



COMMUNITY HEALTH PROFILES **2022**

Birmingham Public Health Division
September 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

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

Methodology

- A comprehensive review of
 - Academic literature, including PubMed, Census 2011
 - Grey literature, including national, voluntary and community reports, PHE and NHS, google/google scholar
 - Health & Wellbeing data review and research synthesis according to specified health and well-being indicators
- Comparator groups include the White British and Black African populations of the UK.

Limitations of the Findings

- 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.
- There is a sparsity of literature on the specific communities within Birmingham. Census data also does not provide information on second and later generations of migrants from the target communities.
- Data is often aggregated together and analyses 'Black African' population as a homogenous group, instead of looking at specific inequalities of particular communities.

Sharing Community Health Profiles

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



A large, stylized letter 'B' graphic on the left side of the page. The 'B' is filled with a pink color and has a thick black outline. The interior of the 'B' is divided into sections of yellow and light blue. The background behind the 'B' is a teal color.

COMMUNITY HEALTH PROFILES **2022**

Kenyan Profile

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

A BOLDER HEALTHIER BIRMINGHAM

Overview of Kenyan Community

- The national language of Kenya is Swahili.^[1]
- In England and Wales, 15,059 people recorded Swahili as their main language, 82% of whom were of African ethnic heritage.^[2]
- Kenya and Britain have a long-running relationship, rooted in Kenya's history as part of the British Empire in Africa between 1895 and 1963.
 - Kenya gained independence from Britain in December 1963.^[3]
- Around **60%** of Kenyans living in the UK are Kenyan-Indian, having migrated during the mid to late 20th Century.^[4,5]

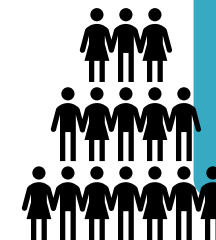
The UK has around 137,492 Kenyans living in the UK.^[6]



11,099 Kenyan-born residents within the West Midlands.^[7]



3,988 people from Kenya in Birmingham.^[7]



Overview of Inequalities



Low consumption of fruit and vegetables

High smoking prevalence

Lack of cultural care in health settings

Higher rates of diabetes than other African communities.

Higher prevalence of early onset Dementia

Limited UK based data

Getting the best start in life

- Limited Kenyan specific data available, Indian used as approximate group due to large Kenyan-Indian population.
- **13.8%** of those in the 4 to 5 age group from the Indian ethnic group are overweight, the lowest of all ethnic groups.^[8]
- Indians have the highest vaccine uptake, at more than **90%** for both primary vaccinations, and **75%** vaccine coverage of the primary course and pre-school booster offered at 5 years of age.^[9]

Experiences During Pregnancy^[10]



Mental Wellness and Balance

- Research suggests that Kenyan-Asians are critical of the psychiatric system and psychiatric staff.
 - Felt disregarded on concerns regarding side effects of medications
 - Believed psychiatric medication aimed to ‘neutralize’ rather than cure patients.^[11]
- Risk factors for mental health problems: discrimination, language barriers, acculturative stress, socioeconomic barriers.^[12]



Smoking and Substance Misuse

- High rates of multiple substance use among khat chewers, specifically alcohol (**78.4%**) and cigarette smoking (**64.5%**).^[13]
- **11.6%** of Kenyans smoke/use other tobacco products (19.1% men, 4.5% women).^[14]
- High smoking prevalence compared to other African countries.

Healthy and Affordable Food



Obesity

- Research from the United States with Kenyan participants found **56.9%** were overweight or obese.^[15]
- Britain's Kenyan community shows the prevalence of overweight in Black Africans was **61.8%** among men.^[16]

Waist Circumference

- Mean waist circumference reported by the Health Survey England 2004 was higher in Black African women (90.2cm) than the general population (86.4cm).^[16]

Healthy Eating

- According to the Kenyan STEPS survey only **6%** (male 6.8%, female 5.2%) of Kenyans have a minimum of the recommended five servings of fruits and vegetables daily.^[17]
- **23%** of adults add excessive salt to food at the table and **28%** use excessive amounts of sugar in beverages.^[17]

Active at Every Age and Ability

There is no data or published research on physical activity levels of the Kenyan community in the UK.



