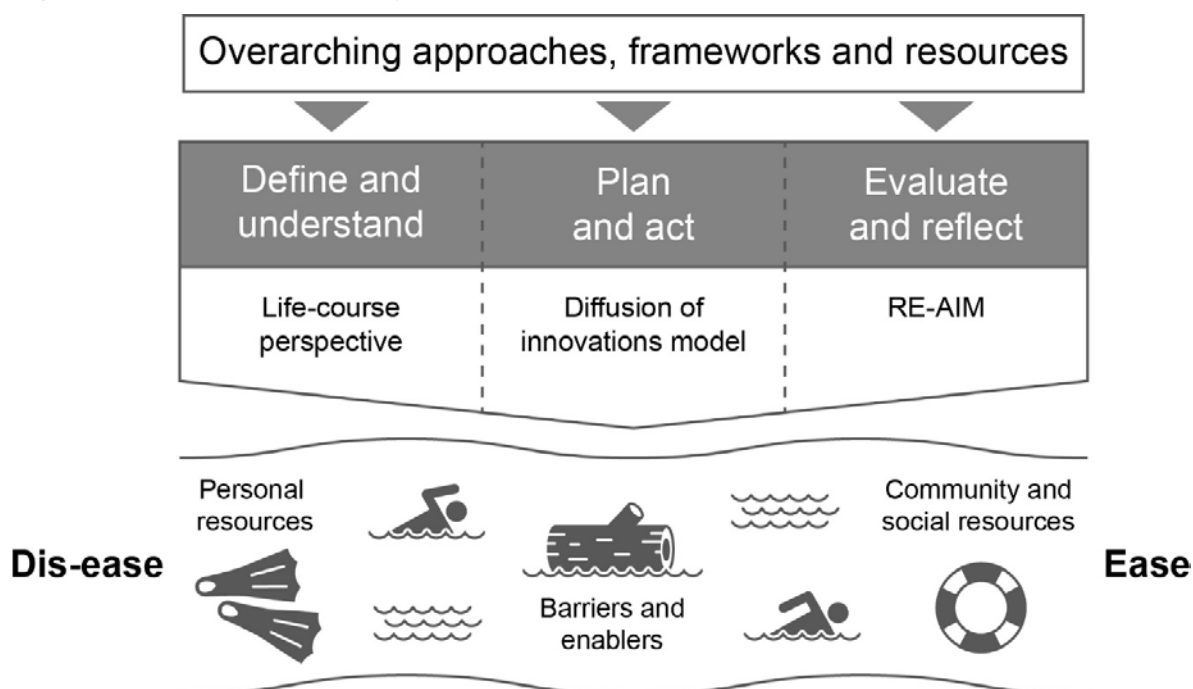
The student work has the following characteristics:	Marks
<ul style="list-style-type: none">• <u>discerning</u> decision-making and <u>accurate</u> use of<ul style="list-style-type: none">- <u>written features</u> to achieve a <u>particular purpose</u>- language for a <u>community context</u>- referencing and essay genre conventions.	3
<ul style="list-style-type: none">• <u>appropriate</u> decision-making and use of<ul style="list-style-type: none">- written features to achieve a particular purpose- language for a community context- referencing and essay genre conventions.	2
<ul style="list-style-type: none">• <u>variable</u> and/or <u>inappropriate</u> use of<ul style="list-style-type: none">- written features- language- referencing and/or essay genre conventions.	1
<ul style="list-style-type: none">• does not satisfy any of the descriptors above.	0

5 Unit 4: Respectful relationships in the post-schooling transition

5.1 Unit description

In Unit 4, students investigate the role of respectful relationships as a general resistance resource in the post-schooling transition from a life-course perspective using an inquiry approach. A life-course perspective looks at how chronological age, relationships, common life transitions and social change shape people's lives from birth to death (Hutchison 2014). This culminating unit draws on knowledge of personal, social and community resources, barriers and enablers that has been progressively developed across the course of study. Students apply this knowledge to the next post-schooling transition period for young people using the life-course perspective, the diffusion of innovations model and RE-AIM. Students evaluate the innovations (proven concepts, programs, print, web and app-based resources) that support young people in their post-schooling transition, and the subsequent impact on their education, work, family and health trajectories. They propose justified strategies to enhance the diffusion of those innovations for their Year 12 cohort to support a successful post-schooling transition.

Figure 7: Unit 4 Health inquiry model



Unit requirements

The learning for this unit has been divided into the three stages of inquiry. The table below outlines the notional hours for the three stages and suggested assessment:

Stages of inquiry and suggested assessment	Notional hours
Stage 1: <u>Define</u> and <u>understand</u> respectful relationships in the <u>post-schooling transition</u>	18
Stage 2: Plan for action to influence respectful relationships in the post-schooling transition	17
Summative internal assessment 3: Investigation — analytical exposition	10
Stage 3: <u>Evaluate</u> and <u>reflect on</u> action to influence the diffusion of innovations related to respectful relationships in the post-schooling transition	8
External assessment: Examination	2

5.2 Unit objectives

Unit objectives are drawn from the syllabus objectives and are contextualised for the subject matter and requirements of the unit. Each unit objective is assessed at least once. The objectives will be evident in the ISMGs.

Students will:

Unit objective	IA3	EA
1. <u>recognise</u> and <u>describe</u> information about <u>respectful relationships</u> in the <u>post-schooling transition</u>	•	•
2. <u>comprehend</u> and <u>use</u> the specified <u>approaches, frameworks</u> and <u>resources</u>	•	•
3. <u>analyse</u> and <u>interpret</u> information about respectful relationships in the post-schooling transition	•	•
4. <u>organise</u> information about respectful relationships in the post-schooling transition for <u>particular</u> purposes	•	•
5. <u>critique</u> information about the influence of respectful relationships to <u>distinguish determinants</u> that influence health	•	•
6. <u>synthesise</u> information to <u>develop an action strategy</u> to influence the <u>diffusion of innovations model</u>	•	•
7. <u>evaluate</u> and <u>reflect on</u> proposed action to influence the diffusion of innovations model and <u>justify</u> recommendations that <u>mediate, advocate</u> and <u>enable health promotion</u>	•	•
8. <u>make decisions</u> about and <u>use</u> mode-appropriate features, language and conventions for <u>particular</u> purposes and <u>contexts</u> .	•	•

5.3 Stage 1: Define and understand respectful relationships

Subject matter

How do respectful relationships relate to health?

In this area of study, students will:

- recognise and describe the different kinds of relationships that emerging adults experience — family, friends, casual, intimate and romantic
- comprehend and explain the characteristics of relationships as a general resistance resource for healthy living — circle of influence, positive/healthy/respectful relationships and unhealthy/toxic relationships
- comprehend and explain the characteristics and effects of domestic and family violence
- symbolise and classify the characteristics of positive and respectful relationships and unhealthy relationships
- recognise and describe interrelationship between personal, peer, family and community health from a salutogenic perspective
 - how an individual is a resource for respectful relationships
 - how peers and family are a resource for respectful relationships
 - how communities are a resource for respectful relationships
- recognise and describe how health determinants influence behaviour using the AIHW conceptual framework for the determinants of health and the framework for health promotion action
 - physical determinants — human brain development and gender; and biological age versus chronological age
 - psychological determinants — personality, psychological disorders, image, self-esteem, resilience, peer pressure, and psychological age as a dimension of age
 - social determinants — socialisation, gender roles/stereotypes, role models, media, family and cultural based roles and norms
 - age (biological, psychological, social and spiritual) and age norms
 - economic determinants — policy, globalisation, declining labour market opportunities, rising housing costs, marketing and consumerism
- recognise and describe how relationships impact health
- critique how relationships are expressed or change across the life-course.

How do we understand respectful relationships according to the life-course perspective?

In this area of study, students will:

- comprehend and explain the life-course perspective as a way of understanding the interrelationship between time and human behaviour
- recognise and describe the key concepts related to the life-course perspective
 - life cycle and key transition points — life cycle from birth to death, transition points, infancy, childhood, adolescence, emerging adulthood, adulthood, retirement, and death
 - transitions — change in roles and statuses that represents a distinct departure from prior roles and statuses
 - reverse transitions — a return to a prior role or status, e.g. leaving home and returning home
 - trajectories — a long-term pattern of stability and change that usually involves multiple transitions across the life-course often categorised as educative, work, family and health trajectories
 - life events — significant occurrence involving a relatively abrupt change that may produce serious and long lasting effects
 - turning points — a life event or transition that produces a lasting shift in the life-course trajectory and pathways across the life-course
 - cohorts — a group of persons who were born during the same time period and who experience particular social changes within a given culture in the same sequence at the same age
 - generations — usually refer to a period of about 20 years and have a shared sense of social history and a shared identity
- work collaboratively to symbolise key concepts related to a life-course perspective to enhance comprehension of critical and non-critical information
- comprehend and explain the characteristics of transition points throughout the life-course
 - historical 'on time' transitions based on social norms and shared expectations, such as graduation from school/university, marriage, childbearing and retirement
 - 'off time' transitions that do not occur at a typical stage in life and culturally determined, such as teen pregnancy, leaving school prior to completing Year 12 and early death
- critique the characteristics of the post-schooling transition and emerging adulthood — identity exploration, possibilities, feeling in between, self-focus and instability.

5.4 Stage 2: Plan for action to influence respectful relationships in the post-schooling transition

Subject matter

How do relationships influence trajectories in the post-schooling transition?

In this area of study, students will:

- analyse, interpret and organise health research and draw conclusions about the characteristics of the post-school transition relationships and their influence on education, work, family and health trajectories
- collaborate with others to classify information about the characteristics of the post-school transition, respectful relationships, unhealthy relationships and their influence on trajectories by sorting essential and non-essential research and secondary data
- match information about the characteristics of the post-school transition respectful relationships, unhealthy relationships and their influence on trajectories to distinguish essential and non-essential research and secondary data into a needs analysis
- analyse and interpret information to make decisions about the characteristics of the post-school transition, toxic and respectful relationships and their influence on trajectories in a local or regional community context to inform primary data collection
- investigate primary data collection pre-test methods to support decisions about the influence of respectful relationships on trajectories in the post-school transition for their Year 12 cohort
 - question-based collections from sources (such as surveys, polls, interviews and social media engagement) to determine their cohort's concerns, possibilities and aspirations, and perception of resources to support building relationships across the post-school transition and level of health literacy
 - senior education and training plan data
 - PERMA online questionnaires.

What are the innovations that enable respectful relationships within the context of post-schooling education, work and family trajectories for their Year 12 cohort?

In this area of study, students will:

- comprehend and use the diffusion of innovations model and its principles and stages as an action strategy to enable respectful relationships within the context of the education, work and family post-schooling trajectories
- comprehend and use the diffusion process variables and general factors that influence the success and speed innovations are adopted (innovation uptake)
 - characteristics of innovations — relative advantage, compatibility, complexity, trialability and observability
 - characteristics of individuals — innovators, early adopters, early-majority adopters, late-majority adopters and laggards
 - rate of adoption
 - features of the setting — geographical, societal culture, political conditions, globalisation and uniformity
 - characteristics of change agents
- investigate innovations that enable respectful relationships within the post-schooling education, work and family trajectories of the post-schooling transition.

5.5 Stage 3: Evaluate and reflect on action to influence the diffusion of innovations related to respectful relationships in the post-schooling transition

Subject matter

How can action strategies be used to advocate, mediate and enable respectful relationships within the context of post-schooling education, work or family trajectories for their Year 12 cohort?

In this area of study, students will:

- synthesise information about innovations to evaluate and reflect their relevance for the needs of their Year 12 cohort in their post schooling education, work or family trajectories drawing on diffusion variables, RE-AIM and primary data
- make decisions about the most appropriate innovation to influence respectful relationships in the post-schooling transition for their Year 12 cohort
- critique the health literacy skills of the target audience to predict the impact on the diffusion strategy
- synthesise information to recommend improvements that strengthen diffusion to enhance innovation uptake to influence respectful relationships in the post schooling transition for their Year 12 cohort
- justify the recommendation using data from primary sources and secondary sources
- make decisions about and use mode-appropriate strategies to communicate with stakeholders by disseminating action, findings and recommendations.

