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Module : Introduction to Public Health

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Component 2 - Major Health Issue

The role of communities in improving health is receiving increasing, and long-overdue, attention in health policy and practice – the need for this focus has been underlined by experiences during the Covid-19 pandemic. Stronger recognition of the role communities can play in and their greater involvement in efforts to improve health and wellbeing are needed if there is to be a successful move to a population health approach and a reduction in health inequalities. As part of this shift in focus, integrated care systems need to take the role communities can play in improving and sustaining good health seriously, working at the place and neighbourhood level where the link to communities is strongest.

In the specific context of health and care services, the term ‘community’ can also be used in other ways: to describe a group of people with similar health needs (for example, a group of people with diabetes), or a group receiving similar health services (for example, a group of patients receiving the same diabetes intervention), or a group of people who help shape or provide services. The local voluntary and community sector often supports and represents such communities, and also provides services to them.

The approaches to communities and health set out are related to, but distinct from, those that support the greater involvement of individuals as patients in health service design and decision-making, and from the commissioning and provision of formal community health services. The focus of ‘communities and health’ is broader, and is about how people, bound by common experiences, characteristics or interests as set out above, improve or are helped to improve their health; and where the solutions to health problems are not solely about the provision of formal health and care services in the community.

There are different approaches and strategies used in order to control the incidence of disease in a community. These approaches are surveillance, screening, immunization, education, legislation, improving social welfare and environmental controls. All these different approaches serve their purpose of being efficient tools for controlling the onset and spread of disease but they have to be used in combination with one another in order to be effective.

An effective strategy to control the spread must begin with an immunization program directed at the vulnerable groups in the region. At the same time, environmental controls need to put in place in order to ensure that there is not a place left for the mosquitoes to breed freely. Thereafter disease surveillances and screenings must be carried out in order to track the patterns and identify the trends in order to develop more efficient prevention strategies. Government legislature too will help in this regard, if governments decide to grant more aid to local health institutions and authorities, it will be able to offer better facilities to the ill and infected and treat more patients whilst at the time, possessing more resources in order to vaccinate a broader range of people and provide them with the necessary insecticides. To understand the strategy and approaches to control the spread of disease I will be using Diabetes as an example. The diabetes in people with physical and learning disabilities.

Prevalence of diabetes in people with a learning disability is unknown, but recent data indicate it is around 10% - nearly double the rate of the general population. In most cases this is Type 2 diabetes.

Obesity and a sedentary lifestyle are known risk factors. For Type 2 diabetes in the UK around 40% of adults with a learning disability are obese. Around 25% of adults with a learning disability report walking for no more than 10 minutes at a time in the past month compared with 10% of the general population.

I being social care worker, understand that as a care provider its vital to enhance diabetes care for its service users. We have to acknowledges the importance of my staff co-operating with the health professionals delivering the diabetic service.

The wellbeing and quality of life sustained by the service user can be enhanced by the well-planned and comprehensive care and support of my staff. Many of our service users have lived with diabetes for many years, and their views and the way they manage their diabetes must be incorporated, wherever possible, into their diabetic care plan.

Regular liaising with the community diabetes team should be important for staff to ensure they are up to date with the treatment being given, the assessed risk of hypoglycaemia, and other complications for each service user. The specialist diabetes nurse can provide advice and support to both the service user and staff. Other community-based healthcare professionals, e.g. dietician, podiatrist, and pharmacist, can provide important contributions to optimising diabetes care.

Prevention

We encourage our service users to have regular check-ups with their GP or attend outpatient appointments and follow the advice given to them concerning healthy living, including tailored physical activity, weight management, and dietary advice, to help in preventing the onset of diabetes in people who are at high risk. I will state following as measures I will adopt as a care manager to ensure that my service users can live with Diabetes.

Diet and Nutrition

Diet plays an important part in controlling diabetes. All service users will have a menu and diet plan in place from the diabetic nurse/nutritionist. Staff involved in preparing food will work with the service user and follow this plan. The service user's choice and preferences will always be taken into consideration in the preparation of agreed diets. If the service user continually refuses and chooses other foods, the worker must record and report immediately to their supervisor or manager, who may need to contact other professionals for guidance.

When working with service users, it is their choice what foods they eat, and this organisation will provide both service user and their family with information and support to encourage a healthy diabetic diet and work with healthcare professionals to this end.

All service users are screened for malnutrition when the service commences and when required as their physical condition changes. The MUST tool is used for this purpose.

The presence of a co-existing disease may lead to physical and cognitive impairment in a service user with diabetes and can make activities, such as eating difficult or impossible and place the service user at nutritional risk. I will work with a dietician, the speech and language team (SALT), and GP or hospital specialist as required.

Care or Support Plan

Within their main care or support plan, each service user will have individualised diabetes care or support plan. The agreed objectives summarised in the diabetes care plan will include diet, foot care, eye care, wellbeing review arrangements, medication, and the need for a regular medication review.

The service user is encouraged to be fully involved in this care plan. For those service users assessed as lacking the capacity to make a decision, a best interest decision will be made concerning the management of medication and diabetes, following the Mental Capacity Act 2005 Code of Practice

Review Arrangements of the Diabetic Care Plan

Each service user with diabetes requires documented evidence of a review. This will be carried out monthly. The frequency of the review should be decided with the healthcare professional or specialist diabetes nurse. This review will also include measures of walking ability, balance, mood assessment, and cognitive function.

Social class is the factor that affects the health and well-being of humans. Infant mortality rates are higher in lower-class families which directly affects the well-being of humans. It is beneficial for the students to highlight some solutions which are helpful to solve the issues of class difference.

Customs and traditions are other social factors that affect health and well-being. Moreover, culture and ethnicity can have both negative as well as positive effects on social welfare. The students can identify both the factors for presenting informative report content on health.

In my opinion, good health is a unity of three aspects, the physical, mental, and societal aspects. The physically content, able to perform everyday tasks without discomfort. The mentally stable – the individual must feel adequately fulfilled in life may urge to achieve excellence. The society and environment – to be healthy, must live in a surrounding that can accommodate the individual's pursuit for health in relation to sociological perspectives. Wellness is when is satisfied with health and quality of life with all aspects such as family, friends, income, giving the individual contentedness. Some determinant factors and their benefits, that contribute to a person's current state of health can be.

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