

UNIVERSITY OF BOLTON

SCHOOL OF HEALTH AND SOCIAL SCIENCES

**BSC (HONS) PGDIP SPECIALIST COMMUNITY
PUBLIC HEALTH NURSING**

**BSC (HONS) PGDIP SPECIALIST COMMUNITY
NURSING**

**CPD FRAMEWORK
(UNDERGRADUATE & POSTGRADUATE)**

BSC (HONS) PROFESSIONAL STUDIES

SEMESTER ONE EXAMINATIONS 2010/2011

LEADING HEALTH PROMOTION

MODULE NO: HLT 3103/4028

Date: Friday 3rd December 2010

Time: 10.00 – 10.55

INSTRUCTIONS TO CANDIDATES:

There are 5 questions on this paper

Answer ALL questions.

University of Bolton
School of Health and Social Sciences
Semester One Examination 2010/11
Leading Health Promotion
Module No. HLT3103/4028

ANSWER ALL QUESTIONS

1. What is the 'point prevalence' and who are the 'population at risk' of binge drinking over the period 1st December 2010 to 30th January 2011?

1 mark

FOR ALL THE FOLLOWING QUESTIONS PLEASE USE THE DATA GIVEN

2. Referring to Liverpool's population pyramid comment on demographic transition. Outline how the collection of demographic data assists the planning of health services.

2 marks

3. Comment on three types of data used to gain information about trends in health inequalities. Identify the source for each.

3 marks

4. How can you assess the quality of the above data?

4 marks

5. Outline how the Index of Multiple Deprivation relates to health need and comment on the gaps in Liverpool. Identify and justify 3 health needs that could be addressed in public health promotion.

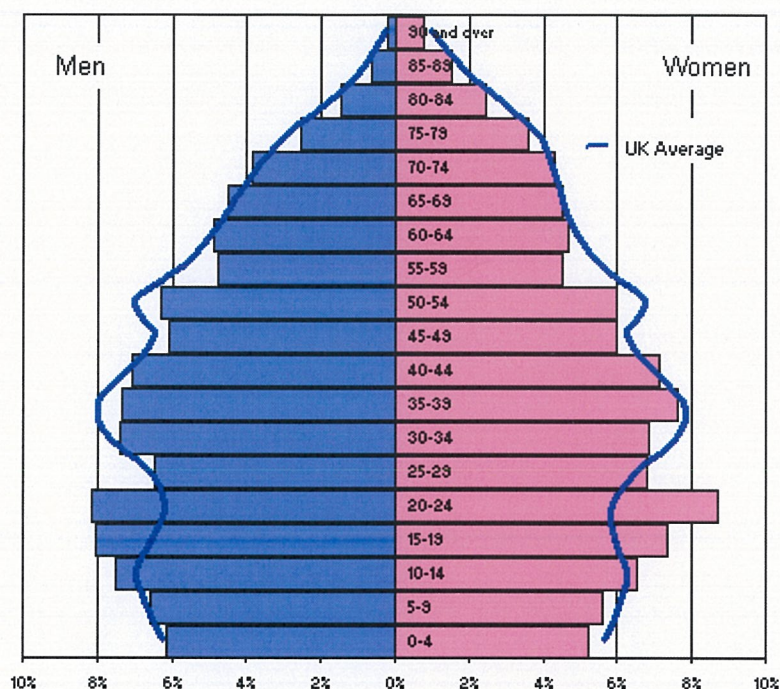
10 marks

END OF QUESTIONS

Census 2001

Liverpool

▶ [return to previous version](#)



The percentages on the pyramid represent the percentage of 'all males' (to the left) and the percentage of 'all females' (to the right) that are in that age group.

Age Range	Total	Males	Females
0 - 4	24840	12828	12012
5 - 9	26670	13792	12878
10 - 14	30771	15731	15040
15 - 19	33626	16826	16800
20 - 24	37112	17160	19952
25 - 29	29194	13556	15638
30 - 34	31175	15471	15704
35 - 39	32833	15417	17416
40 - 44	31188	14858	16330
45 - 49	26571	12810	13761
50 - 54	26987	13259	13728
55 - 59	20453	10053	10400
60 - 64	20895	10217	10678
65 - 69	19805	9477	10328
70 - 74	17889	8068	9821
75 - 79	13541	5345	8196
80 - 84	8736	3080	5656
85 - 89	4925	1386	3539
90 and over	2262	471	1791
Totals	439473	209805	229668

Liverpool

updated 28 July 2010

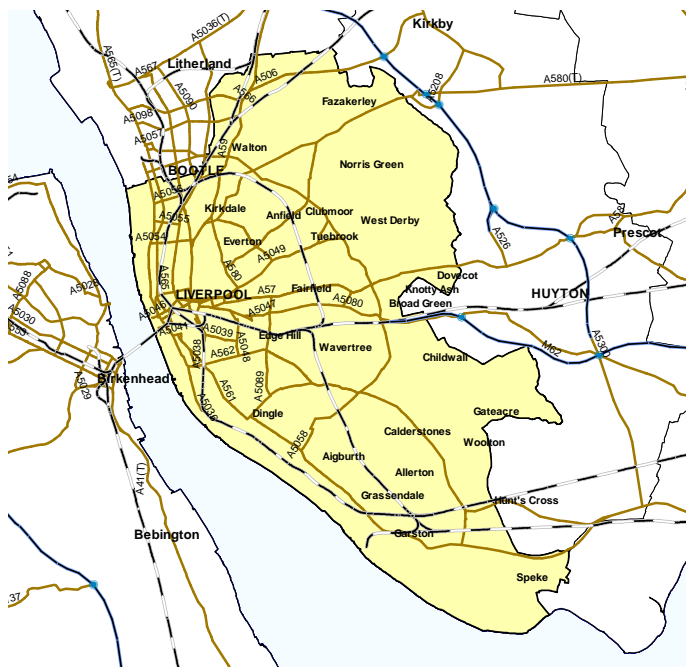
This profile gives a picture of health in this area. It is designed to help local government and health services improve people's health and reduce health inequalities.

