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Trinity Saint David
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COMMUNITY CARE AND DEVELOPMENT (BMHP6022)

ASSESSMENT COMPONENT 1

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HEALTH INEQUALITIES IN SOUTHWARK BOROUGH

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INTRODUCTION

- HEALTH INEQUALITIES ARE PREVENTABLE, UNJUST, AND SYSTEMATIC HEALTH DISPARITIES BETWEEN VARIOUS POPULATIONS. HEALTH DISPARITIES RESULT FROM THE SITUATIONS IN WHICH WE ARE BORN, RAISED, RESIDE, WORK, AND AGE.
- THESE VARIABLES IMPACT OUR PROSPECTS FOR GOOD HEALTH AS WELL AS HOW WE THINK, FEEL, AND BEHAVE, AND AS A RESULT, OUR MENTAL HEALTH, PHYSICAL HEALTH, AND WELL-BEING ARE AFFECTED.



DEMOGRAPHIC

- IN 2012, SOUTHWARK BECAME THE FIRST COUNCIL IN THE UK TO RECOGNIZE THE LATIN AMERICAN COMMUNITY IN LONDON AS AN ETHNIC MINORITY.
- OVERALL, THE LATIN AMERICAN POPULATION IN SOUTHWARK IS PRETTY EVENLY DIVIDED BETWEEN MALES AND FEMALES, WITH 50.3% MALES AND 49.7% FEMALES.
- LATIN AMERICANS IN SOUTHWARK ARE, ON AVERAGE, YOUNGER THAN THE REST OF THE LOCAL POPULATION.
- TWO-THIRDS OF THE POPULATION IS UNDER THE AGE OF 40, MAKING IT A VERY YOUTHFUL POPULATION.

More than one-third (37%) of Latinos are between the ages of 30 and 39, while more than one-quarter (27.5%) are between the ages of 16 and 29. Comparatively, there are more Latin Americans in the 16-29 age range in Inner and Outer London than in the overall London population. In contrast, just 3% of Latin Americans are over the age of 60, compared to between 13% and 17% in Inner and Outer London.

Three-quarters of Latin Americans obtained credentials in their own nations before migrating. The majority (70%) had attained some type of postsecondary education, with 13% obtaining a technical education and the remainder obtaining undergraduate and postgraduate degrees (McIlwaine, Cock and Linneker, 2011).



PRINCIPLES THAT SUPPORT COMMUNITY DEVELOPMENT

COMMUNITY-DRIVEN DEVELOPMENT IS BUILT ON PARTICIPATION, THE ELIMINATION OF BARRIERS, TRANSPARENCY, ACCOUNTABILITY, AND LOCAL AUTHORITY IN ORDER FOR COMMUNITY MEMBERS TO COLLABORATE ON DEVELOPMENT INITIATIVES.

SELF-DETERMINATION IS THE RIGHT OF INDIVIDUALS AND GROUPS TO MAKE THEIR OWN CHOICES AND DECISIONS.

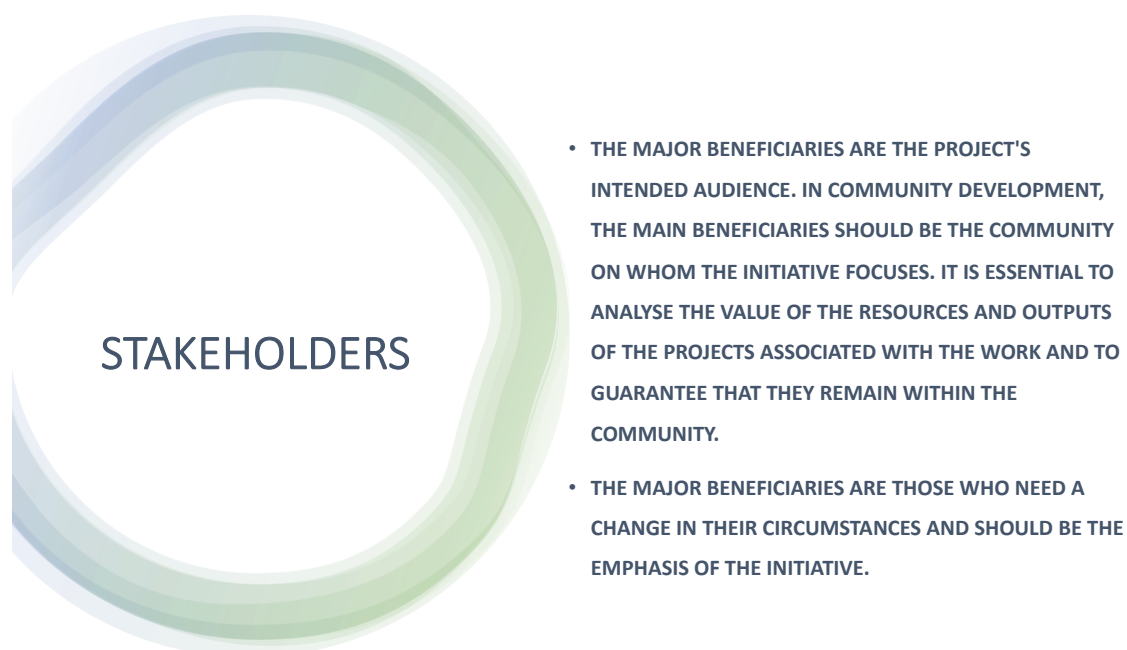
PEOPLE SHOULD BE ALLOWED TO MANAGE AND USE THEIR OWN ASSETS AND INFLUENCE MECHANISMS.

