**NEET – England – 2018 -** Department for Education

With the exception of mixed ethnic groups (who have the highest proportion of 16 and 17 year olds not in education, employment, or training at 6.2%, 95% CI: 5.9-6.3%)), White ethnic groups significantly higher proportion of NEETs (5.8%, 95% CI: 5.8-5.9) compared to other BAME groups, with those in Chinese ethnic groups having the lowest proportion (2.3%, 95% CI: 1.8-2.8%)

**Smoking prevalence adults – England – 2018** – Annual Population Survey

One in five people in mixed ethnicity groups report being current smokers compared with one in 13 in Chinese ethnicity groups. Mixed ethnicity groups have significantly higher proportion of adults who self-report as current smokers (20.4%, 17.8-22.9%) compared to those in 'other ethnicity' groups (15.5%, 13.6-17.3%) and White groups (15%, 14.7-15.2%). Chinese, Asian, and Black ethnicity groups all have current smoking prevalence rates significantly lower than White ethnicity groups.

**Diabetes** prevalence – GP Patient Survey national 2019 results

For Diabetes, compared to English/Welsh/Scottish/Northern Irish/British ethic groups, those in mixed ethnicity groups had a significantly lower prevalence whilst Indian, Pakistani, Bangladeshi, Caribbean, Arab, and any other Black/African/Caribbean background had significantly higher prevalence. Those in Chinese ethnic groups had significantly lower prevalence of Diabetes than those in the English/Welsh/Scottish/Northern Irish/British groups.

Age and sex standardised prevalence rates published by Oldroyd, Banerjee, and Cuickshank (2005) based on 1997 suggest diabetes prevalence is lower in White groups compared to all other ethnic minorities, however the breakdown of ethnic groups is broader in the paper (based on the census 2001) compared to the more recent survey results.

**Asthma and COPD**

White and mixed white groups self-report the highest prevalence of breathing conditions such as asthma or COPD.

Gypsy or Irish Traveller ethnic groups reported the highest prevalence of breathing conditions such as asthma or COPD (18.9%) compared to English/Welsh/Scottish/Northern Irish/British groups (10.8%). With the exception of Caribbean and Any other Black/African/Caribbean background groups (which are similar to English/Welsh/Scottish/Northern Irish/British groups), all other BAME groups had significantly lower prevalence of breathing conditions.

**Hypertension**

Caribbean ethnic groups were the only ethnic groups with a higher prevalence of high blood pressure (hypertension) at 26% compared to English/Welsh/Scottish/Northern Irish/British groups (18.4%), Gypsy or Irish Traveller groups (20.3%) and Irish groups (22.8%).

Most other ethnic groups had lower reported prevalence of hypertension compared to White ethnic groups, with Chinese ethnic groups reporting the lowest prevalence (8.2%) of the non-mixed ethnic minority groups (any other mixed background groups reported a prevalence of 6.9%) .