PROMOTING HEALTH: ASSESSING AND ADDRESSING HEALTH NEEDS OF PEOPLE IN THE UNITED KINGDOM

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Part One

Background

A report by Office for National Statistics released in 2015 indicated that the United Kingdom registered the highest number of elderly persons in mid-2014 was the oldest (Office for National Statistics, 2015, no pagination). The same report approximates that about 17.8% of the population constitute individuals aged above 64 years old. The seniors need better medical attention because of their increased risk of developing acute health conditions, reduced physical activities, high risk of falls, and risky sexual behaviours since that over 50% of people aged 70 years still sexually active and at risk of contracting HIV (Age U.K, 2017, p.5).

With the rapid increase in the number of elderly people in the U.K, there is an increasing health pressure because the elderly are more vulnerable to acute illnesses such as heart disease, diabetes, stroke, cancer as well as dementia. On top of being lonely, nearly 31.1% of the people aged above 65 years in the U.K have at least one of the conditions stated above (Mortimer and Green, 2015, p.15) The authors indicate that the number of conditions increases with age, with some individuals above 90 years old having up to five conditions. Loneliness has been shown to accelerate the development of acute illnesses thereby turning into a major public health concern (Age UK, 2016, no pagination). This report will explore three different health needs in elderly people living in the United Kingdom and suggest health promotion strategies that will help reduce loneliness as the main health need for this group of individuals in the U.K.

Identifying Health Needs

Title, year	Methodology	Findings
HIV transmission and high rates of late diagnoses among adults aged 50 years and over (2010)	This was a primarily quantitative study involving the collection of data from various regions in the United Kingdom to assess the prevalence of the disease in England, Northern Ireland and Wales through epidemiological approach.	The results of the study found evidence to support the suspected HIV transmission and a higher risk of short-term elderly mortality. The findings were contrary to the lower rate of HIV transmission among the middle-aged and younger people. The authors concluded that there is a need to increase targeted prevention efforts as well as strategies that will promote HIV testing among the elderly people at risk of HIV in the U.K.
Loneliness in older persons: a predictor of functional decline and death (2012)	This mixed method research involved 1604 older persons. The researchers adopted a participatory approach to	The participants older than 60 years reported being lonely. Statistical analysis showed that there was a

	collect the both qualitative and quantitative data. The participants were asked questions about what they feel.	correlation between loneliness and functional decline or even death. This is a health concern for the elderly in the United Kingdom
High cancer mortality rates in the elderly in the UK (2011)	Publication research was conducted to obtain relevant literature demonstrating the mortality rates in people aged above 55 years old caused by cancer. Deaths in other regions of the world caused by were compared to the mortality rate in different regions in the U.K.	The review reported that the U.K. had made poor progress in controlling the cancer-related mortalities in aging populations. The authors concluded that the widening gap between cancer mortality in the elderly and young people is widening and needs to be addressed.

Part two

Maslow's theory of needs

This theory has been applied to nursing practice by forming a guideline for prioritizing the needs of patients. Hierarchy suggested by the theory lists needs from the lowest level to the top-level needs. Based on Maslow's theory of needs, HIV transmission and cancer would rank lower than loneliness. However, evidence has demonstrated that loneliness affects the lifestyles of old people thereby increasing their risk of developing

cancer or contracting HIV. This shows that loneliness needs to be addressed first before considering the other health needs of the elderly population.

Seedhouse's theory

Seedhouse's theory backs the holistic approach to health, claiming that no single approach is always the right option. Seedhouse states that modern health promotions are mostly preconceived ideas that are based on human values instead of defensible and evidence-based theory. Therefore, the human values would compel health promoters to prioritise treatment of real illnesses such as HIV and Cancer at the expense of promoting methods to eradicate old age loneliness. However, the study by Perissinotto, Cenzer, and Covinsky (2012. p.1079) indicates that overcoming loneliness can potentially prevent functional decline and even death associated with old age. When functional decline is reversed by promoting great social integration, health conditions such as cancer in old people can be eliminated.

