



UNSW
A U S T R A L I A

Arts & Social
Sciences

School of Education

and the Centre for Social Research in Health

EDST2093

**Health in Schools and other Educational
Settings: An Integrated Approach**

Semester 2

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IMPORTANT:

For student policies and procedures relating to assessment, attendance and student support, please see <https://education.arts.unsw.edu.au/students/courses/course-outlines/>

We acknowledge the Bedegal and Gadigal people as the traditional custodians of the lands upon which we learn and teach.

1. LOCATION

Faculty of Arts and Social Sciences
School of Education
EDST2093 Health in Schools and other Educational Settings: An Integrated Approach (6 units of credit)
Semester 2, 2016

2. STAFF CONTACT DETAILS

Course Coordinator: Peter Aggleton
Office Location: John Goodsell 303
Email: p.aggleton@unsw.edu.au
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Availability: By appointment

Other Teaching Staff: Joanne Bryant
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3. COURSE DETAILS

Course Name	Health in Schools and other Educational Settings: An Integrated Approach
Credit Points	6 units of credit (uoc)
Workload	Includes 150 hours including class contact hours, readings, class preparation, assessment, follow up activities, etc.
Schedule	This course uses a combined lecture/tutorial format with a weekly 2.5 hour class scheduled over 12 weeks (weeks 1-12). Each week includes interactive lecture presentations and group tutorial activities. Wednesday 13:30 – 16:00, Valentine Annexe 121 (Wk 1-9, 10-12)

Summary of Course

The focus of this course is on health and well-being in schools: the nature and practice of health education; its relationship to health promotion and pupil/staff well-being; its affinity with subjects such as personal and social development and physical education; its strengths and limitations in promoting health and health behaviour change; the teacher's role in health education; the role of other professionals (e.g. the school nurse and community educators); and key health education topics (including diet, exercise, smoking, alcohol consumption, drug and substance use, mental health and sexual health). The course will address models, theories, and approaches that offer the basis for high quality educational practice that contributes to health and well-being.

In response to student feedback in 2015, the main ways in which the course has changed are as follows:

- There has been an increase in the blending learning dimensions of the course, with online activities set each week in Moodle to more meaningfully link weekly readings with in-class activities
- Assessment structure have been adjusted to reduce five small 'Critical Reflection Activities' into one longer 'Critical Review', to support students in building skills in both critical thinking and literature reviewing in areas relevant to the topic of Health in Schools
- A longer break time has been created in the middle of the intensive teaching session each week, to ensure students can engage in deep learning required during lectures and participation activities

Aims of the Course

This course aims to:

1. provide students with an overview of concepts of health, illness and disease: including different definitions and approaches; the relationship between health and well-being; health as a process of 'becoming'; health as a positive attribute;
2. provide students with an introduction to health education, its relationship to health promotion and well-being, and its theory and practice in schools across subject areas [and related educational settings]
3. offer students insight into the key topics and approaches that characterise a health education approach, the role of teachers and other professionals in undertaking health education, and the outcomes that might reasonably be expected from different models of health education
4. develop students' capacity to understand and apply relevant concepts across a range of school [and related contexts] in which health education can take place

Student Learning Outcomes

On completion of the course, the successful student will be able to:

Outcome		Assessment/s
1	Demonstrate a critical appreciation of key issues in health, health education and related forms of health promotion, including a clear understanding of health and well-being, different models of health education and their strengths and limitations	1, 2
2	Employ research-based strategies to justify the application of health education approaches to addressing particular issues in schools and related educational settings	1, 2, 3
3	Design a small-scale health education activity or program for implementation in school or related educational context, which is evidence informed, and which uses best practice to support effective teaching and learning	3
4	Evaluate the strengths and limitations of different approaches to the promotion of health and well-being in schools and related educational settings	1, 3

Program Learning Outcomes (AITSL Professional Graduate Teaching Standards)

