



COMMUNITY HEALTH PROFILES **2022**

Birmingham Public Health Division
December 2022

A BOLDER HEALTHIER BIRMINGHAM

Community Health Profiles aim to...



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 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 inequalities



To promote the use of these summaries for Local Authority and wider system use for community and service development.

Community Health Profiles Forward Plan

Published Profiles

- Sikh
- Bangladeshi
- Muslim
- Lesbian
- Trans
- d/Deaf & Hearing Loss
- Sight Loss
- Nigerian
- Indian
- Caribbean Islands Commonwealth States
- Somali
- Kenyan
- Pakistani

Upcoming Profiles

- Gay men
- Bisexual
- Central African
- South African
- Latin American
- Chinese
- Irish
- Central and Eastern European
- Gypsy, Roma, Traveller
- Student population



OVERVIEW

THE TERM LESBIAN IS USED TO REFER TO A WOMAN WHO HAS A ROMANTIC AND/OR SEXUAL ORIENTATION TOWARDS WOMEN



Some non-binary people may also identify with this term

Similar to other communities of identity, lesbian women often share

CULTURAL REFERENCES, APPEARANCE, SPACES, LITERATURE, ART AND LANGUAGE



1.1%

OF WOMEN IN THE UK IDENTIFIED AS LESBIAN/GAY IN 2019 (ONS)

1.2%

OF WOMEN IN THE WEST MIDLANDS IDENTIFIED AS LESBIAN/GAY (ONS)

INTERNATIONAL CONTEXT

UNITED NATIONS DECLARATION ON HUMAN RIGHTS

HUMAN RIGHTS ARE FOR EVERYONE, WITHOUT EXCEPTION: lesbian, gay, bisexual, trans and intersex (LGBTI) people are just as entitled to protection, respect and fulfilment of their human rights as everyone else, including protection from discrimination, violence and torture'



There are constitutional protections for lesbians in **11 COUNTRIES AROUND THE WORLD AND A FURTHER**



57 HAVE BROAD PROTECTIONS IN PLACE

In 2019 same-sex sexual activity remained criminalised in 72 countries, while 11 countries still had the death penalty for same-sex activities