Health Profiles are produced every year by the Association of Public Health Observatories.

Visit the Health Profiles website to:

- see profiles for other areas
- use interactive maps
- find more detailed information

www.healthprofiles.info



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Population 434,900

Mid-2008 population estimate

Source: National Statistics website: www.statistics.gov.uk



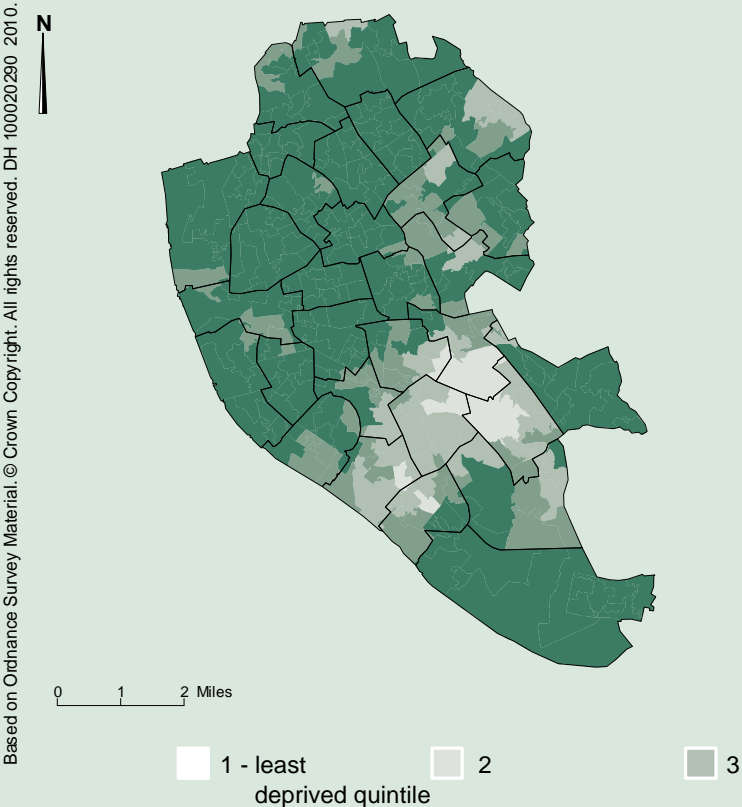
Liverpool at a glance

- The health of people in Liverpool is generally worse than the England average, including deaths from smoking. Deprivation levels are high and the rates of hospital stays for alcohol related harm and incapacity benefit claimants for mental illness are among the worst in England. However, the estimated percentage of obese adults is similar to the England average.
- There are health inequalities in Liverpool. For example, men from the least deprived areas live over 9 years longer than men from the most deprived areas, and for women this difference is over 6 years.
- Over the last ten years there has been a fall in the rates of deaths from all causes and in early death rates from cancer, and from heart disease and stroke. However, rates remain well above the England averages.
- The health of children and young people is generally worse than the England average, including the percentage of mothers initiating breast feeding and the rate of tooth decay in children aged 5 years. However, the percentage of children classified as obese is similar to the England average.
- The Local Area Agreement and Joint Strategic Needs Assessment have prioritised tackling physical activity, smoking, obesity, alcohol and teenage pregnancy along with a continued reduction in health inequalities.
- The Liverpool Annual Public Health Report and Strategic Plan provide further detail on the health of this area and are available at www.liverpoolpct.nhs.uk

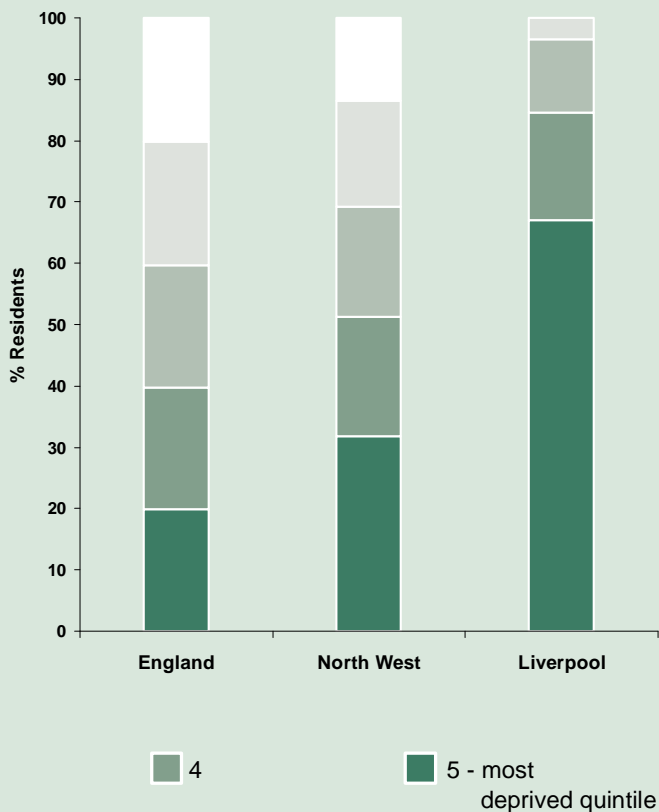


Deprivation: a national view

This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2007 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.

