

Public health case study



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Fundamentals of public Health: Science and Practice Assessment

This assignment will consider a given case study involving a lady named Melissa, she is a 45 year old Afro-Caribbean lady who had a University education. She now has a good job managing a regional chain of high street clothing stores. She has been engaged to her boyfriend for 12 months. She smokes heavily and spends several evenings each week and every weekend in various bars and clubs, where she drinks excessively and takes recreational drugs with her friends. Her partner disapproves of her behaviour and considers her friends to be a bad influence. She was recently taken to A&E after collapsing in a nightclub. Her parents and her partner are concerned about her long term health. Due to these circumstances Melissa will be assessed on her needs as an individual, given advice on how to take care of her health and where she can access this guidance.

Public health has been the concern of the government since Victorian times, and became the priority of the NHS (National Health Service) in 1974.

However the UK (United Kingdom) Government has begun to return the responsibility of health improvement to local governments. They believe that local governments have the ability to focus on local populations and shape the services to meet the local population's needs (Department of Health 2011).

Public health can be defined in a variety of ways depending on the individuals opinion and beliefs. However, it is common knowledge that public health is the prevention of disease, long term illness and a priority of prolonging life among the whole population. This process is encouraged and

achieved through health promotion. The WHO (World Health organisation) definition of health promotion is “ *the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions*” (WHO, 2012) . All nursing staff currently on the NMC (Nursing and Midwifery Council) register are involved in public health and have specific roles in promoting public health activities. One of the primary focuses with upstream nursing is to reduce health inequalities and social determinants. However, for this to take effect it is required that all nursing practitioners fully understand the fundamentals of public health and health promotion. The upstream nursing framework, Living Well; Working well and Aging well was put in place to assist in the active promotion of health and well being (Nursing, 2012).

Melissa will be educated about the services available to her and this assignment will demonstrate the understandings of key public health principles such as her age, ethnicity, religious beliefs her education and where she resides. Explaining why this may have an effect on her in society. The assignment will discuss the relevant sociological theories surrounding inequalities within populations and communities. It will focus on Melissa's current lifestyle and the possible consequences this will have on her health. Finally the assignment will clarify on the recent policy incentives available to Melissa and her family, which will offer the support they need. To conclude a summary of findings will be discussed.

Before the nursing practitioner can begin to educate Melissa about the services available to her, providing the person centered care she deserves.

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The nurses themselves must be aware of the basic key concepts within society, including the priorities and the correct practice. The relationship between health and society must be fundamental. Social circumstances have an impact on health inequalities through a variety of means, such as age, ethnicity, education, environment, income and available support. Inequalities are simply differences in peoples circumstances which therefore has an impact on their health (Wills, 2005). The main social determinant that has the biggest impact on health of Melissa is her race, ethnicity, cultural background and her beliefs. The link between ethnicity and social class also has a significant impact on someones health and life expectancy. For this reason sociologists study society, helping people to understand and respond appropriately to society and culture around us.

Stratification is one of the sociological concepts by sociologist Max Webber. He discusses how various groups of people place within society, whether it be within a population or a community. This is often stratified by means of income, social class, gender, ethnicity, religion and political status. In Melissas case there are two key areas to discuss, firstly her form of biological characteristics, such as her skin colour and secondly her ethnic background. Melissa is of Afro – Caribbean origin, therefore her biological characteristics will differ from those of white British ethnicity. Her skin colour will be the more prominent difference along with her hair type, eye colour and structural build. Her ethnic background differences will likely be her spoken native language, preferred fashion, beliefs and her religion. These forms of differences would often lead to racialism (Jennie Naidoo, 2005). Racism a combination of discrimination and prejudice based upon Melissas differences.

These differences become ranked inferior or superior to each other, often resulting in a belief that because someone is of differences they should be treated differently. It is this unfair treatment that consequently induces inequalities towards Melissa. Therefore causing inequalities towards Melissas health (Pratt, 2006).

