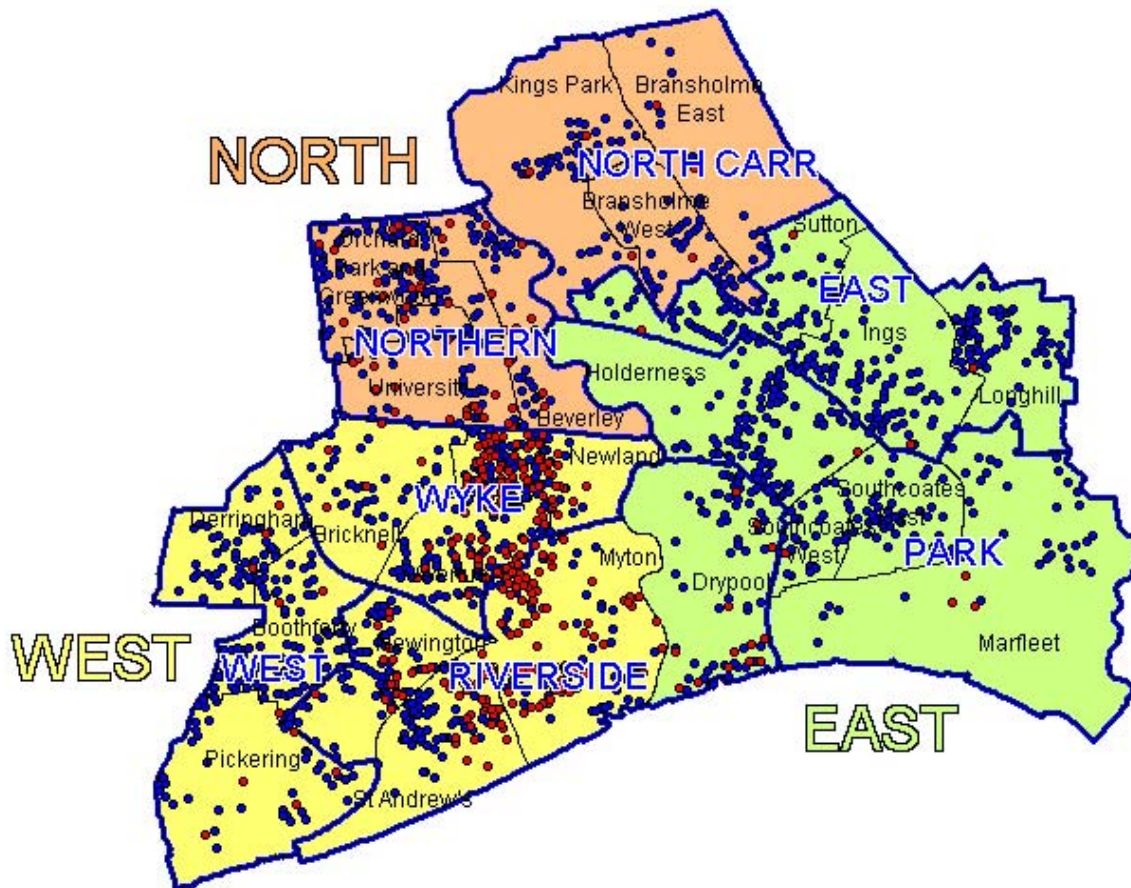


Hull's 2007

Black and Minority Ethnic Survey

Summary Report



Tim Greene, Mandy Porter, Robert Sheikh Iddenden, Kadhim Alabady, Andrew Taylor.

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Hull 2007 Black and Minority Ethnic Survey Key Findings

- The estimated BME population of Hull is now 16 thousand, having nearly doubled in the last 6 years.
- 93.4% of Hull's population identify themselves as White British (and a further 0.4% as Irish).
- The 2007 Health and Lifestyle Survey found 70 different nationalities with at least 60 different languages spoken in homes in Hull.
- Different ethnic minority groups have very different lifestyle and health profiles.
- Compared to the white British population of Hull, most ethnic minority groups had lower levels of smoking and drinking alcohol, but higher levels of exercise.
- Refugees, asylum seekers and failed asylum seekers have the worst health, both physically and mentally.

