



COMMUNITY HEALTH PROFILES **2022**

Birmingham Public Health Division
October 2022

A BOLDER HEALTHIER BIRMINGHAM

Public Health Evidence Reports

1. Statutory Reports

Joint Strategic Needs Assessment

- A regularly refreshed snapshot of the health and wellbeing of the citizens of Birmingham and the factors underpinning this.
- Highlights the inequalities at a high level across the city.
- Draws together data from across the Council and public sector.

Annual Director of Public Health Report

- Annual independent report of the Director of Public Health on a specific topic/focus area to shine a light on an issue.

Public Health Evidence Reports (cont.)

2. Elective Evidence Reports

Deep Dive Needs Assessments

- Structured needs assessments into a specific area/topic/community
- Brings together published and grey literature, service data and qualitative data from community insight
- Makes recommendations for action

Community Health Profiles

- Desk top analysis of published evidence and grey literature and population survey data.
- Snapshot of inequalities.



Topic Based Commissions

- Evolving methodology using evidence collation with active community collaboration to focus on creating evidence-based solutions.

The Community Health Profiles

- Birmingham has an ambition for a **bolder healthier city**, becoming a city in which, every citizen can live a healthy enjoyable life.
- The Community Health Profiles help us understand the gaps (health inequalities) in achieving this ambition in different communities.
- The Profiles describe the health inequalities of a specific community of identity or interest or experience.
- Setting out the differences in need shown by the evidence can help the Council, it's partners and communities take action to close the gaps and improve the health of people in Birmingham.
- The Community Health Profiles will be published on the Council's website as resources to support greater understanding and awareness of the issues affecting different communities in our city.
- We aim to refresh them every 5-8 years depending on the data availability.

Evidence Report Forward Plan

Community Health Profiles

- Sikh – (Sept 2021)
- Bangladeshi- (Sept 2021)
- Muslim
- Lesbian
- Trans
- d/Deaf & Hearing Loss
- Sight Loss
- Nigerian
- Indian
- Caribbean Islands Commonwealth States
- Somali
- Kenyan
- **Pakistani** ←

Deep Dive Reports

- Veterans (published)
- End of Life (published)
- Learning Disabilities
- Dual Diagnosis
- Mobility Impairment
- Sensory Impairment

Commissions

- Birmingham Poverty Truth Commission – focus on Housing issues
- Birmingham & Lewisham African & Caribbean Health Inequalities Review

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 10 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.

Health and Wellbeing Themes

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

Closing the Gaps

Green and Sustainable Future

Mitigating the Legacy of COVID-19

Profile Author: Hawkmoth Consulting

CHP objective	Report focus	Methodology
To help raise awareness of key health concerns and strengthen understanding of the Pakistani community's health needs	To review and analyse evidence on physical health, mental health, lifestyle behavioural, and wider determinants of health-related issues	Mixed methods research approach with evidence selected according to inclusion and exclusion criteria

Methodology: Hawkmoth Consulting

- A comprehensive review of
 - Academic literature, including PubMed, Census 2011, Hospital Episodes Statistics (HES)
 - Grey literature, including national, voluntary and community reports, PHE and NHS, google/google scholar and specific organisations
- Health & Wellbeing data review and research synthesis according to specified health and well-being indicators
- Comparator groups included the Indian, Bangladeshi, White British and Other White populations of the UK.

