

# **Type 2 Diabetes care among Black Africans and Caribbeans in Croydon – patient experience and resident views**

June 2025

# Contents

Executive Summary ..... 2

Our findings..... 3

Recommendations ..... 5

Background..... 7

Insights: .....12

References .....55

Appendix.....56

# Executive Summary

As part of my placement with Healthwatch Croydon, I led a project commissioned to survey African and Caribbean patients who currently have Type 2 diabetes and reside in Croydon. This report focuses African and Caribbean patients who currently have Type 2 diabetes and reside in Croydon. It highlights the experience and perceptions of these residents with a focus on accessibility, cultural sensitivity and service effectiveness. This project was also done in collaboration with the BME Forum and NEC Care who helped recruit suitable candidates.

The survey looked to analyse the experiences and perspectives of African and Caribbean who have been diagnosed with Type 2 diabetes and how easy they find it to interact with diabetic services. Respondents shared their experience of being referred to specialists by their GP's or outreach groups. There was a general satisfaction with services received pertaining to diabetes care, particularly at Croydon University Hospital.

With 82 responses, this project reveals an insightful picture into how type 2 diabetes affects daily life, service engagement and general emotional wellbeing. While majority of the responses leaned towards positive experiences with GP's and community health workers, it also found that significant barriers still exist around culturally relevant care, lifestyle advice and mental health support.

The findings from this report aim to support more inclusive and responsive diabetes care in Croydon- particularly among vulnerable communities.

# Our findings

- **When were they diagnosed:** Most respondents (57%) were diagnosed during a routine health check, a further 25% were diagnosed after experiencing symptoms, 8% say they were diagnosed while being admitted to the hospital for another issue. **See Q2:2, page 16**
- **Information given:** Nearly all (92%) respondents said they received advice from a healthcare professional. Written leaflets were received by 27% of responders, online resources by 15% and information about support groups was provided to 17% of respondents. **See Q2:3, page 17**
- **Signposting:** Most respondents (61%) were aware of signposted services for management of type 2 diabetes, but over a third (39%) were not. **See Q2:4, pages 18–20.** There was a mix of community and hospital services that patients were referred to. A majority found signposting very helpful (37%) or helpful (21%), A further 21% found it “somewhat helpful” (21%) and 7% “not helpful” (7%). **See Q2.5, page 21**
- **Response to diagnosis:** There were emotional and psychological response, dietary and lifestyle concerns, physical health concerns, fear of dependency on medication, coping and knowledge gaps, low concern or acceptance, holistic and cultural considerations Diabetes is often seen as “silent” condition, for those who are living unhealthy lives. Several participants revealed a lack of knowledge on the early symptoms on diabetes, blood sugar count or long-term complications- indicating a need for targeted education **See Q3.1, pages 22– 27.**
- **Services used:** General practitioners (GP’s) were the most frequently used service (92%), while diabetes specialist clinics (25%) and dieticians (6%) were not used as much with the rest of the responses spread sparsely between pharmacists, community Health programmes and support groups. **See Q3.2, page 27.** However, just 7% used community-based support groups. **See Q3.5, page 30.**
- **Access:**Two-thirds of respondents (67%) reported that accessing diabetes services to be easy (28%) or very easy (39%) but around 8% faced difficulties. The remaining 23% were neutral, suggesting that barriers such as location, affordability and even the healthcare of the individual may hinder people. **See Q3.3, page 28.**
- **Barriers to access:** While access GP services was the norm for most people, some faced challenges with referral delays (34%) and culturally sensitive care (10%) as well as appointments and a lack of struggle with continuity in care. **See Q3.4, page 29.**
- **Most had experienced a positive change after diagnosis:** A majority reported a diet change (76%) which was followed by an increase in physical activity (51%) while smoking cessation (6%) and alcohol reduction (28%) were less prioritised. **See Q3.6, page 31.**

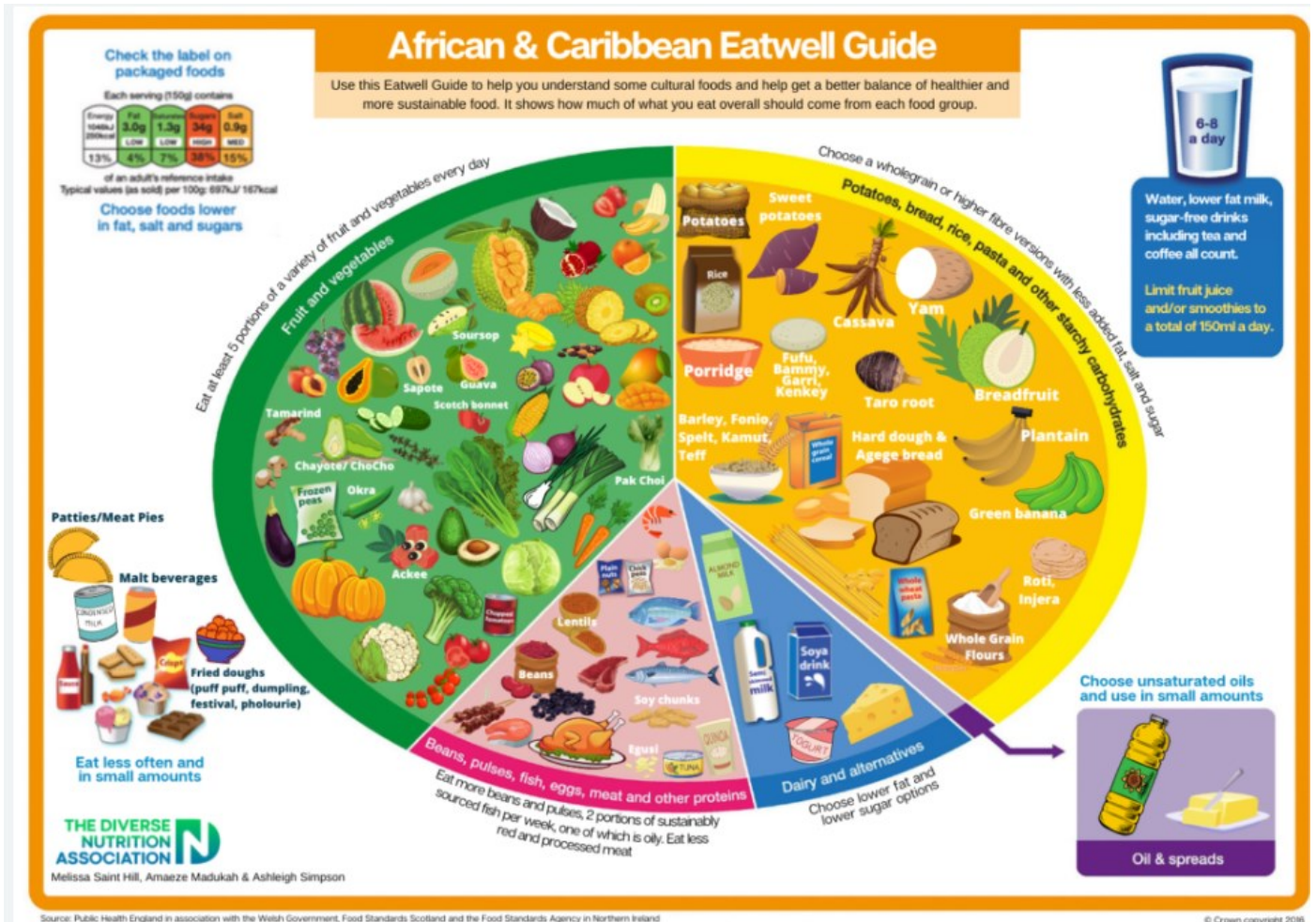
- **Challenges:** The responses reflect the ongoing challenges individuals face in maintaining lifestyle changes after being diagnosed with diabetes. This includes diet, physical activity and health barriers and psychological effort. **See Q3.7, page 32.**
- **Improvements:** Most respondents reported some form of improvement with their diabetes, either it being under control (34%) or improved but not under control (39%). Some candidates equally said that their diabetes had remained the same (17%) while few respondents said their diabetes had worsened (10%). **See Q3.8, page 35.**
- **Culturally appropriate services:** Just Over a third of candidates (38%) revealed that they found the services they have accessed to be culturally appropriate for African and Caribbeans, while 30% found them somewhat appropriate, while 14% found it inappropriate (14%). **See Q3.9, page 36.** Most (77%) did not think that their cultural background influenced the care they received. There was a general trust in GP's nurses and specialists but there was a clear preference for practitioners who understood the culture. However, where there were concerns it was around issues of trust and the impact their background may have on how diabetes is diagnosed and treated **See Q3.10, pages 37–38.** Nearly half (48%) did say their traditional food preferences did play a role in their medical advice and respondents suggested how more advice could focus more on these foods. **See Q3.11, pages 39–40**
- **Discussing diabetes:** Most felt very comfortable (39%) or comfortable (46%) discussing their condition with only 6% stating not comfortable with reasons given around being understood or judged by their skin colour. **See Q3.12, page 41.**
- **Most difficult on diabetes journey:** Dietary changes, weight losses, acceptance and mental burden, medication management and access to services. A good number of responders shared heightened stress levels linked to their diagnosis. Few had been offered counselling or mental health referrals. Of respondents nearly a third had mental health conditions **See Q3.13, pages 43–44, and Q4.3, pages 52–53.**
- **Most positive:** Improved health and awareness; lifestyle improvements, support, and treatment, **see Q3.14, page 45.**
- **Advice to someone African and Caribbean who has been recently diagnosed:** Listen to healthcare professionals; diet and exercise; mental health and cultural malleability **see Q3.15, page 46.**
- **Improvements:** Respondents said they would like to see cultural sensitivity and inclusion, representation in healthcare and better communication and follow-up. This could include involving religious leaders and family networks play a huge role within the Black African and Caribbean communities when it comes to encouraging healthy behaviours and offering emotional support. **See page Q3.16, pages 48–50.**

