

Epidemiological Analysis Report

**Health Inequalities among Older Adults in the United Kingdom and Epidemiological
Analysis of Type 2 Diabetes among Adults in the London Borough of Tower Hamlets**

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Task 1: Social Epidemiological Analysis

1. Introduction

In the United Kingdom, older adults (65 years and above) segment is the most rapidly growing population segments. As reported by the Office for National Statistics (ONS), almost 11 million people (18.6%) in England and the Wales were aged 65 years+ in 2021. Thus, the importance of healthy ageing is increasing (ONS, 2023). Inequalities in health signify the improper and avoidable difference in the health status, health care and health outcome between population groups in society. Older persons are more vulnerable to these inequalities because they have more long-term illnesses, greater decrease in their mobility, social isolation, and material deprivation. According to studies, those with multiple long-term condition are much more likely to experience later in life, particularly poorer health outcomes, increased healthcare needs among older adults with disadvantage (Cock et al., 2019).

Number of people aged 65+ accessing long term support during the year, 2015/16 to 2023/24

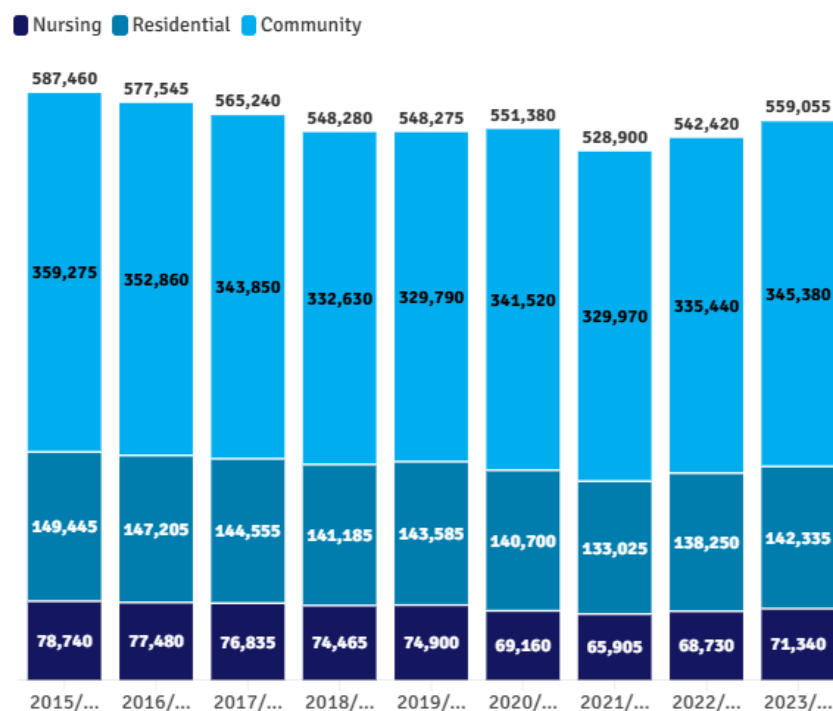


Figure 1: The number of older people receiving local authority long-term care is not keeping pace with rising need

(Source: Age UK, 2025)

2. Contextual Background and Underlying Factors

2.1 Disease and Health Issues among Older Adults (65+) in the UK

Disease/Health Issue	Key UK Statistics	Why Older Adults are Vulnerable	Evidence-Based Solution
Multiple Long-Term Conditions (Multimorbidity)	Approximately 68% of those aged 80 and over in England live with 2+ long-term health conditions, such as diabetes, arthritis and heart disease (Age UK, 2025).	Ageing weakens body systems and increases the risk of developing several chronic diseases at the same time. Older adults in deprived areas develop multimorbidity earlier than those in wealthier areas.	Integrated care, regular health assessments, medication reviews and personalised care plans can improve health outcomes and reduce hospital admissions.
Dementia	By May 2025, over five hundred thousand people in England have been diagnosed with dementia. Approximately 65.6% of those aged 65 and over that have been diagnosed with dementia have not had a formal diagnosis (UK Parliament, 2025).	Increasing age is the strongest risk factor. Delayed diagnosis, social deprivation and unequal access to specialist services contribute to poorer outcomes.	Early diagnosis through memory clinics, cognitive stimulation therapy, carer support and integrated dementia services improve quality of life.
Falls and Frailty	Around 30% of adults who are above 65 years fall every year. This makes a fall of these aged people one of the main causes of an injury and admission to the hospital (Appeadu and Bordoni, 2023).	Muscle weakness, poor balance, osteoporosis, vision problems and chronic illnesses increase the likelihood of falls and long-term disability.	Falls prevention programmes, balance and strength exercises, home safety assessments and medication reviews can significantly reduce falls.

