

ANALYTICAL REPORT ON DISABILITY AND HEALTH INEQUALITIES

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ANALYTICAL REPORT ON DISABILITY AND HEALTH INEQUALITIES

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ASSESSMENT PART-1: REPORT

INTRODUCTION

² “A disability is any condition/ impairment of the body or mind that makes it more difficult for the individual with the condition/ impairment to do certain activities or limiting the activities and interaction with the world around them making them more restrictive and participative.” (CDC, 2020). Disabilities can be varied in accordance with the affect such as vision, learning, hearing, movement, communicating, mental health, and social relationships. Some disabilities are visible, such as using wheelchair or physical deformity, while others may be invisible, such as mental conditions and chronic illness. The health inequalities are at a higher risk in disabled individuals due to factors like discrimination, stigma, socioeconomic status, ¹³ exclusion from education and employment, and the barriers inside the health system. (WHO, 2023)

ABSTRACT AND ANALYSIS

SECTION 1: CONTEXTUAL BACKGROUND AND

UNDERLYING FACTOR

1. Mental Illness:

In the UK, there has been increasing recognition of the importance of mental health illness and disability issues, but disparities still exist. 1 in 4 people in the UK are experiencing mental ill health like depression, anxiety, bipolar disorder in the UK. (ONS, 2019) Stigma surrounding

mental health can deter the affected from seeking health and support. Long waiting time for mental health assessments and treatments lead to delay in getting support the people needed. Untreated or unmanaged mental conditions can exacerbate the feeling of hopelessness and increase the risk of self-harm or suicide. (NHS, 2022). As of 2020, 28% of the affected people are less likely to get employed compared to normal individuals.

¹⁰ **2. Chronic Obstructive Pulmonary Disease (COPD):**

Around 1.2 million people are living with COPD in the UK. As the main cause of COPD remains smoking, people in disadvantaged communities may face challenges in accessing the smoking cessation support and resources. (Roy, Isaretta and David, 2016). COPD can result in pneumonia, heart failure and ischemic heart disease. The co-existence can lead to higher mortality in individuals living in higher levels of deprivation due to improper and untimely access to healthcare. The COPD affected individuals can face the stigma due to its self-infliction from smoking, which can lead to judgement and blame for their condition in their work surroundings and families. (NIH, 2021).

3. Socioeconomic Status:

In 2019 in the UK, around 3.5% people in ⁵the most deprived areas are more likely to die from avoidable healthcare issues than the people from the least deprived areas. (Maguire, 2022). People from lower socioeconomic groups may face barriers in accessing healthcare

services and have limited access to nutrition and live in poorer environments. ¹² Those in lower Socioeconomic status are likely to work in jobs with higher physical demands and greater exposure to workplace hazards in contrast with the people living in higher socioeconomic status where they have less exposure to hazards and better working conditions. (Maguire, 2022).

4. Ethnicity and Race:

⁶ Ethnic minority groups in the UK experience health inequalities due to various factors like discrimination, cultural differences in accessing healthcare and socioeconomic disparities. Pandemic data of ONS shows that the mortality rate from all health causes were highest among mixed white and black Caribbean group when compared with the white British groups (Raleigh, 2023). Discrimination and racism can have adverse effects on the health of ethnic minorities. This cause higher levels of stress and psychological distress contributing to health disparities. (Local government Association, 2021).

SECTION 2: NATIONAL RESPONSE TO REDUCE HEALTH INEQUALITIES IN THE DISABLED

The UK's national response has involved various policies, programs and initiatives aimed at reducing disparities in healthcare access and outcomes for disabled people. **National Disability Strategy** is a comprehensive plan aimed at improving the lives of disabled individuals across various aspects of the society. It

sets out specific actions and commitments like education, employment, accessible transport, access to social and health care, independent living and tackling discrimination. (GOV.UK, 2021). The UK government has been working on social care reform to address the challenges faced by the individuals and their access to quality care and support services. Research and data collection process are undergoing to understand the specific health needs, disparities, discrimination faced by the disabled individuals. Various employment initiatives have been introducing to access job and employment opportunities. ***The Disability action Plan 2023-2024*** initiate every part of government working together to transform the life of disabled people to better and fully participative. (GOV.UK, 2023). It highlights ²⁰ the impact of social determinants of health on disabled individuals and advocate changes in areas like education, housing, and employment. They are reviewing various policies relating to disability and disabled people in the UK and worldwide. A new panel has been set up to build their understanding on the impact of cost of living and services provided on disabled people. It also fosters employers to consult with employee in exploring the alternative options before rejecting their request. Through ²¹ the department of health and social care, a certain fund has been allocated to foster new care workforce pathway for adult social care to support the development and provide a career structure.

