

COMMUNITY HEALTH PROFILES 2022

Birmingham Public Health Division September 2022

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 <u>BCC Communities</u> <u>Pages</u>
- YouTube highlights video
- Webinars for Nigerian community and wider partners





COMMUNITY HEALTH PROFILES 2022

Nigerian Profile Weblink: <u>Nigerian community health profile</u> | <u>Community health profiles | Birmingham City</u> <u>Council</u>

Overview of Nigerian Community

- **512** languages are currently spoken in Nigeria
- Languages include: Igbo, Yoruba, Ijaw, Fulfulde, Ogoni, and Edo, Kanuri, and Hausa.
- Nigeria gained independence the UK in 1960 and became a republic in 1963, electing to stay a member of the Commonwealth the same year.^[1]
- Migration from Central and Western Africa has been recorded since before 1961, but increased steadily in the following decades, reaching a peak during the 1990's.^[2]



Overview of Inequalities

Stillbirth rates higher than general population

Lower vaccination rates

Nigerian women are more likely to experience domestic abuse

High rates of obesity amongst Nigerian women Negative experiences working for the NHS, including racism and bullying

High rates of FGM amongst Nigerian women

Getting the best start in life

- The total fertility rate (TFR) of the Nigeria country of birth group (3.32) was above UK-born average (1.84).^[4]
- In 2020 Nigerian-born mothers contributed to 3.1% of all live births to mothers born outside the UK.^[5]
- 0.82% of all live births in Birmingham from 2012-2014 were to mothers born in Nigeria but 1.72% of all stillbirths.^[6]
- In 2019-20 Black African children in England, aged 4-5, had the highest rate (15.9%) of obesity.^[7]





Vulnerable to adverse birth outcomes



Limited Nigerian specific UK data



High rates of childhood obesity

Mental Wellness and Balance

- Black African group had the highest proportion of all groups admitted to hospital for mental health (18.2%).^[8]
- Increased risk of being treated for serious mental illness such as schizophrenia and mania.^[9]
- First generation immigrant women from Nigeria who came to the UK on a partner/husbands visa are at high risk of domestic violence.^[10]

Substance misuse

- Black African men had one of the lowest rates of current cigarette smoking (21%), lower than the general population (24%).^[7]
- The percentage of people taking any illicit drug in the past year was highest for the 'Black/Black British' group



(**14.3%** for men and **9.7%** for

women).^[11]

Healthy and Affordable Food

Obesity



BMI and Waist Circumference

 Black African men had a mean BMI somewhat lower (26.4) than men in the general population. However, mean BMI was markedly higher among Black African (28.8) women.^[7,12]

Healthy Eating

 Only 44.2% of those in the 'Black' ethnic group (data only available for the pan-ethnicity), lowest rate of all ethnic groups in study.^[13]

Active at Every Age and Ability

Limited data on physical activity levels of the Nigerian community in the UK.

- **35%** of Black African men and **29%** of Black African women had high activity levels, compared to 37% and 25% of the general population.^[7]
- The Active Lives Survey shows that women from Black ethnic groups were reported to be most likely to report being physically inactive and least likely to report being active.^[13]

Working and learning well

Housing

Black Africans had the one of the highest proportions in social rented housing (42%), only exceeded by mixed White and Black Caribbeans (43%) and Black Other (48%).^[14]

Employment and Education

- The proportion of Nigerian migrants with degree-level qualifications was higher among those who arrived in the UK before 1991 (61%) compared with those who arrived 1991-2000 (56%) and 2001-2011 (54%).^[15,16]
- Employment rates are high for both Nigerian males (72%) and Nigerian females (60%).^[14]

Protect and Detect

Attending Screenings

- Prostate cancer is the leading cause of cancer amongst Nigerian men.
- An investigation of breast cancer screening uptake found Black Africans had low attendance of first call (49%) and routine call (64%) uptake of breast cancer screening.^[17]

Sexual Health

 In 2013, an estimated 38,700 Black Africans were HIV positive and this group constitutes two-thirds (65%, 38,700) of all heterosexual people living with HIV.^[18] Female Genital Mutilation (FGM)

- 27% of Nigerian women between the ages of 15 and 49 were victims of FGM in 2012.^[19]
- Prevalence of the practice has decreased and in 2015 a federal law banned the practice.

