



**Disability and Health Inequalities in the UK: A Study of
Type 2 Diabetes Risk and Impact**

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Lecturer's Name: Itse Olaoye

Student Name: Hetvibahen Chauhan

Student Id: 2522438

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1. Introduction

Health disparities refer to the differences in the state of health among individuals that arise due to avoidable and unjust causes (Marmot, 2020). In the UK, there exists a high correlation between health disparities and variables like the social determinants of health that include socioeconomic status, education, quality of life, and access to healthcare services. The vulnerable groups are those with disabilities who have poor health compared to those without disabilities.

There are several disabilities that are categorized broadly, depending on their nature as physical, sensory, mental, and psychological, preventing people from engaging fully in societal activities (WHO, 2011). As per ONS, approximately 24% of Britons suffer from disabilities (ONS, 2023). Individuals with disabilities have socio-economic challenges, including poverty, joblessness, and isolation, among others.

Apart from the above inequalities, people with disabilities are more likely to have developed certain chronic diseases, including Type 2 diabetes. Type 2 diabetes is a disease of high priority as it affects people due to their body's inability to produce enough insulin and excessive blood glucose levels that lead to the development of many complications, such as heart diseases and lower life expectancy (World Health Organization, 2020). This disease has been rapidly increasing all over the world, including the UK, especially among certain groups of people.

This assignment will be presented in two parts. In the first part, there will be a discussion of the main types of health inequalities faced by disabled people in the UK, as well as the health outcomes of such people and possible social determinants behind those inequalities. In the second part, an analysis of epidemiology of Type 2 diabetes among people with disabilities will be provided, considering various aspects of the problem and possible interventions.

2. Task 1: Disability and Health inequalities

The health inequalities faced by the disabled people within the UK are considerable and wide-ranging due to the intersection between biological influences and social

determinants of health. The disabled tend to exhibit worse health, suffering from more illnesses, mental disorders, and early death in comparison to those who are not disabled (Public Health England, 2019). Such inequalities are not caused by disability per se but rather by social inequalities that affect the quality of health care they receive.

2.1 Mental Health inequalities

Mental health inequalities are evident when it comes to comparing disabled and non-disabled individuals. In the opinion of ONS (2021), adults with disabilities were almost three times more likely to have depression compared to their counterparts who had no disabilities. These inequalities are attributed to various social factors, such as exclusion, discrimination, and lack of opportunities for engaging in education and professions.

To comprehend the issue of inequality in mental health between non-disabled and disabled individuals, one should consider a social approach to disabilities as advocated by Oliver (2013). Social barriers contribute greatly to the marginalization of disabled individuals. Stigma, in turn, can result in poor self-image and even psychological stress for them. Moreover, accessing mental health treatment poses a great challenge to individuals with disabilities as the necessary infrastructure is not accessible to them as well as the skills to communicate are lacking (NHS Digital, 2022).

2.2 Chronic Physical Health Conditions

Disabled people tend to suffer from chronic physical illnesses, which can include heart problems, diabetes, and lung disorders (Public Health England, 2019). Although there is the assumption that lack of physical activity and improper eating habits might be the causes, this approach is quite simplistic.

The deeper consideration would show that disabled people encounter many obstacles due to which they are unable to stay physically active. Thus, inaccessible transportation, insufficient exercise facilities and health programs make it impossible to practice healthy lifestyle choices (World Health Organization, 2018).

The problem of diagnostic overshadowing is another important one. In this situation, healthcare specialists do not investigate the cause of the problems experienced by an individual, attributing them to his disability (Mencap, 2022). It appears that chronic

disease health inequalities are not related to the personal choices people make but to the systemic factors surrounding the individuals.

2.3 Mortality Inequalities

Those suffering from disabilities also register higher death rates than the general population. As per NHS England (2020), people who have learning disabilities die at least 15-20 years earlier than others. It is a big problem, but it can be solved.

