Birmingham City Council

COMMUNITY HEALTH PROFILES

Understanding the health needs of the Arab community

A BOLDER HEALTHIER BIRMINGHAM

Intro to Community Health Profiles

- Full reports and additional resources can be found on the Community Health Profile Homepage
- Further information on the research in this webinar can be found in the Arab Community Health Profile report
- See also the Infographic Summary
- For more information on the background and research methodology of the profiles watch our 'Intro to Community Health Profiles' video

Data Collection

2021 Census:

- Arab ethnic group included in top 20 ethnic group categories within the ‘Other’ subgroup:

Arab

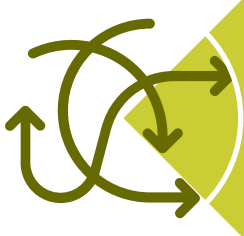
Any other ethnic group

Other Considerations:

- Data that are relevant to the experiences of Arab people may include:
  - Country of Birth
  - Length of Residence in UK
  - English Proficiency

Data Limitations

Aggregated Ethnic Categories: People from Arab ethnic group often categorised under 'Other' ethnic group category

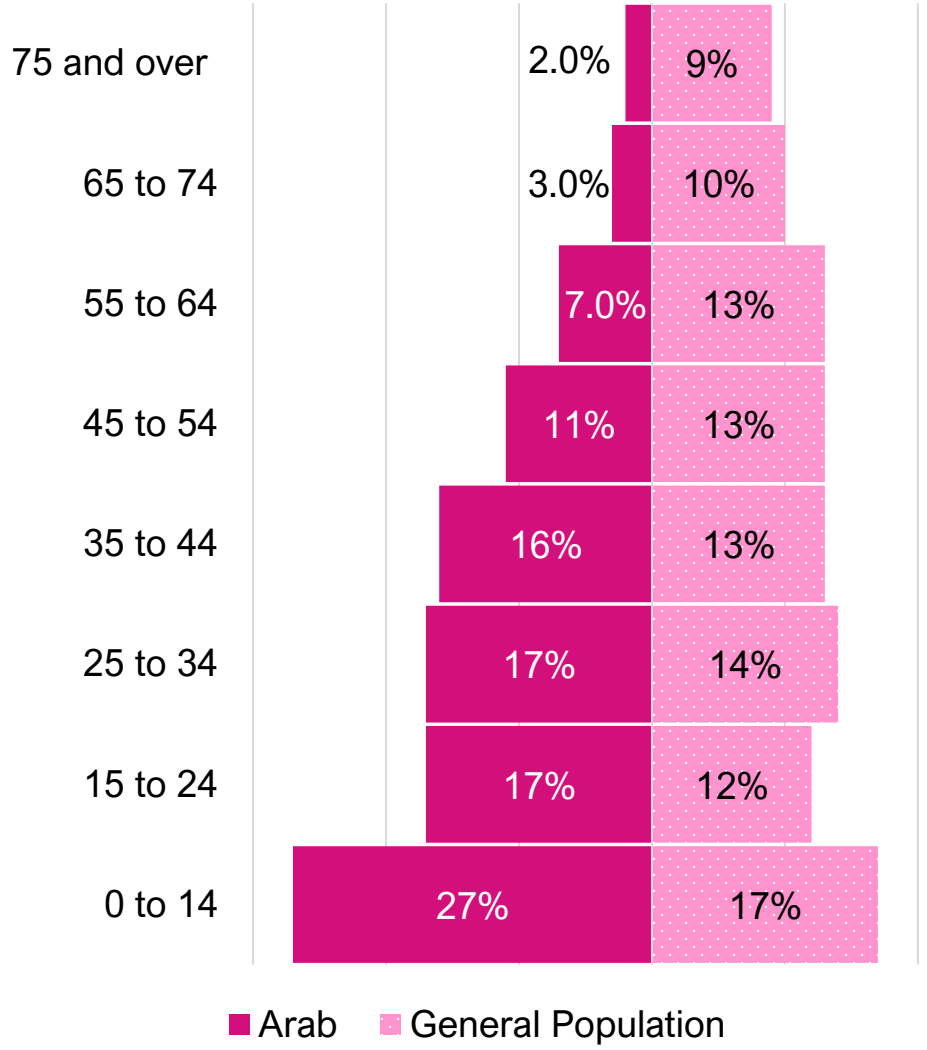


Inconsistent Results: Inconsistent use of ethnic group categories inhibits efficient analysis of health and wellbeing needs

