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Introduction

Disability is characterized as physical, sensory, intellectual or mental disabilities that can restrict a person to be fully able to engage in the society. The disabled individuals in the UK make a significant category of people and have continued to face health disparity in comparison to the non-disabled. Such disparities are a result of structural obstacles in healthcare systems, socioeconomic disparity, discrimination, and lesser access to proper health services. The disabled persons tend to have worse physical and mental health outcomes, reduced life expectancy and unmet healthcare requirements. The given analysis dwells upon disability as one of the most important social determinants of health and addresses significant disease-related disparities and social problems of disabled individuals in the UK. It also focuses on the national reactions and voluntary organisations in the alleviation of disability-related health disparities.

Contextual Background and Underlying Factors

Higher Prevalence of Mental Health Conditions

The disabled have high levels of mental illnesses like depression and anxiety than the general population. Isolation, stigma, discrimination, and fewer chances of employment or education, are some of the factors that lead to psychological distress. Lots of disabled people have challenges in receiving proper mental care because of communication problems, absence of specialist assistance or waiting lines (Alakeson, 2014). These contribute to the susceptibility to bad mental health and may aggravate the pre-existing physical health problems. To solve mental health inequalities, there is a need to have available psychological services, better professional training, and non-discriminative mental health policies that acknowledge the multifaceted needs of the disabled.

Increased Risk of Long-Term Chronic Conditions

The disabled population is more inclined to such chronic diseases like diabetes, heart diseases and obesity. These increased risks are caused by poor physical activity, poverty, and

inaccessibility to health promotion programs. Most health interventions are not inclusive so that disabled people would not easily be able to engage in screening programmes or lifestyle interventions (Avid Tur-Sinai et al., 2024). Consequently, chronic illnesses could be underdiagnosed or ill-managed. To mitigate the level of inequalities caused by chronic diseases among disabled populations, it is necessary to enhance access to preventive healthcare, customized health education, and physical activity programmes.

Higher Mortality Rates and Reduced Life Expectancy

It has been established that, disabled individuals especially the learning disabled have a reduced life expectancy compared to the normal people. Delays in diagnosing, substandard quality services and inability to make tolerable adjustments in healthcare facilities are some of the common causes of avoidable deaths. Health risks are further escalated by the so-called diagnostic overshadowing: the symptoms are mistakenly considered as a result of a disability instead of a disease (Barber, 2024). The inequalities indicate institutional issues in healthcare delivery. Early diagnosis advancement, promotion of equitable therapeutic approach and imposition of reasonable adaptation are essential measures of lowering premature death of disabled individuals (Umucu et al., 2025).

Economic Disadvantage and Poverty

Poverty and unemployment are more likely to be witnessed among disabled persons than their non-disabled counterparts. Economic disadvantage prevents people to eat healthy food, have safe houses, and receive medical care since all these are important to healthy living. Dependency on disability benefits can also lead to financial insecurity especially when the welfare reforms are taking place. Poverty is one of the stressor factors and a negative influence on mental health (Unicef, 2013). To eliminate the effects of economic inequalities, it is important to cover the disabled in terms of inclusive employment policies, proper social protection and finances as a way of enhancing their health.

Obstacles to Healthcare Access

The disabled often face impediments in availing healthcare services. These are physical barriers, which are the buildings that are inaccessible, communication barriers, which are the barriers to individuals with sensory or cognitive impairments, and organisational barriers, which are the rigid appointment systems (Wherry and Buck, 2023). The healthcare staff might not be trained on

disability awareness and this would result in a lack of communication and proper care. These obstructions lead to a delay in treatment and untreated health requirements. The accessibility of healthcare settings, presentation of information in relevant formats, and enhancement of personnel education should lead to a decrease in access-based health variations.

Social Discrimination and Social Exclusion

Discrimination and social exclusion are also a major challenge to the disabled people in the UK. Poor attitudes and stigmatization within the society can result in decreased social engagement and deter people to seek medical care (Beckett and Anne-Marie Callus, 2023). Inequality in the job market, education and governmental services will lead to worse mental and physical health. The social isolation also makes one more susceptible to mental illness or chronic disease. Inclusion should be encouraged by means of promoting public awareness, anti-discrimination laws, and community-based assistance, which are important in enhancing health and wellbeing of disabled groups.