# Recommendations

After studying the findings and analysis of this survey, Healthwatch Croydon suggests a few recommendations which may help improve patients experience with diabetes related services.

- **Develop relevant materials:** Develop culturally appropriate dietary and lifestyle education materials, involving some common Black African and Caribbean meals and habits as many service users noted a lack of materials and lifestyle adjustments which were tailored to them. A good example is the African and Caribbean Eatwell Plate (DiverseNutrition, 2016) see page 6. The African and Caribbean Eatwell guide which was made in collaboration with the NHS Eatwell model reflects traditional African and Caribbean foods. With the inclusion of familiar dishes such as yam, cassava, egusi, dietary guidance can be more relatable and acceptable for Black communities.
- **Visibility improvement:** Improve the visibility of diabetes services, especially within marginalised communities. This will help to reach less informed or connected members of the community and prevent people from being isolated.
- **Church outreach:** Use of unorthodox organisations in public health campaigns and screening outreaches. E.g. Local churches. This could be an important avenue to reach this community as it was reported by the Office of National Statistics that majority of Croydon's Black Caribbeans and Black Africans are Christians. a search using Nomis database suggest there are 65,036 Black Christian Croydon residents equalling 16% of the borough's population. (Nomis, 2025) Recent research in Croydon shows the importance of Christian church organisations in the voluntary, social and faith sector. (HealthwatchCroydon, 2025)
- **Improve cultural competency:** Make local healthcare professionals culturally aware of Black African and Caribbean needs. This can help service users feel more at ease if they feel staff understands their perspective. By incorporating this awareness into their professional development, healthcare professionals can better engage patients from a diverse background, avoid misunderstandings and reduce unintentional bias or stereotyping.
- **Lived Experience Assessor (LEA) groups:** Use lived experience groups to tackle stigma and the rampant isolation around diabetes. These groups can act as a mediator between service users and healthcare professionals, reducing stigma by engaging community members in peer-led sessions. LEA groups can also highlight and further advocate for required interventions within the community and thus serve as accountability partners to make sure that services are responsive to the needs of the community.





The African and Caribbean Eatwell Guide (DiverseNutrition, 2016)

# Background

## Introduction

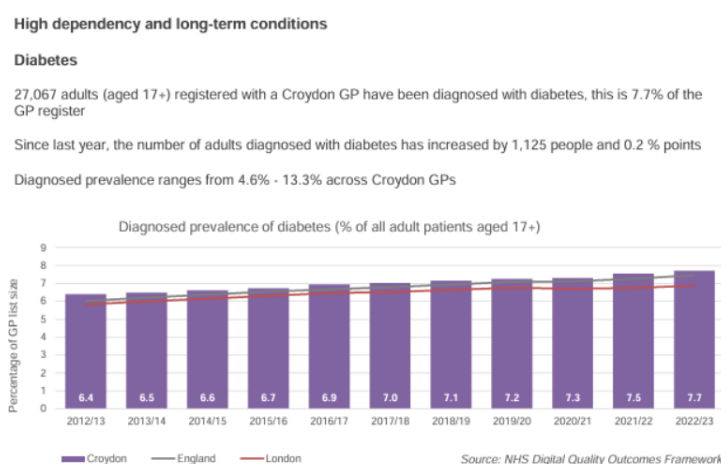
The Healthwatch Croydon's Type 2 diabetes inequality project was first proposed as a part of a local initiative to better understand how ethnic communities in Croydon, particularly those of Black African and Caribbean descent, experience diabetes care.

Healthwatch Croydon agreed to take on a placement from MSc Chronic Health Management course at Twickenham St Mary's University. A part of the proposal, the student, Benedict Okafor had to lead a project relevant to the course he was undertaking but also for the programme of work being undertaken by Healthwatch Croydon.

Healthwatch Croydon is committed to project that focus on seldom listened to communities and to provide insight to support improvements based on patient insight. This project focusing on a specific condition and within a specific community was ideally suited for the programme of work. In October 2024, the project was proposed to the board of directors by the Healthwatch Croydon manager, after conceiving the idea along with a placement student who was currently undertaking the postgraduate course. The student led all aspects of the project from choice of method, survey creation and piloting, promotion, collection analysis and report writing, giving them useful experience while. being supported at each stage by the manager and team.

