

The recent demographic, epidemiological and social trends in uk



This essay is divided into two parts. First part deals generally with the recent demographic, epidemiological and social trends in UK. In demographic trends main concern is population change. The demographic transition model depends on countries mortality and the fertility rates. As these are one of the important deciding factors for population change, though migration is important trend in UK. Next are the epidemiological trends deals with life style diseases, non communicable diseases, mental health, disability etc. Finally, the combination of demographic and epidemiological trends gives the social trends. Second part deals with critically assessing the priorities for public health and health promotion. Because establishing priorities are more essential. Not surprisingly it will deal with obesity, lifestyle diseases, smoking etc., as twenty first century progress, public health and health promotions are the major concerns.

The important demographic trends in UK is increasing aging population. According to ONS (2009), the population in united kingdom is ageing with the decrease in the younger population. This trend is seen constantly over past 35 years. Because of growing ageing population. It posed a great political and economic challenge to the country(Squire 2002). Because the life expectancy between 2001 and 2006 was 75. 6 for male and 79 for female.. There is steady increase in life expectancy of people(Bowling 2005). On the other side there is increase in non communicable diseases which are mainly due to behavioural and sedentary life style changes. These include diabetes, CVD, etc., which are mostly of preventable causes(Shah 2008). When it comes to social trends, it has an impact of both the demographic and epidemiological trends. Like the decreasing trend of labour work, this

may be due to many reasons. Although there is an increase in the people who are economically active from 5 million in 1971 to 30.6 million in 2006 (ONS 2007). Since this increase in economically active people does not increase the employment rate. There is a decrease in the employment rate from 95% in 1971 to 79% in the recent period (ONS 2009)

The proportion of percentage of crime is increasing like property crime, card crime or juvenile convictions etc., though the overall crime is decreased from 40% in 1995 to 23% in 2005. With an increase in the crime rate, the spending on the other services like social protection is increasing. In 2003 it was £4,710 per person, which is higher than any other countries. Other spending like those for sick and disabled is increased by means of disability living allowance and attendance allowance (ONS 2007). All the above trends in the environmental change is present scenario which is a concern of most. In the previous year's climate change was given low level priority (Doulton and Brown, 2009). Both locally and globally the physical environment and their naturally occurring resources are affected by human activities, which may be due to both industrialization and urbanisation from the act of globalisation (DEBRA, 2009). All these processes are due to global warming and climate change, which almost increased the temperature of UK. The highest temperature was seen recently in 2005 and the projection also shows that if the emission level is same as now it will have an increase in overall temperature of 2-3.5 degree Celsius by 2080 (ONS 2007). In the Kyoto protocol, UK has a target to reduce the emission of green house gases to a level of 12.5% between the year 2008 and 2010 (UNFCCC). Even though United Kingdom emission reduced to a level, the emission from the aviation industry doubled

between the year 1990 and 2004. Generally increased emission of carbon dioxide will have impact at many level, like the recent flood in the November with the collapse of bridges and infrastructure(DEFRA, 2009) and it will have impact economically(Taylor and Ortiz, 2008)According to Greenpeace UK, many people are dying every year because of climate change and in 50 years many species are going for extinction and the government policy needs an action not in words. When it comes trends for health promotion and public health, following are the problems that getting priority in the recent trend.

According to office National Statistics (2007), there are two interrelated factors which affects the demographic change. They are natural change and migration. In 1950's population change is due to natural change. But from 1970's natural population change decreased with decrease in birth rate. From 1980's population increased due to increase in migration level and decreases in death rates. Present trend that is from 2007, the change is equal on both sides. The projections for 2011-2021 show that the population change is due to natural, with increase of 57 % (NSO 2009). In 2005, there was 723, 000 live birth when compared with 7000 increase from 2004. It was 34% and 20% fewer births in 1901 and 1971. The reason behind this was due to two world wars (NSO 2007).

The best indicator for peoples health status is life expectancy. It is calculated by the mortality rate of the country(Keith & Green 2004). According to guardian. co. uk, the trend in life expectancy are dependent on two classes namely middle and poor class. In which middle class adopt healthy life style and poor will follow unhealthy one like drinking and smoking. The life <https://assignbuster.com/the-recent-demographic-epidemiological-and-social-trends-in-uk/>

expectancy for a baby born has reached highest level. This would be like 77.6 years for male and 81.6 years for female. Though females live longer than males, the gap between these two are narrowing. The narrowing is from 6.0 years to 4.2 years in last 25 years. A man at 65 years will live 17.4 years and women will live 20.0 years extra if the mortality rate is same as 2006-2008(ONS 2009). Moreover, the projections for the 2021 is like 80 and over for males and 84 years for females(Scambler 2008). In that, last eleven years of life for females and eight years life for males will lead a poor health(Keith and Green 2004). Moreover there is increase in the unhealthy life expectancy where the old people are alienated from the modern society(Brown 2008).

