

Appendix 2

BIRMINGHAM JOINT STRATEGIC NEEDS ASSESSMENT: DIVERSITY AND INCLUSION DEEP DIVE 2019/20

Diversity and Inclusion deep dive topic framework

Protected characteristic	Sub-Group options	Purpose of JSNA Deep Dive?	Local picture / inequalities observed What makes this a priority for Birmingham in 2019/20?
Disability	Sensory impairment	To better understand the needs of those with sensory impairment in Birmingham to inform service delivery	<p>People with a learning disability (LD) are more likely to have a visual or hearing impairment than the general population. Adults with LD are ten times more likely to have a visual impairment than adults without LD. The Foundation for People with Learning Disabilities estimates that around 40% of adults with a LD have moderate to severe hearing loss, and that hearing impairment is particularly common among people with Down's syndrome.¹ Hearing impairment in people with learning disability may be overlooked as it can 'get lost' among other problems.²</p> <p>Action on Hearing Loss state that there is evidence suggesting some BME groups may experience high levels of hearing loss, particularly among recent immigrants from developing regions where poverty, poor healthcare, and lower immunisation coverage may contribute to a higher risk of hearing loss.³</p> <p>The World Health Organisation (WHO) states that people with vision impairment are more likely than those without to experience higher rates of poverty and disadvantage.⁴</p>

¹ Foundation for People with Learning Disabilities <http://www.learningdisabilities.org.uk/help-information/learning-disability-a-z/h/hearing-loss/> accessed 11/04/2019

² Timehin and Timehin (2004) Prevalence of hearing impairment in a community population of adults with learning disability: access to audiology and impact on behaviour. British Journal of Learning Disabilities 32(3): 128–132.

³ Action on Hearing Loss (2011) Facts and figures on hearing loss and tinnitus

⁴ World Health Organisation <https://www.who.int/blindness/en/> accessed 11/04/2019

Disability	Learning disabilities and intellectual impairment	To better understand the needs of those with learning disabilities and intellectual impairment in Birmingham to inform service delivery	The Disability Rights Commission's "Equal Treatment: Closing the Gap", ⁵ explored physical health inequalities experienced by people with learning disabilities and/or mental health problems. This showed that people with learning disabilities and people with mental health problems are much more likely to have significant health risks and major health problems than other people. For people with learning disabilities, these particularly include obesity and respiratory disease and for people with mental health problems, obesity, smoking, heart disease, high blood pressure, respiratory disease, diabetes and stroke. ⁶
	Mobility impairment	To better understand the needs of those with mobility impairment in Birmingham to inform service delivery	The Equality and Human Rights Commission (EHRC) found that people with physical disabilities are more likely to experience health inequalities and major health conditions, and are likely to die younger than other people. It suggested the extent of these health inequalities was difficult to assess because of limited data on outcomes for disabled people collected by NHS providers and commissioners. It further suggested that accessibility of services was problematic, and disabled people were less likely to report positive experiences in accessing healthcare services. ^{7,8}
Ethnicity	Eastern European community	To better understand the needs of Birmingham's Eastern European community to inform service	An evidence review undertaken by Liverpool John Moores University found that when compared to the UK-national population, Eastern European populations have: poorer mental health; higher mortality due to heart attacks and stroke; higher levels of obesity; increased risk of sexual ill-health; higher smoking rates and higher lung cancer

⁵ Disability Rights Commission (2006) <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/DRC-Health-FI-main.pdf> accessed 11/04/2019

⁶ Disability Rights Commission, Equal Treatment: Closing the Gap (2006) <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/DRC-Health-FI-main.pdf> accessed 11/04/2019

⁷ The Equality and Human Rights Commission, Being Disabled in Britain (2017) <https://www.equalityhumanrights.com/sites/default/files/being-disabled-in-britain.pdf> accessed 11/04/2019