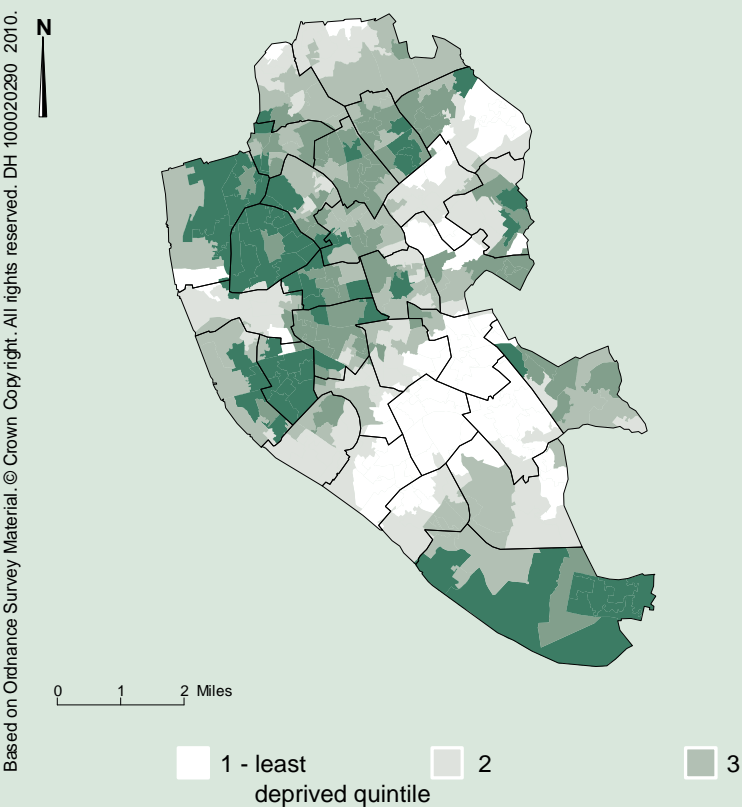


This chart shows the percentage of the population in England, this region, and this area who live in each of these quintiles.

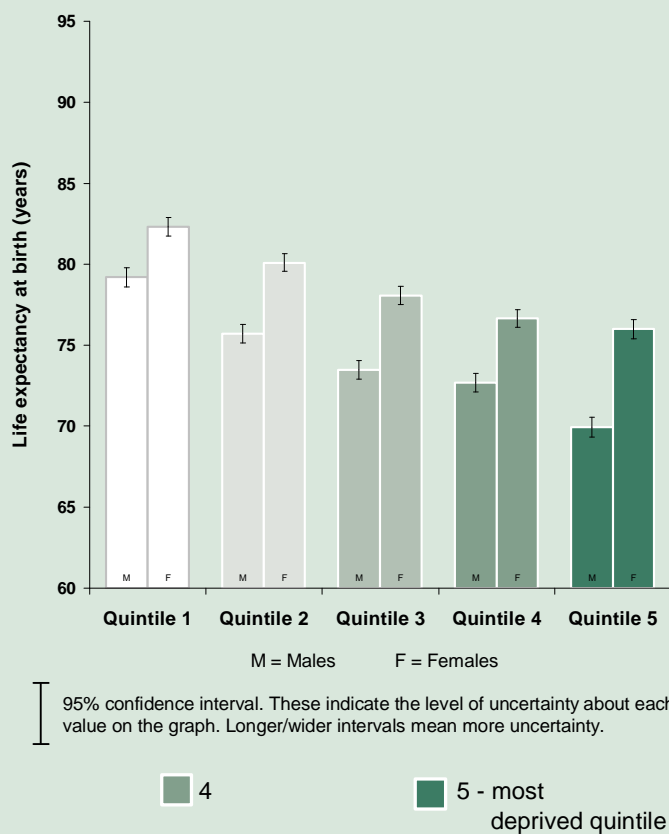


Health inequalities: a local view

This map shows differences in deprivation levels in this area based on local quintiles (of the Index of Multiple Deprivation 2007 by Lower Super Output Area). The darkest coloured areas are the most deprived in this area.



This chart shows the life expectancy at birth for males and females (2004-2008) for each of the quintiles in this area.



Health inequalities: changes over time

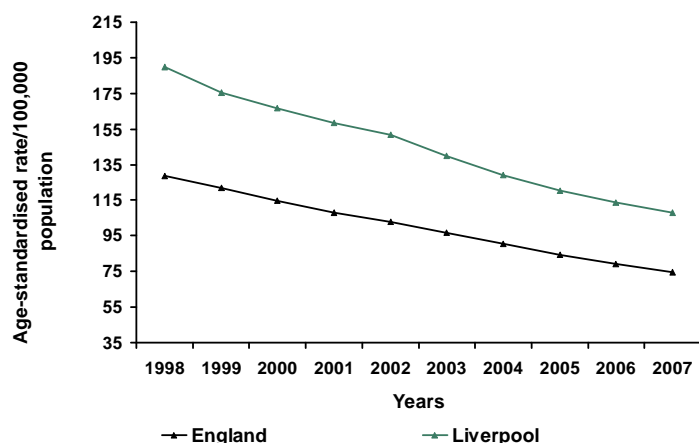
These graphs show how changes in death rates for this area compare with changes for the whole of England. Data points on the graph are mid-points of 3-year averages of yearly rates. For example the dot labelled 2003 represents the 3-year period 2002 to 2004.