- Published research from the United States with Kenyan participants found **76.5%** of the Kenyan participants made a conscious effort to exercise and **30.6%** did at least 5 days of moderate activity.^[15]
- Another survey found only **6.5%** of adults do not engage in the recommended level of physical activity.^[17]
- Findings imply Kenyans are culturally more physically active, particularly compared to other ethnic groups.

Working and learning well

Housing

- **78.9%** of those from Kenya in the West Midlands own a property, either outright or with a mortgage, loan or shared ownership.^[18]

Employment and Education

- In the West Midlands, **48%** of Kenyan-born males are in full time employment, compared to **34.1%** Kenyan-born females.^[19]
- **18.9%** of Kenyan-born males and **30.5%** of females are economically inactive, and 5.9% males and 4.4% of females are unemployed.^[19]
- In 2020/21 there were **2,640** students from Kenya, accounting for 6% of all students from Africa.^[20]



Protect and Detect

Attending Screenings

- No UK data on screening uptake.
- Research suggests some barriers to uptake may include:
 - Language, views on care system, preference for female GPs, acculturation.^[21]

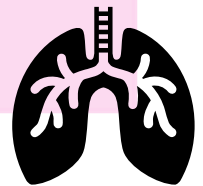


Sexual Health

- Research has found the communities in Britain most affected by the AIDS/HIV pandemic were nationals of Kenya, Uganda, Zambia, Zimbabwe, and Congo.^[3]

Tuberculosis

- In 2020, UKHSA recorded that people born in Kenya accounted for **1.1%** of the tuberculosis cases in the UK (46 cases).^[22]



Ageing and Dying Well

- In Kenya, COPD is estimated to cause approximately **1.7%** of deaths.^[23]
- Estimated mortality due to cardiovascular disease (CVD) is **13.8%**.^[23]
- Cancer is second leading cause of noncommunicable disease (NCD) related deaths at **8%**.^[23]
- Low uptake to palliative care. Barriers may include: lack of referrals, knowledge about the services, religious traditions, geographical locations of facilities.^[24]



Closing the Gaps

- Migration is a factor that impacts on people's health.
- In the period 21 March to 8 May 2020, the number of death registrations from all causes for people in England was **1.7** times higher than in the same period for the average of the years 2014 to 2018.^[26]



Deprivation Levels

- High levels of property ownership, low levels of unemployment.
- unlikely the Kenyan community in the UK faces significantly high levels of deprivation compared to other ethnic groups within the UK.

COMMUNITY HEALTH PROFILES **2022**

Kenyan Profile
Infographics

A BOLDER HEALTHIER BIRMINGHAM

INTERNATIONAL, NATIONAL AND BIRMINGHAM CONTEXT

137,492 KENYAN-BORN PEOPLE IN ENGLAND & WALES according to the 2011 Census

3,988 KENYAN-BORN PEOPLE IN BIRMINGHAM (0.4%)
11,099 Kenyan-born people across the West Midlands (0.2%)

UK'S KENYAN COMMUNITY *Annual Population Survey

144,000* **137,492** **129,356**
2020 **2011** **2001**

455,889 Kenyans currently living outside Kenya; there are 190k+ in Europe with the UK accounting for almost 80%

INTERNATIONAL CONTEXT

According to the UN's figures, the UK accounts for 33% of the Kenyan population abroad and almost 80% of the Kenyan population in Europe.



Kenya and Britain have a long-running relationship, rooted in Kenya's history as part of the **British Empire in Africa** between 1895 and 1963. Kenya gained independence from Britain in December 1963.

Among non-UK countries of birth with the highest proportions holding a UK passport. Kenya-born citizens had the highest percentage of holding a UK passport and acquiring British citizenship (86.9%)

MIGRATION, LANGUAGES AND FAITH

MIGRATION



The main wave of immigration from Kenya occurred before 1981 (60%), with main migrants from the country being Kenyan Indians. Upon arrival, this community of South Asian Kenyans mostly settled in Leicester and by and large mirrors the immigration map for people born in India

THE NATIONAL LANGUAGE OF KENYA IS SWAHILI. IN ENGLAND AND WALES, **15,059**



people recorded Swahili as their main language, 82 of whom were of African ethnic heritage

