



# 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 (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

# 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 Somali community and wider partners



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# COMMUNITY HEALTH PROFILES **2022**

Somali Profile

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

A BOLDER HEALTHIER BIRMINGHAM

# Overview of Somali Community

- The official languages of Somalia are Somali, which is understood across the country, and Arabic.<sup>[1]</sup>
- There are more than 85,918 Somali-speakers across England. 14<sup>th</sup> largest language spoken in England and Wales.<sup>[2]</sup>
- The most prominent wave of migration from Somalia to the UK has been from 1991 to the 2000s.<sup>[3]</sup>
- Between 1985 and 2006, Somalia was consistently one of the top ten asylum applicant producing countries in the UK.<sup>[3]</sup>
- 84.1% of males and 80.4% of females from Somalia in Birmingham were between the ages of 0 to 44.<sup>[4]</sup>

The UK is home to the largest Somali population in Europe. 108,000 Somalis in the UK.<sup>[5]</sup>



9,870 people from Somalia across the West Midlands.<sup>[6]</sup>



Census data shows 7,765 people from Somalia live in Birmingham.<sup>[6]</sup>



# Overview of Inequalities



High levels of poverty

Overcrowded housing

Economic inactivity

High levels of unemployment

Barriers to accessing healthcare services

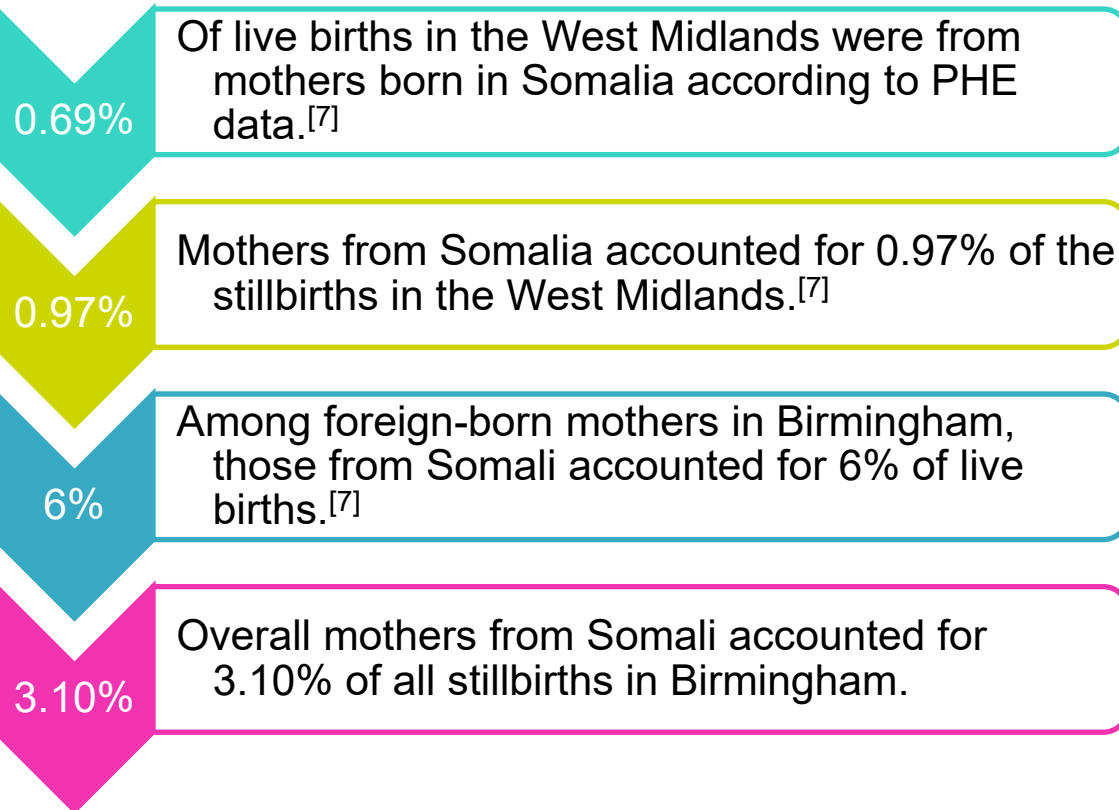
Low consumption of fruit and vegetables

High consumption of Khat

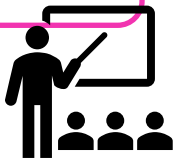
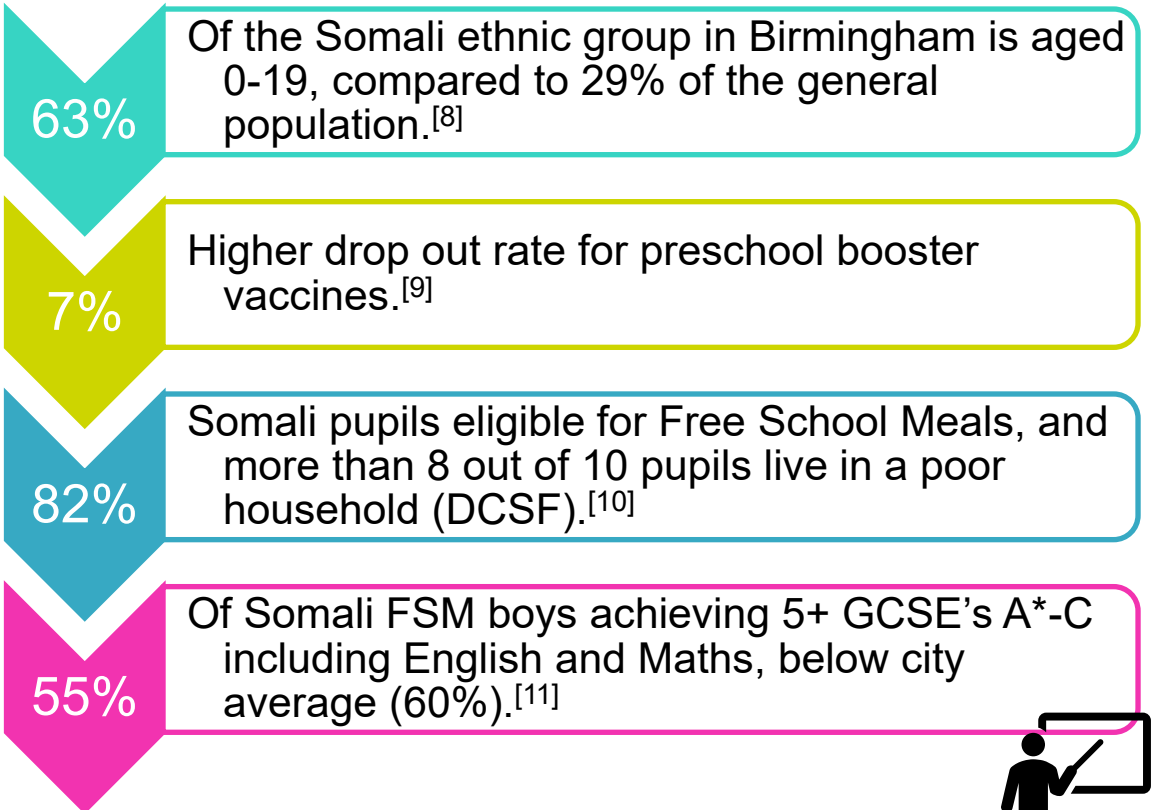
Highest rates of FGM

