

# Public health proposal

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## Introduction

Population growth is one of the major challenges the world is facing at present. The growing population may have significant impacts in health and economy of the country. Hence, it is necessary to address the issues raised in health and economy due to growing population. Identifying the exact cause and issues associated with population growth will help to specifically address these issues and implement strategies to minimize their consequences. In this report, some of the major issues associated with the growing population of Newham, the problems faced by population of different age groups living this area, as well as their potential health and economic challenges have been extensively reviewed and attempted to identify. Major issues of Newham residents including deprivation, health and well-being are individually reviewed with the analysis of data. More specifically, this report focuses the profile of Newham residents in greater detail to understand the demographic challenges (total population, population density, ethnic diversity etc.) and opportunities for delivering sustainable economic growth. Furthermore, emphasis is given on the issues

of deprivation (poverty by ethnic group, age, intensity etc.) and health and well-being (life expectancy and illness, access to public health etc.)

## Background and context

Newham is a highly deprived borough with high rates of deprivation that affects children and older population of it. But importantly, currently Newham has a young and diverse population that is active working age population. However, the population of Newham has been reported to be rising in a significantly high rate (Local economic assessment 2010-2027). Furthermore, the poverty of in Newham is reported to be high. Also, the life expectancy of people living in Newham is lower when compared to the people living in other parts of London, suggesting the existence of health and well-being issues in Newham. Thus, it seems important to review and address every single factor that is associated with deprivation, poverty and health and well-being of Newham population (Local economic assessment 2010-2027).

### **2. 1 Population in Newham (size, ethnicity, religion and age)**

Newham has a diverse range of people with different ethnicities, languages and culture. According to the 2011 census, the population of Newham was reported to be 307, 984. This figure was the highest of all inner London boroughs, and the 7th highest in greater London (Aston-Mansfield's report, 2013).

The census of 2011 also reported the 23. 5% increase in the Newham population than counted in 2001, which is also the second highest growth in the country (Aston-Mansfield's report, 2013). One of the major factors for

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high population growth in Newham could be the high in-migration from nearby towns and cities. Moreover, number of asylum seekers and refugees are predicted to be high in Newham; although no exact figure has been published yet by the home office (Aston-Mansfield's report, 2013).

People with different ethnicities reside in Newham that include the mixture of Asian, White and African people. Thirty different ethnic communities with 300 spoken languages is the main feature of Newham population (Harris, 2008). Surprisingly, only 16.7% of British (White) reside in Newham. The figure seems quite high for Bangladeshi and Black African population. Census of 2011 also reported that Newham has a mixture of people following different religions, with majority of people following Christianity (40%). Other major religions in Newham include Islam and Hinduism.

Despite of several pitfalls, Newham has one of the youngest age structures in England and Wales (Aston-Mansfield's report, 2013). The figure suggests that 68% of people living in Newham are within the age group of 16-59, suggesting Newham has a high proportion of active working age population. The rest 32% make up the children and aged population. Coming to the gender division in the population, Newham has the male population of 52% and female population of 47.9% (Aston-Mansfield's report, 2013).

## **2.2 Employment and economic status**

More than 68% of Newham populations are classed as economically active despite of high percentage of young and working age population (Aston-Mansfield's report, 2013). This is mainly because unemployment rate of Newham is comparatively higher than of London and other Britain cities

The most shocking fact of Newham is that only very 53. 6% of female population in Newham is reported to be economically active, which provides the rationale behind the poor economy of Newham, another figure which is most shocking is that among those who were economically inactive, did not want an employment. Moreover, the data suggests that 19% of economically inactive people could not work due to long term illness, suggesting health as another major factor for Newham's poor economy. Moreover, Newham has a fewer workers in management and professional occupations, suggesting a shortage of skilled workers. Also, full time workers in Newham are only 66. 3%, which seems significantly low (Aston-Mansfield's report, 2013).

To conclude, despite of high percentage of working age population, low employment rate seems one of the prominent factors behind the poor economy of Newham. High population growth rate, long term illness and less involvement of female in the employment are some of the main rationales behind low employment rate of Newham.

