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Task 1: Social Epidemiological Analysis of Health and Social Inequalities among Working-Age Adults (18–64 Years) with Physical Disabilities in the United Kingdom

1. Introduction

Disability refers to the long-term physical, sensory, intellectual, or mental impairments that when combined with the social and environmental barriers, restrict an individual's equal and full participation in the society. Health inequalities are avoidable and unfair differences in health status, access to healthcare, and health outcomes experienced through various population groups (Abdi *et al*. 2025). This report mainly focuses on the working-age adults (18–64 years) with physical disabilities in the United Kingdom, a population which sometimes deals with poorer health outcomes as compared to the general population. This report determines the significant health and social inequalities impacting this group, determines national responses and demonstrates the role of charitable organisations in reducing these disparities.

Figure 1: Epidemiology in the U.S.: Health Disparities by Social Location

(Source: Puttman, 2015)

2. Contextual Background and Underlying Factors

2.1 Higher Rates of Mental Health Disorders

Working-age adults with physical disabilities have massively higher rates of mental health disorders, especially anxiety and depression compared with the general protection. As per the Office for National Statistics (ONS, 2023), working-age adults (18–64 years) with physical disabilities as being at higher risk of common mental health conditions (ONS, 2023). Chronic pain, reduced mobility, discrimination, financial insecurity, and limited opportunities for employment and education contribute to psychological distress. Social exclusion and reduced participation in community activities also gains anxiety and loneliness feelings. These inequalities are reinforced through difficulties to assess timely mental health services such as inaccessible facilities and long waiting times.

2.2 Higher Prevalence of Obesity and Cardiovascular Disease

Working-age adults (18–64 years) with physical disabilities are disproportionately affected by obesity and cardiovascular disease as the mobility limitations sometimes reduce opportunities for daily physical activities. As per the NHS England and Public Health England, disabled adults are mostly to meet suggested physical activity guidelines than non-disabled adults, gaining their overall risk of obesity, hypertension, diabetes, and heart disease (NHS England, 2024). In this context, limited access to integrated exercise, facilities, inaccessible recreational environments, and transport barriers also minimize participation in healthy lifestyle activities. In addition, preventive measures must focus on enhancing access to effective physical activity programmes that deliver personalized lifestyle advice, gaining routine cardiovascular risk assessments as well as ensuring healthcare professionals receive training on the disability-inclusive care (Lobelo *et al.* 2018).

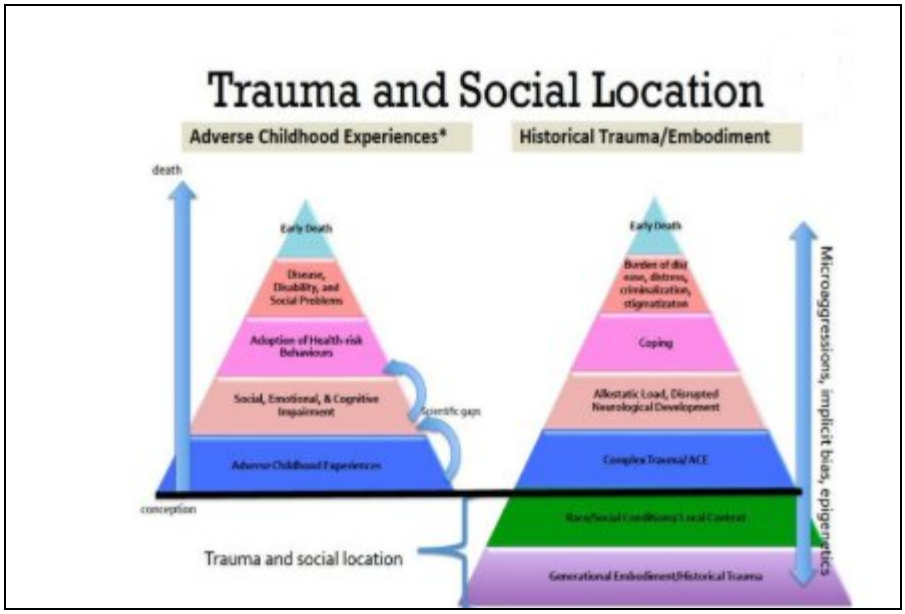

Figure 2: Trauma and Social Location

(Source: Puttman, 2015)

