



MSC PUBLIC HEALTH AND SOCIAL CARE IN PRACTICE

**SOCIAL EPIDEMIOLOGY AND PUBLIC HEALTH
DEVELOPMENT**

LCHS7000

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ASSIGNMENT TITLE: AGE AND HEALTH INEQUALITIES

Table of Contents

Task 1: Social Epidemiological Analysis.....	2
Title: Age and health inequalities	2
1.1 Introduction.....	2
1.2 Contextual background and underlying factor	2
1.2.1 Diseases/Illness	2
1.2.2 Social Issues.....	4
1.3 National Response to reduce health inequalities in your chosen group	6
1.4 Organisations that support chosen group	6
1.5 Conclusion.....	7
Task 2: Epidemiological Analysis	8
2.1 Introduction.....	8
2.2 Main Body	8
2.2.1 Public health measures with 3Ps.....	8
2.2.2 Key determinants or risk factors	9
2.2.3 Specification of the target population.....	9
2.2.4 Main public health approaches and strategies with types of monitoring/surveillance system	10
2.2.5 Public health impact/short- and long-term consequences.....	10
2.2.6 Appropriate health intervention programme and impact	11
2.2.7 Strengths and weaknesses of proposed epidemiological approach.....	11
2.3 Conclusion.....	12
References	13

Task 1: Social Epidemiological Analysis

Title: Age and health inequalities

1.1 Introduction

The elderly population in the UK is the target group of this task due to the high risk of health inequalities. As per McKee *et al.* (2021), health inequalities rely on the social, economic and environmental factors of the UK population. Additionally, the elderly population includes geographical and socio-economic disparities, which is comparatively higher than children while all children are at high priority (Kraftman *et al.* 2021). Moreover, this task will be focused on the UK's elderly population.

1.2 Contextual background and underlying factor

1.2.1 Diseases/Illness

1.2.1.1 Higher rates of mental illness

- Risk

The elderly population of the UK experiences high mental health issues with lack of health equality (Reynolds *et al.* 2022). For example, among 2087 adults in the UK, 38% and 36% have respectively experienced anxiety and stress as of a statistical survey in 2021 (Statista, 2021). High risk of mental health issues has been observed among the elderly population in the UK. The target population needs immediate actions.

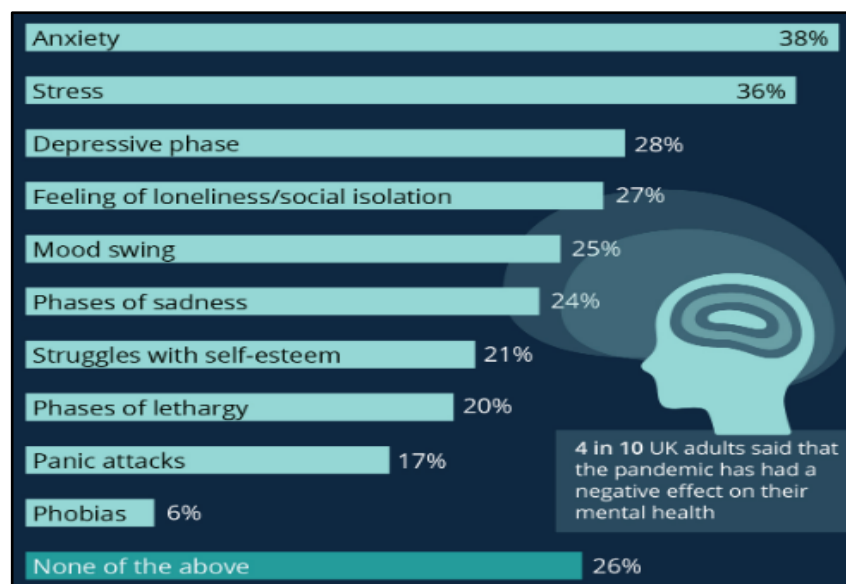


Figure 1: Mental health issues among the majority of UK-based adults

(Source: Statista, 2021)

- **Solution**

Developing public awareness is needed to engage them with an effective mental health diagnosis process and respective treatment or healthcare plan. According to Arnot *et al.* (2022), public understanding is highly required in terms of solving the mental health problems in the society for improving public behaviour towards the health issue. Therefore, public awareness-based campaigns at the local level will be helpful to solve the health issue of the target population in the UK.

