

Health needs assessment essay sample essay



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The purpose of this assignment is to transport out a wellness needs appraisal in my pattern country. which will include a profile of the community with the purpose to place the chief wellness demands. For the intent of this assignment the borough B will be used as the writers borough of pattern with the wellness sing service and ward ten as the writers pattern country. The undertaking will garner and analyze informations to place all the wellness demands of the country.

so concentrate on one key wellness demand. The principle for utilizing it will be discussed and will so be critically evaluated. The current statutory. private and voluntary service proviso which have been put in topographic point to run into the identified wellness demand will be looked into. chances and restrictions which affect this proviso will besides be examined.

Finally a critical scrutiny of the deductions for professional pattern will be discussed besides local and authorities policies will be looked at and how alterations are being made to cut down wellness inequalities. The authorities have set up a new public wellness model entitled the Public Health Outcomes Framework it sets the context which is structured from local to national degree. It sets out the comprehensive range to better and protect wellness during a lifetime and to cut down inequalities in wellness that still persist (Department of Health 2012) . One of the indispensable political orientations of wellness visiting is the hunt for wellness demands (Twinn and Cowley. 1992) .

Health visitants are at the head for transporting out public wellness and have a huge array of cognition and accomplishments which help in placing any

wellness and societal jobs. they offer a nucleus evidenced based programme (Department of Health. 2009) therefore they are good equipped to transport out a wellness needs appraisal. Through the execution of the Healthy Child Programme (Department of Heath. 2009) the authorities have made a resoluteness to better the wellness and well-being of all kids by guaranting they all receive indispensable immunizations. development cheques and any extra kid and household advice.

Through this it will enable wellness visitants to entree wellness demands. evaluate attention and if necessary make referrals to the multi professional squad. A wellness needs appraisal (HNA) examines and identifies the wellness issues in any given country (Cavanagh & A ; Chadwick. 2005) in order to do an accomplishable alteration to better wellness and cut down inequalities (Summers and McKeown. 1996) . The principle for set abouting a HNA is to recognize demands and highlight the jobs in any given population.

besides to present proposals for clinical intercessions in order to present a positive alteration in wellness results. In order to garner informations for this assignment a community profile needs to be reviewed. Hawtin & A ; Percy-Smith (2007) defines a community profile as a complete description of the demands of a community. for the intent of developing an action program of how to better the quality of life of the community.

This wellness demand appraisal is based in a PCT in the North West of London. The PCT which is based in Borough B is one of the most culturally diverse countries in England and has a population of about 240. 000 which

makes it one of the largest populated countries in England. Harmonizing to (Office for National Statistics (ONS) 2012) the borough has 119. 900 males and 122. 400 females.

20. 2 % of the Borough's occupants are aged under 16 (48. 900) . This proportion is approximately the same as for London overall which is (20. 1 %) .

65. 5 % (158. 800) of the population autumn within the new on the job age group (16 to 64) . below the London degree of 68. 7 % .

There are 21 wards in this borough all of which are culturally diverse with a assortment of cultural groups. 82. 1 % of school kids are from black or minority cultural (BME) group as stated in the (Child and Maternal Health Observatory (Chimat) (2013) . In entire 6. 7 % of the Borough's occupants are kids aged four and under. 81.

6 % of all kids aged 0 to 4 are from minority cultural groups (all groups excepting White British) . 44. 8 % of these immature kids are of Asian/Asian British cultural beginning. which is the largest cultural grouping.

Looking at the 18 cultural groups. in numerical footings the highest Numberss of immature kids in the Borough are of Indian beginning. This Borough is besides the most sacredly diverse local authorization in the UK ; there's a 62 % opportunity that two random occupants would be from different spiritual groups (ONS 2011) . The Association of Public Health observatories (APHO) (2013) shows that on the whole the Borough has a good degree of wellness. nevertheless.

big wellness inequalities exist in the Borough. JSNA (2010) shows this from mortality rates and life anticipation with people populating in the East of the Borough expected to populate 7 old ages less than those in the North of the Borough. The chief causes of decease harmonizing to (APHO 2013) is coronary bosom disease. shot and malignant neoplastic disease.