5.6 Assessment

5.6.1 Summative internal assessment 3 (IA3): Investigation — analytical exposition (25%)

Description

This assessment requires students to research a specific question through collection, analysis and synthesis of primary data and secondary data. An investigation uses research or investigative practices to assess a range of cognitions in a particular context. Research or investigative practices include locating and using information beyond students' own knowledge and the data they have been given.

Students must adhere to research conventions, e.g. citations, reference lists or bibliographies. This assessment occurs over an extended and defined period of time. Students may use class time and their own time to develop a response.

Assessment objectives

This assessment technique is used to determine student achievement in the following objectives:

1. recognise and describe information from primary sources and secondary sources about the influence of respectful relationships on the post-schooling transition for their Year 12 cohort
2. comprehend and use the specified approaches, frameworks and resources as they relate to the influence of respectful relationships on the post-schooling transition
3. analyse and interpret information from primary sources and secondary sources about the influence of respectful relationships on the post-schooling transition for their Year 12 cohort
4. critique information to distinguish determinants that influence respectful relationships and the post-schooling transition for their Year 12 cohort
5. organise information about the influence of respectful relationships on the post-schooling transition for their Year 12 cohort for a particular purpose
6. investigate and synthesise information from primary sources and secondary sources to develop a diffusion action strategy to enhance innovation uptake by their Year 12 cohort
7. evaluate and reflect on implemented action strategies using RE-AIM and justify a recommendation that mediates, advocates and/or enables innovation uptake by their Year 12 cohort
8. make decisions about and use mode-appropriate features, language and conventions for particular purposes and contexts.

Specifications

Description

The student is required to investigate the determinants, resources, trends and impact of respectful relationships on the education, work or family trajectories of young people across the post-schooling transition. Students evaluate two implemented innovations that have been actioned to enable the development of respectful relationships as a general resistance resource for a successful post-schooling transition. A judgment is made about which innovation has the greatest capacity to assist their Year 12 cohort in the post-schooling transition. The student's response is presented as an analytical exposition.

The response will include the following genre and referencing conventions:

- analytical exposition requires an extended response, including sustained analysis, synthesis and evaluation in relation to a specific question, hypothesis or issue in an assignment or article format
 - the assignment should use written features without headings and could be a persuasive argument or informative text
 - the article should use written features suitable for a health magazine or publication and enhanced by the use of complementary features such as a title, graphics, tables and/or pictures
- referencing conventions: ethical scholarship through the use of in-text citations and a reference list using a recognised system of referencing.

Investigation assessable evidence

- introduction
- body
 - discussion — local context analysis and needs assessment of their Year 12 cohort using life-course perspective
 - analyse and interpret primary data and secondary data, trends, barriers and enablers related to the post-schooling transition of their Year 12 cohort
 - analyse the relationship between existing personal, social and community resources to draw conclusions about the significance for the post-schooling transition of their Year 12 cohort
 - critique a range of contextual information to distinguish the most significant determinants that influence the post-schooling transition in their local context
 - findings — synthesis and evaluation
 - synthesise information about the characteristics of two different innovations that enable the development of respectful relationships
 - evaluate the impact of the innovations on the development of respectful relationships in the post-schooling transition using two diffusion process variables and two steps of RE-AIM
 - synthesise information to develop an action strategy that will strengthen diffusion of the most relevant innovation for the education, work or family trajectories of their Year 12 cohort by mediating, advocating or enabling innovation uptake
 - recommendation — reasoned decision-making using the diffusion of innovations model
 - evaluate and reflect on the likely impact and uptake of the innovation selected for the diffusion action strategy to mediate, advocate or enable the development of respectful relationships in the post-schooling transition for their Year 12 cohort
- conclusion
- reference list.

Conditions

- Time:
 - approximately 10 hours of the time allocation for Unit 4
 - students may use class time and their own time to develop a response.
- Length:
 - 1500–2000 words
 - the reference list is not included in the word count.
- Other:
 - one draft or outline submitted
 - schools implement authentication strategies that reflect QCAA guidelines for ensuring student authorship (see Section 1.3.2).

Summary of the instrument-specific marking guide

The following table summarises the mark allocation for the objectives assessed in the investigation.

Criterion	Objectives	Marks
Recognising and comprehending	1 and 2	6
Analysing, critiquing and organising	3, 4 and 5	8
Investigating, synthesising, evaluating and reflecting	6 and 7	8
Communicating	8	3
Total		25

Instrument-specific marking guide

Criterion: Recognising and comprehending

Assessment objectives

1. recognise and describe information from primary sources and secondary sources about the influence of respectful relationships on the post-schooling transition for their Year 12 cohort
2. comprehend and use the specified approaches, frameworks and resources as they relate to the influence of respectful relationships on the post-schooling transition

The student work has the following characteristics:	Marks
<ul style="list-style-type: none"> • accurate recognition and discerning description of relevant contextual information from a range of primary sources and secondary sources related to respectful relationships in the post-schooling transition that includes: <ul style="list-style-type: none"> – determinants – resources, barriers and enablers impacting the education, work or family trajectories – data trends highlighting the impact on health status • succinct comprehension and perceptive use of the relevant: <ul style="list-style-type: none"> – overarching health approaches, frameworks and resources – life-course perspective – diffusion process variables. 	5–6
<ul style="list-style-type: none"> • recognition and appropriate description of some contextual information from primary sources and secondary sources related to respectful relationships in the post-schooling transition that includes: <ul style="list-style-type: none"> – determinants – resources, barriers and enablers – data trends • comprehend and appropriate use of the: <ul style="list-style-type: none"> – overarching health approaches, frameworks or resources – life-course perspective – diffusion process variables. 	3–4
<ul style="list-style-type: none"> • variable recognition and superficial description of some information about respectful relationships in the post-schooling transition • superficial comprehension and use of aspects of: <ul style="list-style-type: none"> – an overarching health resource – a diffusion of innovations concept. 	1–2
<ul style="list-style-type: none"> • does not satisfy any of the descriptors above. 	0

Criterion: Analysing, critiquing and organising

Assessment objectives

3. analyse and interpret information from primary sources and secondary sources about the influence of respectful relationships on the post-schooling transition for their Year 12 cohort
4. critique information to distinguish determinants that influence respectful relationships and the post-schooling transition for their Year 12 cohort
5. organise information about the influence of respectful relationships on the post-schooling transition for their Year 12 cohort for a particular purpose

The student work has the following characteristics:	Marks
<ul style="list-style-type: none"> • <u>insightful analysis</u> and interpretation of <u>relevant</u> contextual information from a range of <u>valid primary sources</u> and <u>secondary sources</u> to draw conclusions about: <ul style="list-style-type: none"> – <u>local</u> or <u>regional</u> trends – <u>barriers</u> and <u>enablers</u> – existing personal, social and <u>community resources</u> • insightful <u>critique</u> of relevant contextual information to <u>distinguish</u> the significant determinants that influence health in the post-schooling transition • <u>coherent</u> and <u>effective</u> organisation of information to achieve a <u>particular</u> purpose. 	7–8
<ul style="list-style-type: none"> • <u>purposeful</u> analysis and interpretation of relevant contextual information from primary sources and secondary sources to draw conclusions about: <ul style="list-style-type: none"> – local or regional trends – barriers and enablers – existing personal, social or community resources • purposeful critique of relevant contextual information to distinguish determinants that influence health in the post-schooling transition • effective organisation of information to achieve a particular purpose. 	5–6
<ul style="list-style-type: none"> • <u>appropriate</u> analysis and interpretation of contextual information from primary sources or secondary sources about: <ul style="list-style-type: none"> – local or regional trends – barriers or enablers – existing personal, social or community resources • appropriate critique of information to distinguish determinants that influence health in the post-schooling transition • appropriate organisation of information to achieve a particular purpose. 	3–4
<ul style="list-style-type: none"> • <u>superficial</u> analysis and interpretation of aspects of information from sources about the post-schooling transition • identification of a determinant that influences health • organisation of aspects of information. 	1–2
<ul style="list-style-type: none"> • does not satisfy any of the descriptors above. 	0

Criterion: Investigating, synthesising, evaluating and reflecting

Assessment objectives

6. investigate and synthesise information from primary sources and secondary sources to develop a diffusion action strategy to enhance innovation uptake by their Year 12 cohort
7. evaluate and reflect on implemented action strategies using RE-AIM and justify a recommendation that mediates, advocates and/or enables innovation uptake by their Year 12 cohort

The student work has the following characteristics:	Marks
<ul style="list-style-type: none"> • <u>discerning investigation</u> and <u>insightful synthesis</u> of information from <u>primary sources</u> and <u>secondary sources</u> related to two implemented <u>innovations</u> in the <u>post-schooling transition</u> to <u>develop</u> an <u>action strategy</u> that: <ul style="list-style-type: none"> – includes methodology and <u>resources</u> based on two <u>diffusion process variables</u> that addresses the significant <u>needs</u>, <u>barriers</u> and <u>enablers</u> for their Year 12 cohort – enhances <u>innovation uptake</u> of a respectful relationships resource • <u>critical</u> evaluation and <u>insightful</u> reflection on the <u>diffusion process variables</u> for two implemented innovations to recommend and <u>justify</u> the most <u>appropriate</u> innovation for their Year 12 cohort. 	7–8
<ul style="list-style-type: none"> • <u>purposeful</u> investigation and considered synthesis of information from primary sources and secondary sources related to two implemented innovations in the post-schooling transition to develop an action strategy that: <ul style="list-style-type: none"> – includes methodology and resources based on a diffusion process variable that addresses the needs, barriers or enablers for their Year 12 cohort – enhances innovation uptake of a respectful relationships resource • <u>considered</u> evaluation and purposeful reflection on the diffusion process variables for two implemented innovations to recommend and justify an appropriate innovation for their Year 12 cohort. 	5–6
<ul style="list-style-type: none"> • <u>investigation</u> and <u>feasible</u> synthesis of information from sources related to an implemented innovation in the post-schooling transition to develop aspects of an action strategy that: <ul style="list-style-type: none"> – includes methodology or resources based on a diffusion process variable that addresses the needs, barriers or enablers – enhances innovation uptake of a respectful relationships resource • <u>feasible</u> evaluation and reflection on the implemented innovations to recommend and justify an innovation for their Year 12 cohort. 	3–4
<ul style="list-style-type: none"> • <u>partial</u> investigation of information from sources about respectful relationships • <u>superficial</u> explanation of information related to an innovation 	1–2
<ul style="list-style-type: none"> • does not satisfy any of the descriptors above. 	0

Criterion: Communicating

Assessment objective

8. make decisions about and use mode-appropriate features, language and conventions for particular purposes and contexts

The student work has the following characteristics:	Marks
<ul style="list-style-type: none">• <u>discerning</u> decision-making and <u>accurate</u> use of:<ul style="list-style-type: none">- written features to achieve a <u>particular purpose</u>- language for a <u>community context</u>- referencing and genre conventions of an analytical exposition.	3
<ul style="list-style-type: none">• <u>appropriate</u> decision-making and use of:<ul style="list-style-type: none">- written features to achieve a particular purpose- language for a community context- referencing and genre conventions of an analytical exposition.	2
<ul style="list-style-type: none">• <u>variable</u> and/or <u>inappropriate</u> use of:<ul style="list-style-type: none">- written features- language- referencing and/or genre conventions of an analytical exposition.	1
<ul style="list-style-type: none">• does not satisfy any of the descriptors above.	0

5.6.2 Summative external assessment (EA): Examination (25%)

General information

Summative external assessment is developed and marked by the QCAA. In Health it contributes 25% to a student's overall subject result.

The external assessment in Health is common to all schools and administered under the same conditions, at the same time, on the same day.

Description

The examination assesses the application of a range of cognitions to provided questions relating to the application of the health approaches, frameworks and resources in context/s.