# Getting the Best Start in Life

## Maternal Health



## Children Statistics



# Mental Wellness and Balance

- Somali communities in the UK have relatively high levels of mental ill-health and low levels of mental health service use.
- **58%** of Somali survey respondents felt the need for mental health support.<sup>[12]</sup>
- Only **14%** of Somali survey participants have used mental health support services.<sup>[12]</sup>



## Barriers to Accessing Mental Health Services<sup>[12]</sup>

- Lack of information about the services available in the area (67%).
- Feeling that the services do not understand the Somali community (78%).
- Preference for support from friends and family (45%).

# Mental Health and Wellbeing (cont.)

## Alcohol



- Statistics of alcohol consumption by the Somali community in the UK not available, research suggests that the Muslim faith is likely a protective factor.<sup>[13]</sup>

## Smoking and Tobacco Use



- Smoking rates higher than in the general UK population, especially in men over 40 and those that regularly use Khat.<sup>[14]</sup>
- A study suggest that attitudes to smoking in the country of origin affected the attitudes and smoking behaviour of the migrant community in the UK.<sup>[15]</sup>

## Substance Misuse

- High levels of khat use (**77%**) among Somali men and women of all ages.<sup>[13]</sup>



# Healthy and Affordable Food

- A UK-based study has found around **97%** Somali respondents consumed less than 2 pieces of fruit per day and **92%** consumed less than 2 portions of vegetables per day.<sup>[16]</sup>
- One study found the mean BMI was 24 in Somali men and 29 in Somali women.<sup>[17]</sup>
  - **61%** of the participants were overweight or obese, and **27%** were obese. Of obese subjects, **67%** were women.