Trend 1 compares rates of death, at all ages and from all causes, in this area with those for England.

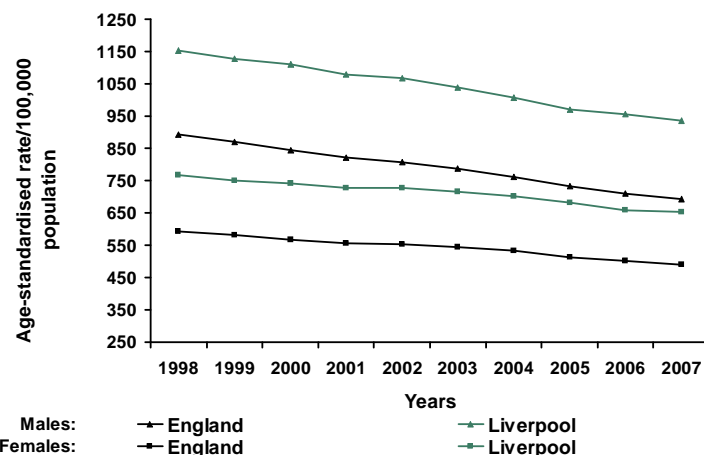
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this area with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this area with those for England.

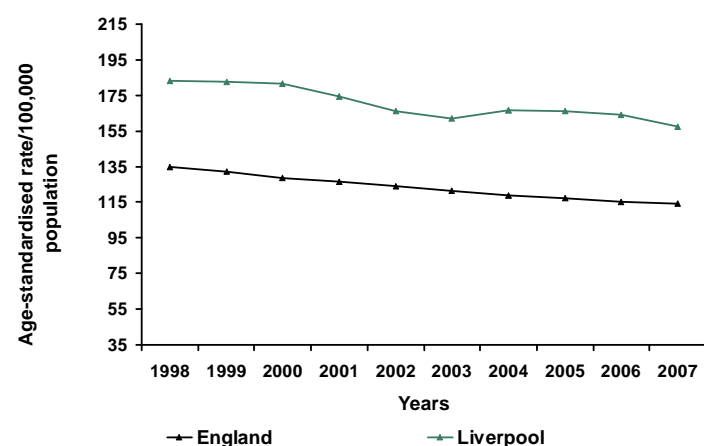
Trend 2: Early death rates from heart disease and stroke



Trend 1: All age, all cause mortality

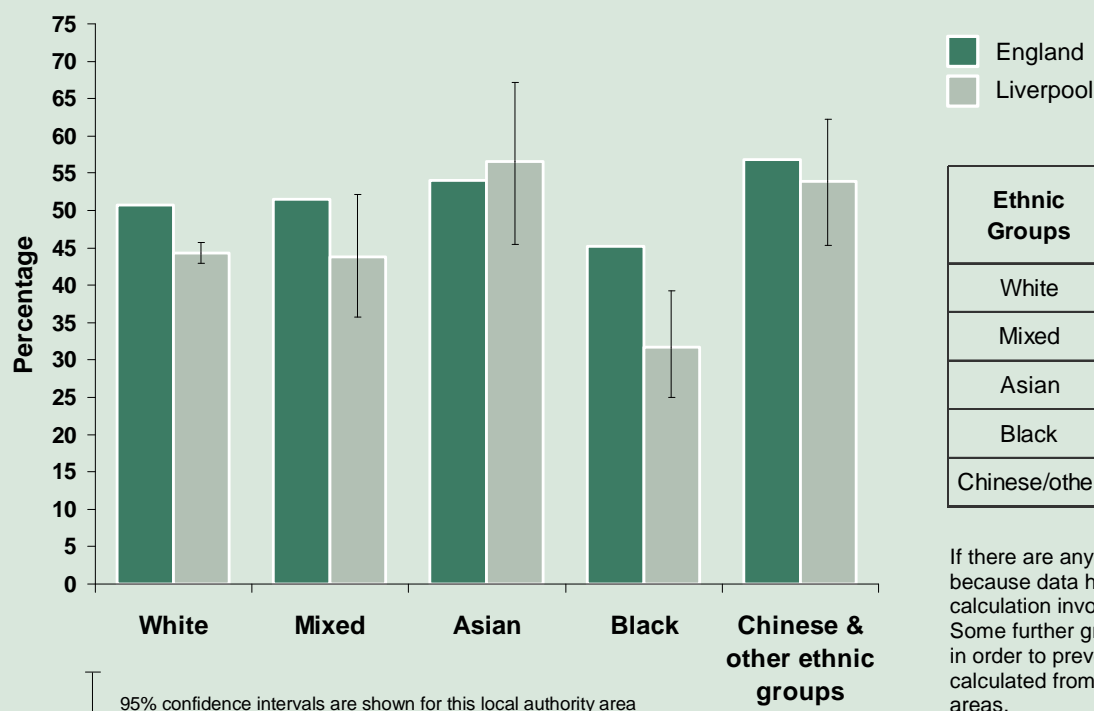


Trend 3: Early death rates from cancer



Health inequalities: ethnicity

This chart shows the percentage of pupils by ethnic group in this area who achieved five GCSEs in 2008/09 (A* to C grades including English and Maths). Comparing results may help find possible inequalities between ethnic groups.

