

analytical report

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Assessment 1

Introduction

The term "ethnicity and health inequalities" describes the discrepancies between various ethnic groups in a population in terms of both health outcomes and access to healthcare (Iezzoni et al., 2021). Different ethnic groups experience different levels of health and well-being due to various social, economic, cultural, and structural variables.

There may be an enormous risk of health disparities among certain racial and ethnic groups. There is a strong correlation between socioeconomic position and health outcomes because people of specific ethnic groups are disproportionately affected by poverty, lack of educational opportunities, and inadequate access to healthcare (Magana and Vanegas, 2021). Discrimination and systematic racism may also create health inequalities by limiting opportunities like jobs, housing stability, and access to medical treatment. For instance, differences in maternal health outcomes may exist among women of ethnic minorities. The MBRRACE-UK study found that Black women in the UK had a mortality rate during delivery that was five times higher than that of White women.

Variations in health-related behaviours and attitudes and healthcare service consumption between cultural groups may be attributable to cultural influences. Access to quality medical treatment is sometimes impeded because of language problems and a need for culturally competent healthcare providers.

Main body

Section 1: Contextual background and underlying factor

A Higher Rate of Respiratory Diseases

Statistical data: Asthma and chronic obstructive pulmonary disease (COPD) have been shown to affect a disproportionately high number of people of specific racial and ethnic groupings in the United Kingdom. In the United Kingdom, certain racial and ethnic groups have a substantially greater asthma frequency than others. Asthma, for example, is more prevalent among persons of South Asian and Black Caribbean heritage than the general population (Patel et al., 2020). Research conducted by the non-profit organization Asthma UK found that people of South Asian and Black Caribbean descent in the United Kingdom had a greater incidence of asthma than the general population. Asthma is 1.5 times more common among

South Asians and 2.3 times more common in Black Caribbean's (Havercamp and Krahn, 2019).

Causes of health inequalities: The increased prevalence of respiratory disorders among certain racial and ethnic groups may be attributed to several interrelated causes. Marginalized groups are disproportionately affected by socioeconomic factors that increase their exposure to environmental contaminants and indoor allergens, such as a lack of access to clean air and safe living conditions (Agaronnik et al., 2019). Furthermore, delayed identification and inefficient treatment of respiratory disorders may occur from limited access to healthcare services and health education in these populations.

Solutions: These health disparities can only be overcome by a comprehensive strategy. The respiratory health of underserved communities may benefit from better housing and increased access to clean air. Early diagnosis and better treatment of respiratory disorders in at-risk groups can be achieved via improved access to healthcare and culturally adapted health education initiatives.

B Higher Incidence of Diabetes

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- **Statistical data:** The prevalence of type 2 diabetes is more significant among members of racial and ethnic minority groups than the general population, and data support this. This includes people of South Asian, Hispanic, and African American descent. For instance, in the United States, the South Asian population has a diabetes prevalence rate about four times that of non-Hispanic Whites. Diabetes was found to be almost four times more common among South Asians (19.3%) than in non-Hispanic Whites (5.0%), according to the research. African Americans have a 1.5-fold higher risk of being diagnosed with diabetes, according to the CDC. When accounting for age, the incidence of diabetes was 11.7% among African Americans and 7.4% among non-Hispanic Whites (Bezyak et al., 2019).
- **Causes of health inequalities:** There is a complicated interaction between genetic, behavioural, and societal characteristics that contribute to the greater prevalence of diabetes in certain ethnic groups. Insulin resistance and other diabetes-related variables may have a genetic component in some ethnic cultures (Havercamp et al., 2020). The risk of developing diabetes may be increased by one's lifestyle choices, such as food and physical exercise, particularly in economically disadvantaged areas.
- **Solutions:** This health disparity must be addressed with extensive preventative measures. Effective measures to reduce the prevalence of diabetes include culturally sensitive diabetes preventive programs that consider the food preferences and lifestyle behaviours of targeted ethnic groups. Diabetes risk may be reduced in high-risk communities by empowering people via health education and advocating good lifestyle choices.

