



LATIN AMERICAN

COMMUNITY HEALTH PROFILE

2023



A BOLDER HEALTHIER BIRMINGHAM
OFFICIAL

Contents

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Abbreviations

| | | | |
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| ASH | Action on Smoking and Health | HIV | Human Immunodeficiency Virus |
| BA | Bachelor of the Arts | HNC | Higher National Certificate |
| BMI | Body Mass Index | HND | Higher National Diploma |
| BP | Blood Pressure | HPV | Human Papillomavirus |
| BSc | Bachelor of Science | HTLV-1 | Human T-cell Lymphotropic Virus Type 1 |
| BTEC | Business and Technology Education Council | IMD | Index of Multiple Deprivation |
| CCG | Clinical Commissioning Group | IoD | Indices of Deprivation |
| CDC | Centers for Disease Control and Prevention | IRMO | Indoamerican Refugee Migrant Organisation |
| COPD | Chronic Obstructive Pulmonary Disease | LGBTQ+ | Lesbian, gay, bisexual, trans, queer and other identities relating to sexual orientation and gender identity |
| COVID-19 | Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) | MA | Master of Arts |
| CRC | Colorectal Cancer | MBRRACE-UK | Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK |
| CVD | Cardiovascular Disease | MSOA | Middle Super Output Area |
| ETS | Enhanced Tuberculosis Surveillance | NCD | Non-communicable Disease |
| EU | European Union | NEET | Not in Employment, Education or Training |
| GCSE | General Certificate of Secondary Education | NHS | National Health Service |
| GNVQ | General National Vocational Qualification | NICE | National Institute for Health and Care Excellence |
| HBV | Hepatitis B | NVQ | National Vocational Qualification |
| HESA | Higher Education Statistics Agency | OECD | Organisation for Economic Co-operation and Development |

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| OHID | Office for Health Improvement and Disparities |
| OLA | Onward Latin American |
| ONC | Ordinary National Certificate |
| OND | Ordinary National Diploma |
| ONS | Office for National Statistics |
| PGCE | Postgraduate Certificate in Education |
| PhD | Doctor of Philosophy |
| PHE | Public Health England |
| STI | Sexually Transmitted Infection |
| TB | Tuberculosis |
| TFR | Total Fertility Rate |
| UHI | Urban Health Island |
| UKHSA | UK Health Security Agency |
| UN | United Nations |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organisation |
| YLL | Years of Life Lost |

Community Evidence Summaries

As part of Birmingham City Council (BCC), Public Health Division's work to understanding the diverse communities of Birmingham, we have developed a series of evidence summaries called the Community Health Profiles. These will help raise awareness of unique community-specific health needs and enable health services to be more relevant and effective to the requirements of each community group.

There are common objectives for each of the evidence summaries, which are:

- To identify and summarise the physical health, mental health, lifestyle behaviour, and wider determinants of health-related issues affecting the specific community nationally and locally.
- To identify and summarise gaps in knowledge regarding the physical health, mental health, lifestyle, behavioural and wider determinants of health-related issues that may be affecting the specific community both nationally and locally.
- To collate and present this information under the ten key priority areas identified in the Health and Wellbeing Strategy for Birmingham 2022 to 2030.
- To engage with the local communities on the evidence found and any gaps.

- To promote the use of these summaries for Local Authority and wider system use for community and service development.
- To empower communities, by providing them with a summary of health inequalities, which can be used to advocate for change across local systems to improve outcomes.

Executive Summary

The Latin American Community Health Profile identifies and summarises the national and local evidence concerning the health, lifestyle behaviours and wider determinants of health that affect the Latin American community. Although the focus of this report was health inequalities among Latin American communities in Birmingham, the scarcity of available information on health and wellbeing has resulted in data being used from across the UK and internationally where available.

This report covers health topics throughout the life course from maternity to ageing and dying well and includes chronic health conditions such as diabetes and cardiovascular disease. The report also covers protect and detect topics such as screening and vaccinations, as well as other themes such as knowledge and understanding of health issues affecting Latin American communities.

Much of the data for examining health outcomes in this profile has been taken from open-source research and health records. It is worth noting that the sample sizes, coverage, and quality for some studies are imperfect. The picture is complex not only between different community groups but also across different conditions. Understanding and knowledge is also limited by a lack of good quality data. This health profile aims to highlight the available data and the current gaps in our knowledge and understanding.

Defining the Latin American Community

Latin America is considered to be all the countries in South America, Central America, and a selection in the Caribbean (whose inhabitants speak a Roman language), as well as Mexico (usually classified under “other North America”). This Latin American Community Health Profile report will focus on the specific following countries:

- **North America:** Mexico
- **Central America:** Guatemala, Honduras, El Salvador, Nicaragua, Costa Rica and Panama
- **South America:** Colombia, Venezuela, Ecuador, Peru, Bolivia, Brazil, Paraguay, Chile, Argentina and Uruguay
- **Caribbean:** Cuba, Haiti, the Dominican Republic and Puerto Rico.

Latin American Communities in the UK

In 2021, there were 278,096 people born in a Latin American country living in England and Wales (Office for National Statistics (ONS), 2023). The largest migrant group from Latin America was attributed to people born in Brazil (n=111,478). Between 2010 and 2021 there have also been some notable increases in population from other Latin American countries, including migrants from the Dominican Republic, which have increased by 525%, followed by Venezuela (138%) and Ecuador (127%).

At a regional level, the West Midlands has also seen a large increase in its Latin American population, growing from 4,591 in 2010 to 10,293 in 2021 (124% increase). Similar to at national level, migrants from Brazil make up the largest Latin American population in the West Midlands (n=3,859) (ONS, 2023). In 2021, there were 3,268 Latin American-born residents living in Birmingham. The largest proportion of this population are from

Brazil (n=1,090), making up 33% of the Latin American population in Birmingham.

Within Birmingham, the South American-born population has the largest populations in Edgbaston North (n=133), Digbeth (n=84) and Ladywood – Summer Hill (n=81). While the Central American-born population has the largest populations in Winson Green & Gib Heath (n=19), Longbridge North (n=14), and Moseley Village (n=13) (ONS, 2023).

The key health inequalities identified within this Latin American Community Health Profile are:

Getting the Best Start in Life

- There is limited data on infant mortality among Latin Americans in the UK. The US Department of Health and Human Services Office of Minority Health (2020) has found among Latin Americans the infant mortality rate ranges from 3.8 per 1,000 live births for Cuban Americans to 5.6 per 1,000 live births for Puerto Ricans.
- There is limited data on childhood obesity among Latin American children in the UK. Mexican (OR 1.55, 95% CI 1.20 to 2.01) and Other Hispanic (OR 1.47, 95% CI 1.02 to 2.13) children in the US were approximately 50% more likely to be obese compared with White children. This was not the case after controlling for sociodemographic factors (Zilanawala et al., 2015).

Mental Wellness and Balance

- A study conducted in partnership with Community Southwark collected the views of 37 Latin American women residing in Southwark and found that 72% of the women surveyed did not know how to access mental health services locally (Montanez, 2020).
- There is limited data on smoking rates among Latin Americans in the UK. Smoking rates in 2016 were particularly high in Cuba, where 53% of all men smoke. 10 out of 14 Latin American countries included in OECD data (2023) had higher smoking rates than the UK average (13%).
- According to UK-based research studying Latin Americans in London (n=400) found almost 70% of Latin Americans perceived discrimination to be a problem, especially workplace abuse and exploitation (Mcilwaine and Bunge, 2016)

Healthy and Affordable Food

- There is limited data on the dietary habits of Latin Americans in the UK. Latin American countries have poor nutritional intake of many food items. Dietary intakes of fruit (55%), vegetable (40%), legumes (48%), nuts (24%), and wholegrains (13%) were below target intakes in 2022 (Global Nutrition Report, 2023)
- UK-based research from 2021 on the Latin American diaspora (n=170) found that during the pandemic 31% of respondents struggled to pay for food due to loss of work, resulting in reliance on food banks (Zarzosa, 2021).

Active at Every Age and Ability

- There is limited data on physical activity among Latin Americans in the UK. In Latin America, 43% of the population older than 15 years were inactive in 2012. Inactivity in Latin America is defined as fewer than 30-minutes of moderate intensity physical activity on at least five days every week (Galaviz et al., 2014).
- Prevalence of physical inactivity ranged from 16% in Guatemala to 68% in Argentina. By comparison, 22% of people in the UK were physically inactive in 2021 to 2022 (Galaviz et al., 2014; OHID, 2023d).

Living, Working and Learning Well

- There were higher percentages of South American born (19%) and Central American (10%) born people living in overcrowded houses compared with the England and Wales average (6.5%) (ONS, 2023).
- In Latin America and the Caribbean, 31% of all deaths are attributable to CVD. By comparison, around 25% of all deaths in the UK are caused by heart and circulatory disease (Pan American Health Organisation, 2009 and British Heart Foundation, 2023).
- There is limited information on COPD among Latin Americans in the UK. Age standardised mortality rate from COPD from 2001 to 2010 was higher in Colombia (345 per million), Brazil (274 per million) and Mexico (243 per million) than the UK (211 per million) (British Lung Foundation, nd.)

Protect and Detect

- There is limited information on STIs among Latin Americans in the UK. US data shows that in 2018, the rates of reported chlamydia and gonorrhoea cases among Latinos were 392.6 and 115.9 per 100,000 population respectively; 1.9 and 1.6 times the rate among the White (non-Latino) population (CDC, 2020).
- Since 2005, there has been a notable increase in the number of South Americans diagnosed with HIV in the UK, from 59 in 2005 to 136 in 2009, a 230% increase (Granada and Paccoud, 2014).
- Though exact numbers of TB cases within the Latin American community in the UK are not known, a PHE report from 2013 found the proportion of TB cases resistant to isoniazid was particularly high among individuals born in South and Central America and the Caribbean (10%) (PHE, 2013)
- A London based report in 2014 found that 4 in 10 Latin American women were not registered with a dentist (HealthWatch Southwark, 2014).

Ageing and Dying Well

- While there is no UK-based research on dementia within the Latin American community, US-based research has found approximately 13% of Latin Americans who are 65 or older have Alzheimer's or another dementia (Alzheimer's Association, nd.).
- The Latin American community was found to be 1.5 times more likely than White people to have dementia in the US, though the reason for this is not clear and more research is needed to understand the cause (Alzheimer's Association, nd.).

Contributing to a Green and Sustainable Future

- Approximately 25% of the Central American-born and 17% of the South American born communities live in Birmingham reside in the top 10 most polluted MSOAs (MHCLG, 2019 and ONS, 2023).
- It can be estimated that there are high populations of the Latin American community in the 'very high' risk areas (within the Centre to Central-West of the city). Therefore, the Latin American population in Birmingham is likely vulnerable to the UHI effect (Tomlinson *et al.*, 2013).

Methodology

An exploratory search was undertaken by Hawkmoth Consulting using a range of databases such as National Data Sources, NOMIS (ONS), and PubMed to identify information on the Latin American community in the UK. Keyword search terms and subject headings relevant to the themes were identified. All references used within this profile are outlined in the References section.

As an initial exploratory search, the following avenues were examined:

a. National data sources

Census Data:

Data has been extracted by nationality and country of birth from the ONS for the [2021 census](#); data from the 2011 census has only been used as a comparison and/or where 2021 data were not available. Any conclusions based on historical data or information should be considered with caution.

Government and Health System Data Sources:

Data has been extracted where relevant data for the Latin American community living in Birmingham and the UK was available.

National voluntary and community sector reports:

These have been identified through Google Scholar and national websites, specifically where relevant Latin American community level data was available.

b. Academic Database Search

In addition, a [PubMed](#) search was performed. All searches contained the keywords “Latin American”, specific country names as well as words that were specific to the topic theme. Examples of this are included in the Search Strategy ([Appendix 1](#)).

c. Grey Literature

Where information sources had not been identified through a or b, further searching through Google and Google Scholar using topic specific search terms were carried out. Resources that were relevant to the UK were included, i.e., data and information stemming from local or national-level reports and/or surveys.

d. Data consolidation and analysis

Findings from international and national systematic reviews and large-scale epidemiological and qualitative research studies were also considered for inclusion. International research findings were included if they were deemed to be comparable or relevant to the national population.

In addition, some “snowballing”, a technique where additional relevant research is identified from the reference list and citations of the initial search or published article was also applied. Additional papers were

identified from reference lists using this approach, where these additional resources enhanced the knowledge base. Generally, searches were limited to literature from the last 20 years; information from a further 5 to 10 years prior was included if the results were too limited.

Results retrieved from the initial searches were reviewed by the author against the search strategy (**Appendix 1**). The team used a 'concept table' to frame the theme and identify keywords for searches. The articles utilised in this document were then analysed, identified, and cross referenced with other themes throughout the profile. All resources utilised have also been reviewed against the inclusion and exclusion criteria (**Appendix 2**).

e. Caveats and Limitations

The Latin American Community Health Profile is limited by the data sources available. In some instances, the way that the Latin American community has been defined is inconsistent. In the absence of local and national data, the Community Health Profile draws on research from other comparable countries which have a Latin American community with similar demographics to the diaspora in the UK. Findings from these countries should be taken with caution as factors such as healthcare accessibility will likely influence the health of the Latin American community.

When using the 2021 Census, the country of birth has been selected to identify the Latin American community. Where possible, country of birth data has used the expanded 2021 Census 190 county dataset, but for some variables this is not currently available. In these instances, 60 category datasets are used, capturing South American and Central American-born citizens. Other North American and Other Caribbean communities have not been selected in the 60 category datasets as it would likely include a

disproportionately high number of people who are not part of the Latin American community. The countries included in the 190 category selection were:

- South American: Argentina, Bolivia, Brazil, Colombia, Ecuador, Peru, Uruguay, Venezuela, Other South American
- Central American: Cuba, the Dominican Republic, Other Central American
- Other Caribbean (in 190 category datasets, but not in 60 category datasets)
- North America: Mexico

This approach is more likely to capture more data than using data by national identity and captures the variety of different cultures and ethnic groups that migrate from Latin America. It will not include second and third-generation migrants, however, it is expected that these populations would be more immersed into British culture and would therefore not have atypical "Latin American health inequalities."

Please note, alternative terminology has been used to capture data and research on the Latin American community. This includes the terms Hispanic and Latino (or 'Latina' for a woman; sometimes written as 'Latinx' to be gender-neutral). Hispanic refers to a person with ancestry from a country where the primary language is Spanish. Latino and its variations refer to a person with origins from anywhere in Latin America (Mexico, South and Central America) and the Caribbean (Britannica, 2023a). This report uses data and research that utilise all these terms, with caveats highlighted where relevant.

In section 2.5.3 and 2.8, in the absence of much data on deprivation and green and sustainable futures respectively, ward-level deprivation and environmental data have been used to make assumptions about the experiences of people living in that area; this information should be interpreted with caution.

Additionally, methodology and terminology vary depending on which source of health data have been utilised. This inconsistency in data collection can lead to multiple different conclusions being drawn from the same data, creating consequences when interpreting data within this report for healthcare and policy decisions.

f. Statistics

This report draws on evidence from a variety of research studies with different methodologies and results. Data throughout this report have been presented to two significant figures where possible; proportions may not add up to 100% due to rounding.

Below, is a brief overview of some key statistical terms to aid in interpretation of the findings.

Odds ratio (OR): Indicates the likelihood of an outcome or event occurring in one group compared with another. An OR of greater than one means there is an increased likelihood compared with the reference group; an OR of less than one means there is a decreased likelihood. An adjusted OR (AOR) may be used when the OR had been adjusted to account for other predictor variables in a model (such as age and gender).

Risk ratio or relative risk (RR): Indicates the probability of an outcome in an exposed group to the probability of an outcome in an unexposed group. A RR of greater than one means the exposure increases the risk of an outcome.

Confidence interval (CI): Indicates the level of uncertainty around an estimate (e.g., a percentage or an OR) taken from a sample of a population. 95% CIs are calculated so that if samples were repeated taken from the same population, 95% of the time the true value would lie between the upper and lower bound of the CI. If the CIs surrounding two estimates overlap, there is no statistically significant difference between these estimates.

In this report, “n” is used to represent the numerator of a percentage (e.g., the number of people with the event of interest) and “N” is used to represent the denominator (e.g., the population from which the numerator was drawn).

A p value, or probability value, measures the probability that an observed difference could have occurred by random chance. The smaller the p value, the less likely the finding was due to chance. Often a p value threshold is set at 5%, so only p values of less than 0.05 indicate statistical significance.

1. Introduction

1.1 Defining the Latin American Population

Latin America is considered to be all the countries in South America, Central America, and a selection in the Caribbean (whose inhabitants speak a Roman language) (Britannica, 2023b), as well as Mexico (usually classified under “other North America”) (Sabatini and Wallace, 2021).

This Latin American Community Health Profile report will focus on the specific following countries:

- **North America:** Mexico
- **Central America:** Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama
- **South America:** Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela
- **Caribbean:** Cuba, the Dominican Republic, Haiti, and Puerto Rico

The Latin American countries are shown in **Figure 1**.

Figure 1: Map of Latin America



Source: Britannica (2023f)

1.2 History

The Latin American region has a rich history. The first prominent South American civilisation, the Maya, settled in villages in Central America and were practicing agriculture as early as 1500 BCE, rising to prominence around CE 250 (Britannica, 2023c). Other prominent civilisations include the Aztecs who ruled in Central Mexico, and the Incas who ruled an empire that extended along the Pacific coast and Andean highlands from the northern border of modern Ecuador to the Maule River in central Chile (Britannica, 2023d).

The Latin American people have the shared experience of conquest and colonisation (also known as *La Conquista de America* – the conquest of America) by the Spaniards and Portuguese from the late 15th through to the 18th century (Britannica, 2023e). One of the important aspects of the colonisation of Latin America is the large-scale import of enslaved people from Africa. The European countries which colonised the region sought free labour which led to the mass-migration of millions of enslaved African peoples. This mass migration altered the ethnic make-up of the region; greater detail on ethnic background of Latin American populations groups is outlined in **section 1.8.1**. Between 1808 and 1826 all of Latin America except the Spanish colonies of Cuba and Puerto Rico gained independence.

The region since the 1970s has experienced political volatility (due to weak political institutions and polarisation prompted by populist trends), increasing social tensions (due to growing food and energy insecurity), economic instability (due to persistent inflation, lower growth rates, inequality, and high levels of poverty) (Adler, Goldfain, and Ivanova, 2022). The constant presence of these factors has led to a migration crisis in the

region, with the majority migration routes leading to neighbouring Latin American countries or the US (Sabatini and Wallace, 2021). Latin Americans have also been migrating to other parts of the world, including the UK; the community is one of the UK's fastest-growing diasporas (Blair, 2022).

1.3 Culture

An understanding of Latin American culture may support in creating culturally relevant health interventions and services.

There are several prominent festivals within the community. Below is a selection of UK-based festivals.

Carnaval del Pueblo, London: The Carnaval del Pueblo is a festival which celebrates Latin American culture. It is held in Burgess Park, London, in August. The festival includes a procession of floats, costumes, musicians and dancers, making their way through London Bridge, along Borough High Street, Elephant and Castle and Walworth Road, finally arriving in Burgess Park. The carnival brings together elements from across the region, featuring Latin dance, food and music (El Carnaval del Pueblo, 2023).

Brazilica Festival, Liverpool: The Brazilica Festival is the largest celebration of Brazilian culture and is the only samba carnival in the United Kingdom. It is held annually in Liverpool since July 2008, with over 80,000 visitors. The festival consists of a week-long celebration of Brazilian culture, including music, art, food, film and dance events (Carnifest, 2023).

Carnival de Cuba, London: Held annually in June, Carnival de Cuba is one of the largest free festivals celebrating Cuban culture in the UK. With over

60,000 visitors, it has been held in London's Southwark Park and Burgess Park since 2008. The festival includes live salsa bands, food and drink, and events for children (Carnival de Cuba, 2023).

Latino Fest, Birmingham: This is a music festival with performances of Latin music. The event has no fixed annual date but can occur more than once in a year. In 2022, the Latino Fest attracted more than 600 visitors (Eventbrite, 2023).

1.4 Migration Patterns

1.4.1 Migration to the UK

Latin Americans residing in the UK often call themselves the "invisibles" as a reflection of the lack of representation they have and the fact that there is no formal ethnic minority status or category for specific Latin American countries or the Latin American region in most Census data (except in the 'country of birth' dataset of the Census) (Muir, 2012).

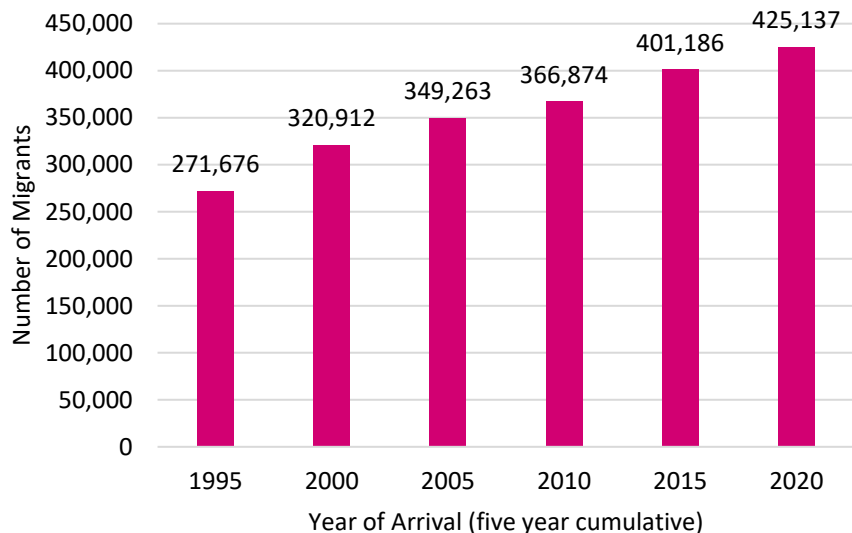
According to UK-based research by Mcilwaine and Bunge (2016), while small numbers of political refugees who had fled Chile, Uruguay and Argentina arrived post-1970, most migrants at this time were Colombians who arrived with work permits to work primarily in the hospitality and healthcare sectors in hotels, restaurants and hospitals in cleaning and catering jobs. Research has also found that in the 1980s, migration comprised mainly of Colombians and Ecuadorians, many of whom claimed asylum supplemented by family reunion.

Mcilwaine and Bunge (2016) have found during the 1990s and 2000s, Latin Americans continued to settle as students, refugees and as economic migrants, with many working in the "low-paid, low-status sectors" of the UK's labour market. By this time, other nationalities from the region joined the Colombians and Ecuadorians, mainly Peruvians and Bolivians. This was linked with economic stagnation and political instability back home, as well as travel restrictions in entering the US following September 11th 2001 attacks. The arrival of Brazilians to the UK began from 2005, as well as secondary movements from other EU countries, especially from Spain – secondary movements or migration occur when migrants first move to another country from their own, and then migrate again for permanent resettlement to another country (Radjenovic, 2017).

The United Nations' (UN) International Migrant Stock provides an estimate of the number of international migrants disaggregated by age, sex and country or area of origin based on national statistics (The UNs, 2020). These are based on population censuses, population registers and nationally representative surveys. According to the latest available data from 2020, 425,137 migrants (cumulative) have migrated from Latin America and the Caribbean to the United Kingdom (**Figure 2**)*. Over the years the number of migrants arriving to the UK has increased steadily; from 2010 to 2020 the UK saw more than a 15% increase in the number of Latin American migrants.

Figure 2: Migrants from Latin America and the Caribbean, United Kingdom, 1995 to 2020

* See **Appendix 3.1** for full data table



Source: UN (2020)

Note: this data accumulates a 5-year period, thus 1995 shows 1990 to 1995, 2000 shows 1995 to 2000, etc.

Consequently, the number of people born in Latin American countries living in the UK has grown (**Table 1**). Data from the 2011 to 2021 censuses, shows a population increase from 148,699 to 278,096 (an 87% increase). The most notable of these is migrants from the Dominican Republic, which have increased by 525%, followed by Venezuela (138%), Ecuador (127%), and Brazil (120%).

