Community Health Profiles aim to...

To find and review the physical health, mental health, lifestyle behavioural and wider determinants (social and economic factors) that exist in health in a specific community.

To collect and present this information using the key priority areas identified in the Health and Wellbeing Strategy for Birmingham - Creating a Bolder Healthier City

To engage with the local communities on the evidence found and highlight the opportunities to address inequalities

To promote the use of these summaries for Local Authority and wider system use for community and service development.

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Community Health Profiles Forward Plan

Published Profiles (2021/22)

- Sikh
- Bangladeshi
- Muslim
- Lesbian
- Trans
- d/Deaf & Hearing Loss
- Sight Loss
- Nigerian
- Indian
- Caribbean Islands Commonwealth States
- Somali
- Kenyan
- Pakistani
- Pacific Islands

Upcoming Profiles (2023/24)

- Gay men
- Bisexual
- Central African
- South African
- Latin American
- Chinese
- Irish
- Central and Eastern European
- Gypsy, Roma, Traveller
- Student population
- Arab

New profiles likely live on BCC website December 2023/January 2024

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Accessing Community Health Profiles

More information and resources will be uploaded to the [webpage](#) in the coming months, please check for regular updates

- Page on BCC website

- Written report – English

- Written report – in community language (if appropriate)

- Infographic – English

- Infographic – in community language (if appropriate)

- Launch event webinar

- Census update infographic

Data in the Community Health Profiles

- Themes taken from the health and wellbeing strategy: [Creating a Bolder, Healthier City 2022-2030](#)

- Each topic is subdivided into further themes, e.g., Protect and Detect:
  - Screening
  - Vaccination Programmes
  - Sexual Health
  - COVID-19 and Other Respiratory Infections
  - Other Infectious Diseases
  - Oral Health

- When available, data is presented on:
  - Prevalence and incidence rates
  - Beliefs and attitudes
  - Level or knowledge relating to a health condition or topic
  - Services – provision, access, uptake of
  - Barriers and facilitators

| Getting the Best Start in Life |
| Mental Wellness and Balance |
| Healthy and Affordable Food |
| Active at Every Age and Ability |
| Working and Learning Well |
| Protect and Detect |
| Ageing and Dying Well |
| Green and Sustainable Future |

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Using the Community Health Profiles

Increasing Community Knowledge

- Increasing cultural awareness and competency within the workplace
- Support in delivering healthcare which is culturally relevant and appropriate

Key Evidence Source

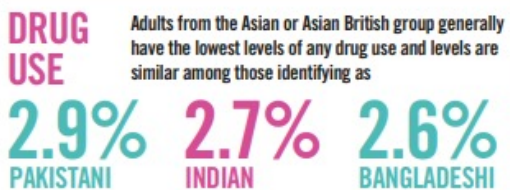- Using data to support plans for new health promotion projects
- Identify key health inequalities within a community of interest
- Commissioning of primary data collection where gaps in data are identified

Collaboration with Communities

- Utilised as a tool when discussing health needs with target community
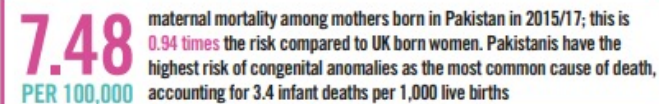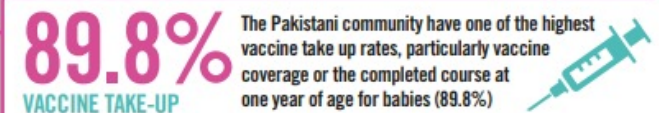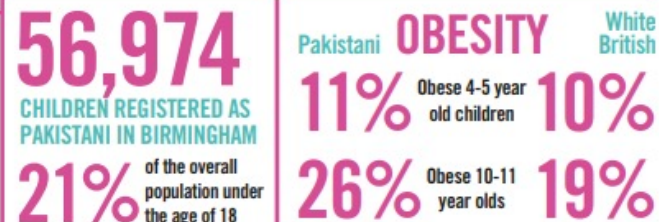- Support communities in advocating for and creating change within key areas

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MENTAL HEALTH AND WELLNESS

121.1
DETENTIONS PER 100,000 PEOPLE

Pakistani community had a detention rate of 121.1 detentions per 100,000 people under the Mental Health Act

Pakistanis had a rate of
4,459
PER 100,000 ADULTS USING MENTAL HEALTH LEARNING DISABILITY AND AUTISM SERVICES

ALCOHOL: NON-DRINKERS
Less than 0.5% of Pakistani women, and 1% to 2% of Pakistani men drank on 3 or more days a week

DRUG USE
Adults from the Asian or Asian British group generally have the lowest levels of any drug use and levels are similar among those identifying as

2.9% PAKISTANI **2.7%** INDIAN **2.6%** BANGLADESHI

ONS data shows those born in Pakistan have one of the lowest proportions of current smokers & one of the highest proportions of those who have 'never smoked'

SMOKING
9.1% CURRENT SMOKERS **83.8%** NEVER SMOKED

HEALTHY AND AFFORDABLE FOOD

COOKING PREFERENCES
93% of Pakistani men use salt in cooking, one of the highest proportion among men in minority ethnic groups.