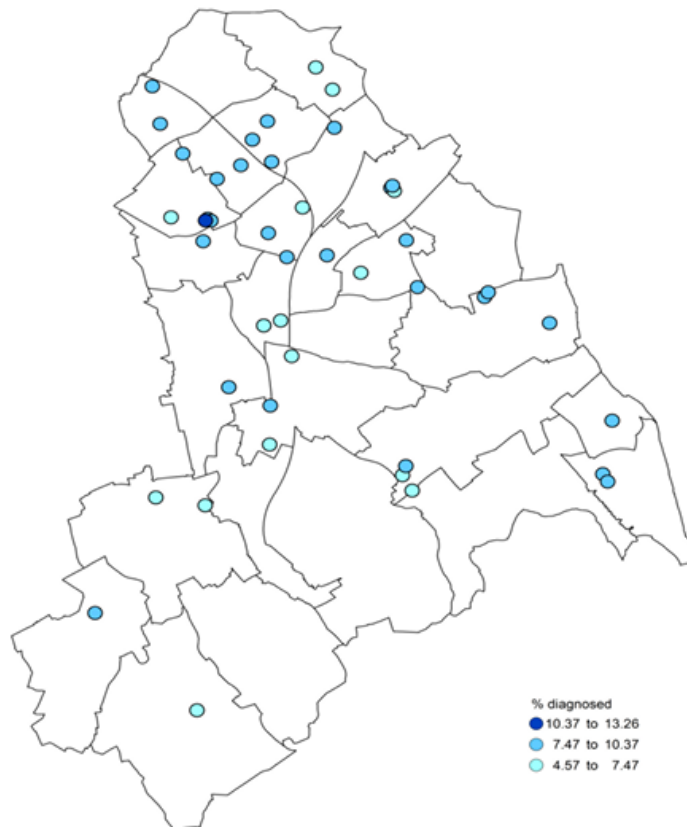
## Prevalence

In Croydon. Diabetes is the fourth highest prevalence condition based on GP lists, after hypertension, obesity, depression, with 7.7% of GP list diagnosed with diabetes higher than London and England and has increased over recent years. (Croydon, 2025). It has higher levels in the north of the borough





Diagnosed Diabetes in Croydon GPs  
QOF, 2022/23, percentage of GP list size aged 17+



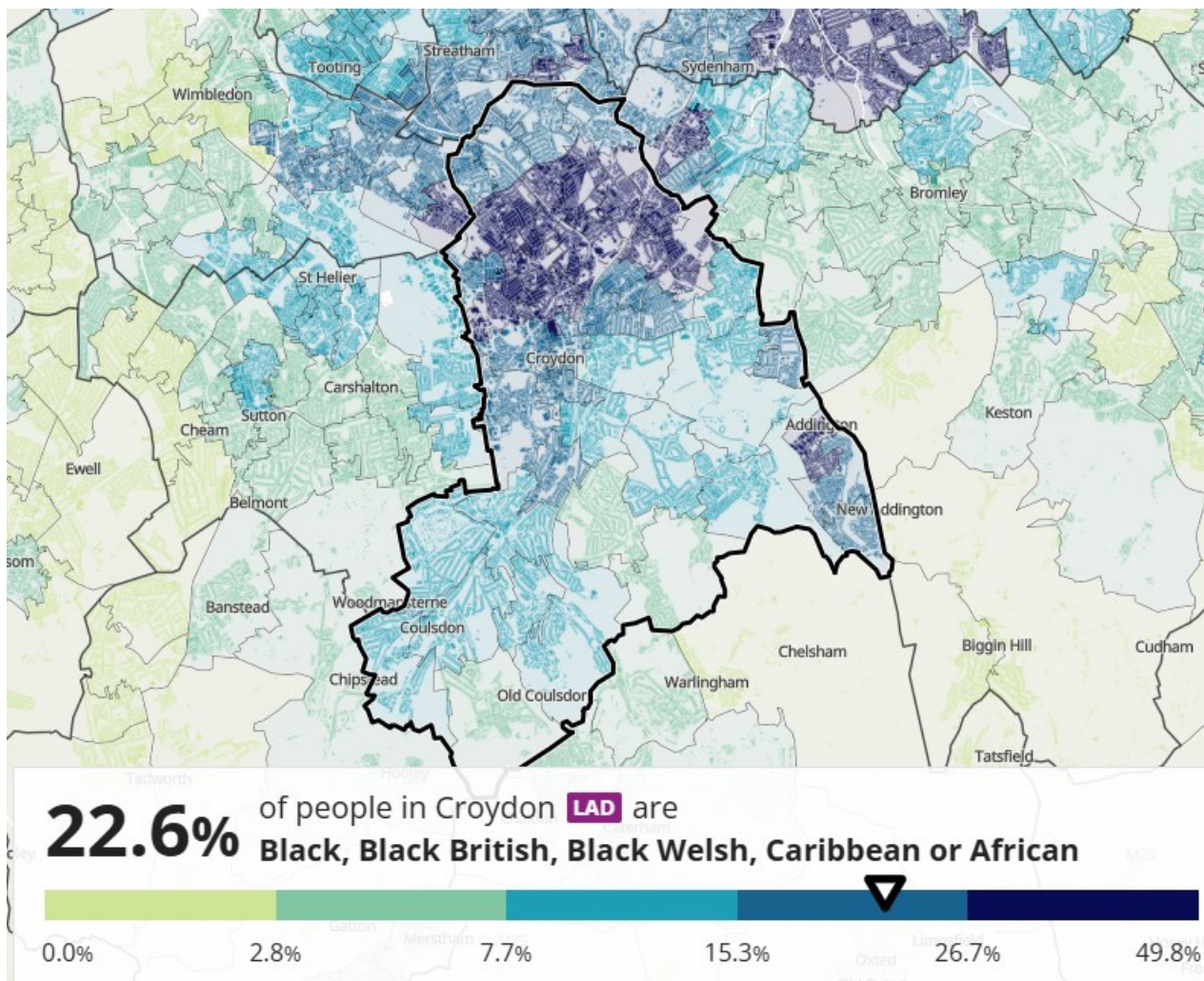
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From Diagnosed Conditions in Croydon GPs 2012-23 (Croydon, 2025)

## Ethnicity

Across the UK Levels of diabetes are higher in the Black African and Black Caribbean communities (DiabetesUK, 2025). Croydon has one of the largest percentages of these communities in the UK at 22.6% vs 4% in across the UK according in the 2021 census. The distribution of across the borough, it is clear to see geographic overlaps, between levels of diabetes and population, although it should be noted other higher risk groups such as South Asians may also live in this area.

Croydon with a significant population (22% vs 4% nationally), and higher than average health inequalities are more likely.



Distribution of Black population in Croydon from Office of National Statistics (2021 Census – Ethnicity Mapping, 2025)

## Diabetes services in Croydon

Croydon offers a wide variety of access points for diabetes care:

- Primary care via GPs.
- Community-based services
- VCSE Groups

However, access to support is not always attainable. Many people are unaware of the full range of services available to them or experience cultural disconnects in care.