Unadjusted Variables: data from GP patient survey (GPPS) and Health Survey for England (HSE) have not been adjusted

Demographic Overview

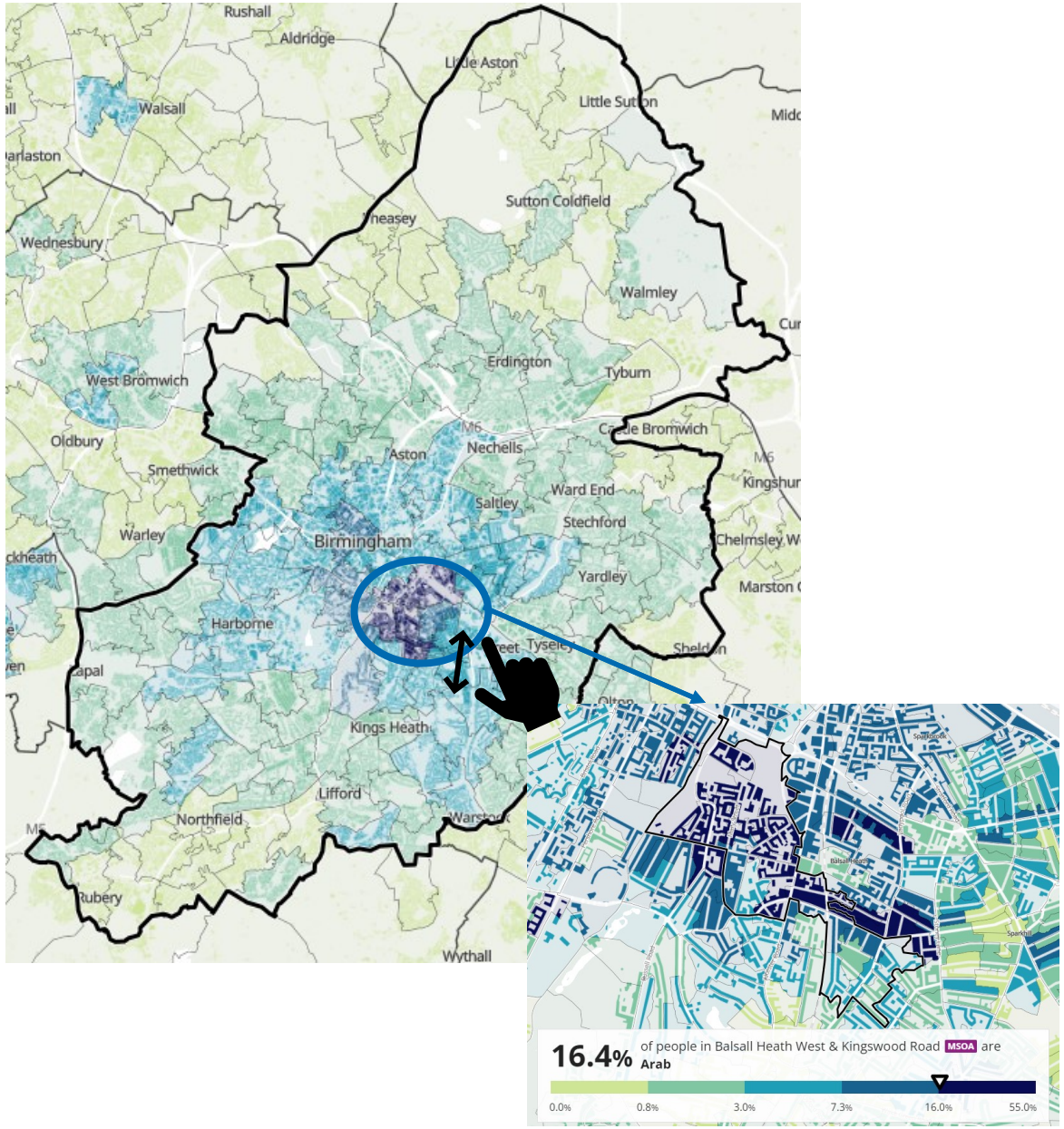
- **Population size:** 46,391 (4.1% of the total population)[1]
- **Religion:** 92% of Arabs identify as Muslim
- **Age:** Large young population– with 27% of Arabs 14 and under, and 53% under 25 years old
- **National identity:** 58% identify as ‘British Only’ (63% Birmingham average). 35% identify with a ‘non-UK identity only’