OBESITY PREVALENCE
	Pakistanis	General population
Men	15%	23%
Women	28%	23%

ACCORDING TO THE HSE, THE MEAN FAT SCORES ARE

24	21	20
GENERAL POPULATION	PAKISTANI MEN	PAKISTANI WOMEN

5-A-DAY
According to the HSE, over a third of Pakistani men & women meet the five-a-day recommendation

Men **33%**
Women **32%**

GETTING THE BEST START IN LIFE

CHILDHOOD POVERTY
Children in Pakistani households were 2.8x as likely to live in low-income households

47% of children living in Pakistani households were living in low-Income households 30 percentage points higher than children living in White British households and 27 percentage points higher than the national average

56,974
CHILDREN REGISTERED AS PAKISTANI IN BIRMINGHAM

21% of the overall population under the age of 18

OBESITY
	Pakistani	White British
Obese 4-5 year old children	11%	10%
Obese 10-11 year olds	26%	19%

89.8%
VACCINE TAKE-UP

The Pakistani community have one of the highest vaccine take up rates, particularly vaccine coverage or the completed course at one year of age for babies (89.8%)

7.48
PER 100,000

maternal mortality among mothers born in Pakistan in 2015/17; this is 0.94 times the risk compared to UK born women. Pakistanis have the highest risk of congenital anomalies as the most common cause of death, accounting for 3.4 infant deaths per 1,000 live births

ACTIVE AT EVERY AGE & ABILITY

PHYSICAL ACTIVITY
AT LEAST 150 MINS / WEEK

	Pakistani	Bangladeshi	Indian
Men	40.8%	45.7%	52.3%
Women	55.6%	53.0%	61.3%

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WORKING AND LEARNING WELL

50.3%
OF PAKISTANI PUPILS ACHIEVED A GRADE 5 OR ABOVE IN ENGLISH AND MATHS GCSE IN 2020 TO 2021

Specifically, 46.8% of Pakistani boys achieved a grade 5 or above in English and maths GCSE, compared to 54% of Pakistani girls

ABOVE AVERAGE
PROGRESS 8 SCORES (0.24)
was achieved by Pakistani pupils despite being one of the ethnic groups most likely to experience low income, high poverty rates and be living in some of the most deprived areas or the country

ECONOMIC ACTIVITY
In Birmingham, 74% of Pakistani males are economically active but only 34% of females

74% **34%**

OVERCROWDING
18%
OF PAKISTANI HOUSEHOLDS WERE OVERCROWDED

The highest rates of overcrowding were in Bangladeshi households (24%)

8%
UNEMPLOYED
of Pakistani / Bangladeshi people (combined statistic) were unemployed - the highest unemployment rate of all ethnic groups

PROTECT AND DETECT

CANCER SCREENING
(% of early, late and unknown stage diagnosis)

TYPE	EARLY	LATE	UNKNOWN
Breast*	70%	15%	15%
Colorectal	38%	52%	10%
Prostate	48%	32%	21%
Lung	14%	75%	11%

*Combined data for Pakistani & Bangladeshi ethnic groups

61%
of Pakistani participants were non-attenders at cervical screening

SEXUAL HEALTH
MEDIAN AGE FOR PAKISTANI MEN & WOMEN AT FIRST HETEROSEXUAL INTERCOURSE IS

20 **22** YEARS OLD

Research has found Pakistani female respondents were highly unlikely to report using emergency contraception (2.1%) compared to white British women (23%)

TUBERCULOSIS (TB)
ONE OF THE HIGHEST RATES OF TB IN THE UK ARE FOUND AMONG PEOPLE OF PAKISTANI ETHNICITY

10.7%
of the TB cases in the UK, with a median time of 10 years since arrival to the UK

AGEING AND DYING WELL

DIABETES **3x** **4x** the risk of developing type 2 diabetes among Pakistani men and women

