

Health and Ethnicity in Luton



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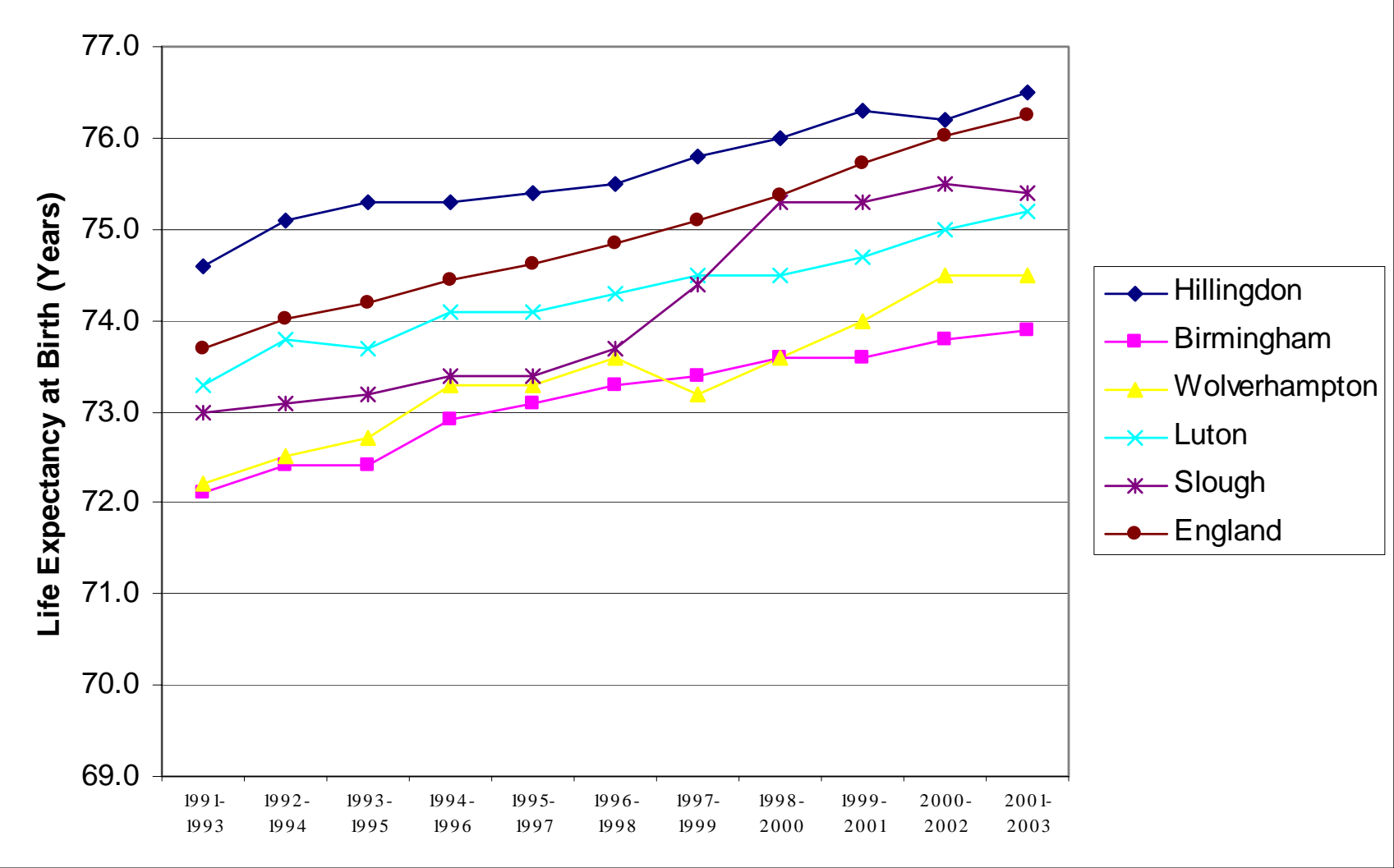