It is of import to indicate out the common hazard factors with these complaints which derive from bad lifestyle picks such as smoke. unhealthy diet and deficiency of exercising. If mortality rates from Coronary Heart Disease in the most disadvantaged parts of Borough B were to cut down to the rate seen in the most flush. life anticipation would increase by over a twelvemonth in males and over 9 months in females (JSNA 2010) . Many Government policies such as the (Department of Health 1999) white paper Salvaging Lives: Our healthier State vowed to undertake wellness inequalities.

The purpose was to forestall unwellnesss such as malignant neoplastic disease. coronary bosom disease and shot by better showing and intervention for everyone and besides by cut downing smoking. Many other authorities paperss have been produced on this issue in recent old ages. such as (DOH 2009) Undertaking Health Inequalities: 10 Years On. Nevertheless.

a decennary later this still seems to be an issue which may be ongoing for another decennary if drastic schemes are non put in topographic point. Waldfogel (2010) defines child poorness as a portion of kids whose household income is below 60 % or less than the national average household

income for any peculiar twelvemonth (Palmer 2011) . whereas (JSNA 2010) defines child poorness as kids populating in a place that obtains a means-tested benefit. Poverty can hold a major consequence on the wellness of households which can impact on their mental well-being. Marmot et Al. (2010) proposed schemes to “ give every kid the best start in life” the purpose was to cut down wellness inequalities. However. four old ages subsequently many kids are still populating in poorness. which suggests farther authorities intercessions needs to be put in topographic point in order to better the state of affairs. The Institute of Race Relations (2014) identified that throughout the UK. people from BME groups are much more likely to be in poorness (with an income of less than 60 per cent of the average family income) than white British people.

However. (CHIMAT 2014) highlights the fact that although 19. 7 % % kids are populating in poorness in this BME borough. it still remains somewhat lower than the England norm of 20. 6 % (APHO 2010.

Chimat 2014) . These figures have somewhat fallen over the last twelvemonth as (Chimat 2013) shows that there was 21. 2 % kids in the borough life in poorness. This could be due to the fact that the unemployment rate in the borough has late dropped below the London norm (Borough B Council 2014) .

The UK has one of the highest sum of kids populating in unemployed families than virtually any other EU state (Department of wellness. 2009) .

Nevertheless. (Garnham 2012) states that income entirely is non plenty to vouch a life free from poorness. as there are many employed occupants

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measuring nutrient Banks. Although unemployment may be a factor for life in poorness there may be other grounds such as homelessness.

lone parent households and overcrowding which can impact wellness in many ways. Overcrowding in a family poses the hazard of air borne diseases such as TB which is extremely contagious and at that place seems to be a rise of this in Borough A. Undertaking homelessness is a chief precedence for the Government but as many of the unemployed are in reception of public assistance benefits the recent public assistance reforms will impact the deprived even more. Borough B (2013) province that the ? 500 benefit cap for non-working families is likely to impact around 700 families in Harrow. and the households with big Numberss of kids are predicted to be hit the hardest.

For this ground many households have been rehoused outside of London. which can hold a diverse consequence on instruction and wellness.

Harmonizing to the Boroughs Index of Multiple Deprivation (2010) Harrow ranked 184 most disadvantaged local authorization out of 326 but fluctuations of want are present within some countries in the South of the borough. Most want is in the Centre of the borough. with pockets of want across the remainder of the borough.

The least disadvantaged countries are in the Northwest and the South of the borough. The borough on the whole has low degrees of want. For the benefit of this assignment a windshield study of Borough B was carried out. Hunt. (2009) describes this to be a motorised rating of a vicinity.

by driving through a vicinity and utilizing observation accomplishments to carry on an appraisal of the country. To acquire an nonsubjective overview of the community this study was carried out by driving and walking. Based on observation. this study showed the country to be a really diverse borough running from the really flush to the really destitute. This was revealed when driving through a private gated route comprising of really big houses and so driving out of this private route to happen an country of societal lodging across the route.

It was besides observed that the community is to a great extent populated by black and cultural minority groups. with a high denseness of the Sri Lankan Tamil occupants in ward ten. See Appendix 1 for full overview of windscreen study. The (Chimat 2014) shows information which signifies the wellness and well-being of kids in Borough B in comparing to the remainder of England. (See Appendix 2) . The chart indicates that on mean most of the wellness issues in the Borough are on the whole better than the England norm.

