

ANALYTICAL REPORT

Age & Health Inequalities:

Social Epidemiological & Epidemiological Analysis

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Social Epidemiological Analysis

Introduction

Health inequalities are defined as systematic, preventable, and inequitable disparities in health outcomes among population groups (**Marmot et al., 2010**). These inequalities are socially constructed and intricately linked to broader structural determinants, encompassing income, education, employment, housing, and service accessibility. Age is a significant aspect of inequality, as health outcomes are influenced by both biological ageing processes and the cumulative effects of social, economic, and environmental disadvantages experienced throughout life (**World Health Organisation (WHO), 2018**).

The target group for this report is older adults in the UK who are 65 years old or older. Older adults are not a uniform group, but they do share certain vulnerabilities, such as retirement, lower income, declining physical and mental abilities, and a greater need for health and social care services. These factors interact with pre-existing inequalities associated with socioeconomic status, gender, ethnicity, and residence, rendering certain older adults disproportionately vulnerable to adverse health outcomes (**Public Health England (PHE), 2020**).

Age-related health inequality is a significant concern in the UK due to demographic shifts. The number of people over 65 is growing quickly, putting more pressure on health and social care systems. If we don't take specific steps to address inequalities, the ageing population could make health outcomes even worse instead of better (**Office for National Statistics (ONS), 2023**).

Contextual Background and Underlying Factors

Disease and Illness Inequalities

1. Higher Prevalence of Long-Term Conditions

One of the most serious health problems for older people is the high number of long-term conditions (LTCs). **About 70% of people in England who are over 65** have at least one LTC, and almost 30% have multimorbidity, which means they have two or more chronic conditions **(NHS England, 2023)**. Cardiovascular disease, diabetes, arthritis, chronic respiratory disease, and osteoporosis are all common diseases.

The unequal distribution of LTCs shows that people have been exposed to disadvantages over their whole lives. People from lower socioeconomic backgrounds are more likely to work in dangerous jobs, live in bad housing, and not have easy access to health-promoting resources. This raises their risk of getting chronic diseases later in life **(Barnett et al., 2012)**. Moreover, multimorbidity often manifests at a younger age in individuals residing in impoverished regions, resulting in disadvantaged older adults facing more intricate health requirements for extended durations.

Health disparities are worsened by broken care pathways, a lack of continuity of care, and trouble getting around in the healthcare system. Older adults with multiple conditions frequently have numerous appointments and medications, which heightens the risk of noncompliance and negative outcomes. To fix these unfair situations, we need care models that are integrated and centred on the person, with a focus on coordination, prevention, and early intervention.

2. Mental Health Disorders in Later Life

Mental health inequalities constitute a substantial yet frequently neglected concern among the elderly population. As people get older, depression, anxiety, and cognitive disorders like dementia become more common, but they are still not well-known or well-treated (**Royal College of Psychiatrists, 2018**). Evidence indicates that approximately one in four older adults exhibit symptoms of depression, especially those residing alone or coping with chronic illness (**Age UK, 2022**).

Several social determinants contribute to mental health disparities in later life, including bereavement, loss of identity associated with retirement, chronic pain, diminished independence, and social isolation. Ageism in healthcare systems can also make mental health symptoms seem like a normal part of getting older, which can delay diagnosis and treatment (**WHO, 2021**).

Another area of inequality is access to psychological therapies. Older adults are less likely to be sent for talking therapies than younger people (**NHS Digital, 2023**). To close the gap in mental health care, we need mental health services that are open to people of all ages, regular screenings in primary care, and community-based programmes that deal with loneliness and social isolation.

3. Increased Mortality and Reduced Healthy Life Expectancy

Even though death rates go up with age, there are significant differences in how long people live and, more importantly, how long they live in optimal health. There is a big difference in healthy life expectancy between the richest and poorest areas of England. People in the poorest areas can expect to live up to nine fewer years of satisfactory health (**ONS, 2023**).

The **UK Health Security Agency (UKHSA)** says that cardiovascular disease, cancer, respiratory illness, and dementia are some of the most common causes of death in older people. Social factors like poverty, housing conditions, exposure to the environment, and access to preventive healthcare have a big impact on these outcomes. Older adults in impoverished regions are more likely to experience delayed diagnoses and diminished access to specialised services, which adversely affects survival rates.