Sharing Community Health Profiles

- Written report & PowerPoint slide set
- Published on the [BCC Communities Pages](#)
- YouTube highlights video
- Webinars for Pakistani community and wider partners





COMMUNITY HEALTH PROFILES **2022**

Pakistani Profile

Weblink: [Pakistani community health profile | Community health profiles | Birmingham City Council](#)

A BOLDER HEALTHIER BIRMINGHAM

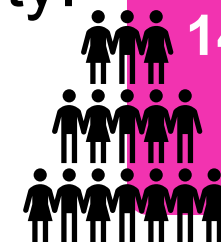
Overview of Pakistani Community

- The official languages of Pakistan is Urdu and Punjabi. Other languages spoken include Sindhi, Pashto, Siraiki, Balochi, Pahari-Potwari and Brahui.^[1]
- The majority of the arrivals of the Pakistani community to the West Midlands were before 1981.^[2]
- Over **96%** of Pakistanis are Muslims with majority belonging to the Sunni sect of Islam.^[1]
- Birmingham wards with largest Pakistani community: Alum Rock (**58.6%**), Sparkhill (**56.9%**) and Small Heath (**53%**).^[3]

The UK has around **1,124,511** Pakistanis living in England and Wales.^[4]



89,981 (62%) of Pakistanis were born in UK as 2nd and 3rd generations.^[3]



144,627 people from Pakistan live in Birmingham.^[3]

Overview of Inequalities

Higher rates of
childhood poverty

Childhood obesity

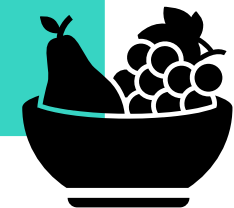
Lower rates of
physical activity
(particularly in
women)

Greater
prevalence of
diabetes and
cardiovascular
disease

Barriers to
accessing health
services

Overcrowded
homes

Low consumption
of fruit and
vegetables



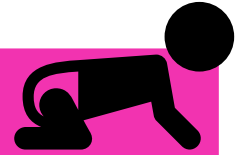
Getting the best start in life

Maternal Health

- High risk of congenital abnormalities (**3.4** infant deaths per 1,000 births).^[5]
- Highest rates of stillbirths (**6.1** per 1,000 births) and infant deaths (**6.8** per 1,000).^[6]
- Pakistani infants were **280–350g** lighter, and **2.5 times** more likely to be low birthweight compared with White infants.^[7]



Child Statistics



- High prevalence of obesity (**26.2%**) among children aged 10 and 11 compared with White British (**22.5%**).^[8]
- **2.8 times** more likely to live in low income households than White British population.^[8]
- **47%** of children in Pakistani homes live in low-income households.^[8]

Mental Wellness and Balance

- People from the Pakistani community had a rate of 121.1 detentions per 100,000 people under the Mental Health Act.^[9]
- Pakistanis had a rate of **4,459 per 100,000** adults using mental health, learning disability and autism services, lower than the Bangladeshi groups but higher than the Indian community.^[9]



Barriers to Access^[10]

- Language barriers
- Religious and cultural practices particularly to female treatment
- Stigma towards mental health problems and mental health services

Healthy and Affordable Food



Obesity

- Pakistani women had a lower obesity prevalence (**28%**) than Black Caribbean (32%) but higher than Indian (20%) and Bangladeshi (17%) women.^[11]

Waist-Hip-Ratio (WHR)

- For Pakistani men the WHR was **0.92**, which was the same as Indian men and slightly more than Bangladeshi men (0.91).^[12]
- Pakistani women the WHR was **0.84**, slightly more than Indian women (0.82) and less than Bangladeshi women (0.85).^[12]

Healthy Eating

- Around a third of Pakistani men met the five-a-day recommendation (**33%**) and slightly less among Pakistani women (**32%**).^[12]

Active at Every Age and Ability

- Pakistani women are the least active of all ethnicities (**40.8%**) and men are the one of the least active (**55.6%**) for at least 150 minutes per week.^[13]
- Rates of physical activity are slightly higher among Pakistani children (**45%**).^[14]

Barriers to Physical Activity^[15]



Lack of time due to work



Feelings of vulnerability
(especially among women)



Lack of culturally sensitive
facilities



Poor climatic conditions

Working and learning well

Housing



- **13%** of Pakistani households are rented social housing.^[16]
- **51%** of Pakistani families were most likely to receive state support, which was more than Bangladeshi (49%) and Indian (39%) households.^[16]
- The highest rates of overcrowding were in the Bangladeshi (24%) and Pakistani (**18%**) households.^[16]