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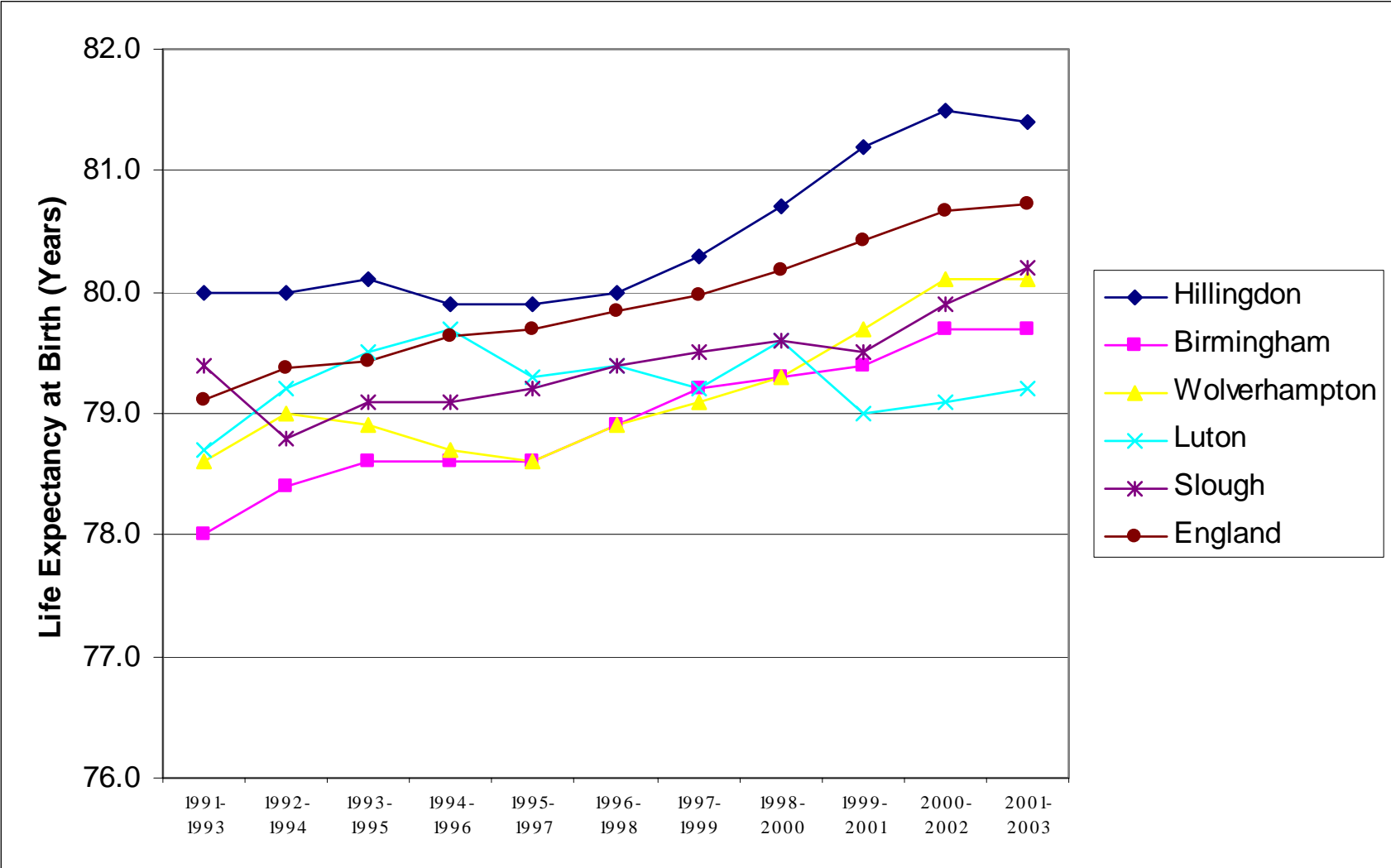
Local health priorities