Student responses must be completed individually, under supervised conditions, and in a set timeframe.

Assessment objectives

This assessment technique is used to determine student achievement in the following objectives:

1. recognise and describe information from unseen sources about a health-related topic and issue
2. comprehend and use the health approaches, frameworks and resources
3. analyse and interpret information from unseen sources to identify relationships and draw conclusions about trends and health impacts
4. critique information from unseen sources to distinguish determinants that influence health status
5. organise information for a particular purpose
6. synthesise information to develop an action strategy using the diffusion of innovations model to strengthen, maintain or adapt resources
7. evaluate and reflect on implemented action strategies and justify recommendations that mediate, advocate and enable health promotion
8. make decisions about and use mode-appropriate features, language and conventions for particular purposes and contexts.

Specifications

Description

The external examination requires students to write two extended responses to an unseen question using an unseen stimulus that can have information relating to:

- context/s
- characteristics of target group/s
- methodology and resources of specified action strategy/ies for characteristics of innovations that have been implemented.

Conditions

- Time: 2 hours plus 15 minutes planning time
- Length: written, 800–1000 words (2 x 400–500 word responses).

Instrument-specific marking guide

No ISMG is provided for the external assessment.

6 Glossary

Term	Explanation
A	
accomplished	highly trained or skilled in a particular activity; perfected in knowledge or training; expert
accuracy	the condition or quality of being true, correct or exact; freedom from error or defect; precision or exactness; correctness; in science, the extent to which a measurement result represents the quantity it purports to measure; an accurate measurement result includes an estimate of the true value and an estimate of the uncertainty
accurate	precise and exact; to the point; consistent with or exactly conforming to a truth, standard, rule, model, convention or known facts; free from error or defect; meticulous; correct in all details
action strategies	can be directed at strengthening the skills and capabilities of individuals and changing social, environmental and economic conditions to increase control over the determinants of health, thereby improving individual and public health; participation is essential to sustain health promotion action (WHO 1998)
adept	very/highly skilled or proficient at something; expert
adequate	satisfactory or acceptable in quality or quantity equal to the requirement or occasion
adoption	the third stage in the diffusion of innovations model, which involves the uptake of the program or innovation by the target audience (Glanz et al. 2008); adoption is defined in the RE-AIM framework as the absolute number, proportion and representativeness of settings and intervention agents who are willing to initiate a program (RE-AIM 2017)
advocate	to argue in support of a cause or position, or speak out and act on behalf of yourself or another to ensure that your or others' interests are taken into account (ACARA 2016)
aesthetic	relates to the presence of beauty, nature, art, music and the other aesthetically beautiful things the world has to offer; in Maslow's Hierarchy, Aesthetic Needs is the sixth of eight levels, which leads to a beautiful feeling of intimacy and oneness with nature and everything beautiful (Conscious Aging Institute 2014)
agency	refers to the thoughts and actions taken by people that express their individual power; agency is the power people have to think for themselves and act in ways that shape their experiences and life trajectories; agency can take individual and collective forms
alcohol	an organic substance formed when a hydroxyl group is substituted for a hydrogen atom in a hydrocarbon; the type of alcohol used in alcoholic beverages, ethanol, derives from fermenting sugar with yeast; after alcohol is ingested the body converts it to sugar-based fuel; alcohol acts as a central nervous system depressant, and it may be part of solutions used as preservatives, antiseptics or medications (MedicineNet 2017)

Term	Explanation
analyse	dissect to ascertain and examine constituent parts and/or their relationships; break down or examine in order to identify the essential elements, features, components or structure; determine the logic and reasonableness of information; examine or consider something in order to explain and interpret it, for the purpose of finding meaning or relationships and identifying patterns, similarities and differences
analysis	dissecting to ascertain and examine constituent parts and/or their relationships
anecdotal evidence	reports or observations, usually about a small number of people's experiences and not from a scientific study (NPS MedicineWise 2012)
anxiety	people with anxiety experience symptoms of more than one type of anxiety disorder, and may experience depression as well; the six most common anxiety disorders are generalised anxiety disorder, social phobia, specific phobias, obsessive compulsive disorder, post-traumatic stress disorder (PTSD) and panic disorder (Beyondblue 2016)
applied learning	the acquisition and application of knowledge, understanding and skills in real-world or lifelike contexts that may encompass workplace, industry and community situations; it emphasises learning through doing and includes both theory and the application of theory, connecting subject knowledge and understanding with the development of practical skills
Applied subject	a subject whose primary pathway is work and vocational education; it emphasises applied learning and community connections; a subject for which a syllabus has been developed by the QCAA with the following characteristics: results from courses developed from Applied syllabuses contribute to the QCE; results may contribute to ATAR calculations
apply	use knowledge and understanding in response to a given situation or circumstance; carry out or use a procedure in a given or particular situation
appraise	evaluate the worth, significance or status of something; judge or consider a text or piece of work
appreciate	recognise or make a judgment about the value or worth of something; understand fully; grasp the full implications of
approaches	in Health, groups the theories, models and frameworks that are used in the syllabus; Health has an overarching approach and unit-specific approaches
appropriate	acceptable; suitable or fitting for a particular purpose, circumstance, context, etc.
apt	suitable to the purpose or occasion; fitting, appropriate
area of study	a division of, or a section within a unit
argue	give reasons for or against something; challenge or debate an issue or idea; persuade, prove or try to prove by giving reasons

Term	Explanation
aspect	a particular part of a feature of something; a facet, phase or part of a whole
assess	measure, determine, evaluate, estimate or make a judgment about the value, quality, outcomes, results, size, significance, nature or extent of something
assessment	purposeful and systematic collection of information about students' achievements
assessment instrument	a tool or device used to gather information about student achievement
assessment objectives	drawn from the unit objectives and contextualised for the requirements of the assessment instrument (see also 'syllabus objectives', 'unit objectives')
assessment technique	the method used to gather evidence about student achievement, (e.g. examination, project, investigation)
astute	showing an ability to accurately assess situations or people; of keen discernment
ATAR	Australian Tertiary Admission Rank
attitude	in Health, the organisation of beliefs, feelings and behavioural tendencies towards socially significant objects, groups, events or symbols (Hogg & Vaughan 2005, p. 150 in McLeod 2014); attitudes can be described in terms of three components: affective component — involves a person's feelings/emotions about the attitude object; behavioural component — the way the attitude we have influences how we act or behave; cognitive component — involves a person's belief/knowledge about an attitude object (McLeod 2014)
Australian Institute of Health and Welfare's (AIHW) conceptual framework for the determinants of health	one of the overarching frameworks used in the Health syllabus to understand the factors that act alone and together to influence the health of individuals and populations (AIHW 2014)
authoritative	able to be trusted as being accurate or true; reliable; commanding and self-confident; likely to be respected and obeyed
B	
balanced	keeping or showing a balance; not biased; fairly judged or presented; taking everything into account in a fair, well-judged way
barriers	individual and environmental factors that limit access to personal, social and community resources
basic	fundamental
belief	in Health, the feeling of being certain that something exists or is true
belonging(ness)	a feeling of being taken in and accepted as part of a group, thus fostering a sense of belonging; also relates to being approved of and accepted by society in general

Term	Explanation
best practice	in Health, a technique or methodology that, through experience and research, has proven to reliably lead to a desired result; a commitment to using the best practices in any field is a commitment to using all the knowledge and technology at one's disposal to ensure success (TechTarget 2016)
biological age	indicates a person's level of biological development and physical health as measured by the functioning of the various organ systems (Hutchison 2014)
biological factors	anything that affects the function and behaviour of a living organism; internally this factor can be a physical, physiological, chemical, neurological or genetic condition (Psychology Dictionary 2017)
biomedical factors	blood pressure, blood cholesterol and bodyweight are among the important biomedical factors that affect health; the levels of these factors in an individual are the result of lifestyle, behaviour and genetic predisposition (AIHW 2000)
body image	the perception that a person has of their physical self and the thoughts and feelings that result from that perception; these feelings can be positive, negative or both and are influenced by individual and environmental factors; when a person has negative thoughts and feelings about his or her own body, body dissatisfaction can develop and is influenced by family, friends, acquaintances, teachers and the media (NEDC 2016)
C	
calculate	determine or find (e.g. a number, answer) by using mathematical processes; obtain a numerical answer showing the relevant stages in the working; ascertain/determine from given facts, figures or information
capacity building	the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion (Smith et al. 2006)
categorise	place in or assign to a particular class or group; arrange or order by classes or categories; classify, sort out, sort, separate
challenging	difficult but interesting; testing one's abilities; demanding and thought-provoking; usually involving unfamiliar or less familiar elements
characteristic	a typical feature or quality
characteristics of change agents	an individual who influences clients' innovation-decisions in a direction deemed desirable; enable communication flow to spread awareness and interest in the adoption of an innovation; this skill is identified as targeting which is the process of customising the design and delivery of a communication program based on the characteristics of an intended audience (Rogers 1962)
characteristics of individuals	a diffusion process variable where the process of innovation adoption by individuals is described as a normal, bell-shaped distribution with five adopter categories: innovators, early adopters, early majority adopters, late majority adopters and laggards (Glanz et al. 2008)

Term	Explanation
characteristics of innovations	<p>a diffusion process variable that defines the characteristics of innovations that most likely affect the speed and extent of the adoption and diffusion process;</p> <p>characteristics are:</p> <ul style="list-style-type: none"> • relative advantage — is the innovation better than what was there before? • compatibility — does the innovation fit with the intended audience? • complexity — is the innovation easy to use? • trialability — can the innovation be tried before making a decision to adopt? • observability — are the results of the innovation visible and easily measurable? (Glanz et al. 2008)
chemical factors	<p>exposure to toxic substances, such as lead, cadmium, cobalt, arsenic, carbon monoxide, passive smoking, organic solvents, carbon disulphide, nitroglycerine, nitroglycol, petrochemicals and agricultural chemicals, from air, soil and water sources, through inhalation, ingestion and skin contact pathways, which can impact individual and population health</p>
chronological age	<p>chronological age is the number of years a person has been alive, regardless of how healthy a lifestyle they are living (Hutchison 2014)</p>
clarify	<p>make clear or intelligible; explain; make a statement or situation less confused and more comprehensible</p>
clarity	<p>clearness of thought or expression; the quality of being coherent and intelligible; free from obscurity of sense; without ambiguity; explicit; easy to perceive, understand or interpret</p>
classify	<p>arrange, distribute or order in classes or categories according to shared qualities or characteristics</p>
clear	<p>free from confusion, uncertainty, or doubt; easily seen, heard or understood</p>
clearly	<p>in a clear manner; plainly and openly, without ambiguity</p>
cognitive function	<p>the mental processes, such as perceptions, reasoning, problem-solving, which enable humans to experience and process knowledge and information (Chambers 21st Century Dictionary 1996)</p>
coherent	<p>having a natural or due agreement of parts; connected; consistent; logical, orderly; well-structured and makes sense; rational, with parts that are harmonious; having an internally consistent relation of parts</p>
cohesive	<p>characterised by being united, bound together or having integrated meaning; forming a united whole</p>
cohort	<p>a group of persons who were born during the same time period and who experience particular social changes within a given culture in the same sequence at the same age (Alwin & McCammon 2003, Bjorklund & Bee 2008, Newman 2008 & Settersten 2003a cited in Hutchison 2014)</p>