2.3 Poor Access to Preventive Healthcare

Many working-age adults (18–64 years) with physical disabilities continue to experience inequalities in accessing preventive healthcare. This has been shown to have a lower participation in preventive health services such as cancer screening, regular health tests and vaccination schedules compared to the general population. Attendance is often deterred by physical inaccessibility of healthcare facilities, inaccessible medical equipment, transportation problems, and problems in communication. Therefore, late chronic disease diagnosis and less adoption of prevention measures lead to worse health results and higher health care expenditures. The NHS provides these efforts in order to enhance accessibility, thus, there are inequalities in most healthcare settings (NHS England, 2024). In order to address these inequalities, it is necessary to have full access to healthcare facilities, flexible scheduling, better transport services, disability training to health workers, and active invitation and booking that will attract the disabled adults to attend in preventive healthcare programmes.

2.4 Unemployment and Financial Inequality

Employment inequalities are a significant social determinant affecting working-age adults (18–64 years) with physical disabilities, as employment is particularly relevant during working age. As

per the Office for National Statistics (2023), the disability employment gap keeps substantial and lower employment opportunities sometimes resulting in less income, higher poverty and better reliance on government financial assistance. The United Kingdom government delivers support through various schemes including the Personal Independence Payment (PIP), Universal Credit, and the Access to Work programme that allows individuals to keep economically active. Thus, combined efforts are required to minimize workplace discrimination, promote inclusive employment practices and also gain vocational training opportunities for the people with disabilities.

2.5 Inaccessible Healthcare and Transport

Working-age adults (18–64 years) with physical disabilities frequently experience barriers to healthcare services in the form of inaccessible transportation, unfriendly healthcare facilities, and language problems (Abate *et al.* 2026). These are the barriers that slow down the treatment and diminish access to prevention services. These inequalities can be minimized by enhancing available transport, medical facilities, education in disability awareness, and application of the NHS Accessible Information Standard.

2.6 Social Isolation and Discrimination

Social isolation and discrimination have negative impacts on the wellbeing of working-age adults (18–64 years) with physical disabilities. Poor mental health and loneliness are caused by low involvement of the community, unreachable environments, and stigma (Kirkbride *et al.* 2024). Social inclusion can be increased by inclusive community programmes, anti-discrimination policy, better accessibility and peer support programs and lead to better quality of life.

3. National Response to Reduce Health Inequalities

The United Kingdom has introduced various initiatives to reduce health inequalities among working-age adults (18–64 years) with physical disabilities. The Equality Act 2010 prevents disabled individuals from the discrimination and also promotes equal access to employment, education, healthcare, and public services (Mason and Minerva, 2022). Along with that, the NHS Core20PLUS5 approach determines people with disabilities as a priority group in terms of reducing healthcare inequalities through enhancing the access to preventive care and important health services (Elliott *et al*. 2025).

4. Organisation Supporting the Target Group

Scope UK is a leading charity that supports working-age adults (18–64 years) with physical disabilities across the United Kingdom. Its vision is to establish a level future in which the disabled will have equal opportunities with the rest. Scope UK offers practical suggestions, work achievement, monetary suggestions, and promotions to eliminate obstacles that influence disabled individuals. The organisation also undertakes research and promotes better policies in the society to curb health and social inequalities. By ensuring access to healthcare and equal access to education and employment, Scope creates a society that is more inclusive of adults with physical disabilities through awareness campaigns, community support services and policy advocacy so that the quality of life of individuals with physical disabilities can be enhanced.

5. Conclusion

Physical, social, and economic barriers continue to create significant health inequalities for working-age adults (18–64 years) with physical disabilities in the United Kingdom. Despite the increased access to support and healthcare that the UK policies and organisations have reached, there are still ongoing disparities. Inclusivity in healthcare, jobs, community and accessibility should be reinforced to attain equitable health outcomes and social inclusion.