C Limited Access to Healthcare

- **Statistical data:** Significant hurdles exist for people of colour to use medical treatment, which contributes to health inequalities. For instance, in the United Kingdom, people of colour are disproportionately represented among the uninsured relative to the White population. Delays in diagnosis, poor care, and adverse health consequences are all possible results of limited healthcare access. Hispanic adults (those aged 19-64) had a 25.2% higher uninsured rate in 2022 than Black or White adults (8.4% vs. 14.1%, respectively) (Stimpson et al., 2019).
- **Causes of health inequalities:** Systemic discrimination, linguistic hurdles, and cultural differences all contribute to the societal problem of inadequate healthcare access for certain ethnic groups. The situation is exacerbated since socioeconomic factors and the absence of health insurance make it difficult for these people to receive essential medical treatment.
- **Solutions:** Systemic changes are required to resolve this societal problem. It is essential to enact policies that expand access to healthcare, especially in impoverished regions and marginalized people (Iezzoni et al., 2022). Language services and culturally sensitive care improve communication and confidence between healthcare staff and patients. Healthcare access is improved, and equity in health outcomes is promoted when minority communities have fewer economic gaps and more people are covered by health insurance.

D Mental Health Stigma

- **Statistical data:** Mental health stigma is a severe problem in many different cultural groups, resulting in decreased rates of seeking assistance and receiving treatment. Cultural attitudes and misunderstandings regarding mental illness have been demonstrated to discourage members of several ethnic groups from seeking help. In 2022, just 43.3% of individuals throughout the globe who suffered from any mental disease were receiving treatment or counselling for mental health conditions (Eylem et al., 2020).
- **Causes of health inequalities:** In many minority groups, cultural norms, beliefs, and traditions reinforce stigma and reluctance to seek assistance for mental health issues. Family and community stigmatization of mental illness may be a further perpetuating factor, leading people to keep their struggles private.
- **Solutions:** Culturally appropriate methods are required to solve this societal problem. Raising awareness about mental health and combating stigma requires public education initiatives targeting various ethnic populations. Destigmatization initiatives from inside communities may be bolstered by including community leaders, religious groups, and cultural influencers in mental health advocacy (Benuto et al., 2019). It is possible to increase the number of people seeking mental health care by expanding the number of culturally appropriate services and making materials available in several languages.

Section 2: National Response to reduce health inequalities

In the context of ethnicity and health disparities, the government of the United Kingdom has made many efforts and adopted policies to alleviate health inequalities and social injustices experienced by ethnic minority groups. There are two instances of national responses:

1. Ethnicity Pay Reporting

The government of the United Kingdom instituted the Ethnicity Pay Reporting requirement to combat discrimination in compensation based on race. Similar to the reporting requirements for the gender pay gap, this regulation requires more significant organisations (with more than 250 workers) to publish their ethnicity pay discrepancies (Lipson et al., 2022). Employers are prompted to take action in the interest of diversity, inclusion, and representation by statistics on ethnicity pay discrepancies that are analysed and published. Workers from underrepresented groups may benefit from increased access to healthcare and better health outcomes if pay disparities are eliminated. Ethnicity-based wage reporting has gained widespread support as a means of levelling the economic playing field and giving people from underrepresented groups a fair shot at professional growth and financial success.

2. Minority Ethnic Development Fund

The government of the United Kingdom established the Minority Ethnic Development Fund to provide financial assistance to grassroots organisations and community-led projects working to reduce health disparities. This endowment helps finance community-based initiatives and organisations that work to better the lives of people from racial and ethnic minorities. Support for the mentally ill, chronic illness management, health education, and advocacy are all possible examples of such endeavours (Essien, Dusetzina and Gellad, 2021). Funding local non-profits allows them to develop programmes that address health inequalities in ways sensitive to the experiences of people of varied cultural backgrounds and customs. The Minority Ethnic Development Fund takes this bottom-up approach to addressing health disparities, which aids in developing more stable and secure communities and promoting social harmony.