PEOPLE'S VOICES ARE BOLSTERED THROUGH GROUP OR ORGANIZATION-BASED COLLECTIVE ACTION.

COLLABORATION AND THE EXCHANGE OF EXPERIENCES ARE ESSENTIAL TO THE SUCCESS OF ANY COMMUNITY ENDEAVOUR.

In the Latin American community, migrant community organisations fulfil a range of responsibilities, from cultural and sports clubs to advisory and service organisations. London's organisations with ties to Latin America are varied, with some promoting cultural knowledge of the region while others help migrants. For instance, there are a number of groups for affluent British and Latin American individuals who share an interest in Latin America. Others have

their origins in solidarity movements of the 1970s and 1980s and have matured into migrant assistance organisations. There are also more specialised organisations that address specific concerns among migrants, such as senior citizens, sexual health, women's rights, and business help (McIlwaine, Cock and Linneker, 2011).



19% of Latinos have never seen a general practitioner in the United Kingdom. 45. Brazilians had the lowest rates (36%), followed by Bolivians (22%), showing, once again, their higher risk of irregularity. This is further supported by the fact that Brazilians and Bolivians are the primary beneficiaries of volunteer health advocacy efforts in London for persons excluded from conventional care. Eighty-seven per cent of Colombians and Ecuadorians use a primary care physician, which is a much higher percentage than that of other ethnicities. In terms of immigration status, the biggest percentage (45%) of people who had never seen a primary care physician were irregular migrants. However, one-fifth of individuals who had not seen a primary care physician were EU nationals who, in principle, should encounter fewer obstacles to receiving such services (McIlwaine, Cock and Linneker, 2011).

THE USE OF DIGITAL MEDIA AND TECHNOLOGIES

PLATFORMS COULD INCLUDE THE FOLLOWING:

- **MAILING LISTS.**
- **ONLINE SUPPORT WEBSITES AND SOCIAL MEDIA NETWORKING AND PROMOTION.**
- **ONLINE HEALTH PROMOTION CAMPAIGNS.**



The NHS medication delivery service may be life-changing for disabled individuals who struggle to leave their homes.

Online scheduling of in-person GP visits facilitates accessibility.

When patients are unable to make a physical visit, online doctor's appointments and video consultations are available.

Signposting to alternative health services when others may be full or there are extensive waiting lists to avoid a backlog is advantageous for hard-to-reach populations, such as ethnic minorities, geographically disadvantaged areas, the elderly, and the handicapped.

Globally, more individuals possess a cell phone than a toothbrush; let's take use of this fact and reach out to those who might otherwise suffer in silence.

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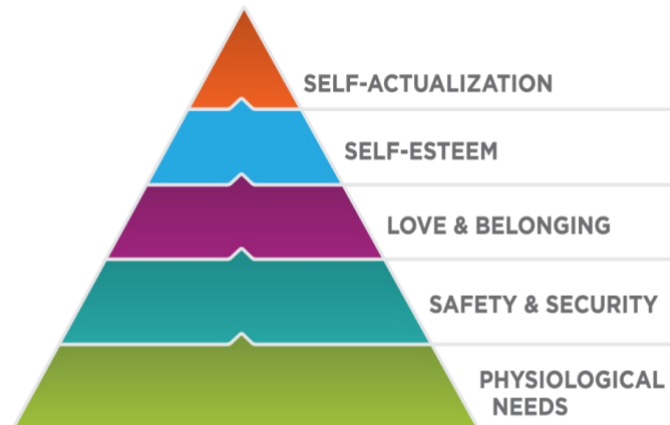
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There are several chances to engage with communities to reduce and ultimately eliminate health disparities as a result of the explosive development in the use of health technologies, especially mobile devices owing to their widespread usage in ethnic minority groups.