**All demographic data relates to the Birmingham population only. National data may differ.*

Geography Overview

- Census mapping tool: ethnic group available to output area (OA)[2]
- MSOA density of Arab ethnic group ranges from <0.1% to 16.4%
- Ward by population density:
  1. Balsall Heath West (15.1%)
  2. Sparkbrook and Balsall Heath East (8.2%)
  3. Bordesley and Highgate (5.6%)
- 2.238 people in Sparkbrook & Balsall Heath East were Arab

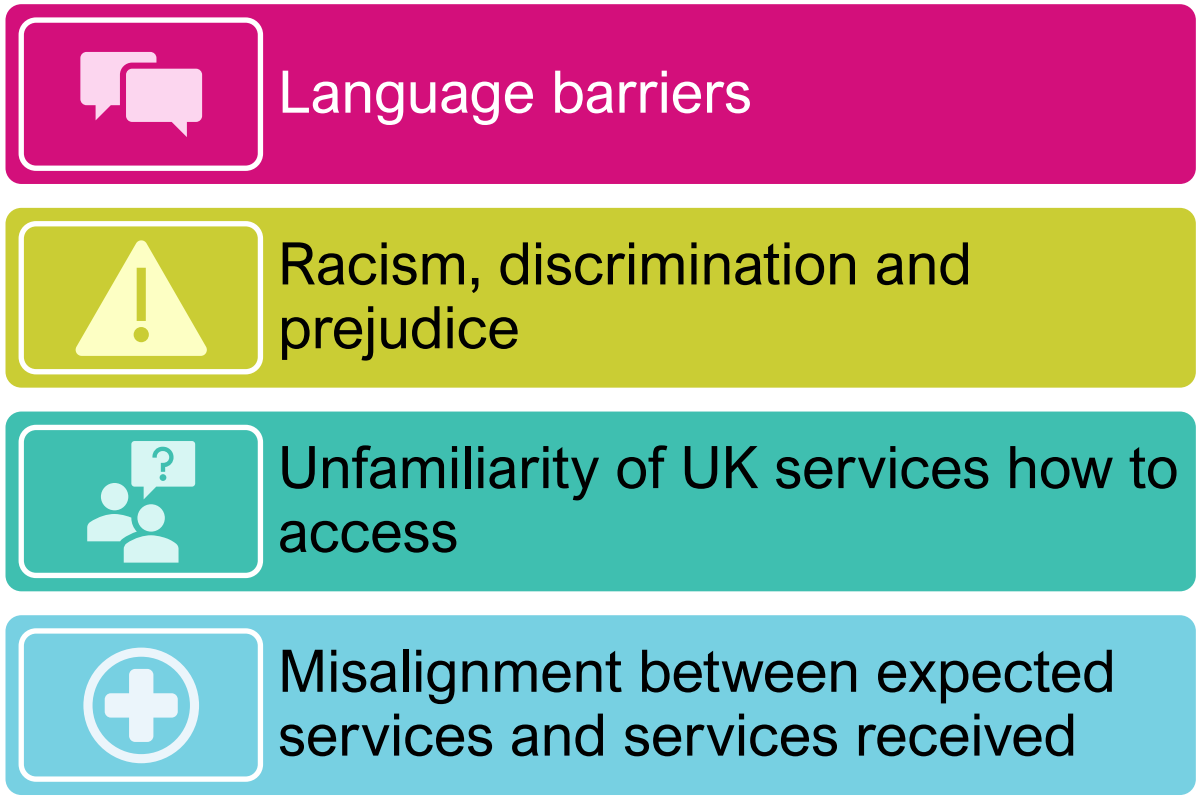


Getting the Best Start in Life

Maternal Health:

- Total Fertility Rate (TFR) (2011): 3.9 women born in North Africa; 2.6 women born in Middle East (1.5 UK-born).[3]
- Increased risk of gestational diabetes, approximate prevalence of 13% (95% CI 11.5% to 14.6%). Compared with 5% England average.[4]

Barriers to accessing maternal healthcare [5]



Mental Wellness and Balance

Smoking:

- In a cross-sectional study of UK adults (n=132,597), 20% of people from Arab/Other ethnic groups were current smokers (18% study average).[6]
- The odds of e-cigarette use for cutting down and temporary abstinence from cigarette use was 42% lower among those of Arab/Other ethnicities (OR 0.58, 95% CI 0.40 to 0.83) compared with those of White ethnicity.[6]

Use of Shisha [7]

Between 4% to 12% use reported in Arab countries

Practice associated with lung cancer and COPD

Users typically viewed shisha as less harmful and addictive than cigarette smoking

Healthy and Affordable Food

- Limited information on obesity prevalence of Arab population in UK.
- International data from 2011 suggested overweight and obesity prevalence to range from 25% to 38% in men and 28% to 83% in women in Arab countries.[8]
- Obesity contributors: genetic predispositions, lack of physical exercise, and food culture and diet.

BMI has limitations such as no consideration for ethnicity, age, sex or stage of development