Table 1: Population resident in England and Wales, country of birth (focused on Latin American countries): England and Wales, 2011 and 2021

| Country of birth | 2011 | 2021 | Increase from 2011 to 2021 (%) |
|-----------------------|----------------|----------------|--------------------------------|
| Argentina | 9,865 | 16,412 | 66 |
| Brazil | 50,570 | 111,478 | 120 |
| Bolivia | 3,618 | 7,403 | 105 |
| Chile | 6,576 | 7,883 | 20 |
| Colombia | 25,182 | 37,833 | 50 |
| Cuba | 2,355 | 3,046 | 29 |
| Dominican Republic | 1,303 | 8,147 | 525 |
| Ecuador | 8,657 | 19,613 | 127 |
| Mexico | 9,065 | 13,176 | 45 |
| Other Caribbean | 8,301 | 8,604 | 3.7 |
| Other Central America | 4,208 | 9,202 | 119 |
| Other South America | 2,523 | 2,459 | -2.5 |
| Peru | 6,793 | 10,943 | 61 |
| Uruguay | 1,298 | 1,916 | 48 |
| Venezuela | 8,385 | 19,981 | 138 |
| Total | 148,699 | 278,096 | 87 |

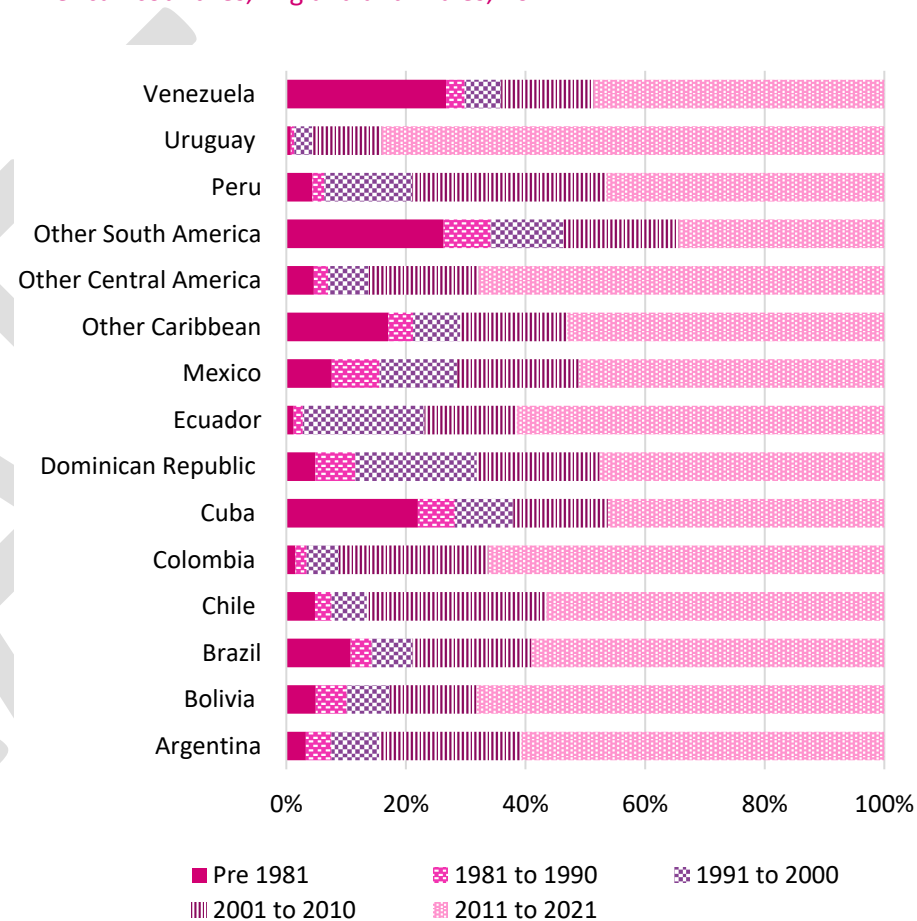
Source: ONS (2023): 2021 (190 category dataset) and 2011 Census

Note: some 'Other Caribbean' and 'Other Central America' populations may not include Latin American countries identified within this profile.

When exploring Latin American communities living in the UK, it is useful to look at the year of arrival into the country. **Figure 3** shows the timeframe that Latin American communities migrated to England and Wales from pre-

1981 to 2021 as a percentage of the total population living in England and Wales[†]. From the 2021 Census, 84% of the Uruguayan-born population have migrated from 2011 to 2021, the largest relative influx of a community in the past 10 years. On the other hand, Other South America and Peru-born citizens have not moved as frequently in the past-10 years with only 34% and 47% of these communities, respectively, living in England and Wales having moved in this time.

Figure 3: Year of arrival to England and Wales among people born in Latin American countries, England and Wales, 2021



Source: ONS (2023): 2021 Census (190 category dataset)

[†] See [Appendix 3.2](#) for full data table

Note: some 'Other Caribbean' and 'Other Central America' populations may not include Latin American countries identified within this profile.

The findings in **section 1.7.2** show that ages of Latin American-born people living in England and Wales and Birmingham are more commonly those of working ages. **Section 2.5.2.3** shows the most common occupations that Latin American-born people work in within England and Wales. This would be of significant importance to those from Latin America in light of the high poverty and unemployment levels back home where 201 million people (32% of the Latin American region's total population) live in poverty, with 82 million (13%) of them in extreme poverty in 2022 (UN, 2022).

The percentage of young Latin American people from 18 to 24 years of age that neither studies nor does paid work increased from 22% in 2019 to 29% in 2020, especially affecting young women (36% of them were in this situation, compared with 22% of men) (UN, 2022). The opportunities in the UK to both study and work would make it an appealing destination.

According to the 2021 Census, there are 278,096 Latin American-born people living in England and Wales (as shown in **Table 1**, above). **Table 2** shows the regions within England and Wales that people born in Latin American countries have moved to, shown as a percentage of the total population. London houses the highest percentage of Latin-American born people (54%), followed by the South East (14%). These concentrations of the Latin American communities are primarily linked with the migration patterns and historical settlements in London and the surrounding areas. The West Midlands holds the sixth largest percentage of the total population living in England and Wales at 3.7%.

Table 2: Percentage of total Latin American population living in regions of England and Wales, country of birth (focused on Latin American countries): England and Wales, 2021

| Region in England and Wales | Percentage of total population living in England and Wales 2021 |
|-----------------------------|---|
| London | 54 |
| South East | 14 |
| South West | 6.9 |
| East of England | 6.7 |
| North West | 6.4 |
| West Midlands | 3.7 |
| Yorkshire and The Humber | 3.0 |
| East Midlands | 2.7 |
| Wales | 1.3 |
| North East | 1.1 |

Source: ONS (2023): 2021 Census data (190 category dataset)

1.4.2 Migration to the West Midlands

The migration trends of the Latin American community to the West Midlands, as shown in Census data, seem to indicate an increase in migration to the region from 2011 to 2021 among those from South and Central America (similar to the migration patterns seen from Latin America to England and Wales, discussed earlier in **1.3.2. Migration to the UK**). According to 2021 Census data, there has been a 124% increase of Latin-American born citizens living in the West Midlands from 2011 to 2021. Most notable increases were seen in Ecuadorian (257%), Dominican Republic (230%), and Venezuelan-born (224%) citizens from 2011 to 2021.

Table 3: Population resident in the West Midlands, country of birth (focused on Latin American countries): West Midlands, 2011 and 2021

| Country of birth | 2011 | 2021 | Increase from 2011 to 2021 (%) |
|-----------------------|--------------|---------------|--------------------------------|
| Argentina | 294 | 623 | 112 |
| Brazil | 1,107 | 3,859 | 249 |
| Bolivia | 71 | 207 | 192 |
| Chile | 317 | 365 | 15 |
| Colombia | 355 | 647 | 82 |
| Cuba | 112 | 156 | 39 |
| Dominican Republic | 56 | 185 | 230 |
| Ecuador | 100 | 357 | 257 |
| Mexico | 409 | 660 | 61 |
| Other Caribbean | 949 | 1,344 | 42 |
| Other Central America | 193 | 538 | 179 |
| Other South America | 115 | 134 | 17 |
| Peru | 239 | 374 | 57 |
| Uruguay | 36 | 72 | 100 |
| Venezuela | 238 | 772 | 224 |
| Total | 4,591 | 10,293 | 124 |

Source: ONS (2023): 2021 (190 category dataset) and 2011 Census

1.4.3 Migration to Birmingham

In 2021, there were 3,268 people in Birmingham who were born in Latin American countries (**Table 4**). The largest population are people born in Brazil (1,090), followed by Other Caribbean (667) and Venezuela (218).

Other Caribbean may however include people from countries that are not defined as Latin American.

Table 4: Population resident in Birmingham, country of birth (focused on Latin American countries): Birmingham, 2021

| Country of birth | 2021 Population |
|-----------------------|-----------------|
| Argentina | 195 |
| Bolivia | 61 |
| Brazil | 1,090 |
| Chile | 114 |
| Colombia | 174 |
| Cuba | 52 |
| Dominica | 96 |
| Dominican Republic | 54 |
| Ecuador | 105 |
| Mexico | 159 |
| Other Caribbean | 667 |
| Other Central America | 147 |
| Other South America | 35 |
| Peru | 84 |
| Uruguay | 17 |
| Venezuela | 218 |
| Total | 3,268 |

Source: ONS (2023): 2011 and 2021 Census (60 category dataset)

At time of writing, Latin American communities cannot be explored at middle-layer super output area (MSOA) level by the 190-category country of birth dataset. **Table 5** and **Table 6** show the top 10 most populated

MSOAs for both South American and Central American-born populations in Birmingham from the Census 2021.

A large proportion of the South American born population live in Edgbaston North (133 people), followed by Digbeth (84), Ladywood (81), and Attwood Green & Park Central (79). Typically, South American born people tend to live in Central, Central-West, and West MSOAs of Birmingham. Conversely, the most Central American born populations are in Winson Green & Gib Heath (19), Longbridge North (14), Moseley Village (13), Selly Oak (12), and Quinton Ridgacre (12). Central American populations tend to live in more southerly parts of the city, compared with South American born people. It is important to note that while these figures can help to map where the populations are currently residing in Birmingham, as there are small sample sizes within these MSOAs, an influx of different communities to different regions within Birmingham would quickly change interpretations.

Table 5: Top 10 MSOAs of South American-born resident population: Birmingham, 2021

| MSOA in Birmingham | South American-born population |
|----------------------------------|--------------------------------|
| Edgbaston North | 133 |
| Digbeth | 84 |
| Ladywood - Summer Hill | 81 |
| Attwood Green & Park Central | 79 |
| Rotton Park | 75 |
| Central | 67 |
| Five Ways North | 57 |
| Edgbaston South & University | 54 |
| Moseley Village | 48 |
| North Central & Dartmouth Circus | 44 |

Source: ONS (2023): 2021 Census (60 category dataset)

Table 6: Top 10 MSOAs of Central American-born resident population: Birmingham, 2021

| MSOA in Birmingham | Central American-born population |
|------------------------------|----------------------------------|
| Winson Green & Gib Heath | 19 |
| Longbridge North | 14 |
| Moseley Village | 13 |
| Selly Oak | 12 |
| Quinton Ridgacre | 12 |
| Edgbaston North | 9 |
| Attwood Green & Park Central | 9 |
| Central | 9 |
| Edgbaston South & University | 9 |
| Northfield Victoria Common | 9 |

Source: ONS (2023): 2021 Census (60 category dataset)

1.5 Language

The vast majority of the Latin American countries speak Romance languages. The most widely spoken Romance languages are Spanish and Portuguese, with the former being the predominant language in majority Latin American countries, and the latter spoken primarily in Brazil (Britannica, 2023h).

Analysing 2021 Census data for people born in Latin American countries finds that the most common first or preferred languages are Spanish (38%), English (30%), and Portuguese (29%).

Any other European languages made up the highest percentage of other languages (1.2%). All data can be seen in **Table 7**.

Table 7: Most common first or preferred language among Latin-American born resident population: England and Wales, 2021

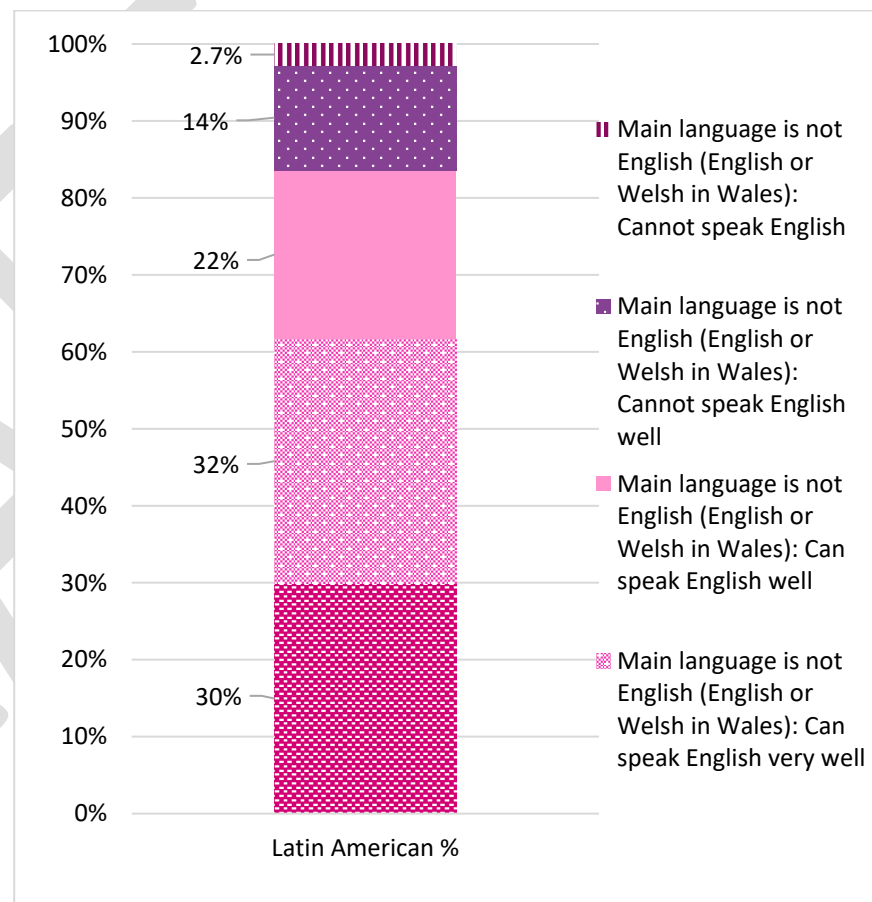
| Language | Latin America-born population (%) |
|--|-----------------------------------|
| Spanish | 38 |
| English (English or Welsh if in Wales) | 30 |
| Portuguese | 29 |
| Other European language (EU): Any other European languages | 1.2 |
| Does not apply | 0.35 |
| French | 0.23 |
| Other European language (EU): Polish | 0.14 |
| Any other languages (including sign and supported languages) | 0.10 |
| Arabic | 0.09 |
| East Asian language: Any other East Asian languages | 0.08 |
| Turkish | 0.07 |
| East Asian language: Mandarin, Cantonese and other Chinese languages | 0.07 |
| African languages | 0.07 |
| West or Central Asian languages | 0.06 |

Source: ONS (2023): 2021 Census (190 category dataset)

The 2021 Census also does allow insight on English proficiency for all Latin American-born populations. English proficiency amongst these communities is largely well with 30% having English as a main language, 32% being able to speak English very well, and 22% being able to speak

English well (Figure 4)[†]. 14% cannot speak English well and 2.7% cannot speak English. It can be assumed that of the people that cannot speak English well or cannot speak English, targeting messaging in Spanish or Portuguese would be useful due to the high percentage of the community whose first or preferred language is Spanish or Portuguese.

Figure 4: English proficiency in Latin American-born populations: England and Wales, 2021



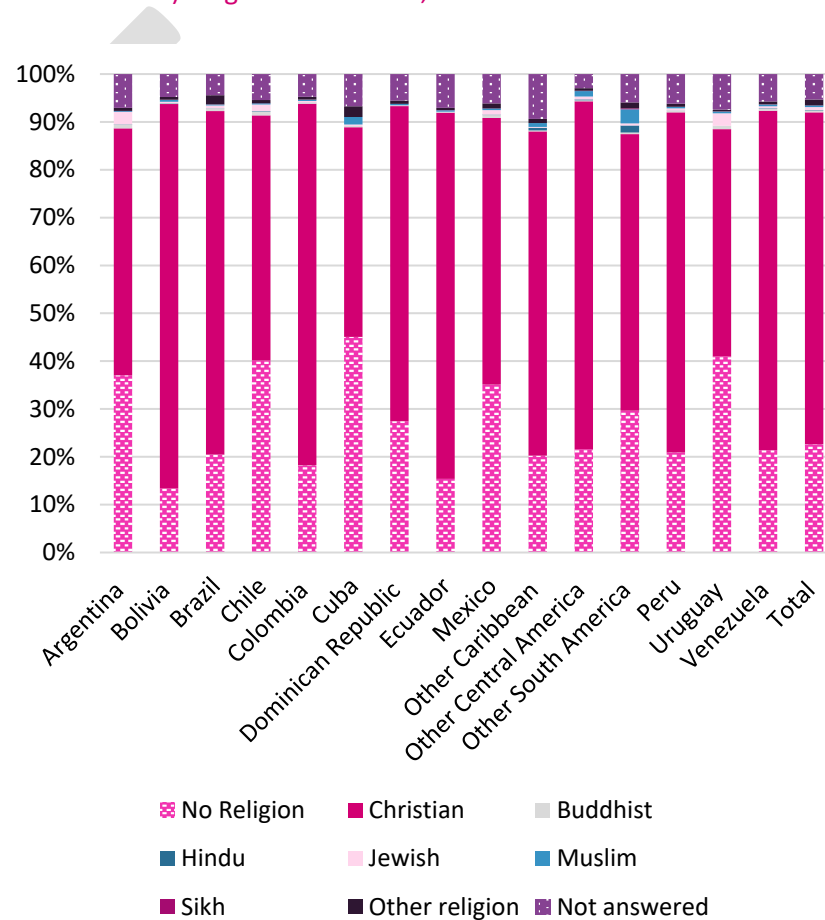
[†] See Appendix 3.3 for full data table

Source: 2021 Census (190 category dataset)

1.6 Religion

According to the 2021 Census, the majority of people born in Latin American countries identify as being Christian (64%) (Figure 5)[§]. All percentages written in the figure identify the percentage of the community that identified as Christian. The countries with the highest percentages of Christians are Bolivia (80%), Ecuador (77%), and Colombia (76%). The lowest percentages are Cuba (44%), Uruguay (48%), and Chile (51%). There are other notable religious or faith communities in people born in Latin American countries, including Jewish people in Argentina (2.6%), Muslims in Other South America (3.0%), and Other Religion in Cuba (2.2%). 21% of the sample identified as having no religion.

Figure 5: Religion or faith by country of birth (focused on Latin American-born residents): England and Wales, 2021



[§] See Appendix 3.4 for full data table

Source: 2021 Census (190 category dataset)

Data on religion or faith within country of birth is not currently available for the West Midlands or Birmingham.

1.7 Demographics

1.7.1 Ethnicity

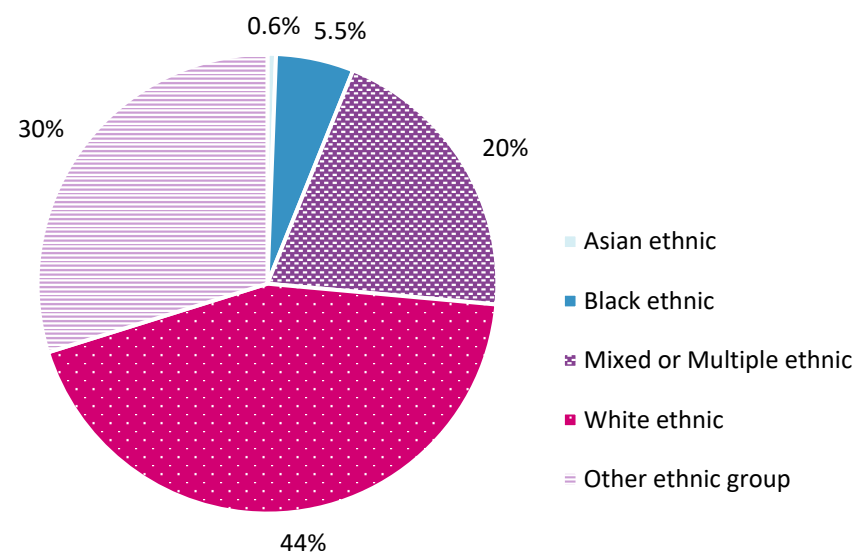
Historically, Latin Americans fluidly define the concept of race. This is due to the frequent cultural “mixing” of three races (*mestizaje* or *mesticagem*, “mixture” in Spanish and Portuguese, respectively) which are:

1. Black ethnic group: Enslaved African people brought to the region and their descendants
2. White ethnic group: European colonists who conquered and settled in the region and their descendants
3. Indian ethnic group: the Indigenous population that inhabited the region before the European conquest (Britannica, 2023i).

Data in the 2021 Census shows that in England and Wales the average of all people born in Latin American countries is shown to be most commonly in the White ethnic category (44%), which includes White English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller, Roma, and Other White (Figure 6)**. The next largest ethnic Latin American community is the Other ethnic group (30%) which includes Arabs and any Other ethnic group. 20% of the Latin-American born population identify as Mixed or Multiple ethnic, including White and Asian, White and Black

African, White and Black Caribbean, and Other Mixed or Multiple ethnic groups. 5.5% of the population identified as Black, Black British, Black Welsh, Caribbean or African (African, Caribbean, or Other Black), with the remaining 0.6% being within the Asian, Asian British or Asian Welsh category (Bangladeshi, Chinese, Indian, and Pakistani).

Figure 6: Ethnicity (pooled) of Latin-American born populations: England and Wales, 2021

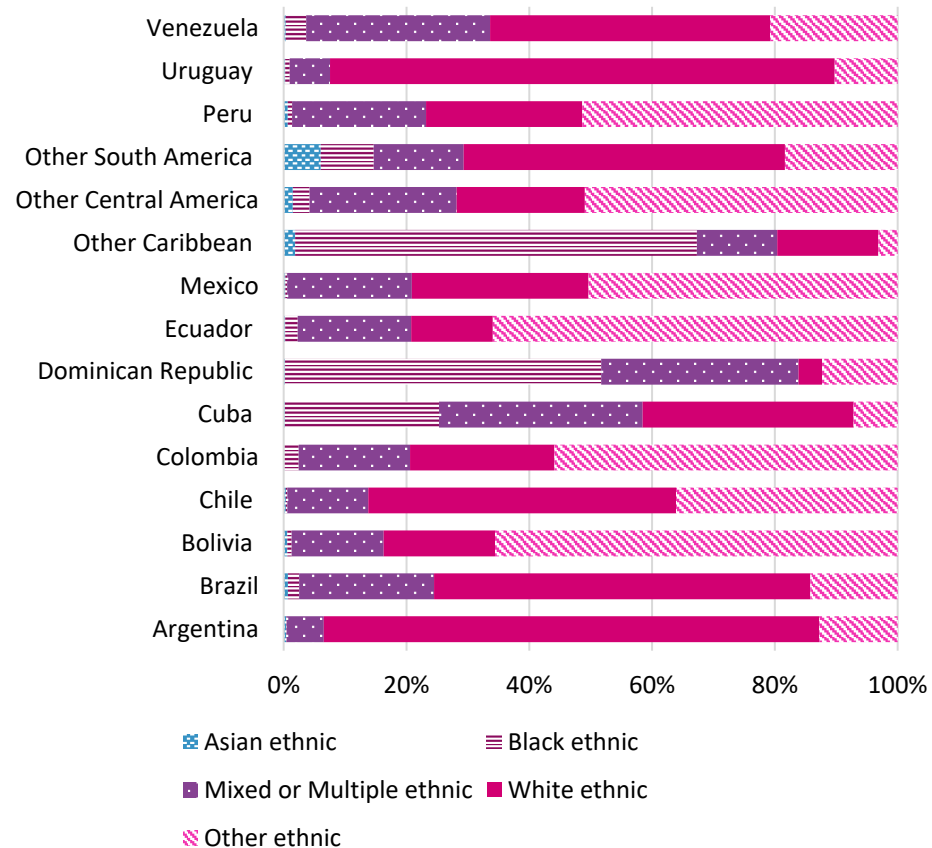


Source: ONS (2023): 2021 Census (190 category dataset)

** See Appendix 3.5 for full data table

Although the most common ethnicity of all Latin-American born populations is White at 44%, there are large variations of ethnicity between Latin American countries, as depicted in **Figure 7**^{††}. For example, in the 2021 Census, 81% of the Argentinian-born population living in England and Wales identified in the White ethnic groups, while only 3.8% of people born in the Dominican Republic identified as being White. Black-ethnic populations were highest in the Dominican Republic and Other Caribbean-born populations (comprising 52% and 61% of their total population). Venezuela (30%), the Dominican Republic (32%), and Cuba (33%), had a high percentage of people reporting mixed ethnicity, whereas Other South America had a relatively high Asian community (6.0%). There were high percentages of Other ethnic groups in many Latin American countries, with those most notable in Ecuadorian (66%), and Bolivian-born citizens (66%). The high percentages of Other ethnic groups may demonstrate the way that ethnicities are defined in the Census is not entirely appropriate to Latin American communities. 2021 Census may wish to consider having an extra ethnic group that is suitable to the Latin American community so that a greater understanding of their ethnicity can be gained.