- Reducing health inequalities
- Children's health
- Communicable disease, eg TB
- Sexual health
- Stillbirths

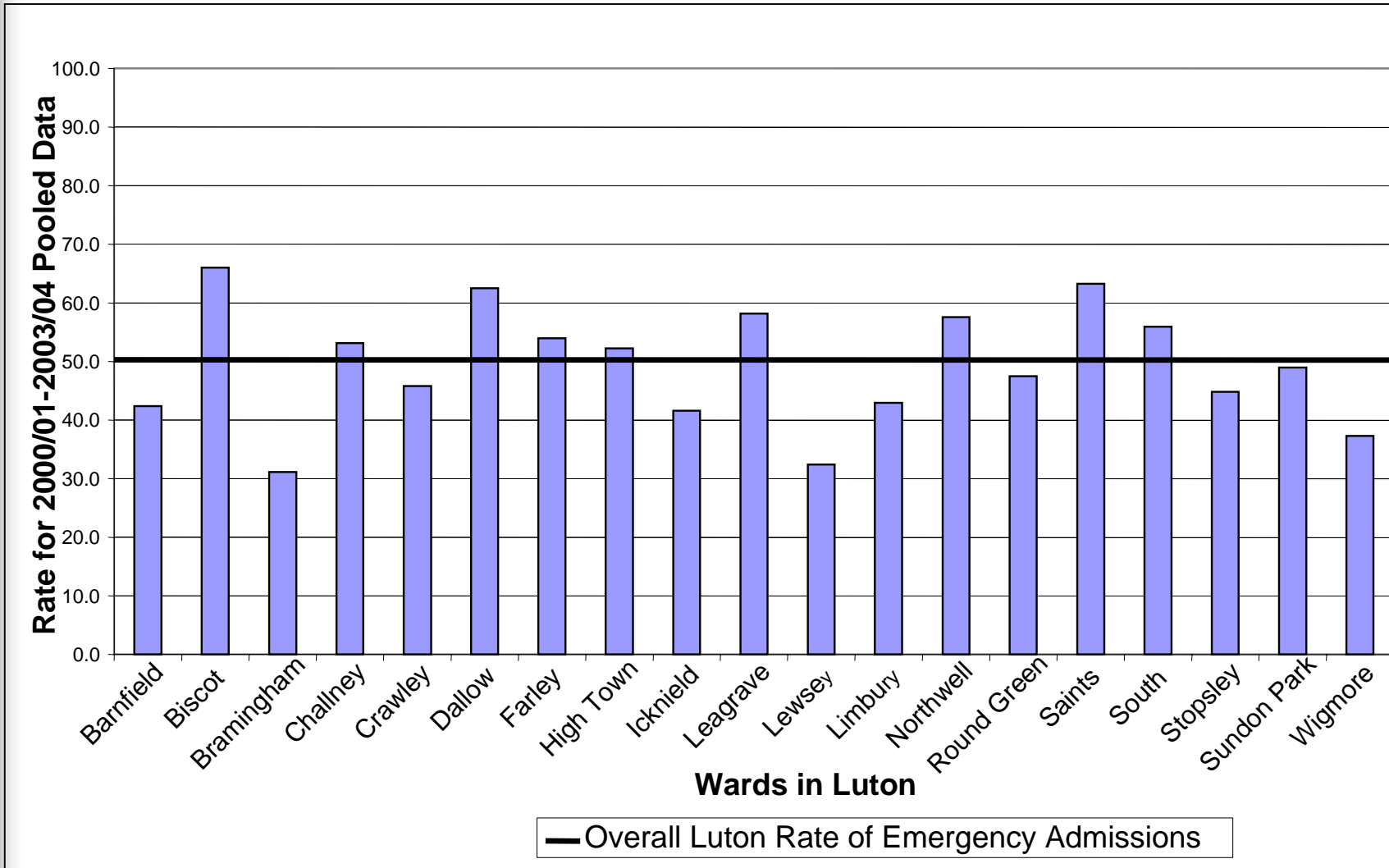
Male Life Expectancy Trends 1991 - 2003



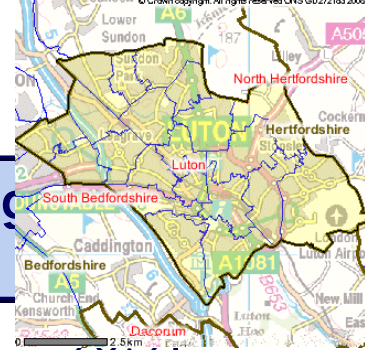
Female Life Expectancy Trends 1991 - 2003