Suggested that for Arab adults, BMI threshold for obesity should be set to 26.6 kg/m^2 due to the increased risk of diabetes at lower BMIs than people from White ethnic groups.[9]

Active at Every Age and Ability

Active Lives Survey (2016 to 2018): [10]

- In England, 52% of people from Arab ethnic group were ‘physically active’ (62% all adults in England)
- High rates of physical inactivity (<30 mins/week) among Arab (35%) populations compared with people from other ethnic groups
  - *Including White (25%), Black (29%), Asian/any other Asian (32%) groups*

Barriers to physical activity

Living, Working and Learning Well

Household Deprivation

- 37% of people from Arab ethnic group in Birmingham lived in a household classified as deprived under the ‘housing’ dimension in the 2021 census (11% White British).[1]

Overcrowded households

Private rented or social rented

Living in areas of deprivation

Deprivation by housing dimension

Barriers to housing and services

Protect and Detect

Vaccination

Limited information available on the Arab population of the UK. However, some sources indicate potentially lower vaccination uptake of certain vaccines, including:

COVID-19 [11]

By December 2021, 28% of the Arab population in Birmingham in the 65 to 80 and over age range had received the booster dose; (87% White British).

Influenza [12]

In a 2021 study, low uptake was reported among eligible Arab populations (43%, 95% CI 39.6% to 46.0%) compared with the White British population (57%, 95% CI 56.9% to 57.2%)

Ageing and Dying Well

EQ-5D Index: [13]

- Standardised measure of health-related quality of life (e.g. mobility, self-care, pain or discomfort, anxiety and depression)
- Outputs in study ranged from 0 (value of death) to 1 (perfect health)
- Health inequalities were apparent in all ethnic groups other than White British
- Arab men (**0.71**) and women (**0.60**) in England experienced **worse health** than White British men (0.77) and women (0.75).