RELEVANT THEORIES

- MASLOW IDENTIFIES FIVE TYPES OF HUMAN NEEDS: PHYSIOLOGICAL, SAFETY, LOVE, SELF-ESTEEM, AND SELF-ACTUALIZATION.
- ACCORDING TO THIS IDEA, THE EMERGENCE OF HIGHER-LEVEL WANTS IN THE HIERARCHY OCCURS WHEN INDIVIDUALS PERCEIVE THAT THEIR PRIOR NEED HAS BEEN ADEQUATELY MET.



MASLOW'S HIERARCHY OF NEEDS

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LEGISLATION

- THE CREATION OF THE OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES AND THE NHS RACE AND HEALTH OBSERVATORY SIGNIFIES A SHIFT IN THE NATIONAL PUBLIC HEALTH INFRASTRUCTURE IN RESPONSE TO A CROSS-GOVERNMENT MANDATE TO ADDRESS HEALTH DISPARITIES. THE OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES HAS A REMIT TO ASSIST IN THE CREATION OF POLICIES THROUGHOUT WHITEHALL. THE CONSTRUCTION OF THE NHS RACE AND HEALTH OBSERVATORY IN 2021 IS A FURTHER MEASURE MEANT TO MAINTAIN A FOCUS ON RACIAL HEALTH DISPARITIES.
- AN ACTION PLAN FOR THE WHOLE NHS: CORE20PLUS5 IS THE NEW STRATEGY USED BY NHS ENGLAND TO COMBAT HEALTH DISPARITIES. IT FOCUSES ON IMPROVEMENTS FOR THE MOST DISADVANTAGED 20% OF THE POPULATION (CORE20), LOWERING INEQUITIES FOR SPECIFIC LOCAL POPULATION GROUPS (PLUS), AND EXPEDITING PROGRESS IN FIVE THERAPEUTIC AREAS.

GP and nurse consultations in primary care, therapy delivered by a GP, and other primary care services are free of charge for everyone, regardless of whether they are registered with a GP as an NHS patient or are temporary patients using NHS services. A transient patient is someone in the region for more than 24 hours but less than 3 months.

The British health care system is residence-based for secondary care services. This implies that to be eligible for free healthcare in the United Kingdom, you must be legally present and established.

Ordinary residency is the criterion used in the United Kingdom to decide whether or not an individual is eligible for free NHS healthcare. To be considered resident in the United Kingdom, non-European Economic Area (EEA) nationals who are subject to immigration control must also have "indefinite permission to stay."

Individuals who do not typically dwell in England may be obliged to pay for their treatment while they are in the country. However, there are exemptions for some services and persons (Public Health England, 2014).



Nearly forty per cent of Latinos have used private health care, with approximately fifty per cent of these practitioners being Latino. The majority of those who had seen a private physician had also seen a general practitioner (88%) This shows that reasons other than exclusion from public health services are at play among those who use private health care. Yet, three-quarters of individuals who had never seen a primary care physician had also never visited a private doctor. However, 20 of the 33 irregular Latin Americans who had never gone to a primary care physician had seen a private doctor at some time. This indicates that impediments to accessing the National Health Service are also a key factor in this group's decision to use

private treatment. Luz Marta, a 30-year-old irregular from Ecuador, described how she experienced a miscarriage but was unable to get assistance at the hospital. She ultimately saw a Portuguese private doctor who cost her £180. Angela, a 24-year-old illegal immigrant from Peru, remarked, 'I have paid for cosmetic treatments and menstruation difficulties since my immigration status prevents me from seeing a general practitioner.'

Nonetheless, most Latinos who see private physicians also have access to a general practitioner. On the one hand, access to private health care may seem to be a matter of choice rather than need, but it may also be driven by the low quality of treatment provided by general practitioners, the reluctance to treat irregular migrants, and language and interpretation difficulties (McIlwaine, Cock and Linneker, 2011).

RECOMMENDATIONS

IN LOCATIONS WITH A SIGNIFICANT LATIN AMERICAN POPULATION, PUBLIC AGENCIES MUST GUARANTEE THAT ETHNIC MONITORING INCLUDES A 'LATIN AMERICAN' CATEGORY.

PROVIDING HIGH-QUALITY, CHEAP, AND ACCESSIBLE LANGUAGE EDUCATION, INCLUDING WORKPLACE SUPPLY BY COMPANIES.