UK LEGISLATION

In the UK lesbians are protected against discrimination under the

EQUALITIES ACT 2010

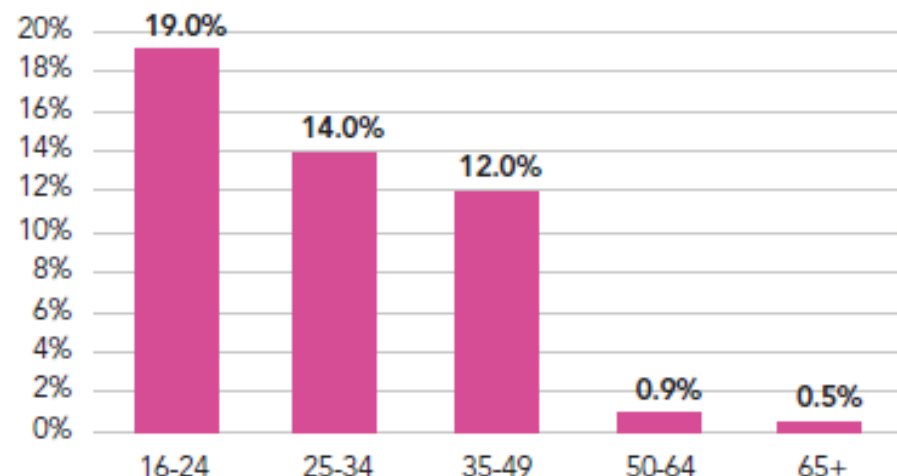


WOMEN WHO ARE YOUNGER AND FROM WHITE ETHNIC COMMUNITIES ARE MORE LIKELY TO SELF-IDENTIFY AS LESBIAN IN THE UK

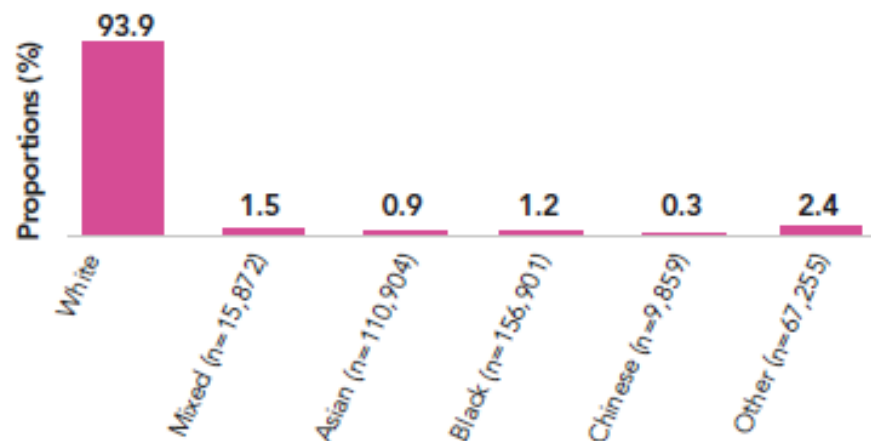
This may reflect the historical stigma and criminalisation of same sex relationships in the UK affecting older women perceptions of safety around coming out as lesbian and the continued discrimination in some countries which impacts on communities here



Office for National Statistics: The percentages of those who identify as gay/lesbian amongst various age groups within the UK (2019)



Office for National Statistics: The proportions of those who identify as lesbian amongst different ethnic groups



MENTAL HEALTH AND WELLNESS

COMPARED TO HETEROSEXUAL WOMEN, THERE IS A

38%



higher chance of poor mental health (anxiety or depression) in lesbian women

2x RATES OF SELF-HARM AMONGST LESBIAN WOMEN COMPARED TO THE GENERAL POPULATION AND GAY MEN

ALCOHOL % REGIONAL PROBLEMS WITH ALCOHOL INTAKE

25-37%

LESBIAN

7%

ALL ADULTS IN WEST MIDLANDS



DRUG USE **79%** of lesbians reported having ever used drugs compared to heterosexual women **60.5%**

DOMESTIC VIOLENCE EXPERIENCED

34.9% Trans **34.6%** Bisexual **32.9%** Lesbian **14.7%** Gay Men

45% OF LESBIANS REPORTED TO BE CIGARETTE SMOKERS



SIMILAR TO GAY MEN **45%**

BUT HIGHER THAN HETEROSEXUAL WOMEN **36%**

HEALTHY AND AFFORDABLE FOOD

EATING DISORDERS



Around **1 in 5** lesbian and bisexual women have an eating disorder compared to **1 in 20** heterosexual women

HEALTHY BODYWEIGHT

#1 Bisexual women **62.2%**
#2 Heterosexual women **54.0%**
#3 Lesbian women **48.8%**

OBESITY

Likelihood of a lesbian woman being obese is around



1.5-2x

MORE LIKELY THAN A HETEROSEXUAL WOMAN

DIET



Lesbians were more likely than heterosexuals to have ever eaten red meat in the previous year.

Lesbians were more likely to have reported a history of weight cycling (losing 10 pounds more than once) than heterosexual women (**43% vs 34%**)

ACTIVE AT EVERY AGE & ABILITY

PHYSICAL ACTIVITY

MORE THAN 150 MINS / WEEK (PHE, 2018)

#1 Bisexual women **62.2%**
#2 Heterosexual women **54.0%**
#3 Lesbian women **48.8%**

39% of lesbian and bisexual women said that they exercised on most days,

HIGHER THAN HETEROSEXUALS (Health Survey for England)

60.5%

LESBIANS HAVE BEEN FOUND TO BE MORE LIKELY TO OWN THEIR OWN BICYCLE than gay men or bisexuals



LESBIAN AND BISEXUAL WOMEN AGED 40 AND OVER ARE MORE LIKELY TO

REPORT THAT THEY EXERCISED WEEKLY

than their heterosexual counterparts



LESBIAN WOMEN HAVE BEEN SHOWN TO BE AROUND

34% more likely to partake in physical activity compared to heterosexual women

GETTING THE BEST START IN LIFE

LESBIAN WOMEN FACE MORE CHALLENGES IN BECOMING PARENTS THAN HETEROSEXUAL WOMEN



80% LESS LIKELY TO HAVE EVER BEEN PREGNANT COMPARED TO HETEROSEXUAL WOMEN

However lesbian & bisexual young women have a higher risk of teenage conception than heterosexual women

