

COMMUNITY HEALTH PROFILES 2022

Birmingham Public Health Division September 2022

Public Health Evidence Reports

1. Statutory Reports – required by law

Joint Strategic Needs Assessment

- This is a summary of the health and wellbeing of the people in Birmingham and what can affect their health. This report is refreshed every other year.
- Shows the inequalities at a high level across the city.
- Uses 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.

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 City Council wants the city to become a **bolder**, healthier city. This is city where everyone can have a healthy, happy life.
- The Community Health Profiles help us understand the gaps (health inequalities) in achieving this 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 ቀ
- 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

Methodology

- A full review of
 - Academic resources, including PubMed, Census 2011, Web of Sciences
 - Grey literature, including national, voluntary and community reports, PHE and NHS, google/google scholar and Deaf organisations
- Health & Wellbeing data review and research according to specified health and well-being indicators
- Comparison groups include the hearing population of the UK.

Limitations of the Findings

- Limited data was collected on disability from the 2011 Census.
- Population data used is from the 2011 Census and is likely to have changed since then. Conclusions on populations must therefore be taken with caution.
- Limitations exist in the profiles due to the ways that people in the studies are found and included.
 - For example, people who are born Deaf or with hearing loss may have different lived experiences to those who become Deaf or who have hearing loss at some point in their life. Often studies do not separate the two groups.

Sharing Community Health Profiles

- Written report & PowerPoint slide set
- Published on the <u>BCC Communities</u> <u>Pages</u>
- YouTube highlights video
- Webinars for Deaf and hard of hearing community and wider partners

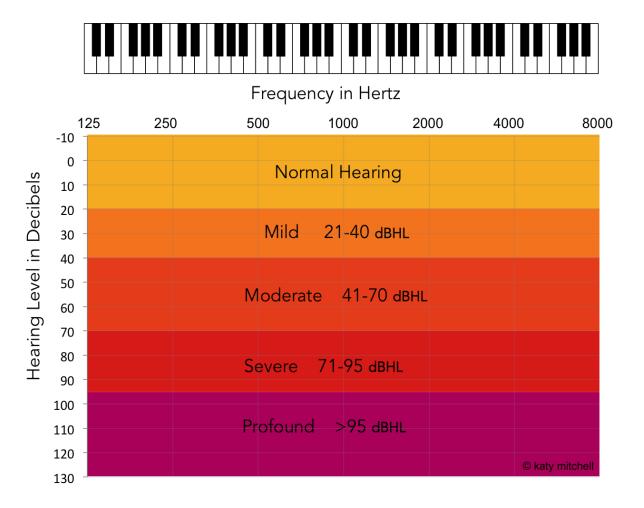




COMMUNITY HEALTH PROFILES 2022

Deaf and Hearing Loss Profile Weblink: <u>Deaf and Hearing Loss community health</u> profile | Community health profiles | Birmingham <u>City Council</u>

The Severity of Hearing Loss



- People without hearing loss can hear noises between 0 and 140 decibels (dB).
 - Hearing loss can range from mild (20-40dB), where the person might find it difficult to follow speech in noisy situations to profound (>95dB).^[1]
 - A loss of ≥35dB is considered 'disabling' hearing loss, this figure is different around the world.^[2]

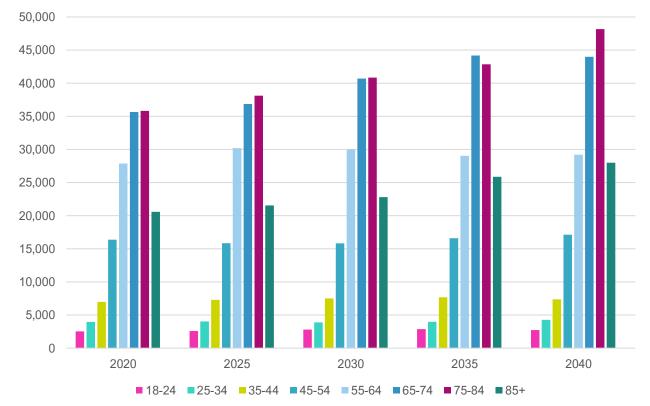
Hearing Loss in England

- The UK has about 12 million people living with mild hearing loss. Around 1.2 million adults have hearing loss of 65dB or greater.^[3]
- By 2035 there could be 14.2 million adults in the UK who will have some hearing loss.^[4,5]
- 900,000 people in the UK are classified as profoundly Deaf.^[3]
- 2011 Census data showed 15,482 people in England and Wales had BSL as their main language.
- 188,000 people aged 18 or over in England are Deaf and use sign language.^[6]

Hearing Loss in Birmingham

- In Birmingham in 2020 there were 152,158 people with mild hearing loss or greater.^[7]
- Around 11,525 people aged over 70 have severe or profound hearing loss.
- 8,260 people are registered as Deaf or hard of hearing in Birmingham.
- Birmingham remains the largest Deaf community compared to other metropolitan districts in the country.

