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Health issues affect individuals and communities across the globe, and New Zealand is no exception. From the perspective of both patients and healthcare professionals, this article aims to provide a detailed analysis of the top 20 common health issues in New Zealand, offering insights into their causes, impacts, and possible preventive measures. 1. Obesity Causes: The increasing prevalence of obesity in New Zealand can be attributed to poor dietary habits, sedentary lifestyles, and genetic factors. Impacts: Obesity leads to a range of serious health conditions, including diabetes, heart disease, and certain types of cancer. Preventive Measures: Encouraging regular physical activity, promoting healthy eating habits, and raising awareness about the negative impacts of obesity can help prevent and manage this condition. 2. Mental Health Causes: Mental health disorders can have various causes, including genetic predisposition, traumatic experiences, and environmental factors. Impacts: Poor mental health can significantly affect an individual's quality of life, leading to issues such as depression, anxiety, and substance abuse. Preventive Measures: Developing supportive networks, early intervention strategies, and promoting mental health education can help prevent and manage mental health issues. 3. Cardiovascular Disease Causes: Contributing factors to cardiovascular disease in New Zealand include smoking, high blood pressure, high cholesterol levels, and obesity. Impacts: Cardiovascular diseases, such as heart attacks and strokes, are leading causes of death in New Zealand. Preventive Measures: Promoting healthy lifestyles, regular exercise, smoking cessation programs, and regular cardiovascular health check-ups can help prevent and manage these conditions. 4. Diabetes Causes: Type 2 diabetes, the most common form in New Zealand, is primarily caused by unhealthy eating habits, sedentary lifestyles, and genetic factors. Impacts: Diabetes can result in serious complications, including heart disease, kidney damage, and vision impairment. Preventive Measures: Encouraging healthy eating, regular physical activity, and early diabetes screenings can play a vital role in preventing and managing this condition. 5. Cancer Causes: Cancer's causes are multifactorial and can include genetic predisposition, exposure to carcinogens, and lifestyle factors such as smoking and excessive sun exposure. Impacts: Cancer is one of the leading causes of mortality in New Zealand, causing significant morbidity and mortality across various age groups. Preventive Measures: Promoting healthy lifestyles, regular cancer screenings, and raising awareness about risk factors can contribute to the prevention and early detection of cancer. 6. Respiratory Diseases Causes: Respiratory diseases in New Zealand are caused by factors such as smoking, exposure to environmental pollutants, and respiratory infections. Impacts: Respiratory diseases, including asthma and chronic obstructive pulmonary disease (COPD), significantly impact the quality of life and can be life-threatening. Preventive Measures: Smoking cessation programs, reducing exposure to pollutants, and early treatment of respiratory infections can help prevent and manage these conditions. 7. Musculoskeletal Disorders Causes: Musculoskeletal disorders in New Zealand can arise from factors such as poor ergonomics, physical trauma, and repetitive strain injuries. Impacts: These disorders can cause chronic pain, reduced mobility, and disability, affecting an individual's ability to perform daily activities. Preventive Measures: Promoting proper ergonomics, workplace safety measures, and regular exercise can help prevent and manage musculoskeletal disorders. 8. Substance Abuse Causes: The causes of substance abuse can include genetic predisposition, environmental factors, and personal circumstances such as stress or trauma. Impacts: Substance abuse can lead to addiction, physical and mental health problems, and social and economic complications. Preventive Measures: Raising awareness about the risks of substance abuse, promoting accessible treatment options, and providing support networks can help prevent and address this issue. 9. Infectious Diseases Causes: Infectious diseases can spread through various means, including person-to-person contact, contaminated food or water, and vectors like mosquitoes. Impacts: These diseases can cause significant morbidity and mortality, resulting in outbreaks and public health emergencies. Preventive Measures: Vaccination programs, hygiene promotion, and early detection and treatment strategies are crucial in preventing the spread and impact of infectious diseases. 10. Oral Health Causes: Poor oral hygiene, unhealthy dietary habits, and lack of access to dental care contribute to oral health issues in New Zealand. Impacts: Oral health problems can lead to tooth decay, gum diseases, and systemic health issues such as cardiovascular disease. Preventive Measures: Promoting oral hygiene practices, regular dental check-ups, and improving access to affordable dental care can help maintain good oral health. 11. Eye Health Causes: Eye health issues in New Zealand can arise from factors such as age-related degeneration, genetics, and eye injuries. Impacts: Eye conditions, including cataracts and age-related macular degeneration, can lead to visual impairments and reduced quality of life. Preventive Measures: Regular eye exams, eye safety measures, and public awareness campaigns on eye health can contribute to early detection and prevention of eye-related problems. 12. Rheumatic Disorders Causes: Rheumatic disorders, such as arthritis, can have genetic components, autoimmune factors, and can be influenced by lifestyle factors such as obesity. Impacts: These disorders can cause chronic pain, joint deformities, and reduced mobility, affecting an individual's daily activities and overall well-being. Preventive Measures: Encouraging regular exercise, weight management, and early intervention strategies can help prevent and manage rheumatic disorders. 