

The letter 'B' is rendered in a bold, stylized font. The top half is pink, the bottom half is yellow, and the left vertical stroke is light blue. It has a thick black outline and is set against a teal background.

# COMMUNITY HEALTH PROFILES

Indian Community Health Profile  
Birmingham Public Health Division  
October 2022

**A BOLDER HEALTHIER BIRMINGHAM**

# Public Health Evidence Reports

## 1. Statutory Reports

### Joint Strategic Needs Assessment

- A regularly refreshed snapshot of the health and wellbeing of the citizens of Birmingham and the factors underpinning this.
- Highlights the inequalities at a high level across the city.
- Draws together data from across the Council and public sector.

### Annual Director of Public Health Report

- Annual independent report of the Director of Public Health on a specific topic/focus area to shine a light on an issue.

# Public Health Evidence Reports (cont.)

## 2. Elective Evidence Reports

### Deep Dive Needs Assessments

- Structured needs assessments into a specific area/topic/community
- Brings together published and grey literature, service data and qualitative data from community insight
- Makes recommendations for action

### Community Health Profiles

- Desk top analysis of published evidence and grey literature and population survey data.
- Snapshot of inequalities.

### Topic Based Commissions

- Evolving methodology using evidence collation with active community collaboration to focus on creating evidence-based solutions.

# The Community Health Profiles

- Birmingham has an ambition for a **bolder healthier city**, becoming a city in which, every citizen can live a healthy enjoyable life.
- The Community Health Profiles help us understand the gaps (health inequalities) in achieving this ambition in different communities.
- The Profiles describe the health inequalities of a specific community of identity or interest or experience.
- Setting out the differences in need shown by the evidence can help the Council, it's partners and communities take action to close the gaps and improve the health of people in Birmingham.
- The Community Health Profiles will be published on the Council's website as resources to support greater understanding and awareness of the issues affecting different communities in our city.
- We aim to refresh them every 5-8 years depending on the data availability.

# Evidence Report Forward Plan

## Community Health Profiles

- Sikh – (Sept 2021)
- Bangladeshi- (Sept 2021)
- Muslim
- Lesbian
- Trans
- d/Deaf & Hearing Loss
- Sight Loss
- Nigerian
- **Indian** ←
- Caribbean Islands Commonwealth States
- Somali
- Kenyan
- Pakistani

## Deep Dive Reports

- Veterans (published)
- End of Life (published)
- Learning Disabilities
- Dual Diagnosis
- Mobility Impairment
- Sensory Impairment

## Commissions

- Birmingham Poverty Truth Commission – focus on Housing issues
- Birmingham & Lewisham African & Caribbean Health Inequalities Review

# Community Health Profiles aim to...



To find and review the physical health, mental health, lifestyle behavioural and wider determinants (social and economic factors) that exist in health in a specific community.



To collect and present this information using the 10 key priority areas identified in the Health and Wellbeing Strategy for Birmingham - Creating a Bolder Healthier City



To engage with the local communities on the evidence found and highlight the opportunities to address inequalities



To promote the use of these summaries for Local Authority and wider system use for community and service development.

# Health and Wellbeing Themes

Getting the Best Start in Life

Mental Wellness and Balance

Healthy and Affordable Food

Active at Every Age and Ability

Working and Learning Well

Protect and Detect

Ageing and Dying Well

Closing the Gaps

Green and Sustainable Future

Mitigating the Legacy of COVID-19

# Methodology

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



# Limitations of the Findings

- Limited data was extracted on Indian community from the 2011 Census.
- Population data used is from the 2011 Census and is likely to have changed since then. Conclusions on populations must therefore be taken with caution.
- Data is limited by variation in definitions and monitoring tools. For example, “Indian” people sometimes identify themselves based on their “religious” group as opposed to “nationality”.
- Also, there are variations in how people identify their ethnicity which makes it difficult to compare and get an accurate picture.

