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1. Statutory Reports



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Birmingham City Council wants the city to become a **bolder**, **healthier city**. This is city where everyone can have a healthy, happy life.

The Community Health Profiles help us understand the gaps (health inequalities) in achieving this in different communities.

The Profiles describe the health inequalities of a specific community of identity or interest or experience.

Setting out the differences in need shown by the evidence can help the Council, it's partners and communities take action to close the gaps and improve the health of people in Birmingham.

The Community Health Profiles will be published on the Council's website as resources to support greater understanding and awareness of the issues affecting different communities in our city.

We aim to refresh them every 5-8 years depending on the data availability.

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



- Sight Loss
- Nigerian
- Indian
- Caribbean Islands
 Commonwealth States
- Somali
- Kenyan
- Pakistani

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- Veterans (published)
- End of Life (published)
- Learning Disabilities
- Dual Diagnosis
- Mobility Impairment
- Sensory Impairment

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- Birmingham Poverty Truth Commission – focus on Housing issues
- Birmingham & Lewisham African
 & Caribbean Health Inequalities
 Review



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To find and review the physical health, mental health, lifestyle behavioural and wider determinants (social and economic factors) that exist in health in a specific community.



To collect and present this information using the 10 key priority areas identified in the Health and Wellbeing Strategy for Birmingham - Creating a Bolder Healthier City

To engage with the local communities on the evidence found and highlight the opportunities to address

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A full review of

- Academic resources, including PubMed, Census 2011, Web of Sciences
- Grey literature, including national, voluntary and community reports, PHE and NHS, google/google scholar and Deaf organisations

Health & Wellbeing data review and research according to specified health and well-being indicators

Comparison groups include the hearing population of the UK.

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Limited data was collected on disability from the 2011 Census.

Population data used is from the 2011 Census and is likely to have changed since then. Conclusions on populations must therefore be taken with caution.

Limitations exist in the profiles due to the ways that people in the studies are found and included.

 For example, people who are born Deaf or with hearing loss may have different lived experiences to those who become Deaf or who have hearing loss at some point in their life. Often studies do not separate the two groups.

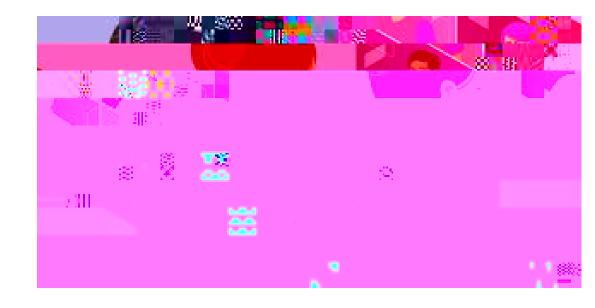
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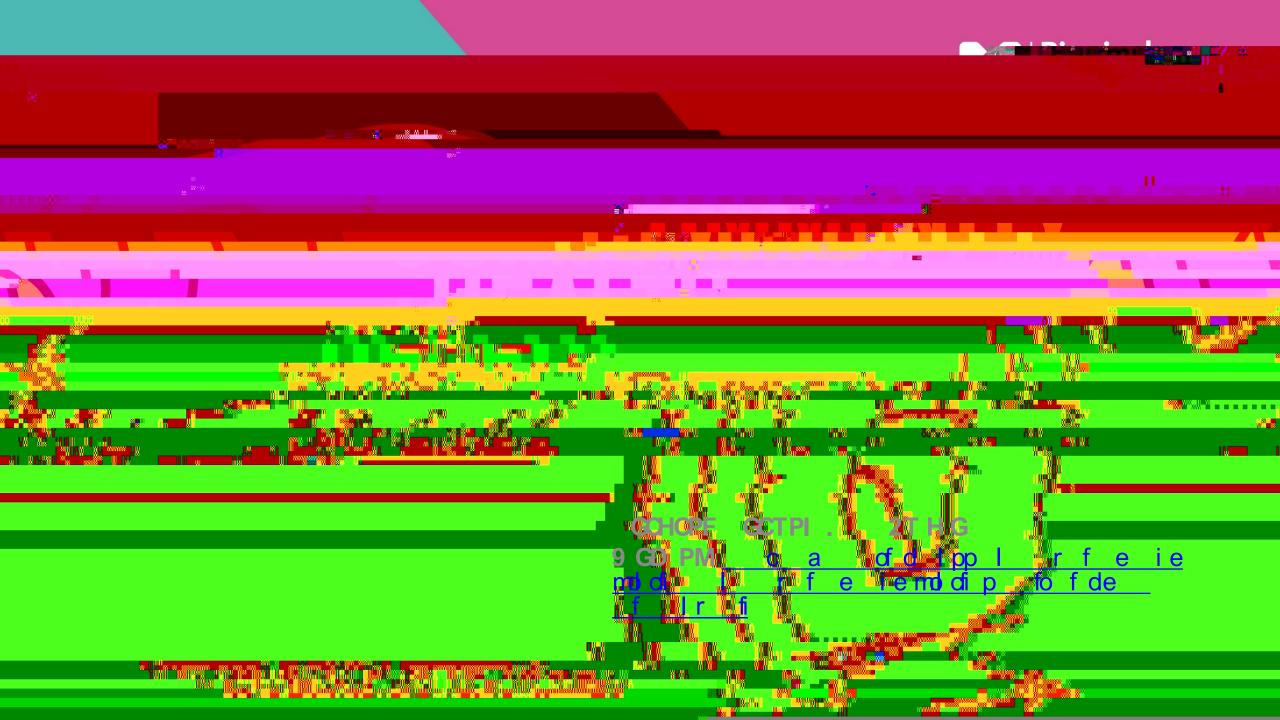
Written report & PowerPoint slide set