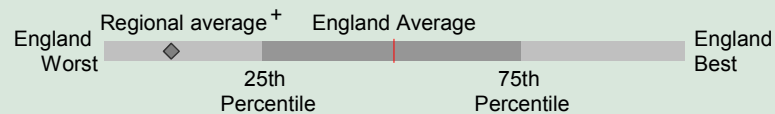


Ethnic Groups	% pupils achieved grades	No. of pupils achieved grades
White	44.3	2,138
Mixed	43.8	60
Asian	56.6	43
Black	31.7	51
Chinese/other	53.9	69

If there are any empty cells in the table this is because data has not been presented where the calculation involved pupil numbers of 0, 1 or 2. Some further groups may not have data presented in order to prevent counts of small numbers being calculated from values for other ethnic groups or areas.

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated



⁺ In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	292500	67.0	19.9	89.2		0.0
	2 Children in poverty	32695	41.2	22.4	66.5		6.0
	3 Statutory homelessness	505	2.62	2.48	9.84		0.00
	4 GCSE achieved (5A*-C inc. Eng & Maths)	2371	44.3	50.9	32.1		76.1
	5 Violent crime	9027	20.7	16.4	36.6		4.8
	6 Carbon emissions	2824	6.5	6.8	14.4		4.1
Children and young people's health	7 Smoking in pregnancy	931	17.1	14.6	33.5		3.8
	8 Breast feeding initiation	2806	51.4	72.5	39.7		92.7
	9 Physically active children	28378	47.3	49.6	24.6		79.1
	10 Obese children	443	10.4	9.6	14.7		4.7
	11 Tooth decay in children aged 5 years	n/a	1.9	1.1	2.5		0.2
	12 Teenage pregnancy (under 18)	404	48.7	40.9	74.8		14.9
Adults' health and lifestyle	13 Adults who smoke	n/a	28.1	22.2	35.2		10.2
	14 Binge drinking adults	n/a	25.2	20.1	33.2		4.6
	15 Healthy eating adults	n/a	24.9	28.7	18.3		48.1
	16 Physically active adults	n/a	10.3	11.2	5.4		16.6
	17 Obese adults	n/a	24.1	24.2	32.8		13.2
Disease and poor health	18 Incidence of malignant melanoma	59	14.0	12.6	27.3		3.7
	19 Incapacity benefits for mental illness	16682	58.5	27.6	58.5		9.0
	20 Hospital stays for alcohol related harm	13054	2860	1580	2860		784
	21 Drug misuse						
	22 People diagnosed with diabetes	19556	4.50	4.30	6.72		2.69
	23 New cases of tuberculosis	52	12	15	110		0
	24 Hip fracture in over-65s	471	632.1	479.2	643.5		273.6
Life expectancy and causes of death	25 Excess winter deaths	222	15.4	15.6	26.3		2.3
	26 Life expectancy - male	n/a	74.3	77.9	73.6		84.3
	27 Life expectancy - female	n/a	78.8	82.0	78.8		88.9
	28 Infant deaths	30	5.47	4.84	8.67		1.08
	29 Deaths from smoking	990	348.4	206.8	360.3		118.7
	30 Early deaths: heart disease & stroke	474	108.3	74.8	125.0		40.1
	31 Early deaths: cancer	680	157.4	114.0	164.3		70.5
	32 Road injuries and deaths	201	46.2	51.3	167.0		14.6

Indicator Notes

1 % of people in this area living in 20% most deprived areas of England 2007 2 % of children living in families receiving means-tested benefits 2007 3 Crude rate per 1,000 households 2008/09 4 % at Key Stage 4 2008/09 5 Recorded violence against the person crimes crude rate per 1,000 population 2008/09 6 Total end user CO₂ emissions per capita (tonnes CO₂ per resident) 2007 7 % of mothers smoking in pregnancy where status is known 2008/09 8 % of mothers initiating breast feeding where status is known 2008/09 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2008/09 10 % of school children in reception year 2008/09 11 Weighted mean number of teeth per 5 yr old child sampled that were actively decayed, missing or filled 2007/08 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2006-2008 (provisional) 13 % adults, modelled estimate using Health Survey for England 2006-2008 14 % adults, modelled estimate using Health Survey for England 2007-2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 16 % aged 16+ 2008/09 17 % adults, modelled estimate using Health Survey for England 2006-2008 18 Directly age standardised rate per 100,000 population under 75 2004-2006 19 Crude rate per 1,000 working age population 2008 20 Directly age and sex standardised rate per 100,000 population 2008/09 (rounded) 21 New Problematic Drug User estimates were not available in time for inclusion 22 % of people on GP registers with a recorded diagnosis of diabetes 2008/09 23 Crude rate per 100,000 population 2006-2008 24 Directly age-standardised rate per 100,000 population for emergency admission 2008/09 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.05- 31.07.08 26 At birth, 2006-2008 27 At birth, 2006-2008 28 Rate per 1,000 live births 2006-2008 29 Per 100,000 population age 35+, directly age standardised rate 2006-2008 30 Directly age standardised rate per 100,000 population under 75, 2006-2008 31 Directly age standardised rate per 100,000 population under 75, 2006-2008 32 Rate per 100,000 population 2006-2008