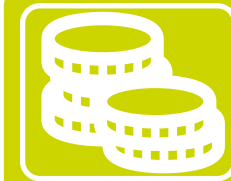


# Active at Every Age and Ability

- Overall levels of physical activity are low within the Somali community, and as with most ethnic minority communities, levels are lower for Somali women than men.<sup>[18]</sup>
- According to research, Somali women felt their physical activities have reduced and that they were more physically active before immigration.<sup>[19]</sup>



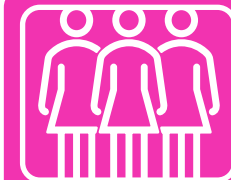
Lack of transportation to gyms



Financial constraints for memberships



Limited choice of suitable clothing

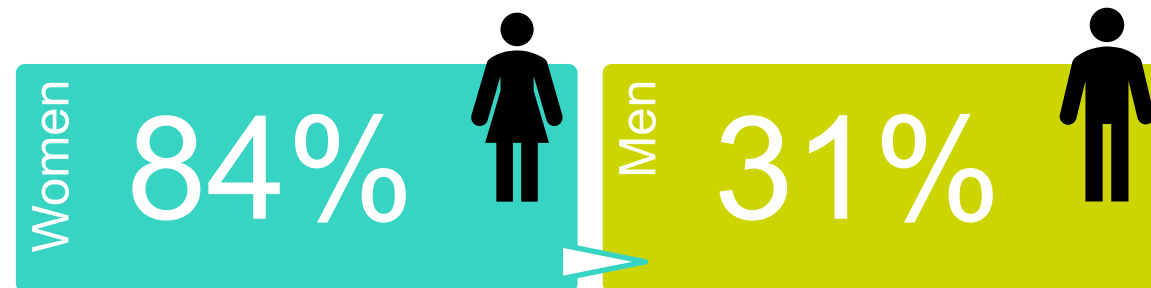


Absence of women only facilities

# Working and Learning Well

- **64%** of Somali refugees in the UK had low English language skills.
- Employment rates increased over time:
  - **20%** of refugees finding employment after 8 months, **28%** being in employment after 15 months, **39%** in employment after 21 months.<sup>[21]</sup>
- Only one in ten is in full-time work. A study has found unemployment among Somalis has remained high – **in excess of 70%**.<sup>[22,23]</sup>

## Economic Inactivity:<sup>[24]</sup>



# General Health

**86%** of Somali-born residents surveyed in the West Midlands felt they have very good or good health, higher than Somali-born residents in England and Wales (82%).<sup>[25]</sup>



- In the West Midlands **4.8%** Somali-born residents reported on the 2011 Census that they have bad or very bad health, lower than England and Wales average (7%).<sup>[25]</sup>
- **89%** of Somali-born residents living with a long-term health problem or disability in the West Midlands felt it did not impact their day-to-day activities, compared to **11%** who felt it did.<sup>[26]</sup>

# Protect and Detect

- For those born outside the UK who were notified with TB in 2020, Somali was one of the top 5 most common countries of birth (**13.3%**).<sup>[27]</sup>
- **68%** of Somali women would seek help from community leaders in the UK or another country before help from authorities if they experienced domestic violence.<sup>[28]</sup>
- Limited data on screening and sexual health of the Somali community in the UK.