1.2.1.2 Low rates of access to healthcare

- **Risk**

The UK's elderly population has the low rate of healthcare accessibility in comparison to other countries such as Canada, US and France. As per Bolwell (2025), the UK's population is holding the 4th rank of healthcare setting based on healthcare accessibility, affordability and timeliness with care process.

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Data: Commonwealth Fund Mirror Mirror Report 2021, OECD Health Data 2022											
OVERALL RANKING	3	10	8	5	2	6	1	7	9	4	11
Access to Care	8	9	7	3	1	5	2	6	10	4	11
Affordability	9	8	6	4	2	7	3	5	10	1	11
Timeliness	5	11	8	2	1	4	3	10	6	7	9
Care Process	6	4	10	9	3	1	8	11	7	5	2
Preventive Care	6	4	10	11	7	5	8	1 (T)	9	1 (T)	3
Safe Care	7	5	8	9	3	1	11	10	6	4	2
Coordinated Care	8	7	9	10	3	1	4	11	2	6	5
Engagement and Patient Preferences	4	6	8	1	5	3	9	11	7	10	2
Administrative Efficiency	2	7	6	9	8	3	1	5	10	4	11
Equity	1	10	7	2	5	9	8	6	3	4	11
Health Care Outcomes	1	10	6	7	4	8	2	5	3	9	11
Health Expenditures Per Capita 2022	\$4,709	\$5,161	\$4,980	\$6,524	\$6,128	\$3,888	\$6,072	\$5,421	\$5,602	\$4,725	\$10,687

Figure 2: Healthcare ranking of UK and other countries

(Source: Bolwell, 2025)

- **Solution**

Developing healthcare policy, benefits and features in the healthcare setting is effective to enhance primary-level healthcare accessibility in the UK (NHS, 2023). As per Litchfield *et al.* (2025), enhancement of primary healthcare accessibility is highly needed to enhance healthcare accessibility among the population of the UK.

1.2.1.3 Mortality rates among the elderly group

- **Risk**

The mortality rate among the UK-based elderly population is comparatively higher than children with a growing curve as of 2023 (GOV,UK, 2022). The death rate of the 1000 population of England and Wales in 2023 is the highest for the age group of 90 and over (Statista, 2025). Hence, the risk of mortality is also high among the UK's elderly population.

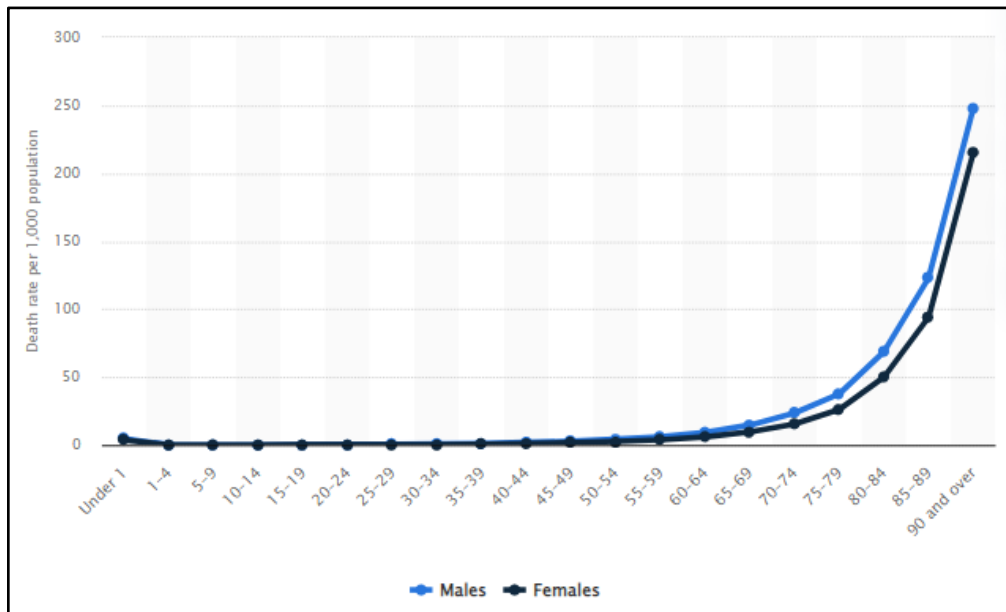


Figure 3: Death rates of the UK-based population by age group

(Source: Statista, 2025)

- **Solution**

Developing physician activities, healthy diet and healthy lifestyle can improve the healthcare outcomes to reduce the risk of high mortality rate among the elderly population of the UK. According to McKee *et al.* (2021), the changing demographic condition of the UK population is demanding changes in the healthcare process based on changing needs.