Bradshaw's theory

In healthcare, need is a critical concept. Four types of need including the normative need felt the need, expressed need, and comparative need are listed by Bradshaw's taxonomy of social needs. The normative need is defined by health professionals or experts. These needs are not regarded absolute and different experts would lay varied standards for such needs. For instance, deciding that an elderly patient requires a particular type of cancer treatment, one health professional would recommend surgery, another would suggest radiation therapy while another could resort to precision treatment.

Felt needs are dependent on the perception of an individual. For example, the tumour pressing on a patient's nerves, body organs, bones causing great pain would suggest cancer be prioritised. The study by Perissinotto, Cenzer, and Covinsky (2012. p.1080) reporting on loneliness showed that the elderly participants felt that they needed interventions to combat

loneliness which is largely the origin of most common acute health conditions. The comparative need is based on a marked comparison between services one group is receiving compared to the services being received by another group. Younger and middle-aged people could be receiving much association with the rest of the U.K. population unlike the elderly who think they receive only a little belonging or attention. This aspect of Bradshaw's theory indicates that the aging population in the U.K. need social interaction.

Doyal and Gough

Doyal and Gough demonstrate that there is a line separating basic health needs and more cognitive autonomous needs. They state that an individual will stay alive if his/her fundamental physical health needs are met. According to the theory, individuals need to avoid catching diseases. For instance, working out prevents several health complications. One way of promoting working out is by reducing loneliness because social isolation makes the elderly less active. An individual needs to be mentally healthy, stable cognitively and has an opportunity to participate in social activities to fulfill autonomous needs. However, because autonomous needs are strongly connected to esteem, loneliness must not be allowed to destroy the esteem.

Prioritising the health needs

Based on the discussions about Maslow, Seedhouse, Doyal, and Gough as well as Bradshaw's theories, loneliness emerges the only social need that determines the existence of the other health needs. Besides, according to NHS, need depends on the existence of a preventive or treatment service for health conditions. Some services may be needed, demanded but not supplied. The needed and demanded need services deserve a top spot when selecting the health need for the elderly.

The U.K has established medical health facilities that offer cancer treatment and management. Similarly, treatment programs for HIV are also available for all. However, Age

UK (2016, no pagination) notes that the support services that would help the elderly overcome loneliness are few or non-existent in most regions. Reports have shown that loneliness increases the demand for the country's health services. Therefore, tackling old age loneliness as a health need will be solving several other health conditions including reduced activity, the risk of stroke and heart disease, as well as potential old age dementia.

Part Two

A Strategy to Address the Health Needs

Aim: The aim of this report is to develop a strategy that will help reduce loneliness in elderly people living in Birmingham and keep them active for the purpose of health gains such as reducing the risk of depression and dementia. Several objectives will be considered to ensure

Objective 1 (Specific)

The goal of this report is to decrease loneliness, improve functional decline and reduce death caused by loneliness in elderly aged over 65 years living in Birmingham, U.K. by facilitating monthly tea parties or hang out together as a well as organising meetings with family members twice a week.

Objective 2 (Measurable)

There are millions of people aged above 65 years in the U.K. living alone. The measurable objective will be to provide mechanisms of overcoming loneliness to 500 elderly people living in the city of Birmingham and facilitate their participation in relevant activities for the first 12 months.

Objective 3 (Attainable)

The attainable objective will be to set up a tea party for the elderly once every month at an easily accessible location where these aging people can meet and share their experiences with fellow seniors.

Objective 4 (Realistic)

Make them begin to stay active establishing weekly gentle yoga sessions. This will be achieved by creating an environment that supports their participation in physical activity as a community. A gentle yoga session will be introduced to keep the seniors active until they locate the best support services.