As highlighted by LeDeR Programme (2021) in their report on the Learning Disabilities Mortality Review, most of the deaths reviewed were found to be avoidable because they were caused by lack of proper diagnosis, proper treatment, and reasonable adjustments in the healthcare setting. From these statistics, it becomes obvious that the level of quality of healthcare received by the disabled is not up to mark.

2.4 Social Determinants of Health

Health disparities affecting disabled individuals within the United Kingdom are significantly impacted by social determinants such as poverty, loneliness, and inadequate housing. Disabled people face issues such as poverty owing to the lower rate of employment and the additional costs incurred because of their disability (Joseph Rowntree Foundation, 2022). Lack of access to financial resources denies such individuals access to basic necessities such as nutritious food, proper healthcare services, and other resources needed for good health. On the other hand, disabled people also suffer from social isolation and loneliness in many cases as a result of inaccessibility and inadequate means of transport, among others (ONS, 2019). Many studies have highlighted how social isolation adversely impacts health by causing psychological disorders such as depression as well as various diseases like heart disease.

Moreover, other factors such as housing and the environment are contributing to health inequalities. The housing of many disabled people may not be adapted for their disabilities, thus putting them at greater risks of injury and reducing their independence (Habinteg, 2019). Inadequate housing is also linked to respiratory diseases and mental illnesses (World Health Organization, 2018). More importantly, all these social determinants do not act alone because there is interaction between them that results

in the creation of vicious cycles of inequality in which deprivation, isolation, and inadequate housing perpetuate one another.

2.5 National Response to Health inequalities

There have been some policies initiated by the government of the UK in regards to the health issues of disabled individuals. Equality Act 2010 guarantees equal rights and the implementation of reasonable adjustments in the provision of various services (UK Government, 2010). Although it has increased awareness, the effectiveness of such policies depends on their enforcement.

Moreover, the NHS Long Term Plan (2019) mentions the introduction of certain health measures that can contribute to the improvement of accessibility and results of healthcare for vulnerable patients, including health checks annually for patients with learning disabilities.

There were some public health campaigns concerning promotion of health lifestyle choices. Nonetheless, most of those initiatives proved themselves to be not inclusive enough. The particular needs of disabled individuals remain unattended (Public Health England, 2020).

2.6 Role of Organisations

Non-governmental organizations are highly important when it comes to tackling health inequalities among people with disabilities. Scope, Mencap, and Disability Rights UK are among the many organizations involved in providing assistance in this matter.

Specifically, Scope is committed to increasing equality and decreasing poverty caused by disability; Mencap is dedicated to enhancing healthcare provision to those who have learning disabilities; and Disability Rights UK promotes independent living and change in policies.

Although such organizations make an enormous contribution, there are certain issues associated with the dependence on the voluntary sector.

3. Tash 2: Epidemiological Analysis of Type 2 Diabetes

3.1 Introduction to Type 2 Diabetes

The second type of diabetes is an acquired metabolic disorder that involves insulin resistance and excessive amounts of sugars in the blood. Diabetes has been noted to be among one of the most common health diseases existing across the world with the ability to create severe threats to the healthcare systems globally. There are currently more than 537 million cases of diabetes across the globe, out of which 90% suffer from Type 2 diabetes.

The disease is also prevalent among the United Kingdom (UK) population, with about 4.3 million affected by the disease in the UK, and many have yet to be diagnosed (Diabetes UK, 2023). Type 2 diabetes is characterized by an unequal prevalence pattern. Those with disabilities suffer more at the risk of having type 2 diabetes due to various biological, behavioural, and social factors that increase their risks. These factors include being inactive, obese, and socioeconomically disadvantaged (Public Health England, 2019).

It is crucial to analyse the disease from the perspective of its distribution, determinants, and impacts as per epidemiology. Chapter 2 critically evaluates the three aspects of the disease with focus on adult populations with disabilities in the UK.

