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Task 1: Social Epidemiological Analysis

Title:

Age Inequality and Health: A Social Epidemiological Analysis of Older Adults Aged 65 or Over in the UK

Introduction:

Older adults in the UK who are usually aged 65 or over face increased chronic illnesses and mental health problems, which has lowered their life expectancy by 11.2 years for women and 10.1 years for men (Age UK, 2025). However, besides the physical illnesses, there are health inequalities such as unequal care distribution, deprivation disparities, and socio-economic position, which further damage care quality and lower life expectancy of older UK adults (McKee et al, 2021). Therefore, this analysis aims to examine three diseases and three social challenges, lowering life expectancy of the older UK adults of 65 or over to identify the possible healthcare inequalities and encourage NHS to address them.

3 diseases/illness

1. High rates of Dementia

Currently, dementia is affecting 1 in every 14 UK adults aged 65 (NHS UK, 2026) and its global prevalence is expected to reach nearly 2 million by 2051 (Alzheimer's Research UK, 2026).

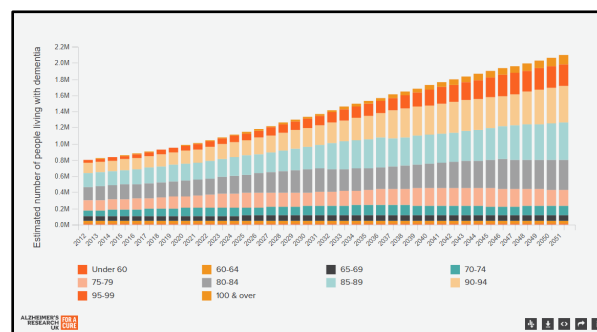


Figure 1: Dementia's Prevalence

(Source: Alzheimer's Research UK, 2026)

The risk of dementia is high among older adults because of cognitive decline, as brain neurons and overall physical health get weakened by age (WHO, 2026). Moreover, the poor distribution of care among older adults is another key reason for higher dementia prevalence, as only 66.3% of people aged 65+ can get a timely diagnosis in 2025 (NHS England, 2026).

To overcome these challenges, earlier diagnosis, equitable healthcare access and improved awareness are essential, which will reduce both the prevalence and unequal care distribution.

2. High rates of Cardiovascular disease (CVD)

The risk of CVD is high among older adults because 70-75% of worldwide adults between 65 and 79 are exposed to either hypertension, smoking, or physical inactivity and diabetes (Kolovou, 2023). Moreover, a lack of health awareness and timely diagnosis from the UK NHS has also increased the prevalence of CVD, as presently in the UK, one in four healthy adults over 60 has untreated heart valve disease (Gregory, 2024). To address these challenges, local healthcare facilities should ensure regular cardiovascular screening, invest in early diagnosis and recruit further for timely treatment.

3. High rates of Depression

Depression is another serious mental health concern among the older adults aged 65+ since most of the population experience social isolation, loss of loved ones and overall physical health decline (WHO, 2026). The risks of depression among the UK-based older adults are further heightened due to limited access to mental health support, as nearly 85% of older adults have not received adequate support from the NHS (Mental Health, 2026). To overcome these problems, worldwide healthcare organisations and NHS trusts need to expand community services, develop new psychological interventions for timely treatment and reduce inequalities.

3 social issues:

1. Social isolation and loneliness

Most of the older adults over 65 across the UK, as well as worldwide, usually lead an isolated and lonely lifestyle. A survey indicates that about 940,000 older adults in the UK are lonely because of retirement from professional lives, chronic illness and overall reduced mobility (Age UK, 2024). Due to these reasons, the risks of loneliness increase while also mental health worsens, which necessitates adequate healthcare support. To overcome these challenges among the older population, healthcare communities across the UK and worldwide should prioritise social briefing, befriending programmes and community counselling sessions. These will assist in reducing the isolation, especially the sense of loneliness among the older population and improve their mental state (Boulton et al., 2021).

2. Poverty and financial insecurity

Older populations who are 65 or above tend to face intense financial insecurity and poverty since their regular increasing wage gets reduced to a fixed income after retirement (Kang et al., 2022). The risks of financial strain further heighten because of increasing housing costs in the UK, which increased from 12% in 2023 to 14% in 2024, thereby pressuring the proportion of pensioners living in relative poverty (Johnson, 2026). These financial issues limit access to nutritious food, appropriate medicine, which damages the quality of life. To overcome these issues, local governments should consider increasing pension credit uptake, offering affordable housing and accessible financial advice to the older population (Rouzet et al., 2019).