Objective 5 (Time-based)

To increase two times their access to the available support programs in the city within the first three months of the campaign. Timely and reach at least 1 hour per session by the end of the third month.

Health Promotion Activities

According to Public Health England (2016, no pagination), about 20% of the U.K population is less active today than 50 years ago, and the percentage is expected to hit 35% by 2030. The same report acknowledges that aging is one of the main reasons for the declining physical activity among the elderly. The report by Age U.K (2017, p.5) refers to a 2015 study which showed that loneliness increases the risk of dying early by up to 25%. The authors reiterate that loneliness could be as worse to our health as smoking 15 cigarettes every day. Similarly, people experiencing a high degree of loneliness are 50% more likely to develop Alzheimer's disease compared to those experiencing low degrees of loneliness.

Health Persuasion

Activity 1: Organising tea party and frequent trip outs

Beattie's model of health promotion regards health promotion as an activity embedded in people's social and cultural practice. According to the theory, the focus of all the health promotion strategies can be individual or collective. In this case, organised tea parties and frequent trip outs promote engagement with the rest of the community. Trip-outs will be organised once a month while weekly tea parties will be maintained. Age U.K. indicated that such activities would promote engagement with other aging persons and enable

the elderly to focus on their shared interests. Direct connections will help the aging individuals maintain connections or establish new ones. Therefore, encouraging the elderly to remain part of the groups of elderly and attend monthly meetings where they can form friendships with other elderly persons remains a great strategy to combat old age loneliness.

Activity 2: Establishing a campaign branded "End Loneliness, Stop Illness."

"End Loneliness, Stop Illness" will help the elderly to understand the importance of eradicating loneliness. Initiating basic social and living skills will enable the elderly cope with loneliness and live independently. Such activities are best described by the self-empowerment model which ensures that the aging individuals receive accurate information about their status. The participants make personal decisions hence the approach gives the elderly greater control over their own lives or health status within their environment. This health promotion strategy can also be explained by various theoretical backgrounds. According to Beattie's theory, health promotion strategies can be either individual or collective. Self-empowerment model of health promotion has been found very useful for individuals and not population groups. Plans can be negotiated with each elderly individual ready to make these steps.

The radical humanist paradigm of health promotion describes de-professionalization and holistic view of health. This means that no professional help will be sought. Therefore, the elderly will not be compelled to participate in activities they do not wish to be part of. Instead, they will only be educated about the importance of engaging in these health promotion activities. The final decision will be left to them. Such campaigns have been launched in the U.K before, and they have helped reduce stigmatisation. However, these are only seen as the initial steps of elimination old age loneliness by Cacioppo *et al*. (2015, p.239). Therefore, this approach alone may not be very effective at improving health.

Activity 3: Organising yoga and other physical activities

The four quadrants in Beattie's model represent the possible different ways in which health promotion can be strategised by the government, health professionals, and individuals. A professional yoga instructor and a certified fitness trainer will be involved in these activities as health professionals. This represents a 'top down' approach. Physical activities would improve functional decline and promote participation in physical activities which will, in turn, prevent social isolation and loneliness. Physical exercises will be conducted twice a week as identified fitness training centres. However, the approach is likely to result in small changes because it is a medical approach to health promotion which ignores both social and environmental dimensions.

Behaviour change model which is a preventive approach seeks to influence lifestyle changes that impact the health of the elderly. Individual attitudes will be changed based on the information they receive regarding loneliness and its health impacts. The traditional paradigm of health promotion explains that the absence of disease equates to health and to prevent disease, loneliness must be reduced. Behavioural changes led by an expert usually help here. Therefore, an expert would be needed to help the elderly individuals take up positive health behaviours such as yoga and physical exercise.