RELIGION Kenyans in the UK are

37% HINDU **25%** CHRISTIAN

12% MUSLIM **10%** SIKH

ETHNICITY **69%** Asian

A HIGH PROPORTION OF BRITISH RESIDENTS WHO WERE KENYAN IDENTIFY AS

16% Black

DISTRIBUTION OF THE KENYAN COMMUNITY

According to the 2011 Census, the Kenyan community is mainly concentrated in

OUTER LONDON
54,227

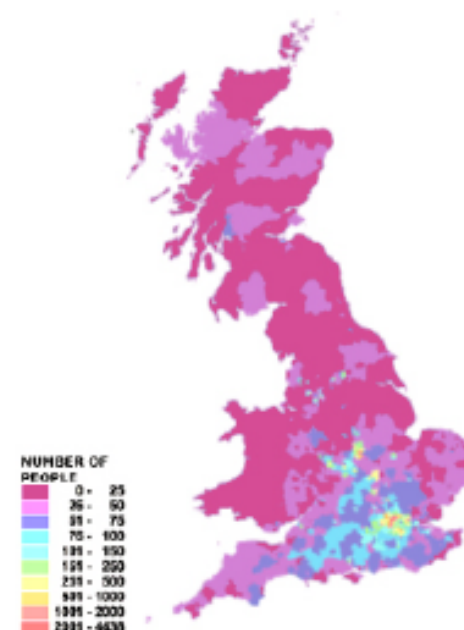
1.1% specifically Harrow 11,706; 4.9% & Brent 7,382; 2.4%

EAST MIDLANDS
14,297

0.3%; specifically in Leicester 7,118; 2.2%

The Kenyan community is concentrated in the following wards across Birmingham:

Birmingham ward	Number of Kenyans	Proportion of ward (%)
Hall Green ward	416	0.3
Springfield ward	385	0.3
Handsworth Wood ward	302	0.2
Sparkbrook ward	211	0.2
Acocks Green ward	148	0.1



Source: BBC Born Abroad: Kenya. The map shows areas with roughly equal populations were the same size, e.g. densely populated London takes up much more space than sparsely populated Scottish Highlands

MENTAL HEALTH AND WELLNESS

MENTAL HEALTH

A London-focused study with Kenyan-Asian participants found that participants were **critical of both the psychiatric system and psychiatric staff.**



Participants felt psychiatrists **disregarded their concerns** about side effects of psychiatric medications and expressed psychiatric medication aimed to 'neutralize' patients rather than cure them.

ALCOHOL

There is no data on alcohol consumption for the Kenyan community; using data for the Indian and black African ethnic groups as proxy shows that both groups have a low percentage of alcohol-related admissions



DRUG USE

THERE IS PREVALENCE OR MIRAA/KHAT CHEWING IN KENYA

36.8%

mostly by men (54.8%), with high concurrent polysubstance use as well as alcohol use (78.4%) and cigarette smoking (64.5%)

SMOKING

DATA SHOWS THERE IS A HIGH SMOKING PREVALENCE

when compared to other African countries, with 11.6% Kenyan adults consuming tobacco

2.5 MILLION

CONSUMING TOBACCO 19.1% MEN AND 4.5% FEMALE



HEALTHY AND AFFORDABLE FOOD

DIET

A US-BASED STUDY FOUND



82.4% of Kenyan participants made a conscious effort to eat a healthy diet

OBESITY

Published research from the United States with Kenyan participants (n=51) found



56.9% WERE OVERWEIGHT OR OBESE



5-A-DAY



ACCORDING TO THE KENYAN STEPS SURVEY 2015 ONLY



6.8%

of Kenyans have a minimum of the recommended five servings of fruits and vegetables daily, while 23% of adults add



5.2%

excessive salt to food at the table and 28% use excessive amounts of sugar in beverages

GETTING THE BEST START IN LIFE

CHILD POVERTY

In absence of Kenyan-specific data, viewing statistics on the Indian and black ethnic groups proxy shows that 30% of children living in black households were living in low-income families, ten percentage points higher than the national average. However, Indian households were the **least likely** to live in low income and material deprivation compared to all ethnic groups (17%; three percentage points lower than the national average)

CHILDHOOD OBESITY

Using data on the Indian ethnic group as proxy, the percentage of overweight children aged 4 to 5 decreased in the Indian ethnic group from