National Response in Reducing Health Inequalities

UK has come up with a number of national policies in order to mitigate the reason behind health inequalities among the disabled people. Equality Act 2010 gives legislative protection against discrimination and demands reasonable modifications in the healthcare and other general services. Also, NHS Long Term Plan acknowledges the necessity to enhance the accessibility and outcome of healthcare to individuals with learning disabilities and other impairments. Although these efforts are good moves, there are still loopholes in the application and enforcement. A lot of disabled individuals are reporting a low level of healthcare delivery and satisfaction with needs (Blanck, 2017). More investments in inclusive healthcare services, a better service monitoring system, and making accountability more robust are needed to make sure that the policies in the nation can reduce the healthcare-related inequality based on disability.

Organisations Supporting Disabled People

Charity organisations have an essential contribution to the solution of health disparities associated with disability. Scope is a prominent UK charity, which assists disabled individuals by giving them advice, advocacy and practical assistance. The organisation aims at increasing awareness of social and health inequalities of disabled people and lobbying policy changes. Scope is also involved in research to educate the public debate and decision-makers (Boardman, Killaspy and Mezey, 2022). The charity assists disabled individuals to overcome healthcare systems, employment prospects, and enhance their living standards through the services it provides. Scope plays an important role in the prevention of social injustice and better health outcomes of disabled people in the UK by confronting negative attitudes and enhancing inclusion (Brathwaite, 2020).

Conclusion

The consequence of these inequalities is poor health and shortened life expectancy. Despite the improvement made by the national policies and voluntary organisations to address such issues, there are still gaps that exist. To decrease the health inequalities such as those caused by disability, it is important to act in concert with the healthcare, social policy, and community support systems. Health equity among the disabled can be achieved through inclusive healthcare services, effective implementation of policies and ongoing advocacy.

Task 2

Epidemiological Analysis of Type 2 Diabetes Mellitus Among Disabled Adults in a London Borough

Introduction

T2DM is a serious non-communicable illness and a substantial health issue among the UK and other countries in the world. It is marked by insulin resistance and loss of glucose control resulting in severe complications like cardiovascular disease, kidney failure, neuropathy and early death. The high rate of ageing, sedentary lifestyles and obesity has led to rapid prevalence of Type 2 diabetes in the world (Burch and Wilkin, 2024). T2DM is a significant burden to the National Health Service (NHS) in the UK, and socially disadvantaged populations are disproportionately affected by it in the country.

Type 2 diabetes is especially susceptible to disabled adults, where physical inactivity is more common, socioeconomic disadvantage stands higher, and obstacles to preventive health care access are also more prevalent in this cohort. The target population in this report is disabled adults residing in one of the London boroughs (Chinthapalli, 2012). The boroughs of London offer the right level of epidemiology since data and localized interventions in the field of public health are accessible. This paper focuses on the epidemiological mechanisms of identifying, evaluating and controlling Type 2 diabetes, risk factors, surveillance systems, the role of the public health and the intervention strategies with critical reflection on the shortcomings and weaknesses of the epidemiological approach (Detels et al., 2017).

Main Body

Public Health Measures to Manage and Reduce Type 2 Diabetes

The three levels of prevention, namely the primary, secondary, and the tertiary prevention are typically the structures that are made up by public health measures taken to address Type 2 diabetes among disabled adults. Primary prevention is aimed at prevention of disease occurrence by mitigating the risk factors that are modifiable like physical inactivity, poor diet, and obesity. Programmes like physical activity programmes that are inclusive and healthy eating interventions that come at the community level are some of the initiatives that are aimed at helping the disabled individuals in the defined London borough take healthier lifestyles (Hamilton, 2021).

The use of secondary prevention focuses more on early detection and diagnosis to avoid complications. Screening programmes like NHS Health Check are presented to reveal people under the great risk of Type 2 diabetes. Nevertheless, the disabled adults can have challenges to participation such as lack of accessible venue or communication. Reasonable adjustments like availability of screening sites and accessible screening sites are necessary to enhance uptake (Hisayo Katsui and Virpi Mesiäislehto, 2022).

The goal of tertiary prevention is to decrease morbidity and enhance the quality of life of people diagnosed with Type 2 diabetes. This would involve diabetes education, medication management and frequent checkups (Holland and Roberts, 2023). Multidisciplinary interventions comprising of general practitioners, nurses working in diabetes and allied health professionals are essential in managing complex needs in disabled adults. Although these measures are theoretically effective, the differences in access and participation have been a major issue.

Key Determinants and Risk Factors

The occurrence of Type 2 diabetes in disabled adults is a result of biological, behavioural, and social factors. The cause of physical inactivity is a significant risk factor because most

disabled people are exposed to environmental and physical limitations that restrict the chances of exercising. Also, poor diets could be caused by the inability to afford healthy food or the lack of access to it (Katz et al., 2021).

