

## Headline Results on Ethnicity in Hull from the 2011 Census & Hull BME Survey 2011-12

- In 2011 the Census<sup>1</sup> found 26,500 of Hull's 244,000 residents (10.3%) were from a Black or Ethnic Minority group (BME – this includes all people who do not classify themselves as White British)
- The number of Hull BME residents has tripled in the last 10 years (an increase of 199%) but despite these large increases, when compared to the UK average, Hull still has lower proportions of nearly all BME groups
- The greatest increase in BME numbers was due to increased numbers of white Europeans, mostly from Poland and other East European countries
- Other groups who have more than doubled in size in the last ten years were Chinese (mostly students), African and Middle Eastern.
- Achieving a healthy diet seems to be the area where the BME groups on the whole do worse than the overall adult Hull population. Conversely smoking and drinking rates among BME groups as a whole (apart from Gypsies & Travellers) tend to be lower than the overall adult Hull population. Alcohol consumption amongst some BME groups is very low due in part to religious influences.
- The Gypsy & Traveller group tend to have poor physical health, display negative health behaviours but enjoy good mental health and high social capital.
- It appears that BME group is often not the factor that has the greatest influence on people's health – for instance the age-profile of different ethnic groups can vary greatly (e.g. the Chinese in Hull, being mostly students, have a young age-profile), meaning health results for a particular ethnic group are more influenced by their ages than their ethnicity

<sup>1</sup> <http://www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/index.html>

# **BME Survey for Hull 2011 – 12**

## **Summary**

### **1. Aims and Methods of the BME Survey**

- 1.1 The aim of the BME survey was to examine health status, health related behaviour and social factors within different BME groups in relation to Hull's overall population.
- 1.2 Unlike the main adult Health and Lifestyle survey, the different sampling methods mean the BME survey is not a representative sample of the whole actual BME population but rather a snapshot from a number of BME individuals who were identified and questioned by researchers.
- 1.3 In comparison to the main adult Health and Lifestyle Survey which had over 13,500 respondents, the BME survey had 1,000 respondents and an additional survey of Gypsies & Travellers had 72 respondents. Questionnaires used in the 3 surveys were identical and asked questions covering topics such as: general health, lifestyle risk factors, perceived health, demographic and household information and measures of social capital.

### **2. Numbers and Characteristics of Hull's BME Groups**

- 2.1 Overall, the majority of the BME population is relatively young compared to the overall Hull population, possibly due to the high numbers of students and short term workers in the BME respondents. Most BME respondents either live in the West (64%) or North (22%) localities of the city and, apart from the Chinese and Gypsy & Traveller groups, are fairly evenly distributed among areas as ranked by their deprivation index. Chinese respondents tend to live in areas ranked the least deprived in Hull (probably due to most of the respondents being students) whilst over 90% of Gypsies & Travellers live in areas ranked the most deprived.
- 2.2 Two of the more heterogeneous (diverse) BME groups ('mixed' and 'other'), over half of whom are students, had characteristics that were not markedly different to the general Hull population and so are not considered separately below. However, classification by 'status in the UK' does reveal some particular health features which are explained in more detail in the following summary paragraphs.
- 2.3 With the exception of refugees/asylum seekers, all the groups had a higher percentage of females than males, with over double the number of female short-term workers compared to males. This was somewhat unexpected.
- 2.4 Non-British White (287 respondents)  
Over a fifth of these respondents are students but the majority (63%) are from the EU and working in Hull, in either short term (8%) or long term (55%) employment. However there is also an excess of non-working females. More than a third of this group are educated to degree level. 32% are daily smokers, but additionally 39% have never smoked.

## 2.5 Chinese (207 respondents)

Nearly 95% of the respondents from this group are students (with 82% aged under 25) and nearly three quarters are educated to degree level. This young, female, highly educated group report the lowest amounts of stress in the previous 12 months (with only 3% of the respondents reporting high levels). However only 8% eat the recommended 5 portions of fruit & veg a day (average number eaten was 2.2). Smoking rates are low with 80% having never smoked and only 8% being daily smokers.