SECTION 3: ORGANISATIONS IN THE UK THAT SUPPORT THE DISABLED

The Disability Rights UK is a national charity that promotes the rights of the disabled people. They provide information and advice on various topics, including

benefits, education, and accessibility irrespective of their gender, identity, race, identity, sexuality, or religion. (Disability Rights UK, 2023) Their vision is to create a society for disabled people to have equal power, rights, and opportunity. The mission is to campaign for the rights of disabled people included in all aspects of life and society. This charity provides continuous and comprehensive information, guidance and support to the disabled individuals and their families. It ensures they have access to vital resources and opportunities to thrive. They aim to ensure the disabled individuals have equal access to opportunities and are treated with respect and fairness. They also focus on the wide range of issues including employment, education, health, and social care. The charity also encourages people to actively participate in shaping policies facilitates involvement in decision-making processes through various platforms and empowering the disabled individuals to become the change in their communities. The charity also equips the disabled individuals with the knowledge and skills necessary to adapt the challenges and assert their rights effectively. They aim to take intersectional approach in helping the disabled individuals to face the society. The effort of the charity contributes to creating more inclusive and equitable society where everyone, regardless of their abilities, can fully participate and contribute to the community. It also determines the current or new product testing through user panels or commissioning pan-disability focus groups. Various resources are provided to help the disabled in coping up with the life and community-based care.

CONCLUSION

Concluding, the health inequalities in disabled groups in the UK continue as a significant social and public health challenge. The disabled individuals have trouble

and disparities in accessing healthcare influenced by various factors like socioeconomic status, education, housing, ethnicity, race, and gender. Despite efforts from the UK government and other organisations to address these issues, significant gaps remain in the health outcomes and access to healthcare service to the disabled individuals. Policies, programs, and campaigns should include empowering approach by enhancing the disabled individuals to have greater control over their healthcare decisions and support services. They need to address the stigma and discrimination against disabled people and foster a more inclusive society by treating the disabled with dignity and respect.

ASSESSMENT PART-2: ANALYTICAL REPORT

INTRODUCTION

¹⁵ Chronic Obstructive Lung Disease (COPD) is a non-communicable, chronic lung disease encompassing various lung conditions like emphysema and bronchitis causing the airflow problems and difficulty in breathing. This conditions commonly affects the middle-aged and older adults who smoke. (CDC, 2023). The impact of COPD affects the individual's health, beyond that it affects various aspects of their lives including their families and their communities. The affected individuals may face stigma and discrimination, due its association with smoking and misconceptions abouts its causes. Cultural factors may influence help-seeking behaviours and healthcare access among diverse communities like the UK. (Pleasant⁹ et al., 2016). The signs and symptoms of COPD includes shortness of breath, continuous cough with phlegm (smoker's cough), chest infections and wheezing. (NHS Choices,³ 2023).

COPD is the fourth leading cause of death worldwide. The prevalence of COPD is around 1.2 million people in the UK are living with COPD and reported as the second leading disease-causing emergency admissions in the UK. The incidence rate stands at 2.75 per 1000 people in the UK. It causes 28,000 deaths per year in the UK. (CKS-NICE, 2023). The COPD disease have affected 9.5% of the global population with its prevalence of 212 million cases around the world. COPD is the third leading cause of death, causing 3.2 million deaths per year. (WHO, 2023) The incidence of COPD worldwide stands at 16 million new cases are reported around the world per year. (Wang et al., 2022). The incidence and prevalence of COPD varies according to the geographic location, socioeconomic status, smoking rate, and access to healthcare. The disease prevalence and incidence are highlighted among the adults aged 30-70 years.