Hull 2007 Black and Minority Ethnic Survey Summary Report

Introduction

Two Health and Lifestyle surveys were completed in Hull during early 2007. The main survey involved 4,086 residents representative of Hull's population. Of the 4,048 providing ethnicity information, all but 267 were White British, with 6.6% being from Black and Minority Ethnic (BME) backgrounds (including 0.4% identifying themselves as Irish). The BME survey involved 1,163 residents of Hull, who were reached with the survey in a variety of ways – distributing questionnaires through agencies and organisations working with ethnic minorities and refugees, and “snowball” sampling where interviewers asked respondents to identify other people to survey. The same questions were asked in each survey to enable comparisons of health and lifestyle information between particular black and minority ethnic groups and the “Hull average” from the Main Survey.

BME Population

The BME population of Hull was estimated to be 8,500 (3.3% of residents) by the 2001 Census, rising to 7.4% in government estimates in 2005 which is slightly higher than the figure of 6.6% from the Main Hull Survey. The survey gives an estimate of 16,000 people in Hull from BME groups, albeit with a large margin of error. Owing to the sampling method used for the BME survey, it is not possible to know how representative the BME survey responders are of Hull's BME population, so estimates of numbers within Hull's different BME groups cannot be made. We expect the survey to have reached relatively more refugees and asylum seekers than other BME groups, as they are in more frequent contact with a range of agencies and groups.

BME groups, status in UK and nationalities

The survey has uncovered great diversity within Hull, both linguistically and ethnically: over 60 languages were recorded as being spoken at home by 70 different nationalities. Grouping this diversity into the six broad ethnic groups in **Figure 1** below shows that there are major differences between the different groups.

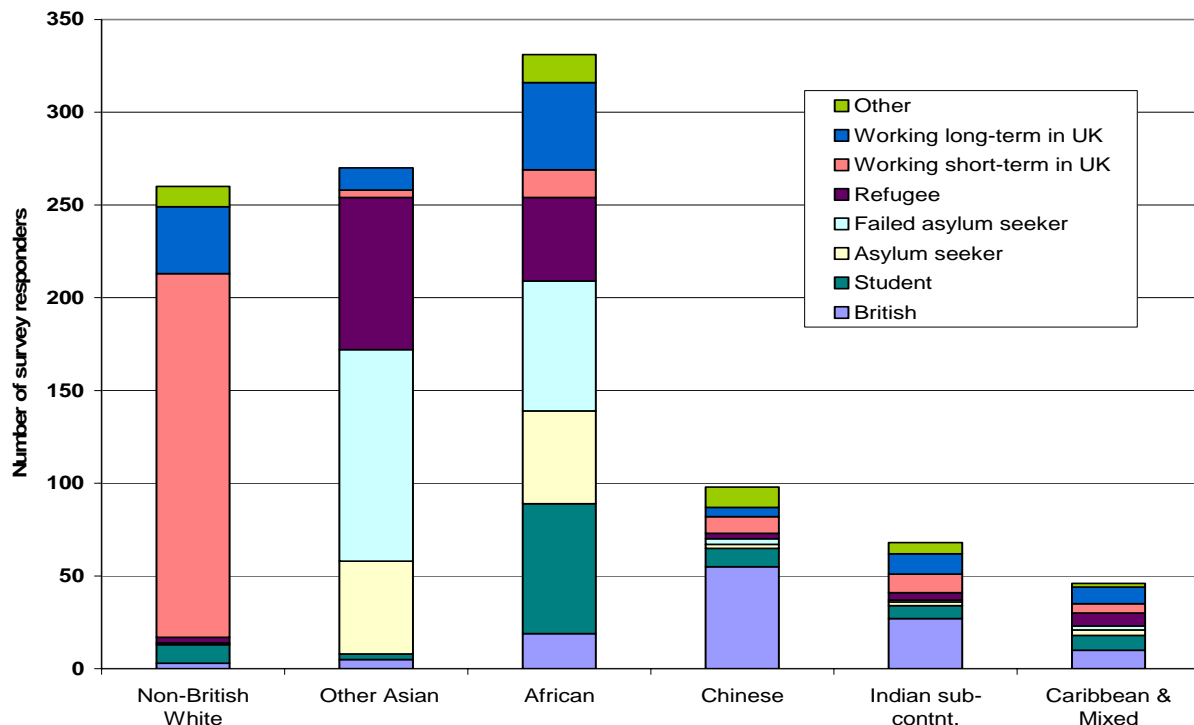
The largest group were Africans, from 21 different countries, who showed a fairly even spread of the different status categories, with 50% being asylum seekers, refugees (people granted asylum) or failed asylum seekers and 40% students or workers.