## Diabetes Screening

There are 3 main levels to diabetes care which involves GP'S who provide the initial diagnosis, prescriptions and monitoring: community-based services, and hospital-based specialist services for those with poorly controlled diabetes.

Residents can access community or hospital services through a referral from their GP or even through community health events and random health screenings hosted by various VCSE organisations and public health teams. Signposting is also an option.

Once referred, community services can support lifestyle management, deliver education and refer for more experienced hospital consultants if the patient requires more intensive care.

## Method

The aim was to gather at least 50 responses from Croydon residents with a focus on issues of service access, cultural barriers, trust in the NHS and the overall role of community-based support systems. The rationale for selecting this group is because Black African and Caribbean communities are statistically at a higher risk of developing type 2 diabetes and often face health inequalities in diagnosis, treatment and outcome.

The survey comprised of over 30 questions, aiming to get a clear idea of a responder's ethnicity, perception of diabetes care in Croydon and what they feel can be done better. All the responses had to come from users who were of Black African and Caribbean heritage, lived in Croydon and had type 2 diabetes. You can see a link to the questions in the Appendix.

## Response

Healthwatch Croydon received 82 responses and were able to do this by utilising both online and offline methods of reaching people. As well as promoting this through our own channels, we thank the following organisations who very much supported the promotion: Croydon BME (Black Minority Ethnic) Forum, for online and face-to-face promotion; NEC Care (via text and social media) and St Mary's Catholic Church who promoted via flyers. We also spoke directly to patients at Croydon University Hospital using diabetes services.

All of this was done between 23 January and 22 April 2025.

## Limitations:

**Representation:** We spoke to 82 respondents which is a small number of the wider population. However, the insight may help provide a useful snapshot of view and experiences.

**Reach:** The reach of the survey, while robust, may not have captured the voices of those who are less connected to community networks or those who manage their diabetes independently without relying on the NHS.

**Method:** While face-to-face surveys were undertaken, most responses were received online. This means those who are less likely to use or respond using digital means may not have been represented.

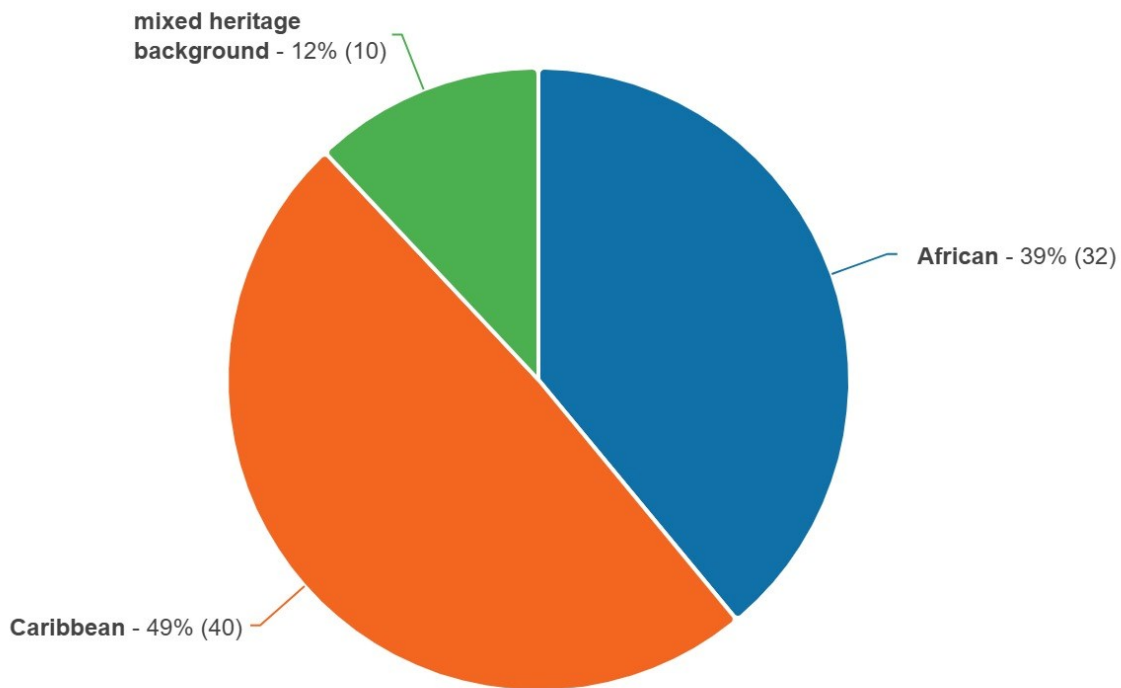
## **Many thanks**

Healthwatch Croydon thanks Benedict Okafor, Croydon-based MSc student studying at Twickenham St Marys University for leading this project from project proposal to delivery. We also thank Croydon BME Forum, Croydon Health Service NHS Trust, NEC Care and St Mary's Catholic Church, Croydon who helped us promote the study and recruit respondents.

# Insights

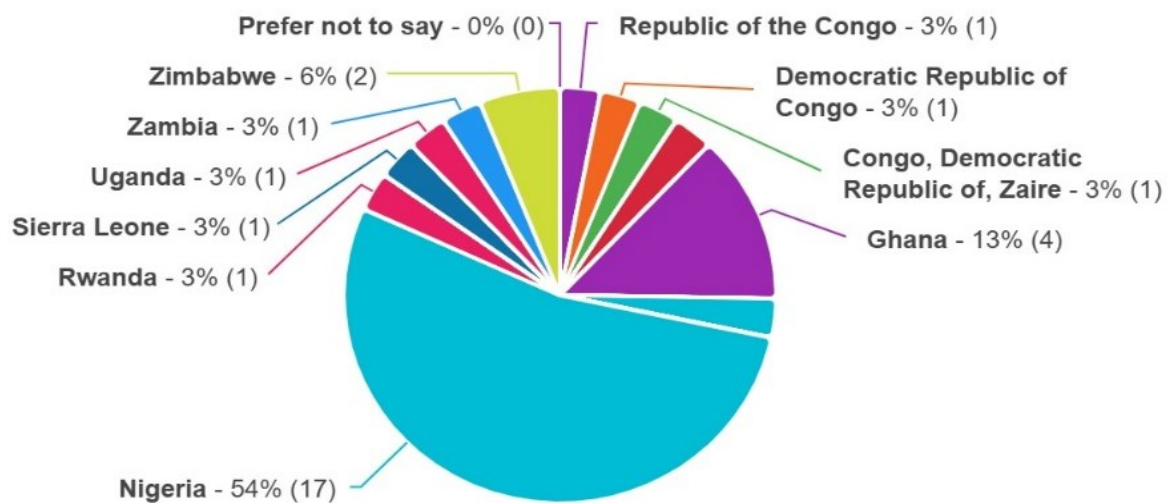
## 1 Screening

### 1.1 Which of the following heritage background do you belong to



Most responders to the survey were Caribbeans (49%) with the scope of countries being shown in the next question. 39% identified as Africans (39%) while 12% said they were of a mixed heritage.