Figure 7: Ethnicity (pooled) within specific Latin American-born populations: England and Wales, 2021



Source: ONS (2023: 2021 Census (190 category dataset))

^{††} See **Appendix 3.6** for full data table

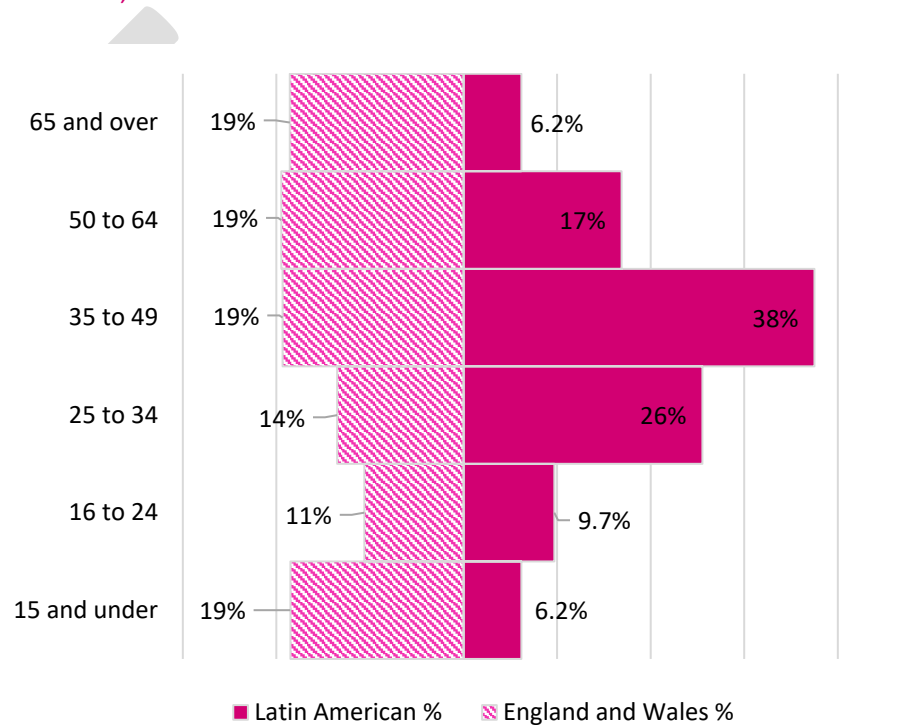
Figures within bar are representative of White populations, the largest ethnic group of all Latin American-born citizens in England and Wales.

1.7.2 Age Profile

1.7.2.1 England and Wales

The age of the Latin American-born community living in England and Wales is displayed in **Figure 8**^{##}. Compared with England and Wales averages, there are less people aged 15 and under (6.2% versus 19%). The Latin American-born population had a much larger proportion of its population in age groups 25 to 34 (26% versus 14%) and 35 to 49 (38% versus 19%). England and Wales has a much larger population in the 65 years and over category (19% compared with 6.2%).

Figure 8: Population pyramid, Latin American-born populations: England and Wales, 2021



Source: ONS (2023) Census 2021 (190 category dataset for country of birth)

1.7.2.2 Birmingham

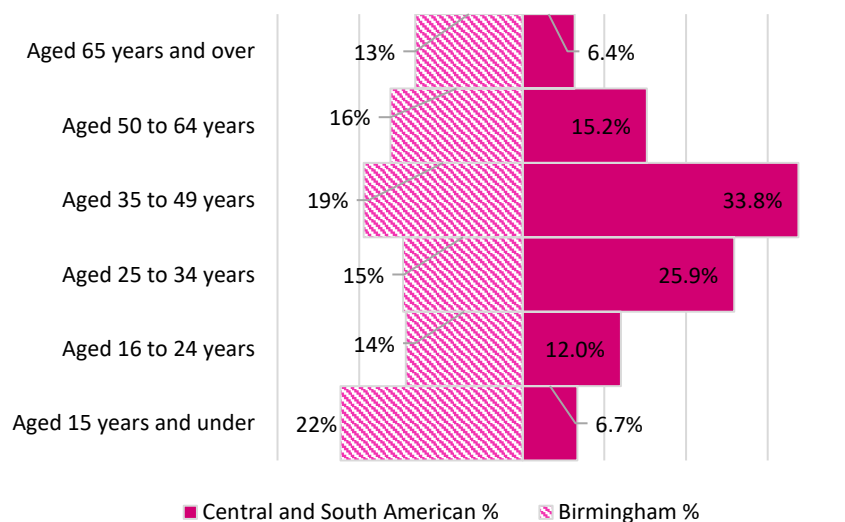
Figure 9 shows the distributions of ages between Central and South American-born people living in Birmingham and Birmingham averages^{##}. Birmingham, on average, have a younger population with 22% in the aged

^{##} See **Appendix 3.7** for full data table

^{##} See **Appendix 3.8** for full data table

15 years and under category, compared with 6.7% in Central and South American-born people in Birmingham. The largest populations of Central and South American-born people are in ages 25 to 34 (26%) and 35 to 49 (34%), which are both higher than Birmingham averages (25 to 34 = 15%, 35 to 49 = 19%). The percentage of those in the 65+ age category was higher in Birmingham averages (13%) versus Central and South American-born (6.4%).

Figure 9: Population pyramid: Central and South American-born populations, Birmingham, 2021



Note: the 190-category dataset for people born in Latin-American countries was not available for Birmingham level data. Central and South American-born people was selected, which is likely to

include populations that are classified as not being Latin American.

Source: ONS (2023) 2021 Census (22 category dataset for country of birth)

1.7.3 Sexual Orientation

There is no data on the sexual orientation of the Latin American population in the UK. However recent research by Barrientos and Bahamondes (2022) provides useful insights on LGBTQ+ tolerance and acceptance around the world, including in Latin America which may be indicative of opinions within the community to an extent. It found, compared with more high-income countries (e.g., Germany, Australia, and New Zealand), where most respondents place themselves on the upper end of the “tolerance” scale, Latin American societies seem far from a positive or affirmative sentiment towards LGBTQ+. Analysing the World Values Survey data from 2017 to 2020, the research by Barrientos and Bahamondes found the mean rate of tolerance for most countries plateaus below the midpoint of 1 (never) to 10 (always) scale (sentiments towards “homosexuality is justifiable”), and only around halfway (i.e., 5) for the most “accepting” countries: which were Argentina, Chile and Brazil.

The research by Barrientos and Bahamondes (2022) found that on the lower end, Guatemala, Nicaragua, Bolivia, Mexico, Colombia, and Peru display attitudes comparable to countries such as Ethiopia, Lebanon, and China, which are characterised by great hostility toward LGBTQ+ people. The research finds that Argentina and Puerto Rico show the most favourable attitudes towards LGBTQ+ communities in Central and South America, followed by Chile and Brazil with scores close to 5. While this finding is a useful insight into the sentiment towards LGBTQ+ communities

in Latin America, it is difficult to determine to what extent these views are mirrored by the diaspora in the UK. The views of the origin country should be understood for each Latin American person that migrates to the UK, as those who have experienced opposing views would be more likely to have suppressed their sexuality. This may have led to them to have lower awareness of health needs common in LGBTQ+ communities and lessened experience of accessing services to support these communities.

1.7.4 National Identity

The Census 2021 reveals an overall increase in the percentage of the population who specified only a “non-UK identity”, and this growth trend is also evident within the Latin American communities who identified as having a “South American only”, “Central American only” national identity. Those who identified as having a “South American only” identity increased from 69,364 (0.1%) in the 2011 Census to 89,451 (0.2%) in 2021 (Table 8), bringing the community up from the 17th to the 14th most common non-UK and/or “other only” national identity. Similarly, those who identified as only having a Central American identity increased from 7,450 in the 2011 Census to 11,412 in 2021.

Table 8: ‘South American only’ and ‘Central American only’ national identity among usual residents, number and percentage of total population: England and Wales, 2011 and 2021

| Other national Identity only | 2011 number (%) | 2021 number (%) | 2011 (rank) | 2021 (rank) |
|------------------------------|-----------------|-----------------|-------------|-------------|
| South American only | 69,364 (0.1) | 89,451 (0.2) | 17 | 14 |

| Other national Identity only | 2011 number (%) | 2021 number (%) | 2011 (rank) | 2021 (rank) |
|------------------------------|-----------------|-----------------|-------------|-------------|
| Central American only | 7,450 (0.0) | 11,412 (0.0) | 46 | 46 |

Source: ONS (2023): Census 2021 (60 category dataset) and 2011

2. Community Profile

2.1 Getting the Best Start in Life

Key Findings

- In 2011, data from the ONS showed that the TFR for UK-born mothers and mothers born in Central America or South America was the same (1.8), even though the TFR for “all non-UK born mothers” was a lot higher (2.2).
- There is limited data on maternal mortality among Latin Americans in the UK. Research from the US government on maternal health found the maternal death rate for Hispanic or Latina women was lower (13 per 100,000 live births per year) compared with White (not Hispanic or Latina) women (18 per 100,000) in 2019.
- There has been a steady increase in the number of births to both South American and Central American mothers in the UK. In 2022 4,509 (0.75% of all births) births were to South American mothers and 513 (0.08% all births) to Central American-born mothers (ONS, 2022).
- There is limited data on infant mortality among Latin Americans in the UK. The US Department of Health and Human Services Office of Minority Health has found among Latin Americans the infant mortality rate ranges from 3.8 per 1,000 live births for Cuban Americans to 5.6 per 1,000 live births for Puerto Ricans.

- There is limited data on childhood obesity among Latin American children in the UK. Mexican (OR 1.55, 95% CI 1.20 to 2.01) and Other Hispanic (OR 1.47, 95% CI 1.02 to 2.13) children in the US were approximately 50% more likely to be obese compared with White children. This was not the case after controlling for sociodemographic factors.

There is an absence of local, regional, and national data on maternal health, children and young people within the Latin American community. Key data sources that have been useful in other Community Health Profiles, such as the ONS, rarely encompasses people born in Latin American countries. Therefore, there is a lack of data for many subsections of Getting the Best Start in Life that may be included within other profiles. At times, data from the United States (US) has been used; caution must be applied for these findings due to factors such as variations in healthcare and differing characteristics between the community that has migrated to the UK or US. As OHID (2023a) suggests, it is important to make sure upon entry to the UK, Latin American communities are:

- Aware of how the NHS works
- Aware of their entitlements to healthcare and screening (including maternity care)
- Ensure that children and young people are correctly screened, and up-to-date with national immunisation schedules.

2.1.1 Fertility

Fertility among a population can be represented using the ‘Total Fertility Rate (TFR)’, which can be defined as “the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing years” (Birmingham City Council, 2021).

Fertility rates for many migrant groups in Britain have declined to around the national average, and below it in some cases, with a general decrease in TFRs noted for all women from 2004 to 2021. However, in 2021 it was reported that non-UK born women overall still had higher TFRs (2.0) than UK-born women (1.5) in England and Wales (ONS, 2022).

The ONS holds data on TFR by country of birth in 2011, but not in 2021. The TFR for UK-born mothers and mothers born in Central America or South America was the same (1.8), even though the TFR for “all non-UK born mothers” was higher (2.2). The data set did not provide TFRs for women born in specific Latin American countries. It is unclear how this may have changed from 2011 to 2021.

2.1.2 Maternal health

2.1.2.1 Maternal mortality

There is limited data and information about maternal health of the British Latin American community. However, the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) Maternal Report 2021 (Oxford Population Health, 2023) sheds some light on the linkages between deprivation and maternal mortality. The

report has found there to be statistically significant differences in the maternal mortality rates between women living in the most deprived areas and those living in the least deprived areas, with women living in the most deprived areas continuing to have the highest maternal mortality rates (Oxford Population Health, 2023). Other recent research by Limb (2021) has also similarly found, women living in the most deprived areas of the UK are almost three times more likely to die than those in the most affluent areas in pregnancy or childbirth. The locations of Latin American-born populations living in Birmingham are largely known, however it is worth noting that some people can experience deprivation in low deprived areas, while some may not experience deprivation in highly deprived areas.

The MBRRACE-UK 2021 report has also found that just under a quarter of women who died in 2017 to 2019 (23%) whose place of birth was known were born outside the UK. Women who died who were born abroad and who were not UK citizens had arrived in the UK a median of 4 years before they died (range 0 to 15 years), indicating a greater risk of maternal mortality for women who had arrived more recently. Women who died who were born abroad were mainly from Asia (39%), Africa (32%), Eastern Europe (12%), with the remainder (17%) from other parts of Europe, the Americas, Australasia and the Caribbean; the statistic of Latin American-born women is captured in the 17%. It is worth noting that some of the 95% confidence intervals (CIs) overran 1.0, so caution must be taken when concluding this finding.

In the absence of data and research on British Latin American women and their maternal health, research from the US on the Latina and Hispanic diaspora may be useful. Research from the US government on maternal health found the maternal death rate for Hispanic or Latina women was

lower (13 per 100,000 live births per year) compared with White (not Hispanic or Latina) women (18 per 100,000) in 2019 but increased considerably during the pandemic in 2020 (18 per 100,000) and 2021 (28 per 100,000) (United States Government Accountability Office, 2022).

The report cited uses “Hispanic origin,” which it clarifies refers to a person of Cuban, Dominican, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. It is important to note that White and Black ethnic people do make significant populations of Latin American communities living in Birmingham.

This US-based research shows that while during the pandemic, maternal mortalities increased sharply in the community, generally Latina and Hispanic women have lower maternal death rates than both White and Black women. It is worth treating this finding with caution given the US healthcare system is dissimilar to the UK’s, and there may potentially be different factors influencing maternal mortality within the Latin American in the US compared with the UK.

2.1.2.2 Antenatal Care

A 2017 study on maternity care for immigrant women provides useful insight into the barriers faced by minority communities (Higgingbottom *et al.*, 2017). It notes that pregnant women who are recent immigrants, refugees or asylum seekers may have complex social factors which need to be factored in when considering access to maternity care. It was found that some of these women may not fully benefit from antenatal healthcare services in the UK due to potentially limited English language abilities, lack of knowledge about the health services and/or poor communication with

staff delivering healthcare. As identified above, where English proficiency is low, Spanish or Portuguese would likely be the most useful languages to translate to.

National Institute for Health and Care Excellence (NICE) guidance suggests that healthcare staff should be given specific training to meet these women’s needs. This observation may apply to Latin American women who have recently migrated to the UK and/or have limited English language skills and knowledge about Britain's healthcare services (NICE, 2010).

2.1.3 Infant Mortality, Stillbirths and Live Births

2.1.3.1 Infant Mortality and Stillbirths

There is limited information on infant mortality and stillbirths among Latin American mothers in the UK. Infant mortality is more likely to occur in infants who had a low birth weight (a weight of $\leq 2500\text{g}$) (Public Health England (PHE), 2016). According to the Global Nutrition Report (2023), the prevalence of infants born with low birth weight in South America was 8.6% in 2015, slightly lower than Central America at 8.7%. Low birth weight is worsening or seeing no progress of 24 of the 33 countries included in this group, with 7 having no data and 2 seeing some progress. This is comparable with statistics in NHS Birmingham and Solihull Clinical Commissioning group (CCG) (8.7% in 2020) (OHID, 2023b). It is challenging to assume any conclusion from these findings, as there are many associating and determining factors within Latin America and Birmingham which may contribute to rates of low birth weight.

There may be variations of stillbirth rates between different Latin American communities, but this cannot be explored by UK datasets. In the absence

of this, it is worth noting that, according to the US Department of Health and Human Services Office of Minority Health, among Hispanic Americans the infant mortality rate ranges from 3.8 per 1,000 live births for Cuban Americans to 5.6 per 1,000 live births for Puerto Ricans (U.S. Department of Health and Human Services Office of Minority Health, 2020).

2.1.3.2 Live Births

Census 2021 data for England and Wales states that 29% of live births were to non-UK born women; in Birmingham this rises to 43% (ONS, 2022). 2021 Census data is not available for Latin American-born mothers, but ONS data from 2015 to 2022 (Table 9) indicates a steady increase in the number of births to both South American and Central American mothers in the UK. In 2022, 4,509 births were to South American mothers and 513 to Central American-born mothers, totalling 0.83% of all live birth. This is an increase from 2015 where births to Central American and South American-born mothers accounted for 0.56% of live births.

Table 9: Live births of Central and South American born mothers as a proportion of overall live births (as a %): England and Wales, 2015 to 2022

| Year | UK Total | Central America | South America |
|------|----------|-----------------|---------------|
| 2015 | 697,852 | 414 (0.05%) | 3,594 (0.51%) |
| 2016 | 696,271 | 402 (0.06%) | 3,799 (0.54%) |
| 2017 | 679,106 | 410 (0.06%) | 3,823 (0.56%) |
| 2018 | 657,076 | 42 (0.06%) | 3,813 (0.58%) |
| 2019 | 640,370 | 412 (0.06%) | 3,939 (0.61%) |
| 2020 | 613,936 | 427 (0.07%) | 4,117 (0.67%) |
| 2021 | 624,828 | 494 (0.08%) | 4,238 (0.68%) |
| 2022 | 605,479 | 513 (0.08%) | 4,509 (0.75%) |

Source: ONS (2022)

2.1.4 Demographics

According to the data from the Census 2021, there were 17,189 Latin American born people aged 15 and under living in England and Wales, making up 6.2% of the total Latin American population. This is a smaller percentage than the England and Wales average (19% of the population are aged 15 and under).

The 2021 Census only allows custom datasets to be explored at local level in the 60 category country of birth dataset. Therefore, Latin American populations are defined as Central and South American-born. When looking at those born in Central and South America living in Birmingham, Birmingham averages are even younger with 22% of the Birmingham population being aged 0 to 15 years-old compared with 6.7% of those Central and South American-born.

2.1.5 Childhood Vaccinations

There is no data or information from published research related to uptake of childhood vaccinations and screening programmes within the Latin American diaspora in the UK, nor research on children’s mental health and wellbeing of Latin American pupils.

In the absence of UK-based data on the community, research from the US government has found Hispanic children aged 19 to 35 months had comparable rates of immunisation for hepatitis, influenza, MMR and polio (**Table 10**) (Centers for Disease Control and Prevention (CDC), 2017).

Table 10: Percentage of children aged 19 to 35 months who received the universally recommended vaccination: USA, 2015

| Immunisation name | Hispanic (%) | Non-Hispanic White (%) |
|--|--------------|------------------------|
| 4 doses of diphtheria-tetanus-acellular pertussis (DTaP) | 80 | 83 |
| full series Haemophilus influenzae type b (Hib) | 81 | 81 |
| 3 doses HBV vaccine | 91 | 91 |
| 1 dose of measles-mumps-rubella (MMR) | 92 | 91 |
| 3 doses of polio | 93 | 92 |
| 1 dose varicella vaccine (chicken pox) | 92 | 90 |
| Children (Fully Immunised) | 70 | 72 |

Source: CDC (2017)

As Latin American countries will have differing immunisation schedules within their host nation, it is important for children of Latin American families to become up to date with national immunisation schedules when moving to the UK.

2.1.6 Childhood Obesity

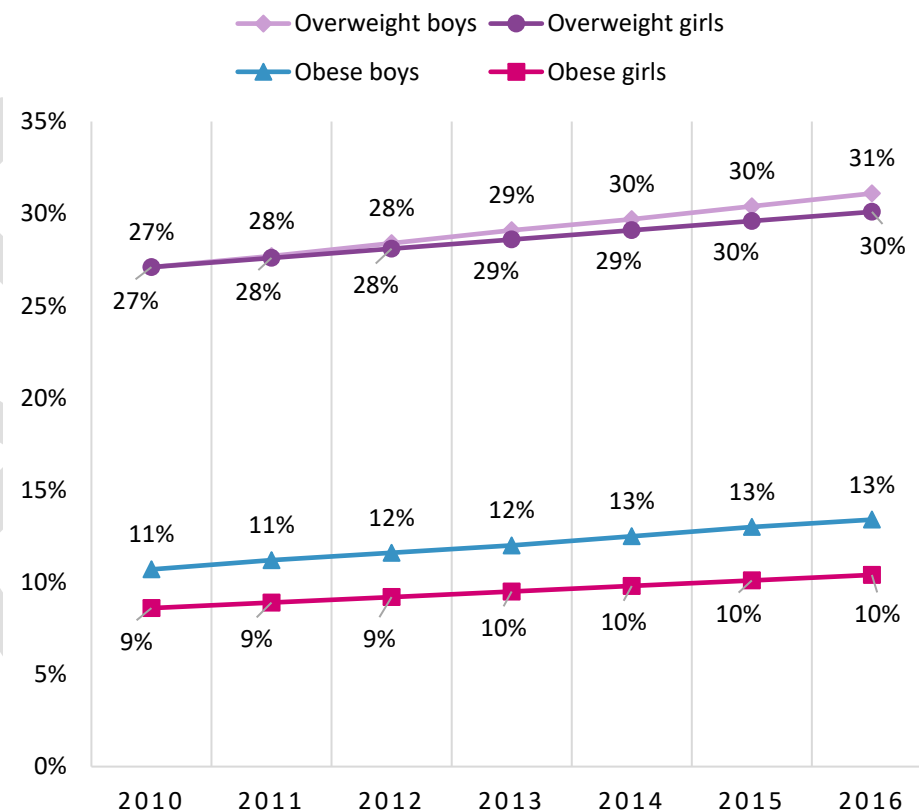
Measurements of childhood obesity are recorded at Reception (between 4 and 5 years of age) and Year 6 (between 10 and 11 years of age). There is no data on child obesity among children within the Latin American community in the UK.

The Global Nutrition Report (2023) has shown that rates of overweight and obese children and adolescents (ages 5 to 19) in Latin America and the

Caribbean have steadily increased from years 2010 to 2016, with more pronounced increments amongst boys than girls (Figure 10)^{***}. For context, 43% of children in year 6 in Birmingham were overweight or obese in the school years 2021 to 2022 (OHID, 2023c).

As the Global Nutrition Report includes Latin America and the Caribbean as one group, these statistics will include some non-Latin American children and adolescents

Figure 10: Rates of overweight and obesity amongst children and adolescents (ages 5 to 19): Latin America and Caribbean, 2010 to 2016



Source: Global Nutrition Report (2023)

^{***} See Appendix 3.9 for full data table

A systematic review by Zilanawala *et al.*, (2015) assessed obesity and overweight among minority communities in the UK and the US. Within base analysis, without control for sociodemographic factors, Mexican (OR 1.55, 95% CI 1.20 to 2.01) and Other Hispanic (OR 1.47, 95% CI 1.02 to 2.13) children in the US were approximately 50% more likely to be obese compared with White children.

After controlling for sociodemographic factors (child age, child gender, income, education, single parenthood and mother's employment), the higher odds were no longer statistically significant among Mexican (OR 1.08, 95% CI 0.76 to 1.53) or Other Hispanic (OR 1.15, 95% CI 0.76 to 1.75) children. A similar pattern was seen in models which controlled for the sociodemographic factors cited, alongside a) family routines, b) nutrition, c) mother's body mass index (BMI). This indicates that the likelihood of being overweight may be controlled by sociodemographic and other factors listed above. It would therefore be insightful to see the factors which may influence the likelihood of being overweight and obese for Latin American children living in the UK.

2.1.7 Dental Decay in Children

Prevalence of childhood dental decay is reported as "the percentage of 5-year-old children with one or more teeth with visually obvious dental decay experience". In 2019, 23% of 5-year-old children nationally were reported

to experience dental decay. This figure has stayed consistent with previous data; prevalence was 23% in 2017 (PHE, 2020a).

A HealthWatch Southwark Report (N=29) in London found that 4 in 10 Latin American women were not registered with a dentist (HealthWatch Southwark, 2014). This may result in children of Latin American mothers to also not be registered and therefore to not receive correct dental treatment when living in the UK.

While there is a lack of data on oral health among Latin American children, research by Corr (2022) from the US-based think tank Pew Research Center, has found Hispanic children were up to 3.5 times as likely to have experienced cavities across 15 US states. Five states also reported Hispanic third-graders were less likely to have untreated decay than White third-graders. The research did not indicate how Hispanic populations were defined. This may indicate poor oral health of children within the community. It would be highly valuable to assess whether British Latin American children in Birmingham also experience similar dental decay to enable dental care services to support the community in addressing this issue.

2.1.8 School Readiness, School Exclusions and Educational Attainment

There is no data on school readiness, exclusion or attainment of Latin American children in the UK.

2.2 Mental Wellness and Balance

Key Findings

- A study conducted in partnership with Community Southwark collected the views of 37 Latin American women residing in Southwark and found that 72% of the women surveyed did not know how to access mental health services locally (Montanez, 2020).
- There is limited data on alcohol consumption among Latin Americans in the UK. In 2018 to 2019, in their host country, Argentinians consumed the most alcohol (litres of pure alcohol) per person of all Latin American countries (8.0L). Guatemala had the lowest alcohol consumption in Latin America (1.6L). All Latin American countries had lower alcohol consumption than the UK average (9.8L).
- There is limited data on smoking rates among Latin Americans in the UK. Smoking rates in 2016 were particularly high in Cuba, where 53% of all men smoke. 10 out of 14 Latin American countries included in OECD data (2023) had higher smoking rates than the UK average (13%).
- According to UK-based research studying Latin Americans in London (n=400) found almost 70% of Latin Americans perceived discrimination to be a problem, especially workplace abuse and exploitation (Mcilwaine and Bunge, 2016).

2.2.1 Mental Health

Mental health is an increasingly important health concern across the country. According to MIND UK, 1 in 4 people will experience a mental health problem of some kind each year in England (MIND UK, 2020). The number of people with common mental health problems went up by 20% between 1993 to 2014, in both men and women.

2.2.1.1 Barriers

While there is limited research on the community's mental health in the UK, research from the diaspora in the US has found there to be many barriers that Hispanics and Latinos faces when discussing mental health accessibility (Luzanilla, 2022). Within this, Hispanic referred to people that originate from Spanish-speaking countries, while Latinos are people who descend from Latin-American countries and whose language is not necessarily Spanish.