## 2.6 African (119 respondents)

60% of respondents in this group are students, with half of these already educated to degree level. Their health behaviour tends to be good and their health literacy very high. Along with the Gypsy & Traveller group, African respondents have the highest proportion (36%) who rate their mental health as 90-100 (the best). About 60% never drink alcohol and 81% have never smoked. African respondents have the highest percentage (84%) who perceived there would be a very big health impact from stopping smoking (compared to 73% in the main Hull survey). African respondents also have the highest percentage (76%) who think achieving and maintaining a healthy weight and doing more exercise (78%) will have a big health impact.

## 2.7 Pakistani / Bangladeshi (72 respondents)

Nearly a third of respondents are educated to degree level. Only 6% eat the recommended '5 a day' but over 80% never drink alcohol, compared to 20% of respondents in the main survey. 20% never exercise compared to about 10% of respondents in the main survey.

## 2.8 Gypsy / Traveller (72 respondents)

2.8.1 The Gypsy & Traveller group tend to have poor physical health, display negative health behaviours but have good mental health and high social capital. This group has the highest percentage of respondents not working due to long-term sickness or disability (23%) compared to 8% of the respondents from the main survey. 36% have long term limiting illness and nearly 17% are registered as disabled. 78% have no qualifications compared to around 25% of people in Hull.

2.8.2 Along with Africans they have the highest proportion (36%) who rate their mental health as 90-100 (the best). 55% smoke daily and only 29% have never smoked. Of those who smoke, the proportion of heavy smokers (20+ cigarettes per day) is 34% compared to 22% among the respondents from the main survey and over 13% of Gypsy/Traveller respondents smoke more than 40 a day. From the main survey 73% of respondents perceived there would be a very big health impact from stopping smoking; however Gypsy and Traveller respondents had the lowest percentage (56%) who thought this way.

2.8.3 66% of respondents from the main survey were overweight or obese and the only BME group with a higher percentage than this is the Gypsy and Traveller group (71%). 20% never exercise compared to about 10% of respondents in the main survey.

## 2.9 Indian (62 respondents)

Over half of respondents are educated to degree level. 20% of the group have a MHI score of 0-49 (worst). Approx 60% never drink alcohol. They have the

lowest proportion of smokers of all – 90% have never smoked. 60% are overweight or obese compared to 66% in the main Hull survey.

## 2.10 Arab

2.10.1 (40 respondents) Nearly a third of respondents are refugees and over half are students. Nearly three quarters are educated to degree level. 20% have a MHI score of 0-49 (worst) and the highest amounts of stress in the previous 12 months (28% of respondents report high levels). However 70% thought that reducing stress would have a positive impact on health.

2.10.2 Just over 1 in 10 eat the recommended '5 a day' the average being 2 portions a day. Levels of drinking are low, probably due to religious factors, with over 80% saying they never drink alcohol compared to just 20% of respondents in the main Hull survey. 60% are overweight or obese compared to 66% in the main Hull survey.

## 2.11 Refugees & Asylum Seekers

2.11.1 (Total respondents = 68) Respondents include 34 refugees granted asylum in last 10 years and 10 refugees granted asylum over 10 years ago. Additionally there are 20 asylum seekers and 4 failed asylum seekers. The majority, 85%, of refugees/asylum seekers are aged under 45 years. Refugees/asylum seekers have the largest percentage of respondents living in the most deprived areas (49%). The three biggest BME groups represented in the refugee /asylum seeker group are Arab, Mixed or African.

2.11.2 Refugees/asylum seekers have the lowest fluency of spoken English (44%), followed by short-term workers (54%), with the remaining groups having similar levels of good fluency of around 60%.

2.11.3 Half of the refugee/asylum seeker groups classified themselves as studying in the UK. Over half the refugee/asylum seeker group would not, or could not, provide an answer on annual household income. However of those who did answer this question, more than 45% had an annual income less than £5000.