The Non-British Whites were nearly all in the UK to work, with the large majority (85 percent) being Polish. The other large group labelled “Other Asian” were nearly all Iraqis (177 people) and Kurds (61) who formed 90 percent of this group, with Iranians much of the remainder.

The ethnic group with the largest proportion of British nationals and residents was the Chinese, reflecting their position as a longer established immigrant community. The “Indian Sub Continent” group comprised Pakistanis, Indians and Bangladeshis, with this group being mostly British residents and workers.

The lowest numbers of people were in the “Caribbean” and “Mixed” ethnic groups, which have been brought together in a single group. In terms of UK residency there are very few asylum seekers, with a mix of British nationals, long-term workers, refugees and students.

Figure 1: Numbers of respondents by broad ethnic group and status in UK



BME General Characteristics

BME survey responders were more likely to be male with the exception of the Chinese. Over 70% of asylum seekers (both failed and seeking asylum) and refugees in the survey were male, and two-thirds of those working both short-term and long-term in the UK. The majority of the BME survey responders were less than 35 years old with the exception of Chinese whose ages were more evenly distributed across the range. The BME survey responders were not spread evenly throughout Hull (as can be seen from the red dots on the map on the report cover) with over half living in the West Hull wards of Myton (28%) and Newland (24%). The majority of BME respondents lived in West (82%) or North (15%) Locality.

Refugees and Asylum seekers

Unsurprisingly, asylum seekers, failed asylum seekers and refugees tended to have the poorest physical, dental and also mental health - with one-third of failed asylum seekers stating that they were "so unhappy that life was not worthwhile". Health-related behaviour was worse for some risk factors such as smoking and exercise, but better for other risk factors such as diet, alcohol and obesity. Incomes were very low, and the majority lived in the most deprived areas of Hull, and felt much more unsafe in their area compared to other survey responders. Social networks and support were both relatively low for asylum seekers and refugees. As was noted in **Figure 1**, the majority of Asylum seekers (including failed) and refugees were Iraqis, Kurds and Africans.

UK Nationals

British survey responders tended to have higher incomes, and social support and networks compared to non-British survey responders. As British survey responders tended to be older, health status was poorer than students and those working short-term in the UK, but better than asylum seekers and refugees. Those working long-term in the UK tended to have similar characteristics to British survey responders for many of the demographic, health, health-related behaviour and social aspects examined.

Foreign Nationals Working in UK

Although people working in the UK short-term tended to have the best health, they tended to have some of the worst health-related behaviour for smoking, alcohol consumption and diet, with obesity and exercise rates being comparable to the main survey responders. As three-quarters of the Non-British White survey responders were working short-term in the UK, the findings for the Non-British White survey responders, the majority of whom were Polish, were similar to those the people who were working short-term in the UK. Long-term workers in the UK were spread more evenly across the ethnic groups, with Africans and Poles being the most numerous.

Students

Students in the BME survey also had good health which will be associated with their younger age profile. They tended to have better health-related behaviour for smoking, diet, alcohol consumption, exercise and obesity than the Main Survey respondents.