3. Deprivation Disparities:

Deprivation is one of the key reasons that produces healthcare disparity among older adults over sixty-five. The life expectancy (LE) at birth for older people in the deprived UK locations is 73.2 years for men and 78.3 years for women, whereas in the least deprived areas, it was 83.6 and 86.4 years (ONS, 2026). This clearly shows age-related health inequalities in the UK, as the older adults in deprived areas live 10 years less than those in the least deprived areas. To mitigate this social challenge, local governments should improve preventive healthcare access across deprived areas by deploying healthcare specialists, who can assist in reducing morbidity among older men.

National Response to reduce health inequities in your chosen group

Nationally, to reduce the prevalence and unequal treatment related to chronic diseases, WHO introduced 'Integrated Care for Older People (ICOPE)' in late 2017. ICOPE encourages global healthcare organisations to use person-centered, integrated primary care to treat the illnesses of older adults over 65 (WHO, 2026b).

To address the social determinants of public health, such as loneliness, poverty and other healthcare disparities, the United Nations developed an initiative called 'UN Decade of Healthy Ageing 2021–2030' in 2020 with the help of WHO.

This initiative actively works to create a favourable environment for the older population worldwide by tackling ageism, building age-friendly communities and transforming health systems to help them lead a healthy life (UN, 2026).

Organisations that support chosen group:

Hertfordshire Community NHS Trust

Hertfordshire Community NHS Trust (HCT) plays a crucial role in raising awareness about mental health and CVD-driven health inequalities among UK-based older adults. The organisation aims to lower healthcare inequalities by working closely with local UK authorities and offering community-based health and wellbeing services (HPFT, 2026).

Alzheimer's Society

Alzheimer's Society is one of the well-known UK charities that seeks to offer active and life-changing support to older adults with Dementia. The charity prioritises early and accurate diagnosis of dementia through funding research about technology support such as Neuroimaging, and targeted national campaigns focused on spotting early signs and symptoms of dementia (ALZ, 2026).

Conclusion:

To conclude, it can be depicted that older adults aged 65 or above are one of the most vulnerable populations in the UK who are receiving unequal healthcare for their dementia, depression and cardiovascular diseases. Besides these illnesses, they are also encountering loneliness, financial strain and deprivation disparity. Although WHO and the United Nations have taken initiatives such as Integrated Care for Older People and the Decade of Healthy Ageing 2021–2030, these interventions are still proving to be ineffective in fully eliminating the inequality.

Task 2: Epidemiological Analysis

Older adults aged 65+ with dementia in a specific London Borough, such as Camden

Introduction

Dementia is a long-term, progressive neurological disease that severely impairs a person's physical and mental capability, while contributing to social impairment (WHO, 2026). In terms of health consequences, this disease impairs an older person's ability to think clearly, conduct daily tasks, and maintain body balance and bladder control, thereby increasing dependency on others (WHO, 2026).

Socially, relationships between family members and friends are hampered by dementia's memory loss, irritable personality changes, and increased anger and anxiety (Tan et al., 2024). Culturally, dementia significantly damages personal identity by making the older patient forget about traditions, family roles, and overall reputation, which causes stigma (Yu et al., 2025).

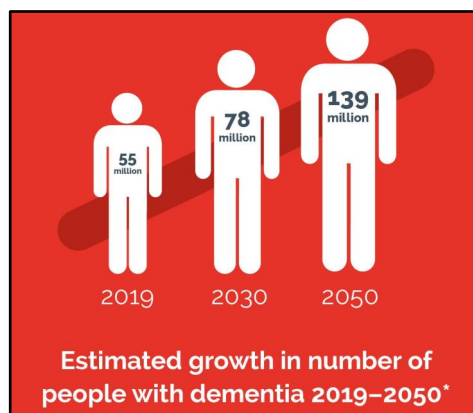


Figure 2: Dementia Prevalence internationally

(Source: Alzint, 2021)

Dementia has become a major healthcare concern affecting over 55 million older people globally and around 982,000 people across the UK (Alzint, 2021; Nuffield Trust, 2025). To be more specific, in Camden, London, about 1723 people have been suffering from Dementia (Modern Gov, 2026). Globally, every year, about 10 million new cases of dementia are being reported, and in 2024, it took 76,894 lives of people who were 65 or above (WHO, 2026; Alzheimer's Research, 2025). This epidemiological analysis therefore seeks to conduct an in-depth analysis of Dementia's prevalence, impacts and associated public health measures to design an appropriate intervention for its mitigation.