Task 2: Epidemiological Analysis of Parkinson's Disease among Older Adults (60 Years and Above) in the United Kingdom

1. Introduction

The report is an epidemiological survey of older adults who are aged 60 years and above and have the Parkinson diseases in Croydon, United Kingdom. Parkinson disease is a neurodegenerative disorder, which is progressive of disease and it affects mainly movement due to loss of nerve cells known to produce dopamine in the brain. It constitutes a significant health issue because of its rising rates, the ageing demographic, and the chronic health care requirements (Ramesh and Arachchige, 2023). This disease is associated with physical disability, poor quality of life, mental health issues and high reliance on carers, which present a great social and economic burden.

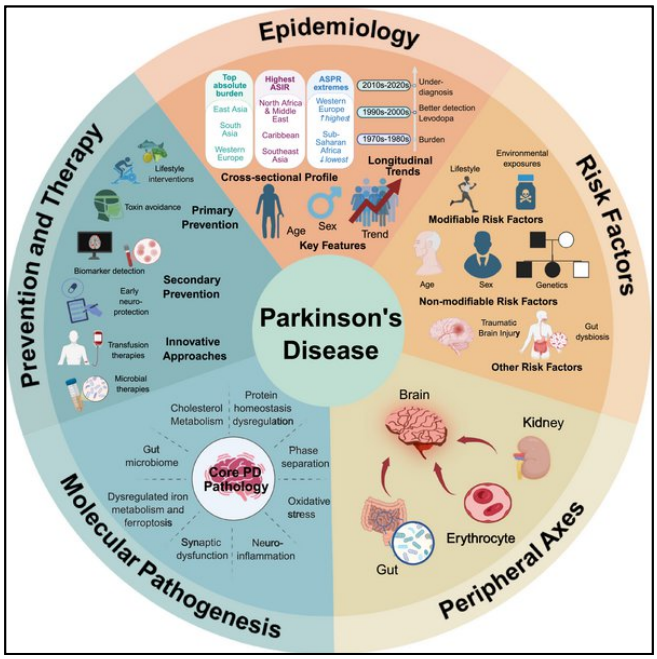

Figure 3: Parkinson Disease

(Source: Guo et al. 2025)

2. Public Health Measures Using the 3Ps

2.1 Prevention

Preventing Parkinson's disease mostly focuses on lowering modifiable risk factors and also promoting healthy ageing (Beheshti, 2025). However, there is no proven method to entirely protect the disease, daily physical activity, balanced nutrition and management of chronic situations including hypertension and diabetes may support brain health and also reduce disability. Thus, public education campaigns and routine assessments may increase awareness of early symptoms and encourage older adults aged 60 years and above living with Parkinson's disease to seek medical advice promptly.

2.2 Protection

The goal of protective public health measures is to reduce complications and enhance the quality of life of older adults aged 60 years and above living with Parkinson's disease. The NHS services offer specialist neurological care, physiotherapy, occupational therapy, speech and language therapy and regular clinical reviews (NHS England, 2026). Injury risk is minimized by fall prevention programmes, home safety checks, and mobility assistance. Recommended vaccines such as influenza and pneumococcal vaccines are also recommended for older adults aged 60 years and above living with Parkinson's disease (Ward *et al.* 2023). The use of multidisciplinary therapies with neurologists, nurses and physiotherapists, occupational therapists and social practitioners can guarantee comprehensive management of a disease.

2.3 Promotion

Health promotion mostly focuses on gaining awareness, encouraging self-management as well as supporting older adults aged 60 years and above living with Parkinson's disease. Here, Parkinson's UK plays an important role through finding research, providing education, operating local support groups, and advocating for enhanced healthcare services (Soilemezi *et al.* 2023). In this context, self-management programmes encourage medication links, daily exercise, healthy lifestyles and participation in rehabilitation activities that allows older adults aged 60 years and above to maintain independence, enhance wellbeing and also improve their entire quality of life.