Published on the <u>BCC Communities</u>
Pages

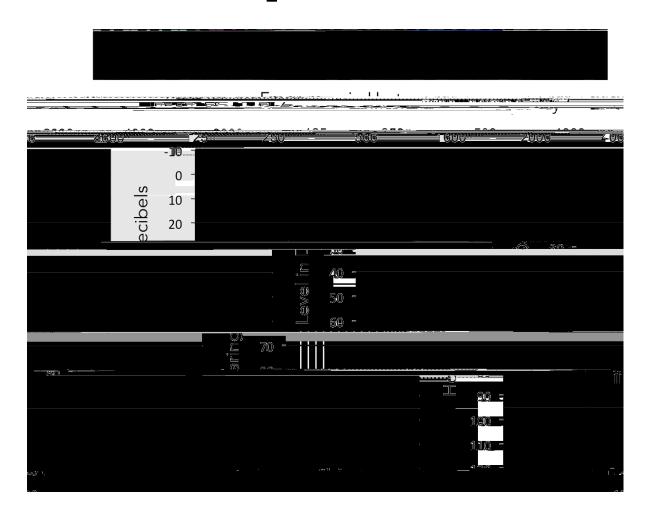
YouTube highlights video

Webinars for Deaf and hard of hearing community and wider partners





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People without hearing loss can hear noises between 0 and 140 decibels (dB).

Hearing loss can range from mild (20-40dB), where the person might find it difficult to follow speech in noisy situations to profound (>95dB).[1]

A loss of 35dB is considered 'disabling' hearing loss, this figure is different around the world. [2]

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The UK has about **12 million** people living with mild hearing loss. Around **1.2** million adults have hearing loss of 65dB or greater. [3]

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In Birmingham in 2020 there were **152,158** people with mild hearing loss or greater. [7]

Around **11,525** people aged over 70 have severe or profound hearing loss.

8,260 people are registered as Deaf or hard of hearing in Birmingham.

Birmingham remains the largest Deaf community compared to other metropolitan districts in the country.

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Higher rates of birth complications.

Deaf children are less school ready and have lower educational attainment.

High amounts of mental illness within community; difficulties accessing services.

Increased risk of domestic violence in Deaf women.

Limited employment opportunities.