Employment and Education



- **74%** of Pakistani males and **34%** of Pakistani females are economically active.^[17]
- Within the working age population in the West Midlands, of those born in Pakistan **16%** were in full-time employment and **12%** were in part-time jobs.^[18]
- **46.8%** of Pakistani boys achieved a grade 5 or above in English and maths GCSE, compared to **54%** of Pakistani girls.^[19]

Protect and Detect

Pakistani women were less likely to attend their first call (52%) or routine recall (67%) of breast cancer screening.^[20]

32% of Pakistani patients had their diagnosis of prostate cancer at a late stage (similar to Indian & Bangladeshi patients, both at 30%).^[21]

Pakistani patients had a higher proportion of lung cancer cases diagnosed at a late stage, compared with the White British group.^[22]

Pakistanis have one of the highest rates of tuberculosis in the UK, particularly those born outside the UK.^[23]



Ageing and Dying Well

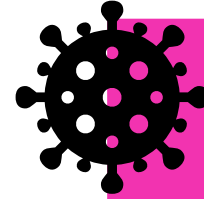
- Pakistani men are almost **3 times** as likely as the general population to have type 2 diabetes, and Pakistani women are over **5 times** more likely than women in the general population.^[24]
- For both Pakistani men and women, the leading cause of death is ischaemic heart disease (IHD), accounting for **10.5%** (162,804 deaths in 2017 to 2019) of death registrations in the UK.^[25]
- Death rate from heart disease in Pakistani males has increased from 42.2 deaths per 100,000 in 2012-14, to 44.9 deaths per 100,000 males in 2017 to 2019.^[25]



Closing the Gaps and Mitigating the Legacy of COVID-19

Closing the Gaps

- Life expectancy of Pakistani women is **84.8** which is slightly less than the Indian women (85.4), but more than Bangladeshi women (87.3).^[26]
- Life expectancy of Pakistani men is **82.3** which is same as Indian men, but slightly more than Bangladeshi men (81.1).^[26]



Mitigating the Legacy of COVID-19

- Pakistani hospital fatalities were 2.9 times those of the white British group.^[27]
- The ONS has found In April 2020 in the UK, 13% of Pakistani or Bangladeshi ethnic groups reported finding it very or quite difficult to get by financially.^[28]

COMMUNITY HEALTH PROFILES **2022**

Pakistani Profile
Infographics

A BOLDER HEALTHIER BIRMINGHAM

INTERNATIONAL, NATIONAL AND BIRMINGHAM CONTEXT

1,124,511 PEOPLE IDENTIFIED AS PAKISTANI in England and Wales in 2011. Making up 2.0% of the total population. This is an increase from 1.4% in 2001

Birmingham has the second largest Pakistani community in the UK (144,627 residents)

144,627

MAKING UP 13.5% OF THE CITY'S TOTAL POPULATION

62% For more than half the Pakistani community based in Birmingham the UK is noted as the country of birth (89,981; 62%), reflecting the birth of second and third generation Pakistanis in the UK

According to the 2011 Census the community has a young age profile; 70% of Birmingham's Pakistani community under the age of 35 and 35.6% is under 16

70%

THE PAKISTANI COMMUNITY ACCOUNT FOR

12.5% of the working age group in Birmingham. While in England the community make up 2% of the working age group.

Over 20% of working age Pakistanis are in six wards, and the proportion is over 50% in two - Bordesley Green (53%) and Washwood Heath (57%)

INTERNATIONAL CONTEXT

Pakistan is a cultural melting pot with multiple ethnicities and languages. Pakistan's population can be divided broadly into five major and several minor ethnic groups: Punjabis, Pashtuns, Sindhis, the muhajirs and Ralochis



MIGRATION, LANGUAGES AND FAITH

MIGRATION



Large-scale immigration to Britain from Pakistan began in the 1950s, when Britain encouraged migration from the former colonies to meet its post war labour needs, with migration increasing significant in 1961. During the 1950s and 1960s, those that migrated were largely single men, and were joined by their families a decade later.