# Sharing Community Health Profiles

- Written report & PowerPoint slide set
- Published on the BCC Communities Pages: [Indian community health profile](#) | [Community health profiles](#) | [Birmingham City Council](#)
- YouTube highlights video
- Webinars for Indian community and wider partners



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# COMMUNITY HEALTH PROFILES

Indian Profile

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

A BOLDER HEALTHIER BIRMINGHAM

# Overview of Indian Community

- Primary language spoken in India is Hindi, followed by Bengali, and Urdu.<sup>[1]</sup>
- Main languages spoken by the Indian community in the UK are Gujarati, Punjabi and Urdu.<sup>[2]</sup>
- 6.6% of all Indian people live in Leicester, followed by Birmingham (4.6%) and Harrow (4.5%).<sup>[3]</sup>
- **38%** of the Indian population arrived before 1981.<sup>[4]</sup>
- The Indian community has a young age profile. **55%** is under the age of 35 and, also has the highest percentage of people aged 65 and over (**8%**).<sup>[3]</sup>

Indians account for  
2.5% of the UK  
population



**1,412,958** people  
from the Indian  
ethnic group in  
England and Wales



**64,621** people from  
India in  
Birmingham.

# Overview of Inequalities

Overcrowded housing

Barriers to accessing mental health services

Low consumption of fruit and vegetables

Lower rates of physical activity (particularly in women)

A greater prevalence of diabetes and rising rates of dementia-related

# Getting the Best Start in Life – Maternal Health

2.16x

- Mothers born in India were at 2.16 times the risk of maternal mortality compared to women born in the UK. This has dropped to 0.86 times the risk from 2017-2019.<sup>[5]</sup>

3.21%

- Mothers born in India accounted for **3.21%** of stillbirths in the West Midlands.<sup>[6]</sup>

2.5x

- Indian infants are 280–350g lighter and 2.5 times more likely to be low birthweight compared with White infants.<sup>[7]</sup>

# Getting the Best Start in Life – Children

21.6%

- Indian children of the ages 10 and 11 have similar prevalence of obesity (**21.6%**) compared to White British (19%) and White other groups (22.5%).<sup>[8]</sup>

17%

- **17%** of children in Indian and White British households living in low-income families.<sup>[9]</sup>

0.4%

- From 2018 to 2020, Indian children only account for a small proportion (**0.4%**) of looked after children in England, including adoptions.<sup>[10]</sup>

# Mental Health and Wellbeing

- The Indian community had the lowest rates of detention under the Mental Health Act, at 71.9 detentions per 100,000 people.<sup>[11]</sup>
- They also had the lowest rates of people using mental health, learning disability and autism services (at **2,702 per 100,000** adults), the lowest rate of all South Asian groups.<sup>[12]</sup>

## Substance Misuse

- The highest proportion of non-drinkers being Indian women (**59%**) and Indian men (**33%**).<sup>[13]</sup>
- Indians have the lowest levels of any drug use (**2.7%**).<sup>[14]</sup>
- Lowest proportion of 'current smokers' (**4.3%**) and highest proportion of those who have 'never smoked' (**87.5%**).<sup>[15]</sup>



# Healthy and Affordable Food

## Obesity

- Indian men had one of the lowest obesity rates (**14%**).<sup>[16]</sup>
- Indian women had a lower obesity prevalence (**20%**) than Black Caribbean (32%), Black African (38%) and Pakistani (28%), but higher than the Chinese group (8%).<sup>[17]</sup>

## Healthy Eating

- According to the Health Survey for England (HSE), over a third of Indian men and women met the five-a-day recommendation (**37%** and **36%**, respectively).<sup>[16]</sup>
- **93% and 92%** of Indian men and women used salt in cooking, respectively - significantly higher than the general population where **56% and 53%** of men and women use salt in cooking.<sup>[16]</sup>

# Active at Every Age and Ability

- **61%** of Indian men and **52%** of Indian women reach the recommendations for 150 minutes physical activity per week.<sup>[17]</sup>
- South Asian girls were the least active, spending the largest number of minutes being sedentary and the smallest number of minutes being moderately or vigorously active.<sup>[17]</sup>

## Additional Considerations<sup>[18-19]</sup>



**Second generation South-Asians more active**



**Second generation also has more favourable attitudes towards activity**



**Gendered differences in activity levels**



**Different strategies required for subgroups**

# Working and learning well

## Housing

- Majority of those from India in the West Midlands own a property (**75.3%**), either the property is owned outright or with a mortgage/ loan or shared ownership.<sup>[20]</sup>

## Employment and Education

- Indian pupils have a high level of academic attainment, with **96%** progressing into higher education.<sup>[21]</sup>
- In Birmingham, **79%** of Indian males and **67%** of females are economically active.<sup>[22]</sup>
- In the West Midlands **44.6%** of men from India are in full-time employment, compared to **28.6%** of women.<sup>[23]</sup>