Several studies (Abdullah and Brown, 2011; Mascayano *et al.*, 2015; Larraín, 2016) suggest that the cultural value of *Familismo*, which is the collective cultural value of family unity, can play a role in shaping and enforcing mental health stigma. Mascayano *et al.*, claim that this value is associated with increased rates of emotional closeness and openness within the family, which may reduce the impact of mental health stigma. However, a study by Igda, Alejandro and Peter (2013) found that the value of *Familismo* can lead people to hide their condition to protect their family. Family members may also discourage people from seeking treatment or taking medications due to a lack of education, spiritual or cultural beliefs.

The research by Mascayno *et al.*, (2015) cites family factors as a major source of discrimination against people with mental health conditions in several Latin American countries. Examples of negative family factors include hostile attitudes from family and extended family, as well as family members underestimating a person's ability in handling their mental health. A US-based study (N=64) found that most Latin and Hispanic families would deny the presence of depression or another mental health condition in a family member unless they were unable to cope, or the symptoms of the condition were life threatening (Caplan, 2019). In the same study, some survey participants also expressed that a child's mental health condition is sometimes claimed to be due to the "sinful behaviours of their parents".

2.2.1.2 Access to Mental Health Services

While there is limited research on UK's Latin American diaspora's mental health, a UK-based study by Mas Giralt (2014) highlighted that funding cuts have greatly reduced the outreach, specialised information and interpreting services which had been formerly available to the Latin American community. This likely resulted in 'practical exclusion', which is exclusion from health services, particularly for recently arrived Latin Americans who likely do not have the necessary information about their entitlement or about how to access NHS services, including mental health support services.

In the absence of Birmingham-focused research on mental health of the Latin American community, the HealthWatch Southwark Report from 2014 in London may be insightful (HealthWatch Southwark, 2014). The report, which is based on research carried out in collaboration with the Latin

American Women's Rights Service, identified that insufficient English language skills and a lack of information were key barriers for Latin American women trying to access NHS and social care services, including mental health services. According to the 29 women consulted in the questionnaire, this is also an important issue encountered by recent arrivals. The majority of respondents did not know how to access dentists, consultants, or specialised health services such as sexual or mental health clinics. Only 28% of respondents knew 'a little' about services offered at GP level.

A study conducted in partnership with Community Southwark collected the views of 37 Latin American women residing in Southwark and found that 72% of the women surveyed did not know how to access mental health services locally (Montanez, 2020). In addition, the research illustrates that of all NHS services, mental health services were the least known by the surveyed group.

An increase in culturally centred resources for mental health may benefit members of the communities in the UK, and once introduced, it would be valuable for future research to investigate the impact these resources have in helping the community overcome the current barriers.

2.2.2 Alcohol

There is no UK-based research on the Latin American community's alcohol use. According to the World Health Organisation (WHO, 2023a), alcohol consumption between Latin American countries varies, as shown in **Table 11**. On average, Argentinians consumed the most alcohol (litres of pure alcohol) per person of all Latin American countries (8.0L), followed by

people from Chile (7.8L), and Panama (6.5L). The lowest alcohol consumption were from countries Guatemala (1.6L), Venezuela (2.5L), and Honduras (2.7L). All Latin American countries had lower alcohol consumption than the UK average in 2019 (9.8L). It is unclear how Latin Americans drinking habits may change after migrating to the UK.

Table 11: Average alcohol consumption (pure alcohol) per person Latin American countries, 2018 to 2019

| Country | Alcohol consumed (L per person) |
|---------------------------|---------------------------------|
| Argentina | 8.0 |
| Chile | 7.8 |
| Panama | 6.5 |
| Brazil | 6.1 |
| Peru | 5.7 |
| Dominican Republic | 5.6 |
| Paraguay | 5.5 |
| Uruguay | 5.4 |
| Cuba | 4.7 |
| Mexico | 4.3 |
| Costa Rica | 4.1 |
| Nicaragua | 3.7 |
| Colombia | 3.1 |
| Ecuador | 3.1 |
| Bolivia | 3.0 |
| El Salvador | 2.9 |
| Haiti | 2.9 |
| Honduras | 2.7 |
| Venezuela | 2.5 |
| Guatemala | 1.6 |
| For Comparison: UK | 9.8 |

Source: WHO (2023a)

Per person = adults aged 15 and over

International findings are available from the National Epidemiologic Survey on Alcohol and Related Conditions (2012 to 2013), a nationally representative survey of 36,309 civilian, non-institutionalised adults aged 18 and older in the US (Salas-Wright *et al.*, 2018). Within this study, 3,089 US-born Latin Americans and 2,854 Latin American migrants were included for analysis. The research found Latin American immigrants were significantly less likely than US-born Latinos (AOR 0.41, 95% CI 0.33 to 0.50) and the US-born general population (AOR 0.38, 95% CI 0.32 to 0.46) to operate a vehicle under the influence of alcohol, take part in risky behaviours or fight while drinking, or to be arrested due to alcohol consumption.

Salas-Wright *et al.*, (2018) also found non US-born Latinos were less likely to report one or more alcohol-related problems compared with US-born Latinos (AOR 0.41, 95% CI 0.33 to 0.50) and the US-born general population (AOR 0.38, 95% CI 0.32 to 0.46). Specifically, Latino immigrants were roughly between two and three times less likely to operate a motor vehicle after having too much to drink, take risks like swimming or operating heavy machinery while drinking, get into physical fights while drinking than US-born Latinos. (Table 12).

Table 12: Alcohol-related problem behaviours among Latin American immigrants compared with US-born Latinos: US, 2012 to 2013

| Alcohol-related behaviour | US-born (% and 95% CI) | Foreign born (% and 95% CI) | Foreign born (AOR and 95% CI) |
|---|------------------------|-----------------------------|-------------------------------|
| Operate vehicle after too much to drink | 27 | 12 | 0.41 (0.33 to 0.52) |
| Risky or dangerous situations | 16 | 7 | 0.53 (0.41 to 0.69) |
| Physical fighting while or after drinking | 18 | 7 | 0.37 (0.28 to 0.51) |
| Arrested or held because of drinking | 12 | 7 | 0.44 (0.34 to 0.57) |

Percentage related to the percentage of the sample who have participated in the relevant behaviour is their lifetime and excludes individuals reporting no lifetime alcohol use

Source: Salas-Wright *et al.*, 2018

It is unclear if the increase in alcohol-related problem behaviour would also be observed among UK-born Latin Americans compared with migrants from Latin America.

2.2.3 Drug Use

UK-based doctoral research by Jirkowsky (2015) investigated predictors of substance use by assessing the impact that acculturative changes have in patterns of substance use among Brazilians in the UK. Using a combination of quantitative and qualitative methods in a cross-national research sample of Brazilian participants residing in the UK ($n=164$) and Brazilian

participants residing in Brazil, ($n=161$), the research study found Brazilians who had immigrated to the UK showed an overall increase in the frequency with which they used substances.

Significant differences using chi-square tests were found only in recreational drug use ($p<0.001$), poly-substance use ($p<0.05$), and binge drinking ($p<0.05$). Brazilians in the UK showed higher rates in multiple substance use than their counterparts in Brazil, with increased odds of 66% and 56% for poly-substance use as well as regular drinking and drug use, respectively (Jirkowsky, 2015). Influencing factors included the stress caused by the threat to one's cultural identity. The research indicated that living in the UK for a long period of time increased feelings of not knowing where the participant belongs or an increased worry about loss of identity. The study stated "resilience, impulsivity, positive and negative affect, and reasons for drinking motivated by conformity and coping" were found to have no effect on patterns of substance use in either of the samples. Overall, the research found that while Brazilians in the UK are motivated by negative reinforcement processes to use substances (e.g., coping), in Brazil participants are motivated by positive reinforcement processes (e.g., enhancement). It is unclear whether this pattern is consistent in other Latin American communities when moving to the UK.

2.2.4 Smoking

2.2.4.1 Smoking prevalence

Tobacco use is the second leading risk factor for early death and disability worldwide, claiming more than 5 million lives every year since 1990 (Organisation for Economic Co-operation and Development (OECD), 2023).

According to ONS (2023), in 2021, 13% of adults aged 18 or older in England were current smokers.

While there is no research on the British Latin American community's smoking habits, research from Action on Smoking and Health (ASH) provides some useful insight. ASH is a public health charity set up by the Royal College of Physicians to end the harm caused by tobacco. Research from ASH (2019) has found when people immigrate to the UK, many come from countries with a different legal framework for tobacco control, a different cultural approach to tobacco use and potentially a higher smoking rate. All these factors influence smoking habits within each community in the UK.

When looking at the prevalence of smokers within Latin American regions, smoking rates are particularly high in Cuba, where over half of all men smoke (OECD, 2023). The lowest rates among men are observed in Costa Rica, Panama and Mexico, all of which are 10% or below. Chile is at the top with over one woman of every five smoking, followed closely by Cuba and Argentina. The lowest rates of current smokers amongst women are found in Panama, Ecuador, Costa Rico, Mexico, Colombia and Haiti, all below 5% (Table 13).

Table 13: Age standardised prevalence estimates for daily tobacco smoking among persons aged 15 and above: Latin America, 2016

| Country | Male (%) | Female (%) |
|-----------|----------|------------|
| Cuba | 53 | 17 |
| Chile | 28 | 21 |
| Argentina | 28 | 16 |
| Haiti | 23 | 3 |

| Country | Male (%) | Female (%) |
|--------------------|----------|------------|
| Paraguay | 22 | 5 |
| Uruguay | 20 | 14 |
| Dominican Republic | 19 | 9 |
| Colombia | 19 | 3 |
| El Salvador | 19 | 7 |
| Brazil | 14 | 8 |
| Ecuador | 12 | 2 |
| Mexico | 10 | 3 |
| Panama | 10 | 2 |
| Costa Rica | 8.4 | 3 |

Source: OECD, 2023

The PLATINO survey by Menezes *et al.*, (2017) also provides useful smoking prevalence statistics and shows a prevalence of current smoking ranges from 24% in Sao Paulo (Brazil) to 38% in Santiago (Chile). The mean number of cigarettes smoked also varies substantially, from six cigarettes per day in Mexico City to 15 cigarettes per day in Sao Paulo. The PLATINO study shows Chronic Obstructive Pulmonary Disease (COPD) prevalence in Mexico City was the lowest of all cities in the study as was the prevalence of tobacco consumption and the cumulative smoking exposure among smokers (Perez-Padilla and Menezes, 2019).

In a US based study (n=16,322), prevalence of current smoking from 2008 to 2011 was highest among Puerto Ricans (men 35%, women 33%) and Cubans (men 31%, women 22%), with particularly high smoking intensity as measured by pack-years and cigarettes per day among the Cuban community. Dominican Republicans had the lowest smoking prevalence (men 11%, women 12%). For other US-based Latin American nationality

groups, smoking prevalence was intermediate between these groups (indicating Latin American smoking habits on average are similar to the national average), and typically higher among men than women (Kaplan *et al.*, 2014).

2.2.4.2 Smoking Behaviours

The likelihood of being a current smoker was independently associated with male sex, age below 60 years, lower income and lower level of education (in particular, lacking a high school diploma but having 9+ years of schooling) each were independently associated with higher likelihood of being a current smoker (Kaplan *et al.*, 2014). Those of low socioeconomic status were more likely to smoke, were less likely to have quit smoking, and less frequently used over the counter quit aids as compared with those with higher income and education. Smoking was more common among individuals who were US-born and who had higher level of acculturation to the dominant US culture, particularly among women.

It would be valuable to assess smoking habits within the Latin American communities based in the UK. Though considering these variations between the different nationalities it would be more effective to use a granular, segmented approach by classifying Latin American communities separately to help shape smoking cessation services for specific needs of the diaspora.

2.2.5 Domestic Violence

Domestic abuse is defined in the UK by the Domestic Abuse Act 2021. The definition of domestic abuse is behaviour of a person (“A”) towards another person (“B”) if: (a) A and B are each aged 16 or over and are

“personally connected” to each other, and (b) the behaviour is abusive (Home Office, 2023). Behaviour is “abusive” if it consists of any of the following:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse (acquiring, using, or maintaining money or other property, or obtaining goods or services)
- Psychological, emotional, or other abuse.

The Crime Survey for England and Wales stated that in 2019 to 2020, 5.5% of all people in the UK aged between 16 and 74 years old reported being a victim of domestic abuse in the previous 12 months (ONS, 2020).

A summary report on gender-based violence among Latin American women in London in 2008 found that among a range of issues that socially disadvantage them, processes of exclusion and the depiction of migrant women as so called “exotic others” can serve to worsen their vulnerability further (Mcilwaine and Bunge, 2016). The study finds that migration offers opportunities and constraints for female and male migrants and suggests that migrants’ specific circumstances in relation to immigration and employment status are critical in shaping their experiences and responses to gender-based violence (Mcilwaine and Bunge, 2016)

The research by Mcilwaine and Bunge (2016) shows that in general terms, Latin American women in London often self-reported advantages

associated with migration, while men consistently stressed their loss of status. This has resulted in some transformations in gender ideologies and power relations with some especially ambiguous outcomes for gender-based violence. People surveyed in the same study discussed an increase in gender-based violence towards women as men struggled to cope with women’s new-found independence post-migration to the UK and used violence to assert their power and “maintain their masculinity”. The same research study has also found there to be a knowledge gap on the topic; it states that while research on gender-based violence towards immigrant communities has increased, there remains very little work in the European or UK context, with most concentrated on North America and especially among Asians and to a lesser extent among Latin Americans.

2.2.6 Hate Crimes and Discrimination

Mcilwaine and Bunge (2016) explain that when studying Latin Americans in London (N=400), almost 70% of Latin Americans perceive discrimination to be a problem, especially workplace exploitation (45%). Another UK-based research has found around a third of Onward Latin Americans⁺⁺⁺ (OLAs) feel there was discrimination against Latin Americans but over two-thirds identified discrimination against Latin Americans as a community. It found women are more likely to experience such discrimination (36%) than men (31%). According to the research, half of Brazilians feel there is discrimination against them (51%), while Dominicans (94%) and Bolivians (85%) were the most likely to cite discrimination against each of their respective communities.

⁺⁺⁺ These are Latin Americans who have moved transnationally to multiple destinations from their homelands to southern Europe and onwards

It is also worth noting that historically derogatory words were used during the Spanish empire in Latin America to refer to people of different ethnicities, with some words still used today with the potential intention to offend (Britannica, 2023i).

DRAFT

2.3 Healthy and Affordable Food

Key Findings

- There is limited data on the dietary habits of Latin Americans in the UK. Latin American countries have poor nutritional intake of many food items. Dietary intakes of fruit (55%), vegetable (40%), legumes (48%), nuts (24%), and wholegrains (13%) were below target intakes in 2022 (Global Nutrition Report, 2023)
- There is limited data on obesity of Latin Americans in the UK. The Global Nutrition Report (2023) highlights that rates of overweight and obesity have risen amongst Latin American and Caribbean men and women in previous years. In 2010, there were 57% of women and 55% of men who were overweight, which rose to 60% and 59% in 2016. Obesity is higher in women, rising from 25% in 2010 to 28% in 2016, compared with men (17% in 2010 to 20% in 2016).
- UK-based research from 2021 on the Latin American diaspora (n=170) found that during the pandemic 31% of respondents struggled to pay for food due to loss of work, resulting in reliance on food banks (Zarzosa, 2021).

reason, understanding dietary patterns and preferences provide useful insight into the likely health outcomes and concerns within a community (National Health Service (NHS), 2022). Examples of NCDs include mental health conditions, stroke, heart disease, cancer, diabetes and chronic lung disease (United Nations Children's Fund (UNICEF), 2021).

2.3.1.1 Dietary Intake

There is no data on the dietary habits of Latin Americans in the UK. However, the Global Nutrition Report (2023) has investigated progress towards global nutrition targets amongst 33 Latin American and Caribbean countries. **Table 14** shows that rates of anaemia are on course or improving in 10 of 33 countries (44%), while raised blood pressure (BP) targets are on course in 7 of 33 countries (27%). Targets of raised BP in men and diabetes in men and women are off course, which indicates an issue within this region.

2.3.1 Diet and Nutrition

A healthy diet has a key function in preventing non-communicable diseases (NCDs); healthy diet means eating a wide variety of foods in the right proportions and consuming the right amount of food and drink to achieve and maintain a healthy body weight (Ruthsatz and Candeias, 2020). For this

Table 14: Progress of achieving global nutrition targets: Latin America and the Caribbean, 2017 to 2022

| Measure | On course | Some progress | No progress or worsening | Off course | No data | Rate of on course or some progress (%) |
|---------------------------------|-----------|---------------|--------------------------|------------|---------|--|
| Anaemia | 1 | 9 | 23 | 0 | 0 | 44 |
| Sodium intake for men and women | 0 | 0 | 0 | 32 | 1 | 0 |
| Diabetes, women | 0 | 0 | 0 | 33 | 0 | 0 |
| Diabetes, men | 0 | 0 | 0 | 33 | 0 | 0 |
| Raised BP, men | 1 | 0 | 0 | 32 | 0 | 3.1 |
| Raised BP, women | 7 | 0 | 0 | 26 | 0 | 27 |

Source: Global Nutrition Report (2023)

Note: 0 indicates that none of the 33 countries fall in to the category of progress

The report also highlights the dietary intakes of key foods and nutrients, of which the average intake (grams per day) was below in many items including fruit, vegetable, legumes, nuts, and wholegrains, while red meat and dairy consumption exceeds recommended maximum target intake (**Table 15**). Fish intake is within the maximum target.

Table 15: National dietary intakes of key food or nutrients (grams per day) of adults aged 20+: Latin America and the Caribbean, 2022

| Food and/or Nutrient | Current national intake (% given as percentage of target) | Maximum target intake* | Relation to target |
|----------------------|---|------------------------|-------------------------------|
| Fruit | 111g (55%) | 200g | Below target intake |
| Vegetables | 120g (40%) | 300g | Below target intake |
| Legumes | 48g (48%) | 100g | Below target intake |
| Nuts | 5.9g (24%) | 25g | Below target intake |
| Wholegrains | 16g (13%) | 125g | Below target intake |
| Fish | 22g (78%) | 28g | Within target range |
| Dairy | 300g (120%) | 250g | Exceeds maximum target intake |
| Red meat | 69g (495%) | 14g | Exceeds maximum target intake |

Source: Global Nutrition Report (2023)

*Intakes are reported in grams per day (g/d) for all dietary factors. Intakes are based on modelled estimates for adults aged 25 years and older. Recommended intake targets were determined by the EAT-Lancet Commission on healthy diets from sustainable food systems.

2.3.1.2 The Latin American Diet

Latin American food has many different influences, including Indigenous, Spanish, and African food; there is a lot of diversity and regional variations in Latin American food (Food Insight, 2022). In terms of meal patterns, for

Latin Americans lunch is usually the heaviest meal of the day and eaten with the family, compared with breakfast and dinner which may be relatively smaller meals. Some foods, like tortillas, rice, and beans, may appear at any meal or time of day. Staple carbohydrates, like corn or plantains, are used as the base for many dishes; examples include tamales or pasteles, tortillas, pupusas, and empanadas.

Traditional breakfast dishes include soups, stews, and egg dishes. Another common item for breakfast is a simple coffee with pan dulce (sweet bread) (Food Insight, 2022). Lunch and dinner usually involve soup or stew served with either tortillas on the side or a starchy vegetable within the soup itself. Proteins like chicken, beef, or fish are often cooked with vegetables and served alongside rice and beans.

2.3.1.3 Fruits and vegetables

Snacks are an important part of Latin food culture, and fruits and vegetables are popular snacks served with a spicy chili seasoning (Food Insight, 2022). Core ingredients across Latin American cuisine are beans, corn, rice, squash, tomatoes, and peppers. Plantains are a staple in Caribbean countries like Puerto Rico and Cuba, as well as in southern Mexico. Potatoes, on the other hand, are a major staple in Peru and other parts of South America. Also, South American and Caribbean regions of Latin America include fewer spicy flavours than Mexican food.

Vegetables are also used as garnishes, for example, *curtido* is a fermented cabbage slaw that is popular in Central America, while pickled onions are popular in the Dominican Republic (Food Insight, 2022). Many dishes are cooked with a vegetable base called *sofrito* or *recaito*; one version of this

base consists of bell peppers, tomato, onion, and garlic and is used to flavour beans, soups, and stews.

Other vegetables that are commonly used include many varieties of squash, nopales (cactus paddles), and avocado (Food Insight, 2022). Latin American cuisine features many starchy vegetables such as potato, sweet potato and cassava (*yuca*). Alongside these ingredients, sauces are one of the most important elements in Latin cooking and are generally made from vegetables like *chiles* (chillies), tomato and onion, or avocado (like guacamole). A variety of tropical fruits are eaten in Latin cuisine: mango, pineapple, and papaya are particularly popular, as well as apples, berries, melons, coconuts, and bananas.

Although lots of the Latin American diet includes fruits and vegetables, [Table 15](#) above indicates that the average consumption of fruits and vegetables falls below global nutrition targets.

2.3.1.4 Proteins and grains

Beans and other legumes are also popular across Latin America (Food Insight, 2022), which are high in fibre and water content, making the Latin diet a highly healthy one. Commonly eaten beans include pinto beans, black beans, pink beans, and mayocoba beans (sometimes called Canary or Peruvian beans). Other protein options include fish, seafood, chicken, pork, beef, and eggs.

Corn and rice are the most popular grains in Latin cuisine. Corn masa is used to make tortillas, tamales, and is used in drinks. Rice is often served with beans and wheat is consumed in the form of bread or flour tortillas (Food Insight, 2022). However, as highlighted in above, the average

consumption of wholegrain foods is low in Latin American countries, which would indicate that Latin American foods could be modified to healthier, wholegrain options, such as wholegrain tortillas.

2.3.2 Obesity

Overweight and obesity are associated with increased rates of chronic disease and are major risk factors for NCDs such as CVDs, diabetes, and some types of cancer (WHO, 2023b). Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. Body mass index (BMI) is a measure that uses weight (kg) divided by squared height (m²) to estimate an individual's weight status. A BMI of 25kg/m² or higher is considered overweight. A BMI over 25 is considered overweight, and over 30 is obese.

There is no data specifically on the rate and prevalence of overweight and obesity within the Latin American communities across the UK. The Global Nutrition Report (2023) highlights that rates of overweight and obesity have risen amongst Latin American and Caribbean men and women in previous years. In 2010, 57% of women and 55% of men were overweight, which rose to 60% and 59% in 2016. Obesity was higher in Latin American and Caribbean women, rising from 25% in 2010 to 28% in 2016, compared with men (17% in 2010 to 20% in 2016). The Global Nutrition Report (2023) can also be utilised to compare overweight and obesity rates in the UK within the same time period. In 2016, 69% of men and 59% of women were overweight. Additionally, in the UK 29% of women and 27% of men were obese in 2016. Rates of overweight and obese population were slightly lower in Latin American countries than the UK, however it is unclear how this would affect Latin Americans in the UK.

Research on the sizeable Latin American community in the US may provide useful insight into the prevalence of obesity within the community. It is worth noting that caution should be used in applying the findings from US-based Latin community-focused studies onto the UK's Latin American diaspora as it is unclear the extent to which the communities are similar.

2.3.3 Food Insecurity

Francis-Devine *et al.*, (2022) suggests that household food insecurity is whether a household can acquire an adequate quality or sufficient quantity of food in socially acceptable ways. UK-based research by Zarzosa (2021) on the Latin American diaspora (n=170 respondents) found that during the pandemic 31% of respondents struggled to pay for food due to loss of work, resulting in reliance on food banks. Food insecurity among the general population has been exacerbated by the Cost-of-Living Crisis. Between June to July 2022, of the 91% of adults who reported an increase in their cost of living, 95% reported that their food bill had increased, while 44% reported that they had reduced spend on essentials, including food (Francis-Devine *et al.*, 2022). As food insecurity has increased following the pandemic and in-line with the cost-of-living crisis, it may be expected that the Latin American community is more food insecure now than during the pandemic. It is important to support Latin American communities as they enter into the UK, with the Birmingham Food Strategy 2022 to 2030 (Birmingham City Council, 2023), playing an essential role in improving food security for the citizens of Birmingham.

2.4 Active at Every Age and Ability

Key findings

- There is limited data on physical activity among Latin Americans in the UK. In Latin America, 43% of the population older than 15 years were inactive in 2012. Inactivity in Latin America is defined as fewer than 30-minutes of moderate intensity physical activity on at least five days every week (Galaviz *et al.*, 2014).
- Prevalence of physical inactivity ranged from 16% in Guatemala to 68% in Argentina. By comparison, 22% of people in the UK were physically inactive in 2021 to 2022 (Galaviz *et al.*, 2014; OHID, 2023d).

2.4.1 Physical Activity

UK CMOs physical activity guidelines suggest that adults should complete a minimum of 150 minutes of physical activity per week at moderate intensity or 75 minutes of physical activity per week at vigorous intensity. Moderate activity is anything that raises the heart rate, such as brisk walking or cycling. Vigorous activity is high intensity exercise, such as running (Department of Health and Social Care, 2019).