## 1.2 Which part of Africa is your heritage? (If mixed, what heritage background?)



Nigeria dominates the dataset with **54%** of responders indicating a Nigerian heritage. Ghana is the second most reported heritage, accounting for **13%**. The remaining respondents are spread across other African countries like Zimbabwe, Zambia, Uganda, Sierra Leone etc.

A suitable number of participants who were mixed, were not indicated in the above pie chart. The various mixed heritage backgrounds are stated below:

- Asian
- Mauritian Indian
- Pakistani
- Asian
- British Guyana
- Jamaican, Cuban and English
- Black Caribbean and Indian
- White Portuguese and Black African
- Mixed British and African
- Mixed Heritage: Grandmother half Portuguese and German Jewish, grandfather and mother Black Caribbean.

These various entries highlight the importance of designing inclusive and flexible services that recognise the diverse heritage and backgrounds of people living in Croydon.



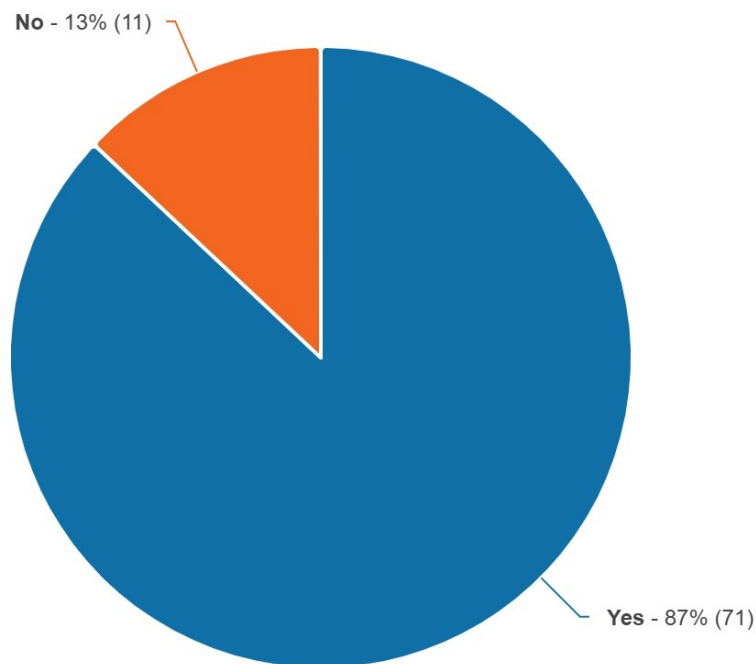
### **1.3 What part of the Caribbean islands are you from?**

Many responders in this survey identified as being from the Caribbean islands with the overwhelming majority of naming Jamaica as their place of origin. A breakdown of the most frequently mentioned countries is as below:

- Jamaica- The most listed heritage by far, accounting for over half of the respondents.
- Guyana- Second most cited heritage.
- Trinidad and Tobago
- Grenada
- Barbados
- Saint Lucia
- Montserrat
- Cuba

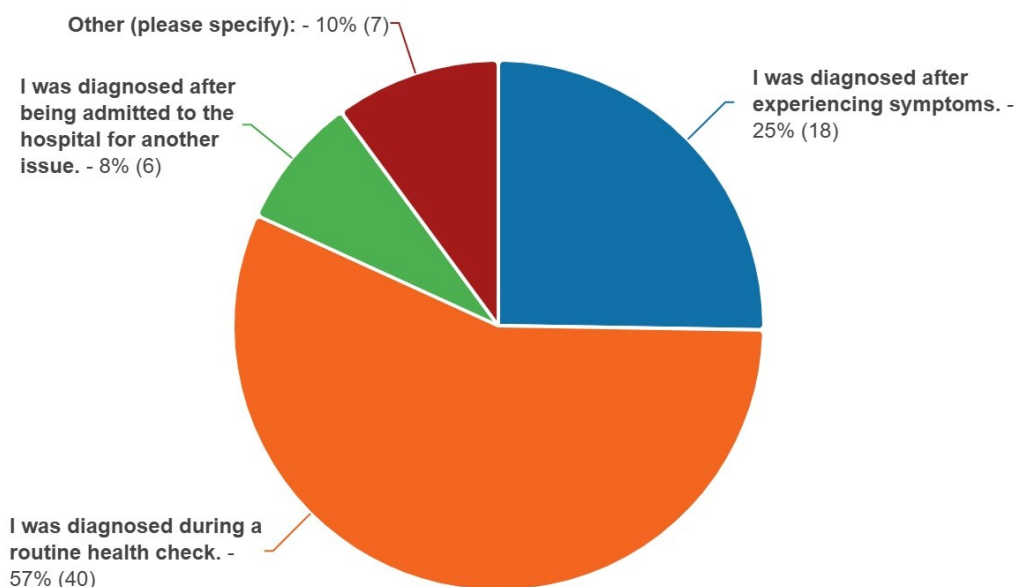
## 2 Service Experience

### 2.1 Have you been diagnosed with Type 2 diabetes by a healthcare professional?



The overwhelming majority (87%) of respondents claimed to have been diagnosed by a healthcare professional, to have Type 2 diabetes. This means they were reviewed by a GP. The rest (13%) claimed that a healthcare professional has diagnosed them.