The socioeconomic disadvantage is a factor of importance as the poverty level and the unemployment rate are found to be higher when it comes to disabled people. Economical deprivation may be linked with stress levels, low quality of diets, and lack of healthcare services (Larsen, 2023). Moreover, some of the drugs that are prescribed to treat disabilities or mental health disorders may also lead to weight gain and metabolic alterations, which make them at risk of developing diabetes.

The situation is further aggravated by social exclusion and barriers to healthcare. Poor access to information on health promotion in easily comprehensible forms and low levels of interaction with preventive care contribute to the high probability of late diagnosis (MacLeavy and Pitts, 2024). The determinants presented in these interrelationships reflect the need to consider social and structural determinants in order to address Type 2 diabetes in disabled adults.

Identification of Those Affected or at Risk

Epidemiological studies and health needs assessments would be necessary in determining the people who are already affected by or are at risk of Type 2 diabetes in the specified population. The local health teams rely on the primary care records, NHS Digital, and Public Health England profiles data to estimate the prevalence and identify high-risk population groups in the borough (McCracken and Phillips, 2012).

The health needs assessment takes into account such demographic features as disability, socioeconomic conditions, and health inequalities that already exist. The cumulative impact of several risk factors in the disabled adults living in deprived areas frequently identifies them as a priority group (Nations., 2013). Epidemiological studies have always revealed that there is increased prevalence of obesity and diabetes in socioeconomically deprived areas.

The process of identification is improved with the involvement of communities and cooperation with disability support organisations to reach those individuals who do not use healthcare services on a regular basis. Although epidemiological data is helpful, inaccuracies can be executed by underreporting and failure to record disability status, which is why it is important to improve methods of data collection (Office for National Statistics, 2021).

Monitoring and Surveillance Systems

Surveillance and monitoring systems are important in the detection of the incidence and prevalence of Type 2 diabetes. Surveillance in the UK is based on a set of regular data sets, such as primary care data, hospital episode data, and national diabetes audit data. These sources of data allow the individual-level public health professionals to track the trends and assess the results of the intervention at the borough level (Office for National Statistics, 2023).

Disease registers and screening programmes are used to give continuous data to help in early detection and control. But the surveillance systems do not amount to the full capture of the experiences of disabled adults because the status of disability is not fully recorded, and the barriers to healthcare engagement.

These limitations notwithstanding, surveillance data is used to make resource allocation and planning of services. Improved monitoring activities and better response to disabled populations would be achieved by improving quality of data with standardised recording and enhanced accessibility of services (Rough and British Medical Association, 2014).

Public Health Impact and Consequences

The effects of Type 2 diabetes among disabled adults are both short term and long term. Short-term effects of inadequate glycaemic control may lower the quality of life and worsen the impairments. Long-term complication of cardiovascular disease, loss of sight, and kidney disease

are complications that escalate the use of health services and the risk of fatality (Rowe, Gee and Jackson, 2024).

The impact of Type 2 diabetes on population health at a population level is manifested in increased pressure to healthcare expenses and strain on the social care services. In disabled adults, disability and diabetes may exacerbate the health disparity and social marginalization. Epidemiological analysis contributes to the significance of early intervention to decrease the long-term outcomes and enhance the equity in health (Sabbagh and Korgaonkar, 2021).

Health Intervention Programme and Evaluation

A successful intervention programme must be developed in a customized, inclusive manner of meeting the needs of the disabled adults. An intervention at borough level can also include readily available lifestyle education, modified physical activity programmes, and improved screening of diabetes. Working with disability organisations would enhance interaction and confidence.

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Strengths and Weaknesses of the Epidemiological Approach

Epidemiology offers a methodical approach to the study of the occurrence and causes of Type 2 diabetes in adults with disabilities. Its advantages are that it makes use of population-based data and evidence-based decision-making. Nevertheless, the downsides are incomplete data, underrepresentation of disabled people, and challenges in the capturing of lived experiences (Stanley, 2022). Quantitative data is insufficient to capture social and cultural issues that affect health behaviours. The integration of both the epidemiological analysis and qualitative research could help give a more detailed picture and help have a more effective intervention (Tinson et al., 2016).