1.2.2 Social Issues

1.2.2.1 Social isolation and loneliness

- **Risk**

The UK-based elderly population have experience of social isolation and loneliness issues. As of 2022, 49.63% of adults in the UK have reported loneliness occasionally, often or always and sometimes (Campaign to End Loneliness, 2025). Similarly, social isolation has been highly observed among adults, especially after COVID-19 pandemic.

- **Solution**

Social isolation occurs due to lack of social connection, which is linked to loneliness of people (Campaign to End Loneliness, 2025). Improvement of personal-level healthcare setting is effective in reducing the risk of isolation and loneliness issues among the elderly population.

1.2.2.2 Poverty

- **Risk**

The UK's elderly population has a high rate of poverty-related social issues, which is indirectly responsible for healthcare inequalities and poor accessibility. For example, 23% of working-age adults with children have high level poverty in the UK (JRF, 2025).

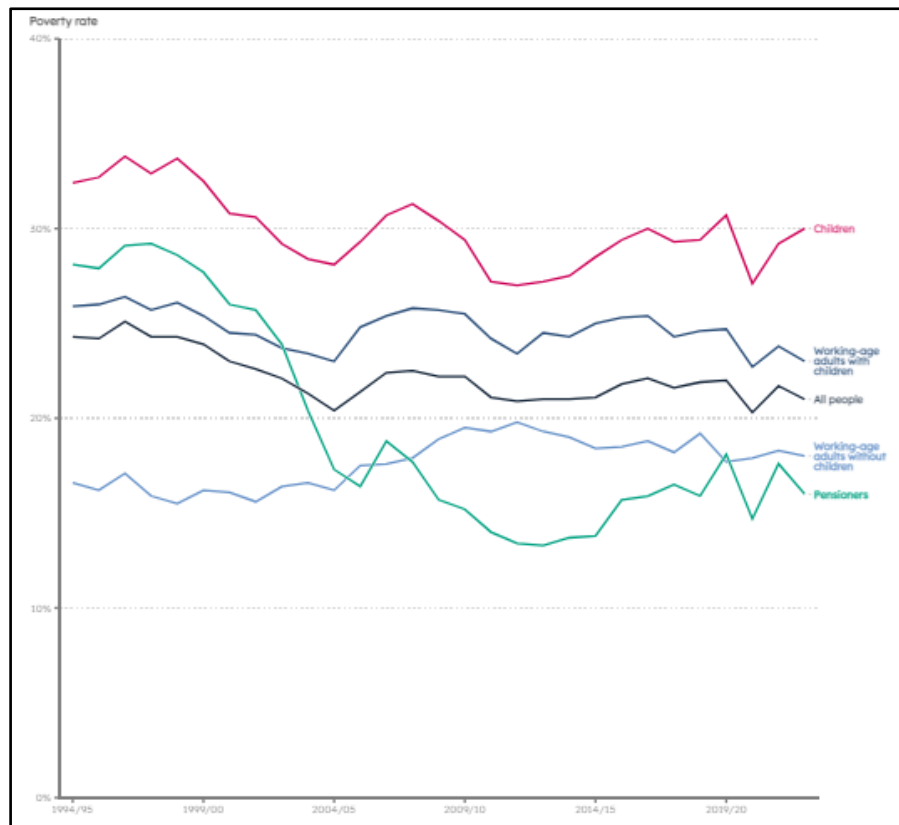


Figure 4: Poverty rates among UK population

(Source: JRF, 2025)

- **Solution**

Funding help for poor people can reduce the healthcare inequality in the UK. For example, the UK government has prioritised funding for mental health services to protect the population from inflation-related issues (BMA, 2025).

1.2.2.3 Housing issues

- **Risk**

Housing issues are affecting the healthcare outcomes of the UK's elderly population with healthcare inequality. For example, up to 2.6 million UK-based adults between the age group 18 and 34 years are living in poor housing conditions such as draughty, damp and cramped as of 2023 (The Guardian, 2023).

- **Solution**

Complaints against damp and leaks have been recorded in England as housing issues (The Guardian, 2023). Hence, continuous improvement of social housing is highly recommended to reduce the housing issue of the UK's elderly population.

1.3 National Response to reduce health inequalities in your chosen group

The UK government has prioritised the Core20PLUS5 strategy and approach to reduce the healthcare inequalities among the population with improved policies (NHS, 2025). In addition, the UK Government has developed the Long Term Plan-based benefits to tackle healthcare inequalities by improving healthcare goals (NHS, 2025). Therefore, these initiatives of the UK government support its health and social inequalities of the elderly population.