Standard		Assessment/s
1.3	Demonstrate knowledge of teaching strategies that are responsive to the learning strengths and needs of students from diverse linguistics, cultural, religious and socioeconomic backgrounds	1, 2, 3

3.6	Demonstrate broad knowledge of strategies that can be used to evaluate teaching programs to improve student learning	3
4.1	Identify strategies to support inclusive student participation and engagement in classroom activities	1, 3
4.4	Describe strategies that support students' well-being and safety working within school and/or system, curriculum and legislative requirements	1, 2, 3
7.4	Understand the role of external professional and community representatives in broadening teachers' professional knowledge and practice	2

4. RATIONALE FOR THE INCLUSION OF CONTENT AND TEACHING APPROACH

The Australian Curriculum recognises the important role schools play in the promotion of health and well-being. Health and Physical Education are seen as offering opportunities for 'experiential learning, with a curriculum that is relevant, engaging, contemporary, physically active, enjoyable and developmentally appropriate'.¹ Through Health and Physical Education, students develop 'the knowledge, understanding and skills to support them to be resilient, to develop a strong sense of self, to build and maintain satisfying relationships, to make health-enhancing decisions in relation to their health and physical activity participation, and to develop health literacy competencies in order to enhance their own and others' health and wellbeing'.²

But health education in schools [and related education contexts] is not the sole responsibility of specialist Health and Physical Education teachers. All teachers have a responsibility for ensuring schools offer a healthy environment for growth and development, and which supports the attainment of both health and education goals. In States and Territories across Australia, a variety of 'healthy promoting' and 'healthy schools' programs have been implemented. By far the majority of these programs adopt an integrated 'whole-school' approach, in which every teacher is seen as having a role to play. There are numerous opportunities in Science, English, Civics and Citizenship, as well as in music, drama and the arts to promote concern for health. Many schools have established partnerships with local health authorities and community groups to further these goals. This course will provide a research-informed introduction to these and related issues, ensuring that students develop a sound appreciation of the strengths and limits of health education.

5. TEACHING STRATEGIES

- small group cooperative learning to understand the importance of participation and teamwork in an educational context and to demonstrate the use of group structures as appropriate to address teaching and learning goals;
- explicit teaching including lectures, tutorials, formal presentations and a range of teaching strategies to foster interest and support learning;
- structured occasions for reflection on learning to allow students to reflect critically on key issues discussed;
- extensive opportunities for whole group and small group dialogue and discussion, allowing students the opportunity to demonstrate their capacity to communicate

These activities will occur in a climate that is supportive and inclusive of all learners.

¹ <http://www.acara.edu.au/hpe.html>

² <http://www.acara.edu.au/hpe.html>

6. COURSE CONTENT AND STRUCTURE

Please note that all readings and pre-activities will be outlined on Moodle.

Week 1 (25 July): Introduction to health, health education and health promotion

This week, we will be exploring what health means. We will focus in particular on different definitions of health (personal, cultural and professional), and how these vary from place to place, from culture to culture, and over time. We will also look at the difference between illness and disease, and between disease and dis-ease (i.e. not being at ease with oneself or one's situation). We will see how different definitions and understandings have implications for the ways in which people organise and run their lives. Finally, we will begin to explore what teachers and others can do to help people live healthier lives and the important role of health education and health promotion.

Week 2 (1 August): Approaches to promoting health in schools and other educational settings

This week, we will look at different ways of promoting health and the important role of health education within these. A number of different models of health promotion and health education will be described, some of which are more empowering than others. We will examine the importance of social and environmental factors such as poverty, culture and context on health, as well as the role of public policy in promoting health. Links between education and health services will be examined as an effective way of making 'healthy choices easier choices', although barriers to service alignment, co-location and co-ordination will also be explored.