Chinese

This group includes all people who identified themselves as ethnically Chinese – only a minority were Chinese nationals. The general health rating of the Chinese was the worst of any group, with 33 percent saying their general health was fair or poor; this may be because the Chinese have a higher proportion of elderly than other groups, but compares unfavourably with the 20% level for the general Hull survey. There were far fewer regular smokers than for Hull (14% compared to 26%) and more non-drinkers (59% compared to 26%). Despite their older age profile and having fewer recent immigrants, Chinese had the highest proportion, 50%, of people with poor spoken English. Their employment status was similar to the General Survey, with 49% employed and 23% retired, although only 1% of Chinese were unemployed. The Chinese had the lowest proportion of Overweight (BMI between 20 and 30) individuals, but the highest proportion (11 individuals) of Morbid Obesity (BMI>40).

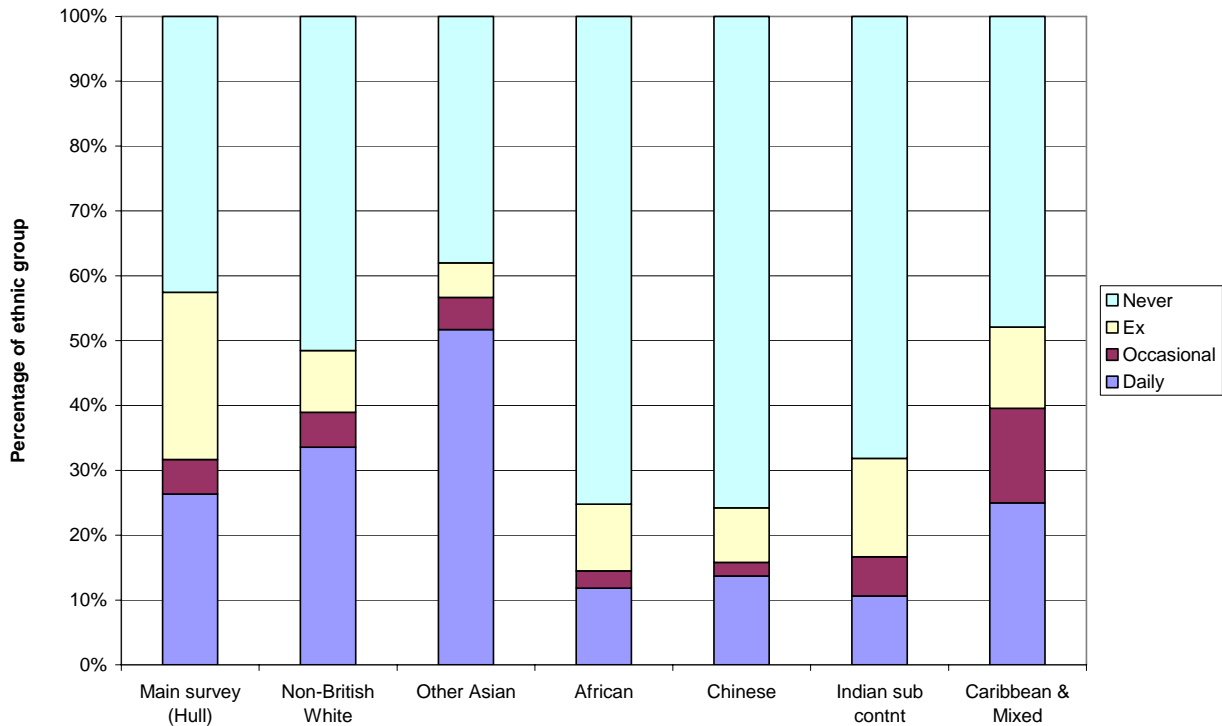
Caribbean, Indian sub-continent and Mixed Groups

There was considerable variability in status in the UK for Caribbean, Indian, Bangladeshi and Pakistani, and Mixed Ethnic Group survey responders. As a result, the pattern in terms of health status, health-related behaviour and social capital was more complex, with the effects of the different groups (British, students, asylum seekers and refugees, those working short-term in the UK and those working long-term in the UK) balancing out to a certain extent. Particular features of key health-related behaviours can be identified in the Figures below.