The white paper *Tackling health inequalities for minority ethnic groups* shows that in 2007 Non manual workers like Melissa reports 21 out of 100 white British people being in poor health compared to the 25 Caribbean nationals. Providing the evidence base that Melissa`s ethnic differences will have a downward effect on her overall health compared to the UK white British population (Randhawa, 2007). The possible determinants of health for such inequalities can be influenced by housing, income, environment, education and the services available within her community. Also the white paper, *Fair Society Healthy Lives* has statistical evidence to support that life expectancy between both men and women has a seven year difference between different social classes of society (Marmott, 2010). Inequalities of wealth and health are not only an issue within the UK, they are global. For example, America, the UK and most European countries are among the wealthy, having a wealth, capital of over \$50000 each, in comparison to Africa and Asian countries with Capital of just \$2000 and under. These statistics show that the concentration of global wealth inequalities is high. Such inequalities are responsible for poor health services and education within these lower wealth countries, due to the simple fact that they cannot afford the resources (Mindfully. org, 2006).

However, in Melissa's case, social stratification which refers to the social class of people who share the same level of wealth. Would insist that Melissa has minimal strain from income inequalities in the UK. The Gilbert – Kahl model which focuses on income consists of six categories; The underclass, the working poor class, the working class, the middle class, the upper middle class and the capitalist class. The class structure of Gilbert's model bases its assumptions of the economic society. In this model it would appear that Melissa having a managerial role within a chain of high street clothing stores, is part of the upper middle class society. Due to her university education and well paid employment, Gilbert's model would suggest that Melissa deserves what she has achieved and is entitled to her share of life and her chosen lifestyle (Sill, 2014).

The feminists would agree with Gilbert's assumption of Melissa deserving what she has achieved regardless of her gender. Dame Millicent Garrett Fawcett was one of the early 19th century feminists, she campaigned for the right of women's votes. She then became an activist on improving women's educational opportunities (Howorth, 2004). Since then feminism activists have gone on to make changes for women within society and politics. Modern feminism has four main focuses; the differences of gender, inequalities of gender, gender oppression and structural oppression. The theory of feminism is focused on giving women a voice and making awareness of women's contributions to society (Humm, 2014). Due to this women are now entitled to vote, seek employment without gender discrimination, reduced isolation of women from the household and reduced the differences in pay. Feminism has seen sections of legal legislation put in

place for instance, *The Equal pay Act 1970*, *The Sexual Discrimination Act 1975* and *the Equality Act 2006* plus many more, which all provide legal frameworks to protect women. Therefore, reducing the overall level of inequalities between women and men (Gov. uk, 2006).

However, it was the historical work of Karl Marx and his Marxism theory that originally categorised people in relation to economic production in society. Marx called this Capitalism, he implied that people who owned the production were the capitalists and the people that provided the labor were the proletariat (workers). This theory went on to create hostility between the two social classes. The proletariats were withheld from the products that they created and the development of its production, which left them feelings of alienation. This created feelings of less self worth and the social relationship between the capitalists and the proletariats became prominent in relation to power (Blaxter, 2004). However the feminists saw that it was these economic inequalities of power within a population, that began the understanding in regards to inequalities between social classes and gender. Insisting that the ability to overcome capitalism, would result in the reconstruction of the gender imbalance (Yuill, 2003).

It is clear to see from Melissas employment status and life style that social economy has evolved from Marx`s theory and the inequalities between men, women, owners and workers has drastically reduced. However, inequalities are still the forefront subject within upstream nursing and new frameworks such as the National Service framework for equality and diversity. Insists that the NHS (National Health Service) will respond to different needs of different

populations fairly. Assisting in the understanding of individual needs during public health support (NHS, 2014).

Today, women in the UK are expected to live until they are 82, but numerous people are dying young. Melissa is a heavy smoker and drinks excessive amounts of alcohol on a regular basis, she is also known to indulge on recreational drugs. In 2007 1 in 6 people died before the age of 65 due to diseases such as cancer, respiratory diseases and circulatory diseases, most of which are avoidable. Most longstanding illnesses are due to individual lifestyle choices and the stability of mental health (Government, 2010).

Health and wellbeing are influenced by a variety of factors, for example, social environment, mental health and culture and these factors continually change across one's lifespan. The *No Health Without Mental Health* Framework delves into mental health outcomes in relation to health and wellbeing. It assesses life satisfaction, self worth and stress in relation to the lifestyle choices of individuals.

