GENERAL HEALTH AND PHYSICAL DISABILITIES

What’s the issue?

“Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more” [84]. Health and physical abilities generally deteriorate with age, and this creates a “challenge for society to adapt in order to maximise the health and functional capacity of older people as well as their social participation and security” [85]. Poverty and deprivation and many associated factors such as poor housing, crime, lack of qualifications and unemployment also indirectly influence health. People living in poor areas may have lower health expectations which can delay treatments and influence poor health, and they may also be more likely to have unhealthily lifestyles and behaviours which further influence health.

What’s our situation?

From the local adult Prevalence Survey 2014 [66], just over one quarter (27.7%) of adults in Hull reported having only fair or poor health, including one third or more of respondents in Bransholme West, Longhill, Newington and St Andrew’s wards. There was a clear association between deprivation and self-rated health status. From the 2011 Census [15, 16], 10% of people in Hull reported that their day to day activities were limited a lot by a long-term illness or disability (that had lasted or was expected to last longer than a year), with a further 9.6% having their activities affected a little which was higher than for England (8.3% and 9.3% respectively) but similar to comparator areas (10.2% and 10.0% respectively). For 2015/16, the gap in the employment rate for those with limiting long-term illnesses or disabilities and the overall employment rate was 16.3 percentage points which was higher than England (8.8) [26, 27], giving an employment rate of around 51.2% (as employment rate for general population is around 67.5% – see page Error! Bookmark not defined.).

From the local Young People Health and Lifestyle Survey 2016 [86], 60% of boys and 49% of girls rated their health as ‘excellent’ or ‘very good’. Slightly fewer boys (10.1%) than girls (13.1%) reported a long-term illness or disability that limited their activities.

The local Health and Lifestyle Surveys conducted among Veterans in 2009 [87] and Gypsy and Travellers in 2007 [64] and 2011 [88] illustrated their health was worse than the general population.

From PANSI [89] and POPPI [75], in 2015, it is estimated that the number of adults aged 18+ years in Hull with a moderate or severe hearing impairment is 21,950 (16,141 aged 65+ years), and 469 with a profound hearing impairment (419 aged 65+ years). They estimate that 107 people aged 18-64 years have a serious visual impairment, 3,365 people aged 65+ years have a moderate or severe visual impairment. POPPI estimate that 6,956 people aged 65+ years are unable to manage at least one mobility activity on their own (such as going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed). These numbers are projected to increase considerably due the ageing population.

For more detailed information, see the JSNA Toolkit: General Health, Disabilities and Caring report.

What are the strategic needs?

There are inequalities in relation to health with people living in the more deprived areas having worse health earlier than those living in less deprived areas in Hull. It is necessary to target those living in the most deprived areas and other vulnerable groups, and work with them to help them improve their health and their lifestyle which may be affecting their health. People living in more deprived areas and those in vulnerable groups tend to have lower expectations in relation to their health, and may tend to be among the last to change behaviour to improve their health so encouraging people to come forward with their symptoms and seek medical help may be required, and informing people that they do not need to expect poor health and that changing their behaviours and lifestyle, such as quitting smoking, can have immediate effects on their health. The figures are also impacted by the
fact that many people with disabilities or very poor health have impaired employment opportunities and are so more likely to live in relative poverty. Two of the six priorities within the local Humber, Coast and Vale Sustainability and Transformation Plans [3] is to help people stay well and supporting people with mental health problems (for more information see the JSNA glossary, www.hullpublichealth.org/jsna2017.html#c82).

References