13. Allergies Causes: Allergies can be caused by a range of factors, including genetic predisposition, environmental allergens, and exposure to certain substances. Impacts: Allergies can cause mild to severe symptoms, affecting the respiratory system, skin, and overall well-being of individuals. Preventive Measures: Identifying allergens, avoiding exposure, and providing appropriate allergy management strategies can help individuals control and prevent allergic reactions. 14. Maternal and Child Health Causes: Factors influencing maternal and child health include socioeconomic status, access to healthcare, and educational opportunities. Impacts: Poor maternal and child health can result in adverse birth outcomes, developmental issues, and increased risk of chronic diseases later in life. Preventive Measures: Improving access to quality prenatal care, promoting breastfeeding, and implementing comprehensive child health programs can contribute to better maternal and child health outcomes. 15. Sexual and Reproductive Health Causes: Factors influencing sexual and reproductive health include access to contraception, comprehensive sex education, and reproductive rights. Impacts: Unplanned pregnancies, sexually transmitted infections, and reproductive health issues can have significant physical, emotional, and social consequences. Preventive Measures: Promoting comprehensive sex education, accessible contraception methods, and reproductive health services can help individuals make informed choices and protect their reproductive health. This article has provided an in-depth overview of the top 20 common health issues in New Zealand. By exploring their causes, impacts, and preventive measures, it aims to raise awareness and contribute to the ongoing efforts towards promoting a healthier nation. References: "Health Loss in New Zealand: A Report from the New Zealand Burden of Diseases, Injuries, and Risk Factors Study" - Ministry of Health, New Zealand. "The Health and Independence Report" - Ministry of Health, New Zealand. "New Zealand Health Survey" - Ministry of Health, New Zealand. This article is part of our global series about health systems, examining different health care systems all over the world. New Zealands health care system is comprehensive and largely publicly funded. It generally performs well, but there are significant inequities in access and outcomes. As international comparisons show, New Zealands health care is funded largely through taxation, and we spend less than other countries when measured by cost per person. Health status in New Zealand Overall, New Zealanders live relatively long and healthy lives. Life expectancy at birth sits at 81.4 years, above the OECD average of 80.5 years. It is below that of Australia, at 82.2 years, but higher than in the UK, at 81.1 years. However, life expectancy is lower for Mori and Pacific populations by around six years. Mori and Pacific people are also two to three times more likely to die of conditions that could have been avoided if effective and timely health care had been available. Another important metric is Disability-Adjusted Life-Years (DALYs), the sum of years of life lost from premature death and years lived with disability. One DALY equals one lost year of healthy life, and New Zealanders have a loss in DALYs of around the average compared with other high-income countries. In recent years, life expectancy has continued to improve for all population groups, and the number of DALYs lost has continued to fall, although, as noted above, health inequities remain stubbornly high. How it works Most of the funding for New Zealands health service comes from taxation, with government spending at NZ$16.2 billion in 2016/17 and NZ$16.78 billion in 2017/18. New Zealand generally spends less per capita on health care than other countries. In 2013, New Zealand spent $US3,328, less than the OECD average ($US3,453) and less than Australia ($US3,866), but more than the United Kingdom ($US3,235). Compared to other countries, New Zealand tends to have a higher proportion of health expenditure from government sources. The health system is overseen by a central minister and the Ministry of Health. Most health funding (75.6% of Vote Health) is channelled through 20 geographically distributed District Health Boards (DHBs), which are responsible for planning, delivering and funding services in their districts. DHBs are governed by majority-elected boards and are accountable to the minister of health. They directly deliver hospital and hospital-led community services (such as district nursing services), and contract for primary health care services through 36 Primary Health Organisations (PHOs). These in turn contract with general practices or health care homes to delivery primary health care. DHBs also hold contracts with a range of other primary health care providers, such as pharmacists and laboratories, and with many private for-profit and private not-for-profit organisations delivering community care (for example, services for mental health and home-based care for older people). The Ministry of Health directly funds some national services, including disability support services for those aged under 65 years, public health services, well child services and midwifery services. Performance measures The New Zealand health service is generally seen to perform well. The structure of the service allows the government a good deal of control over total health spending and enables funding to follow key priorities. International comparisons show that our health system demonstrates good value for money. It delivers higher than average life expectancy at birth. Although it has reduced the total number of DALYs lost slightly faster than the high-income country average, there are other countries that do better than New Zealand, perhaps due in part to New Zealands lower per capita cumulative spending in recent years. Beyond such information, it is difficult to get a complete picture on the performance of New Zealands health service. There is no overarching framework or single repository of information on the services provided and their performance. New Zealand data is often missing in the OECDs health data sets. Therefore, the information provided below is selective. Key health concerns Mental health issues (including suicide), cancers, cardiovascular disease, diabetes, musculoskeletal conditions, dementia, injuries and