⁸ Department of Health. Healthy Lives, Healthy People: a call to action on obesity (2011) <https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england> accessed 11/04/2019

	delivery	<p>prevalence. These health inequalities are compounded by poor or insecure housing, low pay, isolation, unemployment or underutilisation of skills and prejudice.⁹</p> <p>A recent investigation into suicides in Birmingham (November 2018) identified that Eastern Europeans are at increased risk of suicide.</p>
African-Caribbean Communities	To better understand the needs of Birmingham's African-Caribbean community to inform service delivery	<p>Obesity is higher in black Africans, especially adolescent girls.^{10,11}</p> <p>The majority of HIV infections in the UK is in heterosexual black Africans.^{10,11}</p> <p>Caribbean-born men are 50% more likely to die of stroke than the general population.^{10,11}</p> <p>There is a greater incidence of schizophrenia in UK black Caribbeans. Recent local NHS data suggests that 8% of in-patients in Birmingham are of black ethnicity – higher than expected. In addition, those of black ethnicity make up 12% of in-patients in Birmingham with a mental illness and 9% of psychiatric attendances – two times more than expected.</p>
Faith	To better understand the issues affecting faith communities, particularly around infant mortality and	<p>South Asians – predominantly Muslim, Hindu and Sikh are at increased risk of:</p> <ul style="list-style-type: none"> • Cardiovascular disease (CVD) • Type 2 diabetes – overall, six times more common for men and women of South Asian descent – Bangladeshi, Pakistani, Indian. The exact level of prevalence varies according to country of origin and sex. • Smoking – much higher smoking rates in

⁹ Centre for Public Health Liverpool John Moores University. A targeted needs assessment of the Eastern European population in Warrington (2014) http://www.cph.org.uk/wp-content/uploads/2014/11/Eastern-European-Health-Needs-Assessment_Final-Report.pdf accessed 11/04/2019

¹⁰ Local Government Association (2014) Working with faith groups to promote health and wellbeing <https://www.local.gov.uk/sites/default/files/documents/working-faith-groups-prom-6ff.pdf> accessed 12/04/2019

¹¹ FaithAction (2014) <https://www.faithaction.net/> accessed 12/04/2019

		mental health	<p>Bangladeshi men, but lower rates in Indian men.^{12,13}</p> <p>Health inequalities in some Jewish and Muslim communities:</p> <ul style="list-style-type: none"> • Consanguinity more than doubles the risk of recessively inherited disorders such as congenital deafness and heart disease. Marrying blood relatives is more common in some Jewish and Muslim communities where it is a social and cultural, rather than religious, behaviour.^{12,13} <p>Health inequalities in Christians:</p> <ul style="list-style-type: none"> • White Irish men and women, largely Catholic, are most likely of any ethnic group to exceed alcohol guidelines. • Obesity is higher in black Africans, especially adolescent girls. A high proportion of black Africans report themselves to be Christian. • The majority of HIV infections in the UK is in heterosexual black Africans. • Caribbean-born men are 50 per cent more likely to die of stroke than the general population. • Greater incidence of schizophrenia is consistently recorded in UK black Caribbeans.^{12,13}
Sexual orientation and/or gender reassignment	LGBT	To better understand the issues affecting LGBT communities	<p>Rates of depression amongst LGBT (28-40%) are high compared to an estimated annual rate of depression of 6% and lifetime rate of more than 15% in the general population.¹⁴</p> <p>Estimates suggest most young men with eating disorders are gay or bisexual. A fifth of all women</p>

¹² Local Government Association (2014) Working with faith groups to promote health and wellbeing <https://www.local.gov.uk/sites/default/files/documents/working-faith-groups-prom-6ff.pdf> accessed 12/04/2019

¹³ FaithAction (2014) <https://www.faithaction.net/> accessed 12/04/2019

¹⁴ Meads et al (2009) A systematic review of LGBT Health. University of Birmingham. <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/WMHTAC/REPreports/2009/LGBThealth030409finalversion.pdf>

with eating disorders are lesbian or bisexual.¹⁴

Evidence points to LGBT people experiencing poorer physical health due to poorer diet, lack of exercise, smoking and excessive drink and drug use.¹⁴

LGBT people are much more likely to smoke than the general population: 32-45% of Gay and Bisexual men smoke; 29-48% of lesbian and bisexual women smoke; compared to 22% of the general population.¹⁴

LGBT people have higher rates of problem drug and alcohol use than the general population: 35% of Gay and Bisexual men used recreational drugs in the year 2007 compared to 13% in the general population; 26% of lesbian and bisexual women compared to 8% in the general population.¹⁴

Lesbian and bisexual women were up to 10 times less likely to have had a cervical screening test in the past three years, suggesting poor re-attendance. 12% - 17% of lesbian and bisexual women have never had a cervical screening test.¹⁵

¹⁵ Fish, J (2009) Cervical screening in lesbian and bisexual women: a review of the worldwide literature using systematic methods. De Montford University – referenced in https://blgbt.org/wp-content/uploads/2018/10/14-02-13-Equal_Access_LGBT_health_and_wellbeing_strategy_2013_REVISED.pdf