Main Body

Public Health Measures Using the 3 Ps

Prevention: To contain the impacts of dementia on memory and hearing among older people across Camden, London, NHS England has implemented dedicated Dementia-risk reduction measures by collaborating with London memory and audiology clinics (England NHS, 2026). This measure helps in promoting awareness about early identification of the condition and its associated physical risk factors.

Protection: To manage dementia and protect Camden's older adults from physical and social consequences, North London NHS Trust ensures the availability of experienced doctors, nurses, therapists and psychologists across the local memory service (NL Trust, 2026). These staff collaboratively provide assessment, diagnosis, treatment and ongoing monitoring services to improve dementia patients' quality of life.

Promotion: Camden memory service has an initiative called 'Connecting Conversations', which organises monthly relaxed gatherings and activity calendars for dementia patients and their families (Camden Age UK, 2026). These gatherings help to promote timely and equitable diagnosis of dementia and personalised post-diagnostic care plans.

Key Determinants and Risk Factors of Dementia

Dementia among older adults aged 65 years or above is significantly influenced by some specific social, economic and environmental determinants. For instance, poverty in old age after retirement from work can prevent a person from consuming healthy food and quality medical care, which increases the risks of dementia (Livingston et al., 2020). Similarly, cognitive decline with age increases social isolation, which lowers social engagement and increases stress, thereby exposing a person to dementia (Zhang et al., 2025). Finally, harmful environmental determinants such as air pollution or poor housing worsen cardiovascular health among older adults, which increases dementia risks through cognitive decline (Grande et al., 2020).

Age is one of the strongest risk factors of dementia among older adults who are 65+, since ageing makes them vulnerable to cognitive slowing, bringing mild changes in memory and thinking speed (Colita et al., 2024). WHO identifies lifestyle choices such as smoking or consuming alcohol, as well as physical inactivity and hypertension, that usually expose older persons to dementia (WHO, 2026). Similarly, genetics and family history can raise the risk of dementia because people who have family members with dementia usually pass on their genes to younger generations (Alzheimer's Society, 2026).

Overall, these determinants and risk factors are reducing the overall life expectancy of approximately 1723 older adults living in Camden, London, necessitating development of stronger interventions for its prevention (Modern Gov, 2026).

Epidemiological Health Needs Assessment in Camden

Epidemiological health needs assessments are highly crucial to identify the scale and distribution of a health problem and pinpoint which specific population is presently most affected by that specific health problem (de Noordhout et al., 2025). Camden's JSNA is a key epidemiologic health need assessment, which offers key insights about the high prevalence of Dementia and its most affected population, as it combines GP diagnosis data, estimated diagnosis rates, mortality and hospital admission data (JSNA Camden, 2026).

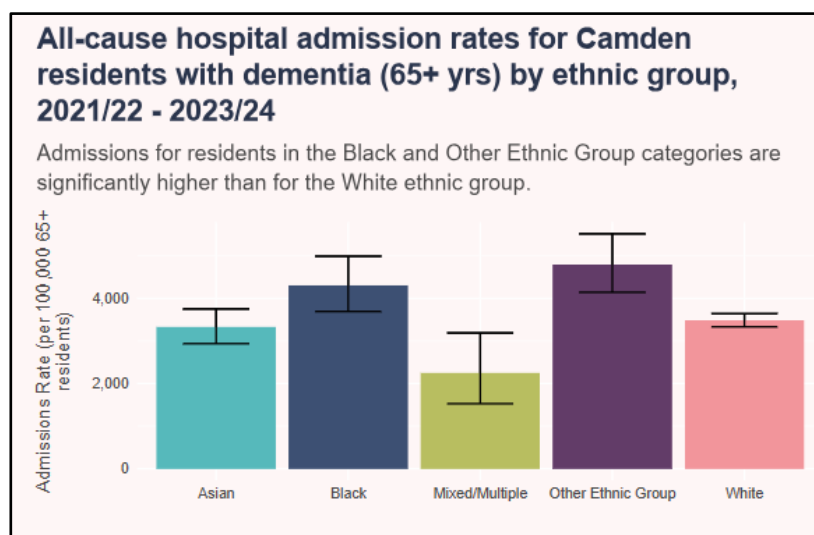


Figure 3: Camden admission rates of Dementia Patients

(Source: JSNA Camden, 2026)

The Camden health assessment identifies that a total of 0.43% of Camden people were diagnosed with dementia. Between 2021/22 and 2023/24, the Emergency admission rates are found to be highest, nearly 100,000 in Camden, due to dementia. Among 100,000 admissions, 4,304 belonged to black community, and 4,794 were from other ethnic minority groups compared to 3,483 white admissions (JSNA Camden, 2026). The higher rates of admissions of black and ethnic minorities clearly indicate care inequalities, requiring targeted intervention for prevention, diagnosis and care for deprived people.