Issue such as suckling induction and breastfeeding at 6 - 8 hebdomads are significantly improved since the borough received full accreditation to the Unicef Babyfriendly award in 2012. Training has been provided for all multidisciplinary staff and a web of trained equal protagonists was set up to work with female parents in infirmaries and in the community. they besides run suckling support groups on every weekday. Borough B now has a breastfeeding helpline. web site. Facebook page and Twitter site.

all run by equal protagonists. This enterprise has gained great benefits in the borough because (Renfrew 2012) . showed that 90 % of female parents are originating breastfeeding and 50 % of female parents entirely breastfeed since having the award. Harmonizing to the statistics pointed out in (Chimat 2014) .

wellness issues that are a larger concern in the Borough are low birth weight of babes and baby mortality which are closely associated with each other. These are both significantly higher than the England norm in Borough B. Data shows low birth weight in this country which is 9. 0 % . compared to the England norm which is 7. 3 % and Infant mortality 6.

1 % and England mean 4. 3 % (Chimat 2014) . Numbers appear to be lower in the South of the borough than in the North (JSNA 2010) . A figure of factors such as inappropriate prenatal attention. maternal and child nutrition. premature births.

drug and intoxicant during gestation. multiple births and smoking during gestation could be the cause of this. Even though the construct of demand may be greater in these countries. the wellness visitant will non be able to make much in the short term to set intercessions in topographic point to forestall them as they do non transport out prenatal visits at present.

These preventive intercessions need to be undertaken by the obstetrics services who will necessitate to better entree to pregnancy services and concentrate on the most vulnerable female parents. Harmonizing to World Health Organisation (WHO) (2014) being overweight and corpulent are the 5th leading hazard for planetary deceases. Bettering fleshiness rates in <https://assignbuster.com/health-needs-assessment-essay-sample-essay/>

childhood has been one of the Governments chief public docket issues and fleshiness bar is a core portion of the Healthy Child Programme (Rudolph 2009) . For the last 2 old ages childhood fleshiness in 4-5 twelvemonth olds in Borough B was non significantly different than the England norm.

Harmonizing to (Chimat 2012) the England norm was 9.

4 % and Borough B was 7. 3 % . nevertheless. (Chimat 2014) shows the England norm is 9.

3 % compared to Borough B which has risen to 10 % . Harmonizing to the latest information. the country is executing at 2 % greater demand than the England norm (JSNA Refresh 2013/14) . Even though the rate is similar to the England norm. the contrast in rates over 2 old ages shows that it is a job which is non bettering and can take to many wellness deductions which can transport on into maturity.

This Health Needs appraisal aims to look into Childhood fleshiness rates in the Borough and will look into ways to better these rates. This subject was chosen because fleshiness well affects the most indispensable facets of wellness. every bit good as being a local issue it is a national issue and it can be highly damaging to wellness to the point of doing decease. In England the British 1990 growing mention (UK90) was recommended for supervising the weight of the population and for clinical appraisal in kids aged four old ages and over. Obesity is classified as being ? 95th centile for population monitoring ? 98th centile for clinical appraisal. (National Obesity Observatory 2011) .

The NHS Information Centre (2010) . carried out The National Child Measurement Programme in the UK. this programme involved all kids in Reception category and twelvemonth 6 holding their tallness and weight recorded. It found that 23.

1 % of 4-5 twelvemonth olds are fleshy or corpulent. National Obesity Observatory (2010) felt that betterments were made in covering with childhood fleshiness by bring forthing informations which showed that the rate of fleshiness has somewhat slowed from 1998 to 2008. nevertheless (Rudolph 2009) found that more than 1 in 5 kids were still overweight or obese by age 3. Wijga (2010) found that corpulence and corpulent kids are more likely to go corpulent grownups. hence holding a higher hazard of morbidity with serious wellness issues such as coronary bosom disease and shot (Swanton 2008) . Reducing childhood fleshiness will profit the many wellness deductions such as decreasing the hazard of diabetes.

asthma. sleep apnoea. anxiousness. intimidation and it will besides construct self-esteem.

Stettler (2002) . identified that deriving rapid weight in babyhood was the strongest hazard factor for developing childhood fleshiness and hence indispensable to the wellness visitants function. However. although (Department of Health 2009) Healthy Child Programme encourages wellness visitants to supply information and advice to pregnant adult females and parents of immature kids about nutrition and physical activity. and the Foresight Report in 2007 purpose to cut down extra weight in kids by

the twelvemonth 2020 ; no national counsel has being put in topographic point to help wellness visitants to pull off fleshiness in babyhood.