10.800+

Half of those who reported Pakistani Pahari (with Mirpuri & Potwari) as their main language (10,800+ people) lived in Birmingham. The main 'other' languages spoken by the community in the UK are Urdu (23%), Punjabi (10%), Pahari with Mirpuri and Potwari (1.7%) and Pashto (1.6%)

91% Around 91% of British Pakistanis identify as Muslim; religion forms a prominent part of the community's identity

THERE ARE TWO

EID FESTIVALS IN A YEAR

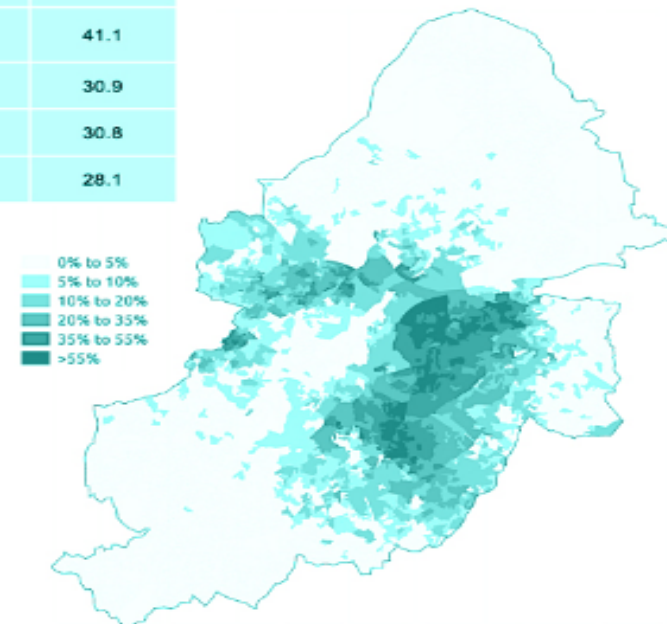


Ramadan ends with three days of festivities called Eid al-Fitr; Eid-ul-Adha comes at the end of the annual pilgrimage of the Hajj.

DISTRIBUTION OF THE PAKISTANI COMMUNITY IN BIRMINGHAM

Ward	Total ward population	Pakistani population (%)
Alum Rock	25,487	58.6
Sparkhill	20,309	56.9
Small Heath	20,403	53
Ward End	12,255	51
Heartlands	12,287	46.3
Sparkbrook & Balsall Heath East	25,211	46.3
Bordesley Green	11,796	41.1
Aston	22,636	30.9
Lozells	9,153	30.8
Hall Green North	21,509	28.1

The Pakistani community in Birmingham is mainly concentrated in inner city wards. According to ward-level data based on the 2011 census, the top 10 wards are listed below. The top 3 wards with the highest proportions of Pakistani community were Alum Rock (25,487; 58.6%), Sparkhill (20,309; 56.9%) and Small Heath (20,403; 53%)



The above map uses the ward boundaries pre May 2018 due to the data being derived from the 2011 Census data. New Census data mapped onto the new wards is expected to be available in 2022.