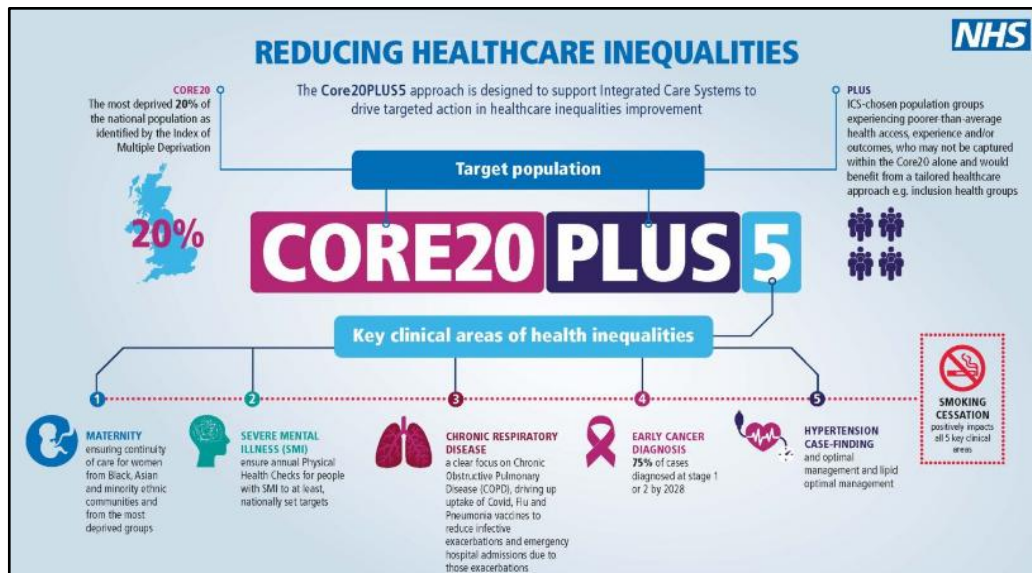


Figure 5: Core20PLUS5 strategy of NHS

(Source: NHS, 2025)

1.4 Organisations that support chosen group

HCA Healthcare is a famous healthcare organisation of the UK, which has prioritised the healthcare inequality-related social issues of the elderly population. For example, HCA Healthcare has introduced Health Equity Council in 2021 and the Patient Advisory Group in 2022 to effectively identify and resolve the healthcare inequalities and disparities (Business Wire, 2023). Hence, the

policy and supervision-based approach of the organisation is helpful to reduce the healthcare inequality issues of the UK's elderly population.

1.5 Conclusion

The overall discussion supports the healthcare inequality among the UK's elderly population with mental health issues, poor accessibility, mortality issues, poverty, housing and isolation issues. Moreover, the UK's government and HCA Healthcare have considerable support for the UK's elderly population.

Task 2: Epidemiological Analysis

2.1 Introduction

Anxiety is a serious mental health problem of the elderly population of the UK, which is related to healthcare inequality due to different social, cultural and health consequences. As per Costa (2025), anxiety at the adult age has been identified as the most commonly experienced health issue of the UK in the context of discrimination. On the other hand, the risk of anxiety is the highest among the UK-based elderly population while different societies have different beliefs in the social, cultural and healthcare aspects. This task is going to cover the impact of anxiety-based mental disorder on the target population of the UK. Moreover, a proposed plan will also be presented in short-term and long-term approaches and impacts to ensure further improvements in the current healthcare strategies and approaches for anxiety disorders.

Anxiety has affected the mental health stability of the UK-based elderly population. For example, an average of 29.9% of men and 37.1% of women has reported high rates of anxiety in the UK as of 2022/23 (Priory Group, 2025). In addition, the most experienced adult group in the UK for anxiety is between 16 and 29 years old as of 2021. Furthermore, 20% of total UK-based adults have reported anxiety all the time or most of the time in 2023 (Priory Group, 2025). Similarly, anxiety has global-level prevalence based on geographical, social and cultural differences in public approach towards mental health treatment. Anxiety disorder has been identified as the most common mental health issue in the world, which affected 359 million people in 2021 (WHO, 2025). Therefore, the severity of anxiety is high in the UK and worldwide elderly population that requires serious attention.