Legislative action

Activity 1: Increasing access to appropriate support programs

About 100 lonely aging individuals will be helped to join various support programs available in the city. Based on Beattie's vertical and horizontal scale representing different strategies of health promotion, the government and healthcare professionals would adopt a 'top down' approach to alleviate loneliness. Policies and interventions aimed at would be designed to promote health. Naidoo and Wills social change approach clarified that policies are needed to change social and economic structures to promote comfortable old age life.

The elderly can be taken care of by the support programs, so they do not have to feel socially isolated. This will be achieved by liaising with various campaign groups. The country can introduce laws that allow easy and faster establishment of support organizations. Similarly, partnering with fitness training institutions to welcome the elderly who are ready as well as laws that subsidize the training programs for most vulnerable elderly can be very helpful. An act may be introduced to employ caregivers to take care of these people. Nonetheless, this legislative health promotion approach my disempower individuals through a culture of 'victim blaming' thereby resulting in just limited improvement as stated by Thomas and Stewart (2005, p.10).

Community development

Activity 1: Arranging home visits and family talk

This suggested program will take a community-based approach where the community will be involved at the very most to ensure the effects of the program are maximizes effects. These activities will occur in homes of different older individuals who have been judged the loneliest. The visits will be granted once a week. The increasing awareness on the effects of loneliness ensures that communities live wary of the aging people in their neighborhoods. So they can spot lonely individuals. No 'facilitator' is needed for community development. Meyer and Schuyler (2011, p.2) believes that home visits and family contact are very meaningful and capable of transforming the relationships between the elderly and others.

According to Beattie's theory, home visits would be categorised as a 'bottom up' approach gives clients the opportunity to make the best decisions. Maintaining real community connections forms a supportive structure described by the collective action model of health promotion. The collective action model engages the community to understand all factors that affect the well-being of an individual or community hence engagement in critical action. Community development directly eliminated loneliness. Collective action model

emerges as a strategy that would create substantial positive change. Therefore, arranging home visits and family sessions will be the prioritised health promotion activity (Naidoo and Wills, 2010, p.33).

Personal counselling

Activity 1: Offering counselling sessions in care centres and homes

Instead of letting an expert act alone, this activity will involve a professional assisting the elderly individuals to develop goals and attain them. The clients will not be instructed. Instead, the elderly will receive personal counselling and work together to negotiate the best way to tackle loneliness. The planned activities will most likely succeed because personal counselling is more like a community development but with a facilitator. Offering counselling sessions seems to be a combination of behaviour change model, self-empowerment model, and collective action model. Therefore, this health promotion activity is likely to work but will depend on the depth of health persuasion conducted by a professional (Naidoo and Wills, 2009, p.87).

Resources

All these activities will involve engaging in a lot of communication particularly with older people who may have hearing challenges. Great communication skills will be needed as the main resource for passing the message across. Information timeline recorded for timely activities will be needed. Similarly, some resources that will be needed to undertake the health promotion activities include primary, secondary and tertiary sources such as audio-visuals for illustrations (Naidoo and Wills, 2009). Apart from audio-visuals, books, artwork, handbooks, posters, and stickers are also valuable resources needed to complete the activities successfully (see Appendix A). Books will provide up-to-date information on the topics for health promotion on loneliness. The most important of all, funding will be essential for the operations of all health promotion activities (Naidoo and Wills, 2009, p.56).

Health promotion evaluation

Three types of evaluation will be used. Process evaluation will be implemented to evaluate the amount of activities and timeline that will be needed to complete the health promotion. This will take place during the activities. An increased number of elderly willing to take part in health promotion activities will indicate progress. Assessments will be carried out at the clients' residences. Each process evaluation will be conducted on a monthly basis by designated caregivers. Outcome evaluation will be used to assess the quality of life, behavioural changes as well as long-term and short-term goals of the health promotion at the end of each health promotion activity. Health professionals will be invited to conduct the assessment on the progress of the activities.