High rates of high blood sugar, twice as likely to have undiagnosed diabetes.

Increased risk of falls in older people.

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Deaf children are less likely to achieve the communication and language early learning goals of listening and

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- Rates of depression are double that in the Deaf community (24%) compared to the general population (12%).[16,17]
- 39-42% of Deaf people experience Physical abuse, higher than the hearing population (13-20%).
- Amounts of smoking and drinking alcohol in the Deaf community is lower than the general population.^[18]

Risk Factors of Poor Mental Health

- Being left out of social situations
- Less education and employment opportunities
- Lack of awareness of ‡

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Obesity

• 72% Deaf men and 71% women were overweight or obese, compared to the general population (65% men and 58% women).[19]

BMI and Waist Circumference

 Based on BMI and waist measurements, 48% of Deaf people are at high or very high risk of developing heart disease, diabetes, arthritis, and some cancers. [17]

Healthy Eating

 Limited data to understand the knowledge of healthy eating and portions among Deaf and hearing loss communities.

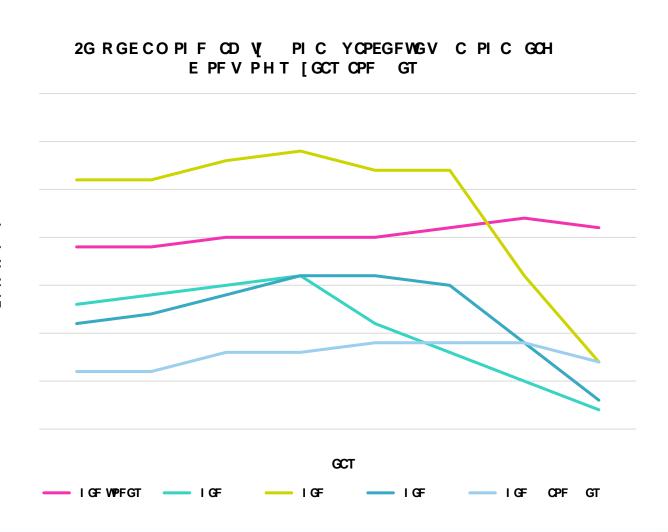
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- **57**% of Deaf or hard of hearing people do less than 30 minutes of exercise each week. Compared to **21**% of non-disabled people. [20]
- 8 in 10 Deaf people said they would prefer playing sport in a mixed environment with Deaf and hearing people.^[21]
- Only **9.7%** of people with hearing loss take part in sport once per week. [22]



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- Only 46% of working age disabled people are in work.^[23]
- 8 out of 10 people with hearing loss reported that the attitude of employers is a large barrier to employment.
- 34% of Deaf students achieved 2 A-levels, or similar, compared to 55% of hearing students. [24]





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Screening

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Hearing loss was ranked in the **top five** leading causes of **YLDs** (**Years Lived with disability**) in 84% of European countries.

Factors contributing to poor health and wellbeing include:

- Poor access to education
- High unemployment
- Access to healthcare

Gaps in healthcare services^[29]

- 80% of Deaf people want to speak with a doctor in BSL. Only 30% manage to.
- 24.6% of Deaf patients