IVF



Lesbian women still face barriers to accessing IVF treatment despite NICE setting out guidelines for the NHS that includes same-sex partners

THERE WERE HIGHER RATES OF POLYCYSTIC OVARY SYNDROME CAUSING INFERTILITY IN LESBIAN WOMEN

compared to heterosexual women



WEIGHT STATUS OF SCHOOL PUPILS

In an examination of BMI trajectories from adolescence to adulthood (11 years to 34 years),

LESBIAN WOMEN HAD A NEARLY A TWO-FOLD RISK OF DEVELOPING OBESITY

after accounting, for other known risk factors



WORKING AND LEARNING WELL

LEVEL OF QUALIFICATION

There is weak evidence that lesbian women

ARE MORE LIKELY TO BE EDUCATED TO A HIGHER LEVEL COMPARED TO HETEROSEXUAL WOMEN



7.1% Within the UK, lesbian women are paid 7.1% more than heterosexual women

Women in same-sex households were more likely to be in the highest occupation level (professional, administration or managerial employees) **59%** COMPARED TO HETEROSEXUAL WOMEN 37%



24.9% OF LESBIANS REPORTED 'FAIR TO POOR HEALTH' a higher proportion compared to heterosexual women (20.5%)

NEUROLOGICAL CONDITIONS

THERE WAS A HIGHER RATE OF SELF-REPORTED PREVALENCE OF LONG-TERM NEUROLOGICAL CONDITIONS IN LESBIANS **2.9%** COMPARED TO HETEROSEXUAL WOMEN 1.9%

PROTECT AND DETECT

CERVICAL CANCER SCREENING

The regular attendance for cervical screening for lesbian women in the West Midlands is between

48-55%

LOWER THAN THE AVERAGE RATES OF SCREENING IN THE GENERAL POPULATION (81% OF WOMEN 25-64)

LESBIANS WERE LESS LIKELY

to report that they were satisfied with the cancer care they received from a regular provider than a heterosexual woman



SEXUAL HEALTH % OF POPULATION WHO HAVE NEVER VISITED A SEXUAL HEALTH CLINIC

78.1% Lesbians
52.8% All Bisexuals
26.5% Gay Men



21% of lesbians with HPV have had no sexual contact with men, dispelling myths that HPV is only passed through sex with men

AGEING AND DYING WELL



THERE IS WEAK EVIDENCE THAT LESBIAN WOMEN ARE MORE LIKELY TO BE DIABETIC THAN HETEROSEXUAL WOMEN

BODYWEIGHT AND CVD

LESBIAN WOMEN HAVE BEEN FOUND TO HAVE HIGHER RATES OF OBESITY AND CENTRAL ADIPOSITY which increases the risk of developing CVD

HYPERTENSION

LESBIAN WOMEN ARE **21%** less likely to have hypertension compared to heterosexual women



ASTHMA

Prevalence of asthma by sexuality
11.4% Heterosexual women
14.3% Bisexual women
14.6% Lesbian women



CANCER EVIDENCE FROM THE UK SHOWS THAT THERE MAY BE A HIGHER PREVALENCE

of certain types of cancer among lesbian and bisexual women; these include mesothelioma, oro-pharyngeal cancer, stomach cancer and endometrial cancer

1 IN 12 LESBIAN AND BISEXUAL WOMEN

aged between 50 and 79 have been diagnosed with breast cancer, compared to

1 IN 20 WOMEN IN THE GENERAL POPULATION

DEMENTIA LESBIAN WOMEN WITH DEMENTIA WORK TO RESIST A 'DOUBLE STIGMA' of their sexuality and dementia and there is a need for better inclusive care for older lesbians



END OF LIFE

Limited information about end of life care for older lesbians. Some research suggests that end of life support is NOT USUALLY LGBT SPECIFIC



CLOSING THE GAPS

LESBIAN WOMEN ARE MORE LIKELY TO REPORT NO TRUST OR CONFIDENCE IN THE DOCTOR



and are less likely than a heterosexual woman to have visited the GP in the last 3 months

DISCRIMINATION

1 IN 10 say that a healthcare worker ignored them when they did 'come out'

AND ONLY THREE IN TEN SAY THAT HEALTHCARE WORKERS DID NOT MAKE INAPPROPRIATE COMMENTS WHEN THEY CAME OUT

LESBIAN WOMEN HAVE CITED AN ISSUE IN ACCESSING AND USING HEALTHCARE SERVICES WHEN THE PRACTITIONER HAS BELIEFS ON SAME-SEX MARRIAGE OR RELATIONSHIPS