3. Key Determinants and Risk Factors

3.1 Biological Factors: Age, Genetics and Gender

Parkinson disease is progressive neurodegenerative disorder, and multiple biological, environmental and lifestyle-related factors determine the prevalence of it in older adults in Croydon (Beheshti, 2025). The most important risk factor is increasing age because the more one ages, the more the dopamine-producing neurons degenerate and thus the more prevalent the disease becomes as one age and therefore, people who are above age 60 years are mostly to be affected by the disease. It is also genetic where mutations such as LRRK2 and SNCA contribute towards an individual developing it, especially with a family history of Parkinson disease. Sex dissimilarity has been noted, and the male sex has been found to have a marginal higher risk as compared to the female sex because of the potentially biological and hormonal factors (Peters and Woodward, 2023).

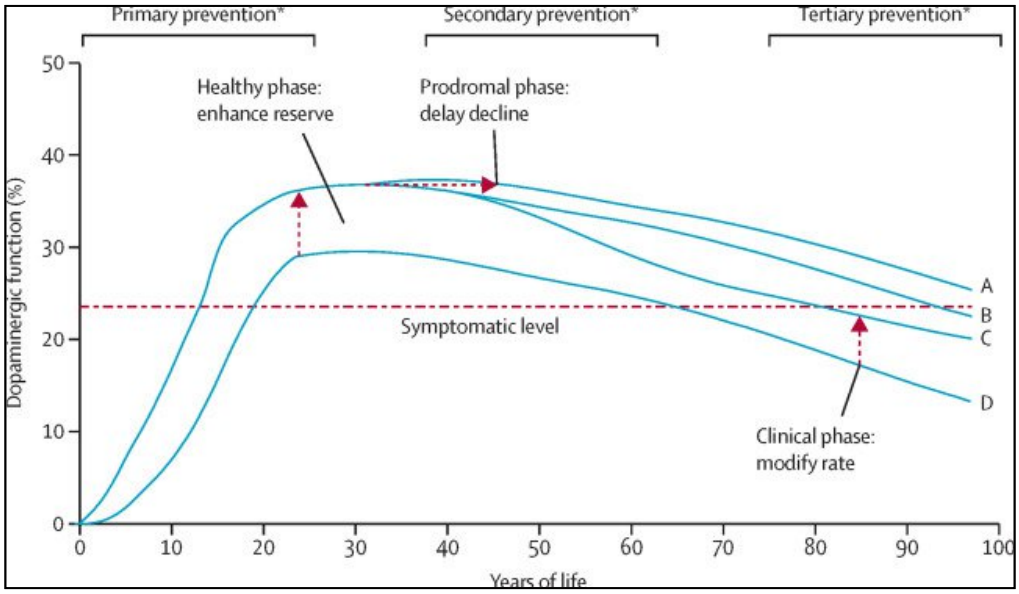

Figure 4: The epidemiology of Parkinson's disease

(Source: Ben-Shlomo et al. 2024)

3.2 Environmental and Lifestyle Factors

Contact with the environment such as long-term exposure to pesticides, industrial chemicals and air pollutants, can be a contributor to neuronal damages. Along with that, some of the risk factors including head traumas, poor lifestyle choices, such as lack of physical activity and poor diets can contribute to susceptibility. Exercise decreased environmental risk level and enhanced early diagnosis can be encouraged among the elderly population (60 years and older) (Beheshti, 2025).

4. Epidemiological Studies and Health Needs Assessment

4.1 Population Profile and Parkinson’s Disease Burden in Croydon

The London Borough of Croydon is a valuable location to study Parkinson disease because of the ageing population and the rising need of the provision of long-term neurological services. The elderly population (60 years and older) is a high-risk group, as prevalence of Parkinson's rises dramatically, as age advances. The prevalence estimates of Parkinson disease and its local NHS health records suggest that a better diagnosis and specialist management and community support services are required (Parkinson *et al.* 2025).

4.2 High-Risk Groups and Health Needs Assessment

Older adults aged 60 years and above people with a head trauma and a person who was exposed to environmental risk factors are considered to belong to high-risk groups. Health Needs Assessment (HNA) assists in determining the local disease burden, healthcare access and resource needs gaps in the management of the disease (Parkinson) (Wahab *et al*. 2025).