Ageing is the part of life which leads to debility and dependency but not always with disability(Watson, 2008). Many consider chronological age for ageing, but chronological age is rough guide to biological age. Because age is measured by abilities and performance of the individual. Many health and welfare organisation consider age of 70 and 75 years as starting age for elderly than 65 years. (Donaldson& Scally, 2009)

According to office of National Statistics(2009), the advances in the treatment level and modernization leads to increase in the life expectancy from 85 to 90 years. But according to Donaldson and Scally(2009), increase in older population is not solely due to advances in medical field or technology or new drugs. The reason is decreased mortality of children when compared to early twentieth century where there is more deaths of infant and children. With decline in mortality and birth rate , which projects older population to be increased(Robson 2006). The population pyramid in the <https://assignbuster.com/the-recent-demographic-epidemiological-and-social-trends-in-uk/>

beginning of twentieth century, it resembled like a pyramid with more young at the base and elderly at peak. In contrast twentieth century shows like a chimney than pyramid (Donaldson and Scally, 2009).

For more than thirty years, ageing population is increasing with 1.2 million people, 16% of them are over 65 years and most of them are in 85 years and more (Robert and Linda 2008). When compared between two years like 1971 and 2007, the population of aged is 0.3 and 1.0 for female, 0.1 and 0.4 for male (ONS, 2009). Although policy matters regarding the ageing like pension, health and social welfare provision which comes under expenditure along with keeping good life (Bowling 2005). However, old age people who need supportive care due to physical and mental debility may have one or more chronic diseases. According to social life cycle and ageing fourth age which has dependency and disability, but many remains in good health (Donaldson and Scally, 2009). The policy maker have more concern in enabling the older people to be active, mobile and independence, which will make them to contribute to the society as a whole (Bowling 2005).

Donaldson and Scally 2009, underpinned that while setting priorities for health care of old people, it should be categorised in three ways. One is those with good health and require no service, second is one with disabling condition such as stroke or dementia and final one is those experiencing age related problems from frequent falls, sensory deficits and memory loss

Next to demographic trends is epidemiological trend which shows the countries health status. United Kingdom health trends basically related to behavioural which are mostly related to diet, smoking, drinking and physical

activity. Most of the diseases are interrelated to the one of the sedentary life styles. In the past twenty five years, the prevalence of obesity has doubled (National Obesity Observatory). The prevalence of obesity is increasing 0.8 a year, which is three fold more than 1980s (WHO Europe, 2007). The first and the most important cause of diseases in UK is obesity. It showed a rapid increase in the prevalence of obesity in industrialised world and it is first and foremost cause of diseases (Donaldson and Scally, 2009) which leads to reduced level of physical activity which is the part of sedentary life style (Barnett 2005). About 37% of the deaths in a year is due to overweight and obesity, which is the cause for the DALYs in aged people (Allender & Rayner 2007). In 2007, over one million were on treatment for obesity with 127,000 and 871,000 in 1999 and 2005 (Miller et al, 2008). By 2010 it will rise in the prevalence rate to three million, at the time of diagnosis these people will be having 50% long term vascular complications and one third of men and 28% of women will be classed as obese (Barnett 2005). This is growing concern in UK, because the relationship between the obesity with immediate clinical outcome like coronary heart diseases are common (Miller et al, 2008). Obesity can be related to many other conditions like mental health, learning disabilities and physical disabilities (Ells et al, 2006). There is strong connection between obesity and other diseases like diabetes, disabilities, mental health etc.,

Apart from prevalence of obesity in whole population, childhood obesity is alarming in UK due to excessive intake of food and lack of physical activity. This trend is more pronounced in lower socio-economic areas (Pearce et al 2008). In 1955 WHO formed global school health initiative to reduce health

problem among young people. As a part of the initiative in UK, National healthy school programme-HSP was formed to tackle childhood obesity. It has given priority to physical activity and healthy eating but not on social exclusion and fails to address experiences of marginalised and vulnerable groups in schools(Curtis 2008). The government policy on white paper like 'choosing the health: making the healthy choices easier' the policy was implemented through public services agreement-PSA to halt obesity by 2010. It is delivered through local agency and by UNNAO (Mohetbati et al 2007) There are national targets to reduce children with overweight and obesity by 2000 level. The scheme where implemented locally to tackle it. But they are not designed , timetabled, resourced or evaluated(Pearce et al 2008) and there is no adequate attention was given to psychological implication of the intervention. The urgency of childhood obesity was reflected in department of health, the policy in this area of childhood obesity lacked co-ordination, surveillance and screening. It is not precisely articulated and explored (Lake 2009).