## **2. 3 Deprivation**

Deprivation is measured by analyzing the employment rate, education level, health status and disability and housing. According to the Index of Multiple Deprivation (IMD), the borough of Newham was ranked 3rd most deprived city in England. Poverty seems to be high and growing in Newham. More so, child poverty is considered to be a major problem in Newham. 32% of the borough children were reported to be living in poverty, with household earning less than 60% of median earnings (Aston-Mansfield's report, 2013).

Coming to the housing in Newham, it is reported that Newham is ranked bottom in England in its households proportion with only 2 people, and first in households with more than 5 people. Census 2011 reported that household in Newham is of 3 persons in average, which was still higher than the average in England and Wales. In addition, 27% of houses in Newham were not found to be under standard living condition. Furthermore, homeless is another major issue that Newham is facing, which is about 1.1 homeless households per thousand households (Aston-Mansfield's report, 2013).

### Health and well-being needs

Issues associated with health are arguably the greatest problem the Newham population is facing at present. Health of Newham people is poor, as well as life expectancy is reported to be lower than of average England population, this could be linked with poor employment rate and poverty living in Newham.

Cardiovascular disease remains the major cause of deaths in Newham population, which kills about 30% of Newham people. This is followed by cancer and respiratory diseases, which are responsible for 25% and 12% deaths in Newham population (Aston-Mansfield's report, 2013).

There could be several risk factors that are associated with cardiovascular disease in Newham. In addition to direct risk factors such as smoking, obesity, diet and high blood pressure, diverse ethnicity could be another major factor for high rate of cardiovascular disease death in Newham, which is suggested in several studies. A study by Mathur (2011) suggested that the burden of cardiovascular disease varies by ethnicity. They also suggested <https://assignbuster.com/public-health-proposal/>

that people who migrate from South Asian countries to Western countries have the higher rates of coronary heart disease compared to White and African people. In the study they suggested that coronary heart disease causes about 40% of deaths in South Asians. Moreover, poor health literacy, socioeconomic deprivation and organization barriers could be the cause for high CVD in Newham population (Claydon, 2013). Thus, it seems obvious that ethnicity is the major risk factor for the high rate of cardiovascular disease in Newham. Genetics, as well as dietary factors could have a link with certain ethnic groups in Newham that trigger heart disease in them.

The correlation between diabetes and CVD is well established (Punthakee, 2007). The excessive level of glucose and its metabolites in the circulation and low level of insulin secretion can directly induce toxic effects on vascular endothelium resulting in endothelium dysfunction, lipid abnormalities and inflammation (Punthakee, 2007). Claydon (2013) suggested that diabetes is more prevalent in areas of socioeconomic deprivation. Newham being one such area seems to have high prevalence of diabetes and associated cardiovascular disease. In the study they also suggested that people from ethnic minority group in a deprived London borough with the problems of poor health literacy, socioeconomic deprivation and organization barriers could significantly impact their health. Furthermore, it suggested that mortality rate of diabetes itself in Newham population is higher than the England average. Ethnicity being a major risk factor for diabetes may have been associated with high mortality rate due to diabetes in Newham.

However, the risk factor high prevalence of respiratory disease on Newham population still remains unexplained. Although a study by Martin, et. al <https://assignbuster.com/public-health-proposal/>

(2012) showed that ethnicity is associated with chronic obstructive pulmonary disorder (COPD), a form of chronic respiratory disease, interestingly, the disease was seen less prevalent in people of Asian and African origin compared to White people. One reason behind this could be that in their study, White people were recorded to be active chain smokers compared to Asian and African people, which was the another major finding in their study. Thus, it still seems unclear what could be the major factor for high prevalence of respiratory disease in Newham where majority of people are of Asian and African origin and demands further study.