## Barriers to Sexual Health Services<sup>[29]</sup>



# Ageing and Dying Well

## Diabetes

- Prevalence of diabetes higher among Somali patients (**12.1%**) than general population (**5.3%**) in one US study.<sup>[30]</sup>

## CVD

- Somali women are more likely to have two or more cardiovascular risk factors.<sup>[31]</sup>

## COPD

- Limited data, study suggests that for khat chewers, **40.1%** had restrictive patterns of lung disease.<sup>[32]</sup>

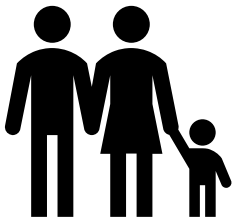
## End of Life

- Preference for Somali children to look after their parents over prolonged hospitalisation or placement in a facility.<sup>[33]</sup>



# Mitigating the Effects of COVID-19

- The Joseph Rowntree Foundation (JRF) has found higher rates of lone-parent Somali households, and research on the impact of the pandemic on single parent households has found:
  - It is likely nearly half (44%) of children in a single parent family were in poverty on the eve of the Coronavirus pandemic,
  - Compared to just one in four (26%) of those living in other families.<sup>[34]</sup>



# COMMUNITY HEALTH PROFILES **2022**

Somali Profile  
Infographics

A BOLDER HEALTHIER BIRMINGHAM



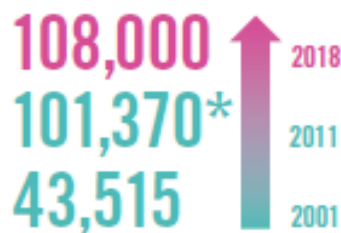
## INTERNATIONAL, NATIONAL AND BIRMINGHAM CONTEXT

# 108,000

Somalis in the UK. Anecdotal evidence suggest roughly 250k-400k Somalis live in the UK

THIS IS THE LARGEST SOMALI POPULATION IN EUROPE

UK's Somali community has seen a year-on-year increase



5% or the Somali population living abroad currently live in the UK abroad which accounts for almost 40% OF THE SOMALI POPULATION IN EUROPE

## LOCAL SOMALI POPULATION

Based on data from the 2011 Census

# 9,870

SOMALI-BORN PEOPLE ACROSS THE WEST MIDLANDS

# 7,765

SOMALI-BORN PEOPLE ACROSS BIRMINGHAM



# 16 MILLION

CURRENT POPULATION ESTIMATES FOR SOMALIA

## INTERNATIONAL CONTEXT

Conflict and violence as well as sudden-onset of disasters and food insecurity have often displacement at a mass scale in Somalia. The UNHCR estimates there to be around 3 million internally displaced people (IDPs) in the country

## MIGRATION, LANGUAGES AND FAITH

# MIGRATION

The most prominent wave of migration from Somalia to the UK has been from 1991 to the 2000s. Since 2000, the UK has attracted Somalis from across Europe. Between 1985 and 2006, Somalia was consistently one of the top ten asylum applicant producing countries in the UK



# 8,139



People in Birmingham who speak Somali, making it one of the most common main languages in Birmingham. In England Somali is the main language of 84,387 people

# RELIGION

Almost all Somalis are Muslims, with most being part of the Sunni sect. Mosques are the primary centres for religious and Social gatherings