4.3 Epidemiological Evidence and Healthcare Planning

The cohort-based epidemiological data informs about the progression of diseases and estimated risk factors over time, but cross-sectional data are used to estimate prevalence and determine the existing healthcare requirements. This epidemiological evidence supports healthcare planning and resource allocation for older adults aged 60 years and above living with Parkinson's disease.

5. Public Health Monitoring and Surveillance

5.1 NHS Digital, GP Records and Hospital Data Monitoring

Proper monitoring and surveillance of Parkinson’s disease are important in terms of understanding disease prevalence, healthcare needs and service planning for older adults aged 60 years and above living with Parkinson's disease. In the United Kingdom, NHS Digital health records and GP databases deliver important insights related to the diagnosis rates, medication use and patient management patterns (Lynam *et al.* 2023). Hospital Episode Statistics (HES) monitors Parkinson's-related hospital admissions, emergency visits and complications including falls and fractures.

5.2 National Disease Registries and Mortality Data

National disease registries such as Parkinson's disease databases mostly support tracking of disease trends and treatment outcomes among older adults aged 60 years and above with Parkinson's disease (Lampropoulos *et al.* 2022). In addition, Mortality data delivers information on deaths related with Parkinson's disease and relevant complications that allows assessing the long-term effect.

5.3 Local Authority and UKHSA Monitoring

At a local level, Croydon Council and Integrated Care Systems (ICS) use the health surveillance data in order to determine population needs of older adults aged 60 years and above living with Parkinson's disease. and also enhance the quality of service (Lalani *et al*. 2025). In addition, UK Health Security Agency (UKHSA) monitoring systems mostly contribute to larger public health intelligence disease patterns and inequalities.

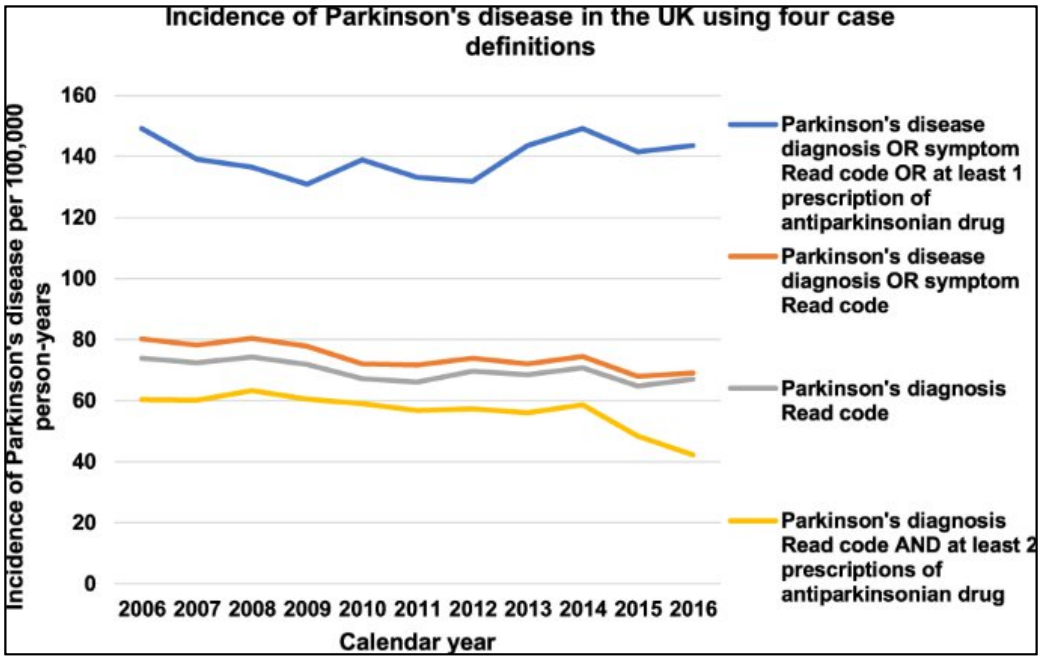

Figure 5: Change in the incidence of Parkinson's disease in a large UK primary care database

(Source: Okunoye et al. 2022)

6. Public Health Impact

Short-term

In the short term, the symptoms such as tremors, balance and movement issues elevate the risk of falls and injuries as well as hospitalization among older adults aged 60 years and above. Healthcare utilisation can be further enhanced by medication complications such as adverse effects and challenges in treatment schedule management (Religioni *et al.* 2025).