oral health are New Zealands main health concerns. A number of them have common underlying risk factors, including smoking, poor diet, lack of physical activity, and abuse of alcohol and drugs, alongside occupational risks. Smoking rates have come down over time, but remain stubbornly high for Mori. Poor diet and lack of physical activity remain key risk factors for the future. In recent years, the New Zealand government has focused on a range of performance targets that it monitors. For the health-related better public services targets, New Zealand has seen increases in the rate of child immunisations, but not all DHBs and PHOs are hitting the target of 95% of eight-month-old babies being fully immunised. Other trends show that most DHBs are meeting targets for increasing the number of elective operations and for ensuring that 95% of people are seen in an emergency department within six hours. Performance against the target for smokers to be offered assistance is also good, though a bit variable across DHBs and PHOs. The targets for raising healthy kids (where 95% of obese children identified in the Before School Check programme should be offered a clinical assessment and family-based interventions) and for cancer treatment (to begin within 62 days for 85% of people) require more work in many DHBs. However, New Zealands population is growing quickly. Although the government continually notes it is putting in significant amounts of new funding, once inflation and population growth are taken into account, there has been very little growth in the health budget since 2011. The strain on services is appearing in media reports, highlighting poor performance in mental health (including high rates of suicide, especially amongst young people and Mori). Increasing concerns are being expressed over problems people have in getting to maternity, oral health, cancer and elective services. This is likely to be leading New Zealanders to purchase private health insurance in increasing numbers, which raises concerns over ensuring there is equity of access within the health service, as those on higher incomes are more likely to buy insurance. Comparison with other countries In a recent analysis, the Commonwealth Fund compared the performance of New Zealands health service with 10 other countries. It ranks New Zealand fourth out of 11 countries. It shows that we do well with respect to administrative efficiency (reducing time spent on claims, delays from coverage restrictions, visits to emergency departments when people could have been treated by their regular doctor) and care processes (those with health issues talking with a doctor, doctors having access to electronic clinical decision support, co-ordinated care measures, and engagement and patient preferences). However, there is clear room for improvement on some of these measures. For example, only 37% of people discuss their weight with their doctor, even though obesity is a major issue in New Zealand. On other issues, New Zealand performs less well. The cost of medical care is a key concern. Commonwealth Fund and New Zealand data show alarmingly high rates of unmet need due to cost, particularly for Mori and Pacific women and women in the areas of lower socio-economic status. There are also high rates of unfilled prescriptions for Mori, Pacific and lower-income people, compared with the total population. The Commonwealth Fund data also show poor access to dental care in New Zealand compared with other countries. Equity remains an issue in New Zealand, according to the Commonwealth Fund analysis. A growing gap between high and low income earners means that more people feel they cant afford medical and dental care. Also of concern are comparatively high rates of infant mortality, deaths following stroke and the number of medication or lab test errors. However, New Zealand does well in relation to breast and colon cancer survival rates. Where to from here New Zealands health care system is a form of the Beveridge model, in which health care is financed by the government through tax payments, just like the police force or the public library. It was introduced during a Labour government, led by Michael Joseph Savage, which is best remembered for its landmark cradle to grave social welfare reforms, especially the Social Security Act 1938. That act overhauled and extended social security benefits to safeguard New Zealanders income. Among other measures, it provided income support, benefits for widows, orphans, invalids and families and universal support for older people through aged benefits and superannuation. It also introduced universal and free hospital, maternity and other health care services, as well as benefits to support access to general practitioner (GP) services. The health service today supports a similar range of services, with the addition of a no-fault accident compensation scheme, known as ACC. But New Zealands population is growing rapidly and ageing. Projections are that significantly more people will develop chronic conditions in future years. Since 2001, a key focus has been on strengthening primary health care to deliver services closer to home, in community settings and with a stronger emphasis on prevention. There is, however, little evidence that primary health care is receiving a higher proportion of funding than in earlier years and doubts remain over whether we are reducing demands on hospitals as a result. Of particular concern are the fees people must pay to see their GP and the levels of unmet need being reported as a result. New Zealand must address this issue if it is truly to encourage the development and use of primary health care services. There are increasing signs of strain and inequities remain a real problem, both in terms of health status and access to care. Like all countries, New Zealand must continue to work hard to support its health service and search for ways to continually ensure it provides effective services and good value for money, while working to reduce inequities. Without this, achieving the original goals of the Social Security Act of 1938 will become a distant memory. Statistics about injuries, disabilities, abortions, and life expectancy in New ZealandBESbswy\ue000\ue001\ue002\ue003\ue004\ue005\ue006BES