# Protect and Detect

## Cancer Screening

- **66%** of Indian participants were non-attenders at cervical screening. **22%** of felt that they were not at risk and do not need a smear test.<sup>[24]</sup>
- **30%** of Indian patients had their diagnosis of prostate cancer at a late stage.<sup>[24]</sup>

## Tuberculosis (TB)

- The highest rates of tuberculosis in the UK are found among people of Indian ethnicity, particularly those born outside the UK.
- People born in India account for **19.7%** of the tuberculosis cases in the UK.<sup>[25]</sup>

## Domestic Violence

- The Indian community reported more domestic violence (**4.9%**) than either Bangladeshi (**1.4%**) and Pakistani (**3.5%**) groups.<sup>[26]</sup>
- More Indian men reported being victims of domestic violence (**5.2%**) than women (**4.6%**).<sup>[26]</sup>

# Ageing and Dying Well



Leading cause of death is heart disease. After heart disease, the leading cause of death among Indian women was dementia and Alzheimer's disease.<sup>[27]</sup>



Among Indian males the mortality rate of dementia and Alzheimer's disease is **76.9** per 100,000 (2017-19), increased from 59.8 per 100,000 (2012-14).<sup>[27]</sup>



Men from the Indian ethnic group are almost **three times** as likely to have type 2 diabetes.<sup>[27]</sup>



There is a low uptake of palliative and end of life care service. The Indian ethnic group had the highest percentage of people aged 65 years and over (**8.2%**).<sup>[28]</sup>

# COMMUNITY HEALTH PROFILES

Indian Profile  
Infographics

A BOLDER HEALTHIER BIRMINGHAM

## INTERNATIONAL, NATIONAL AND BIRMINGHAM CONTEXT

**1,412,958** **2.5%**  
PEOPLE OF INDIAN ETHNICITY IN ENGLAND AND WALES of the total UK population

Leicester is home to the largest Indian population, with **6.6%** of all Indian people living there followed by Birmingham (64,621 citizens: **4.6%**) and Harrow (**4.5%**)

**64,621** CITIZENS IN BIRMINGHAM

**54%** of Indians in Birmingham were born in the UK, considerably higher proportion than those born in the Middle East and Asia (37%) and Africa (7%)

**60%** of Indians in Birmingham identify as "British only"

**15%** IDENTIFY AS "ENGLISH ONLY" Both categories together being significantly higher than those identifying as other identities (20%)

THE INDIAN COMMUNITY ACCOUNTS FOR **6.9%** of the working age in Birmingham

COMPARED TO **3%** IN ENGLAND

It makes up 38% of the working age population in Handsworth Wood and 18% in Soho.

## INTERNATIONAL PRESENCE

India is the second most populous country with **1.38 billion** people. Following India, the United States has the 2nd largest Indian population, followed by the United Arab Emirates, Malaysia, Saudi Arabia, Myanmar and the U.K.



## MIGRATION, LANGUAGES AND FAITH

### MIGRATION



Mass migration of the Indian diaspora settling in the UK started after the Second World War, with the second wave of migration occurring in the **late 1960s and 70s**. The latter wave of migration was of people of Indian heritage arriving from some of the newly independent African countries like **Uganda, Kenya and Tanzania**

**202,334**

INDIANS SPEAK GUJARATI IN ENGLAND AND WALES

Overall there are **213,000** Gujarati speakers in the UK. Indian migrants from Punjab speak Punjabi, which is spoken by **273,000** people in the UK