14.9% to 13.8%



It has the lowest proportion of all ethnic groups and **36.5%** of those in the 10 to 11 ages around who were overweight

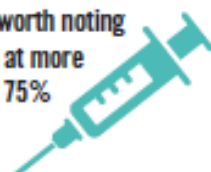
1,402 BIRTHS AMONGST KENYA-BORN WOMEN yielded a total fertility rate (TFR) of **1.89**

KENYAN-BORN WOMEN HAVE ONE OF THE LOWEST BIRTH RATES

among African women in England and Wales

MORE THAN 90%

As majority of Kenyans identify as Asian, it is worth noting that Indians have the highest vaccine uptake at more than 90% for both primary vaccinations, and 75% vaccine coverage or the primary course and pre-school booster offered at 5 years of age



ACTIVE AT EVERY AGE & ABILITY

PHYSICAL ACTIVITY

There is no data or published research on physical activity levels of the Kenyan community in the UK

HOWEVER, PUBLISHED RESEARCH FROM THE UNITED STATES WITH KENYAN PARTICIPANTS FOUND

76.5%

of the Kenyan participants made a conscious effort to exercise, 30.6% did at least 5 days of moderate activity

WORKING AND LEARNING WELL

ACADEMIC ATTAINMENT

Using the black and Indian ethnic categories as proxy to gain an insight into the Kenyan community on education attainment reveals, that black African pupils achieved Progress 8 scores higher than average (0.17). Indian pupils achieved the

SECOND HIGHEST PROGRESS 8 SCORE (0.71)



ECONOMIC INACTIVITY

18.9% 30.5%



HOUSING

MAJORITY OF THOSE FROM KENYA

78.9%

resident in the West Midlands own a property: either the property is owned outright or with a mortgage/ loan or shared ownership.

UNEMPLOYMENT

5.9% 4.4%



PROTECT AND DETECT

CANCER SCREENING

There is no data or information on the Kenyan community's take up of screening in the UK. However, research on uptake of Pap smear testing among Kenyan migrants in the Netherlands found willingness to participate was hindered by barriers such as

LANGUAGE,
PREFERENCE FOR FEMALE GPs,
ACCULTURATION,
VIEWS ABOUT THE HEALTH CARE SYSTEM



SEXUAL HEALTH

Research has found the communities in Britain most affected by the AIDS/HIV pandemic were nationals of

KENYA, UGANDA, ZAMBIA,
ZIMBABWE, AND CONGO

TUBERCULOSIS (TB)

IN 2020, PEOPLE BORN
IN KENYA ACCOUNTED FOR 46 CASES

1.1% of the UK's TB cases with a median time of 17 years from entry to notification since arrival to the UK



AGEING AND DYING WELL

DIABETES Published research from the United States with Kenyan participants (n=51) found that among six African immigrant groups, Kenyans were more likely to report having diabetes



7.8%

CARDIOVASCULAR DISEASE

IT IS ESTIMATED THAT MORTALITY
DUE TO CVD IN KENYA IS

13.8%



The leading CVD deaths are stroke (6.1%, male 5.8%, female 6.4%) and Ischemic Heart diseases (4.6%, male 4.7%, female 4.6%)

END OF LIFE

Research which included Kenyan participants (8%) in the study sample found that people with dementia and their carers usually begin help-seeking from close family and then follow this up by consulting primary care physicians



CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

There is an absence of statistics on the prevalence of COPD within the Kenyan community in the UK. In Kenya, chronic respiratory diseases are responsible for approximately

1.73%
OF THE DEATHS

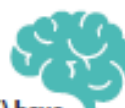


1.92%



1.5%

THE MAIN DRIVERS OF COPD INCLUDE
TOBACCO SMOKING, INDOOR AIR
POLLUTION, OUTDOOR AIR POLLUTION,
OCCUPATIONAL DUST AND CHEMICALS



DEMENTIA

Black African and Caribbean elders (BACE) have a higher prevalence and earlier onset of dementia compared with the indigenous white UK population

CLOSING THE GAPS

DEPRIVATION AS ALMOST 80%

of Kenyans in the West Midlands either fully own a property or have a mortgage, and also have very low levels of unemployment, it is unlikely the Kenyan community in the UK faces deprivation

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