Term	Explanation
collective efficacy	in social cognitive theory, Bandura extended the concept of perceived efficacy to collective efficacy, which is defined as beliefs about the ability of a group to perform concerted actions that bring about desired outcomes; many of the things that people seek are achievable only by working together with others (Glanz et al. 2008)
comment	express an opinion, observation or reaction in speech or writing; give a judgment based on a given statement or result of a calculation
communicate	convey knowledge and/or understandings to others; make known; transmit
community	a specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and who are arranged in a social structure according to relationships that the community has developed over time (WHO 1998)
compare	display recognition of similarities and differences and recognise the significance of these similarities and differences
competent	having suitable or sufficient skills, knowledge, experience, etc. for some purpose; adequate but not exceptional; capable; suitable or sufficient for the purpose; having the necessary ability, knowledge or skill to do something successfully; efficient and capable (of a person); acceptable and satisfactory, though not outstanding
competently	in an efficient and capable way; in an acceptable and satisfactory, though not outstanding, way
complex	composed or consisting of many different and interconnected parts or factors; compound; composite; characterised by an involved combination of parts; complicated; intricate; a complex whole or system; a complicated assembly of particulars
comprehend	understand the meaning or nature of; grasp mentally
comprehensive	inclusive; of large content or scope; including or dealing with all or nearly all elements or aspects of something; wide-ranging; detailed and thorough, all that is relevant
concise	expressing much in few words; giving a lot of information clearly and in a few words; brief, comprehensive and to the point; succinct, clear, without repetition of information
concisely	in a way that is brief but comprehensive; expressing much in few words; clearly and succinctly
conduct	direct in action or course; manage; organise; carry out
connectedness	a fundamental human desire for interpersonal relationships with others
consider	think deliberately or carefully about something, typically before making a decision; take something into account when making a judgment; view attentively or scrutinise; reflect on
considerable	fairly large or great; thought about deliberately and with a purpose
considered	formed after careful and deliberate thought

Term	Explanation
consistent	agreeing or accordant; compatible; not self-opposed or self-contradictory, constantly adhering to the same principles; acting in the same way over time, especially so as to be fair or accurate; unchanging in nature, standard, or effect over time; not containing any logical contradictions (of an argument); constant in achievement or effect over a period of time
construct	create or put together (e.g. an argument) by arranging ideas or items; display information in a diagrammatic or logical form; make; build
context	in Health, a health setting where action is implemented
contrast	display recognition of differences by deliberate juxtaposition of contrary elements; show how things are different or opposite; give an account of the differences between two or more items or situations, referring to both or all of them throughout
controlled	shows the exercise of restraint or direction over; held in check; restrained, managed or kept within certain bounds
convincing	persuaded by argument or proof; leaving no margin of doubt; clear; capable of causing someone to believe that something is true or real; persuading or assuring by argument or evidence; appearing worthy of belief; credible or plausible
coping	constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding a person's resources; problem-focused coping involves defining the problem, generating alternative solutions, weighing the costs and benefits of various actions, taking actions to change what is changeable and, if necessary, learning new skills; emotion-focused coping strategies are directed toward decreasing emotional distress and include tactics such as distancing, avoiding, selective attention, blaming, minimising, wishful thinking, venting emotions, seeking social support, exercising and meditating (Hill Rice 2012)
course	a defined amount of learning developed from a subject syllabus
create	bring something into being or existence; produce or evolve from one's own thought or imagination; reorganise or put elements together into a new pattern or structure or to form a coherent or functional whole
creative	resulting from originality of thought or expression; relating to or involving the use of the imagination or original ideas to create something; having good imagination or original ideas
credible	capable or worthy of being believed; believable; convincing
credible sources	sources that provide accurate and trustworthy information that increase the credibility of research
criterion	the property or characteristic by which something is judged or appraised

Term	Explanation
critical	involving skilful judgment as to truth, merit, etc.; involving the objective analysis and evaluation of an issue in order to form a judgment; expressing or involving an analysis of the merits and faults of a work of literature, music, or art; incorporating a detailed and scholarly analysis and commentary (of a text); rationally appraising for logical consistency and merit
critical health literacy	builds on functional and interactive health literacy and reflects cognitive and skills development outcomes, which are oriented towards supportive effective social and political action, as well as individual action (Nutbeam 2006)
critical moments	moments in time when turning points occur that can have a positive or negative influence on life-course trajectories
critique	review (e.g. a theory, practice, performance) in a detailed, analytical and critical way
culture	in Health, shared stories, beliefs, attitudes and behaviours that give a group or individual a sense of who they are and help them make sense of the world in which they live; culture is a shared system, but inherently diverse; there can be individual and group differences within cultures; everyone has culture; it is a lens through which we see the world (ACARA 2016)
cursory	hasty, and therefore not thorough or detailed; performed with little attention to detail; going rapidly over something, without noticing details; hasty; superficial
D	
data	in Health, facts and statistics collected together for reference or analysis
decide	reach a resolution as a result of consideration; make a choice from a number of alternatives
deduce	reach a conclusion that is necessarily true, provided a given set of assumptions is true; arrive at, reach or draw a logical conclusion from reasoning and the information given
defensible	justifiable by argument; capable of being defended in argument
define	give the meaning of a word, phrase, concept or physical quantity; state meaning and identify or describe qualities
demonstrate	prove or make clear by argument, reasoning or evidence, illustrating with practical example; show by example; give a practical exhibition
derive	arrive at by reasoning; manipulate a mathematical relationship to give a new equation or relationship; in mathematics, obtain the derivative of a function
describe	give an account (written or spoken) of a situation, event, pattern or process, or of the characteristics or features of something

Term	Explanation
design	produce a plan, simulation, model or similar; plan, form or conceive in the mind; in English, select, organise and use particular elements in the process of text construction for particular purposes; these elements may be linguistic (words), visual (images), audio (sounds), gestural (body language), spatial (arrangement on the page or screen) and multimodal (a combination of more than one)
detailed	executed with great attention to the fine points; meticulous; including many of the parts or facts
determinants of health	the range of personal, social, economic and environmental factors that determine the health status of individuals or populations; some determinants are modifiable, while others are non-modifiable
determine	establish, conclude or ascertain after consideration, observation, investigation or calculation; decide or come to a resolution
develop	elaborate, expand or enlarge in detail; add detail and fullness to; cause to become more complex or intricate
developmental assets	the developmental assets are 40 research-based, positive experiences and qualities that influence young people's development, helping them become caring, responsible and productive adults (Search Institute 2016)
devise	think out; plan; contrive; invent
differentiate	identify the difference/s in or between two or more things; distinguish, discriminate; recognise or ascertain what makes something distinct from similar things; in mathematics, obtain the derivative of a function
diffusion	the process by which an innovation is communicated through certain channels over time among the members of a social system (Glanz et al. 2008)
diffusion of innovations model	developed by Everett Rogers, the diffusion of innovations model is used to understand the steps and processes required to achieve widespread dissemination and diffusion of public health innovations; the stages of diffusion are innovation development, dissemination, adoption, implementation, maintenance, sustainability and institutionalisation (Glanz et al. 2008)
diffusion process variables	used in the diffusion of innovations model, diffusion process variables are the general factors that influence the success and speed innovations are adopted
dimensions of health	variables that influence an individual's level of overall health; the variables, frequently referred to in Health and Physical Education as dimensions, are physical, social, emotional, mental and spiritual (ACARA 2016)
discerning	discriminating; showing intellectual perception; showing good judgment; making thoughtful and astute choices; selected for value or relevance
discriminate	note, observe or recognise a difference; make or constitute a distinction in or between; differentiate; note or distinguish as different

Term	Explanation
discriminating	differentiating; distinctive; perceiving differences or distinctions with nicety; possessing discrimination; perceptive and judicious; making judgments about quality; having or showing refined taste or good judgment
discuss	examine by argument; sift the considerations for and against; debate; talk or write about a topic, including a range of arguments, factors or hypotheses; consider, taking into account different issues and ideas, points for and/or against, and supporting opinions or conclusions with evidence
disease	a physical or mental disturbance involving symptoms, dysfunction or tissue damage (AIHW 2014);
dis-ease	the 'total absence of health' pole as opposed to the 'total health' ease pole on the ease–dis-ease health continuum
disjointed	disconnected; incoherent; lacking a coherent order/sequence or connection
disseminate	to spread or give out something, especially news, information, ideas, etc., to many people
dissemination	the third stage in the diffusion of innovations model, which involves planned, systematic efforts designed to make a program or innovation more widely available to a target audience or members of a social system (Glanz et al. 2008)
distinguish	recognise as distinct or different; note points of difference between; discriminate; discern; make clear a difference/s between two or more concepts or items
distress	a feeling of extreme worry, sadness or pain; general term that is used to describe unpleasant feelings or emotions that impact a person's level of functioning
diverse	of various kinds or forms; different from each other
diversity	differences that exist within a group, including age, sex, gender, gender expression, sexuality, ethnicity, ability, body shape and composition, culture, religion, learning styles, socioeconomic background, values and experience; appreciating, understanding and respecting diversity impacts on an individual's sense of self and their relations to others; diversity can be acknowledged through shared activities that may involve building knowledge and awareness, peer teaching, games, dance, food and festivals (ACARA 2016)
document	support (e.g. an assertion, claim, statement) with evidence (e.g. decisive information, written references, citations)
draw conclusions	make a judgment based on reasoning and evidence
E	
ease	salutogenic approach represents ease as the 'total health' pole as opposed to 'total absence of health' dis-ease pole on the dis-ease–ease health continuum
effective	successful in producing the intended, desired or expected result; meeting the assigned purpose

Term	Explanation
effectiveness	the impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes (RE-AIM 2017)
efficient	working in a well-organised and competent way; maximum productivity with minimal expenditure of effort; acting or producing effectively with a minimum of waste, expense or unnecessary effort
element	a component or constituent part of a complex whole; a fundamental, essential or irreducible part of a composite entity
elementary	simple or uncompounded; relating to or dealing with elements, rudiments or first principles (of a subject); of the most basic kind; straightforward and uncomplicated
emotional health	an ability to recognise, understand and effectively manage emotions and use this knowledge when thinking, feeling and acting (ACARA 2016)
enable	taking action in partnership with individuals or groups to empower them, through the mobilisation of human and material resources, to promote and protect their health (WHO 1998)
enablers	individual and environmental factors that increase access to individual, social and community resources
equality	ensuring that individuals or groups of individuals are treated fairly and equally and no less favourably, specific to their needs, including areas of race, gender, disability, religion or belief, sexual orientation and age; promoting equality should remove discrimination in all of the aforementioned areas (University of Edinburgh 2015)
equity	equity in health implies that ideally, everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential if it can be avoided (Whitehead 1990 in WHO EURO 1985)
erroneous	based on or containing error; mistaken; incorrect
essential	absolutely necessary; indispensable; of critical importance for achieving something
eustress	a positive form of stress having a beneficial effect on health, motivation, performance and emotional wellbeing (Merriam-Webster)
evaluate	make an appraisal by weighing up or assessing strengths, implications and limitations; make judgments about ideas, works, solutions or methods in relation to selected criteria; examine and determine the merit, value or significance of something, based on criteria
event	something noteworthy that happens (Hill Rice 2012)

Term	Explanation
evidence-based (health promotion)	the use of information derived from formal research and systematic investigation to identify causes and contributing factors to health needs, and the most effective health promotion actions to address these in given contexts and populations (Smith et al. 2006)
examination	a supervised test that assesses the application of a range of cognitions to one or more provided items such as questions, scenarios and/or problems; student responses are completed individually, under supervised conditions, and in a set timeframe
examine	investigate, inspect or scrutinise; inquire or search into; consider or discuss an argument or concept in a way that uncovers the assumptions and interrelationships of the issue
experiment	try out or test new ideas or methods, especially in order to discover or prove something; undertake or perform a scientific procedure to test a hypothesis, make a discovery or demonstrate a known fact
explain	make an idea or situation plain or clear by describing it in more detail or revealing relevant facts; give an account; provide additional information
explicit	clearly and distinctly expressing all that is meant; unequivocal; clearly developed or formulated; leaving nothing merely implied or suggested
explore	look into both closely and broadly; scrutinise; inquire into or discuss something in detail
express	convey, show or communicate (e.g. a thought, opinion, feeling, emotion, idea or viewpoint); in words, art, music or movement, convey or suggest a representation of; depict
extended response	an open-ended assessment technique that focuses on the interpretation, analysis, examination and/or evaluation of ideas and information in response to a particular situation or stimulus; while students may undertake some research when writing of the extended response, it is not the focus of this technique; an extended response occurs over an extended and defined period of time
Extension subject	a two-unit subject (Units 3 and 4) for which a syllabus has been developed by QCAA, that is an extension of one or more general subject/s, studied concurrently with, Units 3 and 4 of that subject or after completion of, Units 3 and 4 of that subject
extensive	of great extent; wide; broad; far-reaching; comprehensive; lengthy; detailed; large in amount or scale
external assessment	summative assessment that occurs towards the end of a course of study and is common to all schools; developed and marked by the QCAA according to a commonly applied marking scheme
external developmental assets	the 20 external developmental assets surrounding individuals, grouped according to support, empowerment, boundaries and expectations, and constructive use of time (Search Institute 2016)