Ethnic inequalities associated with:

Increased prevalence of long-term conditions or multimorbidity

Poor experiences with primary care

Insufficient support from local services

Low patient self-confidence

Social deprivation compared with White British group

Contributing to a Green and Sustainable Future

Ministry of Housing, Communities & Local Government [14]

- Mapped pollutant data with geography data from 2021 census
- Approximately 15% of the Arab community lived in the 15 most polluted MSOAs in Birmingham (5.4% of the White British population).
- Air pollution is a major public health risk, estimated that 6.2% of total mortalities in Birmingham (2021) were attributed to particulate air pollution.

- Nitrogen Oxide
- Benzene
- Sulphur Dioxide
- Particulate matter

Pollutants Included

Other Key Inequality Data and Conclusions

Other Key Inequality Data

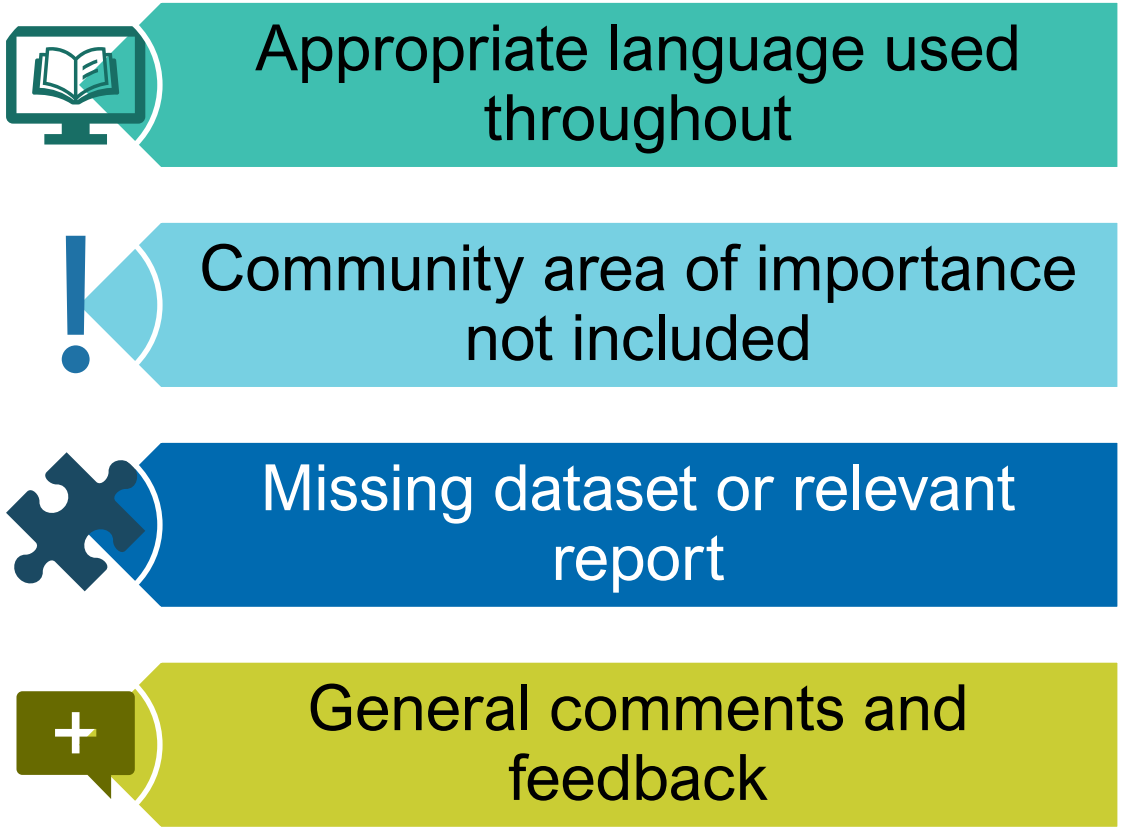
Prevalence of childhood obesity	Hesitancy to seek mental health support	Poor experience with GPs and primary care	Experiences of hate crimes and discrimination