Emergency Admission Rates for Luton Wards 2000/01-2003/04 Pooled Data



Ethnicity in Luton

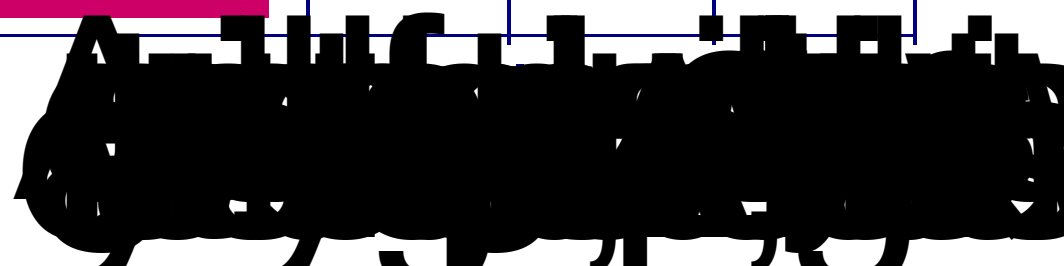
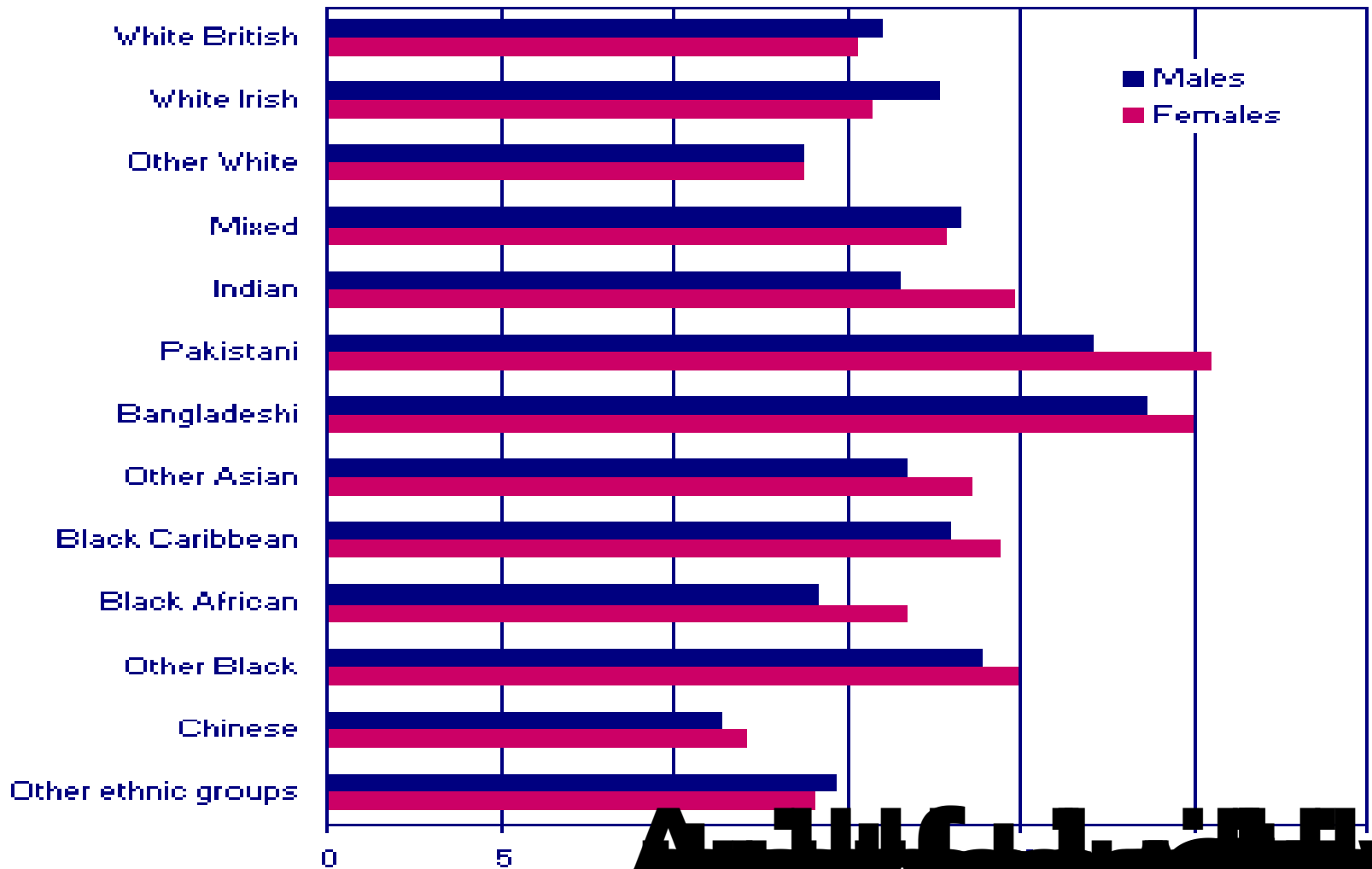