ABSTRACT AND ANALYTICAL REPORT

Public Health Measures in COPD:

The COPD affected adult men population aged between 30 years to 70 years need special address to contain the disease through various measures like implementing public health strategies by launching health and education campaigns to raise awareness on the risk factors of COPD and the consequences of smoking and exposure to environmental pollutants. The implementation of tobacco control policies, and ensuring proper occupational health and safety measures, developing early detection programs, and conducting evidence-based research on prevalence to improve health outcomes are helpful in controlling the disease. (Pleasants et al., 2016) Whereas the treatment and management of the disease includes

implementation of smoking cessation programs to individuals to quit smoking, designing pulmonary rehabilitation programs widely available to the affected population, ensuring adherence and access to medication and healthcare to the COPD affected population. The reduction and control of the disease depends on the ensuring the early detection and healthcare available, accessible, and affordable to all individuals allowing early diagnosis and management. The morbidity and mortality of COPD population majorly depends on the late detection and inaccessible healthcare to the deprived population due to various stigma and marginalisation. (CDC, 2011). This can be avoided by providing equal and accessible healthcare and community care to the COPD affected population. By implementing these public health measures, an effective ¹⁶ reduction in the incidence and impact of COPD in the population, leading to better health outcomes and improved quality of life.

The Key Determinants / Risk factors of COPD:

The Key determinants of COPD include social determinants like smoking, environmental exposures, socioeconomic status, and passive smoking. Smoking damaged the lung tissues causing obstruction to the airways and lung infection. (CKS, NICE, 2016). Individuals with lower socioeconomic status may have higher smoking rates due to factors like stress, limited access to education and healthcare. Chiefly, marginalised communities often face higher rate of smoking and higher instance of COPD. Individuals living in crowded or multi-unit housing may be more exposed to passive smoking. ⁴ Smoking is more common in men than women and age determinant stays between 30 to 70 years. People with lower socioeconomic status, limited education, and marginalised communities ¹⁹ often face higher rates of smoking and consequently higher rates of COPD. Population with

strong social support networks and better health literacy may be more successful in quitting smoking and managing their COPD effectively. The other factor of COPD is exposure to harmful environmental pollutants nitrogen dioxide, sulphur dioxide and other irritants. Lower socioeconomic status may live in areas with higher pollution levels due to industrial activities, traffic congestion or poor housing conditions increases the risk of COPD. Certain factors like working in construction, mines, and manufacturing can have higher rate of exposure to COPD. Population with lower health literacy may have difficulty recognizing and avoiding exposure to harmful pollutants.

Epidemiological Study on the population at Risk of COPD:

The major population at risk of COPD are smokers compared to non-smokers. The *Relative Risk* of COPD is approximately 18% in smokers whereas it is only 7% in the non-smokers.

Surveillance and monitoring of COPD in public health:

The major organisations in the UK to monitor and create surveillance of COPD in the UK includes NHS which collects and maintains data of the COPD population. It provides valuable insights into ¹⁸ the prevalence and impact of COPD on the deprived population. (NHS, 2023). The public health England analyse the data of COPD prevalence, hospitalisations and mortality rates and burden of the disease among the UK healthcare. It identifies the high-risk groups and geographic areas. (PHE, 2022). The British Lung Foundation is a charity organisation that conducts research and raises awareness about COPD. It also engages in surveillance and

monitoring the healthcare access to deprived and low socio economic population living with COPD. It enhances the equal healthcare opportunities to all who are affected with COPD. (BLF, 2019). The National asthma and audit programme, run by the Royal college of physicians collects and analyses data on the quality of COPD care in hospitals and primary care settings. It identifies area for the improvement of COPD management, healthcare facilities and patient outcomes. (NACAP, 2023). These surveillance and monitoring data on COPD allow policymakers and healthcare providers to design targeted prevention and management strategies, allocate resources efficiently and implementing public health interventions to reduce the burden if COPD in the UK population. Regular updates and analyses of surveillance are essential to track changes and accessing data of healthcare accessibility, effective intervention over time which are equal to all population despite the social stigma and discrimination of COPD in the UK population.