Section 3: Organisations that support Gender and health inequalities

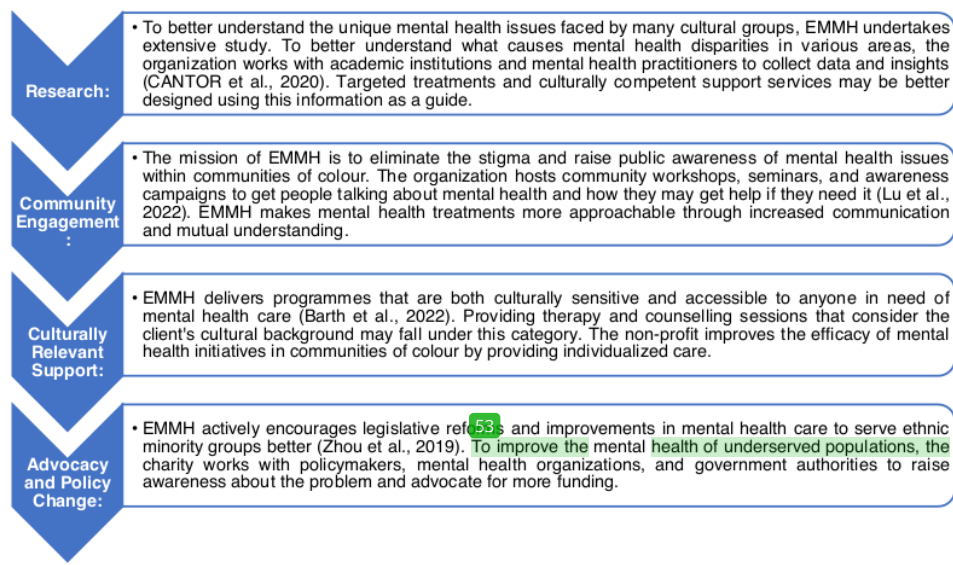
Awareness of the health disparities and social inequities encountered by the UK's ethnic minority groups has been greatly aided by initiatives like the Minority Ethnic Development Fund (MEDF) and Ethnicity Pay Reporting. Both groups make essential strides in resolving the problems and inequalities faced by people of different cultural backgrounds.

The UK government has established the Minority Ethnic Development Fund (MEDF) to finance initiatives that seek to reduce health disparities and boost social outcomes for people of minority ethnic backgrounds (Khan, 2021). MEDF helps finance and support local organizations and charities that are meeting the unique health needs of minority groups. Support for mental health, increased access to medical treatment, and culturally appropriate health education are some areas where these initiatives are concentrating their efforts.

Firms with over 250 employees in the UK are required under the Ethnicity Pay Reporting to disclose any pay gaps between employees of different races (Watkinson, Sutton and Turner, 2021). This report aims to bring attention to possible discrimination or inequality in the workplace by shedding light on any pay discrepancies faced by workers from ethnic minority groups. When firms have access to this data, it motivates them to take preventative actions to eliminate pay gaps and advance equitable compensation policies.

The "Ethnic Minorities in Mental Health Project" (EMMH) is a non-profit in the United Kingdom that works to address the link between ethnicity and health disparities. The mission of EMMH is to eliminate inequalities in mental health care for the UK's many ethnic populations (Medina-Martínez et al., 2021). The organization's mission is multifaceted, with an emphasis on helping ethnic minorities that are experiencing mental health issues.

How EMMH charity help



Conclusion

To summarise, tackling ethnicity and health disparities is critical to attaining health equality and social justice in the United Kingdom. Socioeconomic position, cultural influences, and inadequate access to healthcare all contribute to racial and ethnic group health inequalities. Ethnicity Pay Reporting and the Minority Ethnic Development Fund are two national solutions that do essential work in bringing attention to and funding efforts to eliminate health inequalities. In addition, initiatives like the "Ethnic Minorities in Mental Health Project" aim to reduce the social isolation of persons with mental health issues by providing culturally sensitive care. An inclusive and accessible healthcare system can only be achieved through the joint efforts of government, organisations, and communities.

Assessment 2

Introduction

Cardiovascular disease, often known as CVD, is a broad term that refers to several disorders that adversely affect the cardiovascular system. These conditions, which include heart attacks and strokes, may be fatal. It's a significant issue in terms of public health, impacting millions of individuals and having far-reaching ramifications for society and culture.

The impacts of CVD on people and their environments are far-reaching. Patients suffering from cardiovascular disease have adverse effects on their physical health and quality of life, productivity at work, and general well-being due to the illness. Healthcare expenditures and lost productivity are only two examples of how cardiovascular disease may negatively affect a community and its members (Wu et al., 2020). Conditions related to cardiovascular disease may cause varying degrees of symptoms. Chest discomfort or pain (angina), weariness, disorientation, irregular pulse, and swelling in the legs, ankles, or belly are common symptoms. Detecting and preventing cardiovascular disease early might be difficult since some people have no symptoms.