2.2 Main Body

2.2.1 Public health measures with 3Ps

Public health measures are possible through the application of 3Ps of healthcare processes such as prevention, protection and promotion. As per the views of Singh *et al.* (2022), prevention and health promotion are essential aspects for ensuring positive mental healthcare outcomes through reducing mental illness. The UK government has developed the public health measures by considering personal well-being, social relationships and other key aspects that can influence the lifestyle of the UK population (GOV.UK, 2025). Furthermore, there are multiple talking therapies, introduced by NHS UK to manage, treat and control or reduce the anxiety-based mental disorders. As a result, 670,000 people across the UK have already received anxiety-related mental treatment in 2023/24 (NHS, 2025). However, health promotion is not enough due to the lack of effectiveness

of the prevention and protection approaches of the UK government towards the anxiety disorders, especially among the elderly population.

2.2.2 Key determinants or risk factors

Anxiety disorders are highly related to physical health while the lack of physical health can increase the risk of facing anxiety-based mental disorder among the elderly population. Furthermore, physical tension, nervous system hyperactivity or harmful use of alcohol is the key impacts of anxiety disorders, which are the risk factors for multiple diseases including cardiovascular disease (WHO, 2025). Apart from these, anxiety increases the risk of facing depression, suicidal thoughts and substance use disorders among the elderly population. In addition to this, trauma, stress, personality and drug or alcohol consumption increase the risk of anxiety disorder (Mayo Clinic, 2025). Therefore, the risk of anxiety is high among the elderly people of the UK due to the above-mentioned key determinants or risk factors.

2.2.3 Specification of the target population

The adult group of the UK's total population has the highest tendency of experiencing mental health issues such as anxiety and depression. For example, the UK's population belonging to the age group between 16 and 29 years have the highest risk of experiencing anxiety as of 2021 (Mental Health, 2025). On the other hand, the prevalence of anxiety disorder is highest among the elderly population in the UK and globally as well. Furthermore, the score of anxiety in 2025 comes for the UK's elderly population belonging to the age group between 16 and 49 years old (Statista, 2025). Considering this aspect, it can be understood that the age group between 16 and 49 is the specific target population of the UK for which the healthcare plan needs to be developed to reduce the prevalence of anxiety.

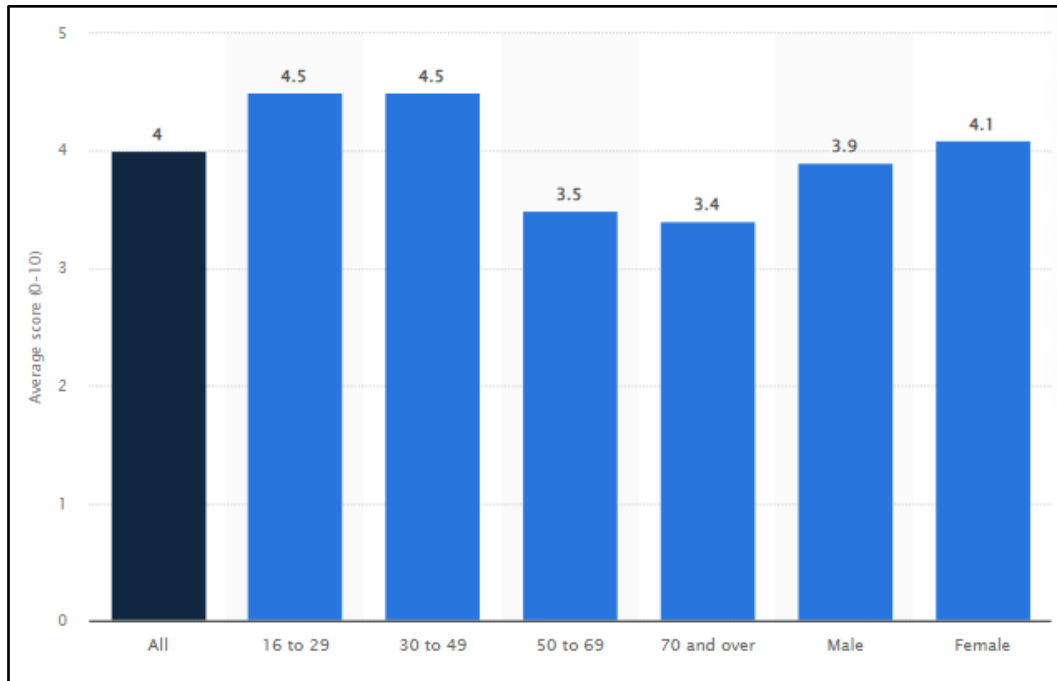


Figure 6: Anxiety levels in the UK by age group as of 2025

(Source: Statista, 2025)