Physical inactivity is the fourth leading risk factor for mortality and affects one third of the global adult population (Galaviz *et al.*, 2014). There is no data or published research on physical activity and inactivity levels of the Latin American community in the UK. While there is no information or data on the diaspora on this topic, research on physical activity conducted in

Latin America may provide some useful insight. In Latin America, 43% of the population older than 15 years of age were inactive in 2012. Inactivity in Latin America is defined as fewer than 30-minutes of moderate-intensity physical activity on at least five days every week (Galaviz *et al.*, 2014). It is also worth noting the prevalence of physical inactivity ranged from 16% in Guatemala to 68% in Argentina. By comparison, in 2021 to 2022, 22% of people in England were physically inactive (less than 30 minutes of moderate exercise per week) compared with 26% in the West Midlands (OHID, 2023d).

Research by Sweatt *et al.*, (2015) of non-US born Latina women (83% born in Mexico) age ≥ 19 years with a BMI ≥ 25 kg/m² (overweight BMI range) found that among 44 overweight and obese Latina immigrants (mean age 36.6 years and BMI 33.3 kg/m²), 36% met physical activity recommendations by self-report, while only 21% met recommendations according to use of an accelerometer. Self-reported sedentary activity was underestimated (186 min per day self-report compared with 575 min per day accelerometer) within a study by Park *et al.*, (2020) while moderate activity was overestimated (34 min per day self-report compared with 15 min per day accelerometer) (Sweatt *et al.*, 2015). It also found that the number of years living in the US was positively associated with vigorous activity, the number of years living abroad tended to be positively associated with sedentary activity and negatively associated with moderate activity – overall indicating that living in the US had a worsened association with greater levels of activity (Sweatt *et al.*, 2015). Latina women within this sample may benefit from use of a physical activity monitoring device (e.g., a pedometer or digital watch) to gain a greater understanding of the amounts of physical activity they are completing per day.

2.4.2 Football in Latin American Culture

Football or *fútbol/futebol* (as referred to across Latin America in Spanish and Portuguese, respectively) is the most popular sport in the Latin American region, played by people of all age groups (Bowman, 2015). Football first came to South America in the 19th Century, with European sailors bringing football to Argentina (Britannica, 2023g). British workers established teams in Argentina, Brazil and Uruguay and football quickly took-off in South and Central America. By the late 1930s, football had become a crucial aspect of Latin American culture; the sport has been adopted by the masses and has at times been used as a political tool, even leading to the so-called Football War (1969) between El Salvador and Honduras (Oxford Bibliographies, 2022). South American countries have been successful in Football World Cup history; Brazil have won the FIFA World Cup 5 times, Argentina 3 times, and Uruguay twice. More recently, since the 1991 Women's FIFA World Cup, female participation in sport has increased, and has challenged previously sexist attitudes throughout the region of Latin America (Oxford Bibliographies, 2022).

Famous Latin American sportspeople in British sports include footballer Sergio Aguero (Argentine footballer and record goal scorer for Manchester City), World Cup Winner Emiliano Martinez (Argentine footballer for Aston Villa; currently resident in Birmingham), and Marcos Ayerza (rugby union player for Leicester Tigers).

Additional context relating to the sporting culture of many Latin American countries may help support in creating relevant health interventions.

2.4.3 Mobility

There is no data or research on mobility-related conditions such as musculoskeletal disorders among the UK's Latin American community.

2.4.4 Barriers and Facilitators to Physical Activity

There is no data or research on barriers and facilitators to physical activity among the UK's Latin American community.

2.5 Living, Working and Learning Well

Key findings

- The latest data from Higher Education Statistics Agency (HESA) found that there were 4,245 Latin American students in higher education institutions in England in the academic year 2021 to 2022.
- A high percentage of Latin-American born people living in England and Wales (51%) have the highest qualification level of Level 4 or higher, compared with the England and Wales average (34%) (ONS, 2023).
- Three quarters (76%) of Latin American-born people living in England and Wales were economically active, compared with 56% average in Birmingham and 61% average in England and Wales (ONS, 2023).
- A high percentage of Latin American-born people in England and Wales were in process, plant and machine operatives (17%), and elementary occupations (36%) compared with the England and Wales average (7.0% and 11% respectively) (ONS, 2023).
- A lower percentage of South American-born (17%) and Central American-born (12%) households in England and Wales experience deprivation in two or more domains than the England and Wales average (18%) (ONS, 2023).
- There were higher percentages of South American born (19%) and Central American (10%) born people living in overcrowded houses compared with the England and Wales average (6.5%) (ONS, 2023).
- The Latin American-born community had a high percentage in very good health (58%) in 2021 compared with Birmingham and England and Wales averages (both 48%) (ONS, 2023).
- In Latin America and the Caribbean, 31% of all deaths are attributable to CVD. By comparison, around 25% of all deaths in the UK are caused by heart and circulatory disease (Pan American Health Organisation, 2009 and British Heart Foundation, 2023).
- There is limited information on COPD among Latin Americans in the UK. Age standardised mortality rate from COPD from 2001 to 2010 was higher in Colombia (345 per million), Brazil (274 per million) and Mexico (243 per million) than the UK (211 per million) (British Lung Foundation, nd.)
- A higher percentage of Latin-American born people (92%) identified as not disabled under the Equality Act compared with Birmingham (83%) and England and Wales (83%) averages (ONS, 2023).

2.5.1 Education, Skills and Training

2.5.1.1 Not in Employment, Education or Training

Education and employment status has been shown to be a marker for future health outcomes. Being not in employment, education, or training (NEET) has been linked to poorer health status, due to the increased likelihood of unemployment, lower wages and/or lower quality of employment later in life (Powell, 2021).

According to the Annual Population Survey from 2017 to 2019 (GOV.UK, 2023), the national rate of all people aged 16 to 24 who were NEET was 12%. By ethnic group, rates were 12% amongst White, 12% in Black, 11% in Mixed, and 9.6% in Other ethnic groups, all of which Latin American communities typically belong to.

2.5.1.2 Higher and Further Education

The latest data from HESA (2022), the UK-based body which collects education-related data, has found that there were 4,245 Latin American students^{***} in higher education institutions in England in the academic year 2021 to 2022 (Table 16). Of the 4,245 people who enrolled in universities in England, 235 (5.5%) did so in universities in the West Midlands. The greatest number of enrolments were from people from Mexico, Brazil, Chile, and Colombia.

Table 16: Total number of university enrolments from Latin American countries: England, 2021 to 2022

| Country | Total number of enrolments in West Midlands universities | Total number of enrolments in England universities |
|------------------------|--|--|
| Mexico | 40 | 985 |
| Brazil | 35 | 750 |
| Chile | 35 | 650 |
| Colombia | 35 | 650 |
| Peru | 20 | 385 |
| Argentina | 5 | 175 |
| Ecuador | 10 | 145 |
| The Dominican Republic | 15 | 80 |
| Panama | 5 | 65 |
| Costa Rica | 0 | 55 |
| Paraguay | 5 | 50 |
| Venezuela | 5 | 45 |
| Uruguay | 5 | 40 |
| Bolivia | 5 | 35 |
| Guatemala | 0 | 30 |
| Puerto Rico | 5 | 30 |
| Honduras | 5 | 25 |
| El Salvador | 0 | 20 |
| Cuba | 5 | 15 |
| Nicaragua | 0 | 5 |

^{***} This, however, did include people from the Falkland Islands, Suriname, and Guyana, all of which are not considered Latin American countries in this Community Health Profile

| Country | Total number of enrolments in West Midlands universities | Total number of enrolments in England universities |
|----------|--|--|
| Dominica | 0 | 5 |
| Haiti | 0 | 5 |

Please note that this data includes rounded totals to the nearest 5

Source: HESA (2022), DT051: Table 28

HESA (2022) shows that 15 people from South American countries enrolled at Aston University in the academic year 2021 to 2022, 10 people did so at Birmingham City University, 55 did at The University of Birmingham, and nobody enrolled at University College Birmingham. None of these enrolments were from countries classified as Latin American. Of Central and North American countries, only Mexico had enrolments at universities in Birmingham, with 5 at Aston and 10 at The University of Birmingham.

2.5.1.3 Highest Level of Qualification

The 2021 Census reported on the highest level of qualification by country of birth. For Latin American-born people, the most common category was Level 4 or above: degree (BA, BSc), higher degree (MA, PhD, PGCE), NVQ level 4 to 5, HNC, HND, RSA Higher Diploma, BTEC Higher level, professional qualifications (for example, teaching, nursing, accountancy), accounting for 51% of the population. This is a much higher average than the average for all people in England and Wales (34%) (Table 17).

Among Latin American-born population in England and Wales, 17% had no qualifications, and 10% had Level 3 Qualifications: 2 or more A levels or

VCEs, 4 or more AS levels, Higher School Certificate, Progression or Advanced Diploma, Welsh Baccalaureate Advance Diploma, NVQ level 3; Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma.

Overall, Latin-American born people are more qualified than the England average, but this may be due to the Latin American community migrating for university (Table 16) or moving for employment (where a certain level of qualification may be required).

Table 17: Highest level of qualification, Latin American-born populations: England and Wales, 2021

| Highest level of Qualification | Latin American-born (%) | England and Wales average (%) |
|--|-------------------------|-------------------------------|
| No qualifications | 17 | 18 |
| Level 1 and entry level qualifications | 8.3 | 9.7 |
| Level 2 qualifications | 3.7 | 13 |
| Apprenticeship | 5.3 | 5.3 |
| Level 3 qualifications | 10 | 17 |
| Level 4 qualifications or above | 51 | 34 |
| Other: vocational or work-related qualifications | 5.1 | 2.8 |

Source: ONS (2023)

190 category dataset for country of birth and 8 categories for highest level of qualification

Note: Does not apply was removed from the calculations, as this may include ineligible populations (e.g., children) who may not have had the opportunity to gain certain levels of qualifications.

Table 18 shows country of birth by highest level of qualification. There are clear differences between countries in the level of qualification. For example, the Dominican Republic and Bolivia have high percentages of those with no qualifications (30% and 23% respectively), while people born in Mexico (4.2%) and Argentina (5.8%) have the lowest percentages. For Level 4 Qualifications or above, Mexico and Argentina had the highest percentages (76% and 66%), while Dominican Republic and Ecuadorian-born people had the lowest percentages (27% and 33%). Only the Dominican Republic and Ecuadorian-born people were below the average for England. Cuban-born people were the most likely to have other vocational or work-related qualifications (other qualifications achieved in England or Wales, qualifications achieved outside England or Wales (equivalent not stated or unknown) (6.0%). Overall, this would suggest that Mexican and Argentinian-born citizens are the most highly qualified of all Latin American-born communities.

Table 18: Highest level of qualification within specific Latin American-born populations: England and Wales, 2021

| Country of birth | None (%) | Level 1 and entry level (%) | Level 2 (%) | Apprenticeship (%) | Level 3 (%) | Level 4 or above (%) | Other vocational or work-related (%) |
|------------------|----------|-----------------------------|-------------|--------------------|-------------|----------------------|--------------------------------------|
| Argentina | 5.8 | 4.1 | 5.8 | 2.9 | 11 | 66 | 4.3 |
| Bolivia | 23 | 12 | 7.8 | 6.6 | 12 | 34 | 5.6 |

| Country of birth | None (%) | Level 1 and entry level (%) | Level 2 (%) | Apprenticeship (%) | Level 3 (%) | Level 4 or above (%) | Other vocational or work-related (%) |
|-----------------------|----------|-----------------------------|-------------|--------------------|-------------|----------------------|--------------------------------------|
| Brazil | 18 | 8.3 | 5.7 | 6.2 | 8.6 | 48 | 5.2 |
| Chile | 7.6 | 3.8 | 5.1 | 2.1 | 11 | 67 | 3.4 |
| Colombia | 20 | 9.3 | 6.3 | 4.2 | 10 | 45 | 5.0 |
| Cuba | 12 | 6.6 | 7.5 | 4.0 | 12 | 51 | 6.3 |
| Dominican Republic | 30 | 14 | 7.0 | 9.0 | 7.8 | 27 | 6.0 |
| Ecuador | 22 | 13 | 7.3 | 7.0 | 12 | 33 | 5.4 |
| Mexico | 4.2 | 2.4 | 4.2 | 1.3 | 8.9 | 76 | 3.6 |
| Other Caribbean | 18 | 9.7 | 11 | 3.4 | 14 | 40 | 4.7 |
| Other Central America | 18 | 6.8 | 6.6 | 5.9 | 11 | 47 | 4.5 |
| Other South America | 17 | 8.3 | 8.8 | 4.8 | 14 | 44 | 3.7 |
| Peru | 10 | 6.5 | 7.3 | 4.2 | 11 | 56 | 4.6 |
| Uruguay | 8.4 | 5.2 | 5.0 | 4.1 | 13 | 60 | 5.0 |
| Venezuela | 9.0 | 6.0 | 5.9 | 3.7 | 9.7 | 61 | 4.5 |
| Birmingham average | 24 | 10 | 13 | 3.6 | 17 | 30 | 2.9 |
| England average | 18 | 9.7 | 13 | 5.3 | 17 | 34 | 2.8 |

Source: ONS (2023): 2021 Census (190 category dataset)

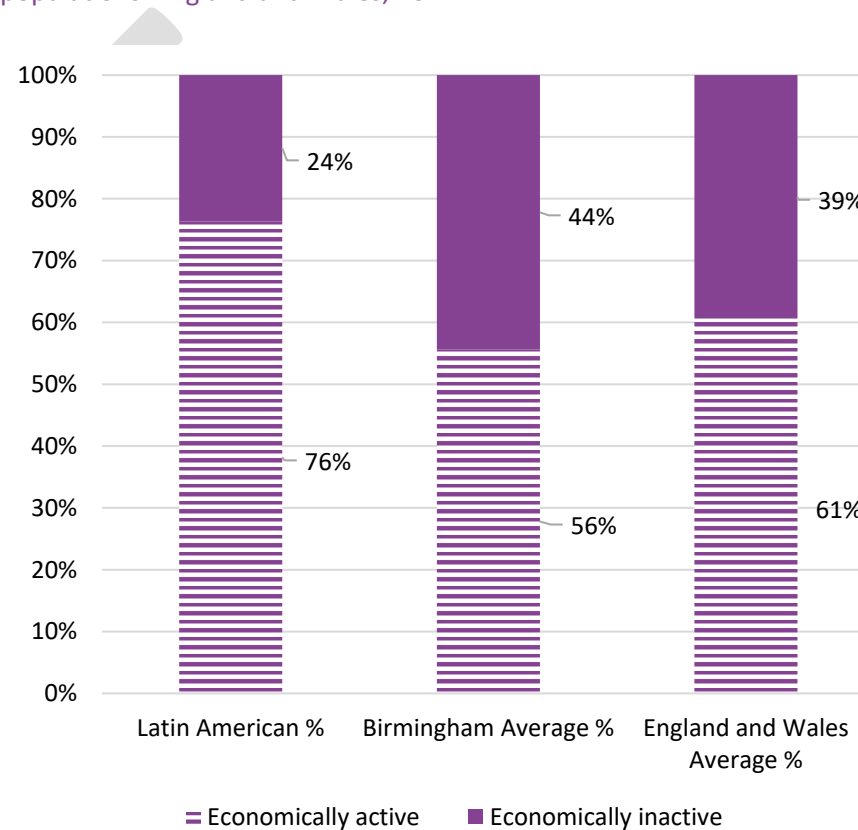
Note: Does not apply was removed from the calculations, as this may include ineligible populations (e.g., children) who may not have had the opportunity to gain certain levels of qualifications.

2.5.2 Employment and Economic Activity

2.5.2.1 Economic Activity

Rates of economic activity status by country of birth was captured within the 2021 Census (**Figure 11**)^{§§§}. According to the ONS (2023), people were defined as being economically active if they were: in employment (an employee or self-employed), unemployed but looking for work and could start in 2 weeks, or unemployed but waiting to start a job that had been offered and accepted. In England and Wales, 76% of Latin American-born people were economically active, compared with 56% (average in Birmingham) and 60% (average in England and Wales).

Figure 11: Economic activity and inactivity, within Latin American-born populations: England and Wales, 2021



Source: ONS (2023): 2021 Census (190 category data for country of birth, 10 category data for economic activity)

^{§§§} See [Appendix 3.10](#) for full data table

Note: “does not apply” was removed from this dataset as it may have included groups that could not be economically active (e.g., children).

Figure 12 reveals the percentages of different economically active categories for Latin-American born citizens, compared with Birmingham and England and Wales averages****. Among those who are economically active, England and Wales has the highest percentage (92%) of economically active excluding students in employment, compared with Latin-American born (88%) and Birmingham average (85%). Birmingham has the highest averages for both unemployed groups, full-time students or excluded full-time students. In the census, the definition of unemployed was “seeking work or waiting to start a job already obtained and/or available to start working within 2 weeks”.

Figure 12: Economic activity by category, within Latin American-born populations: England and Wales, 2021



Source: ONS (2023): 2021 Census (190 category data for country of birth, 10 category data for economic activity)

**** See Appendix 3.11 for full data table

ES: In employment = Economically active (excluding full-time students): In employment

ES: Unemployed = Economically active (excluding full-time students): Unemployed: Seeking work or waiting to start a job already obtained: Available to start working within 2 weeks

IS In employment = Economically active and a full-time student: In employment

IS: Unemployed = Economically active and a full-time student: Unemployed: Seeking work or waiting to start a job already obtained: Available to start working within 2 weeks

Note: “does not apply” was removed from this dataset as it may have included groups that could not be economically active (e.g., children).

2.5.2.2 Economic Inactivity

The 2021 Census also holds information on economic inactivity by country of birth. In the 12-category dataset, economic inactivity is split into 5 categories:

1. Retired
2. Student
3. Looking after home or family
4. Long-term sick or disabled
5. Other

In the 2021 Census, there was a lower percentage of Latin American-born people in England and Wales who were economically inactive (23%) than both the Birmingham (44%) and England and Wales averages (39%) (**Table 19**).

Table 19: Economic inactivity by category within Latin American-born populations: England and Wales, 2021

| Economic inactivity status | Latin American (%) | Birmingham (%) | England and Wales (%) |
|---|--------------------|----------------|-----------------------|
| Economically inactive: Retired | 5 | 16 | 22 |
| Economically inactive: Student | 6 | 10 | 5.6 |
| Economically inactive: Looking after home or family | 7 | 8.2 | 4.8 |
| Economically inactive: Long-term sick or disabled | 1 | 5.4 | 4.2 |
| Economically inactive: Other | 4 | 5.1 | 3.1 |
| Total | 23 | 44 | 39 |

Source: ONS (2023): 2021 Census (190 category data for country of birth, 12 category data for economic activity)

Note: “does not apply” was removed from this dataset as it may have included groups that could not be economically active (e.g., children).

2.5.2.3 Occupation

According to the 2021 Census, there was a higher percentage of Latin American-born people in England and Wales working as managers, directors and senior official occupations (13%), compared with the Birmingham average (9.3%). **Table 20** also shows that process, plant and machine operatives (17%), and elementary occupations (36%) had relatively high percentages within Latin American-born people, while professional occupations (8.3%) were low compared with Birmingham (21%) and England and Wales averages (20%).

Table 20: Occupation by category within Latin American-born populations: England and Wales, 2021

| Occupation | Latin American (%) | Birmingham (%) | England and Wales (%) |
|--|--------------------|----------------|-----------------------|
| Managers, directors and senior officials | 13 | 9.3 | 13 |
| Professional occupations | 8.3 | 21 | 20 |
| Associate professional and technical occupations | 4.3 | 11 | 13 |
| Administrative and secretarial occupations | 5.0 | 9.3 | 9.3 |
| Skilled trades occupations | 7.4 | 8.3 | 10 |
| Caring, leisure and other service occupations | 3.7 | 10 | 9.4 |
| Sales and customer service occupations | 5.3 | 8.2 | 7.5 |
| Process, plant and machine operatives | 17 | 8.7 | 7.0 |
| Elementary occupations | 36 | 13 | 11 |

Source: ONS (2023): 2021 Census (190 category data for country of birth)

Note: "does not apply" was removed from this dataset as it may have included groups that could not be economically active (e.g., children).

2.5.3 Deprivation

2.5.3.1 Deprivation by Middle Super Output Area

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England and is calculated using outputs from the Indices of Deprivation (IoD) domains. There are seven distinct domains of deprivation, including income, employment, crime, barriers to housing and services and living environment. An IMD decile output of 1 demonstrates a neighbourhood which is in the 10% most deprived in the country (Ministry of Housing, Communities and Local Government (MHCLG), 2019).

In Birmingham, many of the South American and Central American-born residents live in areas of low deprivation (**Table 21** and **Table 22**). For South American-born people, Five Ways North (the 7th most populated) is the only top 10 MSOA in the top 10% most deprived. For Central American-born people, Winson Green & Gib Heath (1st most populated) is the only top 10 MSOA in the top 10% most deprived neighbourhoods. All populations in Birmingham are more likely to experience deprivation than the national average.

It is also important to note that while some MSOAs are more deprived than others, some people can live in the most deprived areas and not be deprived themselves, while some can experience deprivation despite living in the least deprived areas.

Table 21: IMD score of 10 most populated MSOAs within South American-born populations: Birmingham, 2021

| MSOA in Birmingham | Total South America-born population | IMD Score | 2019 Decile |
|----------------------------------|-------------------------------------|-----------|-------------|
| Edgbaston North | 133 | 25 | 4 |
| Digbeth | 84 | 38 | 2 |
| Ladywood - Summer Hill | 81 | 32 | 2 |
| Attwood Green & Park Central | 79 | 39 | 2 |
| Rotton Park | 75 | 31 | 3 |
| Central | 67 | 22 | 5 |
| Five Ways North | 57 | 44 | 1 |
| Edgbaston South & University | 54 | 15 | 7 |
| Moseley Village | 48 | 37 | 2 |
| North Central & Dartmouth Circus | 44 | 39 | 2 |

Source: MHCLG (2019) and ONS (2023)^{****} (60 category dataset)

Table 22: IMD score of 10 most populated MSOAs within Central American-born populations: Birmingham, 2021

| MSOA in Birmingham | Total Central America-born population | IMD Score | 2019 Decile |
|--------------------------|---------------------------------------|-----------|-------------|
| Winson Green & Gib Heath | 133 | 53 | 1 |

^{****} Note: all MSOA areas can be identified with use of the online [Census 2021 tool](#)

| MSOA in Birmingham | Total Central America-born population | IMD Score | 2019 Decile |
|------------------------------|---------------------------------------|-----------|-------------|
| Longbridge North | 84 | 26 | 4 |
| Moseley Village | 81 | 37 | 2 |
| Selly Oak | 79 | 17 | 6 |
| Quinton Ridgacre | 75 | 28 | 3 |
| Edgbaston North | 67 | 25 | 4 |
| Attwood Green & Park Central | 57 | 39 | 2 |
| Central | 54 | 22 | 5 |
| Edgbaston South & University | 48 | 15 | 7 |
| Northfield Victoria Common | 44 | 24 | 4 |

Source: MHCLG (2019) and ONS (2023) (60 category dataset)

2.5.3.2 Deprivation by varying factors

Deprivation can also be inferred by varying dimensions, including education, employment, health or disability, and housing. For the 2021 Census, this was not available for country of birth for the 190-category dataset. Instead, the 60-category dataset was used, and the Latin American community was selected as 'Total South American' and 'Total Central American' populations.

2.5.3.3 Deprivation by education

The 2021 Census allows to investigate the percentage of households that are deprived by varying factors. A household is classified as deprived in the education dimension if no one has at least a level 2 education^{****} and no

^{****} Level 2 qualifications are GCSE grades 9 to 4 or A*-C or equivalent

one aged 16 to 18 years is a full-time student. South American (13%) and Central American (7.9%) born people living in England and Wales had lower percentages of people who live in households that are deprived in the education dimension compared with the England and Wales average (15%) (ONS, 2023).

2.5.3.4 Deprivation by employment

A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or economically inactive due to long-term sickness or disability. In England and Wales, the percentage of people households that were deprived by the employment dimension rise from Central American born (12%), to the England and Wales average (13%), to South American born (15%) (ONS, 2023).

2.5.3.5 Deprivation by health

A household is classified as deprived in the health dimension if any person in the household has general health that is bad or very bad or is identified as disabled under the Equality Act (2010). Under the health dimension, there was a lower percentage of South American born people (20%) and Central American born people (19%) living in England and Wales who were deprived compared with the England and Wales average (35%) (ONS, 2023). This is likely to be due to there being more older people within England and Wales averages compared with Latin American born populations (for more information *see section 1.7.2 Age Profile*).

2.5.3.6 Deprivation by housing

A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating. Overall, there was a higher percentage of South American (25%) and Central American (17%) born people living in England and Wales who were deprived under the housing dimension compared with the England and Wales average (9.5%) (ONS, 2023). This is likely due to there being a higher percentage of Central and South American born people living in overcrowded housing (*see section 2.5.4.2*).

2.5.3.7 Summary of Deprivation

The 2021 census also provides an overview of household deprivation by demonstrating the number of dimensions of deprivation experienced. Overall, a lower percentage of South American-born (17%) and Central American-born (12%) households in England and Wales experience deprivation in two or more domains than the England and Wales average (18%) (**Table 23**). A higher percentage of residents in Birmingham experience deprivation in two or more dimensions (25%), however it is unclear if the Latin American population in Birmingham would also experience higher levels of deprivation.