NEGATIVE EXPERIENCES

50% 


OF LESBIAN WOMEN HAVE HAD NEGATIVE EXPERIENCES IN THE HEALTH SECTOR IN THE LAST YEAR (STONEWALL, 2008)

GREEN AND SUSTAINABLE FUTURE

There is little information on the impact that lesbian women have on CONTRIBUTING TO A GREEN AND SUSTAINABLE FUTURE



MITIGATING THE IMPACT OF COVID

STUDENTS  % of students who felt like their health was worsened due to COVID-19

Lesbian	78%
Bisexuals	74%
Gay men	71%
Non-LGBT+	49%

Research demonstrates that during COVID-19 the coping mechanisms in response to stress adopted by some lesbians can be unhealthy, SUCH AS BINGE EATING AND SELF-HARMING



CONCERNS



WORRIED ABOUT SICKNESS OF FAMILY



WELL-BEING



SEEING FRIENDS

The thematic areas that the report covers are:

Theme	Topic Areas
Getting the Best Start in Life	Prevalence and general information, infant mortality and live births, childhood vaccinations, screening programmes, childhood obesity, child poverty, school readiness, school exclusions, bullying, maternal health, other childhood information
Mental Health Balance	Mental Health, Alcohol, smoking, drug use, domestic violence, hate crimes and discrimination
Healthy and Affordable food	Diet and Obesity
Active at Every Age and Ability	Physical Activity
Working and Learning Well	Education, economic activity, housing, general health, long-standing health impairment, illness or disability
Protect and detect	Cancer screening, vaccination programmes, sexual health
Ageing Well and Dying Well	Diabetes, cardiovascular disease, COPD, hypertension, cancer, dementia, end of life
Contributing to a green and sustainable future	Climate change
Mitigating the legacy of COVID-19	Mental health, challenges with COVID-19

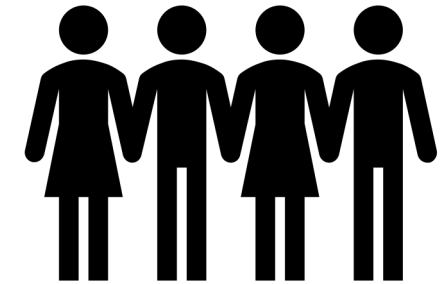
How can the Community Health Profiles be used?

All the data held on community groups in one specific place

A thorough understanding of health inequalities experienced by communities of ethnicity, faith, disability, and LGBT+

A need to collect better data – helping to fill the gaps!

Work to address health inequalities within our diverse communities



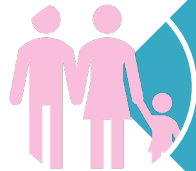
Our Engagement Partners

- Bangladeshi – Bangladesh Women’s Association
- Caribbean – Mindseye Development
- Deaf and Hearing Loss – BID Services
- Lesbian – Birmingham LGBT
- Muslim – Bahu Trust
- Nigerian – Refugee and Migrant Centre
- Sight Loss – Focus Birmingham
- Sikh – Centre of Punjabi Studies, University of Wolverhampton
- Somali – SOS Education
- Trans – Birmingham LGBT

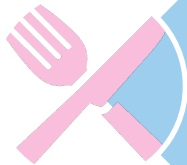
Examples from Public Health



Birmingham LGBT – campaign to primary care to increase awareness of cervical and breast cancer screening for lesbian women



BID services – maternal/parent support group for d/Deaf and hearing loss community



Bahu Trust – production of a Muslim Healthy Eating Guide



SOS Education – information, advice and guidance, and a cultural film for Somalis mental health and wellbeing



BLACHIR

Birmingham & Lewisham African &
Caribbean Health Inequalities Review

Inequalities affecting African & Caribbean Communities

Proportion of British adult (16+ years) victims of racially motivated hate crime



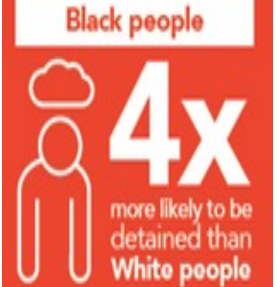
Highest infant mortality rates in Birmingham by place of mother's birth