3.2 Public Health Measures

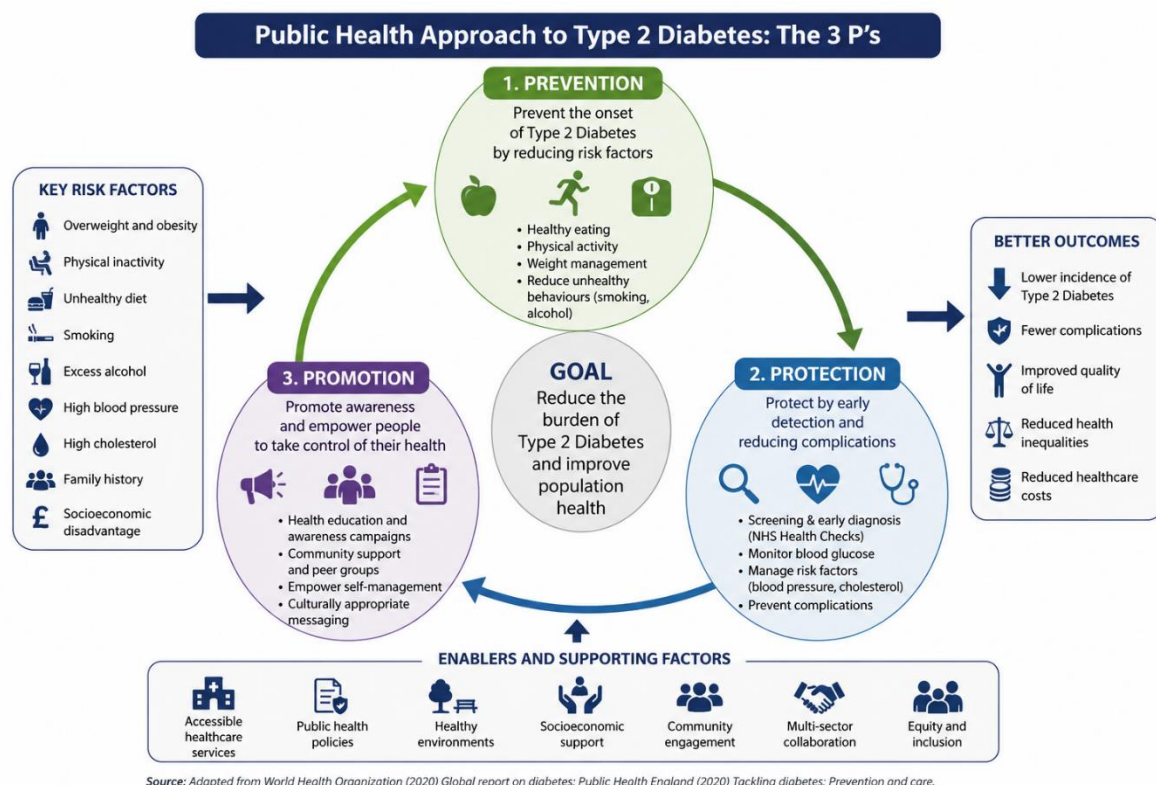
The public health interventions for Type 2 diabetes are usually grouped under prevention, protection, and health promotion categories.

Prevention entails the reduction of avoidable risk factors for diabetes. For instance, national programs such as 'Better Health' campaign seek to promote healthy living habits that include healthy diet and regular exercise (Public Health England, 2020). Unfortunately, this initiative follows a generalist approach and is less sensitive to the needs of disabled people.

Protection entails early diagnosis and control of the condition. In the United Kingdom, health checks for patients at risk of Type 2 diabetes are offered by programs such as

NHS Health Checks (NHS England, 2019). These interventions prove effective in their objectives. However, mobility, communication barriers, and non-accessible services hinder access to such interventions among disabled persons.

Health promotion entails educational and awareness activities. They are aimed at empowering patients to make appropriate health decisions. The programs can be delivered through health care professionals or community organizations. Standardized approaches to health promotions may be insensitive to the needs of people with disabilities.



3.3 Risk Factors and Determinants

Diabetes type 2 emerges due to the interaction among several biological, behavioural, and social elements.

