

## Speech delivered by Dr Shuja Shafi, chair of the MCB's Health & Medical Committee at the 'Health and Well-being Clinic' organised by the Islamic Cultural Centre, London

Friday 5th September 2003

It is a pleasure and a privilege to be associated with an exciting partnership project such as this.

During the last few days one question that has dominated is: **Why is this event specific to Muslims? I should therefore like to address this question**

- Muslims are a diverse community, comprising groups from many ethnic backgrounds.
- Approximately 3 million Britons subscribe to the non-Christian faith and **1.6 (53.3%) million of these are Muslims**.
- In other words Muslims are not only the second largest faith group in the country but are higher in number than all the other non-Christian faith groups put together.
- The British South Asian community, originating from India, Pakistan and Bangladesh, is estimated to be 2.4m-strong - Muslims form a significant proportion of this population.
- Add to this the displaced population (call them new entrants, refugees or what you may) - vast majority of these are Muslims.

Thus Muslims constitute a significant majority among the minority groups in Britain.

If we look at their **health profile**: we find studies have shown that

- Health among many Muslim groups is worse than among non-Muslim groups.
- For example the rate of cardiovascular disease (CVD) i.e. **heart problems among Muslim men, is a staggering 60-70% higher than men in the general population.**
- People of South Asian origin (many of whom are Muslims) are **five times more likely** to develop diabetes compared with the general UK population. For every diagnosed diabetic there are several not yet diagnosed.
- Likewise, **obesity** levels are significantly higher in these communities than in the general UK population (26% compared with 19%).

**Yet**, these differences in health between communities, or **health inequalities**, as they are called are avoidable. **Yes, there are solutions** to these health problems - The solutions involve **changes in lifestyle** such as:

- Losing weight
- Increasing physical activity
- Adopting low fat diet, rich in fruit and vegetable
- Stop smoking

Which can help reduce the risks of developing: type 2 diabetes, coronary heart disease, high blood pressure and obesity-related diseases.

If these messages are to be conveyed to the population at risk, events like this play a key role.

The Government has recognised these health inequalities and has put in place a number of initiatives aimed at improving health and reducing inequalities. Two of these illnesses, diabetes and coronary Heart disease are now managed through National Service Frameworks, which aim to improve and provide standard care.

But there is a lot the Muslim community can do for themselves. **We do not want to be a problem; we wish to be part of the solution.** That is why this event is specific to Muslims Focused events such as this one, held in collaboration between the mosque and a healthcare company, provide an excellent example to PCTs about what can be done to reach a diverse community at risk.

At the recent launch of the government's action plan for tackling inequalities, the Health Secretary John Reid

said:

"Why should we accept that some ethnic minorities appear condemned to suffer worse health through an accident of birth? Tackling these injustices is a task for us all - for the NHS, certainly my Department, but also local authorities. Most of all, it is a challenge for local communities themselves."

I can only say, Dr Reid, the **local community here has taken on the challenge**. We now hope that PCTs will feel encouraged to include such community initiatives in their local plans.