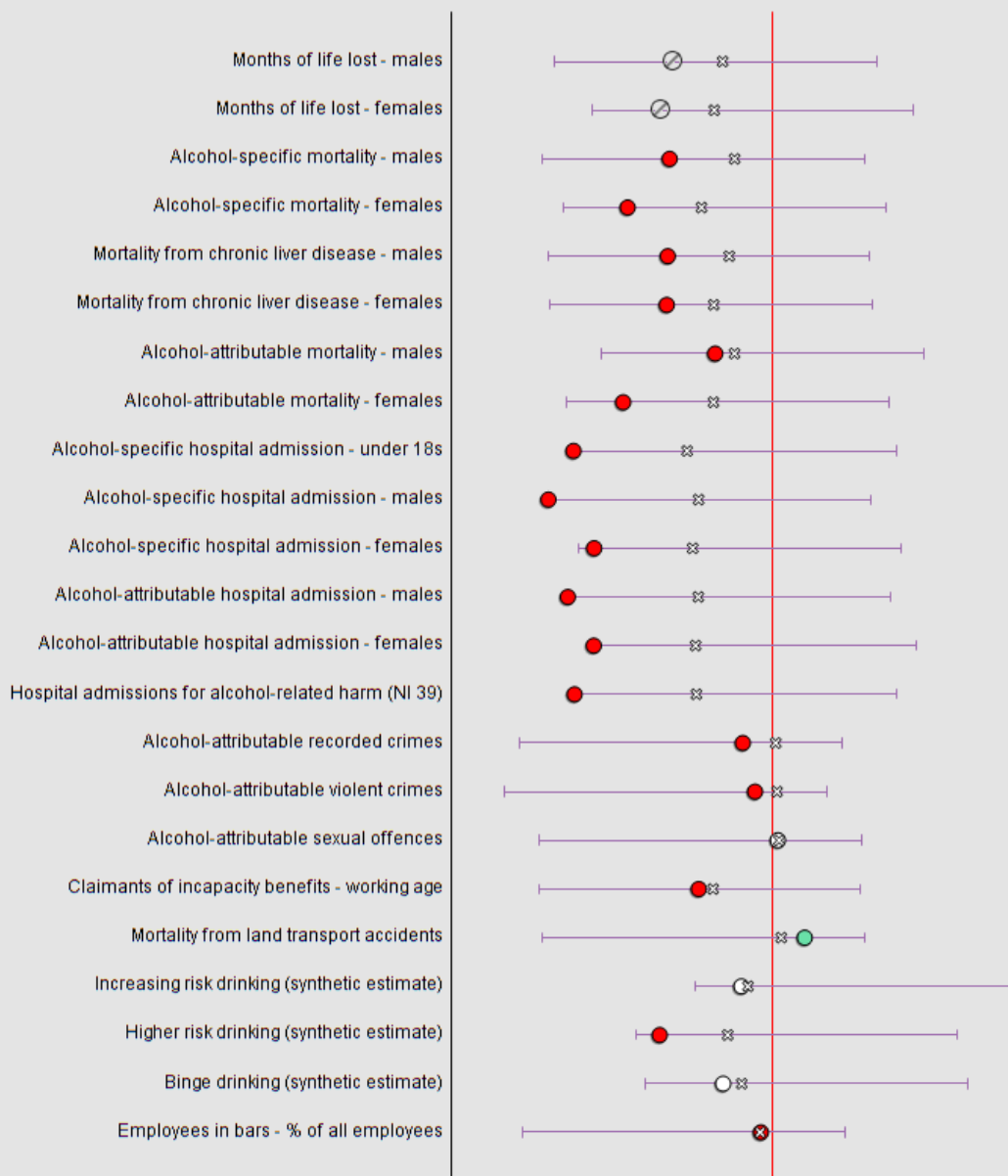
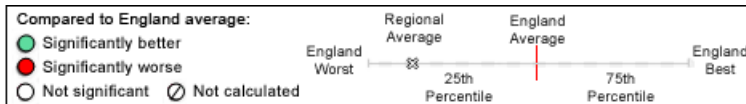
More indicator information is available in The Indicator Guide: www.healthprofiles.info For information on your area contact your regional PHO: www.apho.org.uk

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LAPE

Local Alcohol Profiles For England

Profile of alcohol related harm - Liverpool

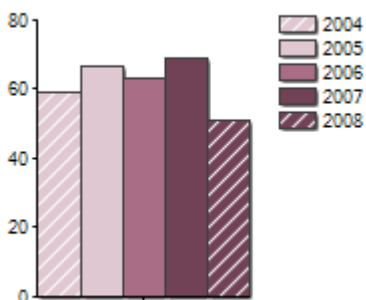


LAPE

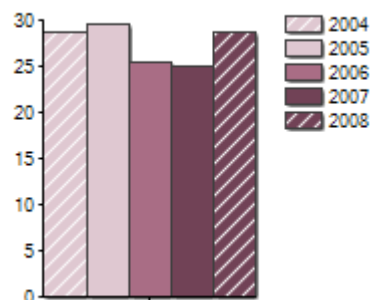
Local Alcohol Profiles For England

Profile of alcohol related harm - Liverpool

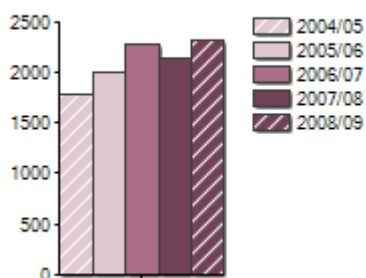
Alcohol-attributable mortality - males



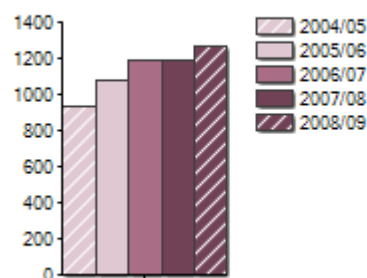
Alcohol-attributable mortality - females