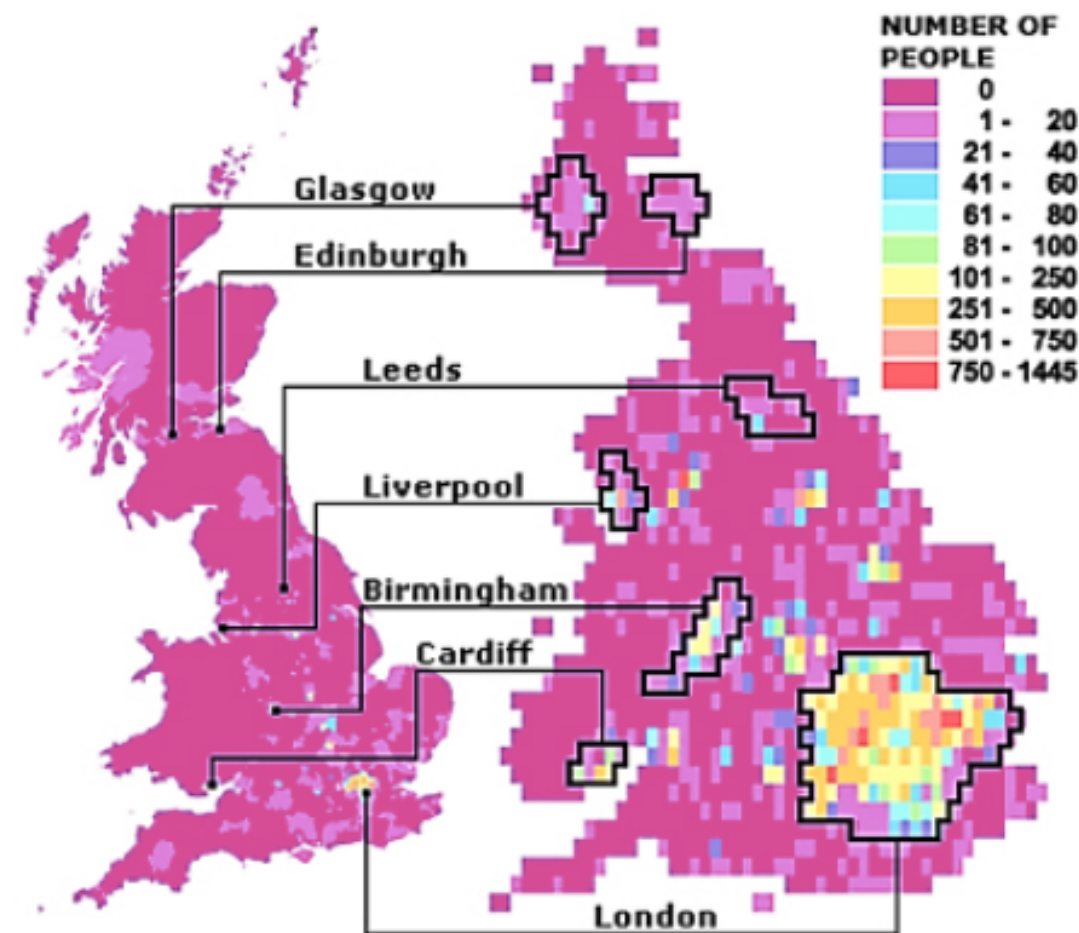
THERE ARE TWO EID FESTIVALS IN A YEAR



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 SOMALI COMMUNITY

Data to in the 2001 Census illustrates the distribution of the Somali population living in the UK. When looking at Birmingham data only, the highest distribution of the Somali population is in the following wards: Nechells (1,559), Aston (895) and Bordesley Green (918).



Source: BBC Born Abroad: Somalia (2001 Census). The map shows if areas with roughly equal population were the same size

## GETTING THE BEST START IN LIFE

**3,732**

CHILDREN REGISTERED AS SOMALI IN BIRMINGHAM

**3.1%**

OF STILLBIRTHS IN BIRMINGHAM FROM MOTHERS FROM SOMALIA



**0-19 YEAR OLDS**

**63%**

OF SOMALI POPULATION IN BIRMINGHAM

**29%**

OF GENERAL POPULATION BIRMINGHAM

**8 OUT OF 10**

MORE THAN SOMALI PUPILS LIVE IN A POOR HOUSEHOLD



**82%**

of Somali students are eligible for free school meals



## CHILDHOOD OBESITY

RESEARCH HAS FOUND SOMALI PARENTS CHOOSE A LARGER PORTION OF FOOD FOR A 10-YEAR-OLD CHILD AS HEALTHY

in comparison to parents from other ethnic groups



## VACCINATION UPTAKE

Somali children were less likely to have received three doses of DTaP/IPV/Hib by six months of age (-11%); compared with White-British children, Somali children were less likely to return for preschool booster, with a drop-out rate at least 7% higher



## MENTAL HEALTH AND WELLNESS

**58%**

of Somali respondents to a UK-based survey felt the need for mental health support, but only

**14%** USED MENTAL HEALTH SUPPORT SERVICES



## BARRIERS TO MENTAL HEALTH SERVICES



UNAWARE OF SERVICES AVAILABLE



LACK OF UNDERSTANDING OF THE COMMUNITY



PREFERENCE FOR FRIEND AND FAMILY SUPPORT

## ALCOHOL

Research has found that the Muslim faith is likely a protective factor against drug and alcohol use within the Somali community



**77%**

of Somali men and women of all ages found to have high levels of regular khat use. Khat use is a major concern within the community

## HIGHER SMOKING RATES THAN THE GENERAL UK POPULATION

and higher still among men over 40 years old and those that regularly use khat



## HEALTHY AND AFFORDABLE FOOD

### DIET



Typical Somali diet is rice, pasta, and red meat, with meat viewed as an important part of the diet