Epidemiological Public Health Impact of COPD:

The prevalence of COPD in the UK is around 2.6% in the total population with 4.6% in those aged more than 30 years of age and 5% in smokers. While the accurate data of COPD is hard to analyse, undiagnosed cases of COPD are still represented. (Rayner *et al.*, 2017). The overall incidence rate is COPD is 9 per 1000 individuals per year. ²² The burden of COPD on the healthcare system is significant, as it leads to increased healthcare utilization, hospitalization, and associated costs. The mortality rate stands at 68 per 100,000 in the year 2020 as per ONS, but it has been significantly reduced post COVID recovery period to 58 per 100,00 in the year 2021 (ONS, 2022). ¹¹ COPD causes 30,000 deaths per year and 19,000 deaths within 90 days of admissions in the UK. (NHS, 2022). It is calculated that at least 35% to 50%

of COPD affected individuals experience acute exacerbations in a year in the UK. (Whittaker et al., 2022). The *hazard ratio* is 1.7 in single individuals with single exacerbation where it is 3.4 in individuals with more than 5 exacerbations in a year. COPD can cause significant disability in the affected individual, limiting their ability to perform day to day activities and may experience lower quality of life due to frequent infection and breathing problems. The economic burden is one of the major long-term consequences of COPD in the UK. Around 15% of adult men smokers develop COPD which causes economic burden in the UK of around 3 billion GBP per year. (NHS, 2023).

Health intervention programme for COPD and the Impacts:

The main aim of the health intervention program is to implement an integrated approach to managing COPD in the UK. The proposal will help in the early detection, disease management and focus on comprehensive care ¹⁷ to improve the quality of life of the COPD affected individuals. It also aims to foster reduced hospitalisations and decrease the burden of the disease on healthcare system. The major component of the program includes early detection and screening in the high-risk population and vulnerable areas. Smoking cessation and prevention campaigns to support and initiate the risk of smoking and environmental hazards of smoking causing COPD. Establishing pulmonary rehabilitation to provide comprehensive rehabilitation services to the affected individuals. Telemedicine and home care to provide and strengthen the support to those in remote and underserved population. Evaluating the impact of the intervention program includes assessing the implementation of each program component, including the reach and fidelity of interventions, to ensure the programs is delivered as planned through *process evaluation*. Using pre and

post intervention data to evaluate the impact of the program such as smoking rates, hospitalisations, exacerbations, and the quality of life through *outcome evaluation* and *impact evaluation* process. Conducting a long-term follow up to assess the sustainability of the COPD intervention program's impact over time and gathering feedback from patients, health providers and other stakeholders to understand their experiences with the program and identifying the areas of improvement contributes to the *summative evaluation* process.

CONCLUSION

Strength and weakness of public health and epidemiological approach:

Public health/ epidemiological approach considers various determinants of health and risk factors of COPD, including smoking, environmental exposures, socioeconomic factors, and access to healthcare. It is a comprehensive approach to address multiple factors contributing to COPD. The partnership between the governmental agencies, healthcare providers, researchers and community organisations enhance the implementation and dissemination of interventions. However, the epidemiological studies often require a significant amount of time to gather data, analyse results and implement interventions based on findings. It creates lag and time delay in implementation of timely interventions. The public health intervention may sometime face limitations and inadequate funding and resources to ensure effective interventions. A multifactorial disease like COPD is often challenging as the epidemiological studies / public health interventions focuses on the associations rather than the cause of the disease.

