**ETHNICITY**

**What’s the issue?**

In order to improve health and reduce inequalities, it is important to understand the make-up of the local population. People from different Black and Minority Ethnic (BME) groups have different health needs as they may have an increased risk of specific diseases due to different genetic risk factors or have different prevalence of lifestyle and behavioural risk factors and varying problems with access and cultural issues.

**What’s our situation?**

From the 2011 Census [16, 17], Hull remained 94.1% White, with 89.7% of Hull residents White British, 0.2% White Irish and 0.1% White Gypsy or Irish Traveller. A further 1.3% of residents were from Mixed BME groups, 2.4% were Asian or Asian British (including 0.8% Chinese), 1.2% were Black or Black British, 0.4% were Arabs and 0.4% were from other ethnic groups. Newland ward near the University and Myton ward in the city centre had the lowest proportion of White British residents at 66% and 69% respectively, while the largest percentage of White British residents were found in Sutton and Bransholme West wards (98% in each). 4.4% of Hull residents were Other White, largely Eastern Europeans, with the highest percentages in Newland and St Andrews wards (17% and 15% respectively). The largest non-White ethnicity was Asian or Asian British, making up 2.5% of Hull’s population, with the largest percentages in Newland, Myton and Avenue wards (9.5%, 7.5% and 6.0% respectively). Overall, 6.5% of the population spoke a language other than English as their main language in their home although this varied from 25.1% in Newland ward to 0.6% in Bransholme West ward. Overall, 2.0% spoke Polish, 1.7% spoke other European Union languages and 0.6% spoke Chinese. Hull’s BME population is diverse with relatively small numbers of people from a wide range of different BME groups.

In the 2001 Census [18], 97.7% classified themselves at White with 96.4% being White British. So whilst the percentage of BME population is still relatively low compared to many parts of England for 2011, there has been a threefold increase (an increase of 6.7 percentage points) between 2001 and 2011. There is anecdotal evidence that the numbers of Europeans has reduced following the vote to leave the European Union.

From the Child Health Profile 2017 [19], in 2016, 5,400 (17.3%) of school children in Hull were from minority ethnic groups (having increased from 9.1% in 2010 [20] and from 14.9% in 2014 [21]). In January 2017, English was not their first language for 2,897 (11.4%) primary and 1,439 (10.9%) secondary pupils [22] which represents an overall reduction from January 2016 when it was 13.8% and 10.4% for primary and secondary school pupils respectively [23].

*For more detailed information, see the JSNA Toolkit: Demography and Demographics report.*

**What are the strategic needs?**

The relatively large increase over the last decade or so and wide diversity in Hull’s BME population requires changes to ensure that the health needs of the population are taken in to consideration, and that there are no barriers to access to healthcare. There should also be work to identify the most vulnerable citizens and work with them to address their specific needs.
REFERENCES