# ECH 130: Health and Wellbeing

## Lecture 1- Concepts in health

**Approaches Regarding Health Reforms**
- Neoliberalism → arguments relate to individualism, privatisation and decentralisation, individuals should be allowed to make choices about their health care and health risks eg. Individuals should be able to read food labels and make decisions eg. Nanny state campaign- against plain label packaging for smokers, if I want to smoke that's my individual choice
- Social justice Approaches → community based and often government led, it is assumed that the role of government is to make sound policy to prevent and treat illness eg. Government ban specific products from being imported due to health risks rather than allowing individuals to make that choice eg. For plain label packaging for smokers to decrease smoking rates

**Problems with approaches**
- Social justice → individuals feel their freedom is taken away, business and other agencies such as schools often enforce compliance at a cost
- Neo-liberalist → assumes it is easy to make appropriate health choices, assume s adults can make choices for children

**Who is responsible?**
- Constant conflict about who should take responsibility for health. Promotion of food products is an example:
    - Health advocates often argue for general government regulation. Eg. Most would argue for no advertising during children's TV viewing time (which occurs primarily during adult shows in the early evening eg. Masterchef, not in childrens timeslots)
    - Some argue that is it a parental responsibility, not the role of the government
    - Some argue that schools and childcare should be more proactive, in particular associating junk food with fund raising and selling junk food in school canteens is a problem
    - Whatever the decision, it is important that children are educated about making good food choices, they are not passive recipients

**Current health crises**
- Asthma
- Allergies
- Obesity and inactivity
- Anxiety
- Depression
- Cardiovascular disease
- Type 2 Diabetes

**At risk populations (children)**
- Indigenous children
- Children with special needs
- Children of parents with drug dependency problems
- Children of parents with mental illness
- Children born prematurely
- Children living in poverty

**Prevention, Intervention, Treatment, Cure**
- Prevention → can be at an individual or population level eg. I may be at risk of receiving 'whooping cough', but I work with infants who are at risk so by getting the vaccination I am preventing the spread
- Interventions → sometimes are for individuals, but can often be classwide or schoolwide, many interventions are fun for everyone not just those at risk eg. Some interventions for coping with stress involving play
- Treatments → tend to be individually based and often monitored by a clinician
- Cure → some illnesses are cured, but for many illnesses the severity of the symptoms is lowered, be wary of proposed cures in areas such as autism

**Worldwide Health Organisation Approach**
- Socio-ecological approach (upward) → broader policy framework that shape economic, social and physical environments
- Lifestyle approach (midstream) → policies that directly influence behaviour/lifestyle
- Health services approach (downward) → policies that support health services and clinical interventions

**Government guidelines**
- Government guidelines are usually research based and developed by expert panels, they change in response to changes in research eg. Increases in minimum amount of physical activity recommended- in response to increasingly sedentary behaviours
- If in doubt use promotion material from government sources, not the industries that make profits from the products

**Public health experts VS industry**
- Public health experts will generally lobby for government based interventions such as taxes, restrictions and prohibition
- Industries often involved in manufacture or distribution of health damaging products will often push for self regulation and education to support individual choice

**Health at home VS health in child care/schools**
- Family germs are different to community germs- It is important to teach children about the differences between what we do at day care an what we do at home

- Our hygiene practices at home do not need to be as stringent as they are in community settings
- The younger the age group you are working with, the more vigilant you need to be about hygiene, infectious disease spread easily in settings with large numbers of infants

**Ethical issues**
- Not allowing children to attend child care when unwell
- Not allowing enrolment of children who are not immunised
- Fund raising through sale of chocolate or canteen junk food
- Banning certain foods due to allergies of individual children eg. Nut allergies

## Lecture 2- Changing health concepts

**Changes over time**
- Birth rates
  - 1901: 3.5 children per female
  - now: less than 2
  - change: due to increase in contraception
- Maternal mortality at birth
  - 1901: 7.2%
  - now: less than 1 per thousand
  - change: increase in medical technology
- Infant mortality in first year
  - 1901: 11%
  - now: less than 0.5%
- Killers for children
  - 1901: pneumonia, tuberculosis
  - now: accidents
- Common problems for children
  - 1901: gastroenteritis, malnourishment
  - now: asthma, obesity, diabetes, anxiety

**Changes in physical health due to changes in:**
- vaccination
- anti smoking campaigns
- medical drugs
- better education

**Changes in attitudes about:**
- breastfeeding
- childbirth
- interventions
- medicines
- cleanliness
- circumcision