## 2.2 How did you first learn you had type 2 diabetes?

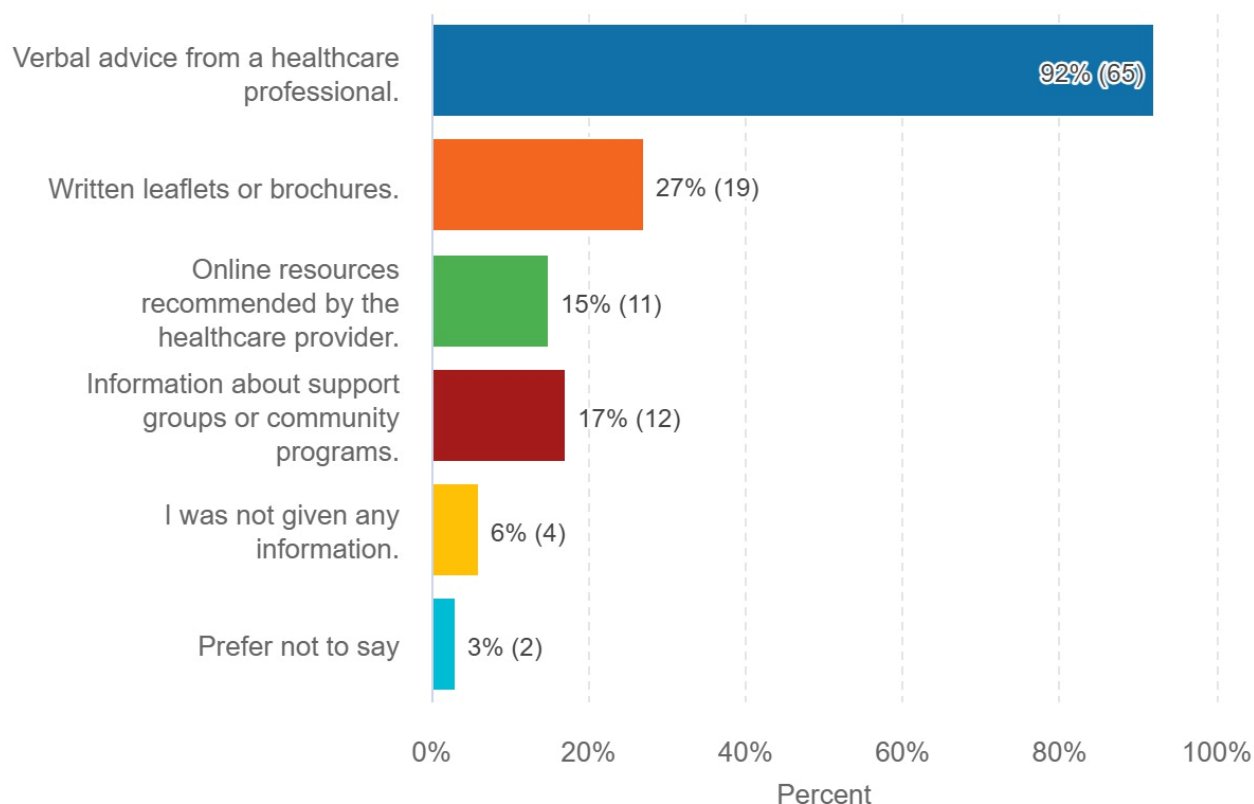


In the pie-chart above, it shows that **57%** of respondents were diagnosed during a routine health check, a further **25%** were diagnosed after experiencing symptoms, **8%** say they were diagnosed while being admitted to the hospital for another issue while **10%** of respondents said they found out through other circumstances.

The circumstances are stated below:

- Diagnosed after having a blood test.
- Diagnosed after an annual checkup
- Patient was told they were pre-diabetic.

## 2.3 What information were you given at the time of your diagnosis?



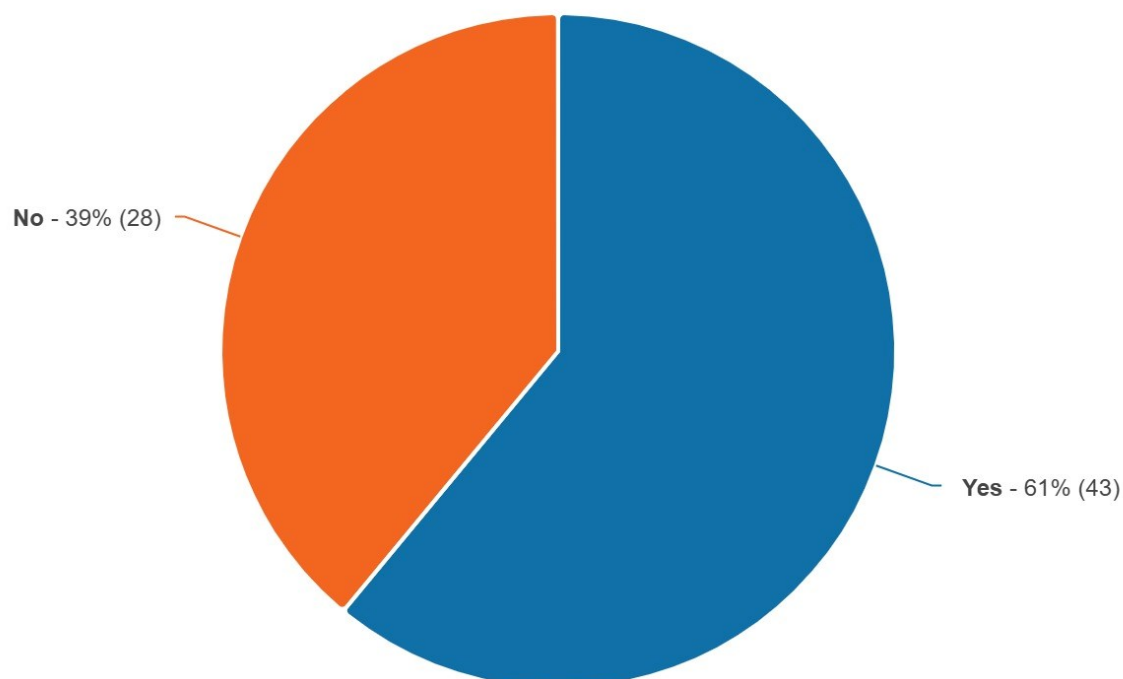
Majority of respondents said they received advice from a healthcare professional (92%). This indicates strong reliance on face-to-face interactions in healthcare settings.

Written leaflets were received by 27% of responders. Less commonly distributed than verbal communication. Online resources recommended by the healthcare provider were used by 15% of responders, suggesting a lower preference on digital information channels.

Information about support groups was provided to 17% of respondents. This modest figure may indicate a gap in awareness.

6% of respondents reported that they were not given information and finally 3% chose "Prefer not to say", indicating a small level of uncertainty.

## 2.4 Were you signposted to any services or resources for managing your diabetes?



Most of the respondents (61%) were aware of signposted services for management of type 2 diabetes, but the survey reveals that a sizeable portion (39%) were not. This may suggest that while many individuals may benefit from directed support, there is a need for improved outreach to ensure that as many potential patients are informed as possible.

### 2.4.1 If yes, where were you signposted?

The responses are given below:

"Desmond's."

"Community service programme on weight management, healthy eating, diet, exercise. Practice diabetic nurse."

"Can't recall as my son handled the process."

"St Helier Hospital."

"Nigeria."

"Croydon hospital."

"Guillet Surgery."

"Diabetes UK forum."

"Croydon Diabetic eye screening yearly."

"Diabetes screening, weight management."

"No."

"To my GP practice/diabetic nurse."

"Group consultation."

"The Retina yearly check facility."

"Hospital."

"Blood Tests and appointment with the diabetic nurse."

"A service that provided information on how to manage the disease, including a webinar."

"Diabetes UK."

"Feet burning."

"In person or online courses."

"My GP."

"To diabetic's clinic at the local hospital by my surgery."

"Diabetic Eye Clinic."



"Self-help group Oviva."

"Online."

"Dietician and a course."

"My GP Surgery."

"Online app called Oviva and diabetes website."

"CROYDON UNIVERSITY HOSPITAL."

"Oviva."

"Medications if that is what you mean by signposting."

"East Dulwich hospital."

"Such a long time ago, can't remember but I think it was an online forum and talk with diabetes nurse."