MENTAL HEALTH AND WELLNESS

121.1



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

DETENTIONS PER 100,000 PEOPLE

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



15%



28%

General population



23%



23%

ACCORDING TO THE HSE, THE MEAN FAT SCORES ARE



24

GENERAL POPULATION

21

PAKISTANI MEN

20

PAKISTANI WOMEN



5-A-DAY

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



33%



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

Pakistani OBESITY

White British

11%

Obese 4-5 year old children

10%

26%

Obese 10-11 year olds

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 40.8%

Bangladeshi 45.7%

Indian 52.3%



55.6%

53.0%

61.3%

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

74% **34%**

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

OVERCROWDING

18% OF PAKISTANI HOUSEHOLDS WERE OVERCROWDED

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

8% 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

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

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**

References

- [1] Britannica. Pakistan Ethnic Composition
- [2] Census 2011 Table CT0562
- [3] NOMIS. DC2205EW - Country of birth by ethnic group by sex .2011
- [4] GOV.UK. Population of England and Wales
- [5] Office for National Statistics. Births by parents' country of birth, England and Wales 2019. 2019
- [6] As displayed in The Kings Fund report: The health of people from ethnic minority groups in England based on ONS data. 2021
- [7] Kelly Y, Panico L, Bartley M, Marmot M, Nazroo J, Sacker A. Why does birthweight vary among ethnic groups in the UK? Findings from the Millennium Cohort Study. J Public Health (Oxf). 2009 Mar;31(1):131-7. Pp. 133
- [8] The Kings Fund. The health of people from ethnic minority groups in England [Internet]. 2021 [cited 2022 March 7]. Available here: https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england#footnote2_bikbx1
- [9] Detentions under the Mental Health Act, March 2021. 2021
- [10] Kapadia, Dharmi et al. "Pakistani women's use of mental health services and the role of social networks: a systematic review of quantitative and qualitative research." Health & Social Care in the Community 25 (2017): 1304 - 1317.
- [11] Yajnik CS. The lifecycle effects of nutrition and body size on adult adiposity, diabetes and cardiovascular disease. Obes Rev. 2002 Aug. 3(3):217-24 (bullet 1 and 2)
- [12] NHS Digital. Health Survey for England 2004: The Health of Minority Ethnic Groups– headline tables. 2004 (bullet 3,4,5)

References (2)

- [13] Sport England. Sport for all? Why ethnicity and culture matters in sport and physical activity. 2020
- [14] SGriffiths LJ, Cortina-Borja M, Sera F, et al. (2013) How active are our children? Findings from the Millennium cohort study. BMJ Open. doi: <http://dx.doi.org/10.1136/bmjopen-2013-002893>
- [15] Lawton J, Ahmad N, Hanna L, Douglas M, Hallowell N. 'I can't do any serious exercise': barriers to physical activity amongst people of Pakistani and Indian origin with Type 2 diabetes. Health Educ Res. 2006 Feb;21(1):43-54.
- [16] Public Health England. Public Health Outcomes Framework: Health Equity Report- Focus on Ethnicity. 2017
- [17] Bradnan L. Ethnic Groups in the Labour Market: a statistical analysis for Birmingham. 2014 Oct. (bullet 1)
- [18] 2011 Census Table CT0566
- [19] GOV.UK. By Ethnicity. 2020
- [20] Jack R, Moller H, Robson T, Davies E. Breast cancer screening uptake among women from different ethnic groups in London: a population-based cohort study. BMJ Open. 2014 October 16
- [21] Public Health England. National cancer registration and analysis service data briefing.
- [22] NCRAS. Ethnicity and Lung cancer.
- [23] Public Health England. Local action on health inequalities: Understanding and reducing ethnic inequalities in health. 2018
- [24] National Obesity Observatory. Obesity and ethnicity. 2011
- [25] Office for National Statistics. Mortality from leading causes of death by ethnic group, England and Wales: 2012 to 2019. 2021

References (3)

[26] Office for National Statistics. Ethnic differences in life expectancy and mortality from selected causes in England and Wales: 2011 to 2014. 2021

[27] Platt L and Warwick R, Are some ethnic groups more vulnerable to COVID-19 than others? The ONS Deaton Review, 1 May 2020. 2021

[28] Barnes A and Hamilton M, Coronavirus and the social impacts on different ethnic groups in the UK: 2020, ONS, 14 December 2020.



[@BhamCityCouncil](#)



[@birminghamcitycouncil](#)



[@birminghamcitycouncil](#)



[birmingham.gov.uk](#)