The bulk of the Survey was concerned with matters of health and lifestyle activities (e.g. smoking, exercise and drinking) which affect health. Since the results varied greatly for different ethnic groups and UK status categories it is difficult to make general comments and observations. A few findings from the full survey report which will be available at www.hullpublichealth.org/ are presented in the rest of this summary.

Health-related Behaviour : Smoking

Figure 2: Smoking status by broad ethnic group

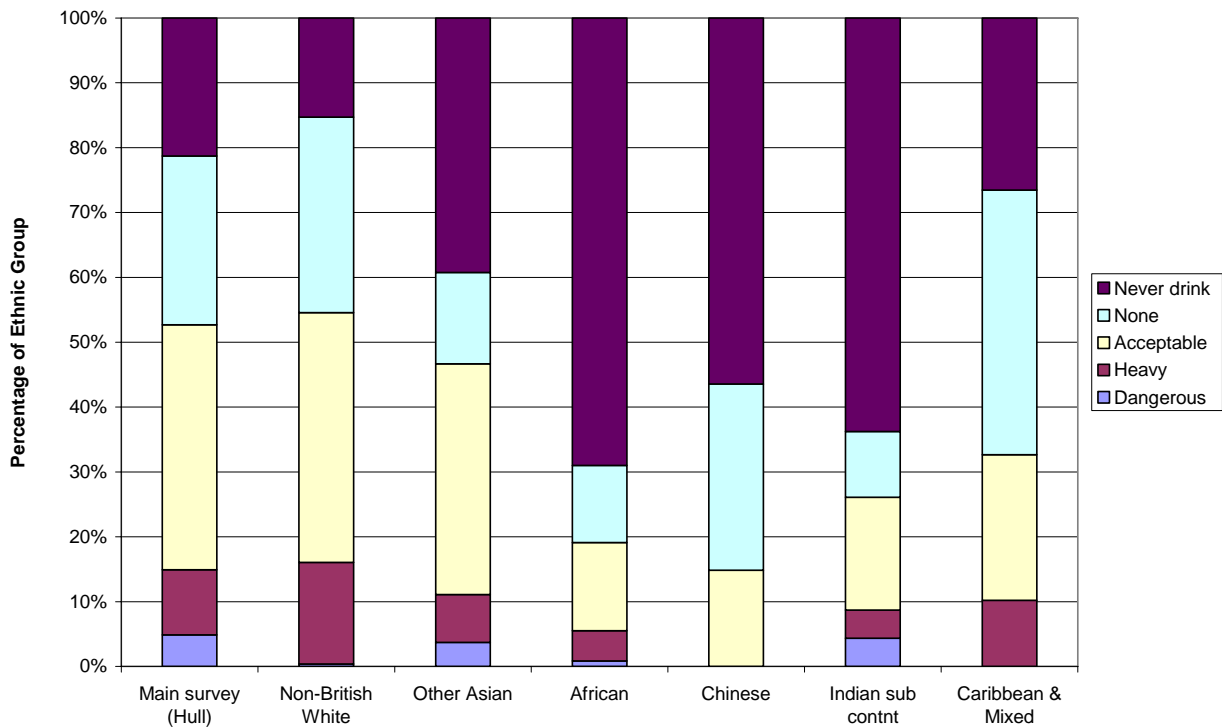


In the main survey 32% of people reported that they smoked, most of them daily (26%). The highest rate of smoking was for Other Asian, where 57% of people were smokers. The other group above the main survey level was Non-British White, where 39% were smokers.

Health-related Behaviour : Drinking Alcohol

The largest proportion of non-drinkers were in the African, Indian and Chinese groups. 5 percent of people in the main survey had drunk so much in the previous week that it was dangerous to their health. As numbers of dangerous drinkers were low for all the Ethnic Groups, reliable estimates cannot be made. However the highest levels of drinking heavy and acceptable drinking were in the Non-British White group, with 16 % drinking heavily or worse.

