



# 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.



## 2. Elective Evidence Reports

### Deep Dive Needs Assessments

Structured needs assessments into a specific area/topic/community



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.



- Sikh – (Sept 2021)
- Bangladeshi- (Sept 2021)
- Muslim
- Lesbian
- Trans
- d/Deaf & Hearing Loss
- Sight Loss
- Nigerian
- hi





A comprehensive review of

- Academic literature, including PubMed, Census 2011
- Grey literature, including national, voluntary and community reports, PHE and NHS, google/google scholar
- Health & Wellbeing data review and research synthesis according to specified health and well-being indicators

Comparator groups include the White British and Black African populations of the UK.





Written report & PowerPoint slide set

Published on the [BCC Communities Pages](#)

YouTube highlights video

Webinars for Somali community and wider partners





The official languages of Somalia are Somali, which is understood across the country, and Arabic.<sup>[1]</sup>

There are more than 85,918 Somali-speakers across England. 14<sup>th</sup> largest language spoken in England and Wales.<sup>[2]</sup>

The most prominent wave of migration from Somalia to the UK has been from 1991 to the 2000s.<sup>[3]</sup>

Between 1985 and 2006, Somalia was consistently one of the top ten asylum applicant producing countries in the UK.<sup>[3]</sup>

84.1% of males and 80.4% of females from Somalia in Birmingham were between the ages of 0 to 44.<sup>[4]</sup>

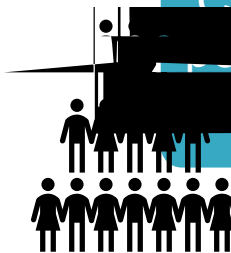
The UK is home to the largest Somali population in Europe. 108,000 Somalis in the UK.<sup>[5]</sup>



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



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





High levels of poverty

Overcrowded housing

Economic inactivity

High levels of unemployment

Barriers to accessing healthcare services

Low consumption of fruit and vegetables

High consumption of Khat

Highest rates of FGM

0.69%

Of live births in the West Midlands were from mothers born in Somalia according to PHE data.<sup>[7]</sup>

0.97%

Mothers from Somalia accounted for 0.97% of the stillbirths in the West Midlands.<sup>[7]</sup>

6%

Among foreign-born mothers in Birmingham, those from Somali accounted for 6% of live births.<sup>[7]</sup>

3.10%

Overall mothers from Somali accounted for 3.10% of all stillbirths in Birmingham.

63%

Of the Somali ethnic group in Birmingham is aged 0-19, compared to 29% of the general population.<sup>[8]</sup>

7%

Higher drop out rate for preschool booster vaccines.<sup>[9]</sup>

82%

Somali pupils eligible for Free School Meals, and more than 8 out of 10 pupils live in a poor household (DCSF).<sup>[10]</sup>

55%

Of Somali FSM boys achieving 5+ GCSE's A\*-C including English and Maths, below city average (60%).<sup>[11]</sup>



Somali communities in the UK have relatively high levels of mental ill-health and low levels of mental health service use.

**58%** of Somali survey respondents felt the need for mental health support.<sup>[12]</sup>

Only **14%** of Somali survey participants

## Alcohol

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

## Smoking and Tobacco Use

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

## Substance Misuse

- High levels of khat use (**77%**) among Somali men and women of all ages.



A UK-







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



In the West Midlands **4.8%** Somali-born residents reported on the 2011 Census that they have bad or very bad health, lower than England and Wales average (7%).<sup>[25]</sup>

**89%** of Somali-born residents living with a long-term health problem or disability in the West Midlands felt it did not impact their day-to-day activities, compared to **11%** who felt it did.<sup>[26]</sup>

For those born outside the UK who were notified with TB in 2020, Somali was one of the top 5 most common countries of birth (**13.3%**).<sup>[27]</sup>