Week 3 (8 August): Promoting social and emotional well-being

This week, we begin our examination of health issues by looking at social and emotional health. How a school or educational institution is organised is important in influencing what learners feel about that space and themselves. It also has important consequences for the learning that does, or does not, take place within it. Schools, colleges, universities and their cultures can be warm, welcoming and supportive. They can also be places where some people feel frightened, where others are bullied (physically and/or emotionally), and where not everyone feels at home. Reducing disaffection and promoting social inclusion are important aspects of the teacher's role. We focus in on these issues, and the strategies that can be adopted, through a focus on gender and sexual diversity in schools, drawing on recent research here in Australia and further afield.

Week 4 (15 August): Promoting physical health

This week, we turn our attention to the role of 'bodies' in health; the first of three weeks exploring health promotion in relation to the embodied practices of movement, nutrition and sexual health. Physical activity is a major priority for public health, and schools are recognised as critical for encouraging participation in sport and other activities, and developing exercise and self-care habits in young people that will extend into adulthood. However, research also reveals the barriers that exist to changing everyday health practices, including gender and cultural norms, as well as the potential for unintended consequences of promoting fitness and sports participation among young people. Strategies for promoting a 'body-positive culture' in physical activity education will be debated, and will prepare us for examining these issues further in relation to healthy eating education in week 5.

Reflection Essay (Assessment 1) due Monday 22 August

Week 5 (22 August): Promoting healthy eating

This week, we extend our examination of concepts relating to healthy bodies by focusing on the highly contested field of nutrition. While food security (access to affordable, nutritious food) is a human right, and essential to health, the most public controversies relating to food in Australia are typically those associated with 'problematic' eating practices, such as over-eating and eating disorders. In the interest of challenging the moralistic and value-based implications of these concepts, this week's topic will explore how schools can contribute to the promotion of healthy eating in young people. We will review a range of contemporary

approaches to understanding and influencing 'obesity' and 'disordered' eating practices, and explore the complexities of engaging young people in relation to these issues in schools.

Week 6 (29 August): Promoting sexual health

This week we turn to sexual health, the last of our three weeks on bodies and health. The sexual health of young people can be unhelpfully reduced to matters concerning only the prevention of unwanted pregnancies and sexually transmitted infections. While incorporating these important activities, sexual health promotion is more broadly concerned with achieving positive and satisfying experiences in sexuality and sexual relationships, and accepting and supporting diversity in sexual practices and identities. This week we seek to expand our understanding of what sexual health promotion for young people comprises, both in terms of the concepts that underpin specific activities in this field, and the innovative approaches to engaging young people which are being developed in sexual health education.

Week 7 (5 September): Sex and relationships education in school and beyond

This week, we take our work on promoting sexual health one step further by examining one of the most contentious areas in school health education: sex and relationships education (SRE). We will begin by locating school-based SRE as a fundamental component of sexual health promotion but move from this to consider two areas of debate where science and what might be described as 'strongly held beliefs' have come into conflict. The first of these concerns the kinds of school-based SRE that have proved most effective in promoting reductions in STIs, teenage pregnancy and HIV among young people: abstinence only education versus comprehensive SRE. We will also examine evidence on the effectiveness of virginity pledges, a strategy much promoted in the USA. After this we will turn our attention to some of the more informal ways in which students learn about sex and relationships in school: through 'sexting' and other forms of social media.

Week 8 (12 September): Tobacco

This is the first of three weeks examining issues relating to drugs and alcohol. We will begin with a focus on one 'licit' or legal drug – tobacco – that has been the target of much health education and public health intervention in the last 40-50 years. We will begin by looking at some of the epidemiological and other evidence to better understand who smokes and why. We will then be introduced to the policy framework – Harm Minimisation – that many governments, including the Australian government, uses to prevent harmful drug and alcohol use. In later weeks, we will see how this framework is applied somewhat differently to illegal drugs, and begin to think critically about why this might be. Finally, in this first of three sessions, we will explore the role of teachers and schools in educating young people and minimising the harms attached to tobacco smoking.