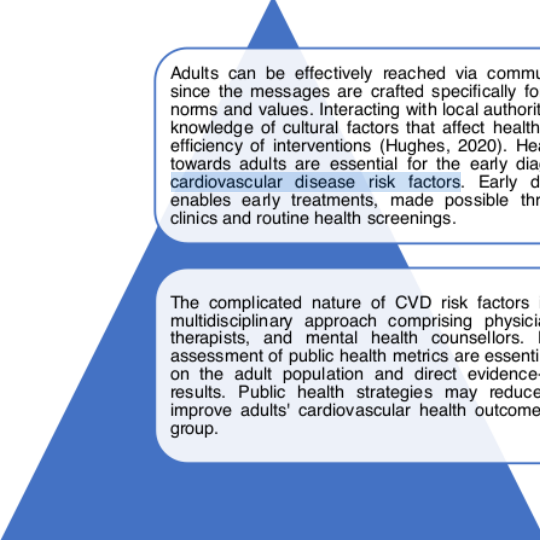
Numerous individuals in the UK and throughout the world suffer from cardiovascular disease. The World Health Organisation (WHO) reports that around 17.9 million deaths worldwide each year are caused by cardiovascular disease. Among the primary causes of death in the United Kingdom, cardiovascular disease accounts for more than 160,000 fatalities yearly. When compared to people of other ethnicities in the UK, South Asians have a much greater risk of having coronary heart disease (a form of CVD). South Asians in the United Kingdom have hypertension (high blood pressure) prevalence of over 40%, much greater than the general population (Tsao et al., 2023).

Main Body

Public Health Measures

Cardiovascular disease is still a significant social and cultural issue that has a major impact on public health. Conditions affecting the heart and blood arteries are common in adults and may cause heart attacks, strokes, and other potentially fatal events (Parikh et al., 2021). Compared to the overall adult population, some subsets of adults may be at an increased risk of developing CVD and having unfavourable consequences at a younger age.

Implementing a wide variety of specific public health initiatives is necessary to combat cardiovascular diseases in adults effectively. Campaigns to raise general knowledge about cardiovascular disease risk factors and inspire individuals to make positive lifestyle changes are invaluable. These initiatives stress the significance of healthy lifestyle habits, including eating sensibly, exercising often, and not smoking.



Adults can be effectively reached via community-based interventions since the messages are crafted specifically for them and their cultural norms and values. Interacting with local authorities and groups improves knowledge of cultural factors that affect health behaviour, boosting the efficiency of interventions (Hughes, 2020). Healthcare services geared towards adults are essential for the early diagnosis and treatment of cardiovascular disease risk factors. Early detection of risk factors enables early treatments, made possible through community health clinics and routine health screenings.

The complicated nature of CVD risk factors in adults necessitates a multidisciplinary approach comprising physicians, dieticians, physical therapists, and mental health counsellors. Routine monitoring and assessment of public health metrics are essential to determine the effect on the adult population and direct evidence-based policies for best results. Public health strategies may reduce the CVD burden and improve adults' cardiovascular health outcomes if directed at this age group.

Key Determinants/Risk Factors

The increased cardiovascular disease (CVD) incidence in adults is attributable to several interrelated causes (Huang, Mariani and Redline, 2020). Some people are more likely to develop cardiovascular disease due to their genes, whereas others may be more prone to CVD due to metabolic variations, including insulin resistance and dyslipidaemia.

³² Obesity, hypertension, and dyslipidaemia are all significant risk factors for CVD in adults, and they are all exacerbated by unhealthy dietary practices characterized by high-calorie, processed, and sugary foods. Another important factor is people's level of physical activity; adults, in particular, are at risk for developing weight problems, hypertension, and insulin resistance if they lead sedentary lifestyles. Their socioeconomic status significantly impacts adults' susceptibility to cardiovascular diseases (Anand, Bradshaw and Prabhakaran, 2020). Access to healthy food, medical treatment, and chances to be physically active may be more difficult for those from lower socioeconomic backgrounds, increasing their risk of developing cardiovascular disease. Additional critical behavioural risk factors for CVD in adults include

smoking and excessive alcohol usage. While excessive alcohol use raises the risk of hypertension and other cardiac problems, smoking causes damage to blood vessels and increases the chance of atherosclerosis.