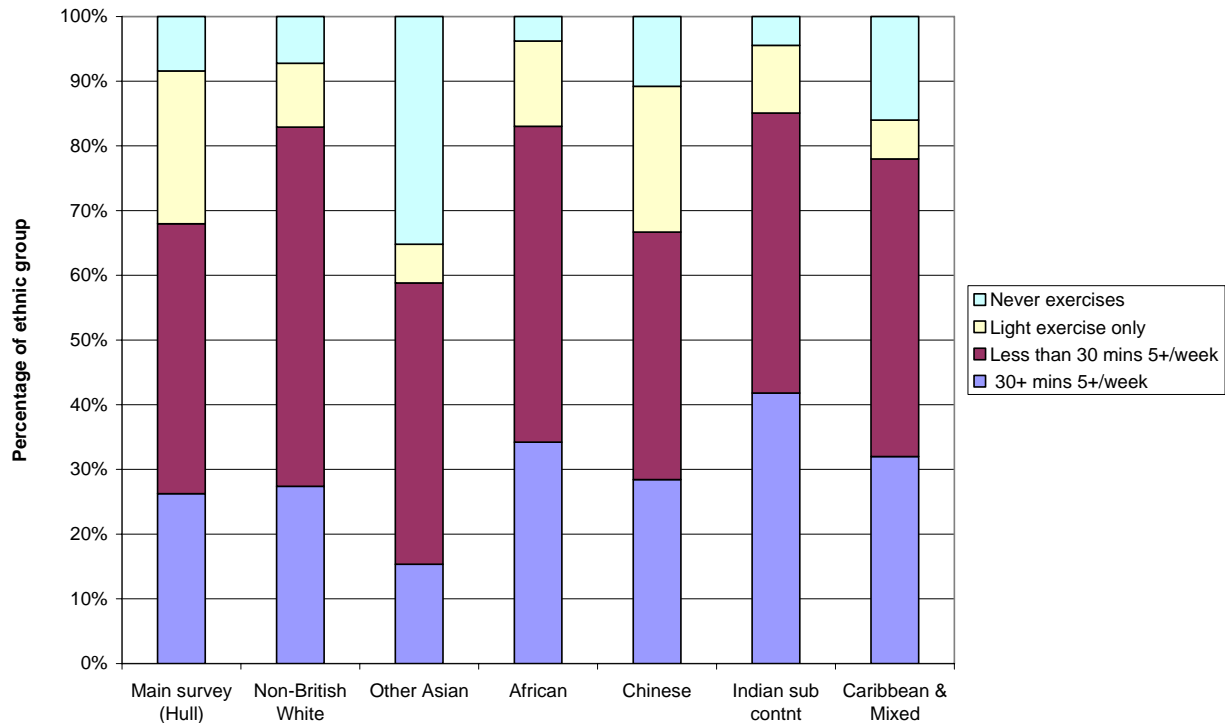
Figure 3: Alcohol consumption level in the previous week, by broad ethnic group



Health-related Behaviour : Exercise

The national recommended minimum level of exercise is 30 minutes or more of moderate or vigorous exercise on at least 5 occasions per week. Just over one quarter of the main survey respondents achieved this, but it was exceeded by all the broad ethnic minority groups except Other Asian – which also had the greatest proportion of people taking no exercise at all (35%). However even for the group with the highest level of exercise (Indian sub continent, 42%) had less than half its members achieving the national target.

Figure 4: Exercise levels and frequency in the previous week, by broad ethnic group



Conclusion

The Survey presents a picture of different ethnic groups with varying circumstances and differing of health issues and behaviours. The composition of BME groups in Hull has changed greatly in the last five years, with increased numbers of refugees from Iraq and Polish short-term workers. The information provided by respondents can be used to help assess the differing needs and public health priorities for different groups.

The full report will be available online at www.hullpublichealth.org/. Any queries about this work should be directed to Public Health Sciences, Hull Teaching PCT, The Maltings, Silvester Square, HULL HU1 3HA. Tel: 01482 344805.

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