2.2 Social Issues Affecting Older Adults (65+) in the UK

Social Issue	Key UK Statistics	Health Impact	Evidence-Based Solution
Poverty	According to Age UK (2019), almost 5.9 million individuals age 65 and over in England suffer from a major disadvantage, such as poverty, ill health, loneliness, or poor housing.	Difficulty paying for essential services - such as food, heating, transport and healthcare - increases the risk of long-term illness, poor mental health and lower quality of life.	Increase pension support, provide welfare advice, fuel assistance and targeted financial support for low-income older adults.
Social Isolation and Loneliness	In England, 2 million people aged 75 and older live alone. Over 1 million older people over 65s report not talking to a friend, neighbour or family member for over a month (NHS, 2022).	Older adults who feel lonely may suffer from depression, anxiety, cognitive decline and cardiovascular disease.	Expand social prescribing, community groups, befriending services, volunteering opportunities and digital inclusion programmes.
Poor Housing	Around 5.9 million older adults in England experience one or more major disadvantages, including poor housing, with the proportion increasing to 80% among those aged 85 years and over (Age UK, 2019).	Poor-quality housing increases the risk of respiratory disease, falls, excess winter deaths and mental health problems, while reducing independence.	Improve home adaptations, insulation, accessible housing, local authority repair schemes and age-friendly housing policies.

3. National Responses to Reduce Health Inequalities

The NHS Long Term Plan (2019) aims to bring down health inequalities by increasing access to health services and providing support to individuals with long-term conditions, especially

older adults (Alderwick and Dixon, 2019). Promoting integrated care and planning helps older people maintain independence and reduce avoidable hospital admissions for fatal falls and hospitalisation. NHS England places a strong emphasis on setting priorities for early diagnosis and community-based services.

An equally important project is Core20PLUS5, a national NHS England programme targeting the 20% most deprived communities (Core20) and other disadvantaged groups (PLUS). This programme seeks to address differences in healthcare access and outcomes in five priority clinical areas, namely, hypertension, chronic respiratory disease, severe mental illness and early diagnosis of cancer. According to evidence, targeted interventions implemented under Core20PLUS5 have enhanced the delivery of preventive care and promoted fairer service delivery for older adults. As per current public health research, the Core20PLUS5 framework offers a useful structure for addressing the social determinants of health and health inequalities in England (Elliott et al., 2025).

4. Organisation Supporting the Target Group

Age UK, a national charity in UK, helps in improving life quality of elder UK citizens. In 2009, Age Concern merged with the Help the Aged, the charity works to make sure older people are valued, included and supported. (Age UK, 2024). Its vision for 2024–2029 is to create a society where every older person feels included and valued while reducing poverty, inequality and poor health among older adults (Age UK, 2026).