END OF LIFE
4.4%
OF THE UK PAKISTANI POPULATION ARE 65+

It is projected, by 2026, to be 5.8%

CARDIOVASCULAR DISEASE
For both Pakistani men and women the leading cause of death is ischaemic heart disease (IHD)

206.7 157.9
DEATHS PER 100,000 PAKISTANI MALES   DEATHS PER 100,000 WHITE MALES

Pakistani women had 109.6 deaths per 100,000

CEREBROVASCULAR DISEASES
2012-14 ⬆ 2017-19
42.2 **44.9**
deaths per 100,000 males

13.4 ⬇ **12.4**
deaths per 100,000 females

ACCESS TO PALLIATIVE & END OF LIFE CARE
There is a low uptake of palliative and end of life care service; common barriers identified include

Family values in conflict & social segregation   **Lack of knowledge about services**   **Previous negative experience**

DEMENTIA
2012-14 ⬇ 2017-19
66.9 **66.4**
deaths per 100,000 males

67.0 ⬆ **82.3**
deaths per 100,000 females

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
LOW PERCENTAGE OF COPD DIAGNOSES

0.8% **3.2%** **4.2%**
Pakistanis   White British   White Irish

CLOSING THE GAPS
LIFE EXPECTANCY
82.3 **84.8**

Census Information

- Data available on a community level using the following variables:
  - Ethnic Group
  - Country of Birth

- Limitations:
  - Ethnicity multivariate data for specific ethnic communities are not available
  - Population estimates for some ethnic communities likely underestimated

Data Available from the 2021 Census:

Geography: population estimates and distribution

Demographics: age, passport, country of birth, migration

Other characteristics: language, English proficiency, national identity, religion

Qualifications, occupation, economic activity, health, housing

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Census Infographics

CENSUS 2021 UPDATE
SOMALI COMMUNITY HEALTH PROFILE

16,971 Residents identifying as Somali ethnicity living in Birmingham

1.5% Proportion of residents who are Somali

39.2% Growth since 2011 Census*
*May not be accurate as data only highlights change in first generation mig...

All data refers to national population of residents born in Somalia unless otherwise stated

POPULATION

Additional data for Somali ethnic group is not available, country of birth (Somalia) and national identity (Somali) used as an estimate.

TOP 5 SOMALI WARD P...
*As a %
1. Alum Rock (7.8%)
2. Newtown (7.6%)
3. Sparkbrook & Balsall
4. Bordesley & Highgat
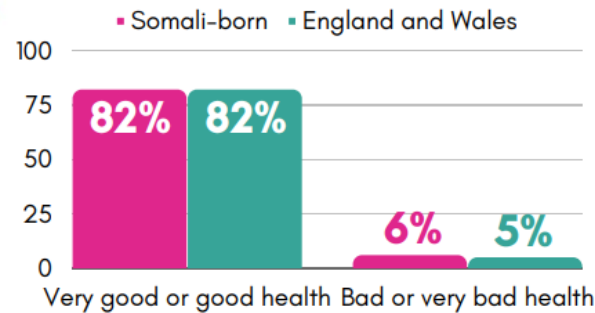5. Small Heath (7.2%)

🎓 LIVING, WORKING AND LEARNING WELL

DISABILITY

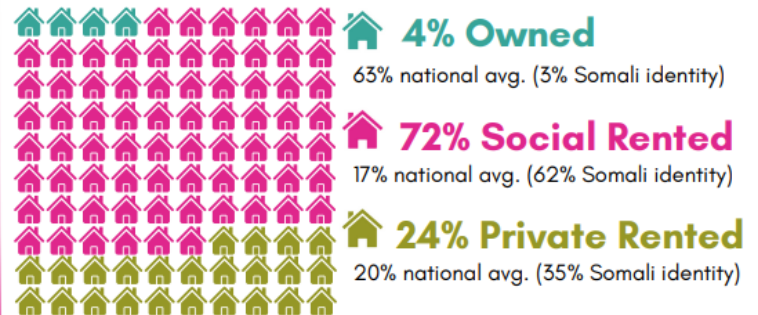**14%** Of those born in Somalia have a disability or long-term health condition (11% Somali identity and 18% all persons).

GENERAL HEALTH

- Somali-born ■ England and Wales

	Very good or good health	Bad or very bad health
Somali-born	82%	6%
England and Wales	82%	5%

TENURE

4% Owned
63% national avg. (3% Somali identity)

72% Social Rented
17% national avg. (62% Somali identity)

24% Private Rented
20% national avg. (35% Somali identity)

OVERCROWDING

Household's accommodation having fewer bedrooms than required

49% Of Somali-born households were classed as overcrowded (8% national avg, 53% Somali identity).

