

Impact of demographics on population health



**ASSIGN
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1. The demographics of a population have significant impacts on health planning, implementation, and evaluation of health interventions. One of the relevant factors that affect the following is age. 20% of New Zealanders are aged 0-14 and 25. 7% are 55 years old and above. These age groups are the age groups that are more in need of healthcare and they comprise 45. 7% of the New Zealand population. This means that the healthcare planning of New Zealand likely revolves around these age groups without overlooking the needs of the other age groups as well.
2. The political climate in New Zealand is relatively stable compared to the Philippines. The New Zealand population see their government as a body that is protecting them and their interests. The New Zealand government protects the population by providing free healthcare for residents and citizens. They also give benefits and housing to residents who are unemployed, and this also affects the health of the population. The healthcare facilities in New Zealand are accessible to every member of the population and they do a very good job in taking care of the population especially people who belong to the workforce through the ACC.
3. New Zealand is very tolerant towards the religious beliefs of the population. This affects the health planning, implementing, and evaluation because most religions have some sort of restriction on their followers. For example, some religions do not allow blood transfusions and this directly affects the health of the individual

especially in a life threatening situation. The tolerance of New Zealand to different beliefs has a positive impact on health because you will feel accepted within the society. This leads to a positive outlook and will lead to improved self-esteem, which will then lead to increased productivity at work or in school. This affects the health planning of New Zealand because of religious restrictions. Since New Zealand is very tolerant and respectful of the religions of the population, they formulate a plan around these restrictions in order for the intervention to be available to all.

4. Human Values that are being applied in New Zealand affect the overall health of the population. Honesty, equality, and fairness are enduring values in New Zealand. This affects the implementation of health interventions because nobody is trying to get a leg up on other people. New Zealanders believe in equal opportunity for the population and this is also related to health because there is an equal opportunity for access to healthcare. This affects the implementation because it makes the implementation phase easier for the healthcare professionals in making sure that everybody who needs healthcare is addressed. In comparison to the Philippines, when there are 100 blister packs of medicine for 100 people, more often than not there will be a shortage towards the end of the line because people who get theirs first tend to get more than what they are supposed to get.
5. Ethnicity plays a major role in health because there are diseases that are more prevalent among specific ethnic groups. For example, sickle cell disease is more prevalent among Africans than any other ethnicity.

This affects the health planning because even though they are a minority in New Zealand, we still have to give consideration to their being at risk to specific diseases. For the Maori people, they give importance to their language and land and they believe that the land and their language protect them from illness. This may affect the health planning and implementation because we have to adapt our interventions to the Maori way in order to be respectful of their culture. It will be easier for us to simply adapt our interventions to their culture rather than adapt their culture to our interventions.

6. Traditions are very important especially with regard to health intervention evaluation. This is because traditional beliefs related to health are often contradictory to western medicine. Muslims, for example, refuse to take their medications from 6am to 6pm during the Ramadan. This hinders our ability to evaluate the effectiveness of the medicine because the timing of the intake of medications is very crucial in determining the effectiveness. They also traditionally believe that they should not disclose their medical history because they may have a less chance at marriage. This hinders our ability to properly assess and identify genetic predisposition to illnesses.

2. A & B

The public concept of health and illness is shaped by proper health education. The public generally views health as just a state of physical well-being rather than a holistic view on health. Because of this, people tend to disregard symptoms of mental distress or social exclusion without realizing that these also contribute immensely to their health. This also affects the

way the public views an illness. The public will view illness as just a state of physical sickness or disease. These misconceptions affect our planned health interventions because what we may view as important to their health, they may not place any importance on. For some people, as long as their bodies can function, they are healthy without taking into consideration the health of their mind or their inclusion within a community.

C&D

The importance that the public puts into health is vital in getting our interventions across to the population because even if we put all our effort, if the population is not interested in what we are doing, our planned interventions will fail. Here in New Zealand, the Maori population places an importance on health. However, according to the ministry of health, 23% of Maori adults fail to see a physician due to the cost. It is somewhat contradicting because 41% of Maori adults are smokers in spite of the fact that 23% of them cannot go to a physician when they need to. Their attitude to healthcare professionals is also a factor on their health because when they have a good doctor-patient or nurse-patient relationships, it encourages them to come back again for a follow-up and enables them to trust their healthcare providers with confidential information that may have an effect on their health.

3. Though New Zealand is a developed country with one of lowest rates of corruption in the world, inequalities still exist especially when it comes to health. There are still people and ethnic groups here in New Zealand that does not have proper access to healthcare. I think culture has the

biggest impact on the planning and implementation of health interventions in New Zealand. The Pakeha, Asians, Maoris, Pacific Islanders, and other ethnicities all live in New Zealand as one thriving population. But of all these, the Maori and Pacific Islanders have the highest prevalence of smoking adults, and the lowest life expectancy among all the ethnic groups present in New Zealand. According to the National Health Committee, 39% of all Maori students leave school without earning their qualifications. This is an alarming figure because this only happens to 14% of students from all of the other ethnic groups combined and we all know that if the population has a proper education, this will lead to better socioeconomic status which will then play a major role in determining an individual's health status.

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