Conclusion

Types 2 diabetes is affecting disable adults which are a social concern health issues in London. The intervention would be evaluated on the basis of changes in incidence of diabetes, health

behaviours and uptake of services. Accessibility and satisfaction of the participants would be evaluated by process evaluation, and outcome evaluation would involve the evaluation of clinical outcome improvements to HbA1c levels. Such interventions can reduce inequalities and create a better long-term outcome, although it requires a lot of resources

Reference list

1. Alakeson, V. (2014). *Delivering Personal Health Budgets*. Policy Press.
2. Avid Tur-Sinai, Netta Bentur, Tal, O., Barnea, R., Gur-Arie, R. and Hagen, S. (2024). *Health Economics Disparities, Inequality and Inequity In Healthcare Services: Today's Reality and Tomorrow's Challenges*. Frontiers Media SA.
3. Barber, C. (2024). *Primary Care of Children with Chronic Conditions - E-Book*. Elsevier Health Sciences.
4. Beckett, A.E. and Anne-Marie Callus (2023). *The Routledge International Handbook of Children's Rights and Disability*. Taylor & Francis.
5. Blanck, P. (2017). *Disability Rights*. Routledge.
6. Boardman, J., Killaspy, H. and Mezey, G. (2022). *Social Inclusion and Mental Health*. Cambridge University Press.
7. Brathwaite, B. (2020). *Diversity and Cultural Awareness in Nursing Practice*. Learning Matters.
8. Burch, L. and Wilkin, D. (2024). *Disability Hate Crime*. Taylor & Francis.
9. Chinthapalli, K. (2012). Personal health budgets will be rolled out to over 50 000 people. *BMJ*, 345(dec03 2), pp.e8233–e8233. doi:<https://doi.org/10.1136/bmj.e8233>.
10. Detels, R., Gulliford, M., Karim, Q.A. and Tan, C.C. (2017). *Oxford textbook of global public health*. Oxford: Oxford University Press.
11. Hamilton, P. (2021). *Diversity and Marginalisation in Childhood*. SAGE.
12. Hisayo Katsui and Virpi Mesiäislehto (2022). *Embodied Inequalities in Disability and Development*. African Sun Media.
13. Holland, K. and Roberts, D. (2023). *Understanding Decision-Making in Nursing Practice*. London: SAGE.

14. Katz, D., Yeh Ming-Chin, Levitt, J., Essel, K.D., Joshi, S. and Summer, R. (2021). *Nutrition in Clinical Practice*. Lippincott Williams & Wilkins.
15. Larsen, P.D. (2023). *Lubkin's chronic illness : impact and intervention*. 11th ed. Burlington, Massachusetts: Jones & Bartlett Learning.
16. MacLeavy, J. and Pitts, F.H. (2024). *The Handbook for the Future of Work*. Taylor & Francis.
17. McCracken, K. and Phillips, D.R. (2012). *Global Health*. Routledge.
18. Nations., U. (2013). *Consideration of Reports Submitted by States Parties Under Article 35 of the Convention*.
19. Office for National Statistics (2021). *Disability - Office for National Statistics*. [online] www.ons.gov.uk. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability>.
20. Office for National Statistics (2023). *Disability, England and Wales - Office for National Statistics*. [online] Office for National Statistics. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/disabilityenglandandwales/census2021>.
21. Rough, E. and British Medical Association (2014). *Recognising the importance of physical health in mental health and intellectual disability : achieving parity of outcomes*. London: British Medical Association, May.
22. Rowe, G., Gee, D. and Jackson, A. (2024). *Health Promotion for Nursing Associates*. Learning Matters.
23. Sabbagh, M. and Korgaonkar, G. (2021). *Social Work Law, Ethics & Social Policy*. SAGE.
24. Smith, K.E., Bamba, C. and Hill, S.E. (2015). *Health Inequalities*. Oxford University Press.
25. Stanley, S. (2022). *Contemporary Social Problems in the UK*. Taylor & Francis.
26. Tinson, A., Aldridge, H., Born, T. and Hughes, C. (2016). *Disability and poverty*. [online] Available at:

https://npi.org.uk/files/7414/7087/2444/Disability_and_poverty_SUMMARY_REPORT_FINAL.pdf.

27. Umucu, E., Vernon, A.A., Pan, D., Qin, S., Solis, G., Campa, R. and Lee, B. (2025). Health inequities among persons with disabilities: A global scoping review. *Frontiers in Public Health*, 13. doi:<https://doi.org/10.3389/fpubh.2025.1538519>.
28. Unicef (2013). *The State of the World's Children: Children with Disabilities*. Nairobi, Kenya: United Nations.
29. Vine, G. (2024). *Occupational Therapy, Disability Activism, and Me*. Jessica Kingsley Publishers.
30. Wherry, S.-A. and Buck, N. (2023). *Complex Care in Nursing*. London: SAGE.