Healthy life expectancy in years at age 50-54 and 65-69, by sex, England, 2014-16 to 2021-2023

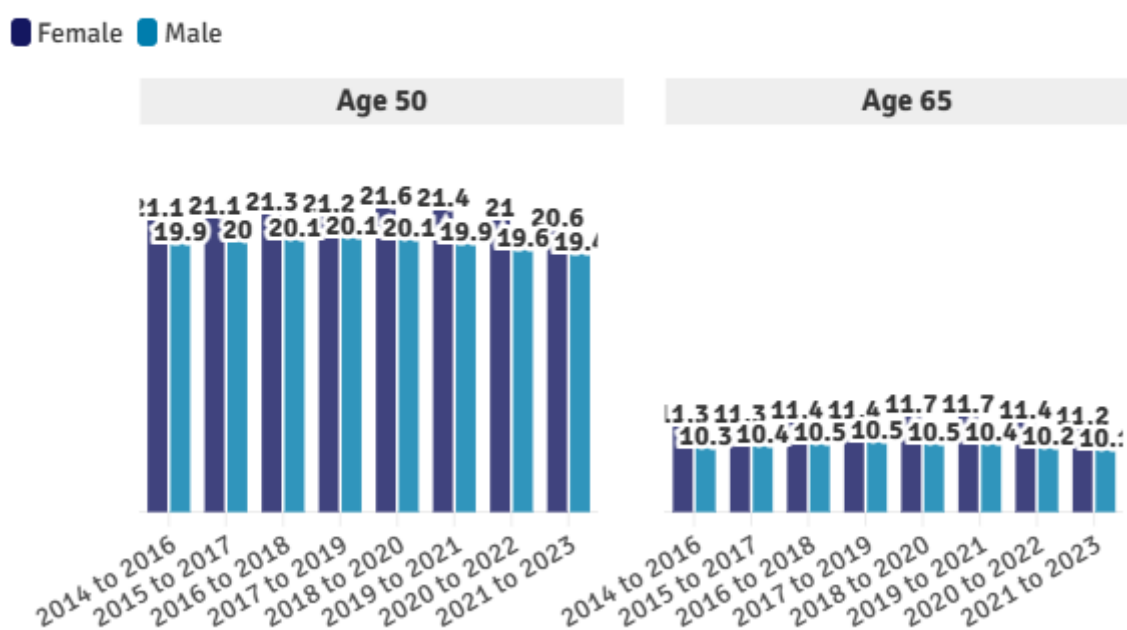


Figure 2: Healthy life expectancy over age 50 is declining

(Source: Age UK, 2025)

Age UK offers all sorts of services for older people. For example, they offer free information and advice on health, social care, housing, benefits and finance. The Silver Line Helpline provides an opportunity for the elderly to socialize and make friends and reduces loneliness and improves wellbeing, as per Yee (2025). Every year, the charity aids thousands of older individuals throughout England (UK Parliament, 2025) through more than 120 local Age UK organizations. Alongside direct support, Age UK is crucial in combating health inequalities. The charity provides research, policy and public-private campaigning power for a better NHS and social care. There has been an emphasis on improving access to social care, tackling digital exclusion and reducing loneliness amongst older adults. The organization has engagement with policymakers and health care profession to evidence the needs of older people in national policies; helping to reduced health inequalities and improve quality of life.

5. Conclusion

Older adults can experience certain health inequalities, such as multimorbidity, dementia, poverty, loneliness, and poor housing, that impact their quality of life. Various national initiatives and organisations such as Age UK help to address these inequalities. However, further investment into prevention, integrated care and social support is needed to promote healthy ageing and reduce avoidable inequalities across the UK (Age UK, 2025).

Task 2: Epidemiological Analysis

1. Introduction

Type 2 diabetes is a chronic non-communicable disease where the body can no longer respond to insulin, or insulin production slows down, leading to over accumulation of glucose in the blood. It makes up almost 90% of all cases of diabetes and is closely linked to obesity, lack of exercise and an unhealthy diet. Globally, in 2024, almost 589 million adults (translating to 11.1%) living with diabetes, which will increase to 853 million by the year 2050 (Irin Genitsaridi et al, 2025). Approximately 6 million UK nationals have diabetes, 1.3 million of whom are undiagnosed, with about 90% having type 2 diabetes (Diabetes UK, 2023). According to reports, Tower Hamlets has one of the highest diabetes rates in the country. This is because the borough suffers from high deprivation levels and a large population of South Asians, which has a higher risk of diabetes. Type two diabetes not only causes complications like blood vessel affliction (cardiovascular disease), blindness, kidney failure, and amputations in lower-limb. It also causes significant social, cultural and economic costs. The World Health Organization (2024) report analyzes the epidemiology, determinants, public health impact and management strategies for type 2 diabetes (T2D) among adults in Tower Hamlets.