REFERENCES

- Britton, M., (2003). The burden of COPD in the UK: results from the Confronting COPD survey. *Respiratory medicine*, 97, pp.S71-S79.
- Centers for Disease Control and Prevention. (2011). Available at: https://www.cdc.gov/copd/pdfs/framework_for_copd_prevention.pdf (Accessed: 23 July 2023).
- Chronic obstructive pulmonary disease (COPD) (2023) Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/copd/index.html#:~:text=What%20is%20COPD%3F,Americans%20who%20have%20this%20disease.> (Accessed: 22 July 2023).
- Chronic obstructive pulmonary disease (COPD) (no date) World Health Organization. Available at: [https://www.who.int/news-room/fact-sheets/detail/chronic-obstructive-pulmonary-disease-\(copd\)](https://www.who.int/news-room/fact-sheets/detail/chronic-obstructive-pulmonary-disease-(copd)) (Accessed: 22 July 2023).
- CKS is only available in the UK (2016) NICE. Available at: <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/background-information/risk-factors/> (Accessed: 23 July 2023).
- CKS is only available in the UK. NICE. Available at: <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/background-information/prevalence-incidence/> (Accessed: 22 July 2023).
- Counts and Percentages of Adults with a Mental Illness, by Occupation, Age, Sex and Ethnicity, between May and July 2012 to 2017. *Counts and Percentages of Adults with a Mental Illness, by Occupation, Age, Sex and Ethnicity, between May and July 2012 to 2017 - Office for National Statistics*, (16 Mar. 2018), www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth/adhocs/008200countsandpercentagesofadultswithamentalillnessbyoccupationagesexandethnicitybetweenmayandjuly2012to2017.
- Disability Action Plan 2023 to 2024: Consultation Document. GOV.UK, www.gov.uk/government/consultations/disability-action-plan-2023-to-2024/disability-action-plan-2023-to-2024-consultation-document. (Accessed 21 July 2023).
- Disability and Health Overview. Centers for Disease Control and Prevention, (16 Sept. 2020), [www.cdc.gov/ncbddd/disabilityandhealth/disability.html#:~:text=A%20disability%20is%20any%20condition,around%20them%20\(participation%20restrictions\).](http://www.cdc.gov/ncbddd/disabilityandhealth/disability.html#:~:text=A%20disability%20is%20any%20condition,around%20them%20(participation%20restrictions).)
- Disability Rights UK, www.disabilityrightsuk.org/. (Accessed 21 July 2023).
- Disability. World Health Organization, www.who.int/health-topics/disability#tab=tab_2. (Accessed 17 July 2023).
- Health Inequalities: Ethnicity Case Studies. Local Government Association, (30 Nov. 2021), www.local.gov.uk/our-support/safer-and-more-sustainable-communities/health-inequalities-hub/health-inequalities-4.
- Health Matters: Reducing Health Inequalities in Mental Illness. GOV.UK, www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness. (Accessed 21 July 2023).
- Interactive health atlas of lung conditions in England (inhale): February 2022 update (no date) GOV.UK. Available at: [https://www.gov.uk/government/statistics/interactive-health-atlas-of-lung-](https://www.gov.uk/government/statistics/interactive-health-atlas-of-lung-conditions-in-england)

conditions-in-england-inhale-2022-update/interactive-health-atlas-of-lung-conditions-in-england-inhale-february-2022-update (Accessed: 25 July 2023). *Interactive health atlas of lung conditions in England (inhale): November 2021 update* (2021) GOV.UK. Available at: <https://www.gov.uk/government/statistics/interactive-health-atlas-of-lung-conditions-in-england-inhale-november-2021-update/interactive-health-atlas-of-lung-conditions-in-england-inhale-november-2021-update> (Accessed: 25 July 2023).

Maguire, Ethan WilliamsDavid BuckGbemi BabalolaDavid. "What Are Health Inequalities?" *The King's Fund*, 17 June 2022, www.kingsfund.org.uk/publications/what-are-health-inequalities#:~:text=In%20England%2C%20in%202019%2C%20women,in%20the%20least%20deprived%20areas.

National asthma and COPD audit programme has closed (2023) *National Asthma and COPD Audit Programme*. Available at: <https://www.nacap.org.uk/> (Accessed: 23 July 2023).

National Disability Strategy - GOV.UK, assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1006098/National-Disability-Strategy_web-accessible-pdf.pdf. (Accessed 21 July 2023).

NHS Choices, transform.england.nhs.uk/key-tools-and-info/digital-playbooks/respiratory-digital-playbook/digital-service-to-manage-high-risk-chronic-obstructive-pulmonary-disease-copd-patients/#:~:text=In%20the%20UK%2C%201.2%20million,in%208%20UK%20hospital%20admissions. (Accessed 21 July 2023).

NHS Choices, www.england.nhs.uk/blog/tackling-lung-disease-can-help-reduce-health-inequality/#:~:text=The%20incidence%20and%20death%20rates,and%20exposure%20to%20occupational%20pollutants. (Accessed 17 July 2023).

NHS choices. Available at: <https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/> (Accessed: 22 July 2023).

Nice and Health Inequalities. *NICE*, www.nice.org.uk/about/what-we-do/nice-and-health-inequalities. (Accessed 17 July 2023).