THE CAPACITY TO CONVINCE THE PEOPLE THAT THE FUTURE OF THEIR COMMUNITY BELONGS IN THEIR OWN HANDS IS OF UTMOST IMPORTANCE.

DETERMINE THE PRECISE ORDER OR PRIORITY OF THE COMMUNITY'S REQUIREMENTS. DON'T ALLOW THE COMMUNITY TO TELL YOU PRECISELY WHAT THEY WANT, SINCE THEY MAY NOT BE AWARE OF THE MOST CRUCIAL FACTORS.

ENSURE THAT YOU ENGAGE THE COMMUNITY. DO NOT GUARANTEE THAT YOU WILL FIX THEIR DIFFICULTIES. THEY WILL SEE YOU AS A GOVERNMENT ASSISTANT OR AN NGO.

It is necessary to take concerted, methodical, and persistent efforts to address the complex and overlapping web of variables that contribute to health disparities, ranging from gaps in healthcare experiences and quality to the broader determinants of health. This involves the health and care system but extends well beyond that. It demands local, regional, and national collaboration across services, sectors, and communities (The King's Fund, 2022).

Access disparities to health care must be addressed by statutory health providers, especially those providing basic care. Campaigns to increase participation should describe the services that are offered, how to acquire them, and eligibility requirements. The emphasis should be

placed on regions with substantial Latin American populations (McIlwaine, Cock and Linneker, 2011).

The federal, state and local governments should work more closely with community organisations to ensure that those who qualify for welfare benefits (including housing benefits) are aware of them.

The English language is essential for the integration of all immigrant groups, especially Latinos. Regardless of the duration of stay or immigration status, there must be increased access to language-learning opportunities. Classes must be accessible, inexpensive, and supplied by a variety of sources, including businesses.

Providers of critical services across London must provide Spanish and Portuguese translation and interpretation services.

CONCLUSION



REFERENCES

- Community Organisers (2021). *Basic Principles of Community Development - Community Organisers*. [online] Community Organisers. Available at: <https://cocollaborative.org.uk/community-development/basic-principles-of-community-development> [Accessed 22 Nov. 2022].
- Community Southwark (2022). *Latin American Network*. [online] Community Southwark. Available at: <https://communitysouthwark.org/latin-american-network/> [Accessed 23 Nov. 2022].
- GOV.UK (2017). *Community Development Handbook*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/community-development-handbook/community-development-handbook> [Accessed 22 Nov. 2022].
- Keller, T. (2020). *Health Inequalities Framework 2020*. [online] Southwark Public Health Division. Available at: <https://modern.gov.southwark.gov.uk/documents/s98776/Appendix%20%20-%20Health%20Inequalities%20Framework%202020.pdf> [Accessed 23 Nov. 2022].
- McIlwaine, C., Cock, J. and Linneker, B. (2011). *No Longer Invisible: the Latin American Community in London*. [online] Queen Mary University of London. Available at: <https://www.qmul.ac.uk/geog/media/geography/docs/research/latinamerican/No-Longer-Invisible-report.pdf> [Accessed 22 Nov. 2022].
- Open Access Government (2020). *Can the Right Technology End Health inequalities?* [online] Open Access Government. Available at: <https://www.openaccessgovernment.org/end-health-inequalities/98761/#:~:text=The%20tremendous%20growth%20in%20the%20use%20of%20health> [Accessed 2 Dec. 2022].
- Public Health England (2014). *NHS entitlements: Migrant Health Guide*. [online] GOV.UK. Available at: <https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide>.
- Queen Mary University of London (2016). *Latin American Community One of the Fastest Growing in London*. [online] [www.qmul.ac.uk](https://www.qmul.ac.uk/geog/news/2016/items/latin-american-community-one-of-the-fastest-growing-in-london.html#:~:text=Around%20a%20quarter%20of%20a%20million%20Latin%20Americans). Available at: <https://www.qmul.ac.uk/geog/news/2016/items/latin-american-community-one-of-the-fastest-growing-in-london.html#:~:text=Around%20a%20quarter%20of%20a%20million%20Latin%20Americans> [Accessed 22 Nov. 2022].
- Scottish Community Development Centre (2022). *What Is Community development?* [online] SCDC - We Believe Communities Matter. Available at: <https://www.scdc.org.uk/who/what-is-community-development#:~:text=The%20principles%20which%20underpin%20its%20practice%20are%3A%201>.
- The King's Fund (2022). *What Are Health inequalities?* [online] The King's Fund. Available at: <https://www.kingsfund.org.uk/publications/what-are-health-inequalities#tackling-health-inequalities> [Accessed 2 Dec. 2022].