Term	Explanation
external examination	a supervised test, developed and marked by the QCAA, that assesses the application of a range of cognitions to multiple provided items such as questions, scenarios and/or problems; student responses are completed individually, under supervised conditions, and in a set timeframe
extrapolate	infer or estimate by extending or projecting known information; conjecture; infer from what is known; extend the application of something (e.g. a method or conclusion) to an unknown situation by assuming that existing trends will continue or similar methods will be applicable
F	
facilitation	an environmental determinant of behaviour in social cognitive theory defined as providing tools, resources or environmental changes that make new behaviours easier to perform (Glanz et al. 2008)
factual	relating to or based on facts; concerned with what is actually the case; actually occurring; having verified existence
familiar	well-acquainted; thoroughly conversant with; well-known from long or close association; often encountered or experienced; common; (of materials, texts, skills or circumstances) having been the focus of learning experiences or previously encountered in prior learning activities
feasible	capable of being achieved, accomplished or put into effect; reasonable enough to be believed or accepted; probable; likely
flourish	to grow or develop successfully (Cambridge University Press 2016a)
flow	describes a state of joy, creativity and total involvement; problems seem to disappear and there is a feeling of transcendence; 'flow' is the way people describe their state of mind when they are doing something for its own sake; some activities consistently produced 'flow', such as sport, games, art and hobbies (Black Dog Institute 2012)
fluent	spoken or written with ease; able to speak or write smoothly, easily or readily; articulate; eloquent; in artistic performance, characteristic of a highly developed and excellently controlled technique; flowing; polished; flowing smoothly, easily and effortlessly
fluently	in a graceful and seemingly effortless manner; in a way that progresses smoothly and readily
formative assessment	assessment whose major purpose is to improve teaching and student achievement
fragmented	disorganised; broken down; disjointed or isolated
framework for health promotion action	a conceptual framework that organises health promotion action according to categories of focus and levels of delivery; Health uses a revised version of the framework for health promotion action presented by Murphy & Keleher 2003

Term	Explanation
framework	frameworks promote a common understanding of an issue; a conceptual framework aims to assist with the understanding and presentation of a concept; it defines a set of terms associated with the concept and describes a systematic approach to presenting the features of the concept (AIHW 2016)
frequent	happening or occurring often at short intervals; constant, habitual, or regular
functional health literacy	based on the communication of factual information on health risks and how to use the health system; typically, this approach does not invite interactive communication or foster skill development (Nutbeam 2006)
fundamental	forming a necessary base or core; of central importance; affecting or relating to the essential nature of something; part of a foundation or basis
G	
General subject	a subject for which a syllabus has been developed by the QCAA with the following characteristics: results from courses developed from General syllabuses contribute to the QCE; General subjects have an external assessment component; results may contribute to ATAR calculations
general resistance resources	any characteristic in persons, groups or environments that can facilitate effective tension management; a general resistance resource is a physical, biochemical, artefactual material, cognitive, emotional, valuative–attitudinal, interpersonal–relational, macrosociocultural characteristic of an individual, primary group, subculture or society that is effective in avoiding or combatting a wide variety of stressors (Buch 2006)
generate	produce; create; bring into existence
generation	a group of people within a society or family that spans a period of about 25 to 30 years
genetic factors	genetic factors play an important role in human health and disease; an individual's genetic makeup (genome) sets the main features and boundaries within which life is to be experienced; it also provides the blueprint for how the human body interacts with the environment; in addition, the genome is programmed to protect its own molecular structure and to repair any damage caused to it by environmental agents (AIHW 2000)
global	relating to the whole world
government policy	a plan of action; the general principles by which a government is guided in its management of public affairs, including legislature
graphic organiser	contain language and symbols (Marzano & Kendall 2007)
growth mindset	two core mindsets or beliefs about a person's own traits that shape their approach to challenges: <ul style="list-style-type: none"> fixed mindset, the belief that one's abilities were carved in stone and predetermined at birth growth mindset, the belief that one's skills and qualities could be cultivated through effort and perseverance (Dweck in Gross-Loh 2016)

Term	Explanation
H	
hardiness	is characterised by (a) a strong commitment to self, (b) a vigorous attitude toward the environment, (c) a sense of meaningfulness and (d) an internal locus of control; rather than acting as a mediator between stress and health outcomes, has a direct effect on emotional and psychological factors thought to be related to wellbeing and work performance (Hill Rice 2012)
health behaviour	any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that end (WHO 1998)
health determinants	those factors that raise or lower the level of health in a population or individual; determinants help explain and predict trends in health and explain why some groups have better or worse health than others; they are the key to prevention of disease, illness and injury; determinants may have positive or negative impacts (AIHW 2004); factors that has been identified as having either a positive or harmful effect on health (AIHW 2016)
health education	any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes (WHO 2016a)
health indicator	a characteristic of an individual, population or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population — quality, quantity and time (WHO 1998)
health issue	a topic becomes an issue when people engage with it, when they start having feelings and arguments and interests; when there is a point in question or a matter that is in dispute
health literacy	the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health (WHO 1998); there are three levels of health literacy — functional, interactive and critical (Nutbeam 2006)
health policy	a formal statement or procedure within institutions (notably government) that defines priorities and the parameters for action in response to health needs, available resources and other political pressures (WHO 1998)
health promotion	health promotion is the process of enabling people to increase control over and to improve their health (WHO 1998); the provision of information and/or education to individuals, families and communities that encourage family unity, community commitment and traditional spirituality and that make positive contributions to their health status; the promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviours (Dr Nancy RN 2018)

Term	Explanation
health promotion evaluation	an assessment of the extent to which health promotion actions achieve a 'valued' outcome — the extent to which health promotion actions enable individuals or communities to exert control over their health represents a central element of health promotion evaluation (WHO 1998)
health status	a description and/or measurement of the health of an individual or population at a particular point in time against identifiable standards, usually by reference to health indicators (WHO 1998)
health system	consists of all organisations, people and actions whose primary interest is to promote, restore or maintain health; the six building blocks are: health services; health workforce; health information system; essential medical products, vaccines and technologies; health financing system; leadership and governance (WHO Western Pacific Region 2016)
health-related topic	a topic is a subject that is discussed, written about or studied (Cambridge University Press 2016g); health-related topics are broad; in this syllabus they are resilience, alcohol use, body image, homelessness, road safety, anxiety and life-course transitions
homelessness	when a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement: is in a dwelling that is inadequate; or has no tenure, or if their initial tenure is short and not extendable; or does not allow them to have control of, and access to space for social relations (ABS 2012)
human agency	Bandura defined human agency as 'the human capability to exert influence over one's functioning and the course of events by one's actions' (Weibell 2011); Bandura proposed that there are three modes of human agency: personal agency — exercised individually, using personal influence to shape environmental events or one's own behaviour; proxy agency — exercised to influence others who have greater resources to act on one's behalf to meet needs and accomplish goals; and collective agency — exercised on the group level when people act together to meet needs and accomplish goals (Hutchison 2014)
human-made factors	a sub-category of environmental factors that influence health, specifically as a result of human impact on the environment; factors include human-induced chemical pollution, waste products and climate change (AIHW 2010)
hypothesise	formulate a supposition to account for known facts or observed occurrences; conjecture, theorise, speculate; especially on uncertain or tentative grounds
I	
identify	distinguish; locate, recognise and name; establish or indicate who or what someone or something is; provide an answer from a number of possibilities; recognise and state a distinguishing factor or feature

Term	Explanation
identities	individual characteristics (including thoughts, ideas, feelings and attitudes towards self-worth) and capabilities of a person, or characteristics of a social group; identity refers to all things that define who we are at any given moment in our lives; it is not static; we construct our identities according to things such as where we come from, what we believe in, who we relate to, how we belong, how we behave and what we do (ACARA 2016)
illness	(or sickness) is a subjective concept related to personal experience of a disease; individuals, groups and societies may have very different interpretations of what constitutes illness (AIHW 2010)
illogical	lacking sense or sound reasoning; contrary to or disregarding of the rules of logic; unreasonable
implement	put something into effect, e.g. a plan or proposal
implementation	the fourth stage of the diffusion of innovations model that involves the active, planned efforts to action an innovation within a defined setting (Glanz et al. 2008); in the RE-AIM framework refers to the intervention agents' fidelity to the various elements of an intervention's protocol, including consistency of delivery as intended and the time and cost of the intervention; at the individual level, implementation refers to clients' use of the intervention strategies (RE-AIM 2017)
implicit	implied, rather than expressly stated; not plainly expressed; capable of being inferred from something else
improbable	not probable; unlikely to be true or to happen; not easy to believe
inaccurate	not accurate
inappropriate	not suitable or proper in the circumstances
incentive motivation	the use of rewards and punishments to modify behaviours (Glanz et al. 2008)
inconsistent	lacking agreement, as one thing with another, or two or more things in relation to each other; at variance; not consistent; not in keeping; not in accordance; incompatible, incongruous
independent	thinking or acting for oneself, not influenced by others
in-depth	comprehensive and with thorough coverage; extensive or profound; well-balanced or fully developed
infer	derive or conclude something from evidence and reasoning, rather than from explicit statements; listen or read beyond what has been literally expressed; imply or hint at
informed	knowledgeable; learned; having relevant knowledge; being conversant with the topic; based on an understanding of the facts of the situation (of a decision or judgment)
innovation	an idea, practice or object that is perceived as new by an individual or other unit of adoption (Glanz et al. 2008)

Term	Explanation
innovation development	the first stage in the diffusion of innovations model, which involves all the decisions and activities (and their impacts) that occur from the early stage of an idea to its development and production (Glanz et al. 2008)
innovation uptake	the success and speed of the adoption of innovation
innovative	new and original; introducing new ideas; original and creative in thinking
inquiry (health)	(health) inquiry applies discipline knowledge and skills to real-world situations and contemporary events (Masters 2016); inquiry as a pedagogical approach reflects Dewey's belief that students need to develop critical thinking skills (Justice et al 2009), and is based on principles of exploration and discovery that are critical to engaging students and promoting higher order thinking (Vajoczki et al. 2011; Spronken-Smith & Walker 2010); learning through inquiry is a significant focus of education research, curriculum and teaching
insightful	showing understanding of a situation or process; understanding relationships in complex situations; informed by observation and deduction
issue question	a sentence, phrase or word that asks for information to create a reply or response; an interrogative that occurs after a health issue statement and includes a social justice principle, a specific context and group for focussed health promotion
issue statement	a sentence or phrase that directs research from a broad topic to a specific issue in gathering and interrogating information; health issue statements can be quotes and can include secondary data; a health issue statement precedes a health issue question
institutionalisation	the final stage of the diffusion of innovations model, which involves the incorporation of the program into the routines of an organisation or broader policy and legislation (Glanz et al.2008)
instrument-specific marking guide	ISMG; a tool for marking that describes the characteristics evident in student responses and aligns with the identified objectives for the assessment (see 'assessment objectives')
integral	<i>adjective</i> necessary for the completeness of the whole; essential or fundamental; <i>noun</i> in mathematics, the result of integration; an expression from which a given function, equation, or system of equations is derived by differentiation
intended	designed; meant; done on purpose; intentional
interactive health literacy	builds on functional health literacy and focuses on the development of skills in a supportive environment, much of this activity will result in individual benefit rather than population benefit (Nutbeam 2006)