## OBESITY PREVALENCE

**BMI**

**24 29**



A US-based study found the mean BMI was 24 in Somali men and 29 in Somali women; 61% of the participants were overweight or obese, and 27% were obese

**BMI > 35**

**WOMEN AGED 40-65**



Research has found most morbidly obese (BMI > 35) women were aged 40-65 years

**97%**

Somali respondents consumed less than 2 pieces of fruit per day



**92%** consumed less than 2 portions of vegetables per day

Studies suggest that the Somali community had a limited understanding of health eating. Somali people expressed greater freedom to eat as they please in Somalia without the risk of unhealthy weight gain

## ACTIVE AT EVERY AGE & ABILITY

## PHYSICAL ACTIVITY

AT LEAST 150 MINS / WEEK

Overall levels of physical activity in the Somali community are low. Somali women felt their physical activities have reduced and that they were



**MORE PHYSICALLY ACTIVE BEFORE IMMIGRATION**

## BARRIERS TO PHYSICAL ACTIVITY



LIMITED CLOTHING CHOICES



FINANCIAL CONSTRAINTS



LIMITED WOMEN ONLY FACILITIES

Research has found a correlation between higher levels of physical activity with years since immigration and education level



## WORKING AND LEARNING WELL

### ACADEMIC ATTAINMENT

Attainment of 5+ GCSEs grade A\*-C including English and Maths of Somali community in Birmingham (2013)



City Average 60%

Somali Girls 60%

Somali Boys 55%



Girls out-performed boys for all ethnic groups

### ECONOMIC INACTIVITY

ONS data shows high levels of economic inactivity amongst the Somali community

31%  84% 



### OVERCROWDING

Overcrowding is a major issue in the community; average Somali household has four members, though many have six or more people living in them

1 in 10  
IN FULL-TIME WORK



One of the lowest employment rates in the country

## PROTECT AND DETECT

### CANCER SCREENING

The limited data and information on the take up of breast and cervical cancer screening by Somali women shows that screening is infrequent for both types of cancers



### BARRIERS TO SCREENING



Hesitancy to use male practitioner



Perceived low susceptibility to HPV and cancer



Embarrassment of FGM



Distrust of health care system

### SEXUAL HEALTH

A Birmingham-based study found limited knowledge within the community of sexual health services; barriers in accessing services included

SHAME, STIGMA AND TABOO, LANGUAGE BARRIERS AND ABSENCE OF CULTURALLY AWARE AND SENSITIVE HEALTHCARE PROFESSIONALS

One of the highest rates of TB in the UK are found among people of Somali ethnicity. People born in Somalia account for



3%

OF THE UK'S TB CASES, WITH A MEDIAN TIME OF 10 YEARS FROM ENTRY TO NOTIFICATION SINCE ARRIVAL TO THE UK

## AGEING AND DYING WELL

12.1% HIGHER PREVALENCE OF DIABETES AMONGST SOMALI POPULATION IN THE U.S COMPARED WITH THE GENERAL POPULATION 5.3%

### CARDIOVASCULAR DISEASE

Research from Finland has found Somali men were less likely to have more than one cardiovascular risk factor compared with men from the general Finnish population. Conversely, Somali women were more likely to have two or more cardiovascular risk factors



### DEMENTIA



The risk of dementia increases with age, particularly after the age of 65; Birmingham's over 65 Somalis account for only 1.5% OF THE COMMUNITY'S POPULATION INDICATING PREVALENCE OF DEMENTIA WILL LIKELY BE LOW

### CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

There is an absence of statistics on the prevalence of COPD within the Somali community in the UK

40% OF KHAT CHEWERS HAD RESTRICTIVE PATTERNS OF LUNG DISEASES

Research on chronic consumption of khat in Ethiopia reveals its impact on lung function, which may be applicable to the Somali community

### END OF LIFE

U.S. study found it is likely Somali children prefer to look after their elderly; in Somalia parents raise children and children care for parents in their old age. Study suggests treatment plan should allow for Somali children to care for terminally ill and elderly instead of prolonged hospitalisations or placement in nursing or hospice facility



## CLOSING THE GAPS

DEPRIVATION Overall the Somali community across the UK experience high levels of poverty, with most living in overcrowded housing, high proportions of economical inactivity, experiencing high levels of unemployment, along with many managing health issues like PTSD

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