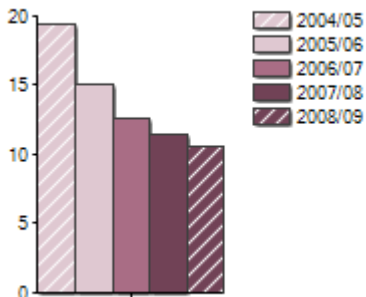
Alcohol-attributable hospital admission males



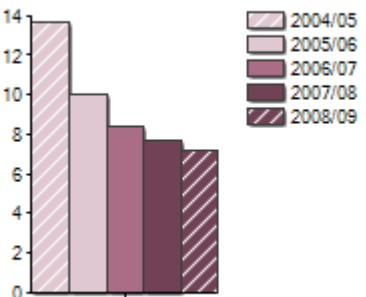
Alcohol-attributable hospital admission females



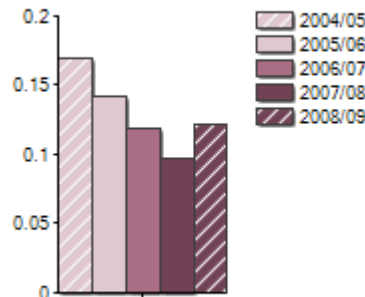
Alcohol-related recorded crimes - all



Alcohol-related violent crimes



Alcohol-related sexual offences



Alcohol related indicators - Liverpool

ID	Indicator	Measure (a)	National Rank (b)	Regional Average
1	Months of life lost - males	14.8	318	11.9
2	Months of life lost - females	7.6	324	6.0
3	Alcohol-specific mortality - males	27.7	320	18.5
4	Alcohol-specific mortality - females	14.0	321	10.0
5	Mortality from chronic liver disease - males	29.2	321	20.3
6	Mortality from chronic liver disease - females	15.0	321	11.5
7	Alcohol-attributable mortality - males	51.0	297	46.4
8	Alcohol-attributable mortality - females	28.7	323	20.6
9	Alcohol-specific hospital admission - under 18s	168.6	326	109.2
10	Alcohol-specific hospital admission - males	1,046.8	326	611.7
11	Alcohol-specific hospital admission - females	465.2	325	315.5
12	Alcohol-attributable hospital admission - males	2,323.3	326	1,669.4
13	Alcohol-attributable hospital admission - females	1,258.2	326	958.5
14	Hospital admissions for alcohol-related harm (NI 39)	2,852.8	326	2,070.8
15	Alcohol-attributable recorded crimes	10.5	281	7.8
16	Alcohol-attributable violent crimes	7.1	268	5.5
17	Alcohol-attributable sexual offences	0.1	199	0.1
18	Claimants of incapacity benefits - working age	214.0	305	195.1
19	Mortality from land transport accidents	1.1	48	1.5
20	Increasing risk drinking (synthetic estimate)	22.6	275	22.1
21	Higher risk drinking (synthetic estimate)	8.1	325	6.3
22	Binge drinking (synthetic estimate)	25.2	290	23.3
23	Employees in bars - % of all employees	2.2	175	2.2

Footnotes

Definition

- Alcohol-specific** Conditions that are wholly related to alcohol (e.g. alcoholic liver disease or alcohol overdose). A list of alcohol-specific conditions with their ICD-10 codes and associated attributable fractions can be found at: <http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf>
- Alcohol-attributable** Alcohol-specific conditions plus conditions that are caused by alcohol in some, but not all, cases (e.g. stomach cancer and unintentional injury). For these latter conditions, different attributable fractions are used to determine the proportion related to alcohol for males and females. A list of alcohol-attributable conditions with their ICD-10 codes can be found at: <http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf>
- a) The actual indicator value for the local authority as calculated in the definitions below.
- b) The rank of the local indicator value among all 326 local authorities in England. A rank of 1 is the best local authority in England and a rank of 326 is the worst. Two local authorities (City of London and Isles of Scilly) have been omitted from indicators 20, 21 and 22 so in these cases the worst local authority has a rank of 324. For indicator 23, a rank of 1 is the lowest and a rank of 326 is the highest value, as the desirability of the value (what is better or worse) has not been determined.