Table 23: Domains of deprivation experiences among South American and Central American-born populations: England and Wales, 2021

| Household Deprivation | South American (%) | Central American (%) | Birmingham (%) | England and Wales (%) |
|--------------------------------------|--------------------|----------------------|----------------|-----------------------|
| <i>Not deprived in any dimension</i> | 47 | 58 | 40 | 49 |
| <i>Deprived in one dimension</i> | 36 | 31 | 35 | 33 |
| <i>Deprived in two dimensions</i> | 14 | 9.8 | 19 | 14 |
| <i>Deprived in three dimensions</i> | 3.1 | 1.6 | 5.9 | 3.7 |
| <i>Deprived in four dimensions</i> | 0.2 | 0.1 | 0.4 | 0.3 |

Source: ONS (2023)

2.5.4 Housing

2.5.4.1 Tenure

Housing tenure refers to the ownership structure under which people live in their accommodation. The 2021 Census reveals housing tenure by country of birth. It is important to note that the subsequent figures from

the census do not include Latin American residents in communal establishments, such as university halls of residence or care homes.

The 2021 Census does not allow for investigation for housing tenure with the 190-category dataset. Therefore **Figure 13** captures data for people born in South America and Central America^{§§§§}. There is a higher percentage of South and Central American born people who live privately or live rent free (South America = 58%, Central America = 51%) compared with the average in England and Wales (21%). The England and Wales average of people socially renting is higher (17%) compared with South American born (12%) and Central American born people (9.7%).

Figure 13: Housing tenure country of birth: England and Wales, 2021



Source: ONS (2023): 2021 Census. 60 category dataset

^{§§§§} See [Appendix 3.12](#) for full data table

2.5.4.2 Overcrowding

Households are classified as overcrowded if there are more people in the household than the recommended number of bedrooms, according to ONS suggestions. According to the 2021 census, 9.4% of all households in Birmingham were overcrowded (occupancy rating for bedrooms of -1 or -2). **Table 24** shows the occupancy rating for bedrooms by country of birth. Census 2021 data was not available on country of birth for the 190-category dataset, so the 60-category dataset was used. There were higher percentages of South American born (19%) and Central American (10%) born people living in overcrowded bedrooms (occupancy of -1 or less) compared with the England and Wales average (6.5%).

health (58%) compared with Birmingham and England and Wales averages (48% and 48% respectively). Those in good health was similar across all groups (Latin American-born = 33%, Birmingham average = 33%, England and Wales average = 34%).

Table 24: Occupancy rating by country of birth: England and Wales, 2021

| Occupancy rating | South American (%) | Central American (%) | England and Wales (%) |
|------------------|--------------------|----------------------|-----------------------|
| 0 or more | 81 | 90 | 94 |
| -1 or less | 19 | 10 | 6.5 |

Source: ONS (2023): 2021 Census. 60 category dataset

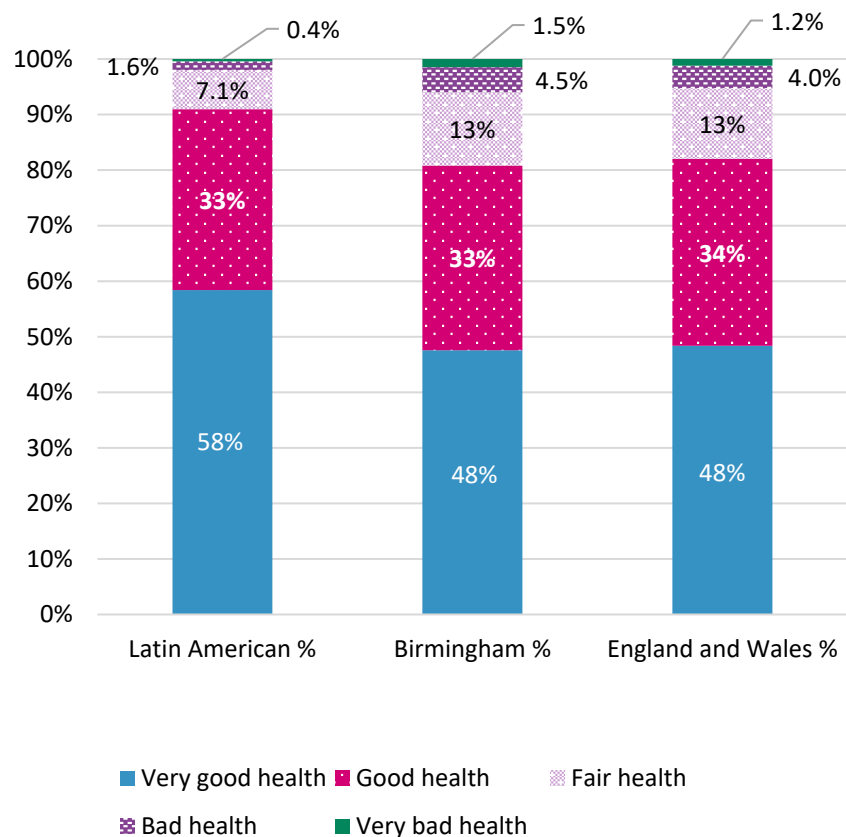
2.5.5 Physical Health

2.5.5.1 General Health

The 2021 Census data captures how people define their own health, from very good health to very bad health, by country of birth (**Figure 14**)****. The Latin American-born community has a high percentage in very good

**** See **Appendix 3.13** for full data table

Figure 14: General health score within Latin American-born populations: England and Wales, 2021



Source: 2021 Census (190 category dataset for country of birth)

+++++ In this study, Latino was defined as people from Cuba, Mexico, Puerto Rico, South and Central American, and other Spanish cultures

2.5.5.2 Diabetes

Diabetes refers to the condition where blood glucose levels are too high and can be caused by the body not producing insulin (type 1) or producing insufficient or ineffective insulin (type 2) (Diabetes UK, nd). Diabetes UK (2021) suggest that more than 4.9 million adults in the UK in 2021 were living with diabetes; 850,000 of whom were undiagnosed. Type 2 diabetes contributes to around 90% of all cases of diabetes. In Birmingham (2017 and 2018) diabetes prevalence is around 8.6%, compared with 6.8% nationally in the UK (Birmingham City Council, 2019).

While there is no data or information on diabetes within the Latin American community in the UK, research posted by CDC (2022) on the health condition in the US within the community may provide some useful insight. According to US-based research from 2022, South American people are more likely to have type 2 diabetes, it also highlights the chance of having type 2 diabetes is closely tied to one’s ethnic background. For example, the Latino⁺⁺⁺⁺⁺ community are more likely to have type 2 diabetes (17%) than White people in the US (8%). Over their lifetime, US adults overall have a 40% chance of developing type 2 diabetes. But for Latino adults, the likelihood is more than 50%, and the illness is likely to develop at a younger age. The prevalence of diabetes complications are also higher, as Latino people have higher rates of kidney failure caused by diabetes as well as diabetes-related vision loss and blindness.

2.5.5.3 Hypertension

Hypertension, also known as high or raised BP, significantly increases the risk of heart, brain, kidney and other diseases. It is estimated that 46% of adults with hypertension are unaware of their condition. Hypertension can be affected by diet, physical activity, smoking, alcohol consumption and weight (WHO, 2021). Hypertension is defined as BP \geq 140/90 mmHg (or receiving antihypertensive drug treatment) and improving hypertension control, including among those at high risk (less than 130 mmHg systolic BP), is key to reducing deaths and preventing CVD-related events (The Lancet, 2022). It is estimated that Birmingham has around 12% of its registered population on the hypertension register, which compares to 14% nationally across the UK (Birmingham City Council, 2019).

There is no research or data on hypertension within the Latin American community in the UK. It is worth noting that research has found hypertension to be the leading cause of death and disability in Latin America (The Lancet, 2022). The rates of hypertension diagnosis are suboptimal in the region, and only 35% of women and 23% of men with diagnosed hypertension have their BP under control (The Lancet, 2022). A research study by Elfassy *et al.*, (2020) from 2020 on the Latin American community in the US which studied 6,171 participants from the community found the hypertension incidence varies by Hispanic or Latino background, with highest incidence among those of Caribbean background. It found that the likelihood of developing hypertension was much higher among men of Cuban (27%) and Dominican (28%) backgrounds compared with Mexican Americans (18%). Among women, the probability was much higher among women of Cuban (23%), Dominican (23%), and Puerto Rican

(28%) backgrounds compared with Mexican Americans (16%) (Elfassy *et al.*, 2020).

2.5.5.4 Cardiovascular Disease

CVD is one of the leading causes of death nationally, causing 24% of all deaths within the general population in England and Wales in 2019. CVD is the collective term for diseases affecting the circulatory system, such as the heart, arteries and blood vessels. Diabetes increases the risk of CVD almost two-fold (The King's Fund, 2021).

There is no data or information on CVD among the Latin American community in the UK. CVD includes a group of disorders that affect the heart and blood vessels and typically manifest in the form of coronary heart disease, cerebrovascular disease, hypertension, peripheral artery disease, rheumatic heart disease and heart failure. CVD is the number one cause of death worldwide (Aerts *et al.*, 2021).

The majority of CVDs are caused by three main modifiable risk factors, tobacco use, physical inactivity, and unhealthy diet, as discussed earlier in this report. At least 80% of premature deaths from heart diseases and stroke could be prevented by avoiding these three risk factors (WHO, 2015). The prevalence of tobacco use, physical inactivity, and an unhealthy diet are influenced by a myriad of indirect causes, which are known as the social determinants of health. In Latin America and the Caribbean, 31% of all deaths are attributable to CVD (Pan American Health Organisation, 2009). Though it is worth noting that the region is not homogenous, and rates vary according to ethnicity, social class, level of education and age.

By comparison, around 25% of all deaths in the UK are caused by heart and circulatory disease (British Heart Foundation, 2023).

2.5.5.5 Chronic Obstructive Pulmonary Disease

COPD refers to a range of conditions affecting the lungs including emphysema and chronic bronchitis; COPD accounts for approximately 30,000 deaths annually in the UK. (British Lung Foundation, nd). Published research on COPD shows a significantly lower risk for all other ethnic groups when compared with the White British group. Smoking status and intensity were found to have almost identical influences on COPD risk across ethnic groups.

There is no research on COPD within the Latin American community in the UK. In the absence of this data and information, Latin America-based research from 2019 (Perez-Padilla and Menezes, 2019; Menezes *et al.*, 2017) may help fill this knowledge gap. As in other areas of the world, tobacco exposure has been consistently associated with COPD risk in Latin America. The state of the tobacco epidemic varies in different countries as well as in rural versus urban areas. The PLATINO survey provides useful smoking prevalence statistics and shows a prevalence of current smoking ranges from 24% in Sao Paulo (Brazil) to 38% in Santiago (Chile). The mean number of cigarettes smoked also varies substantially, from six cigarettes per day in Mexico City to 15 cigarettes per day in Sao Paulo. The PLATINO study shows COPD prevalence in Mexico City was the lowest of all cities in the study as was the prevalence of tobacco consumption and the cumulative smoking exposure among smokers. Though it is worth noting that smoking trends have shown a declining pattern from 1980 to 2012 in most Latin American countries.

A US based study by Bruse *et al.*, (2011) also provides some useful insights. The study included 369 Latin American individuals self-identifying with Hispanic ethnicity aged between 40 and 75, who were current or former cigarette smokers. Compared with the non-Hispanic White ethnic group, Hispanics had significantly ($p=0.007$) lower odds of COPD (OR 0.49, 95% CI 0.35 to 0.71). Additionally, the study also found that Hispanic smokers have reduced risk of rapid decline in lung function (OR 0.48, 95% CI 0.30 to 0.78). The risk factors associated with increased odds of developing COPD were smoking status and frequency, chronic bronchitis, obesity and female gender.

Data from the British Lung Foundation (nd.) also showed the age standardised mortality rate for COPD by country from 2001 to 2010 which may provide some additional context on the risk of COPD among Latin Americans. Mortality rates varied largely across Latin American countries, from 2 per million population in Haiti to 345 per million population in Colombia (Table 25). This is compared with 211 per million population in the UK. This data may indicate that Latin Americans from Colombia, Brazil and Mexico in the UK may be at increased risk from COPD. However, more recent data from the UK is needed to demonstrate this.

Table 25: Age standardised mortality rate (per million population) of COPD by country: Latin America, 2001 to 2010

| Country | Age-standardised mortality rate (per million population) |
|-----------|--|
| Colombia | 345 |
| Brazil | 274 |
| Mexico | 243 |
| UK | 211 |

| Country | Age-standardised mortality rate (per million population) |
|--------------------|--|
| Costa Rica | 201 |
| Uruguay | 192 |
| Venezuela | 185 |
| Panama | 170 |
| Cuba | 165 |
| Nicaragua | 162 |
| Puerto Rico | 159 |
| Chile | 153 |
| Guatemala | 98 |
| Argentina | 93 |
| Ecuador | 90 |
| El Salvador | 76 |
| Peru | 58 |
| Paraguay | 55 |
| Dominican Republic | 54 |
| Bolivia | 13 |
| Haiti | 2 |

Source: British Lung Foundation, nd

2.5.5.6 Cancer

Cancer is an illness when abnormal cells in the human body divide in an uncontrolled way with some cancers eventually spreading into other tissues across the body (Cancer Research UK, nd). There are more than 200 different types of cancer, and 1 in 2 people in the UK will get cancer in their lifetime.

Cancer was the leading causes of death among Latino people in the US in 2016, accounting for 21% of deaths (American Cancer Research, nd). This is similar to the non-Hispanic White population during the same year (22%). Men and women from the community are less likely than (non-Hispanic) White people to be diagnosed with the most common cancers (lung, colorectal, breast, and prostate), and they have a higher risk for cancers associated with infectious agents, such as liver, stomach, and the cervix. This represents a double burden of disease for the Latino community. However, there is much variation in the cancer burden within the community by country of origin, which is difficult to capture because most data are reported for this heterogeneous population in aggregate.

2.5.6 Living with a Physical Disability

The 2021 Census allows for investigations into who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses which are considered disabled. Under the Equality Act (2010), disability is classified as having a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.

Table 26 shows the percentages of differing disability categories for Latin-American born people, alongside Birmingham and England and Wales averages. A higher percentage of Latin-American born people (92%) in England and Wales identified as not disabled under the Equality Act compared with Birmingham (83%) and England and Wales (83%) averages. Overall, this would suggest that the Latin-American born population has lower prevalence of disability compared with local and national averages.

There were higher percentages of those that were disabled under the Equality Act in England and Wales; 7.5% of the England and Wales population felt that that it limited day-to-day activity a lot, while 10% felt it limited a little. Comparative numbers for Birmingham were 8.1% and 9.2%, while Latin-American born figures were 2.7% and 5.3%.

Table 26: Disability status within Latin American-born populations: England and Wales, 2021

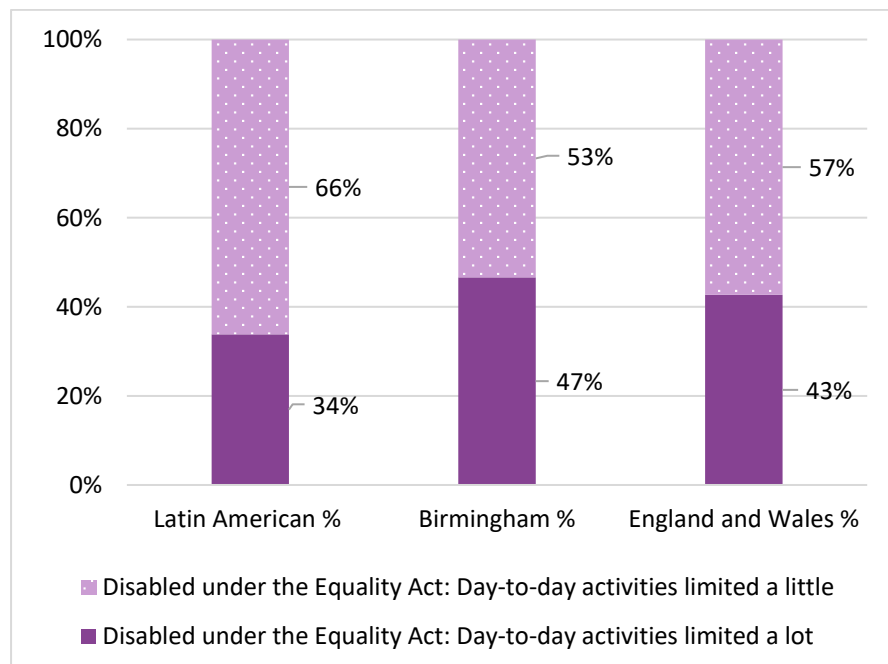
| Disability | Latin American (%) | Birmingham (%) | England and Wales (%) |
|--|--------------------|----------------|-----------------------|
| Disabled under the Equality Act: Limited a lot | 2.7 | 8.1 | 7.5 |
| Disabled under the Equality Act: Limited a little | 5.3 | 9.2 | 10 |
| Not disabled under the Equality Act: Has long-term physical or mental health condition but day-to-day activities are not limited | 4.7 | 5.1 | 6.8 |
| Not disabled under the Equality Act: No long-term physical or mental health conditions | 87 | 78 | 76 |

Source: ONS (2023): 2021 Census (190 category dataset for country of birth, 5 for disability)

Of those who identified as being disabled under the Equality Act, Latin American-born populations appear to be less affected than Birmingham and national averages. **Figure 15** shows that 34% of the Latin American-born people who identified as living with a disability under the Equality Act

felt that their day-to-day activities were limited a lot, which is lower than England and Wales (43%) and Birmingham (47%)****.

Figure 15: Day-to-day activities limited by disability, within Latin American-born populations: England and Wales, 2021



Source: ONS (2023): 2021 Census (190 category dataset for country of birth, 5 for disability)

**** See Appendix 3.14 for full data table

2.5.7 Access to Services

In the absence of Birmingham-focused research on mental health of the Latin American community, the HealthWatch Southwark report may be insightful. A HealthWatch Southwark (2014) Report in London, carried out in collaboration with the Latin American Women's Rights Service, identified that insufficient English language skills and a lack of information were key barriers for Latin American women trying to access NHS and social care services. According to the women consulted in the questionnaire, this is also an important issue encountered by recent arrivals. A significant number of respondents did not know how to access dentists, consultants, or specialised health services such as sexual or mental health clinics.

The study conducted by Montanez (2020) collected the views of 37 Latin American women residing in Southwark and found that 72% of the women surveyed did not know how to access mental health services locally. In addition, the research illustrates that of all NHS services, mental health services were the least known by the surveyed group (Luzanilla, 2022).

These findings align with OHID (2023a) comments in individual countries migrant guides, which suggest that Latin American communities are not aware of how the NHS works, or their entitlements to healthcare.

2.6 Protect and Detect

Key Findings

- There is limited information on vaccination uptake among Latin Americans in the UK. Rates of HPV vaccinations differ greatly between Latin American countries. The percentages of those that have had the first dose was highest amongst Brazilians (88%), and lowest in Mexicans (17%) and people from the Dominican Republic (18%) (Nogueira-Rodrigues *et al.*, 2022).
- There is limited information on STIs among Latin Americans in the UK. US data shows that in 2018, the rates of reported chlamydia and gonorrhoea cases among Latinos were 392.6 and 115.9 per 100,000 population respectively; 1.9 and 1.6 times the rate among the White (non-Latino) population (CDC, 2020).
- Since 2005, there has been a notable increase in the number of South Americans diagnosed with HIV in the UK, from 59 in 2005 to 136 in 2009, a 230% increase (Granada and Paccoud, 2014).
- A UK-based study from 2021 (n=432) found that among Latin Americans surveyed, 14% did not have access to basic health services through a GP during the pandemic, though the reason for this was not analysed in the research (Zarzosa, 2021).

- Though exact numbers of TB cases within the Latin American community in the UK are not known, a PHE report from 2013 found that of drug-resistant TB cases, 68 (1.8% of non UK-born cases) people were recorded as being from South America, Central America and the Caribbean (PHE, 2013).
- The 2013 Public Health England report also found that the proportion of TB cases resistant to isoniazid was particularly high among individuals born in South and Central America and the Caribbean (10%).
- Chagas disease is endemic in Central and South America, killing more people in Latin America than any other parasitic disease (PHE, 2021). The majority of cases from people in the UK have been identified from Latin American migrants, but it is estimated that 5% of cases have yet to be identified.
- A London based report in 2014 found that 4 in 10 Latin American women were not registered with a dentist (HealthWatch Southwark, 2014).

2.6.1 Screening

Cancer is one of the major causes of death in the UK, with more than 1 in 4 deaths in the UK being attributed to cancer in 2019 (Cancer Research UK, nd). Diagnosis at an early stage of cancer development can improve survival chances and health interventions, such as screening programmes, are an important part of efforts to reduce cancer mortality.

Screening can also contribute to the prevention of cervical and colorectal cancers by detecting precancerous growths that can be swiftly removed. The main screening programmes offered in the UK are:

- **Cervical screening:** offered to all women and people with a cervix aged 25 to 64 to check the health of cells in the cervix. It is offered every 3 years for those aged 25 to 49, and every 5 years from the ages of 50 to 64. Cervical screening helps identify pre-cancerous cell changes in the cervix. These changes can be treated, preventing cancer from developing. Cervical screening is believed to save up to 5,000 lives a year in the UK (Marlow, Wardle, and Waller, 2015).
- **Breast screening:** offered to women aged 50 to 70 to detect early signs of breast cancer. Women over 70 can self-refer as well. Breast screening prevents approximately 1,300 women from dying of breast cancer every year in the UK. (Marmot, Cameron, and Dewar, 2012). Uptake of breast cancer screening is defined as the proportion of women invited who attend from screening within 6 months of their invitation.
- **Bowel cancer screening for colorectal cancer:** offered to everyone aged 60 to 74, using a home test kit every 2 years. Colorectal cancer (CRC) screening can prevent cancer through the detection and removal of precancerous growths and detect cancer at an early stage, when treatment is usually more successful.

There is limited information on cancer screening in relation to the Latin American community in the UK, however it is worth noting that research

from the region shows cancer incidence and mortality in Latin America are rising which may make screening programmes increasingly important to the Latin American migrants in the UK as well (Nuche-Berenguer and Sakellariou, 2019).

While effective and accessible cancer screening services enable early cancer detection, existing research shows the existence of disparities in screening uptake across the Latin American region. Research by Nuche-Berenguer and Sakellariou (2019) found low income, low education level and single marital status were all identified to be determinants of underuse of breast and cervical cancer screening services in Latin America. Comparatively, a meta-analysis of studies found that socio-demographic characteristics, healthcare service delivery, cultural, religious & language, the gap in knowledge & awareness, and emotional, sexual & family support were key barriers to cervical and breast cancer screening for ethnically diverse women (Bolarinwa and Holt, 2023).

While there is a research gap on this theme in the UK, research from the US has found cervical cancer screening prevalence in Latino^{§§§§§} women continues to be lower than in White women (American Cancer Society, nd). In 2015, 79% of Latino women were up-to-date with cervical cancer screening compared with 85% of White women (American Cancer Society, 2018; Nuche-Berenguer and Sakellariou, 2019).

Similar trends are noticeable in relation to breast cancer screening. Mammography is a low-dose x-ray procedure that can detect breast cancer at a stage when treatment may be more effective. Mammography

^{§§§§§} A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

prevalence among Latino women remains lower than among White women, although the gap is narrowing. In 2015, the prevalence of mammography screening within the past two years among women 40 years of age or older was 61% in Latino women compared with 65% in White women (American Cancer Society, nd). However, mammography screening uptake varies by sub-group, ranging from the lowest of 51% in Cubans to the highest of 67% in Puerto Ricans.

In 2015, among adults 50 years or older in the US, CRC screening prevalence among Latino people (50%) was substantially lower than among White people (65%) (American Cancer Society, nd). In those aged 50 to 64, the gap was even larger (43% in Latino versus 61% in White groups). These differences are largely driven by lower use of colonoscopy in Latin Americans, though use of stool tests is similar. Screening uptake also varies widely by Latin American origin in the US, ranging from 37% (the lowest) among Dominicans to 53% (the highest) among Puerto Ricans, shown in **Table 27**.

Table 27: Cancer screening test percentage within each differing Latin American populations: US, 2015

| Type of Cancer Screening | Mexican (%) | Puerto Rican (%) | Cuban (%) | Central or South American (%) | Dominican (%) | Non-Hispanic White (%) |
|---------------------------------------|-------------|------------------|-----------|-------------------------------|---------------|------------------------|
| Pap test within the past three years* | 77 | 79 | 82 | 77 | 81 | 83 |

| Type of Cancer Screening | Mexican (%) | Puerto Rican (%) | Cuban (%) | Central or South American (%) | Dominican (%) | Non-Hispanic White (%) |
|---|-------------|------------------|-----------|-------------------------------|---------------|------------------------|
| Up-to-date cervical cancer screening* | 78 | 80 | 84 | 81 | 82 | 85 |
| Mammogram within the past year** | 44 | 50 | 40 | 50 | 48 | 50 |
| Mammogram within the past two years** | 60 | 67 | 51 | 67 | 59 | 65 |
| Overall colorectal screening (ages 50+ years) | 46 | 62 | 51 | 52 | 40 | 65 |
| Overall colorectal screening males (ages 50+ years) | 45 | 65 | 48 | 55 | No data | 66 |
| Overall colorectal screening females (ages 50+ years) | 47 | 60 | 56 | 50 | No data | 65 |

Source: American Cancer Society (nd)

* Women aged 21 to 65 years-old

** Women aged 40+

only), while full course doses still remained low in Mexico (5%) and the Dominican Republic (7%).