Percentage of resident population in ethnic groups:	Luton	England
White	71.9	
(of which White Irish)	(4.6)	(1.3)
Mixed	2.6	1.3
Asian or Asian British	18.3	4.6
Indian	4.1	2.1
Pakistani	9.2	1.4
Bangladeshi	4.1	0.6
Other Asian	0.8	0.5
Black or Black British	6.3	2.1
Caribbean	4.2	1.1
African	1.7	1.0
Other Black	0.4	0.2
Chinese or Other Ethnic Group	0.9	0.9
Total	100.0	100.0

Source: ONS 2001 Census

Ethnicity

Percentages





Areas where ethnicity and health inequality may be linked

Disease Morbidity/Mortality

- Lifestyle & Health-related behaviour
- Access to and uptake of health services
- Determinants of health (e.g. Income, Education, Housing)



Examples of differences in morbidity and mortality

CHD - Mortality rates high in S Asian and white populations, and lower in Caribbean

Stroke - Higher mortality rates amongst people from African and Caribbean commonwealth

Diabetes – is 3-5 times more common among people of African-Caribbean and Asian origin. (Relatively low rates of Insulin Dependent Diabetes (Type I) but much higher rates of Non-Insulin Dependent (Type II; later onset) Diabetes.)

High rates of diabetes also linked with other conditions such as renal failure and coronary heart disease.

HIV – Higher in people from sub-Saharan African countries



Morbidity & mortality (cont)

TB - High mortality amongst people born in Ireland. High incidence amongst new entrants to UK from South Asia