## MAJORITY OF BRITISH INDIANS ARE HINDU

**44%** followed by Sikh (22%) or Muslim (14%), with a minority also following Christianity (10%)

### FESTIVALS DIWALI

Five Day  
Festival of lights  
October-November



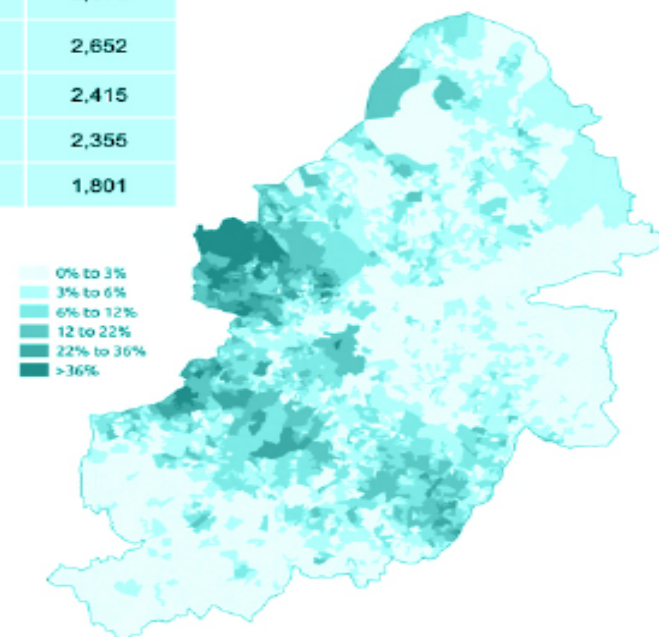
### NAVRATRI

Festival of  
Nine Nights  
9 days during Autumn

## DISTRIBUTION OF THE INDIAN COMMUNITY IN BIRMINGHAM

Ward	Total ward population	Indian population
Handsworth Wood	19,731	6,680
Soho & Jewellery Quarter	22,606	3,336
Holyhead	11,133	2,985
North Edgbaston	21,934	2,970
Aston	22,636	2,886
Handsworth	11,733	2,873
Hall Green North	21,509	2,652
Perry Barr	20,566	2,415
Edgbaston	18,260	2,355
Ladywood	22,250	1,801

The Indian community in Birmingham is mainly concentrated in the north-western part of the city. According to ward-level data based on the 2011 census, the top 10 wards are listed here. The top 3 wards with the highest proportions of Indian community were Handsworth Wood (6,680; 10%), Soho & Jewellery Quarter (3,336; 5%) and Holyhead (2,985; 4.6%)



The above map uses the ward boundaries pre May 2018 due to the data being derived from the 2011 Census data. New Census data mapped onto the new wards is expected to be available in 2022

## MENTAL HEALTH AND WELLNESS

**71.9**  
DETENTIONS PER 100,000 PEOPLE



Indians had a detention rate of 71.9 detentions per 100,000 people under the Mental Health Act, one of the lowest rates of all minorities

Indians had a rate of 2,702 per 100,000 adults using mental health, learning disability and autism services, one of the lowest rates of all minorities

**2,702**  
PER 100,000 ADULTS

## ALCOHOL: NON-DRINKERS

Indian women (59%) and Indian men (33%) have one of the highest proportions of non-drinkers



## DRUG USE

Adults from the Asian or Asian British group generally have the lowest levels of any drug use and levels are similar among those identifying as

**2.9%** PAKISTANI  
**2.7%** INDIAN  
**2.6%** BANGLADESHI

ONS data shows those born in India have one of the lowest proportions of current smokers & one of the highest proportions of those who have 'never smoked'

## SMOKING

**4.3%** CURRENT SMOKERS  
**87.5%** NEVER SMOKED



## HEALTHY AND AFFORDABLE FOOD

### COOKING PREFERENCES



**93%** of Indian men use salt in cooking, one of the highest proportion among men in minority ethnic groups.

### OBESITY PREVALENCE

Indian	General population
<b>14%</b>	<b>23%</b>
<b>20%</b>	<b>23%</b>

### ACCORDING TO THE HSE, THE MEAN FAT SCORES ARE

	<b>24</b>	<b>19</b>	<b>17</b>
	GENERAL POPULATION	INDIAN MEN	INDIAN WOMEN

### 5-A-DAY

According to the HSE, over a third of Indian men & women meet the five-a-day recommendation



<b>37%</b>
<b>36%</b>

## GETTING THE BEST START IN LIFE

### CHILDHOOD POVERTY

INDIAN CHILDREN ARE THE LEAST LIKELY TO LIVE IN LOW INCOME HOUSEHOLDS

**17%** of children in Indian households live in low-income families, the lowest proportion of all minority groups. The group has had the largest decrease in the percentage of children living in low-income households, 23% to 17%



**13,710**  
CHILDREN REGISTERED AS INDIAN IN BIRMINGHAM

**5%** of the overall population aged under the age of 18

Indian	<b>OBESITY</b>	White British
<b>7%</b>	Obese 4-5 year old children	<b>10%</b>