Another important effect of obesity is diabetes. In UK every one person in three is diagnosed with diabetes(practice Nurse 2009). The prevalence rate increases in faster rate than US and Canada, with increase of 74% in past 6 years(occupational health 2009). It is showed that in 2008 it was 2. 5million diagnosed with diabetes against 2. 3million in 2007, that is 3. 86% and 3. 66% (Diabetes UK 2007 and 2008) According to Diabetes UK (2009) , the projections shows that during 2010 there will be anticipated ageing and with growth of overweight and obesity. And by 2015 obesity will be the extra burden of £6. 3 billion to UK NHS. The country could face a diabetes

explosion by 2025 with 4 million people will be affected and 500, 000 will live with it unknown. It is blamed to be due to overweight and obesity (Occupation health, 2008). It is getting a major public health problem and it is also root cause of many life style diseases like cardiovascular diseases, stroke , blindness etc., Another behavioural problem which is also the main cause for the above all diseases are smoking and alcoholism, which are the demographic risk to the population.

Smoking is one problem which involves many disciplines of action. 2006 there were 12 million smoker in UK, of which the prevalence is higher among men than women for age groups except between 16-19 years. The gender difference is higher among 25-34 years with 33% for men and 26% for female and lower in those aged 60 years and above(Heartstats. org). There is decline in the prevalence to 21% in the age group of 16 and over by 2007(ONS 2007), but there is no considerable decline in the smoking rate among young women between the ages of 11-18 years(Bowles et al 2009). However in general prevalence is more among unskilled manual jobs than professional jobs (Hillier 2006). In 1974 51% of men and 41% women wants to give up smoking , but in 2005 25 % of men and 23 % of women want to give up cigarette smoking. The gender gap is getting decreased between these two years. But in general 66% of them want to give up smoking(ONS, 2009). The death due to lung cancer range from 90%, 80% to emphysema and bronchitis and 17% to heart diseases(ASH 2007). Moreover, one in three smokers will develop cancer in some stage of life and one in four will die of diseases. Smoking contributes to overall 22% of deaths in UK(ASH 2008).

NHS spends around £ 2. 7 billion year for treating diseases caused by smoking(ASH 2009)

Cardio vascular diseases is a condition which involves a group of condition which is caused mainly by obesity, diabetes, smoking, alcohol, sedentary life styles, which are interlinked. It includes heart diseases and stroke. It kills one in three people, which can be altered by life style changes(BBC 2008). CVD is biggest killer in the country which contribute to 200, 000 deaths a year with highest rate than Europe. The projections for 2050 is every nine out of ten will be overweight and obese, which in turn is a contributing factor for CVD. It poses £ 30 billion to NHS and to UK economy (Care Quality commission 2009). In 2006, CVD cost 14. 4 million for health care system, out of which 72% for hospital care and 20% for drugs. Another important non health care cost is production loss. The financial burden from informal care is due to death and illness during working age. In 2006, informal care caused £ 8. 2 billion to UK government . In an overall it will cost £ 30. 7 billion a year (Heartstats. org). The main public health concern regarding CVD is alarming increase in death rate which is due to modifiable risk factors like obesity and smoking.

Next common cause of death among the UK people is cancer. The trend of death due to cancer peaked for males during 1984 and fallen during 2007. For females it peaked during 1989 and fallen in 2007. In UK about 50, 000 cancer deaths every year (BBC 2007). Cancer is followed by mental health. In the recent past there is strong relationship between mental health and economic downtown. There is a challenge that exist to tackle the mental health without compromising in quality of treatment. All around mental <https://assignbuster.com/the-recent-demographic-epidemiological-and-social-trends-in-uk/>

health cost about £110 billion per year. This is increasing due to recession, unemployment, home repossession etc., The expenditure on mental health will double if the same situation exist(Royal college of psychiatrist 2009). Women are 19. 1% higher than men in using mental health services. And old age people using double the size(mental health bulletin 2009). For this government has sorted out some priorities like support to employer from government , Right kind of support to people with problem and concentration on research to improve the present situation in co ordination from public health professional. This can done by public mental health approach (Royal college of psychiatrics).

Inequalities due to migration are the constant problem in UK. It may be due to the difference in the level of deprivation (Connolly & O' Reilly 2007). According to ONS (2009), migration in is seen in two levels like immigration and emigration. International migrations contribute to population growth of UK in the recent years. The people emigrated from UK is 427, 000 in 2008 which is high when compared to 341, 000 in 2007. The number of people emigrated has doubled in A8 accession countries from 25, 000 in 2007 to 69, 000 in 2008. In contrast, people came to UK in 2008 is 590, 000 when compared with 574, 100 in 2007.

However, there is decrease in NI number allocation between 2007 and 2008 shows that decrease in the number of people came to UK from other countries. There is steady decrease in people immigrating to UK between 2007, it includes both EU and Non EU. But there is sharp increase in people coming for formal study from 27% in 2007 to 32% in 2008(ONS). Immigration causes two problems to NHS, first is the abuse of overseas visitors and <https://assignbuster.com/the-recent-demographic-epidemiological-and-social-trends-in-uk/>

second is unchecked permanent migration with major illness and diseases like HIV, Tuberculosis and Hepatitis B. These diseases are communicable, intractable leads to spread which will cause serious public health problems (Moxon 2004).