2.6.2 Vaccination Programmes

2.6.2.1 Human Papillomavirus Vaccine

HPV is the collective name given to a group of viruses; “high risk” HPV are linked to cervical cancer, anal cancer, genital cancers and cancers of the head and neck. The HPV vaccine can drastically reduce the likelihood of developing cervical cancer; incidence was reduced by 90% in those vaccinated between ages 12 and 13 and by 34% in those vaccinated from ages 16 to 18 (Cancer Research UK, 2021).

Data is not available for the take-up of HPV vaccinations for Latin Americans living in the UK. Information taken from multiple WHO reports in the study by Nogueira-Rodrigues *et al.*, (2022) finds that HPV vaccination is low within Latin American countries (**Table 28**). The number of doses and gender to take the vaccine varies across nations. The average first dose for each Latin American country was found to be 54%, with only 39% having completed the full dose course (for some countries, this was 2 and for others was 3). *It is important to note that calculations treated population sizes as the same between countries, and that countries with a higher population would alter averages if average of the total population for the region was taken.* The percentages of those that have had the first dose was highest amongst Brazilians (88%), and lowest in Mexicans (17%) and people from the Dominican Republic (18%). 77% of people in Costa Rica had received the full two dose course (data was not available for 1st dose

Table 28: HPV vaccination rates: Latin America, 2008 onwards

| Country | Year of most recent data | Female (F) or Male (M) | Number of doses for full course | % 1 st dose | % Full course |
|--------------------|--------------------------|------------------------|---------------------------------|------------------------|---------------|
| Argentina | 2011 | F/M | 2 doses | 72 | 46 |
| Costa Rica | 2019 | F | 2 doses | N/A | 77 |
| Brazil | 2014 | F/M | 2 doses | 88 | 72 |
| Peru | 2011 | F | 2 doses | 79 | 16 |
| Chile | 2014 | F/M | 2 doses | 78 | 74 |
| Ecuador | 2014 | F | 2 doses | 75 | 36 |
| Honduras | 2016 | F | 2 doses | 67 | 47 |
| Panama | 2008 | F/M | 2 doses | 67 | 44 |
| Bolivia | 2017 | F | 2 doses | 60 | 24 |
| Paraguay | 2013 | F | 3 doses | 56 | 37 |
| Guatemala | 2018 | F | N/A | 38 | 20 |
| Uruguay | 2013 | F/M | 3 doses | 38 | 25 |
| Colombia | 2012 | F | 3 doses | 34 | 57 |
| El Salvador | 2020 | F | N/A | 27 | N/A |
| Dominican Republic | 2014 | F | 2 doses | 18 | 7 |
| Mexico | 2008 | F | 2 doses | 17 | 5 |
| Average | - | - | - | 54 | 39 |

Source: Nogueira-Rodrigues *et al.*, (2022)

2.6.2.2 Flu and Pneumococcal Vaccines

The main vaccinations offered by the NHS to adults in the UK are the influenza (flu) and pneumococcal vaccines. Vaccination programmes are

important in reducing incidence of preventable diseases and subsequent health risks. While there is limited research and data on the UK's Latin American community's take up of the various vaccination programmes, data from the US provides useful insight as the same vaccines are offered in the US.

US-based data by the US Department of Health and Human Services (nd) shows that in 2020, 59% Latino adults aged 65 years had the flu shot, compared with 72% of the White (non-Latin American) population. In England, influenza vaccine uptake in GP registered patients from 2021 to 2022 in patients aged 65 and over was 82% compared with 81% in 2020 to 2021; this is the highest vaccine uptake ever achieved for this group and exceeds the World Health Organization (WHO) vaccine uptake target of 75% (UK Health Security Agency (UKHSA), 2022a). By comparison, the flu jab uptake within the Latin American community is similar to that found within the British Indian community, aged 16 to under 65 years in a clinical risk group (54%) (UKHSA, 2022a). While this a valuable insight, a degree of caution should be applied in using the uptake figures from the US to the UK as the US-based Latin and the UK's Latin communities may be distinct.

2.6.3 Sexual Health

2.6.3.1 All Sexual Health

There is limited information on sexual health within the Latin American community in the UK. UK-based research studies (Granada and Paccoud, 2014; McGrath-Lone *et al.*, 2014) assessing the sexual health of male sex workers in England, some of which include Latin Americans, note male sex workers were significantly ($p < 0.001$) more likely to be diagnosed with

certain Sexually Transmitted Infections (STIs), such as gonorrhoea (AOR 2.2, 95% CI 1.6 to 3.0), than other men, making them a high-risk group. Male sex workers are three times more likely to be diagnosed with HIV or chlamydia and twice as likely to contract gonorrhoea as compared with other men (Granada and Paccoud, 2014). The study population included 39% from South America, of which 97% were from Brazil.

Similarly, UK-based outreach service for sex workers Open Doors, has identified a large influx of Latin American female sex workers (Granada and Paccoud, 2014). In response to this, an ongoing clinic was established, which operates weekly at Homerton University Hospital. Translation in Portuguese is available at the clinic, as Brazilians represent one third of the project's client base. General advice in Portuguese is provided at the clinic by the Latin American Women's Rights Service, a specialist service provider. On average, 30 Brazilian sex workers benefit from advice services at the clinic every month (Granada and Paccoud, 2014).

Some cultural factors that may contribute to high-risk sexual activity, include traditional values: the common idea that sexuality is embarrassing and not to be discussed either with one's children or with one's partner (Granada and Paccoud, 2014). The study by Granada and Paccoud also notes the presence of homophobia in Latin American culture, which may make LGBTQ people within the community feel outcasted. Latin American men who are living heterosexual lifestyles while engaging in bisexual behaviour may not perceive themselves as homosexual, which may mean that messages directed specifically at the Latino LGBTQ community in the UK may be ignored by a large proportion of those actually at risk. Also, sexual health providers in Latin American countries do not recognise the need nor is there general provision for sensitive and relevant information

for gay, bisexual and other men who have sex with men (GBMSM) and so further deepens stigma and health inequalities in this at-risk group.

US data shows that in 2018, the rate of reported chlamydia cases among Latinos was 392.6 cases per 100,000 population, which was 1.9 times the rate among the White (non-Latino) population. In 2018, the rate of reported gonorrhoea cases among Latin Americans was 115.9 cases per 100,000 population, which was 1.6 times the rate among the White population (CDC, 2020). By comparison, up until April 2021, 619 out of 100,000 people under the age of 25 in England had been diagnosed with STIs like syphilis or gonorrhoea (UKHSA, 2022b); for every 100,000 men, over 136 of them have been affected by gonorrhoea.

2.6.3.2 Human Immunodeficiency Virus

HIV continues to be a major public health issue in the UK, though there has been a continued decline from 2014 to 2019 in the rate of new HIV diagnoses (PHE, 2020b). This is argued to be mostly as a result of a combination of improved testing, pre-exposure prophylaxis, rapid linkage to treatment and support for those diagnosed with HIV to attain viral suppression.

The Latin American community in the UK has been impacted by HIV, and since 2005, there has been a notable increase in the number of South Americans diagnosed with HIV in the UK, from 59 in 2005 to 136 in 2009 (230% increase), nearly 90% of whom were MSM (Granada and Paccoud, 2014). A PHE (2020b) epidemiology report for London suggests that 1 in 8 MSM newly diagnosed with HIV in 2011 were born in Latin America, but do not specify country names.

While HIV-focused data for the Latin American community in Birmingham is not available, statistics from London may provide some helpful insight. Research has found that Brazilian-born MSM^{*****} have the second highest proportion of new HIV diagnoses (7%) in London and 56% of them were infected in the UK (Granada and Paccoud, 2014). The research by Granada and Paccoud also notes that the London boroughs with the highest concentration of Latin Americans are also those with the highest number of new HIV diagnoses. For example, the boroughs with the highest number of HIV diagnosed prevalence per 1,000 (Southwark and Lambeth) are the boroughs with the highest number of Latin American population. These boroughs are some of the most deprived in the city, similar to the wards which the Latin American community are concentrated in Birmingham.

Within Latin American country migrant guides produced by OHID (2023a), it is reported that there is a high rate (more than 1%) of HIV amongst people in Panama. Recent data is not available on STIs for each region, but as many places with high rates of HIV tend to have high rates of STIs, sexual health screening and advice should be encouraged to migrants, particularly, from Panama.

2.6.4 COVID-19

A UK-based study from 2021 (Zarzosa, 2021) used data and feedback from 432 respondents supported by a community-led organisation for Latin Americans, Indoamerican Refugee Migrant Organisation (IRMO). The data from the research found that among those surveyed, 14% did not have

***** The term “MSM” has previously been used in clinical settings to refer to sexual behaviour alone, regardless of sexual orientation (e.g., a person might identify as heterosexual but still be classified as MSM).

access to basic health services through a GP during the pandemic – though the reason for this has not been analysed in the research. The research argues that this likely led to an exclusion from health programmes, including the roll out of the COVID-19 vaccination. Importantly, PHE’s work on the impact of COVID-19 on ethnic minority communities does not mention the impact on Latin Americans specifically. This is a key research gap and there is need for research on the take up of the COVID-19 vaccine within the Latin American community, with reference to access to broader NHS services as well to ensure the community does not face barriers in accessing healthcare services.

2.6.5 Other Infectious Diseases

2.6.5.1 Hepatitis B

HBV is a vaccine-preventable liver infection which is spread through blood, semen and vaginal fluids. If left untreated, chronic infection can cause liver cancer and cirrhosis. Prevalence of HBV in the UK is typically low, with a carriage rate of 0.1% to 0.5% (Tash *et al.*, 2014). The Public Health migrant guides (OHID, 2023a) for Latin American countries indicate that the risk of HBV is intermediate in Colombia, the Dominican Republic, Peru, and Uruguay, so particular attention should be paid to migrants from these countries. According to OHID (2023a) ‘high and intermediate prevalence’ is listed as between 5% and 10% of adults for HBV.

2.6.5.2 Hepatitis C

Hepatitis C is another virus that can infect the liver. If left untreated, it can sometimes cause serious and potentially life-threatening damage to the liver over many years (NHS, 2021). The majority of Latin American countries have a higher prevalence (1% to 2%) of Hepatitis C compared with the UK (<1%), so it is important to offer screening for Hepatitis C to all Latin American communities (OHID, 2023a).

2.6.5.3 Tuberculosis

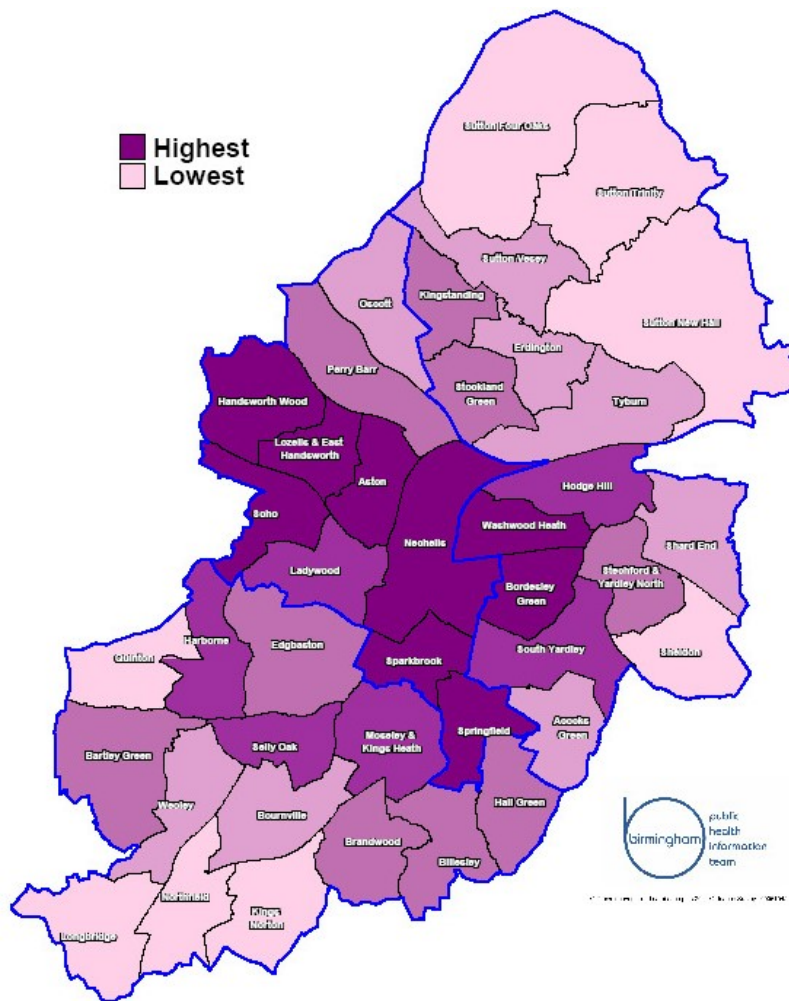
In 2020, there were 548 tuberculosis (TB) case reports to the PHE Enhanced Tuberculosis Surveillance system (ETS) for individual's resident in the West Midlands (UKHSA, 2020). The West Midlands has higher rates of TB than England as a whole. Case numbers decreased in 8 out of 14 local authorities, with the largest reduction in numbers observed in Birmingham (212 cases in 2019 versus 189 cases in 2020). Individuals with a country of birth outside of the UK accounted for 69% of people with TB in the West Midlands in 2020 (365 out of 526) and experienced a rate of TB 13 times higher than the rate among UK-born individuals. TB admissions in Birmingham are concentrated in wards where a greater proportion of the Latin American community reside (map shown in [Figure 16](#)) (Birmingham City Council, 2012).

Though exact numbers of TB cases within the Latin American community in the UK are not known, a PHE report from 2013 found that of drug-resistant TB cases, 68 (1.8% of non UK-born cases) people were recorded as being from South America, Central America and the Caribbean (PHE, 2013). It also found the proportion of TB cases resistant to isoniazid was

particularly high among individuals born in South and Central America and the Caribbean (10%). The Latin American migrant guides produced by OHID (2023a) highlight Bolivia, Brazil, the Dominican Republic, Ecuador, El Salvador, Nicaragua, Peru, and Venezuela as countries with a high incidence of TB (40 to 499 cases per 100,000). For comparison, in 2012 UK prevalence of TB was 14 per 100,000 (PHE, 2013). It is of high importance to provide screening to migrants particularly from these countries and refer people to TB services if test results are positive.

For context, there were 8,751 reported cases of TB in 2012, including 6,125 non-UK born cases, including the cases from South America, Central America and the Caribbean. This should be further investigated to determine whether Latin Americans living with TB in the UK are undertreated, require greater specialist medical support and whether they are experiencing a late diagnosis.

Figure 16: TB admissions by electoral ward: Birmingham, 2005 to 2008



Source: Birmingham City Council (2012)

2.6.5.4 Chagas Disease

Chagas disease (American trypanosomiasis) is a zoonosis caused by the flagellate protozoan parasite *Trypanosoma cruzi*. Chagas disease is endemic in Central and South America, killing more people in Latin America than any other parasitic disease (OHID, 2021). The majority of cases from people in the UK have been identified from Latin American migrants, but it is estimated that 5% of cases have yet to be identified. Transmission of Chagas disease is either through pregnancy and delivery or through blood transfusion or transplantation. To prevent transmission of Chagas disease within the UK, people cannot donate if they or their mother was born in South or Central America (OHID, 2021).

2.6.5.5 Other Infectious Diseases

Human T-cell lymphotropic virus type 1 (HTLV-1) is a lifelong carcinogenic oncovirus discovered in 1980 (UKHSA, 2022b). OHID (2023a) highlight that there is a high prevalence of HTLV in Argentina, Colombia, the Dominican Republic, and Panama.

Malaria, transmitted by mosquitos, is a serious febrile illness, due to infection of red blood cells with a parasite called Plasmodium. Migrant guides produced by OHID (2023a) highlight that there is a high incidence of malaria in the following regions:

- Bolivia due to *P. falciparum* and *P. vivax*
- Brazil due to *P. falciparum*
- Colombia due to *P. falciparum* and *P. vivax*
- Honduras due to *P. falciparum* and *P. vivax*

- Guatemala due to *P. falciparum* and *P. vivax*
- Nicaragua due to *P. falciparum* and *P. vivax*
- Peru due to *P. falciparum* and *P. vivax*
- Venezuela due to *P. falciparum* and *P. vivax*.

Typhoid and paratyphoid are almost mostly acquired abroad through the ingestion of heavily contaminated food and water. These diseases are prevalent in regions of the world where sanitation is poor (PHE, 2017). The migrant guides by OHID (2023a) show that typhoid is a high-risk problem in many Latin American countries.

2.6.6 Oral Health

A report by Mcilwaine (2008) which used a small sample of 52 respondents on the Latin American community in the UK found that only a third of the Latin American community have used a dentist. In addition to this, a HealthWatch Southwark report in 2014 in London found that 4 in 10 Latin American women were not registered with a dentist (HealthWatch Southwark, 2014).

While there is no further analysis from the UK, research from the US may be insightful. Data from the US-based CDC has found nearly twice as many Mexican American adults have untreated cavities as White (non-Latin American) adults (CDC, 2021). In the absence of research on the topic it would be useful to assess the oral health within the community in the UK.

2.7 Ageing Well and Dying Well

Key findings

- There is no data on the life expectancy of the Latin American community in the UK. However, data from the US found in 2019, the overall life expectancy in years was 82.2 for the Latino population which was noticeably higher than 78.9 for the White population
- While there is no UK-based on dementia within the Latin American community, US-based research has found approximately 13% of Latin Americans who are 65 or older have Alzheimer's or another dementia.
- The Latin American community was found to be 1.5 times more likely than White people to have dementia, though the reason for this is not clear and more research is needed to understand the cause.
- US-based research has found that older Latin Americans are less likely than White adults to enter care homes. The reasons cited include that many older Latinos face language and cultural barriers as they navigate the health care system.

2.7.1 Life Expectancy and Healthy Life Expectancy

There is no data on the life expectancy of the Latin American community in the UK. However, data from the US has found in 2019, the overall life expectancy in years was 82.2 for the Latino population which was noticeably higher than 78.9 for the White (non-Latin American) population (National Institutes of Health, 2022). As revealed in section 1.6.2, there is

a lower percentage of Latin American-born people aged 65+ compared with Birmingham and England and Wales averages, however, this is not enough information to conclude that life expectancy is shorter, as it may just indicate the age group of people that migrate to those regions, or people may migrate back to Latin America in retirement age.

2.7.2 Dementia

Dementia and Alzheimer's disease are the leading cause of death among the general population, this cause represented 13% of all death registrations in the period of 2017 to 2019 (ONS, 2021a).

There is no UK-based research on dementia and perceptions of dementia within the Latin American community. However, US-based research by Alzheimer's Association (nd) has found approximately 13% of Latin Americans who are 65 or older have Alzheimer's or another dementia. It also finds that the community are 1.5 times more likely than White people to have dementia, though the reason for this is not clear and more research is needed to understand the cause. Importantly it found that one-third of Latin Americans (33%) report that they have experienced discrimination when seeking dementia-related health care. This finding is important and should be further studied to determine whether the UK-based community's experience of seeking dementia-related care is similar.

To support Birmingham residents living with dementia, the Birmingham and Solihull Integrated Case System (BSOL ICS) have launched a Dementia Strategy for 2023 to 2028. The Strategy aims to enable all people with dementia and those who care for them, to have the best possible health and social care support through their dementia journey (Birmingham and

Solihull Integrated Care System, 2023). This will be achieved through 4 key priorities:

1. Information which focuses on prevention of dementia, early intervention and support.
2. Access to a timely diagnosis with support before and after.
3. Supporting people with dementia, their loved ones, carers and communities to prevent crisis.
4. Improving the quality of personalised care and support planning for people with dementia, including planning for the end of life (Birmingham and Solihull Integrated Care System, 2023).

2.7.3 Frailty, Loneliness and Isolation

There is no research on frailty, loneliness and isolation within the community in the UK. US-based research by Gerst-Emerson, Shovali, and Markides (2014) has found that increasing numbers of researchers are finding that loneliness is a significant risk factor for morbidity and mortality, and several variables have been found to be closely related to the experience of loneliness among older Latino adults. A US-based study by Raymo and Wang (2022) noted that greater social isolation among immigrants contributes to the higher observed levels of loneliness within the community. It would be valuable to examine whether recent migrants

from Latin America to the UK also experience loneliness to shape mental health support provisions accordingly.

2.7.4 Care Homes and Domiciliary Care

There is no data or research on the use of care homes and domiciliary care within the Latin American community in the UK. US-based research has found that older Latin Americans are less likely than White adults to enter care homes (Thomeer, Mudrazija, and Angel, 2015). The reasons cited include that many older Latinos face language or cultural barriers as they navigate the health care system (Long-Term Care Poll, 2016). Research on whether the community face similar challenges in the UK will enable to shape support provided by care homes and domiciliary care.

2.7.5 End-of-life and Palliative Care

Similar to care homes and domiciliary care, there is no data or research on the use of end-of-life and palliative care within the Latin American community. Research by Smith, Sudore, and Pérez-Stable (2009) from the US has found that Latino immigrants face a number of external challenges to optimal end-of-life care: geographic distance separate patients from their families, with whom they are very close; language and literacy barriers; and concerns about discrimination. Other Latino community-specific issues that may be more pronounced in end-of-life settings include religious and spiritual influences which need to be respected by care providers.

2.8 Contributing to a Green and Sustainable Future

Key Findings

- Approximately 25% of the Central American-born and 17% of the South American born communities living in Birmingham reside in the top 10 most polluted MSOAs.
- It can be estimated that there are large proportions of the Latin American community in the 'very high' risk areas (within the Central and Central-West of the city). Therefore, the Latin American population in Birmingham is likely vulnerable to the UHI effect.

The Environmental Justice map combines 5 indicators, namely, the index of Years of Life Lost (YLL), Urban Heat Island (UHI) effect, the Indices of Multiple Deprivation (IMD), Public green spaces access and flood risk. The indicators are combined and scaled in a range of 0 to 1, with 0 being the most preferred and 1 being the least. The wards in Birmingham vary from scores of 0.12 in Sutton Roughley to 0.43 in Balsall Heath West (Birmingham City Council, 2022a).

Country of birth by the 190-category dataset is not currently available for the number of Latin American-born people by ward, in Birmingham. The largest populations of South American-born people are in Birmingham are found in Ladywood, followed by Edgbaston, Selly Oak and Harborne wards. As the community is spread across the city, some of these wards have the higher mean values on the environmental justice map while others do not

(Table 29). This is similar to the Central American-born population (Table 30).

Table 29: Birmingham City Council's Environmental Justice Map, within wards most heavily populated by South American-born people: Birmingham, 2021

| Ward | South America-born residents (n.) | Environmental Justice Index – mean value |
|--------------------------|-----------------------------------|--|
| Ladywood | 235 | 0.33 |
| North Edgbaston | 206 | 0.32 |
| Weoley & Selly Oak | 133 | 0.30 |
| Edgbaston | 108 | 0.21 |
| Soho & Jewellery Quarter | 103 | 0.36 |
| Harborne | 91 | 0.26 |
| Bordesley & Highgate | 88 | 0.40 |
| Bournbrook & Selly Park | 84 | 0.30 |
| Quinton (Birmingham) | 79 | 0.27 |
| Moseley | 70 | 0.26 |

Source: Birmingham City Council (2022a) and ONS (2023) *60 category dataset*

Table 30: Birmingham City Council’s Environmental Justice Map, within wards most heavily populated by Central American-born people: Birmingham, 2021

| Ward | Central America-born residents (n.) | Environmental Justice Index – mean value |
|--------------------------|-------------------------------------|--|
| Soho & Jewellery Quarter | 35 | 0.36 |
| Ladywood | 22 | 0.33 |
| Moseley | 21 | 0.26 |
| Quinton (Birmingham) | 20 | 0.27 |
| Bournbrook & Selly Park | 18 | 0.30 |
| Edgbaston | 16 | 0.21 |
| Northfield (Birmingham) | 13 | 0.29 |
| Harborne | 12 | 0.26 |
| Handsworth Wood | 11 | 0.26 |
| Longbridge & West Heath | 11 | 0.30 |

Source: Birmingham City Council (2022a) and ONS (2023) *60 category dataset*

2.8.1 Access to Green Spaces

Green spaces are defined as “any area of vegetated land, urban or rural. This includes both public and private spaces”. Examples of green spaces

include parks, gardens, playing fields, wood and other natural areas (PHE, 2020).

Birmingham has been named one of the greenest cities in Europe, with over 600 publicly accessible green and blue spaces across the city. 60% of Birmingham residents visit green spaces on a weekly basis, with 72% choosing to visit the green space closest to their home. However, there is an observed inequality in access to good quality green spaces across the city (Birmingham City Council, 2022b).