Ageing and Dying Well

- Prevalence of diabetes is lowest within the Black African group at 2.1% for women and 5% for men.^[7]
- Prevalence of dementia in 'Black' ethnic group is 28% higher for males and 18% higher for females compared with the 'White' ethnic group.^[20]
- Black groups in the UK generally have a significantly lower risk of heart disease despite evidence that they have a high prevalence of hypertension and obesity.



Closing the Gaps and COVID-19

Closing the Gaps

- Life expectancy for Black African females was **88.9** years, the highest across ten ethnic groups.
- ONS data shows that for Black African males, life expectancy was 83.8 years.^[21]

Mitigating the Legacy of COVID-19

- The risk of COVID-19-related hospitalisation was increased in Black ethnic group.
- Black Africans were reported as being one of the most vaccine hesitant groups (34.4%).^[22]



COMMUNITY HEALTH PROFILES 2022

Nigerian Profile Infographics



MENTAL WELLNESS AND BALANCE



PROPORTION WAS

WOMEN FROM BLACK ETHNIC GROUPS WERE REPORTED

TO BE MOST LIKELY TO REPORT BEING PHYSICALLY

INACTIVE AND LEAST LIKELY TO REPORT BEING ACTIVE

IMMIGRANTS FROM NIGERIA. who came to the UK on the entry or residence permit (visa) of their partner or husband

<u>
</u>

WORKING AND LEARNING WELL

56%

BLACK NIGERIANS ACHIEVED AT A HIGHER LEVEL (5+ A*-C GCSE'S)

EMPLOYMENT RATES ARE HIGH FOR NIGERIANS

Black African

41%

48%

1991-2000

NIGERIA IS AMONGST THE TOP COUNTRIES **OF** DOMICILE OF INTERNATIONAL STUDENTS

AT UK HIGHER EDUCATION INSTITUTIONS

†72% †60%

UK-BORN NIGERIANS HAD

AN EMPLOYMENT RATE OF

54%

General population

51%

55%

OF THOSE

NIGERIANS

ARE

2001-2011

THE PROPORTION OF NIGERIAN MIGRANTS

WITH DEGREE-LEVEL QUALIFICATIONS

WHO ARRIVED IN THE UK

BEFORE 1991

Black Nigerians

54%

56%

PROTECT AND DETECT

PROSTATE CANCER IS THE LEADING CAUSE OF CANCER 50 AMONGST NIGERIAN MEN

AN INVESTIGATION OF BREAST CANCER SCREENING UPTAKE FOUND BLACK AFRICANS HAD LOW ATTENDANCE OF

White British

67%

SACRED

NATURE OF

SEXUALITY

Black Africans

49%

FIRST

CALL

ROUTINE 64% 🗣 78% CALL BARRIERS TO BREAST CANCER SCREENING

? LOW TAB00 KNOWLEDGE SURROUNDING WOMEN'S HEALTH OF SERVICES

Black Africans were HIV positive IN 2013, AN ESTIMATED and this group constitutes two-thirds (65%, 38,700) of all heterosexual people living with HIV

VICTIMS OF FGM IN 2012 However, prevalence of the practice has decreased and in 2015 a federal law banned the practice

OF NIGERIAN WOMEN BETWEEN

THE AGES OF 15 AND 49 WERE

AGEING AND DYING WELL

PREVALENCE OF DIABETES IS LOWEST WITHIN THE BLACK AFRICAN GROUP AT

The most common causes of death for the

Ω

ISCHAEMIC HEART

DISEASE FOR MEN

DISEASE FOR WOMEN

DEMENTIA AND

ALZHEIMER'S



BLACK AND MINORITY ETHNIC GROUPS ARE MORE LIKELY TO DIE IN A HOSPITAL AND LESS IKELY TO DIE AT HOME OR IN A HOSPICE.

CLOSING THE GAPS

LIFE EXPECTANCY FOR BLACK AFRICAN FEMALES WAS For Black African males, life expectancy was YEAK IGHEST ACROSS TEN ETHNIC GROUPS

LIMITATIONS TO DATA NHS RACE AND HEALTH OBSERVATORY IDENTIFIED ISSUES WHICH MAY HAVE LED TO AN OVERESTIMATE OF LIFE EXPECTANCY FOR ETHNIC





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