**68%**

## Diabetes

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

## CVD

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

## COPD

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

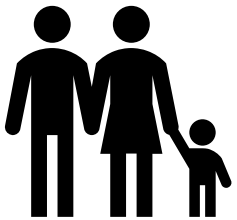
## End of Life

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



The Joseph Rowntree Foundation (JRF) has found higher rates of lone-parent Somali households, and research on the impact of the pandemic on single parent households has found:

- It is likely nearly half (44%) of children in a single parent family were in poverty on the eve of the Coronavirus pandemic,
- Compared to just one in four (26%) of those living in other families.<sup>[34]</sup>







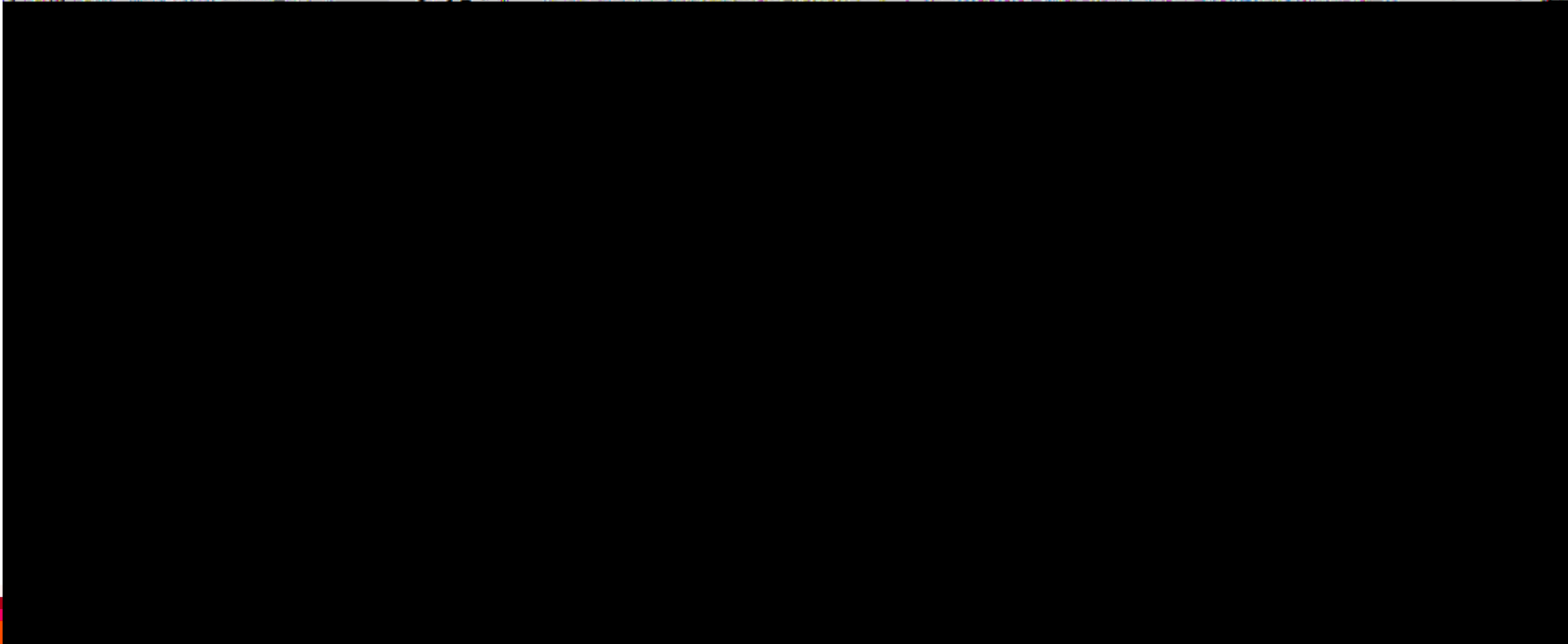


GETTING THE BEST START IN LIFE

MENTAL HEALTH AND WELLNESS

HEALTHY AND AFFORDABLE FOOD

ACTIVE AT EVERY AGE & ABILITY







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