Estimate of people with some hearing loss in Birmingham from 2020 to 2040^[8]



Overview of Inequalities

Higher rates of birth complications.

Deaf children are less school ready and have lower educational attainment. High amounts of mental illness within community; difficulties accessing services.

Increased risk of domestic violence in Deaf women.

Limited employment opportunities.

High rates of high blood sugar, twice as likely to have undiagnosed diabetes.

Increased risk of falls in older people.

Getting the Best Start in Life

Infant Mortality and Live Births

- Cause of permanent hearing loss in babies: 25% unknown, 25% due to infections during pregnancy, 50% likely to have a genetic cause.^[9]
- For Deaf mothers there is a 9.2% risk of a baby being born prematurely (7.1% general population).
 There is also a 7.2% chance of low birth weight (5.6% general population).^[10]

Maternal Health

 Deaf and hard of hearing women have a higher risk for pregnancy and birth complications such as gestational diabetes and pregnancy-related blood pressure disorders.^[10,11,12]

Contributing factors to disparities



Getting the Best Start in Life



Deaf children are less likely to achieve the communication and language early learning goals of listening and attention (**50%**), understanding (**46%**) and speaking (**42%**).^[13]



Children who are Deaf or hard of hearing are less likely to achieve grade 4 in Maths and English (**58%**) compared to the general population (71.2%).^[14]

Deaf pupils are also less likely to achieve 5 GCES's or similar compared to the general population (**73%** vs 88%).^[15]

Mental Health and Wellbeing

- Rates of depression are double that in the Deaf community (24%) compared to the general population (12%).^[16,17]
- 39-42% of Deaf people experience Physical abuse, higher than the hearing population (13-20%).
- Amounts of smoking and drinking alcohol in the Deaf community is lower than the general population.^[18]



Risk Factors of Poor Mental Health

- Being left out of social situations
- Less education and employment opportunities
- Lack of awareness of Deaf culture
- Poor care and decline in health and wellbeing

Healthy and Affordable Food

Obesity



BMI and Waist Circumference

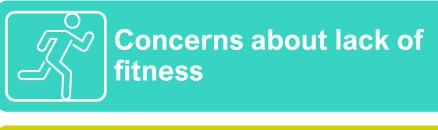
 Based on BMI and waist measurements, 48% of Deaf people are at high or very high risk of developing heart disease, diabetes, arthritis, and some cancers.^[17]

Healthy Eating

 Limited data to understand the knowledge of healthy eating and portions among Deaf and hearing loss communities.

Active at Every Age and Ability

- 57% of Deaf or hard of hearing people do less than 30 minutes of exercise each week. Compared to 21% of nondisabled people.^[20]
- 8 in 10 Deaf people said they would prefer playing sport in a mixed environment with Deaf and hearing people.^[21]
- Only **9.7%** of people with hearing loss take part in sport once per week.^[22]





Cost of partaking in sports



Lack of confidence

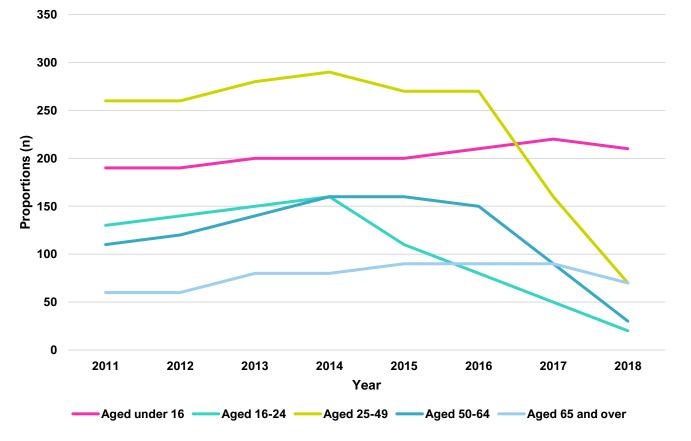
Generation Bar

Barriers to communicating

Working and Learning Well

- Only **46%** of working age disabled people are in work.^[23]
- 8 out of 10 people with hearing loss reported that the attitude of employers is a large barrier to employment.
- 34% of Deaf students achieved 2 A-levels, or similar, compared to 55% of hearing students.^[24]

People claiming disability living allowance due to having a Deaf condition for 5 years and over^[25]