Harriss and Salway (2008) suggested the social and economic consequences of long-term illnesses including cardiovascular disease, cancer, respiratory disease, arthritis and mental disease for deprived groups and ethnic minority group. They suggested that these groups have the highest rates of long term illnesses, which further provides the rationale behind high rates of cardiovascular disease, cancer and respiratory disease in Newham population. However, the finding was contradictory in a study by Pavalin (2007) who comparatively studied the socio-economic inequalities in health between Newham and UK. The study suggested that despite having higher prevalence of poor health and high service use, the relative effects of socio-economic inequalities to be similar to those in the UK, suggesting no major impact of socio-economic inequalities in the health of people living in Newham.

Newham also has a high rate of communicable diseases. The rate of HIV infection in Newham is high (0. 56%). This figure is significantly higher than in England (0. 11%). Not surprisingly, 65% of infected are black Africans.

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Other infectious diseases including tuberculosis, measles, mumps, salmonella, hepatitis A and B are higher in Newham. Overall, the rate of communicable disease in Newham is found to be 124 per 100, 000 (NHS Newham, 2011). Other health issues associated with obesity, smoking, alcohol, physical inactivity are also found to be high in Newham population (NHS Newham, 2011).

### Analysis

After having reviewed the available literature and reports on Newham and its associated problems, the following data have been collected for analysis.

Table 1 shows the comparative details of employment status of Newham residents in 2011-2012

Table 1: Employment status of Newham population, London and Great Britain (Aston-Mansfield's report, 2013).

	%Newham	London	Great Britain
Economically active	67.7	75.5	76.7
In employment	57.2	68.6	70.5
Employees	48.6	56.3	60.5
Self-employed	7.8	11.9	9.6
Unemployed (model-based)	13.7	8.9	7.9

The comparative data for life expectancy in Newham, London, England and UK population is shown in table 2.

Table 2: Life expectancy comparison of Newham population with London, England and UK population (Aston-Mansfield's report, 2013).

	Female Life Expectancy	Male Life Expectancy
Newham	81.176	76.2
London	83.379	79.0
England	82.678	78.6
UK	82.378	78.2

Table 3 compares the occupations of Newham people with occupations of people in London and overall in Great Britain.

Table 3: Occupations of people living in Newham, London and Great Britain (Aston-Mansfield's report, 2013).

%Newham	London	Great Britain
Soc 2010 major group 1-3	33.5	43.5
1Managers, directors and senior officials	6.0	11.1
2Professional occupations	18.5	24.8
3Associate professional & technical	8.5	17.9
Soc 2010 major group 4-5	24.5	18.9
4Administrative & secretarial	13.0	10.6
5Skilled trades occupations	11.3	7.4
Soc 2010 major group 6-7	18.7	13.3
6Caring, leisure and Other Service occupations	10.6	7.2

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7Sales and customer service occupations 7. 96. 38. 1

Soc 2010 major group 8-923. 513. 717. 4

8Process plant & machine operatives 5. 74. 56. 4

9Elementary occupations 17. 69. 110. 9

The boroughs with the highest rates of premature death are all in the Inner East & South – Lambeth, Islington, Hackney and Tower Hamlets all have rates above 210 per 100, 000. Newham stays on the sixth highest position in high premature death rate among all the boroughs (Trust for London and New Policy Institute, 2010).

Figure1: Comparison of premature death in different boroughs in UK

### Recommendations

It seems that health issues of Newham people are lot more serious compared to some other cities in the UK. Thus, individual issue needs to be addressed to minimize the mortality associated with poor health in Newham.

Furthermore, population growth, unemployment and poverty are some of the additional factors that have impacted on the health of Newham people.

Government should create more job opportunities that will help to reduce the poverty and maintain a standard quality life. Public health polices, plans and strategies need to be implemented to solve the major issues of premature death and infectious diseases.

Some of these approaches could be encouraging people for routine vaccinations for major infectious diseases such as measles, tuberculosis and hepatitis. Moreover, to minimize the deaths associated with cardiovascular

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disease, people should be encouraged to quit smoking, eat healthy diet, perform daily physical exercise and advise ways to control diabetes and high blood pressure.

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