2.2.4 Main public health approaches and strategies with types of monitoring/surveillance system

The monitoring or surveillance system of the UK government towards the anxiety prevalence plays a vital role in terms of reducing the risk of anxiety among the elderly population in the UK. For example, talking therapy-based programmes through the use of a stepped-care model to ensure changing needs-based approach is required (NHS, 2025). In addition to this, the diagnosis process for anxiety disorder is also a part of the monitoring system to understand the severity of anxiety among the population at the individual level. Thus, it can be understood that the current adapted monitoring system based on public health approaches and strategies is not effective and organised. In addition, this approach can delay the process due to lack of public awareness, especially among the elderly population of the UK. Moreover, the present monitoring system needs to be improved by considering changing needs of the UK's elderly people with anxiety disorders.

2.2.5 Public health impact/short- and long-term consequences

Public health issue, anxiety requires a significant plan for further development of healthcare outcomes with short-term and long-term basis. As per the views of Wu *et al.* (2025), the anxiety record reached 53,917.4 million incidences in 2021, which is 18% higher than 1990 globally. In

addition to this, the epidemiological trends of anxiety have highlighted the increase of anxiety in different age groups. The proposed plan for further improvement is presented below with short-term and long-term impacts.

Public health impacts category	Public health impact
<i>Short-term: Raising Public Awareness</i>	Raising public awareness about anxiety and respective risk factors to engage more elderly population of the UK in mental healthcare strategies and approaches of the government
<i>Long-term: Improved Healthcare Outcomes with accessibility and affordability</i>	Transparent healthcare plan for positive healthcare outcomes with improved healthcare accessibility and affordability among the UK's elderly population

Table 1: Short-term and long-term public health impacts

(Source: Created by Learner)

2.2.6 Appropriate health intervention programme and impact

Emotional learning and cognitive behavioural therapy-based programmes with continuous support for physical activities of the UK's elderly population is effective to reduce the risk of anxiety disorders. According to the discussion by Moreno-Peral *et al.* (2023), anxiety disorders can be resolved through cognitive training accessibility. This implies that the elderly population of the UK can overcome the risk of experiencing anxiety through an emotional learning approach with cognitive behavioural therapy. Furthermore, an effective public awareness campaign is also helpful to reduce the prevalence of anxiety disorders among the UK's elderly population due to early-level engagement in mental therapy sessions. Open communication with family, friends and healthcare professionals are also effective to enhance healthcare outcomes of the UK's elderly population with anxiety disorders.

2.2.7 Strengths and weaknesses of proposed epidemiological approach

A cost-effective approach is highly required to enhance the mental health of the UK's elderly population, which can be considered as a weakness of the proposed epidemiological approach. As opined by Moreno-Peral *et al.* (2023), cost-effective approach in social and healthcare setting is essential to ensure positive healthcare outcomes. On the other hand, it has to be mentioned that continuous support in physical activities with cognitive behavioural therapy and emotional

learning are effective strengths of the proposed epidemiological approach. According to the perspectives of Schaeuffele *et al.* (2025), IBIs or Internet-based interventions are helpful healthcare strategies for mental health disorders while it offers personalisation in prevention, protection and health promotion process. However, the proposed approach has avoided the personalisation aspect for the elderly people with anxiety disorders in the UK. Moreover, it can be said that the proposed approach should be enhanced by considering the identified key weaknesses such as limited personalisation and cost-effectiveness.

2.3 Conclusion

The overall discussion has highlighted the mental health issue of the UK's elderly population, which are anxiety disorders. Anxiety has the highest risk for the UK's elderly population. It has been found in the above section that the population belongs to the age group between 16 and 49 years have the highest risk of anxiety based on possible risk factors. Furthermore, the above discussion presented a proposed intervention plan and possible impacts for the UK's elderly population with anxiety disorders with short-term and long-term approaches and respective impacts. However, limited cost-effectiveness and personalisation have been identified as key weaknesses of the proposed epidemiological approach apart from its considerable key strengths such as continuous support in physical activities. In addition, cognitive behavioural therapy and emotional learning have been highlighted as key strengths of the proposed approach. As a concluding remark, it can be said that the proposed approach can be more effective after considering the identified key weaknesses according to the changing needs of the UK's elderly population.

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