Term	Explanation
internal assessment	assessments that are developed by schools; summative internal assessments are endorsed by the QCAA before use in schools and results externally confirmed contribute towards a student's final result
internal developmental assets	the 20 developmental assets that are grouped according to an individual's commitment to learning, positive values, social competencies and positive identity (Search Institute 2016)
interpret	use knowledge and understanding to recognise trends and draw conclusions from given information; make clear or explicit; elucidate or understand in a particular way; bring out the meaning of, e.g. a dramatic or musical work, by performance or execution; bring out the meaning of an artwork by artistic representation or performance; give one's own interpretation of; identify or draw meaning from, or give meaning to, information presented in various forms, such as words, symbols, pictures or graphs
investigate	carry out an examination or formal inquiry in order to establish or obtain facts and reach new conclusions; search, inquire into, interpret and draw conclusions about data and information
investigation	an assessment technique that requires students to research a specific problem, question, issue, design challenge or hypothesis through the collection, analysis and synthesis of primary and/or secondary data; it uses research or investigative practices to assess a range of cognitions in a particular context; an investigation occurs over an extended and defined period of time
irrelevant	not relevant; not applicable or pertinent; not connected with or relevant to something
isolated	detached, separate, or unconnected with other things; one-off; something set apart or characterised as different in some way
J	
judge	form an opinion or conclusion about; apply both procedural and deliberative operations to make a determination
justice	fairness in the way people are dealt with
justified	sound reasons or evidence are provided to support an argument, statement or conclusion
justify	give reasons or evidence to support an answer, response or conclusion; show or prove how an argument, statement or conclusion is right or reasonable
L	
landscape	landscapes have the potential to promote mental wellbeing through attention restoration, stress reduction, and the evocation of positive emotions; physical wellbeing through the promotion of physical activity in daily life as well as leisure time and through walkable environments; and social wellbeing through social integration, social engagement and participation, and through social support and security (Abraham et al. 2010)

Term	Explanation
learning area	a grouping of subjects, with related characteristics, within a broad field of learning, e.g. the Arts, sciences, languages
life event	significant occurrence involving a relatively abrupt change that may produce serious and long lasting effects (Hutchison 2014)
life-course	a culturally defined sequence of age categories that people are normally expected to pass through as they progress from birth to death; included in the cultural conceptions of the life-course is some idea of how long people are expected to live and ideas about what constitutes 'premature' or 'untimely' death (Crossman 2017)
life-course perspective	looks at how chronological age, relationships, common life transitions and social change shape people's lives from birth to death; calls attention to how historical time, events, contexts, social location and culture affect the individual experience of each life stage (Hutchison 2014)
lifestyle	a way of living based on identifiable patterns of behaviour that are determined by the interplay between an individual's personal characteristics, social interactions, and socioeconomic and environmental living conditions (WHO 1998)
living conditions	the everyday environment of people — where they live, play and work; these living conditions are a product of social and economic circumstances and the physical environment, all of which can impact upon health; they largely outside of the immediate control of the individual (WHO 1998)
local	characteristic of or associated with a particular locality, area, suburb or neighbourhood; a small district as opposed to a wider region
locus of control	a psychological concept that refers to how strongly people believe they have control over the situations and experiences that affect their lives
logical	rational and valid; internally consistent; reasonable; reasoning in accordance with the principles/rules of logic or formal argument; characterised by or capable of clear, sound reasoning; (of an action, decision, etc.) expected or sensible under the circumstances
logically	according to the rules of logic or formal argument; in a way that shows clear, sound reasoning; in a way that is expected or sensible
M	
maintenance	the fifth stage of the diffusion of innovations model that involves the ongoing use of an innovation over time (Glanz et al. 2008); in the RE-AIM framework refers to the extent to which a program or policy becomes institutionalised or part of the routine organizational practices and policies; within the RE-AIM framework, also applies at the individual level and has been defined as the long-term effects of a program on outcomes, 6 or more months after the most recent intervention contact (RE-AIM 2017)

Term	Explanation
make decisions	select from available options; weigh up positives and negatives of each option and consider all the alternatives to arrive at a position
manipulate	adapt or change to suit one's purpose
media	the means of communication to reach large numbers of people, which includes every broadcasting and narrowcasting medium such as newspapers, magazines, TV, radio, billboards, direct mail, telephone, fax, and internet; plural of medium
mediate	a process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private), are reconciled in ways that promote and protect health (WHO 1998)
mental health	a state of wellbeing in which an individual thrives and can manage normal stresses of life, work and recreation; social, emotional and spiritual resilience, which enables people to enjoy life and survive pain, disappointment and sadness; it is a positive sense of wellbeing and an underlying belief in our own and others' dignity and worth (ACARA 2016)
mental procedures	a domain of knowledge in Marzano's taxonomy, and acted upon by the cognitive, metacognitive and self-systems; sometimes referred to as 'procedural knowledge' there are three distinct phases to the acquisition of mental procedures — the cognitive stage, the associative stage, and the autonomous stage; the two categories of mental procedures are skills (single rules, algorithms and tactics) and processes (macroprocedures)
methodical	performed, disposed or acting in a systematic way; orderly; characterised by method or order; performed or carried out systematically
mindfulness	a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique (Oxford University Press 2016)
minimal	least possible; small, the least amount; negligible
model	there are three main categories in which health models can be broadly placed — behavioural change model, self-empowerment model and collective action model; the Health inquiry model underpins the Health course of study and has other health promotion models situated within it
modify	change the form or qualities of; make partial or minor changes to something
moral disengagement	used in the social cognitive theory, people learn moral standards for self-regulation and can violate those standards through moral disengagement; ways of thinking about harmful behaviours and the people who are harmed that make infliction of suffering acceptable by disengaging self-regulatory moral standards (Glanz et al. 2008)

Term	Explanation
multimodal	uses a combination of at least two modes (e.g. spoken, written), delivered at the same time, to communicate ideas and information to a live or virtual audience, for a particular purpose; the selected modes are integrated so that each mode contributes significantly to the response
N	
narrow	limited in range or scope; lacking breadth of view; limited in amount; barely sufficient or adequate; restricted
needs	the things you must have for a satisfactory life (Cambridge University Press 2016b)
needs assessment	a systematic procedure for determining the nature and extent of health needs in a population, the causes and contributing factors to those needs and the human, organisational and community resources which are available to respond to these (Smith et al. 2006)
neuroplasticity	also called brain plasticity, neuroplasticity is the process in which your brain's neural synapses and pathways are altered as an effect of environmental, behavioural and neural changes (Study.com 2016)
non-government organisation	any non-profit, voluntary citizens' group that is organised on a local, national or international level; task-oriented and driven by people with a common interest, NGOs perform a variety of service and humanitarian functions, bring citizen concerns to governments, advocate and monitor policies, and encourage political participation through provision of information
norms	structured rules that govern the way a group is organised and maintained (Amezdroz et al. 2010)
nuanced	showing a subtle difference or distinction in expression, meaning, response, etc.; finely differentiated; characterised by subtle shades of meaning or expression; a subtle distinction, variation or quality; sensibility to, awareness of, or ability to express delicate shadings, as of meaning, feeling, or value
O	
objectives	see 'syllabus objectives', 'unit objectives', 'assessment objectives'
observational learning	used in social cognitive theory; involves learning to perform new behaviours by exposure to interpersonal or media displays of them, particularly through peer modelling; four processes govern observational learning: attention, retention, production and motivation (Glanz et al. 2008)
obvious	clearly perceptible or evident; easily seen, recognised or understood
optimal	best, most favourable, under a particular set of circumstances

Term	Explanation
optimism	the basis of optimism does not lie in positive phrases or images of victory, but in the way you think about causes; Seligman argued that there are three central dimensions which we use to interpret events in our lives: permanence versus the temporary nature of an event (later refined by Reivich to 'always or not always'); specific versus global pervasiveness of the event; and internal versus external personalisation of the event (Centre for Confidence and Well-Being 2016)
optimism bias	the tendency of individuals to underestimate the likelihood they will experience adverse events, such as car crashes
organise	arrange, order; form as or into a whole consisting of interdependent or coordinated parts, especially for harmonious or united action
organised	systematically ordered and arranged; having a formal organisational structure to arrange, coordinate and carry out activities
Ottawa Charter for Health Promotion	identifies three basic strategies for health promotion: advocacy for health to create the essential conditions for health, enabling all people to achieve their full health potential and mediating between the different interests in society in the pursuit of health; these strategies are supported by five priority action areas that are the basic tools for health promotion; in the Ottawa Charter, health promotion action means: build healthy public policy, create supportive environments for health, strengthen community action for health; develop personal skills and reorient health services (Nutbeam 1998)
outcome expectations	a psychological determinant of behaviour in social cognitive theory defined as beliefs about the likelihood of various outcomes that might result from the behaviours a person might choose to perform and the perceived value of those outcomes (Glanz et al. 2008)
outstanding	exceptionally good; clearly noticeable; prominent; conspicuous; striking
P	
partial	not total or general; existing only in part; attempted, but incomplete
particular	distinguished or different from others or from the ordinary; noteworthy
pathogenesis	the current model of disease and risk factor model; thinking pathogenically means examining the origin and treatment of disease; according to Antonovsky, the pathogenic approach is aimed at rescuing people at great expense from a raging river, without taking into consideration how they got in there and why they are not better swimmers (Antonovsky 1985)
peer group	a set of individuals who share certain common characteristics, such as age, ethnicity or interests (Amezdroz et al. 2010)

Term	Explanation
perceptive	having or showing insight and the ability to perceive or understand; discerning (see also 'discriminating')
performance	an assessment technique that requires students to demonstrate a range of cognitive, technical, creative and/or expressive skills and to apply theoretical and conceptual understandings, through the psychomotor domain; it involves student application of identified skills when responding to a task that involves solving a problem, providing a solution or conveying meaning or intent; a performance is developed over an extended and defined period of time
PERMA	an acronym for a framework or model of wellbeing put forth by a pioneer in the field of positive psychology, Martin Seligman; according to Seligman, PERMA makes up five important building blocks of wellbeing and happiness: Positive emotions — feeling good, Engagement — being completely absorbed in activities, Relationships — being authentically connected to others, Meaning — purposeful existence, and Accomplishment — a sense of achievement and success (South Australia Health & Medical Research Institute 2016)
PERMA+	an acronym for Positive Emotion, Engagement, Relationships, Meaning and Accomplishment <i>plus</i> Optimism, Physical Activity, Nutrition and Sleep (South Australia Health & Medical Research Institute 2016)
personal agency	personal agency is exercised individually, and is the process by which an individual affects what he or she can control directly; in some cases, however, direct influence is not possible (Weibell 2011)
personal skills	abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO 1998)
persuasive	capable of changing someone's ideas, opinions or beliefs; appearing worthy of approval or acceptance; (of an argument or statement) communicating reasonably or credibly (see also 'convincing')
perusal time	time allocated in an assessment to reading items and tasks and associated assessment materials; no writing is allowed; students may not make notes and may not commence responding to the assessment in the response space/book
planning time	time allocated in an assessment to planning how to respond to items and tasks and associated assessment materials; students may make notes but may not commence responding to the assessment in the response space/book; notes made during planning are not collected, nor are they graded or used as evidence of achievement
physical determinants	physical determinants of health include individual physical and psychological makeup (genetics, intergenerational, ageing and life-course influences) and biomedical factors such as body weight, blood pressure, blood cholesterol, glucose tolerance and immune status (AIHW 2014)
physiological	relating to the way in which the bodies of living things work (Cambridge University Press 2016h)