Critical Review (Assessment 2) due Monday 19 September

Week 9 (19 September): Drugs and Alcohol

This week we will continue our examination of drugs and alcohol: first by looking at another 'licit' drug- alcohol - and then by beginning our examination of illicit or illegal drug use (drugs like cannabis, ecstasy, methamphetamine, etc). We will see how drug and alcohol use is most prevalent among young people, but that their use of drugs and alcohol is not always harmful. We will think about how drug and alcohol use can be understood as a social practice associated with 'coming of age' and identity building. We will revisit the Harm Minimisation framework we encountered last week to see how alcohol and drugs are treated differently within this framework, at government level and also in schools, and why this might be.

Mid-semester break

Week 10 (3 October): Risk elimination or harm reduction?

In this final week on the topic of drugs and alcohol, we will focus on a prominent social debate about substance use: whether effort should be focussed on eliminating drug use altogether or whether we should accept that some drug use will happen and try to reduce the harms associated with it. We will examine the evidence for each side of the argument and learn about the ideological and moral underpinnings of each.

Week 11 (10 October): Towards a whole-school approach

This week we will return to one of the most enduring themes of the course: namely, the importance of schools adopting a coherent cross-curricular, values-based approach to the work they do to promote well-being and health. Such an approach builds on the idea that promoting health is 'everyone's business' and is not just the responsibility of teachers of personal development, health and physical education. It also has a starting point in the idea that every key learning area provides opportunities to promote health and well-being. The success of whole-school approaches is heavily dependent on a clear set of values articulated by members of the school senior management team, and acted upon by all teachers and learners in school.

Week 12 (17 October): From health promoting schools to 'healthy schools'

In this final week of the course, we will extend our discussion of whole-school approaches to engage with the idea of the 'healthy school'. The idea of the healthy school is a relatively new one. It recognises the important role played by schools in promoting health and education goals, but moves beyond addressing health as a discrete set of topics (tobacco, alcohol, mental health, sexual health) through the curriculum to offer a more encompassing approach. Building on the importance of values discussed in week 11, this approach sees schools as 'nested' in broader structures and relationships: with parents, with communities, with local health, with youth and social services, and so on. Healthy schools are therefore catalysts and settings for linking people together to promote well-being and health: both within the school itself and well beyond. Extending from this, however, their work contributes to important educational goals – of excellence, attainment and inclusion – preparing children and young people to become the educated, involved and caring adults of the future that Australia needs.

Health Integration Plan (Assessment 3) due Monday 24 October

7. ASSESSMENT

Assessment Task	Length	Weight	Student Learning Outcomes Assessed	Program Learning Outcomes Assessed	Due Date
Assessment 1 Reflection Essay	1,500 words	30%	1,2,4	1.3, 4.1, 4.4	Week 4 (Monday 22 August)
Assessment 2 Critical Review	1,500 words	30%	1,2,4	1.3, 4.4, 7.4	Week 8 (Monday 19 September)
Assessment 3 Health Integration Plan	2,500 words	40%	2,3,4	1.3, 3.6, 4.1, 4.4	Week 12 (Monday 24 October)

Students are required to follow their lecturer's instructions when submitting their work for assessment. All assessment will be submitted online via Moodle by 5pm. Student no longer need to use a cover sheet. Students are also required to keep all drafts, original data and other evidence of the authenticity of the work for at least one year after examination. If an

assessment is mislaid the student is responsible for providing a further copy. Please see the Student Policies and Procedures for information regarding submission, extensions, special consideration, late penalties and hurdle requirements etc.

Assessment Details

Students are expected to read the assigned readings, and to attend at least 80% of the weekly classes.

Please check Moodle for additional information and guidance regarding each of the set assessment activities, as what follows below is an overview only and does not provide all the information you will require to complete these activities satisfactorily.

Assessment 1 – Reflection Essay (30%)

Students will reflect upon their own school experience and ways in which health was (or was not) promoted through education. They will then describe how their past teacher(s) could have been more constructive and health promoting in their approach, using current literature to back up their suggestions.