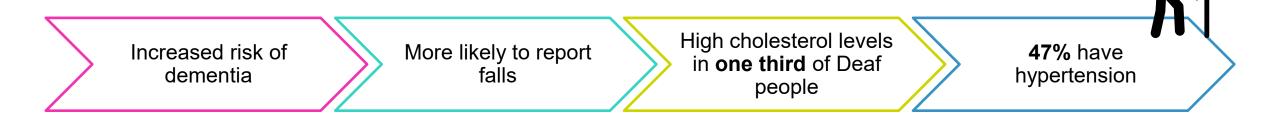


Protect and Detect

Screening	 People with hearing loss are 11% more likely to attend cancer screening compared to people with no physical disability.^[19] 35% lower cancer screening attendance in single people than in married people.^[23]
Vaccines	 Deaf people are less likely to know that the HPV vaccine protects against cervical cancer compared to hearing participants (32% vs 49%) Deaf people aged 65 and over are more likely to have the flu jab.^[19]
Other Health Issues	 Deaf patients are more likely to have undiagnosed diabetes. 77.3% of those with raised blood sugar at pre-diabetic levels were unaware of it.^[19] The Deaf community experiences higher rates of unplanned pregnancy and STIs than the rest of the population.^[26]

Ageing and Dying Well

- Hearing loss is the leading cause of years lived with disability for those over the age of 70.
- There is a 2x risk of developing dementia for those with mild hearing loss and 5x risk for those with severe hearing loss.^[27]
- Many Deaf people experience challenges when accessing healthcare and communicating with healthcare professionals.^[28]



Closing the Gaps

- Hearing loss was ranked in the top five leading causes of YLDs (Years Lived with disability) in 84% of European countries.
- Factors contributing to poor health and wellbeing include:
 - Poor access to education
 - High unemployment
 - Access to healthcare

Gaps in healthcare services^[29]

- 80% of Deaf people want to speak with a doctor in BSL. Only 30% manage to.
- 24.6% of Deaf patients
 'definitely' have trust/confidence
 in their doctor (67% general
 population). 18.3% said they
 had 'no confidence at all'.



Green and Sustainable Future



There is limited evidence to understand the contribution to a green and sustainable environment among Deaf people.

- Some research suggests that as electric vehicles are quieter, there are some safety issues for those with hearing loss.^[30]
- Also, findings about environmental justice says people who are Deaf may not have equal access to information on climate related issues.^[31]

Mitigating the Effects of COVID-19

Impact on wellbeing	Practical problems
Increased isolation and loneliness	Face masks (made it difficult to speak with others)
Increased mental health problems especially depression	Accessing health and social services and interpreters
Further worsening of co-morbidities because of issues accessing services	Accessing COVID-19 vaccine centers to get their protection

1 in 3 reported that the pandemic had a major impact on their mental health. Most experienced anxiety (61%), stress and worry (60%) and depression (35%).^[32]



COMMUNITY HEALTH PROFILES 2022

Deaf and Hearing Loss Profile Infographics

NATIONAL AND LOCAL CONTEXT

INTERNATIONAL CONTEXT

Globally, hearing loss prevalence increases with age.





1 in 10 will be registered with hearing loss around the globe by 2050. The rates of hearing loss are expected to rise to 2.5 billion people worldwide.

DIAGNOSED WITH HEARING LOSS



People in Birmingham have a hearing loss of >25dB or greater. Largest amount of deaf people out of any metropolitan district.

The number of people in the UK diagnosed with a hearing loss of

>25dB. This is expected to rise to

14.2 million by 2035.

Estimated number of **BSL users in England** and Wales (Census 2011)

PREVALENCE OF HEARING LOSS

(Adult population with hearing loss of 25dB or more)

them within the UK.



PREVALENCE IN EUROPE The average prevalence of all severity of hearing loss in the UK, similar to the European average (13%)



AVERAGE Birmingham rates are predicted to rise to 20% by 2035, lower than the regional and national rates.

According to Hearing Link (2021), 6.7 million people would

benefit from hearing aids, but 2 million people only wear



The risk of developing hearing loss can be reduced by improving regulations and protective equipment at workplaces and implementing global or national safe levels in personal and recreational spaces.

OVERVIEW



Capital 'D' and lower case 'd' are used to categorise those with hearing loss conditions. A capital 'D' is used to represent those who were born deaf and perceive themselves as part of a linguistic and cultural minority; lower case 'd' is used for deafness or hearing loss later in life after communicating in spoken language and do not always have a strong connection with the deaf community.

TYPES OF HEARING LOSS

>95dB PROFOUND 71-95dB SEVERE 41-70dB MODERATE 20-40dB MILD

TYPES OF HEARING LOSS





circumferences.