To lower the differences in death rates, we need to take a population health approach that focuses on prevention, early detection, and action on the broader factors that affect health, rather than just treatment later in life.

Social Issues Affecting Older Adults

4. Social Isolation and Loneliness

Loneliness is a major social problem for older people, and it is also a major public health problem. In England, more than one million individuals aged 65 and older report chronic loneliness, with increased prevalence among those residing alone or facing mobility challenges (**Campaign to End Loneliness, 2022**).

Loneliness correlates with heightened risks of depression, cognitive deterioration, cardiovascular disease, and premature mortality, exhibiting effects akin to established risk factors such as smoking and obesity (**Holt-Lunstad et al., 2015**). Structural factors like less access to public transportation, the closing of community spaces, and digital exclusion make older adults even more socially isolated.

Social prescribing, community befriending programmes, and urban design that is friendly to older people are all examples of interventions that have been shown to improve people's health. However, these programmes need ongoing funding and to be part of larger public health plans in order to really cut down on inequality.

5. Poverty and Financial Insecurity

Even though there is a state pension system, poverty is still a major cause of health inequality among older adults. Women, ethnic minorities, and older adults who live alone are more likely to be poor than other groups of people (**Joseph Rowntree Foundation, 2023**). A lot of older people depend on fixed incomes that haven't kept up with the rising cost of living.

Being financially insecure makes it challenging to get healthy food, enough heat, safe housing, and social activities, all of which are important for staying healthy and happy. Evidence indicates that older adults in poverty are more inclined to report suboptimal self-rated health and mental distress (**Age UK, 2023**).

Policy responses like making it easier to get pension credit, winter fuel support, and targeted financial advice services are very important for reducing the health effects of poverty in old age.

6. Housing and Environmental Inequalities

The state of housing has a big effect on the health of older adults. Cold, damp, overcrowded, or poorly adapted housing raises the risk of respiratory illness, falls, and higher death rates in the winter (**Public Health England, 2018**). Housing insecurity is a big problem for older people who live in private rented homes or poor neighbourhoods.

Not having the right home adaptations can make it harder to be independent and make you more dependent on health and social care services. To lower health risks and encourage healthy ageing, it is important to fix housing inequalities through home improvement grants, energy efficiency programmes, and housing policies that are friendly to older people.

National Responses to Reduce Health Inequalities

National policy responses to age-related health disparities have progressively emphasised prevention and integration. The NHS Long Term Plan stresses the need to improve care for older people by using integrated care systems (ICSs), better community services, and better management of long-term conditions **(NHS England, 2019)**.

Social prescribing programmes also try to improve older people's health by connecting them with community activities, volunteer groups, and support services **(PHE, 2020)**. These approaches are a step towards more holistic care, but they only work if there is enough funding and cooperation between sectors.

Organisations Supporting Older Adults

Age UK is crucial for fixing health and social problems that older people face. **Age UK (2023)** says that the organisation offers direct services like befriending, benefits advice, and health information. It also does research and affects national policy.

Age UK's goals are to reduce loneliness, fight financial insecurity, make healthcare easier to obtain, and fight structural age inequality. The charity helps make policies fairer for older people by speaking out for them and raising public awareness.

Conclusion

Older adults in the UK face substantial health disparities influenced by cumulative disadvantage throughout their lifespan. Higher rates of chronic illness, mental health issues, and early death are linked to social problems like loneliness, poverty, and bad housing. While national policies and voluntary organisations offer significant assistance, continuous efforts to tackle the social determinants of health are crucial for diminishing age-related disparities and fostering healthy ageing.

Epidemiological Analysis

Introduction

Hypertension is a major risk factor for cardiovascular disease, stroke, and early death that can be avoided. Hypertension is often called a "silent condition" because it doesn't show any symptoms. This means that it often goes undiagnosed and is not well controlled, especially in older adults (**WHO, 2023**). This report looks at high blood pressure in adults 65 and older who live in the London Borough of Newham, which is known for having a lot of poverty and ethnic diversity.