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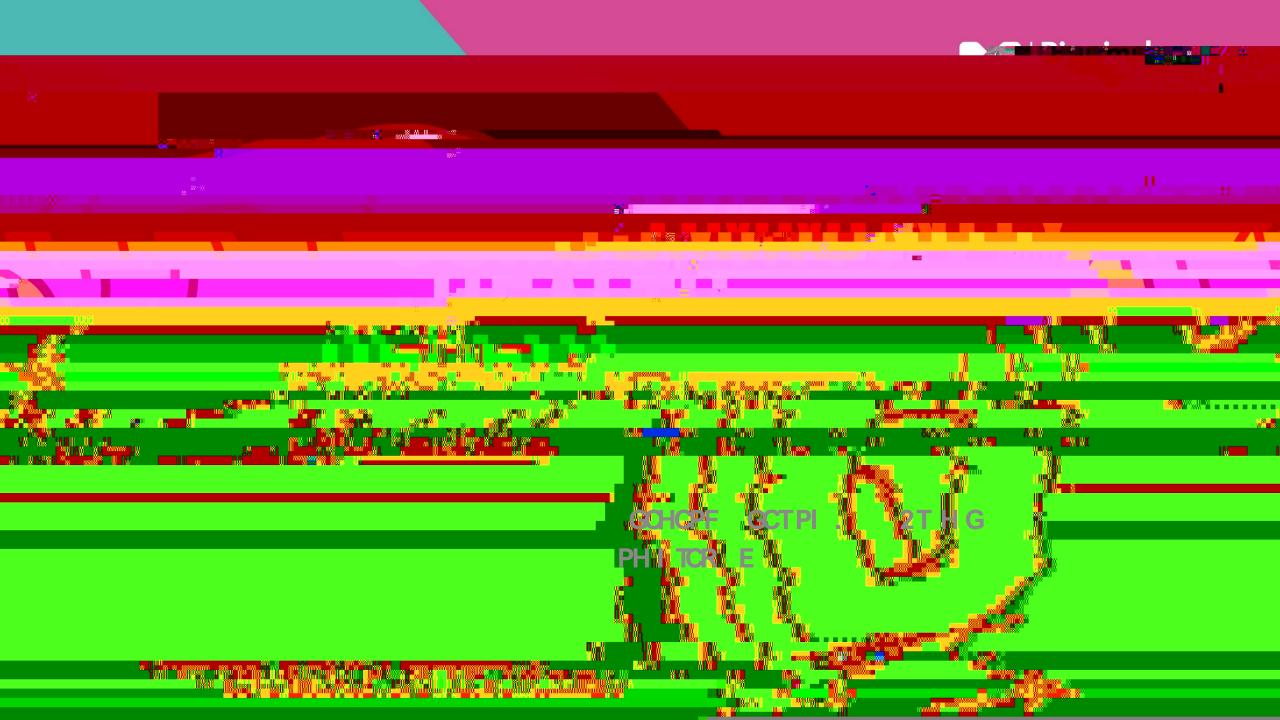
Some research suggests that as electric vehicles are quieter, there are some safety issues for those with hearing loss. [30]