Term	Explanation
polished	flawless or excellent; performed with skilful ease
positive psychology	the scientific study of the strengths that enable individuals and communities to thrive, pioneered by Martin Seligman; the field is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves and to enhance their experiences of love, work and play (University of Pennsylvania 2016)
post-schooling transition	the Health syllabus life-course approach focuses on the post-schooling transition; the life event associated with leaving secondary schooling and entering post-secondary schooling or full-time work
precise	definite or exact; definitely or strictly stated, defined or fixed; characterised by definite or exact expression or execution
precision	accuracy; exactness; exact observance of forms in conduct or actions
predict	give an expected result of an upcoming action or event; suggest what may happen based on available information
preventive health	approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability (AIHW 2014); an important part of disease prevention is health promotion
primary data	collected by the investigator themselves for a specific purpose (Community Medicine for All Seeking Simple Explanations 2013)
primary health care	the first level of contact that individuals, families and communities have with the health care system; this incorporates personal care with health promotion, the prevention of illness and community development; includes the interconnecting principles of equity, access, empowerment, community self-determination and inter-sectoral collaboration; also encompasses an understanding of the social, economic, cultural and political determinants of health (APNA 2012)
primary sources	includes information in its most original and authentic form taken from observations, interviews, questionnaires and experiments
product	an assessment technique that focuses on the output or result of a process requiring the application of a range of cognitive, physical, technical, creative and/or expressive skills, and theoretical and conceptual understandings; a product is developed over an extended and defined period of time
proficient	well advanced or expert in any art, science or subject; competent, skilled or adept in doing or using something

Term	Explanation
project	an assessment technique that focuses on a problem-solving process requiring the application of a range of cognitive, technical and creative skills and theoretical understandings; the response is a coherent work that documents the iterative process undertaken to develop a solution and includes written paragraphs and annotations, diagrams, sketches, drawings, photographs, video, spoken presentations, physical prototypes and/or models; a project is developed over an extended and defined period of time
propose	put forward (e.g. a point of view, idea, argument, suggestion) for consideration or action
protective factors	enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk (WHO 2004)
prove	use a sequence of steps to obtain the required result in a formal way
psychological age	has both behavioural and perceptual components; behaviourally, psychological age refers to the capacities that people have and the skills they use to adapt to changing biological and environmental demands; perceptually, psychological age is based on how old people perceive themselves to be (Hutchison 2014)
psychomotor procedures	a domain of knowledge in Marzano's taxonomy, and acted upon by the cognitive, metacognitive and self-systems; these are physical procedures used to negotiate daily life and to engage in complex physical activities; the two categories of psychomotor procedures are skills (foundational procedures and simple combination procedures) and processes (complex combination procedures)
psycho-sociocultural	includes cognitive function, health behaviours, culture, media, education, employment, income, family, neighbourhood, social cohesion, government policies and resources (AIHW 2004)
purposeful	having an intended or desired result; having a useful purpose; determined; resolute; full of meaning; significant; intentional
Q	
QCE	Queensland Certificate of Education
qualitative data	are measures of 'types' and may be represented by a name, symbol, or a number code; qualitative data are data about categorical variables (e.g. what type) (ABS 2013)
quantitative data	are measures of values or counts and are expressed as numbers; quantitative data are data about numeric variables (e.g. how many; how much; or how often) (ABS 2013)
R	
reach	in the RE-AIM framework, refers to the absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program (RE-AIM 2017)

Term	Explanation
RE-AIM	a scientific method of systematically considering the strengths and weaknesses of health promotion action at multiple levels of influence through the steps of: reach — proportion/representativeness of the target population that are exposed to the option of the intervention; effectiveness or efficacy — impact including positive outcomes and negative outcomes; adoption — proportion of settings, practices and plans that are willing to use the intervention; implementation — extent to which the intervention is actioned as intended in the real world; and maintenance — extent to which the program is sustained over time (Glasgow et al. 1999)
realise	create or make (e.g. a musical, artistic or dramatic work); actualise; make real or concrete; give reality or substance to
reasonable	endowed with reason; having sound judgment; fair and sensible; based on good sense; average; appropriate, moderate
reasoned	logical and sound; based on logic or good sense; logically thought out and presented with justification; guided by reason; well-grounded; considered
recall	remember; present remembered ideas, facts or experiences; bring something back into thought, attention or into one's mind
reciprocal determinism	a key concept of social cognitive theory, which states that environmental factors influence individuals and groups, but individuals and groups can also influence their environments and regulate their own behaviour (Glanz et al. 2008)
recognise	identify or recall particular features of information from knowledge; identify that an item, characteristic or quality exists; perceive as existing or true; be aware of or acknowledge
refined	developed or improved so as to be precise, exact or subtle
reflect on	think about deeply and carefully
regional	relating to or characteristic of a region, district area or part of a country; includes towns, small cities and areas that lie beyond major capital cities
rehearsed	practised; previously experienced; practised extensively
related	associated with or linked to
relevance	being related to the matter at hand
relevant	bearing upon or connected with the matter in hand; to the purpose; applicable and pertinent; having a direct bearing on
reliable	in Health, can be trusted or believed
repetitive	containing or characterised by repetition, especially when unnecessary or tiresome
reporting	providing information that succinctly describes student performance at different junctures throughout a course of study

Term	Explanation
resilience	resilience is the ability to bounce back from adversity; it is a necessary skill for coping with life's inevitable obstacles and one of the key ingredients to success; when we apply resilience through the positive psychology lens, the learning is not only to bounce back, but to bounce forward (ReachOut 2016)
resistance resources	include physical, personal, mental, interpersonal, socio-cultural and material resources. These resources represent a person's potential; they are coping skills for constructively conquering tensions and stress (Health Promotion Switzerland 2016)
resolve	in the Arts, consolidate and communicate intent through a synthesis of ideas and application of media to express meaning
resources	the key factors that make a movement towards the ease pole of the health continuum possible; these resources can be found within people, but also in their immediate and distant environment as both material and non-material qualities (Lindström & Eriksson 2005)
respectful relationships	negotiating positive and respectful relationships, managing changing relationships, relationships and team work, respecting and valuing diversity (ACARA 2012)
risk factor	social, economic or biological status, behaviours or environments that are associated with, or cause increased susceptibility to, a specific disease, ill health or injury (WHO 1998)
river	the salutogenesis metaphor used by sociologist Anton Antonovsky represents life as a river in which everyone is a swimmer (Antonovsky 1996); health should always be attended to as a dynamic, ever-present relation between the swimmer and the water, for it is from the river that the individual develops 'resources for life'; overcoming the challenges, dangers and stressors of the river of life can therefore depend on the ability of the swimmer to recognise, gain, use and reuse these health resources in a health-promoting way (Lindström & Eriksson 2010 in McCuaig et al. 2013)
road safety	ultimately focused on vehicle collisions that occur on roads and related areas and the resulting deaths, injuries and property damage; factors considered to increase or reduce the risk of collision and injury are included such as road user behaviours, characteristics of the road environment, vehicle standards and maintenance, and how these factors interact; as a collective term, road safety describes the actions taken to address these factors, including legislation, police enforcement, public education campaigns and engineering guidelines; as a discipline, road safety pursues a systematic, evidence-based approach to understanding causes of and contributors to road crashes, the development of sound countermeasures, and the evaluation and monitoring of their success; at a personal level road safety describes how we think about our use of roads, what we perceive as risks and hazards, and how this influences our behaviour (King 2017)
routine	often encountered, previously experienced; commonplace; customary and regular; well-practised; performed as part of a regular procedure, rather than for a special reason

Term	Explanation
rudimentary	relating to rudiments or first principles; elementary; undeveloped; involving or limited to basic principles; relating to an immature, undeveloped or basic form
S	
safe	secure; not risky
salutogenesis	a term coined by sociologist Aaron Antonovsky (1979), which described an approach focusing on factors that support human health and wellbeing, rather than on factors that cause disease; in a metaphorical image, Antonovsky compared life with a dangerous river, in which we are swimming; the salutogenic intention is not to keep people from swimming in the river, but rather to search the river for dangerous spots and to improve the swimmer's skills in order to make swimming safer; strictly following the salutogenic perspective in the practice of health promotion means investing in conditions that are generally contributing to human health, and involving individuals in change processes so that they have more freedom of choice and more input as well as resistance resources (Health Promotion Switzerland 2016)
savouring	the awareness of pleasure and of giving deliberate conscious attention to the experience of pleasure; Fred B Bryant and Joseph Veroff of Loyola University identified five techniques that promote savouring: sharing with others; memory building; self-congratulation; sharpening perception; and absorption (Black Dog Institute 2012)
secondary data	data collected by someone else for some other purpose but being utilised by the investigator for another purpose (Community Medicine for All Seeking Simple Explanations 2013)
secondary sources	includes published data from books, magazines, newspapers, journals and periodicals; personnel records such as letters or diary entries; electronic data such as documentaries; government records such as surveys, records, census data and other statistical reports; and the internet
secure	sure; certain; able to be counted on; self-confident; poised; dependable; confident; assured; not liable to fail
select	choose in preference to another or others; pick out
self-concept	refers to how someone thinks about, evaluates or perceives themselves (McLeod 2008)
self-efficacy	self-efficacy refers to beliefs that individuals hold about their capacity to carry out action in a way that will influence the events that will affect their lives; self-efficacy beliefs determine how people feel, think, motivate themselves and behave (Smith et al. 2006)
self-esteem	refers to the extent to which we like accept or approve of ourselves or how much we value ourselves; self-esteem always involves a degree of evaluation, and we may have either a positive or a negative view of ourselves (McLeod 2008)

Term	Explanation
sense of coherence	is characterised by (a) comprehensibility — the degree to which a situation is predictable and explicable, (b) manageability — the availability of sufficient resources (internal and external) to meet the demands of the situation, and (c) meaningfulness — the degree to which life's demands are worthy of the investment of energy (Hill Rice 2012)
sensitive	capable of perceiving with a sense or senses; aware of the attitudes, feelings or circumstances of others; having acute mental or emotional sensibility; relating to or connected with the senses or sensation
sequence	place in a continuous or connected series; arrange in a particular order
setting (for health)	the place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing (WHO 1998)
show	provide the relevant reasoning to support a response
significant	important; of consequence; expressing a meaning; indicative; includes all that is important; sufficiently great or important to be worthy of attention; noteworthy; having a particular meaning; indicative of something
simple	easy to understand, deal with and use; not complex or complicated; plain; not elaborate or artificial; may concern a single or basic aspect; involving few elements, components or steps
simplistic	characterised by extreme simplification, especially if misleading; oversimplified
sketch	execute a drawing or painting in simple form, giving essential features but not necessarily with detail or accuracy; in mathematics, represent by means of a diagram or graph; the sketch should give a general idea of the required shape or relationship and should include features
skilful	having technical facility or practical ability; possessing, showing, involving or requiring skill; expert, dexterous; demonstrating the knowledge, ability or training to perform a certain activity or task well; trained, practised or experienced
skilled	having or showing the knowledge, ability or training to perform a certain activity or task well; having skill; trained or experienced; showing, involving or requiring skill
social age	refers to the age-graded roles and behaviours expected by society (Hutchison 2014)
social capital	the degree of social cohesion that exists in communities; it refers to the processes between people that establish networks, norms and social trust, and facilitate coordination and cooperation for mutual benefit (WHO 1998)