There are about 1.28 billion adults around the world who have high blood pressure, and the number of people with it rises quickly as they get older (**WHO, 2023**). Around 60% of adults over 65 in the UK have high blood pressure, which is a major cause of health disparities and high demand for healthcare (**UKHSA, 2023**). Hypertension has a social and economic cost in the form of higher healthcare costs, disability, loss of independence, and a lower quality of life.

Public Health Measures: The 3 P's Prevention, Protection & Promotion

The three P's—prevention, protection, and promotion—are often used to organise public health efforts to address high blood pressure (**Naidoo and Wills, 2016**).

Primary prevention seeks to mitigate risk factors for the entire population through the implementation of policies such as reducing sodium content in processed foods, promoting increased physical activity, and facilitating smoking cessation.

Secondary prevention includes early detection through screening programmes like NHS health checkups and taking blood pressure measurements when they come up in primary care and community settings.

Tertiary prevention tries to stop complications by giving effective treatment, making sure people take their medications, and managing their disease over the long term.

In Newham, pharmacies, faith groups, and voluntary sector partners work together to offer community-based blood pressure checks to make it easier for older people to get care when they can't get to a regular healthcare provider.

Key Determinants and Risk Factors

Hypertension is affected by a mix of factors that can't be changed, like age, genetics, and ethnicity, and factors that can be changed, like being overweight, not exercising, eating poorly, drinking too much alcohol, and being under a lot of stress (**WHO, 2023**). Social determinants like poverty, crowded housing, and not being able to get healthy food make the risk even higher (**Marmot et al., 2020**).

Older people in Newham are more likely to be exposed to these risk factors, which leads to a higher prevalence and worse blood pressure control than the national average.

Identifying At-Risk Populations

Health needs assessments use epidemiological data from GP disease registers, hospital episode statistics, and Public Health Fingertips datasets (**UKHSA, 2023**). These data show that more people in Newham have high blood pressure than the average for England, especially older adults from South Asian and Black backgrounds.

Epidemiological studies indicate an earlier onset, increased disease severity, and elevated complication rates within these populations, underscoring the necessity for culturally sensitive interventions (**Cappuccio and Miller, 2016**).

Surveillance and Monitoring Systems

There are many systems that keep an eye on high blood pressure, such as primary care registers, NHS Health Monitoring data, hospital admissions, and death records (**NHS Digital, 2023**). These systems make it possible to keep an eye on trends, inequalities, and the results of interventions.

But there are some problems, such as not diagnosing enough people, not keeping accurate records, and not including people who aren't registered with GPs. These flaws could make it seem like there are fewer cases than there really are and hide inequalities.

Public Health Impact and Consequences

Uncontrolled hypertension greatly heightens the risk of stroke, coronary heart disease, heart failure, kidney disease, and vascular dementia (**UKHSA, 2023**). For older adults, these results often mean they can't work, lose their independence, and need more health and social care services.

Hypertension costs the NHS a lot of money in terms of hospital stays, long-term treatment, and social care, which shows how important it is to take steps to avoid it.

Intervention Design and Evaluation

For older people in Newham, a beneficial intervention would include community-based screening, culturally appropriate health education, and better support for sticking to their medication. Working together with pharmacies, community leaders, and volunteer groups would make it easier to reach more people and get them to accept it.

Evaluation would look at how detection rates, blood pressure control, hospital admissions, and patient-reported outcomes have changed. Cost-effectiveness analysis would facilitate long-term sustainability (**Craig et al., 2018**)

Strengths and Weaknesses of the Epidemiological Approach

Epidemiology offers substantial population-level evidence to guide public health decision-making, facilitating the identification of risk patterns and the assessment of interventions (**Gordis, 2014**). Nonetheless, dependence on routinely gathered data may neglect lived experience and social context.

Combining epidemiological analysis with qualitative research and community involvement can help people understand better and make interventions more effective.

Conclusion

Hypertension in older adults constitutes a significant and preventable public health issue. Epidemiological methods are necessary for recognising risk, tracking trends, and formulating effective interventions. To reduce inequalities and improve health outcomes in older people, it is important to deal with social determinants along with clinical management.

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