Conclusions:

- Important to highlight that inequalities are compounded by intersectionality e.g., Arab people with a disability or LTHC often experience worse health outcomes than those without a disability.
- CHP provide an evidence summary to start building co-produced solutions. Important to note that the CHP is **not** a fully inclusive document that will accurately map the experience of all Arab people. Should use as a **starting point**.

Opportunities for Engagement: Profile Review

Potential Feedback Areas:



- Encouraged to read full report/area of interest
- Feedback may be added to future versions of profile
- Organisation details may be added
- Feedback can be submitted to CommunitiesTeam@Birmingham.gov.uk

Opportunities for Engagement: Dissemination of Findings

- ✓ Team members
- ✓ Wider organisation
- ✓ Partner organisation(s)
- ✓ Community organisations working with Arab people

Have you shared the profile with?

- ✓ Referencing the profile in a new project
- ✓ Including findings in project/service proposal
- ✓ Influencing discussions with relevant stakeholders
- ✓ Making your daily practice more inclusive

Have you used the profile by?

References and Further Reading

References

[1] Office for National Statistics Custom Data Tool

[2] Office for National Statistics (2023). Census maps

[3] Office for National Statistics (2021). Parents' Country of Birth

[4] Al-Rifai RH, Abdo NM, Paulo MS, Saha S, Ahmed LA. Prevalence of Gestational Diabetes Mellitus in the Middle East and North Africa, 2000- 2019: A Systematic Review, Meta-Analysis, and Meta-Regression. *Front Endocrinol (Lausanne).* 2021;12:668447

[5] Bawadi H, Al-Hamdan Z, Ahmad MM. Needs of Migrant Arab Muslim Childbearing Women in the United Kingdom. *J Transcult Nurs*. 2020;31(6):591-7.

[6] Beard E, Brown J, Jackson SE, Tattan-Birch H, Shahab L. Differences between ethnic groups in self-reported use of e-cigarettes and nicotine replacement therapy for cutting down and temporary abstinence: a crosssectional population-level survey in England. *Addiction*. 2021;116(9):2476- 85.

References and Further Reading (2)

References

[7] Akl EA, Gunukula SK, Aleem S, Obeid R, Jaoude PA, Honeine R, et al. The prevalence of waterpipe tobacco smoking among the general and specific populations: a systematic review. *BMC Public Health*. 2011;11:244

[8] Popkin BM, Adair LS, Ng SW. Global nutrition transition and the pandemic of obesity in developing countries. *Nutr Rev.* 2012;70(1):3-21

[9] Caleyachetty R, Barber TM, Mohammed NI, Cappuccio FP, Hardy R, Mathur R, et al. Ethnicity-specific BMI cutoffs for obesity based on type 2 diabetes risk in England: a population-based cohort study. *Lancet Diabetes Endocrinol*. 2021;9(7):419-26

[10] Sport England. Active Lives Survey

[11] Birmingham City Council (2021). COVID-19 Vaccination Overview

References and Further Reading (3)

References

[12] Watkinson RE, Williams R, Gillibrand S, Sanders C, Sutton M. Ethnic inequalities in COVID-19 vaccine uptake and comparison to seasonal influenza vaccine uptake in Greater Manchester, UK: A cohort study. *PLoS Med*. 2022;19(3):e1003932

[13] Watkinson RE, Sutton M, Turner AJ. Ethnic inequalities in health related quality of life among older adults in England: secondary analysis of a national cross-sectional survey. *Lancet Public Health*. 2021;6(3):e145- e54

[14] Ministry of Housing Communities & Local Government (2019). English indices of deprivation