<b>22%</b>	Obese 10-11 year olds	<b>19%</b>
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**92%**  
VACCINE TAKE-UP

The Indian community have the highest vaccine take up rates or completed primaries and preschool booster vaccinations (completed course at one year of age for babies: 92%)



**7.42** maternal mortalities among mothers born in India in 2017/19; this is **0.86 times** the risk compared to UK born women. 27.1% of all stillbirths in the West Midlands are to mothers born outside the UK - 2012 to 2014, mothers born in India accounted for **3.21%** of stillbirths in the West Midlands

## ACTIVE AT EVERY AGE & ABILITY

<b>PHYSICAL ACTIVITY</b> AT LEAST 150 MINS / WEEK		Indian	Bangladeshi	Pakistani
		<b>52.3%</b>	<b>45.7%</b>	<b>40.8%</b>
		<b>61.3%</b>	<b>53.0%</b>	<b>55.6%</b>



## WORKING AND LEARNING WELL

**AT ALL KEY STAGES, INDIAN PUPILS' ATTAINMENT WAS ABOVE THE NATIONAL AVERAGE**

**PRIMARY EDUCATION** **76%** met the expected standard in key stage 2 reading, writing and maths  
The second highest percentage of all ethnic groups

**SECONDARY EDUCATION** **62%** of Indian pupils secured a 'strong pass' in English and maths GCSE.

At all key stages, Indian pupils attainment is above the national average with

**96%**   
PROGRESSING INTO HIGHER EDUCATION

## ECONOMIC ACTIVITY


**79%**  **67%** 

79% of Indian males and 67% of females are economically active

## OVERCROWDING

**7%**   
OF INDIAN HOUSEHOLDS WERE OVERCROWDED

compared to the highest rates of overcrowding: Bangladeshi (24%), Pakistani (18%), Black African (16%), Arab (15%) and Mixed White and Black African (14%) ethnic groups


**4%**   
UNEMPLOYED At 4% the Indian ethnic group has the second lowest unemployment rate compared to other minority groups

## PROTECT AND DETECT

### CANCER SCREENING

(% of early, late and unknown stage diagnosis)

TYPE	EARLY	LATE	UNKNOWN
Breast	69%	15%	17%
Colorectal	40%	48%	11%
Prostate	52%	30%	18%
Lung	24%	61%	15%

**66%** of Indian participants were non-attenders at cervical screening 

### SEXUAL HEALTH

**22 YEARS OLD**  **MEDIAN AGE FOR BOTH INDIAN MEN & WOMEN AT FIRST HETEROSEXUAL INTERCOURSE**


Research has found Indian female respondents were less likely to report using emergency contraception (11%) compared to white British women (22%)

### TUBERCULOSIS (TB)

 **THE HIGHEST RATES OF TB IN THE UK ARE FOUND AMONG PEOPLE OF INDIAN ETHNICITY**

**19.7%** of the TB cases in the UK were people from India, with a median time of 8 years since arrival to the UK

## AGEING AND DYING WELL

**DIABETES** The HSE has found that type 2 diabetes is approximately three to four times more common in Indian men 

**3-4x**

**END OF LIFE** **8.2%** OF THE UK INDIAN POPULATION ARE 65+ 

It is projected, by 2026, to be 10.6%



### CARDIOVASCULAR DISEASE

For both Indian men and women the leading cause of death is ischaemic heart disease (IHD)

**190.9**  **157.9**  
DEATHS PER 100,000 INDIAN MALES DEATHS PER 100,000 WHITE MALES

Indian women had 99.3 deaths per 100,000

### CEREBROVASCULAR DISEASES

 2012-14 **36.4**  2017-19 **29.1**  
deaths per 100,000 males


 2012-14 **14.4**  2017-19 **11.7**  
deaths per 100,000 females

### ACCESS TO PALLIATIVE & END OF LIFE CARE

There is a low uptake of palliative and end of life care service; common barriers identified include

 Family values in conflict & social segregation

 Lack of knowledge about services

 Previous negative experience

### DEMENTIA

 2012-14 **59.8**  2017-19 **76.9**  
deaths per 100,000 males

 2012-14 **67.8**  2017-19 **84.3**  
deaths per 100,000 females

### CLOSING THE GAPS

### LIFE EXPECTANCY

 **82.3**  **85.4**

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