Prevention and management of CVD in adults rely heavily on addressing these fundamental drivers and risk factors. It is possible to drastically lower the prevalence of CVD among adults by implementing programs that promote healthy food choices, frequent physical exercise, and smoking cessation (Kris-Etherton et al., 2020). Reducing risk factors for cardiovascular disease and increasing cardiovascular health among adults may be aided by reducing socioeconomic inequalities and expanding access to healthcare services and education. A holistic strategy must address individual and societal variables to reduce CVD's negative influence on adult populations' health and well-being.

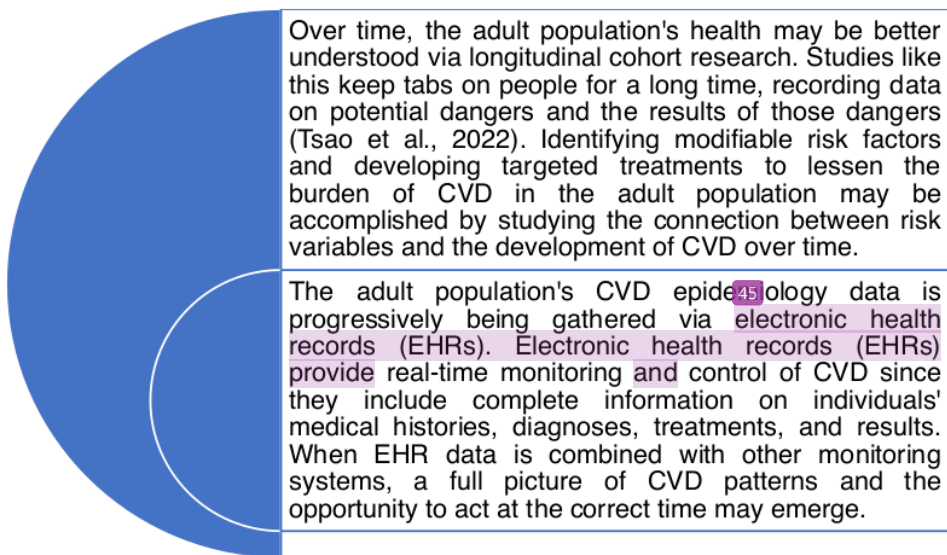
Identifying Those at Risk

Risk factors for cardiovascular disease in the adult population have been extensively studied thanks to epidemiological research. Risk factors for cardiovascular disease, such as a family history of the disease, obesity, diabetes, and hypertension, have been established consistently across different racial and ethnic groups (O'Kelly et al., 2022). Public health initiatives that aim to identify high-risk people and roll out effective preventative measures rely heavily on targeted screening and risk assessment. Healthcare providers may enhance patient outcomes by tailoring therapies based on epidemiological data describing the prevalence and causes of cardiovascular disease risk factors in the adult population.

Public Health Approaches and Strategies for Monitoring

Tracking the prevalence of CVD among working-age adults calls for a multipronged, systemic approach to public health surveillance. CVD prevalence and geographic distribution among adults are mainly gathered via population-based monitoring (Søndergaard et al., 2020). Researchers and policymakers may benefit significantly from the epidemiological data on the prevalence of CVD risk factors provided by national health surveys like the United States National Health and Nutrition Examination Survey (NHANES).

Clinical registers are essential for keeping tabs on adult cardiovascular disease. Patients' demographics, medical histories, treatments, and results are all recorded in these registers when diagnosed with cardiovascular disease. Keeping tabs on these numbers over time allows doctors and scientists to see what works and what doesn't in the fight against cardiovascular disease.