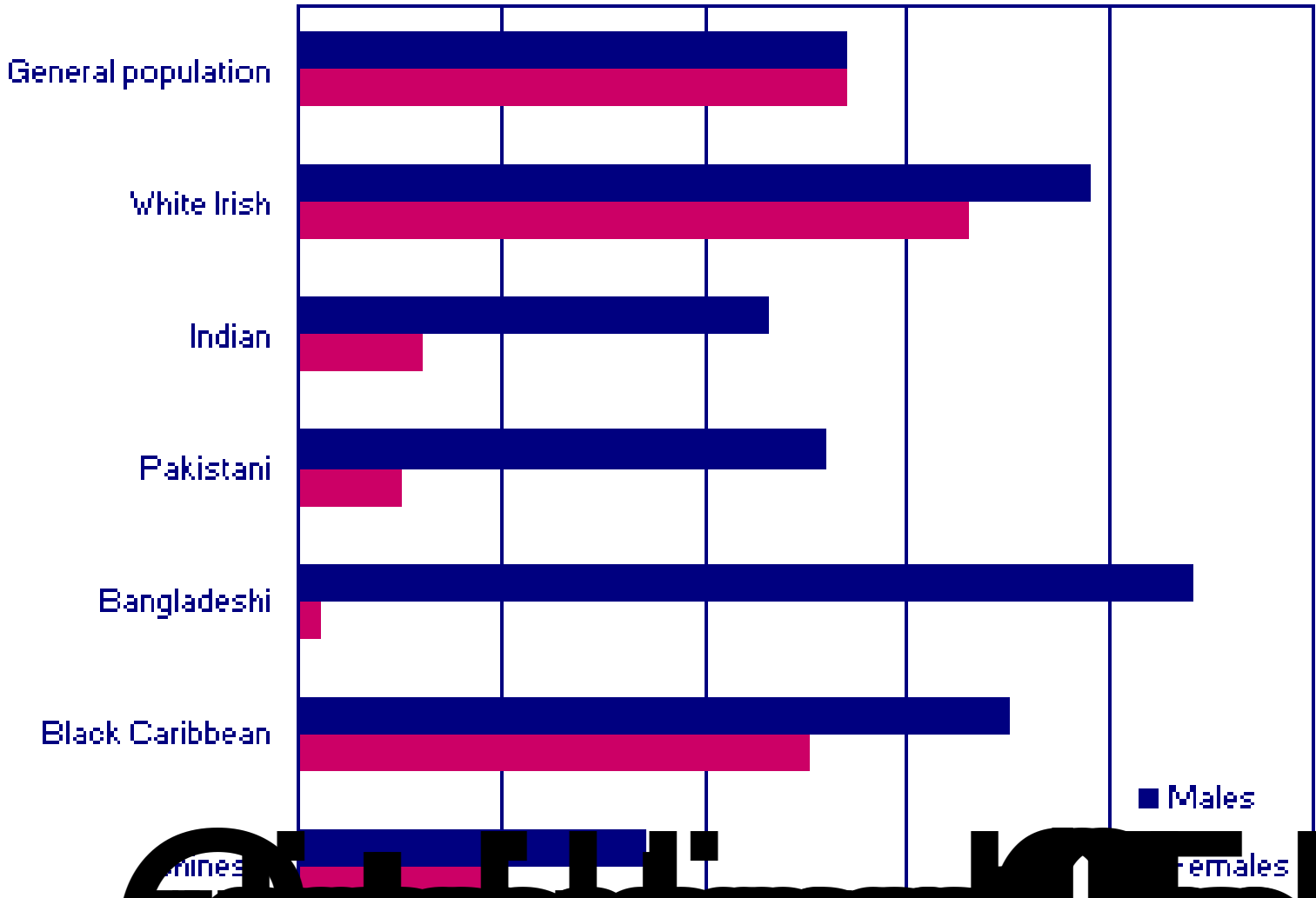
Thalassaemia - More common amongst people from S. Europe, Middle East and S Asia

Sickle Cell - Prevalent in African and Caribbean populations

Cancer - Mortality rates high amongst people born in Ireland. Lower rates for major cancers in those born in Indian subcontinent and (except cervical) Caribbean and African Commonwealth. Oral cancers high in South Asian, African groups.