Term	Explanation
social cognitive theory	first known as social learning theory (Bandura 1977) and renamed social cognitive theory (Bandura 1986) when concepts from cognitive psychology were integrated; SCT is one of the most widely applied theories in health promotion, and is based on the idea that behaviour is directly correlated to self-efficacy and the result of the dynamic interplay between personal, behavioural and environmental influences; the key concepts of SCT are reciprocal determinism, outcome expectations, self-efficacy, collective efficacy, observational learning, incentive motivation, facilitation, self-regulation and moral disengagement (Glanz et al. 2008)
social cohesion	refers to the broader, intertwined features of society that may be described as: (1) the absence of latent social conflict — whether in the form of income/wealth inequality, racial/ethnic tensions, disparities in political participation or other forms of polarisation, and (2) the presence of strong social bonds — measured by levels of trust and norms of reciprocity (social capital), the abundance of associations that bridge social divisions (civil society) and the presence of institutions of conflict management (e.g. a responsive democracy, an independent judiciary and so forth) (Berkman & Kawachi 2000)
social ecological model	ecological models of health behaviour emphasise the environmental and policy contexts of behaviour, while incorporating the social and psychological influences (Glanz et al. 2008); the core concept of an ecological model is that behaviour has multiple layers of influencing factors: individual (biological, psychological), relationship (intrapersonal, social, cultural), community (organisations, media, research institutions, schools, workplaces) and societal (policy, laws, governments)
social exclusion	consists of dynamic, multidimensional processes driven by unequal power relationships interacting across four main dimensions — economic, political, social and cultural — and at different levels, including individual, household, group, community, country and global levels; it results in a continuum of inclusion/exclusion characterised by unequal access to resources, capabilities and rights, which leads to health inequalities (WHO 2016b)
social health	an ability to form satisfying interpersonal relationships with others; it also relates to an ability to adapt comfortably to different social situations, social institutions, social values and norms, and act appropriately in a variety of settings; this requires strong communication skills, empathy for others and a sense of accountability (ACARA 2016)
social justice	the ideology of social justice in Health provides a critical eye for the examination of the consistency, fairness and appropriateness of health outcomes for individuals, groups and communities; the social justice framework has three interrelated principles — diversity, equity and supportive environments (Queensland Studies Authority 2010)
social media	online social networks used to disseminate information through online social interaction (Macquarie Dictionary 2017)
social norm	a form of behaviour that is usually accepted as correct and 'proper' by the majority of the population (Amezdroz et al. 2010)

Term	Explanation
socialisation	the process by which a human being, beginning at infancy, acquires the habits, beliefs and accumulated knowledge of society through education and training for adult status
socio-critical lens	examining health topics and issues by 'questioning assumptions and power inequalities and examining social relations from an all-encompassing view' (Leahy et al. 2013)
sociocultural factors	sociocultural factors are customs, lifestyles and values that characterise a society or group; cultural aspects include concepts of beauty, education, language, law and politics, religion, social organisations, technology and material culture, values and attitudes; social factors include reference groups, family, role and status in society, time and available resources (Reference.com 2016)
solve	find an answer to, explanation for, or means of dealing with (e.g. a problem); work out the answer or solution to (e.g. a mathematical problem); obtain the answer/s using algebraic, numerical and/or graphical methods
sophisticated	of intellectual complexity; reflecting a high degree of skill, intelligence, etc.; employing advanced or refined methods or concepts; highly developed or complicated
specific	clearly defined or identified; precise and clear in making statements or issuing instructions; having a special application or reference; explicit, or definite; peculiar or proper to something, as qualities, characteristics, effects, etc.
spiritual age	indicates the current position of a person in the ongoing search for meaning, purpose and moral relationships (Hutchison 2014)
sporadic	happening now and again or at intervals; irregular or occasional; appearing in scattered or isolated instances
stakeholders	person or organisation with an interest or concern in something
stimulus	something that causes growth, activity or reaction; plural — stimuli (Cambridge University Press 2016c)
straightforward	without difficulty; uncomplicated; direct; easy to do or understand
strategy	strategy usually refers to a series of broad lines of action intended to achieve a set of goals and targets set out within a policy or program (WHO 2016a)
strengths-based approach	the strengths-based approach focuses on the capacities, competencies, visions, values and hopes of all students, regardless of their current circumstances, to optimise their health and that of others. Its foundation is the concept of salutogenesis that looks to extend preventive health to the creation of health through individual, community and societal assets (ACARA 2012)

Term	Explanation
stress	a reaction to a stimulus that disturbs our physical or mental equilibrium; in other words, it is an omnipresent part of life; a stressful event can trigger the 'fight-or-flight' response, causing hormones such as adrenaline and cortisol to surge through the body; a little bit of stress, known as 'acute stress', can be exciting — it keeps us active and alert; but long-term, or 'chronic stress', can have detrimental effects on health; you may not be able to control the stressors in your world, but you can alter your reaction to them (Psychology Today 2016)
stressor	a stressor is a demand made by the internal or external environment of an organism that upsets its homeostasis (Antonovsky 1985); stressors can be categorised with respect to locus (internal or external), duration, temporality (acute, time limited, chronic and intermittent), forecasting (predictable or unpredictable), tone (positive or negative) and impact (normative or catastrophic) (Hill Rice 2012)
structure	<i>verb</i> give a pattern, organisation or arrangement to; construct or arrange according to a plan; <i>noun</i> in languages, arrangement of words into larger units, e.g. phrases, clauses, sentences, paragraphs and whole texts, in line with cultural, intercultural and textual conventions
structured	organised or arranged so as to produce a desired result
subject	a branch or area of knowledge or learning defined by a syllabus; school subjects are usually based in a discipline or field of study (see also 'course')
subject matter	the subject-specific body of information, mental procedures and psychomotor procedures that are necessary for students' learning and engagement within that subject
substantial	of ample or considerable amount, quantity, size, etc.; of real worth or value; firmly or solidly established; of real significance; reliable; important, worthwhile
substantiated	established by proof or competent evidence
subtle	fine or delicate in meaning or intent; making use of indirect methods; not straightforward or obvious
successful	achieving or having achieved success; accomplishing a desired aim or result
succinct	expressed in few words; concise; terse; characterised by conciseness or brevity; brief and clear
sufficient	enough or adequate for the purpose
suitable	appropriate; fitting; conforming or agreeing in nature, condition, or action
summarise	give a brief statement of a general theme or major point/s; present ideas and information in fewer words and in sequence

Term	Explanation
summative assessment	assessment whose major purpose is to indicate student achievement; summative assessments contribute towards a student's subject result
superficial	concerned with or comprehending only what is on the surface or obvious; shallow; not profound, thorough, deep or complete; existing or occurring at or on the surface; cursory; lacking depth of character or understanding; apparent and sometimes trivial
supported	corroborated; given greater credibility by providing evidence
supportive environment	refers to the sociocultural, physical, political, emotional, cultural, educational, economic and social capital surroundings in which positive health outcomes are supported, maintained or promoted (Queensland Studies Authority 2010)
sustainability	the sixth stage of the diffusion of innovations model that relates to the degree to which an innovation or program of change is continued after initial resources are expended (Glanz et al. 2008)
sustained	carried on continuously, without interruption, or without any diminishing of intensity or extent
swimmer	the salutogenesis metaphor used by sociologist Anton Antonovsky represents swimmers as individuals who are all swimming in a river of life; the swimmers' skills can be enhanced so they are better equipped to encounter the 'dangerous spots' within the river (Health Promotion Switzerland 2016)
syllabus	a document that prescribes the curriculum for a course of study
syllabus objectives	outline what the school is required to teach and what students have the opportunity to learn; described in terms of actions that operate on the subject matter; the overarching objectives for a course of study (see also 'unit objectives', 'assessment objectives')
symbolise	represent or identify by a symbol or symbols
synthesise	combine different parts or elements (e.g. information, ideas, components) into a whole, in order to create new understanding
systematic	done or acting according to a fixed plan or system; methodical; organised and logical; having, showing, or involving a system, method, or plan; characterised by system or method; methodical; arranged in, or comprising an ordered system
systems	a set or series of interconnected or interdependent parts or entities (objects, organs or organisms) that act together in a common purpose or produce results impossible by action of one alone
T	
test	take measures to check the quality, performance or reliability of something

Term	Explanation
theory	a fully-developed theory explains the major factors that influence the phenomenon of interest, the relationship between the factors and the conditions under which these relationships do or do not occur (Nutbeam et al 2010) systematically organised knowledge applicable in a relatively wide variety of circumstances devised to analyse, predict or otherwise explain the nature or behaviour of a specified set of phenomena that could be used as the basis for action (Nutbeam et al. 2010)
third-person effect	proposes that individuals exposed to a media message will perceive the communication as being of more relevance to and greater influence on others than themselves; reversed third-person perceptions are when individuals have perceived the communication as being of greater relevance to themselves than others (Lewis et al. 2003)
thorough	carried out through, or applied to the whole of something; carried out completely and carefully; including all that is required; complete with attention to every detail; not superficial or partial; performed or written with care and completeness; taking pains to do something carefully and completely
thoughtful	occupied with, or given to thought; contemplative; meditative; reflective; characterised by or manifesting thought
thrive	to grow, develop or be successful (Cambridge University Press 2016d)
topic	a division of, or sub-section within a unit; all topics/sub-topics within a unit are interrelated
trajectory	a long-term pattern of stability and change that usually involves multiple transitions across the life-course (Hutchison 2014)
transcendence	when individuals realise their talents and potential, there is a desire to help others reach theirs; in doing so, they connect with something beyond the ego and experience states beyond normal human consciousness, taking things to another level of being (Conscious Aging Institute 2013)
transition	a change in roles and statuses that represents a distinct departure from prior roles and statuses (Hutchison 2014)
turning point	a turning point is a life event or transition that produces a lasting shift in the life-course trajectory (Hutchison 2014)
U	
unclear	not clear or distinct; not easy to understand; obscure
understand	perceive what is meant by something; grasp; be familiar with (e.g. an idea); construct meaning from messages, including oral, written and graphic communication
uneven	unequal; not properly corresponding or agreeing; irregular; varying; not uniform; not equally balanced
unfamiliar	not previously encountered; situations or materials that have not been the focus of prior learning experiences or activities

Term	Explanation
unit	a defined amount of subject matter delivered in a specific context or with a particular focus; it includes unit objectives particular to the unit, subject matter and assessment direction
unit objectives	drawn from the syllabus objectives and contextualised for the subject matter and requirements of a particular unit; they are assessed at least once in the unit (see also 'syllabus objectives', 'assessment objectives')
unrelated	having no relationship; unconnected
use	operate or put into effect; apply knowledge or rules to put theory into practice
V	
vague	not definite in statement or meaning; not explicit or precise; not definitely fixed, determined or known; of uncertain, indefinite or unclear character or meaning; not clear in thought or understanding; couched in general or indefinite terms; not definitely or precisely expressed; deficient in details or particulars; thinking or communicating in an unfocused or imprecise way
valid	sound, just or well-founded; authoritative; having a sound basis in logic or fact (of an argument or point); reasonable or cogent; able to be supported; legitimate and defensible; applicable
variable	<i>adjective</i> apt or liable to vary or change; changeable; inconsistent; (readily) susceptible or capable of variation; fluctuating, uncertain; <i>noun</i> in mathematics, a symbol, or the quantity it signifies, that may represent any one of a given set of number and other objects
variety	a number or range of things of different kinds, or the same general class, that are distinct in character or quality; (of sources) a number of different modes or references
W	
wealth	a large amount of money or valuable possessions that someone has; a large amount of something good (Cambridge University Press 2016e)
wellbeing	wellbeing relates to a sense of satisfaction and happiness, effective social functioning and the dispositions of optimism, openness, curiosity and resilience (ACARA 2012)
wellness	wellness is the optimal state of health of individuals and groups; there are two focal concerns: the realisation of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfilment of one's role expectations in the family, community, place of worship, workplace and other settings (Smith et al. 2006)
wide	of great range or scope; embracing a great number or variety of subjects, cases, etc.; of full extent

Term	Explanation
with expression	in words, art, music or movement, conveying or indicating feeling, spirit, character, etc.; a way of expressing or representing something; vivid, effective or persuasive communication
written features	written features include conventional spelling and punctuation

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8 Version history

Version	Date of change	Update
1.1	June 2017	Minor amendments to ISMGs
1.2	June 2018	IA1: Investigation — action research <ul style="list-style-type: none"> • ISMG change in the recognising and comprehending criterion 5–6 performance level
		IA2: Examination — extended response <ul style="list-style-type: none"> • item specification amendment • condition amendment • ISMG change in the recognising and comprehending criterion 3–4 performance level
		IA3: Investigation — analytical exposition <ul style="list-style-type: none"> • ISMG change in the recognising and comprehending criterion 3–4 performance level
		Summative external assessment <ul style="list-style-type: none"> • description, objectives and specifications amended to improve usability.

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Queensland Curriculum & Assessment Authority
PO Box 307 Spring Hill QLD 4004 Australia
154 Melbourne Street, South Brisbane

Phone: (07) 3864 0299

Email: office@qcaa.qld.edu.au

Website: www.qcaa.qld.edu.au