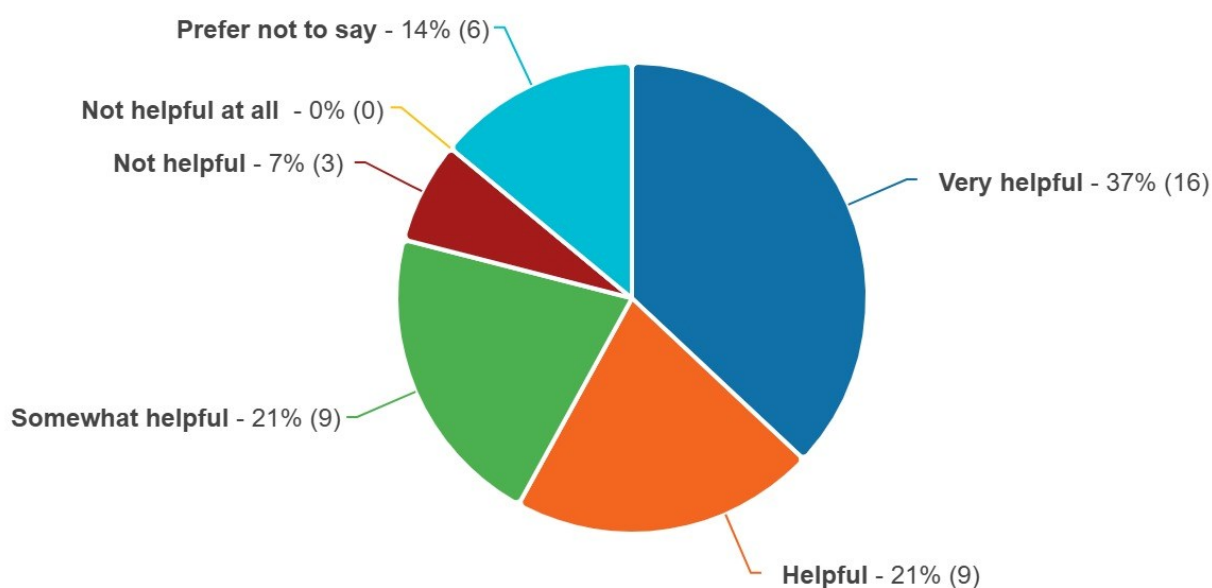
"Clinic."

"Croydon."

"At my GP."

"Local hospital and GP. Sent for regular eye tests."

## 2.5 How helpful was the signposting?



The result of this survey shows that while majority found it very helpful (37%), some found it helpful (21%) and other found it somewhat helpful (21%) others said it was not helpful (7%), This indicates that there is room for improvement.

A few others preferred not to say (14%).

### 3 Healthcare and Services

#### 3.1 What were your biggest concerns when you were first diagnosed?

The overall responses reflect a wide range of emotions and concerns from participants following a diabetes diagnosis. Many also expressed uncertainties, lack of support and cultural challenges in managing their condition effectively.

There were emotional and psychological response, dietary and lifestyle concerns, physical health concerns, fear of dependency on medication, coping and knowledge gaps, low concern or acceptance, holistic and cultural considerations.

##### Emotional and psychological responses:

"Emotionally."

"Sad and tearful."

"Angry, but not concerned, as wife and daughter are type 1 for many years and knew much about diabetes."

"Scared."

"Just having been diagnosed with diabetes, felt like end of my life."

"Fear of unknown."

"Worry and will it be serious? Will I die from it cuz my grandmother was diabetic, and she had a sore on her foot that never healed."

"How will I cope; how will it affect me as I am still at working age."

"I was worried my way of life would be impeded."

"How was I going to cope."

## Dietary and lifestyle concerns

"Food."

"My diet would have to change."

"Eating irregularly. How am I going to make the adjustments to my life managing my diet, exercise and doing the job that I do. Long hours limited breaks, eating foods to boost my energy."

"I was majorly afraid of the massive change I would need to make to my diet."

"My diet was my main concern, as I have a sweet tooth."

"About what to eat and drink."

"How to give up sugar."

"My management based on diets."

"My biggest concern was about nutrition and still my big problem."

"I have to control my food intake."

"Not being able to live my normal life like I used to."

"How to manage my diagnosis and lifestyle change."

"Side effects of meds. How long symptoms would last. Diet changes that would be required. Effect on existing health conditions and medications."

"I didn't really understand a thing about diabetes except my mum had it."

### **Physical health concerns:**

"Peeing often and the threat of reduction in my quality of life."

"Losing my limbs or eyesight"

"Life expectancy"

"Blindness"

"Effects on vision"

"That it's a silent killer and that I can lose parts of my limbs or eyesight if not properly managed."

"Fear of complications that come with diabetes if not managed properly."

"Was I going to lose my leg as it was it took months of treatment and healing. Future problems"

"Developing further"

### **Fear of dependency on medication:**

"Concern over the need for medication."

"Would I be on insulin as my mother was at the time."

"Medications, sight loss."

"Disappointed, stressful... But I wasn't sure."

"Taking Metformin long term Complications of diabetes Life expectancy."

"That I was immediately given drugs with no alternatives. Pointless, as I have not taken them!"

"I was offered medication instead of looking at underlying causes. I have had a very stressful time after few months my HBA1c was raised."

"How long would I have to take medication."

### **Coping and knowledge gaps**

"How to manage my life."

"How to control the blood sugar."

"How to manage the issue."

"How it would affect my life."

"How was I going to manage this new, disturbing symptom."

"Concerns around managing the condition and medication."

"How to manage it well."

"How to reverse diabetes."

"Hope to reverse it."

"Development of poor health over time. 2. Lack of concrete information on how to reverse this condition, without needing to resort to medication."

"My former GP @ Camberwell Surgery did not give enough guidance regarding the risks."

"I didn't have any but need some more knowledge"



## **Low Concern or Acceptance**

"It is diet controlled so not worried at all."

"Not much worried because it's hereditary."

"Normal."

"About my life."

"I didn't panic. I was calm because I find that normal."

## **Holistic and Cultural Considerations**

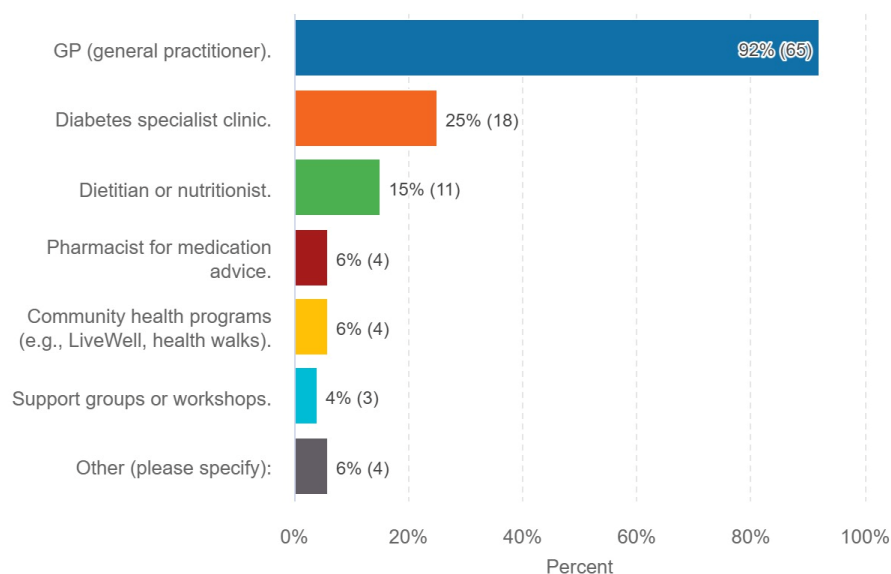
"Ability to manage the diagnosis considering cultural background and dietary culture."