Long-term

In the long-term, Parkinson disease leads to progressive disability and a decreased ability of independence and an inability to perform daily activities among older adults aged 60 years and above (Religioni et al. 2025). The disease has a negative impact on quality of life by diminished mobility, social isolation and psychological torment. Parkinson is also a significant economic burden in terms of healthcare expenditures, prolonged social services and work-loss.

7. Health Intervention Programme

7.1 Design of Intervention

The Community Parkinson's Support Programme has the capability to enhance health outcomes of older adults aged 60 years and above living with Parkinson's disease in Croydon (Crooks *et al.* 2025). The programme also targets early detection, symptom management and enhancement of independence using multidisciplinary care. Structured exercise programmes and physiotherapy would enhance balance and fall prevention and improve mobility (Giovannini *et al.* 2022).

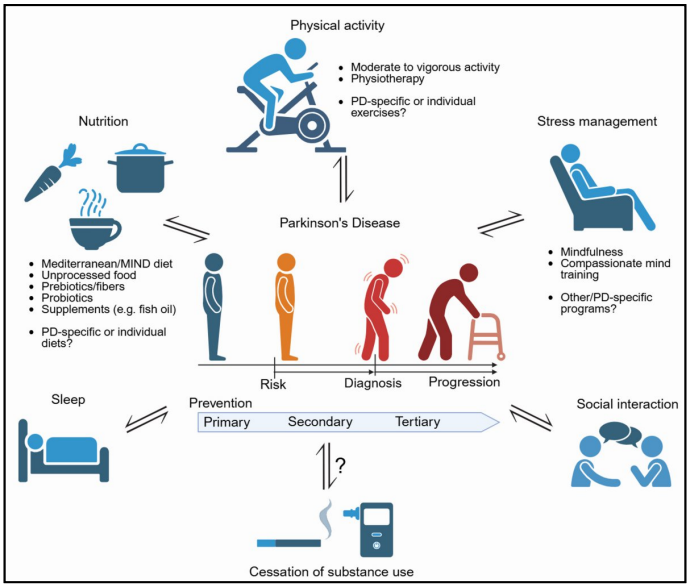

Figure 6: Lifestyle medicine in Parkinson's disease

(Source: Süß et al. 2025)

7.2 Evaluation of the Intervention

Measurement would measure effectiveness based on the number of fewer hospitalizations, better quality of life, increased mobility, patient satisfaction and financial benefit.

8. Strengths and Weaknesses of the Epidemiological Approach

8.1 Strengths

Epidemiological approaches deliver important evidence in terms of understanding Parkinson's disease patterns among older adults aged 60 years and above and developing proper public health strategies (Ben-Shlomo *et al.* 2024). A significant strength is the availability of reliable surveillance systems such as NHS records and hospital data that allow monitoring of disease trends (Aryffin *et al.* 2025).

8.2 Weaknesses

Various weaknesses exist as Parkinson disease is a disease that might not be well-diagnosed especially at an earlier stage of the development leading to popular misconduct in prevalence estimates. Cases in the community could be missed since only a small amount of data is collected in non-healthcare environments (Aryffin *et al.* 2025). These constraints can have implications on accurate estimation of disease burden and health care requirements among older adults aged 60 years and above in Croydon.

9. Conclusion

Parkinson disease is a significant social health issue in Croydon among the elderly aging population of 60 years and over due to adverse effects in terms of its onset, crippling disability, and load on an individual, family, and health care facility. Epidemiology is necessary in determining patterns of diseases, comprehending the risk factors and facilitating effective resource planning within geographical areas such as Croydon. The future community-based planning of health within the community should focus on providing products such as community-based services, early diagnosis, multidisciplinary care, and rehabilitation programmes, especially to the elderly who are aged 60 years and above in Croydon with Parkinson disease.

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