2.11.4 Refugees / asylum seekers have the largest percentages reporting either 'excellent' or 'poor' health.

2.11.5 Based on UK status, refugees / asylum seekers had the highest proportions of people who rated themselves as not knowing what a healthy diet is or not knowing if their diet is healthy. However they had the highest percentage (61%) that thought eating a healthier diet and maintaining a healthy weight (59%) would have a 'very big' health impact.

2.11.6 Whilst 55% of asylum seekers never drank alcohol those that did drink alcohol were the most likely to binge drink with 40% of the drinkers drinking 8+ units for men or 6+ units for women in a single day at least one day per month (bearing in mind there are only 30 respondents in this category).

2.11.7 66% of refugees/asylum seekers have never smoked and 23% are daily or occasional smokers. Interestingly refugees/asylum seekers have the highest percentage (64%) who think reducing alcohol levels would have a big health impact but also the lowest percentage (62%) who think there would be a very big health impact from stopping smoking.

2.11.8 From the main survey 17% of respondents had no close relatives or friends who live nearby but amongst refugees/asylum seekers the level was the

highest at 32%. This group also had the highest percentages who view the problem of verbal or physical threat or aggression (38%) and crime (41%) as a “very big” or “fairly big “ problem.

### 3. **Key Facts**

- 3.1 Gypsy & Traveller respondents fare well in terms of social capital, neighbourliness and trust for people living in their area – those who responded represent the groups settled in permanent Traveller sites with high percentages (47%) having lived in the area for between 10 and 25 years and 23% over 25 years. However it is not known whether people living in flats or houses and who still classify their BME group as Gypsy & Traveller, would, if questioned, have a different health and social capital profile to the Gypsy/Traveller respondents included in this survey.
- 3.2 Overall lack of knowledge about diet was more prevalent in BME groups (excluding Gypsy & Traveller respondents) compared to the main survey (7%), the highest percentage being in Chinese and Arab respondents (23%). Short-term workers and students (14% and 12% respectively) had the lowest percentage of respondents eating five or more portions of fruit and vegetables daily. All BME groups (apart from Chinese) thought that eating a healthier diet would have a big impact on health, more so than respondents in the main adult survey.
- 3.3 From the main survey 50% of respondents perceived a very big health impact from reducing alcohol levels, only Chinese respondents had a lower percentage (48%). African respondents had the highest percentage (79%) who perceived a very big health impact from reducing alcohol levels, followed by Arab respondents (75%).
- 3.4 From the main survey 29% of respondents reported being daily smokers, 5% reported being occasional smokers and 26% reported being ex-smokers. The prevalence of daily smokers was highest amongst Gypsy and Traveller and non-British White respondents (56% and 33% respectively). The remaining BME groups all had a lower percentage of daily smokers compared to the main survey, the majority under 15%.
- 3.5 African (79%) and Gypsy & Traveller (77%) respondents had the highest percentage reporting local health services as very good or good, with non-British White and Arab respondents both with the highest percentage reporting poor or very poor (13%).
- 3.6 Over 80% of all respondents (who have lived in the area for at least 4 months) felt “very safe” or “fairly safe” when walking alone in the area during the daytime. Very few respondents feel very unsafe (3% or less). Unsurprisingly there was a shift towards feeling less safe when walking alone after dark compared to during the daytime. Interestingly, Gypsy and Traveller respondents had the highest proportion of respondents who feel very safe after dark (42%) as well as the highest proportion who do not go out after dark (21%), indicating that the reason for this is not related to safety issues. Indeed, Gypsy and Traveller respondents had the highest percentage (78%) who viewed verbal or physical threat or aggression as “not a problem”.

4. Further Information

5. More detailed results from the Survey can be found on the Hull Public Health Website at <http://www.hullpublichealth.org/> Any queries can be addressed to:

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