The proportion of Black child poverty in the UK



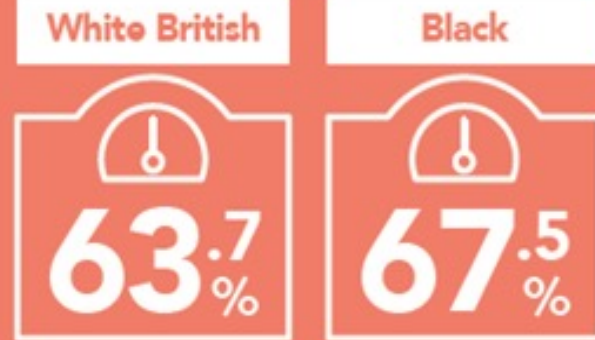
Detentions under the Mental Health Act (UK)



Risk of developing cardiovascular dementia



Obesity in adults by ethnicity



Black African and Black Caribbean



Black people



Birmingham and Lewisham Health Inequalities Review (BLACHIR)

“For too long our Black African and Black Caribbean populations have experienced health inequalities. These have often been ignored and their voices unheard, with these inequalities often accepted as fact rather than an unacceptable wrong to be addressed.....

This review has opened difficult conversations, analysed the published research alongside lived experience, and talked head on about the practical steps needed to make lasting change.

This is a reality that must change. ”

Cllr Paulette Hamilton, Cabinet Member for Adult Social Care and Health and Chair of the Birmingham Health and Wellbeing Board

Cllr Chris Best, Cabinet Member for Adult Social Care and Health and Chair of the Lewisham Health and Wellbeing Board



Why did we start this journey?



- Health inequalities unfair and avoidable.
- Large, diverse and vibrant Black African and Black Caribbean population.
- Explore and better understand inequalities affecting African and Caribbean communities and differences within them.
- Tackled structural inequalities and achieve sustainable change.

The Recommendations

7 priority areas fundamental to closing the inequality gap and improving health outcomes.

- 1. Fairness, inclusion, and respect**
- 2. Trust and transparency**
- 3. Better data**
- 4. Early interventions**
- 5. Health checks and campaigns**
- 6. Healthier behaviours**
- 7. Health literacy**

39 opportunities for action, clustered relating to specific themes, including some offered as suggestions for pilots due to their limited evidence base and others as specific opportunities for system partners such as the NHS, Police, Voluntary Sector and Local Authority.

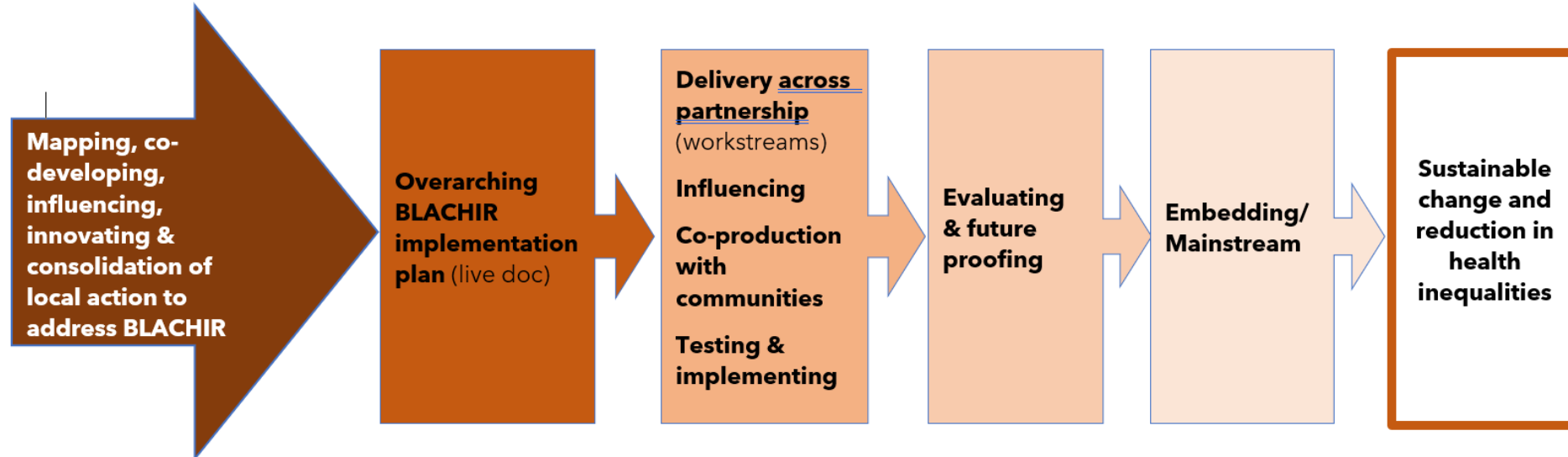
Since publication in June 2022 the BLACHIR report, and its recommendations, have been accepted in its entirety by Birmingham City Council and Birmingham and Solihull Integrated Care System.