Assessment 2 – Critical Review (30%)

Students will read, reflect on and develop a critical review of two published papers (the first with a research/empirical focus and the second with a policy- or practice-orientation) on a selected health issue or topic that can be addressed in a school and/or educational setting. The critical review should identify points of agreement and disagreement between the two papers in the ways in which they propose addressing the issue, and the kinds of activities that could be implemented in schools (or another identified educational setting) to address the health issue or concern.

Assessment 3 – Health Integration Plan (40%)

This is the final assessment. Students will apply the knowledge they gained in the course and from their own research to devise a health integration plan. This plan will demonstrate how students will incorporate and promote health in their daily lives, with a focus on education in their chosen fields. The plan should include reference to the student's individual beliefs and philosophy; the approach adopted; elements of theory and research that support the approach taken; curriculum and pedagogy, procedures and routines, and so on.

UNSW SCHOOL OF EDUCATION
EDST2093 HEALTH EDUCATION IN SCHOOLS AND OTHER EDUCATIONAL SETTINGS
FEEDBACK SHEET

Student Name:

Student No.:

Assessment Task: Reflection Essay

SPECIFIC CRITERIA	(-) (+)					
Understanding of the question or issue and the key concepts involved <ul style="list-style-type: none"> • understanding of the task and its relationship to relevant areas of theory, research and practice • clarity and accuracy in use of key terms and concepts of health 	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>					
Depth of analysis and/or critique in response to the task <ul style="list-style-type: none"> • depth of understanding of key principles, concepts and issues on health topics explicitly raised during the course and in your follow up readings. • depth of analysis of specific strengths and weakness of theories and strategies regarding health, and reasons for the inclusion of each resource • clarity and depth of implications/recommendations for improvement 	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>					
Familiarity with and relevance of professional and/or research literature used to support response <ul style="list-style-type: none"> • range of research and professional literature on health; resources are current and relevant 	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>					
Structure and organization of response <ul style="list-style-type: none"> • appropriateness of overall structure of response • clarity and coherence of organisation, including use of numbering, referencing 	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>					
Presentation of response according to appropriate academic and linguistic conventions <ul style="list-style-type: none"> • clarity, consistency and appropriateness of conventions for quoting, paraphrasing, attributing sources of information, and listing references • clarity and appropriateness of sentence structure, vocabulary use, spelling, punctuation and word length 	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>					
GENERAL COMMENTS/RECOMMENDATIONS FOR NEXT TIME						

Lecturer

Date

Recommended: /20 (FL PS CR DN HD)

Weighting: 30%

NB: The ticks in the various boxes are designed to provide feedback to students; they are not given equal weight in determining the recommended grade. Depending on the nature of the assessment task, lecturers may also contextualize and/or amend these specific criteria. **The recommended grade is tentative only, subject to standardisation processes and approval by the School of Education Learning and Teaching Committee.**

UNSW SCHOOL OF EDUCATION
EDST2093 HEALTH EDUCATION IN SCHOOLS AND OTHER EDUCATIONAL SETTINGS
FEEDBACK SHEET

Student Name:

Student No.:

Assessment Task: Critical Review

SPECIFIC CRITERIA	(-) → (+)				
Understanding of the question or issue and the key concepts involved <ul style="list-style-type: none"> • understanding of the task and its relationship to relevant areas of theory, research and practice • clarity and accuracy in use of key terms and concepts of health, health education and health promotion 					
Depth of analysis and/or critique in response to the task <ul style="list-style-type: none"> • depth of understanding of key principles, concepts and issues on the health issue or topic selected for analysis and critical review • depth of analysis of strengths and weakness of theories and strategies regarding health, and reasons for the inclusion of each resource • clarity and depth of implications/recommendations for implementation in an educational context 					
Familiarity with and relevance of professional and/or research literature used to support response <ul style="list-style-type: none"> • range of research and professional literature on health education; resources are current and relevant 					
Structure and organization of response <ul style="list-style-type: none"> • appropriateness of overall structure of response • clarity and coherence of organisation, including use of numbering, referencing 					
Presentation of response according to appropriate academic and linguistic conventions <ul style="list-style-type: none"> • clarity, consistency and appropriateness of conventions for quoting, paraphrasing, attributing sources of information, and listing references • clarity and appropriateness of sentence structure, vocabulary use, spelling, punctuation and word length 					
GENERAL COMMENTS/RECOMMENDATIONS FOR NEXT TIME					