Similarly, impact evaluation will be needed to assess the overall measurable effect of the program on participants such as awareness; attitude change acquired skills and behaviours. The evaluation will be conducted right after the end of health promotion activities and several months after the last activity to record the real impact of these activities. Statistical data will be gathered to assess the rate of success. A reduction in the number of elderly individuals in Birmingham feeling lonely will be regarded a success.

Action plan

(See Appendix B)

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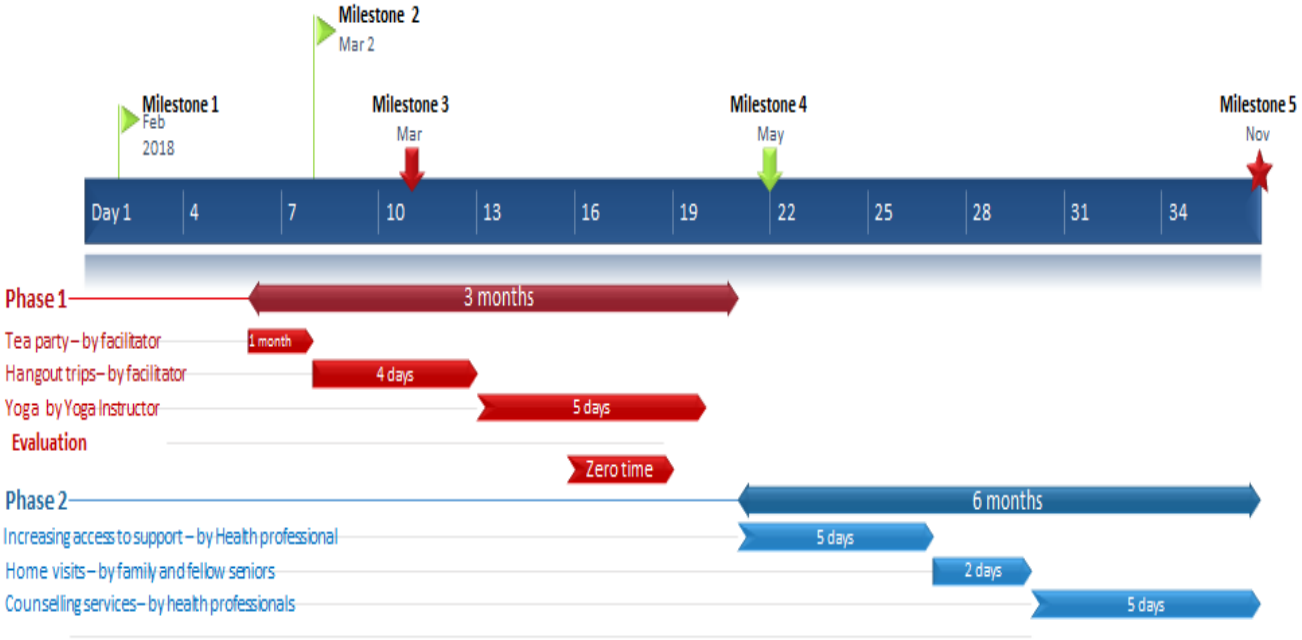
Appendix A

Primary resources	Secondary resources	Tertiary resources
1. Gymnasium	1. Audiovisuals	1. Fitness trainer
2. A vehicle	2. Reference books	2. Yoga instructor
3. Meeting rooms/spaces	3. Handbooks	3. Health professional
	4. Posters	
	5. Posters and sticker	

Appendix B


Milestone 2
Mar 2
Milestone 1
Feb
2018
Milestone 3
Mar
Milestone 4
May
Milestone 5
Nov
Day 1
4
7
10
13
16
19
22
25
28
31
34
Phase 1
3 months
Tea party – by facilitator
1 month
Hangout trips – by facilitator
4 days
Yoga by Yoga Instructor
5 days
Evaluation
Zero time
Phase 2
6 months
Increasing access to support – by Health professional
5 days
Home visits – by family and fellow seniors
2 days
Counselling services – by health professionals
5 days