Smoking

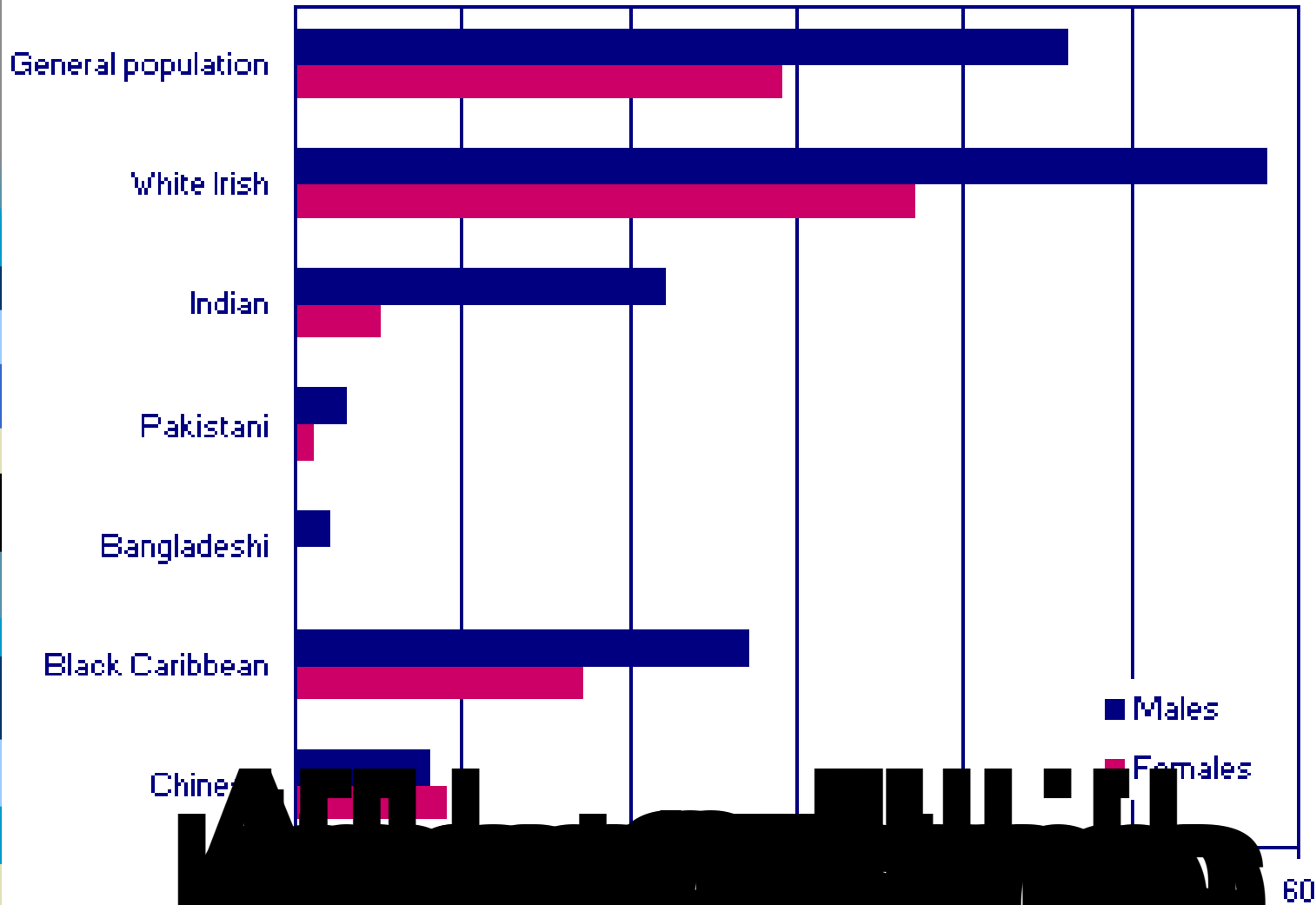
Percentages



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Alcohol Consumption

Percentages





Access to and uptake of health services

Key Question: Is the uptake of services for specific ethnic groups is higher or lower than would be expected, given known differences in the prevalence of particular health problems?

Issues:

- Language barriers
- Cultural differences in the perception of ill-health
- Lack of knowledge about the availability and range of health services

All these issues can inhibit or delay access to care and lead to more severe problems



Wider determinants of health

- Social class – Pakistani and Bangladeshi communities have lowest proportion in managerial and professional occupations ('Other white' group has the highest)
- Poverty/ Free school meals – highest proportions in Black Africans & Bangladeshis (lowest in Chinese, Indian and White British)
- Educational achievement – lowest in Black Caribbean and Black Other groups, highest in Chinese.