Lecturer

Date

Recommended: /20 (FL PS CR DN HD)

Weighting: 30%

NB: The ticks in the various boxes are designed to provide feedback to students; they are not given equal weight in determining the recommended grade. Depending on the nature of the assessment task, lecturers may also contextualize and/or amend these specific criteria. **The recommended grade is tentative only, subject to standardisation processes and approval by the School of Education Learning and Teaching Committee.**

UNSW SCHOOL OF EDUCATION
EDST2093 HEALTH EDUCATION IN SCHOOLS AND OTHER EDUCATIONAL SETTINGS
FEEDBACK SHEET

Student Name:

Student No.:

Assessment Task: Health Integration Plan

SPECIFIC CRITERIA	(-) \longrightarrow (+)				
Understanding of the question or issue and the key concepts involved <ul style="list-style-type: none"> • understanding of the task and its relationship to relevant areas of theory, research and practice • clarity and accuracy in use of key terms and concepts of health 					
Depth of analysis and/or critique in response to the task <ul style="list-style-type: none"> • depth of understanding of key health principles, concepts and theories explicitly raised during the course and in your follow up readings. • depth of analysis of personal health philosophy and the theories/systems that underpin this philosophy • clarity and depth of actual health integration plan 					
Familiarity with and relevance of professional and/or research literature used to support response <ul style="list-style-type: none"> • range of research and theories on health topics to support response 					
Structure and organization of response <ul style="list-style-type: none"> • appropriateness of overall structure of response • clarity and coherence of organisation, including use of section headings and summaries to enhance readability. 					
Presentation of response according to appropriate academic and linguistic conventions <ul style="list-style-type: none"> • clarity, consistency and appropriateness of conventions for quoting, paraphrasing, attributing sources of information, and listing references • clarity and consistency in presenting tables and diagrams • clarity and appropriateness of sentence structure, vocabulary use, spelling, punctuation and word length 					
GENERAL COMMENTS/RECOMMENDATIONS FOR NEXT TIME					

Lecturer

Date

Recommended: /20 (FL PS CR DN HD)

Weighting: 40%

NB: The ticks in the various boxes are designed to provide feedback to students; they are not given equal weight in determining the recommended grade. Depending on the nature of the assessment task, lecturers may also contextualize and/or amend these specific criteria. **The recommended grade is tentative only, subject to standardisation processes and approval by the School of Education Learning and Teaching Committee.**

Feedback

Assessment Task	Feedback Mechanism	Feedback Date
Assessment One (Reflection Essay)	Written	On or before Monday 12 September
Assessment Two (Critical Review)	Written	On or before Monday 10 October
Assessment Three (Health Integration Plan)	Written	On or before Monday 14 November

8. RESOURCES

Required Readings

Details of the required readings will be posted in Moodle each week.

The main textbook for the course is:

Aggleton, P., Dennison, C. & Warwick, I (eds.) (2010) *Promoting Health and Wellbeing through Schools*. London, Routledge.

Further Readings

Below are links to resources which may be helpful for engaging with the content of this course.

Leahy, D., Burrows, L., McCuaig, L., Wright, J. and Pinney, D. (2016) *School Health Education in Changing Times: Curriculum, pedagogies and partnerships*. London, Routledge.

Better Schools through Health

http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/vilnius_resolution.pdf

Healthy Students are Better Learners

http://www.equitycampaign.org/i/a/document/12557_equitymattersvol6_web03082010.pdf

State and Territory resources available at

<http://www.ahpsa.org.au/category/resources/state-resources/>