The environmental justice map defines access to green space as “within 1,000m and at least 2 hectares” (Birmingham City Council, 2022a). ONS data for 2020 provides insight into the average combined size of parks or public gardens and playing fields within 1,000m radius of residents by MSOA. This will provide a proxy for access to good quality green spaces (ONS, 2021b).

Encouragingly, all MSOAs in Birmingham have at least 2 hectares of combined green space within 1,000 metres; however, these two hectares may be split into smaller parks and playing fields. For example, in the Central MSOA, with a South American and Central American population of 121, the average size of the nearest green space is 0.57 hectares, below the definition for access to green space. However, this dataset does not indicate the size of the next nearest green space, which may meet the requirements listed above.

2.8.2 Air Pollution

Air pollution is a major public health risk. A review by the WHO concluded that ambient (outdoor) air pollution can reduce life expectancy and cause

premature deaths. In 2019, 37% of premature deaths caused by air pollution were due to increased incidence of ischaemic heart disease and stroke, 18% from COPD, 23% from acute lower respiratory infections and 11% from respiratory tract cancers (WHO, 2022). The effects of air pollution disproportionately affect vulnerable communities such as children, pregnant people, older adults and those with pre-existing conditions (Birmingham City Council, 2020).

It is estimated that in Birmingham 900 deaths annually are linked to air pollution (Birmingham City Council, 2020). Additionally, Fingertips data estimates that in 2021, 6.2% of mortalities in Birmingham were attributable to particulate air pollution. This is compared with 5.5% nationally (OHID, 2023e).

2019 data from the IMD estimated the concentration of four main air pollutants: nitrogen oxide, benzene, sulphur dioxide and particulate matter. The overall pollution levels were calculated and given an associated score. A higher score indicates a higher level of air pollution; nationally scores range from 1.90 to 0.32 (MHCLG, 2019). **Table 31** maps the 10 most polluted MSOAs in Birmingham and the corresponding Central American and South American-born populations.

Table 31: Average air pollution of four main air pollutants by MSOA, displaying Central and South American populations within each MSOA: Birmingham, 2020 and 2021

| MSOA | Pollution Score | Central American population (no.) | South American population (no.) |
|---------|-----------------|-----------------------------------|---------------------------------|
| Central | 1.55 | 54 | 67 |

| MSOA | Pollution Score | Central American population (no.) | South American population (no.) |
|------------------------------------|-----------------|-----------------------------------|---------------------------------|
| North Central and Dartmouth Circus | 1.52 | 8 | 44 |
| Nechells | 1.51 | 0 | 16 |
| Digbeth | 1.49 | 2 | 84 |
| Aston Park | 1.48 | 2 | 3 |
| Brookvale | 1.47 | 1 | 23 |
| Five Ways North | 1.46 | 6 | 57 |
| Ladywood – Summer Hill | 1.45 | 8 | 81 |
| Middlemore | 1.45 | 1 | 12 |
| Washwood Heath | 1.45 | 1 | 2 |

Source: MHCLG (2019) and ONS (2023)

From this data, it can be assumed that 25% of the Central American-born and 17% of the South American born communities living in Birmingham reside in the top 10 most polluted MSOAs.

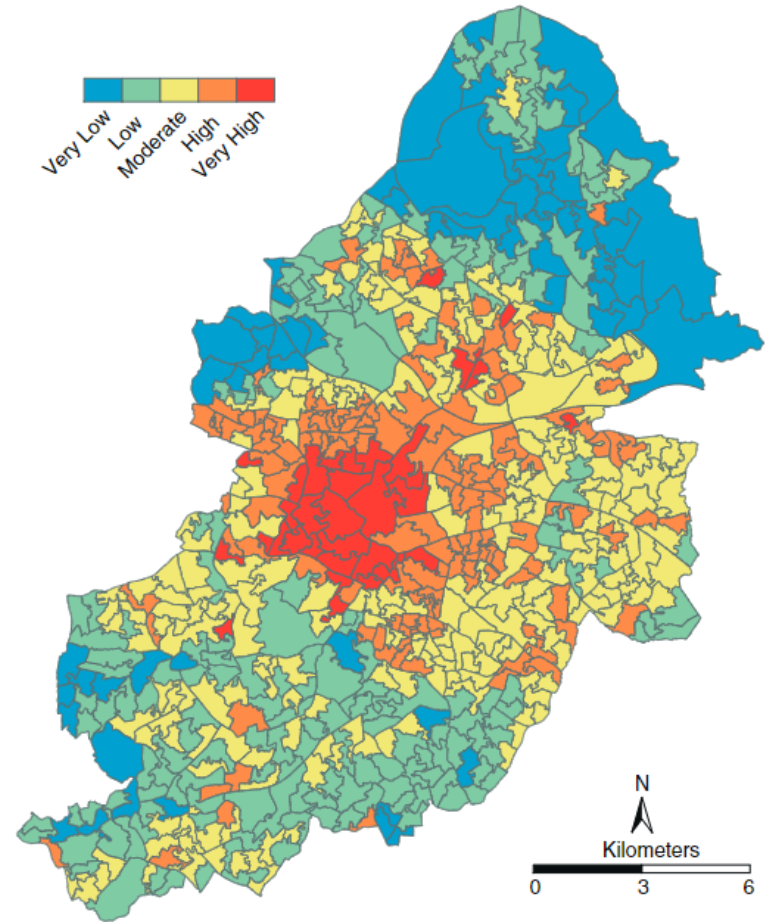
2.8.3 Urban Heat Island Effect

The UHI effect refers to areas of high building density, usually the cores of the cities, where temperatures are typically higher than the outer areas of the city. In Birmingham, for example, Sutton Park was recorded as having a surface temperature almost 8 degrees cooler than the city centre during a heatwave. During periods of extended high temperatures, such as heatwave conditions, the UHI can cause excess deaths of citizens in these areas. Some groups are more vulnerable to the UHI effect, including older

adults, those with LTHCs, people living in high-rise buildings and in high density areas (Tomlinson *et al.*, 2013).

Published research from Tomlinson *et al.*, (2013), produced spatially assessed heat-health risk map for Birmingham, as seen in **Figure 17**. By overlapping this to Census data, it can be estimated that there are high populations of the Latin American community in the ‘very high’ risk areas (within the Centre to Central-West of the city). Therefore, the Latin American population in Birmingham is likely vulnerable to the UHI effect.

Figure 17: Spatially assessed heat-health risk: Birmingham, 2011



Source: Tomlinson *et al.*, 2013

3. Closing the Gaps

There is currently limited understanding of the intersectional experiences of Latin Americans outside of small qualitative research studies and international databases, this is in part due to lack of relevant data. Additionally, the data sources in this profile have used a variety of terms and groups of countries inconsistently to describe the Latin American community, limiting our ability to understand differences in their health and wellbeing.

As a result, one of the major barriers to further understanding the health and wellbeing of the Latin American population is the lack of standardised identity in data collection. Latin Americans residing in the UK often call themselves the "invisibles" as a reflection of the lack of representation they have and the fact that there is no formal ethnic minority status or category for specific Latin American countries or the Latin American region in most Census data (except in the 'country of birth' dataset of the Census).

There is some data to suggest that the health of migrants from Latin America is associated with acculturation, such as observed decreased physical activity after migration (Sweatt *et al.*, 2015). Therefore, it is important to interpret international data presented throughout this report with caution as health data may not be applicable to the current health and wellbeing of Latin Americans in the UK.

Research on Latin American communities have suggested that intersectionality between country of birth and other aspects of identity, such as gender and age are associated with poorer health outcomes, and it is important that this is explicitly considered in responding to this profile. For example, Latin American women were more likely to experience discrimination and were more likely to be obese than Latin American men. There is limited data available, but it is also likely that Latin Americans who have a disability or identify as LGBTQ+ experience compounding health inequalities.

4. Conclusion

This Community Health Profile clearly demonstrated a significant breadth of health inequalities affecting Latin Americans.

Throughout the Community Health Profile, it has been identified that many healthcare services in Latin America differ from those offered by the NHS. It is important that Latin Americans are made aware of the NHS (and the available services that the NHS provides) upon entry to the UK and for new migrants to discuss how the healthcare in the UK compares to the healthcare that they are used to. It would also be beneficial to ensure that Latin Americans are up to date with national guidelines on screening, vaccinations, and immunisations.

It is also important to acknowledge that there are also some positive in the report and that in some areas such as education and economic activity the

evidence suggests that Latin Americans have more positive behaviours and outcomes than the England and Wales population. We should also recognise the vibrant and varied culture and heritage of people from Latin American countries within the UK. However, these assets are often overshadowed by the negative inequalities highlighted above.

Additionally, many of the findings in this report must be considered with caution due to the scarcity of UK specific research on the Latin American population. Much of the data comes from Latin American countries or the US and may not be generalisable to the UK population of Latin Americans, and more research is required on those living in the UK to understand their unique health needs. The determinants of health will be different in the UK to Latin America and impact people's health in different ways

The Community Health Profile provides an evidence summary for communities and partners to start to co-produce solutions and better address these long standing inequalities to create better environments and services to support Latin Americans to live healthier, longer, and happier lives.

5. Appendices

Appendix 1: Search Strategy

| Topic Area | General Search Terms | Specific Search Terms |
|---------------------------------|--|--|
| Getting the Best Start in Life | “Latin American” or “South American” or “Central American” AND “young*” or “youth” or “child*” or “babies” or “infant*” | “Latin American” or “South American” or “Central American” and “maternity care” or “obesity” or “measles” or “obesity” or “health check” or “maternal” or “breastfeeding” or “visits” or “rituals” or “bullying” or “fostering” or “care” or “social care” or “child poverty” or “educat*” or “school” or “dental” or “birth” or “fertility” or “vaccin*" |
| Mental Wellness and Balance | “Latin American” or “South American” or “Central American” and or “mental*” or “wellbeing” or “wellness” or “access” or “balance” | “Latin American” or “South American” or “Central American” and “mental illness” or “depression” or “suicide” or “anxiety” or “eating disorder” and “prevalence” or “service” or “access” or “hospital admission” or “shame” or “stigma” or “stress” or “racial harassment” or “alcohol*” or “drinking*” or “abstention” or “substance misuse” or “substance abuse” or “addiction” or “tobacco” or “cannabis” or “cigarette” or “drugs*” or “smoking” or “discriminat*” or “hate crime” or “violence” |
| Healthy and Affordable Food | “Latin American” or “South American” or “Central American” and “food” or “diet” or “obesity” or “meat” or “vegetarian” or “nutrition” or “vegan” | “Latin American” or “South American” or “Central American” and “food*” or “dietary” or “obesity” or “overweight” or “BMI” or “weight” or “waist-height ratio” or “insecurity” or “poverty” |
| Active at Every Age and Ability | “Latin American” or “South American” or “Central American” and “physical activity” or “activity” or “exercise” or “inactivity” | “Latin American” or “South American” or “Central American” and “vigorous exercise” or “moderate exercise” or “walking” or “running” or “sports” or “cardiovascular” or “elderly exercise” or “health promotion” or “mobility” or “barrier*” or “facilitator*” or “musculoskeletal” |

| | | |
|--|---|---|
| Living, Working and Learning Well | “Latin American” or “South American” or “Central American” and “working” or “education” or “qualification” or “training” or “skill” or “housing” or “living” or “economic” or “health” or “illness” or “disability” or “long standing health” or “depriv*” or “poverty” | “Latin American” or “South American” or “Central American” and “apprenticeships” or “level 1,2,3,4 qualification” or “degree” or “NEET” or “secondary school” or “primary school” or “full-time education” or “profession” or “career choice” or “household income” or “homeownership” or “bad health” or “learning disability” or “physical disability” or “neurodivergence” or “ADHD” or “autism” or “ASD” or “diabetes” or “cardiovascular disease” or “CVD” or “Chronic Obstructive Pulmonary Disease” or “COPD” or “Hypertension” or “cancer” or “quality of life” or “access” |
| Protect and Detect | “Latin American” or “South American” or “Central American” and “protect” or “detect” or “screening” or “vaccin*” or “sexual health” or “infectious disease” or “oral health” | “Latin American” or “South American” or “Central American” and “STI” or “sexually transmitted infection” or “sex education” or “transmission” or “sexual health services” or “genitourinary medicine” or “HIV” or “Hepatitis” or “Tuberculosis” or “TB” or “COVID-19” or “coronavirus” or “SARS-CoV-2” or “bowel” or “HPV” or “Human Papilloma Virus” or “dental” |
| Ageing Well and Dying Well | “Latin American” or “South American” or “Central American” and “ageing” or “aging” or “dying” or “dementia” or “end of life” or “palliative” or “frailty” or “lon*” or “isolat*” or “care” | “Latin American” or “South American” or “Central American” and “social networks” or “or Alzheimer’s” or “stigma” or “death” or “advance care planning” or “falls” or “balance” or “life expectancy” or “mortality” |
| Contributing to a Green and Sustainable Future | “Latin American” or “South American” or “Central American” and “sustainability” or “green future” or “sustainable” or “environment” | “Latin American” or “South American” or “Central American” and “recycling” or “environmentally friendly” or “tree planting” or “sustainable development” or “energy consumption” or “green space” or “blue space” or “white space” or “pollution” or “flood” or “climate” or “heat” or “heat stroke” or “urban” |

Appendix 2: Exclusion and Inclusion Criteria

| Age group | Language | Publication type | Availability | Time limit |
|-----------|------------------|--|---|--|
| Any | English language | Pieces of peer reviewed and high-quality grey literature, academic or scientific | All articles including DOI/HTML links (including articles behind paywalls); | Searches have been run restricting to articles published in the last 20 years, |

| | | | | |
|--|--|---|--|---|
| | | <p>literature, whether a journal or article, report or documents relating to the specified health and wider determinants issues amongst Latin Americans in the UK or publications exclusive to people from Latin America.</p> | <p>graphs and figures reproduction depends on copyright.</p> | <p>not including 2011 Census and 2001 Census; Older data has been included where availability of information has been scarce.</p> |
|--|--|---|--|---|

DRAFT

Appendix 3: Raw Data

Appendix 3.1 Figure 2: International Migrant Stock at mid-year, migrants from Latin America and the Caribbean as place of origin migrating to the United Kingdom, 1995 to 2020

| Year | Number of migrants |
|------|--------------------|
| 1995 | 271,676 |
| 2000 | 320,912 |
| 2005 | 349,263 |
| 2010 | 366,874 |
| 2015 | 401,186 |
| 2020 | 425,137 |

Source: UN (2020)

Appendix 3.2 Figure 3: Year of arrival to England and Wales among people born in Latin American countries, England and Wales, 2021

| Country of birth | Pre 1981 (%) | 1981 to 1990 (%) | 1991 to 2000 (%) | 2001 to 2010 (%) | 2011 to 2021 (%) |
|-----------------------|--------------|------------------|------------------|------------------|------------------|
| Argentina | 3.3 | 4.3 | 8.0 | 24 | 61 |
| Bolivia | 4.9 | 5.2 | 7.2 | 15 | 68 |
| Brazil | 11 | 3.5 | 6.8 | 20 | 59 |
| Chile | 4.8 | 2.8 | 5.9 | 30 | 56 |
| Colombia | 1.5 | 1.9 | 5.4 | 25 | 66 |
| Cuba | 22 | 6.2 | 9.8 | 16 | 46 |
| Dominican Republic | 4.9 | 6.7 | 20 | 21 | 48 |
| Ecuador | 1.2 | 1.5 | 20 | 15 | 61 |
| Mexico | 7.6 | 8.0 | 13 | 20 | 51 |
| Other Caribbean | 17 | 4.2 | 7.9 | 18 | 53 |
| Other Central America | 4.6 | 2.4 | 6.8 | 18 | 68 |
| Other South America | 26 | 7.9 | 12 | 19 | 34 |
| Peru | 4.4 | 2.0 | 15 | 32 | 46 |
| Uruguay | 0.76 | 0.56 | 3.0 | 12 | 84 |
| Venezuela | 27 | 3.1 | 6.1 | 16 | 49 |

Note: % shows % of migrants from a given country of birth during that time period, % for each row totals 100%

Source: ONS (2023): 2021 Census

Appendix 3.3 Figure 4: English proficiency in Latin American-born populations in England and Wales, 2021

| English proficiency | South American (n) | South American (%) | Central American (n) | Central American (%) |
|---|--------------------|--------------------|----------------------|----------------------|
| Main language is English (English or Welsh in Wales) | 82503 | 33 | 9656 | 41 |
| Main language is not English (English or Welsh in Wales): Can speak English very well or well | 131451 | 52 | 11567 | 49 |
| Main language is not English (English or Welsh in Wales): Cannot speak English well | 33362 | 13 | 1751 | 7.5 |
| Main language is not English (English or Welsh in Wales): Cannot speak English | 6147 | 2.4 | 463 | 2.0 |

Source: ONS (2023): 2021 Census

Appendix 3.4 Figure 5: Country of birth (focused on Latin American countries) showing belief systems and religion, residents in England and Wales, 2021

| Country | No Religion (%) | Christian (%) | Buddhist (%) | Jewish (%) | Muslim (%) | Other (%) | Not answered (%) |
|-----------------------|-----------------|---------------|--------------|------------|------------|------------|------------------|
| Argentina | 37 | 52 | 0.8 | 2.6 | 0.2 | 0.7 | 7.1 |
| Bolivia | 13 | 80 | 0.2 | 0.2 | 0.4 | 0.6 | 4.8 |
| Brazil | 21 | 72 | 0.5 | 0.6 | 0.2 | 1.9 | 4.4 |
| Chile | 40 | 51 | 0.8 | 1.4 | 0.2 | 0.7 | 5.4 |
| Colombia | 18 | 76 | 0.2 | 0.3 | 0.3 | 0.6 | 4.8 |
| Cuba | 45 | 44 | 0.3 | 0.3 | 1.6 | 2.2 | 6.7 |
| Dominican Republic | 28 | 66 | 0.0 | 0.1 | 0.3 | 0.7 | 5.5 |
| Ecuador | 15 | 77 | 0.1 | 0.1 | 0.3 | 0.5 | 7.1 |
| Mexico | 35 | 56 | 0.6 | 0.9 | 0.4 | 1.0 | 6.1 |
| Other Caribbean | 20 | 68 | 0.2 | 0.2 | 0.8 | 0.9 | 9.4 |
| Other Central America | 21 | 71 | 0.2 | 0.6 | 1.1 | 0.5 | 2.9 |
| Other South America | 30 | 58 | 0.3 | 0.4 | 3.0 | 1.2 | 5.9 |
| Peru | 21 | 71 | 0.4 | 0.5 | 0.3 | 0.6 | 6.2 |
| Uruguay | 41 | 48 | 0.7 | 2.6 | 0.4 | 0.4 | 7.4 |
| Venezuela | 21 | 71 | 0.4 | 0.4 | 0.4 | 0.6 | 5.7 |
| Total | 21 | 64 | 0.4 | 0.6 | 0.3 | 1.1 | 4.9 |

Note: data not presented for Hindus or Sikhs as totals represented less than 0.1% of the Latin American population

Source: ONS (2023): 2021 Census

Appendix 3.5 Figure 6: Average ethnicity (pooled) of Latin-American born populations, England and Wales, 2021

| Ethnic Group | Latin American (%) |
|-------------------|--------------------|
| White | 44 |
| Other | 30 |
| Mixed or Multiple | 20 |
| Black | 5.5 |
| Asian | 0.6 |

Source: ONS (2023): 2021 Census

Appendix 3.6 Figure 7: Average ethnicity (pooled) within specific Latin American-born populations, England and Wales, 2021

| Country of birth | Asian (%) | Black (%) | Mixed or Multiple (%) | White (%) | Other (%) |
|-----------------------|-----------|-----------|-----------------------|-----------|-----------|
| Argentina | 0.4 | 0.1 | 6.0 | 81 | 13 |
| Bolivia | 0.6 | 0.7 | 15 | 18 | 66 |
| Brazil | 0.7 | 1.8 | 22 | 61 | 14 |
| Chile | 0.4 | 0.2 | 13 | 50 | 36 |
| Colombia | 0.1 | 2.3 | 18 | 24 | 56 |
| Cuba | 0.2 | 25 | 33 | 34 | 7.2 |
| Dominican Republic | 0.2 | 52 | 32 | 3.8 | 12 |
| Ecuador | 0.2 | 2.0 | 19 | 13 | 66 |
| Mexico | 0.3 | 0.3 | 20 | 29 | 50 |
| Other Caribbean | 1.9 | 65 | 13 | 17 | 3.1 |
| Other Central America | 1.5 | 2.7 | 24 | 21 | 51 |
| Other South America | 6.0 | 8.6 | 15 | 52 | 18 |
| Peru | 0.7 | 0.7 | 22 | 25 | 51 |
| Uruguay | 0.3 | 0.7 | 6.6 | 82 | 10 |
| Venezuela | 0.3 | 3.3 | 30 | 46 | 21 |

Source: ONS (2023): 2021 Census

Appendix 3.7 Figure 8: Population pyramid, Latin American-born populations, England and Wales, 2021

| Age | Latin American (%) | England and Wales (%) |
|--------------|--------------------|-----------------------|
| 15 and under | 6.2 | 19 |
| 16 to 24 | 9.7 | 11 |
| 25 to 34 | 26 | 14 |
| 35 to 49 | 38 | 19 |
| 50 to 64 | 17 | 20 |
| 65 and over | 6.2 | 19 |

Source: ONS (2023): 2021 Census

Appendix 3.8 Figure 9: Population pyramid, Latin American-born populations, Birmingham, 2021

| Age | Central and South American (%) | Birmingham (%) |
|-------------------------|--------------------------------|----------------|
| Aged 15 years and under | 6.7 | 22 |
| Aged 16 to 24 years | 12 | 14 |
| Aged 25 to 34 years | 26 | 15 |
| Aged 35 to 49 years | 34 | 19 |
| Aged 50 to 64 years | 15 | 16 |
| Aged 65 years and over | 6.4 | 13 |

Source: ONS (2023): 2021 Census

Appendix 3.9 Figure 10: Rates of overweight and obesity amongst children and adolescents (ages 5 to 19) in Latin America and Caribbean, 2010 to 2016

| Year | Overweight boys (%) | Overweight girls (%) | Obese boys (%) | Obese girls (%) |
|------|---------------------|----------------------|----------------|-----------------|
| 2010 | 27 | 27 | 11 | 8.6 |
| 2011 | 28 | 28 | 11 | 8.9 |
| 2012 | 28 | 28 | 12 | 9.2 |
| 2013 | 29 | 29 | 12 | 9.5 |
| 2014 | 30 | 29 | 13 | 9.8 |
| 2015 | 30 | 30 | 13 | 10 |
| 2016 | 31 | 30 | 13 | 10 |

Source: Global Nutrition Report (2023)

Appendix 3.10 Figure 11: Economic activity and inactivity, within Latin American-born populations, compared with Birmingham and England and Wales averages, 2021

| Economic activity status | Latin American (%) | Birmingham Average (%) | England and Wales Average (%) |
|--------------------------|--------------------|------------------------|-------------------------------|
| Economically active | 76 | 56 | 61 |
| Economically inactive | 24 | 44 | 39 |

Source: ONS (2023): 2021 Census

Appendix 3.11 Figure 12: Economic activity by category, within Latin American-born populations compared with Birmingham and England and Wales averages, 2021

| Economic Activity Status | Latin American (%) | Birmingham Average (%) | England and Wales (%) |
|--------------------------|--------------------|------------------------|-----------------------|
| ES: In employment | 88 | 85 | 92 |
| ES: Unemployed | 7.5 | 8.5 | 4.7 |
| IS: In employment | 3.6 | 4.2 | 2.8 |
| IS: Unemployed | 1.2 | 2.1 | 1.0 |

Source: ONS (2023): 2021 Census

Appendix 3.12 Figure 13: Housing tenure by country of birth, England and Wales: 2021

| Housing tenure | South American (%) | Central American (%) | England and Wales (%) |
|---|--------------------|----------------------|-----------------------|
| Owned: Owns outright | 11 | 12 | 27 |
| Owned: Owns with a mortgage or loan or shared ownership | 20 | 27 | 36 |
| Rented: Social rented | 12 | 9.7 | 17 |
| Private rented or lives rent free | 58 | 51 | 21 |

Source: ONS (2023): 2021 Census

Appendix 3.13 Figure 14: General health score within Latin American-born populations, compared with Birmingham and England and Wales averages, 2021

| General health (6 categories) | Latin American (%) | Birmingham (%) | England and Wales (%) |
|-------------------------------|--------------------|----------------|-----------------------|
| Very good health | 58 | 48 | 48 |
| Good health | 33 | 33 | 34 |
| Fair health | 7.1 | 13 | 13 |
| Bad health | 1.6 | 4.5 | 4.0 |
| Very bad health | 0.4 | 1.5 | 1.2 |

Source: ONS (2023): 2021 Census

Appendix 3.14 Figure 15: Day-to-day activities limited by disability, within Latin American-born populations, compared with Birmingham and England and Wales averages, 2021

| Limitation of Disability | Latin American (%) | Birmingham (%) | England and Wales (%) |
|---|--------------------|----------------|-----------------------|
| Disabled under the Equality Act: limited a lot | 34 | 47 | 43 |
| Disabled under the Equality Act: limited a little | 66 | 53 | 57 |

Source: ONS (2023): 2021 Census

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