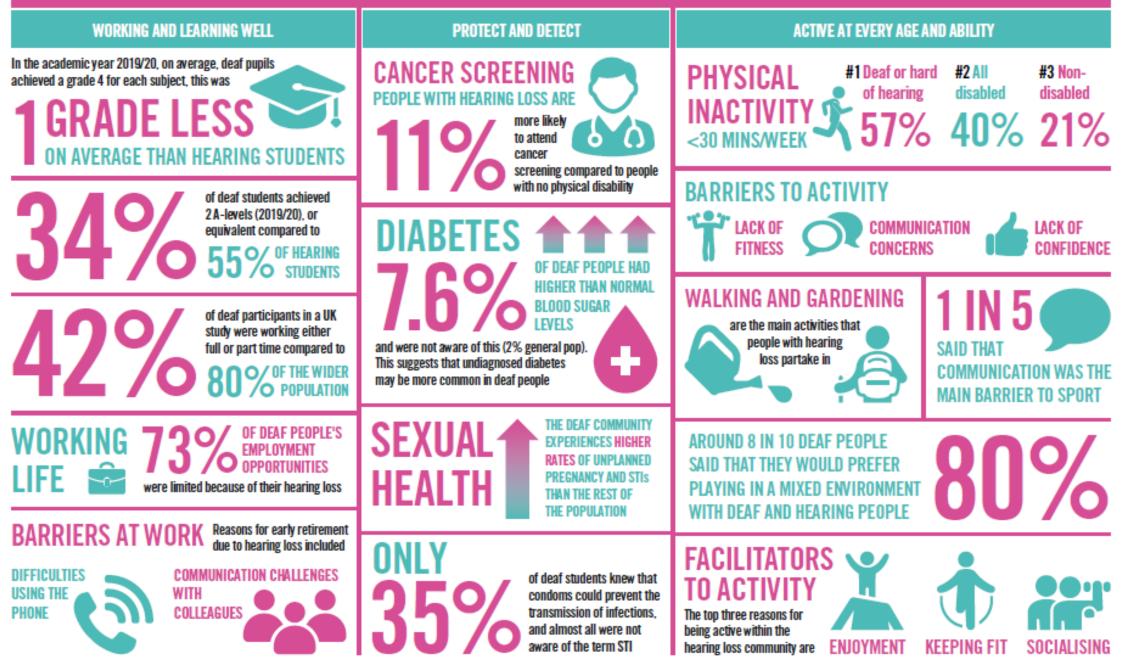
as a Deafwoman than a hearing

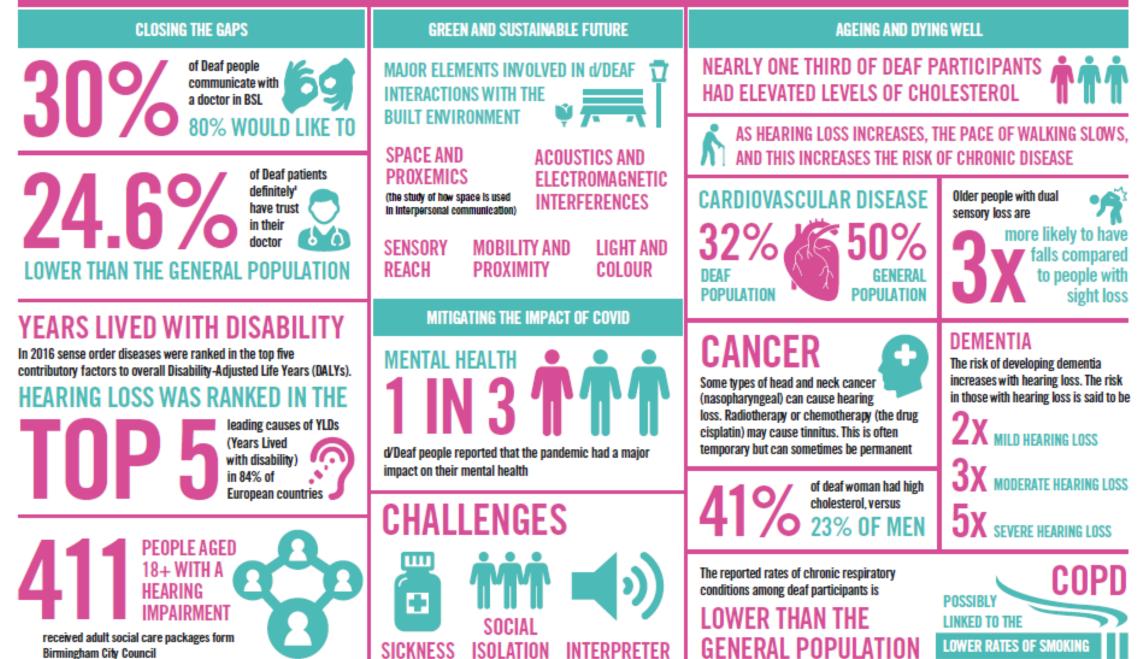
experience other types of abuse

woman. Also more likely to

More likely to

experience





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