Redsell et Al. (2011) found that GP's were more knowing about the wellness hazards of fleshiness. but non confident at giving overall advice and wellness visitants needed to increase their cognition in order to place and pull off babies at hazard of fleshiness. More research needs to be undertaken to find how practitioners should pass on fleshiness hazard during babyhood to parents (Redsell 2013) .

At present wellness visitants use clinical pattern guided by the healthy kid programme alongside the usage of their professional opinion. The borough has assorted service commissariats in topographic point to undertake this epidemic and many statutory and voluntary commissariats have been looked into to run into this wellness needs. These are as follows: Measuring overweight/obesity Measuring hazard of corpulence and fleshiness at a New Birth Visit is really hard for wellness visitants. Weng et Al.

(2012) established that maternal pre-pregnancy overweight/obesity. paternal overweight/obesity. high infant birth weight and smoke during gestation are non-modifiable hazard factors. In add-on. (Lumeng 2005) believes a kid with one parent who is corpulent is 3 times every bit likely to go an corpulent grownup.

If a babe has a high birth weight so wellness visitants will utilize their professional opinion and the weight of those babes will be monitored on a regular basis. the trouble for wellness visitants will be to determine whether some parents are overweight/obese and how to relay to parents that this

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could be a hazard factor for their infant gaining extra weight. This is a really sensitive issue and because of the fright of embarrassment and the stigma attached it may be overlooked. Weng et Al. (2013) devised a hazard hitting algorithm to find fleshiness hazard in kids called an Infant Hazard of Obesity Checklist (IROC) .

(See appendix 3) . It was piloted in Nottingham by a group of local wellness visitants and it was undertaken by wellness visitants transporting out a new birth visit. so once more at 4 months and 12 months to measure for rapid weight addition. This tool entails a assortment of inquiries with a marking system. when added up at the terminal a mark is given which determines whether the baby is at hazard of being overweight/obese.

This enterprise was carried out on all babes therefore cut downing the hazard of singling out peculiar groups of people. It appears to be a really utile tool which will help wellness visitants to measure weight without any embarrassment. nevertheless. development work is ongoing as testing of its practicableness is required prior to full execution of this recommendation.

At present the Health Visitors in Borough B will entree a baby's weight at the new birth visit and papers in their ruddy book. this will enable a baseline weight to be recorded. The baby's weight is so recorded each clip they are bought to the healthy kid clinic. Breastfeeding When female parents are seen at the New Birth Visit between 10 to 14 yearss after birth. they have normally established a eating government for their babes. In Borough B the local infirmary and country has been accredited with the Unicef Baby friendly

award therefore most of the female parents in the country are rather enthusiastic about suckling.

Deriving this award has helped the suckling rate in the borough to lift and as (Unicef 2012) states increasing suckling rates to a degree compatible with cut downing the rates of childhood fleshiness by every bit small as 5 % . would ensue in cut downing one-year health-care disbursements by more than ? 1. 6 million. All wellness visitants and pupil wellness visitants have had Unicef suckling preparation to enable them to help female parents who wish to suckle. but may be fighting.

Borough B besides has in topographic point many equal counselors who support female parents by supplying bead in suckling support Centres which are run from Monday to Friday. two being held in suckling cafes within the Borough. Various research articles have been undertaken and (Bogen et al. 2004.

Weyermann et Al. 2006 and Hunsberger et Al. 2012) are three of many which has shown that suckling reduces the hazard of fleshiness. hence. it is wellness visitor's responsibility to leave this information to the female parents. These research articles conducted assorted surveies.

the three surveies gave differing consequences but on the whole suggests that sole breastfeeding for 6 months reduces the hazard of fleshiness in kids. Healthy ablactationThe World Health Organisation (2001) recommends that babes should be entirely breastfed up until the age of 6 months before presenting solid nutrient. This gives the babes digestive system a opportunity to develop and for the kidneys to be mature adequate to

manage waste from the solids. Sloan et Al. (2008) found in his survey that early ab lactation can take to rapid weight addition in babyhood which can hold deductions for childhood fleshiness. Health Visitors have a function in educating parents of the wellness hazards involved with ab lactating excessively early and in Borough B ab lactating groups to learn parents how to feed their babes a healthy diet are run by wellness visitants and community baby's room nurses.