Monitoring and Surveillance of Dementia

Effective epidemiological surveillance is essential for tracking the prevalence of Dementia and allocating public health resources properly to lower the impacts (Shen et al., 2025). To monitor the prevalence of dementia, Camden local authority uses multiple NHS surveillance mechanisms. Firstly, the Primary Care-GP registers help record dementia diagnosis cases in electronic health records, which are later used to track changes in diagnosis rates and identify inequalities. This record also helps professionals track prevalence rates, demographic patterns, and identify different types of diagnosis rate across different communities. Secondly, Hospital Episode Statistics (HES) offer information related to dementia-related admissions, mortality rates, and length of stay in the healthcare setting (Reeves et al., 2022). This data helps healthcare professionals to examine and understand the severity of diseases and areas where healthcare demand is comparatively high. Thirdly, the mortality surveillance systems positively keep records about the deaths caused by dementia. It helps to understand the long-term impact of dementia on the population's health. As dementia is one of the fastest-growing diseases in the UK, it is important to track the mortality rate for this disease to identify its consequences and for better public health planning. Therefore, these surveillance systems indicate a comprehensive picture of dementia prevalence, incidence, and outcomes of dementia.

Public health impact and consequences of dementia:

The public health impact of dementia not only impacts the individual patient but also impacts their families, social care system, and healthcare services. In the short term, dementia causes communication difficulties, reduced independence, and memory impairment, which also enhance the risks of falls and hospital admission (Davey et al., 2024). These health impacts significantly reduce the quality of life and enhance the demand for healthcare services. They also have a significant long-term impact on dementia. As a long-term consequence, dementia causes severe disability, and patients get completely dependent on others, which also creates high mental pressure on the patients (Li et al., 2022). At the population level, dementia also puts high pressure on social and health care settings. Apart from the financial pressure, the large number of ageing population in the UK creates high demand for specialists, clinicians, residential care services and other different community support programmes. Therefore, with the health challenge, dementia also creates a social and economic burden across the UK and within Camden.

Proposed health intervention programme and evaluate impact:

To control the rising trends of dementia among older adults in Camden, a community-based dementia control programme must be implemented. The intervention would target adults aged 65 years and more and, particularly, those who belong to the ethnic minority and deprived communities. The programme would consist of four key elements: Firstly, it will drive a community awareness programme to improve understanding of dementia symptoms. Secondly, this programme will arrange regular cognitive screening through community centres, pharmacies, and GP practices that will help to detect dementia in the early stage. Thirdly, this programme will encourage a healthy diet, daily physical activity. Fourthly, this intervention programme will enhance the support system and provide education, respite care and counselling for family members and dementia patients.

As an impact, this intervention will raise awareness related to dementia among the population of the UK. The intervention will also help to detect the disease in the early stage, which will reduce the overall treatment cost of patients and reduce pressure from healthcare organisations (Alowais et al., 2023). Therefore, this intervention has a positive impact on managing and controlling dementia.

Strengths and weaknesses of the epidemiological approach:

The epidemiological approach has different strengths. First of all, it is highly dependent on collecting data from different populations, including GP records, mortality statistics, hospital admissions, and JSNA reports, which significantly develop the reliability of the findings (Jassat et al., 2021). On the other hand, there are also some limitations. Firstly, dementia is often underdiagnosed, which could cause incomplete data in surveillance. Secondly, different healthcare professionals follow different approaches for treatment delivery, which could also differ in data quality.

Conclusion:

In conclusion, dementia is one of the major health problems among elderly people aged about 65 years and older in Camden. This disease affects daily activities, memory and overall quality of life. There are different factors like older age, social isolation, unhealthy lifestyles, and poor living environment that significantly enhance the risks of dementia. Different epidemiological tools, including health needs assessments and surveillance systems, help to monitor the trends of the

disease and identify the affected group. Also, it is found that strong community engagement is essential for better support and early detection of dementia.

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