The fact that Melissa chooses to smoke has already put her in danger of premature health complications. Cigarette smoking accounts for approximately 100,000 UK deaths, it reduces the quality of health and causes premature death. Approximately 365 of respiratory deaths are caused by smoking. Short term health conditions linked to smoking are infections of the respiratory tract and the possible onset of asthma. However, Melissa is also at the risk of developing much worse conditions such as a variety of cancers, emphysema, pneumonia and chronic bronchitis. The cost of smoking related illnesses is approximately £2.7 billion to £5.2 billion within each year on the NHS (ASH, 2014).

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Melissa also chooses to regularly drink alcohol and use recreational drugs. Statistics show that regular alcohol drinkers among the UK population amounts to 58% and in 2012 1, 008, 850 hospital admissions were related to alcohol. It is also estimated that the misuse of alcohol costs the NHS in excess of £ 3. 5 billion per year (Gov. uk, 2012). The miss use of drugs among adults in the UK also equates to 2. 7 million UK residents, with cannabis being the most commonly used drug and ecstasy coming in second. This misuse leads to 6, 549 hospital admissions in 2013 along with 1, 496 drug related deaths (Lifestyles Statistics, 2013). The main long term issues related to alcohol and drug use is an addiction, and health implications of the cardiovascular system. From these statistics is can be seen that Melissa has a very risky lifestyle and she has increased her chances of developing long and short term illnesses prematurely in relation to this.

Once Melissa has had her assessment of health needs the framework model for up stream nursing; protect, promote and prevent will be practiced. Local level health promotion strategies within Melissa`s region will be identified, such as local stop smoking support. The DH (Department of Health) published the paper *Smoking Kills* in 1998 and recently released the document *Tobacco Control*. These papers have made measures to reduce smoking in public areas, restricted advertising and have supported the rise of tobacco costs (Cartwright, 2008). The Mental Health Foundation, focus on mental health awareness and inequalities as well as linking mental health policies, research and evidence to produce publications covering a wide range of mental health issues (Foundation, 2014). The Drink Aware

campaign provides the public with information in regards to alcohol consumption. They promote responsible use of alcohol and the health issues related (Drinkaware, 2014), National Drug Prevention Alliance, provide education on addiction and how it takes control of your life. They provide support for family and friends too (Dependence, 2014). Finally the Womens Health Concern campaign provides information and education to women in regards to their health and wellbeing, including advice on lifestyle concerns (Concern, 2014). Many of these public health promoting campaigns are a charity funded but are supported by the government.

The government has taken responsibility for public health promotion, however the government cannot achieve this alone. Individuals have to take action in regards to improving their own and their family's health. A new radical approach towards health and wellbeing is being pursued. At root level local authorities will be taking responsibility within society, dealing with the determinants of health and support the public in making healthier selections (Nursing, 2011). The Directors of Public Health are the main advisors to the local authorities in relation to health. They are members of the health and well being board, but it is the department of Public Health England which offers the overall support to both sections. The new approach has its strategies sent out from the Secretary of Health. Who is responsible for allocating budgets to the local authorities and NHS. The Public Health England framework supports this approach. Believing, giving the responsibility back to local authorities will result in them being able to support their community with the services which that particular area needs (Health, 2013).

Upon discharge from hospital Melissa will be advised on The primary care choices available to her such as GP (General Practitioner) practices and high street optometrists. The role of the nurse is influential in this case and the white paper *Nurses as partners in delivering public health* points out the contributions made by nurses has a major impact on behavior changes within the health promotion environment. It illustrates the success of upstream nursing with case study examples, providing evidence that health promotion at local levels working in partnership with other local services has a detrimental impact on reducing health inequalities (Nursing, 2009).

In conclusion to this case study health and health promotion bases itself on cultural and social understanding of illness. The promotion of health is to enable the public to hold control over their own health by means of encouragement from intersectorial means. It is the influence of ones social and economic status, which can determine peoples lifestyle choices and risks. The statistics show that one bad lifestyle choice can reduce quality of life and cost health care services billions to provide treatment. Therefore, without the intervention of the government and the nursing professional background knowledge and support. The general public, perhaps, would lack the reduction in health inequalities and the stabilisation of the NHS.

- Amanda Jane Kaye