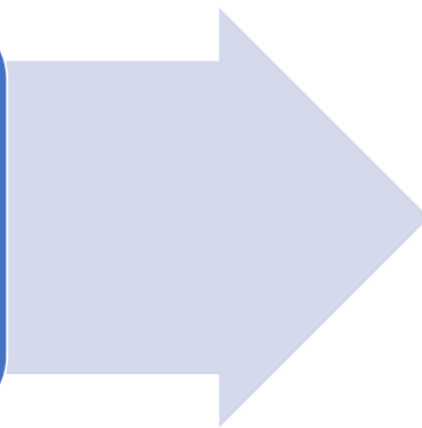


Public Health Impact and Consequences

Cardiovascular diseases significantly affects public health for adults of all races. Epidemiological research has repeatedly shown cardiovascular disease is the leading global cause of death and disability (Gooding et al., 2020). Cardiovascular disease is a major drain on healthcare systems since it causes more hospitalizations, extended hospital stays, and extraordinary overall expenses for treating adults. Healthcare costs rise sharply due to CVD management and treatment, which includes procedures like coronary artery bypass grafting and angioplasty.

CVD's repercussions are felt far and wide throughout the economy, not just in the hospital system. Premature death and incapacity caused by the illness cause economic costs. Reduced work capability, absenteeism, and lower productivity are ways in which adults with cardiovascular disease may negatively influence their financial well-being and the economy as a whole. The price of disability support services and carer fees further add to the economic strain. The adult population and their families bear a high emotional and social cost due to CVD (Ebrahimi et al., 2021). Quality of life, stress, anxiety, and sadness are all negatively impacted by cardiovascular disease. The psychological repercussions may also affect people's connections with others, leading to withdrawal and less engagement in extracurricular activities.

Prevention, early diagnosis, and efficient care are all necessary to reduce the public health burden of CVD. It is crucial to minimize the burden of CVD in the adult population by implementing research programs that encourage healthy lifestyles, lower risk factors, and provide prompt and appropriate medical treatment. Public health systems may lessen the severity of cardiovascular disease (CVD), improve overall health outcomes, and lessen the economic and social impacts of the condition by investing in preventative interventions and efficient administration.



Health Intervention Programme and Evaluation

Any effective health intervention program should include multiple interventions with a strong track record of success in reducing CVD risk in the general adult population. Promoting healthy lifestyles requires culturally sensitive treatments (Lindley et al., 2021). Nutrition education that emphasizes heart-healthy food choices, regular physical exercise encouragement, and smoking cessation help are all examples of possible therapies. Individuals are more likely to adopt and maintain healthy lifestyle changes if treatments are tailored to match the target community's unique cultural preferences and beliefs.

Awareness of cardiovascular disease (CVD) risk factors, symptoms, and preventative actions can only increase with the help of community-based health education. It is possible to spread knowledge and provide health tests by hosting health fairs, workshops, and community lectures. The success of disseminating health messages and encouraging community buy-in to the intervention program depends on the participation of influential community members.

Improving access to primary healthcare services is essential for the early detection and management of CVD risk factors. Regular health screenings, including blood pressure and diabetes tests, may be provided through community health clinics. This method makes it

easier to pinpoint those at risk, which speeds up the implementation of preventative measures and lessens the impact of CVD's later stages.

Multiple independent evaluation methods should be used to determine the program's worthiness as a health intervention. Randomized controlled trials (RCTs) evaluate the efficacy of therapy by contrasting the outcomes of the treatment group with those of a control group (Zlokovic et al., 2020). Research comparing health outcomes before and after the program's implementation might provide valuable insight.

Strengths and Weaknesses of the Epidemiological Approach

Epidemiological methods provide a dependable and organized approach to gathering data on cardiovascular disease and its risk factors, ultimately leading to more informed public health policy decisions. More accurate resource allocation and focused intervention due to the mapping of disease incidence, prevalence, and distribution patterns (Wang, Xu, & Volkow, 2020). However, this approach may require improvement to adequately account for various cultural and socioeconomic factors influencing health outcomes. Long-term follow-up and sustainable financing are necessary to evaluate public health interventions' efficacy and long-term effects on CVD prevention and management in adults.

Conclusion

It is concluded that cardiovascular disease is still a significant public health issue that has far-reaching repercussions in many areas, including the economy, society, and culture. Better results in CVD prevention and management among adults may be achieved by effective public health strategies focusing on lifestyle adjustments, community-based interventions, and increased access to healthcare. To successfully address CVD's burden and enhance the overall cardiovascular health of people throughout the globe, however, continual research and sustained financing are necessary due to the complexity of socioeconomic variables and cultural effects.

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