Also, findings about environmental justice says people who are Deaf may not

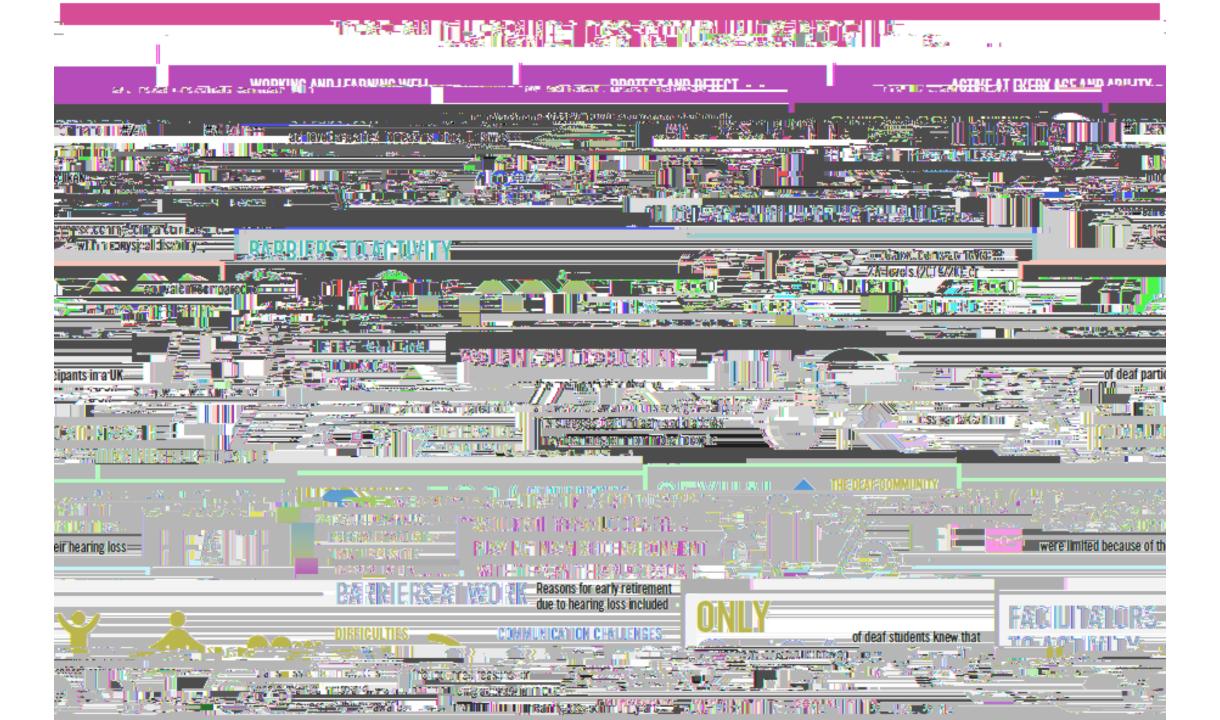
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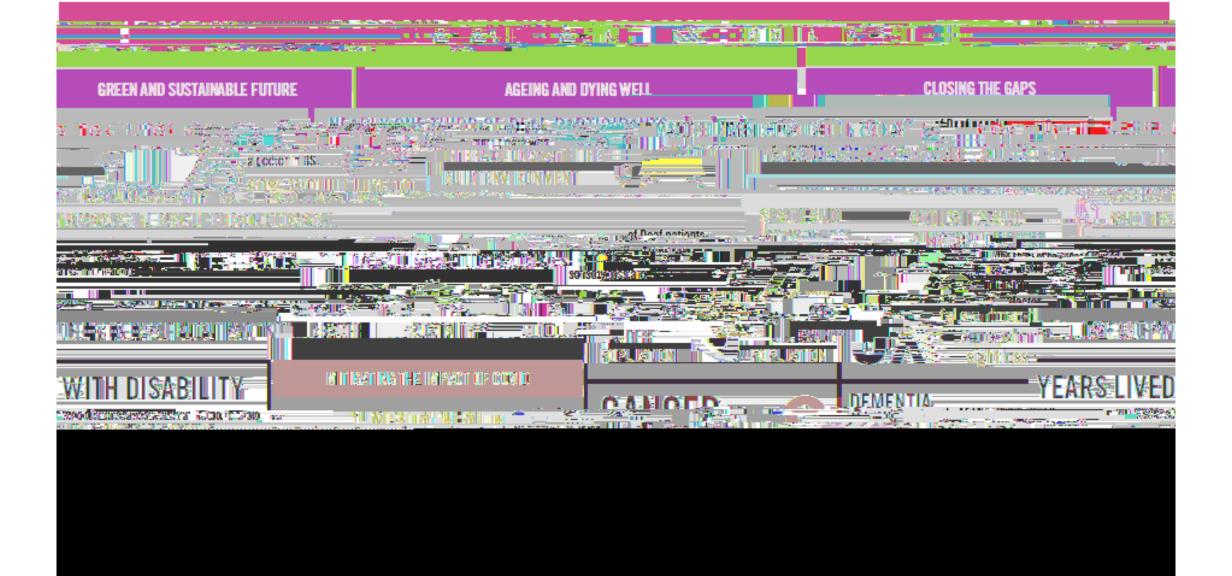
Impact on wellbeing	Practical problems
Increased isolation and loneliness	Face masks (made it difficult to speak with others)
Increased mental health problems especially depression	Accessing health and social services and interpreters
Further worsening of co-morbidities because of issues accessing services	Accessing COVID-19 vaccine centers to get their protection

1 in 3 reported that the pandemic had a major impact on their mental health. Most experienced anxiety (61%), stress and worry (60%) and depression (35%).[32]









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