Office for Health Improvement and Disparities (OHID) (2022) *Public Health Profiles, Public health profiles* - OHID. Available at: <https://fingertips.phe.org.uk/search/COPD> (Accessed: 23 July 2023).

Overview of potential to reduce lives lost from chronic obstructive(2014). Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/02/rm-fs-6.pdf> (Accessed: 23 July 2023).

Philip, K., Gaduzo, S., Rogers, J., Laffan, M. and Hopkinson, N.S., 2019. Patient experience of COPD care: outcomes from the British lung Foundation patient Passport. *BMJ open respiratory research*, 6(1), p.e000478.

Pleasant, R.A., Riley, I.L. and Mannino, D.M. (2016) *Defining and targeting health disparities in chronic obstructive pulmonary disease*, *International journal of chronic obstructive pulmonary disease*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5065167/> (Accessed: 22 July 2023).

Prescott, E. and Vestbo, J. (1999) *Socioeconomic status and chronic obstructive pulmonary disease*, *Thorax*. Available at: <https://thorax.bmj.com/content/54/8/737> (Accessed: 23 July 2023).

Pride, N.B. and Soriano, J.B., (2002). Chronic obstructive pulmonary disease in the United Kingdom: trends in mortality, morbidity, and smoking. *Current opinion in pulmonary medicine*, 8(2), pp.95-101.

Quantifying health inequalities in England (2022) *The Health Foundation*.

Available at: <https://www.health.org.uk/news-and-comment/charts-and-infographics/quantifying-health-inequalities> (Accessed: 25 July 2023).

Raleigh, Veena. "The Health of People from Ethnic Minority Groups in England." *The King's Fund*, (17 May 2023),

www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england.

Rayner a b et al. (2017) *The prevalence of COPD in England: An ontological approach to case detection in primary care*, *Respiratory Medicine*. Available at: <https://www.sciencedirect.com/science/article/pii/S0954611117303633#:~:text=COPD%20was%20estimated%20to%20affect,the%20total%20population%3A%201.91%25>. (Accessed: 26 July 2023).

Roy A Pleasants, Isaretta L Riley & David M Mannino (2016) Defining and targeting health disparities in chronic obstructive pulmonary disease, *International Journal of Chronic Obstructive Pulmonary Disease*, , 2475-2496, Seymour, J.M., Spruit, M.A., Hopkinson, N.S., Natanek, S.A., Man, W.C., Jackson, A., Gosker, H.R., Schols, A.M.W.J., Moxham, J., Polkey, M.I. and Wouters, E.F.M., 2010. The prevalence of quadriceps weakness in COPD and the relationship with disease severity. *European Respiratory Journal*, 36(1), pp.81-88.

Tell us whether you accept cookies (2023) *Prevalence of symptoms and impact of respiratory infections, UK, dataset: 10 July 2023 - Office for National Statistics*.

Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/prevalenceofsymptomsandimpactofrespiratoryinfectionukdataset10july2023> (Accessed: 22 July 2023).

Wang, H. et al. (2022) *Global, regional, and national burden of chronic obstructive pulmonary disease from 1990 to 2019*, *Frontiers*. Available at: <https://www.frontiersin.org/articles/10.3389/fphys.2022.925132/full> (Accessed: 22 July 2023).

Whittaker, H. et al. (2022a) *Frequency and severity of exacerbations of COPD associated with future risk of exacerbations and mortality: A UK routine Health Care Data Study*, *International journal of chronic obstructive pulmonary disease*. Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8901192/#:~:text=Between%2030%25%20and%2050%25%20of,least%20one%20exacerbation%20per%20year>. (Accessed: 25 July 2023).

Woo, Seoyoon, et al. "Stigma Experiences in People with Chronic Obstructive Pulmonary Disease: An Integrative Review." *International Journal of Chronic Obstructive Pulmonary Disease*, (4 June 2021),

www.ncbi.nlm.nih.gov/pmc/articles/PMC8187000/#:~:text=Due%20to%20its%20link%20to,of%20these%20stigmatized%20chronic%20conditions.&text=Because%20most%20people%20who%20develop,therefore%2C%20experience%20stigmatization%20by%20others.

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