This service proviso is coordinated in association with the Children Centres. These groups are run on a monthly footing and parents of babes approaching the age of 6 months are invited to go to. Having undertaken one of these Sessionss late it was found that most of the female parents who attended the group were normally 1st clip female parents who were new to the procedure and needed aid and advice. It was hence of import to educate them on the right manner to present solid nutrients to their babes utilizing grounds based information. The (Department of Health 2011) papers Introducing Solid Foods brochure emphasises that parents are encouraged to do their ain babe nutrients. to offer healthy repasts such as fruit and veggies.

little part sizes and household nutrient. Besides the importance of offering finger nutrients and letting babes to feed themselves is recommended. This manner babes are able to self-regulate their nutritional consumption cutting down the hazard of them gorging. These groups are really successful because the feedback gained after was ever positive. Play activities for babes (Children Centre)The borough has several Children Centres which provide activities such as music ; A ; motion and remain ; A ; drama.

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it is of import to rede parents about these Centres and to promote them to go to. the purpose is for babies and yearlings to increase their active drama. The MEND programme (2008) is a healthy life style non profitable administration which focuses on fleshiness bar. It is run normally by local kids Centres and caters for kids. immature people and their households from the age of 2 old ages to adulthood.

It is a free service normally paid for by the local governments. Parents attend with their kids and it offers advice on healthy feeding and active drama. There is a referral procedure for this programme which is normally from GP's. school nurse and instructors. Borough B no longer hold this proviso. the ground for this was non made clear.

It is a really good intercession which would aim at hazard kids who would otherwise be overlooked and the Borough would profit from this if they aim to cut down childhood fleshiness degrees further. Regular clinic attending for weighingAt present most babies and kids who are recognised to be at hazard of fleshiness are at present identified when they attend the healthy kid clinic. The kids are normally weighed and the weight is plotted on the centile chart ; a traversing upward of 2 centiles on this chart can be interpreted as rapid weight addition (Redsell et al. 2013) . It is of import for these kids to hold their weight checked on a regular basis at the clinic and that parents are given advice sing infant nutrition.

physical activity and the possible hazards of their kid deriving extra weight. In Borough B at present all the healthy kid clinics are walk in and are really busy. it is hence really hard to hold equal clip for audience. The Borough will

shortly be altering to an assignment system at the clinics. the advantage is that babes will be seen on a regular basis after birth so that their development can be observed.

the disadvantage arises when a kid with weight issue needs to be monitored on a regular basis and the wellness professional can non book the kid an assignment because all the clip slots are filled. This issue will do assorted jobs. which may take to overbooking or the Health Visitor holding to execute more place visits or clinic visits at ad-lib times. In decision.

undertaking childhood fleshiness should get down in babyhood and wellness visitants are at the head in presenting this enterprise. In (Fair Society. Healthy Lives 2010) Marmot advocated a healthy weight should be consistent from ' cradle to grave' . The key is to place babies who may be at hazard of fleshiness and pass on this to parents. Redsell (2013) found that infant overweight/obesity was considered a sensitive issue that was hard to raise with parents.

but the IROC tool developed by (Weng et al. 2013) will help wellness visitants to get the better of this trouble. Most of the commissariats above are in topographic point in Borough B to run into the intended demand. although the MEND programme which was one time operational in the Borough would be good if it was reintroduced. Nevertheless.

the kids Centres have a huge array of healthy life enterprises which is assisting to maintain the childhood fleshiness degrees in the Borough down. National Institute for Health and Clinical Excellence. N. I.

C. E. (2006) advocates that working as portion of a multidisciplinary squad is indispensable. to supply intercessions to forestall and pull off fleshiness. besides to help households who may necessitate extra support.

The Foresight study (2007) estimated that wellness attention costs attributable to being corpulent were ? 4. 2 billion. perchance lifting to ? 6. 3 billion in 2015.

Early sensing and intercession is more cost effectual than intervention and other effects of fleshiness in ulterior life. In order for this to be achieved and to implement some of the intercessions above. the authorities will necessitate to fund preparation for all the wellness professionals involved so that they are suitably trained to cover with the lifting epidemic of childhood fleshiness. Mentions Association of public wellness observatory. (2013) . Health profile.

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