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Other Data Sources

- The Community Health Profiles do extract data from other sources, including:
    - The GP Patient Survey - an independent survey run by Ipsos on behalf of NHS England. The survey is sent out to over two million people across the UK.
    - Fingertips – Office for Health Improvement and Disparities – a large Public Health database https://fingertips.phe.org.uk/
    - Academic sources, such as journals – including meta-analysis, systematic reviews, randomised controlled trials, cohort studies, case control studies
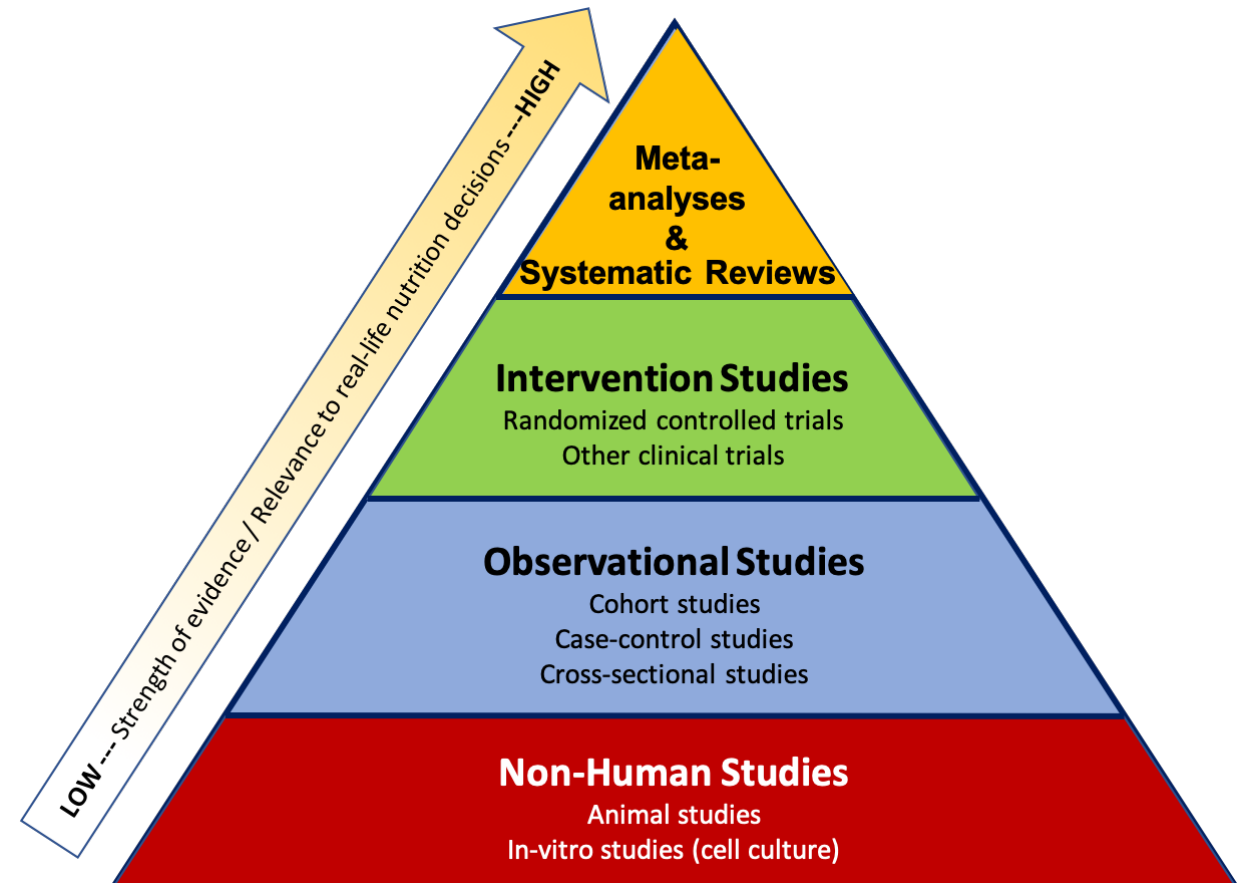
How profiles can be used to inform funding

- Explore health inequalities within specific communities at a more granular level
- To identify where there is a lack of research
  - Primary research to fill in the gaps in data in the Community Health Profiles so we can learn more about the health needs of the communities in Birmingham
  - Put pressure on services to ensure that data collection is helping us to build a stronger, more accurate picture of the communities
- The Community Health Profiles indicate where populations live in the city by ward and middle-layer super output area (MSOA) level
- For more questions, please contact us at our Communities Team email – communitiesteam@birmingham.gov.uk

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