Health and Ethnicity in Luton

Paul Brotherton
Director of Public Health
Luton tPCT
December 2005
Local health priorities

- Reducing health inequalities
- Children’s health
- Communicable disease, eg TB
- Sexual health
- Stillbirths
Male Life Expectancy Trends 1991 - 2003

Life Expectancy at Birth (Years)


Hillingdon
Birmingham
Wolverhampton
Luton
Slough
England
Female Life Expectancy Trends 1991 - 2003

![Graph showing life expectancy trends for different regions and the year 2003.](image-url)
Emergency Admission Rates for Luton Wards
2000/01-2003/04 Pooled Data

Wards in Luton

- Barnfield
- Biscot
- Bramling
- Challney
- Crawley
- Dallow
- Farley
- High Town
- Icknield
- Leagrave
- Lewsey
- Limbury
- Northwell
- Round Green
- Saints
- South
- Slopsley
- Sundon Park
- Wigmore

Overall Luton Rate of Emergency Admissions
# Ethnicity in Luton

<table>
<thead>
<tr>
<th>Percentage of resident population in ethnic groups:</th>
<th>Luton</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>71.9</td>
<td>90.9</td>
</tr>
<tr>
<td>(of which White Irish)</td>
<td>(4.6)</td>
<td>(1.3)</td>
</tr>
<tr>
<td>Mixed</td>
<td>2.6</td>
<td>1.3</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>18.3</td>
<td>4.6</td>
</tr>
<tr>
<td>Indian</td>
<td>4.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Pakistani</td>
<td>9.2</td>
<td>1.4</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>4.1</td>
<td>0.6</td>
</tr>
<tr>
<td>Other Asian</td>
<td>0.8</td>
<td>0.5</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>6.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Caribbean</td>
<td>4.2</td>
<td>1.1</td>
</tr>
<tr>
<td>African</td>
<td>1.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Other Black</td>
<td>0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Chinese or Other Ethnic Group</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: ONS 2001 Census
Ethnicity in Health: Long term illness/disability rates

Age standardised rates of long-term illness or disability which restrict daily activities: by ethnic group and sex, April 2001, England & Wales

Percentages

- White British
- White Irish
- Other White
- Mixed
- Indian
- Pakistani
- Bangladeshi
- Other Asian
- Black Caribbean
- Black African
- Other Black
- Chinese
- Other ethnic groups

Males

Females
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

Current cigarette smoking: by ethnic group and sex, 1999, England

Smoking

Percentages

General population
White Irish
Indian
Pakistani
Bangladeshi
Black Caribbean

Males
Females
Alcohol Consumption

Adults drinking above recommended daily alcohol guidelines: by ethnic group and sex, 1999, England

Graph showing percentages of males and females in different ethnic groups who drink above recommended daily alcohol guidelines.
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.
More information

Reference Documents:
- Association of Public Health Observatories (2005). 'Ethnicity and health'

Websites:
- http://www.ethnicityonline.net/