ID	Definition
1,2	Months of life lost- males/females - An estimate of the increase in life expectancy at birth that would be expected if all alcohol-attributable deaths among males/females aged under 75 years were prevented. (NWPHO from 2006-2008 England and Wales life expectancy tables for males and females [Government Actuary Department], alcohol-attributable deaths from Public Health Mortality File 2006-2008 in males/females aged under 75 and Office for National Statistics mid-year population estimates for 2006-2008).
3,4	Alcohol-specific mortality- males/females - Deaths from alcohol-specific conditions (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (NWPHO from Office for National Statistics Public Health Mortality File for 2006-2008 and mid-year population estimates for 2006-2008).
5,6	Mortality from chronic liver disease- males/females - Deaths from chronic liver disease including cirrhosis (ICD-10: K70, K73-K74) (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2006-2008 pooled).
7,8	Alcohol-attributable mortality- males/females - Deaths from alcohol-attributable conditions (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (NWPHO from Office for National Statistics Public Health Mortality File for 2008 and mid-year population estimates for 2008).
9	Alcohol-specific hospital admission- under 18s - Persons admitted to hospital due to alcohol specific conditions (under 18s, persons), crude rate per 100,000 population. Numerator counts of between 1 and 5 have been suppressed (indicated as *). Some secondary suppression was necessary to prevent disclosure by subtraction. (NWPHO from Hospital Episodes Statistics 2006/07-2008/09 and Office for National Statistics mid-year population estimates 2006-2008). Does not include attendance at A&E.
10, 11	Alcohol-specific hospital admission- males/females - Persons admitted to hospital due to alcohol-specific conditions (all ages, male/female), directly standardised rate per 100,000 population. Numerator counts of between 1 and 5 have been suppressed (indicated as *). Some secondary suppression was necessary to prevent disclosure by subtraction. (NWPHO from Hospital Episodes Statistics 2008/09 and Office for National Statistics mid-year population estimates 2008). Does not include attendance at A&E.
12, 13	Alcohol-attributable hospital admission- males/females - Persons admitted to hospital due to alcohol-attributable conditions (all ages, male/female), directly standardised rate per 100,000 population. (NWPHO from Hospital Episodes Statistics 2008/09 and Office for National Statistics mid-year population estimates 2008). Does not include attendance at A&E.
14	Hospital admissions for alcohol-related Harm (NI39) - Hospital admissions for alcohol-related harm: Directly age and sex standardised rate per 100,000 population, 2008/09. (Department of Health using Hospital Episode Statistics and Office for National Statistics 2008 mid-year population estimates).
15, 16, 17	Alcohol-attributable recorded crimes - Alcohol-attributable recorded crimes, crude rate per 1,000 population. (NWPHO from Home Office recorded crime statistics 2009/10). Office for national Statistics 2008 mid year population were used. Attributable fractions for alcohol for each crime category were applied, based on survey data on arrestees who tested positive for alcohol by the Strategy Unit. Please note that data is missing for a small number of areas.
18	Claimants of incapacity benefits- working age - Claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism, crude rate per 100,000 (working age, persons) population. (NWPHO from Department for Work and Pensions data Aug 2009 and Office for National Statistics 2008 mid-year population estimates for males aged between 16-64 years and females aged 16-59 years). NB Important Note Supplied by DWP - Causes of incapacity are based on the International Classification of Diseases, 10th Revision, published by the World Health Organisation. To qualify for IB/SDA, claimants have to undertake a medical test of incapacity for work which is called the Personal Capability Assessment. Therefore, the medical condition recorded on IB/SDA claim form does not itself confer entitlement to incapacity benefits, so for example, the decision for a customer claiming IB on grounds of alcoholism would be based on their ability to carry out the range of activities in the Personal Capability Assessment; or on the effects of any associated mental health problems. Figures exclude Employment Support Allowance (ESA), introduced in October 2008 to replace IB/SDA. ESA is not currently available by medical condition. The introduction of ESA has led to a reduction in the number of Incapacity Benefit claimants.
19	Mortality from land transport accidents - Estimated number of deaths attributable to alcohol from land transport accidents (ICD-10: V01-V89) (all ages, persons) directly standardised rate per 100,000 population (standardised to the European Standard population). (NWPHO from Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2006-08 pooled and Office for National Statistics mid-year population estimates 2006-2008). The Strategy Unit's alcohol-attributable fraction was applied to obtain the estimates.



LAPE

Local Alcohol Profiles For England

ID	Definition
20	Increasing risk drinking (synthetic estimate) - Mid-2005 synthetic estimate of the proportion (%) of the population aged 16 years and over who report engaging in increasing risk drinking, defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females. NB The term 'increasing risk' replaces the term 'hazardous' used in previous LAPE releases. (NWPHO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates and mortality data and the Census of Population 2001). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from 1 to 324. Please note that values for the new Local Authorities arising from the April 2009 boundary changes are a population weighted average of the component Local Authority predicted prevalence's only. Amendments will be made to these values when these synthetic estimates are updated.
21	Higher risk drinking (synthetic estimate) - Mid-2005 synthetic estimate of the proportion (%) of the population aged 16 years and over who report engaging in higher risk drinking, defined as consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females. NB The term 'higher risk' replaces the term 'harmful' used in previous LAPE releases. (NWPHO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates and mortality data and the Census of Population 2001). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from 1 to 324. Please note that values for the new Local Authorities arising from the April 2009 boundary changes are a population weighted average of the component Local Authority predicted prevalence's only. Amendments will be made to these values when these synthetic estimates are updated.
22	Binge drinking (synthetic estimate) - Synthetic estimate of the proportion (%) of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more units for women). Estimates produced for the Association of Public Health Observatories (2007-2008). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from 1 to 324. Please see Health profiles for further information www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES
23	Employees in bars- % of all employees - The number of employees employed in bars (SIC2003: 5540), as a percentage of all employees. (Annual Business Inquiry 2008, National Statistics, from Nomis website: www.nomisweb.co.uk). A rank of 1 is the lowest local authority value in England and a rank of 326 is the highest. Values that are significantly lower than the England average have been highlighted green and values that are significantly higher have been highlighted red. The desirability of the value (what is better or worse) has not been determined.
24	Alcohol treatment- prevalence per 1,000 population - The number of adults aged 18-75 years receiving structured treatment for alcohol misuse (National Alcohol Treatment Monitoring System 2008/09), as a rate per 1,000 population (Office for National Statistics mid-year population estimates 2008). Currently only available at primary care organisation level.

Local Alcohol Profiles for England are produced by the North West Public Health Observatory
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