It has been endorsed by NHS England Director of Health Inequalities as a benchmark for good practice with each ICS being asked to respond to the reports opportunities for action.

Evidencing Impact on Outcomes

One of the key issues identified through BLACHIR was the lack of accountability for work on ethnic disparity and inadequate use of ethnicity data to monitor change and impact.

A key strand of work is on a shared data standard to change this and this is also supported as a recommendation by the West Midlands Combined Authority Race Equality Task Force.

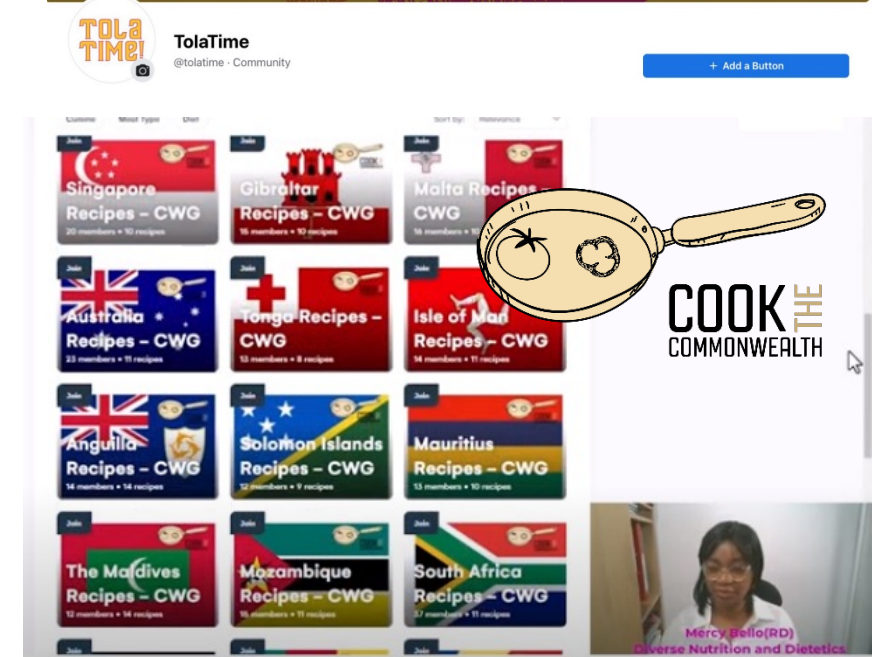


Early progress on data & benchmarking

ICS 10yr Strategy contains 6 specific ethnicity metrics for success including reducing the ethnicity pay gap & addressing inequalities in type 2 diabetes, immunisation & cancer screening

Some of the impacts of BLACHIR

- Work with Birmingham and Solihull United Maternity and New born Pathway – the local maternity improvement partnership – to focus on inequalities in maternity services affecting black women
- Commissioned pilots of culturally competent approaches to mental health and suicide prevention training and adult weight management support services
- Co-developed culturally competent versions of national physical activity and healthy eating guidelines
- Commissioned health improvement campaigns focused on African and Caribbean Communities on physical activity (Tola Time) and Commonwealth heritage communities (CET Food & Music events)



Next steps

- Please contact communitiesteam@birmingham.gov.uk if you wish to find out more about the Community Health Profiles and who we are partnering with
- Please contact @BLACHIR@birmingham.gov.uk to find out more about the BLACHIR report and work being done to address the opportunities for action



[@BhamCityCouncil](#)



[@birminghamcitycouncil](#)



[@birminghamcitycouncil](#)



[birmingham.gov.uk](#)