Some biological determinants of this disorder include aging, susceptibility, and presence of other illnesses. Older individuals and those having family members who are prone to diabetes are most vulnerable to this disorder (World Health Organization, 2020).

The impact of social determinants is especially notable in this regard. Persons with disabilities are predisposed to poverty, inadequate education, and inadequate access to health care facilities (Joseph Rowntree Foundation, 2022). All these circumstances may limit the opportunity for practicing healthy behaviours aimed at disease prevention.

3.4 Epidemiology and Affected Population

Studies on epidemiology indicate that Type 2 diabetes affects some population groups more than others, such as older patients, people from ethnic minorities, and those living in poverty (NHS Digital, 2022). In addition, there are more disabled people in these population groups, making them even more at risk.

In cohort studies, a relationship between obesity and Type 2 diabetes has been proven, while in case-control studies, the impact of socio-economic status on the prevalence of this disease has been confirmed (Marmot et al., 2020). The use of both approaches gives insight into the complex nature of this problem.

3.5 Monitoring and Surveillance

Monitoring and surveillance are fundamental components of epidemiology and play an essential role in trend studies and evaluating the interventions.

For example, in the United Kingdom, different agencies collect information about the frequency, occurrence, and effects of diabetes. This information is then used for decision-making and resource allocation purposes.

On a global scale, data concerning diabetes can be collected from the World Health Organization and International Diabetes Federation databases.

3.6 Impact of Type 2 Diabetes

Impacts of Type 2 diabetes mellitus on the affected individual are immediate and delayed.

Immediate consequences include feeling exhausted, excessive thirst, and the need to urinate often. In cases where it is left unmanaged, there are risks of experiencing hyperglycaemia which could cause harm.

The delayed consequences are far more dangerous than the immediate ones since it involves cardiovascular diseases, renal failure, blindness, and amputations of lower limbs (World Health Organization, 2020). This results in a decreased quality of life that increases the risk of dying.

In social terms, Type 2 diabetes could affect someone's ability to undertake their work or carry out their daily chores which may negatively affect their income. As far as financial matters go, this condition puts great strain on the National Health Service (NHS) in its treatment cost running into billions of pounds per year (Diabetes UK, 2023).

3.7 Intervention and Evaluation

Another way through which Type 2 diabetes can be minimized in disabled individuals is through the provision of an intervention that encourages positive behaviour change. For example, interventions must be designed in such a manner that they contain physical exercises, advice on diet, and health services. Accessibility will be very important in ensuring high levels of participation. Accessibility means that the disabled individual will receive assistance to travel to and from the point where the intervention will be delivered, proper equipment will be provided, and communication will be put in place. In addition, the interventions must be integrated into the current health service delivery system such as the NHS general practice services.

The strengths of this kind of intervention can be seen in its ability to address both prevention and management issues, improving the physical health of patients while also increasing their social integration and mental well-being. Through personalized programs, they are more likely to succeed compared to general public health initiatives. Nonetheless, they also have their own weaknesses. First, they require considerable financial and human resources that could make them less scalable. Second, their effectiveness may depend on other external socioeconomic variables like poverty and access to education, hence making them ineffective for some individuals. Nevertheless, although lifestyle-based interventions are important, their success is dependent on the existence of systemic change such as increased accessibility, inclusion, and decreased social inequality.

4. Conclusion

In summary, health inequalities between disabled persons in the UK have remained one of the major public health issues in the region. Persons with disabilities have been found to have higher incidences of mental disorders, diseases, and mortality, which are mainly attributed to social determinants including poverty, loneliness, and poor housing conditions. The interplay of all these social determinants leads to continuous inequalities in terms of health and welfare.

Furthermore, through the epidemiological study of type 2 diabetes, it becomes evident how disabled persons remain vulnerable due to both individual and structural factors. While some public health measures such as health promotion programs and screening are currently employed in the UK, they continue to remain ineffective in solving health issues in persons with disabilities, since these measures fail to take account of their special needs. In order to eliminate these health inequalities, a holistic health promotion approach needs to be considered.

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