2. Determinants and Risk Factors

Determinant	Key Risk Factors	Evidence/Statistics	Impact on Diabetes Risk	Public Health Response
Biological	Older age, family history, South Asian ethnicity, obesity	South Asian adults are 2–4 times more likely to develop type 2 diabetes than White Europeans and often develop it 5–10 years earlier (GOV.UK, 2021) .	Increases insulin resistance and earlier disease onset.	Early screening, NHS Health Checks and regular HbA1c testing.
Behavioural	Poor diet, physical inactivity, smoking	Obesity is the leading modifiable risk factor, and inactivity significantly increases diabetes	Leads to weight gain, poor glucose control and higher disease incidence.	Healthy eating campaigns, smoking cessation

		risk (Public Health England, 2018).		and exercise programmes.
Environmental	Overcrowding, unhealthy food environment, limited green spaces	Tower Hamlets experiences high deprivation, limiting opportunities for healthy living (Public Health England, 2018).	Reduces physical activity and encourages unhealthy dietary habits.	Improve access to parks, cycling routes and affordable healthy food.
Socioeconomic	Poverty, unemployment, low education	Type 2 diabetes is 60% more common in England's most deprived communities than the least deprived (Loft et al., 2021).	Delays diagnosis, reduces healthcare access and worsens disease outcomes.	Target prevention programmes and improve healthcare access in deprived areas.
Lifestyle	Sedentary lifestyle, excess weight, unhealthy diet	Adults aged over 40 (or over 25 for South Asians) have a huge risk of developing type 2 diabetes (Public Health England, 2018).	Increases obesity, hypertension and long-term diabetes complications.	NHS Diabetes Prevention Programme, weight management and lifestyle education.

3. Epidemiological Studies and Health Needs Assessment

Adults aged 18 years and above living with Type 2 diabetes in the London Borough of Tower Hamlets have been chosen as the population for this report. Due to the area's high levels of deprivation, as well as a large South Asian, especially Bangladeshi demographics, one of the highest diabetes prevalence areas in England. New calculations show that around one in ten people have type 2 diabetes. This is a major public health issue in our area (Local Government Association, 2025).

Research on diabetes in Tower Hamlets has been epidemiological. A study of a large cohort with electronic health record data collected from 101 general practices in Tower Hamlets and Newham analysed almost 440,000 residents for diabetes prevalence, glycaemic control and ethnic inequalities. According to the findings of the research (D James et al., 2012), Type 2 diabetes and poor blood glucose control are less common in communities of other ethnicities as compared to South Asia.

The highest risk groups, as identified in the Tower Hamlets Joint Strategic Needs Assessment (JSNA), are adults from Bangladeshi communities, older adults, people with obesity and residents living in deprived neighbourhoods. Assessment indicates that the prevalence of diabetes is continuing to rise with many undiagnosed. To prevent complications such as heart disease, kidney failure and blindness which can lead to death and disability, 'early screening, culturally appropriate education, weight management programmes and improved access to primary care are needed' (Mayhew et al., 2019).

4. Surveillance and Monitoring Systems

System	Purpose	Strengths	Limitations
National Surveillance	The Office for Health Improvement and Disparities (OHID) Diabetes Profile monitors diabetes prevalence, risk factors and complications across England.	Enables national and regional comparisons and supports public health planning.	May not fully reflect local population differences or undiagnosed cases.
Local Surveillance	The Tower Hamlets Joint Strategic Needs Assessment (JSNA) tracks local diabetes prevalence, high-risk groups and service needs (Tom Hamlets, 2023).	Provides local evidence for planning diabetes services.	Data updates are periodic and may not capture rapid changes.
Screening Programmes	The NHS Health Check invites adults aged 40–74 years for diabetes risk assessment every five years.	Supports early detection and prevention of Type 2 diabetes.	Attendance is voluntary, so some high-risk adults may not participate.

NHS Databases	National Diabetes Audit (NDA) and NHS Digital collect data on diagnosis, treatment, care processes and outcomes.	Produces reliable national data to improve diabetes care quality.	Depends on complete and accurate data submission by healthcare providers.
UK Health Security Agency / OHID	OHID analyses national diabetes trends and publishes statistical reports to guide prevention programmes (OHID, 2025).	Supports evidence-based policy and resource allocation.	Mainly population-level data with limited individual patient information.
GP Records and Disease Registries	GP electronic health records and the National Diabetes Audit identify diagnosed patients, monitor HbA1c levels and record complications.	Enables continuous monitoring and personalised patient management.	Undiagnosed cases and incomplete records may reduce data accuracy.

5. Public Health Measures (3 Ps)

Prevention Level	Aim	Key Measures
Primary Prevention	Prevent Type 2 diabetes before it develops.	Health education, healthy eating, weight management, regular physical activity and the Healthier You NHS Diabetes Prevention Programme. There is no vaccine for Type 2 diabetes.
Secondary Prevention	Detect diabetes early and prevent complications.	NHS Health Check every 5 years for adults aged 40–74, HbA1c blood tests, GP screening and risk assessments (Curate Editorial, 2026).
Tertiary Prevention	Manage diabetes and reduce long-term complications.	Medication, insulin (when required), HbA1c monitoring, annual eye and foot checks, diabetes education and long-term self-management support.

6. Public Health Impact

Type 2 diabetes can be devastating not only for the person diagnosed, but also their family, community, and the NHS. People may develop heart disease, kidney failure, blindness, and experience lower-limb amputations leading to a poor life. Families often experience more emotional stress and care. Diabetes causes health inequities at a community level, particularly in areas such as Tower Hamlets with deprivation. Diabetes significantly increases pressures on the NHS and costs 5% of total spending. One in a ten pounds spent on hospital budgets is for diabetic adults. Ineffective management can lead to long term complications and increased hospital admissions, disability, premature mortality and health cost (NICE, 2011b).

7. Proposed Health Intervention Programme

Component	Details
Aim	Reduce Type 2 diabetes and its complications in Tower Hamlets.
Objectives	Increase screening, promote healthy lifestyles and improve self-management.
Target Population	Adults 40+, South Asian communities and people living in deprived areas (NHS- North East London, 2024).
Key Activities	NHS Health Checks, HbA1c testing, lifestyle education, weight management and the Healthier You NHS Diabetes Prevention Programme.
Stakeholders	NHS England, Tower Hamlets Council, GP practices, Barts Health NHS Trust and Diabetes UK (Skinner, 2026).
Resources	Healthcare staff, dietitians, educators, community centres, digital tools and screening equipment.
Timeline	12 months: Screening → Intervention → Follow-up → Evaluation.
Expected Outcomes	Earlier diagnosis, healthier lifestyles, improved HbA1c, fewer complications and reduced hospital admissions.

8. Evaluation of the Intervention

The assessment of the intervention shall be done based on the number of individuals screened, completion of the programme, changes in HbA1c levels, weight loss and satisfaction of the participants. Data will be collected from GP records, the National Diabetes Audit and participants' surveys pre- and post-programme (NHS digital, 2025). NICE additionally expresses a recommendation for monitoring referral and completion of the NHS Diabetes Programme as important quality measures. A low turnout, language & cultural differences of local communities, limited funding, and a lack of wealthy long-term engagement could all pose challenges to the project. NCIE 2023 recommends that continued funding by the NHS, partnerships within the community, digital support and regular follow-up will help sustain the programme.

9. Conclusion

Type 2 diabetes is the largest public health challenge encountered by Tower Hamlets. Epidemiology identifies those at high risk of disease, allows targeting of preventive measures at these groups, and helps design health services that best meet needs (NICE, 2011a).

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