"All diabetics attached diseases."

"What is diabetic primary concern to me and health conditions."

"My biggest concern was can this be controlled or managed. Would this diagnosis be the prelude to continuous medical treatment."

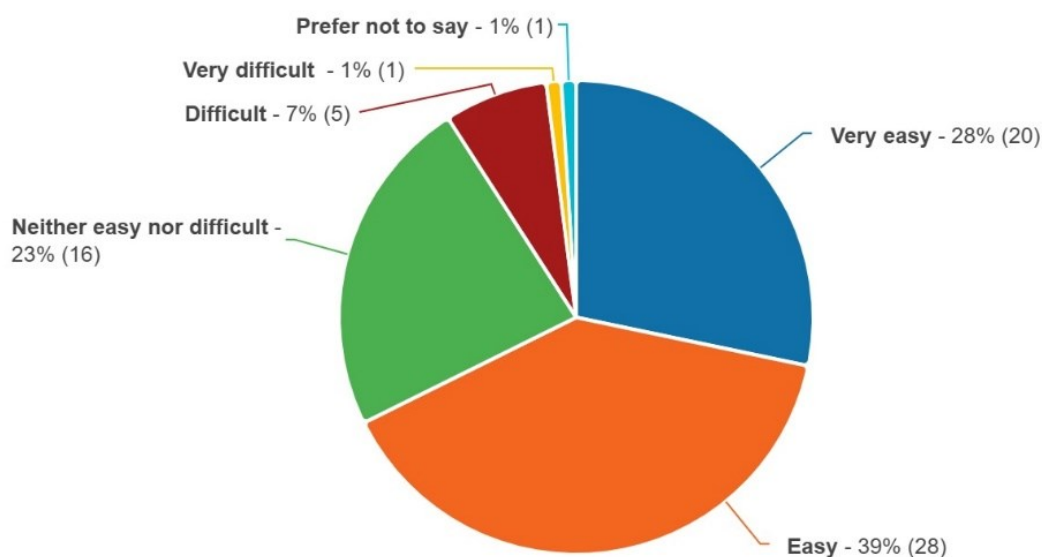
## 3.2 Which healthcare services have you used to manage your diabetes?



General practitioners (GP's) were the most frequently used service (92%), while diabetes specialist clinics (25%) and dietitians (6%) were not used as much with the rest of the responses spread sparsely between Pharmacists, Community Health programs and Support groups. This distribution indicates a potential gap in multidisciplinary care. The rest of the respondents specified other services which have been highlighted below:

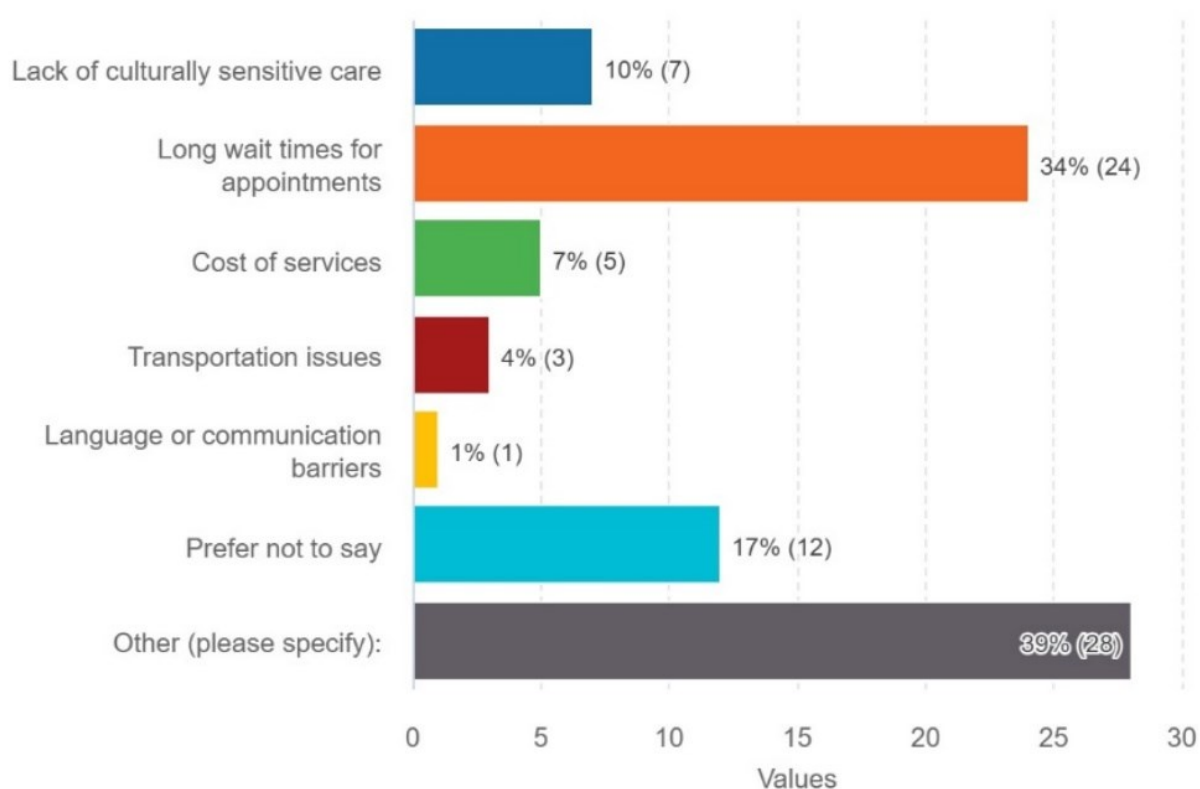
- Footcare/Podiatrist.

### 3.3 How easy or difficult is it for you to access these services?



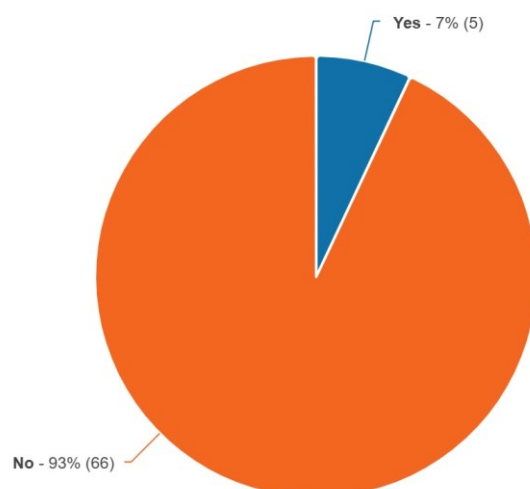
Two-thirds of respondents (67%) reported that accessing diabetes services to be easy or very easy but around 8% faced difficulties. The remaining 23% were neutral, suggesting that barriers such as location, affordability and even the healthcare of the individual may hinder people.

### 3.4 Have you faced any barriers when accessing healthcare?



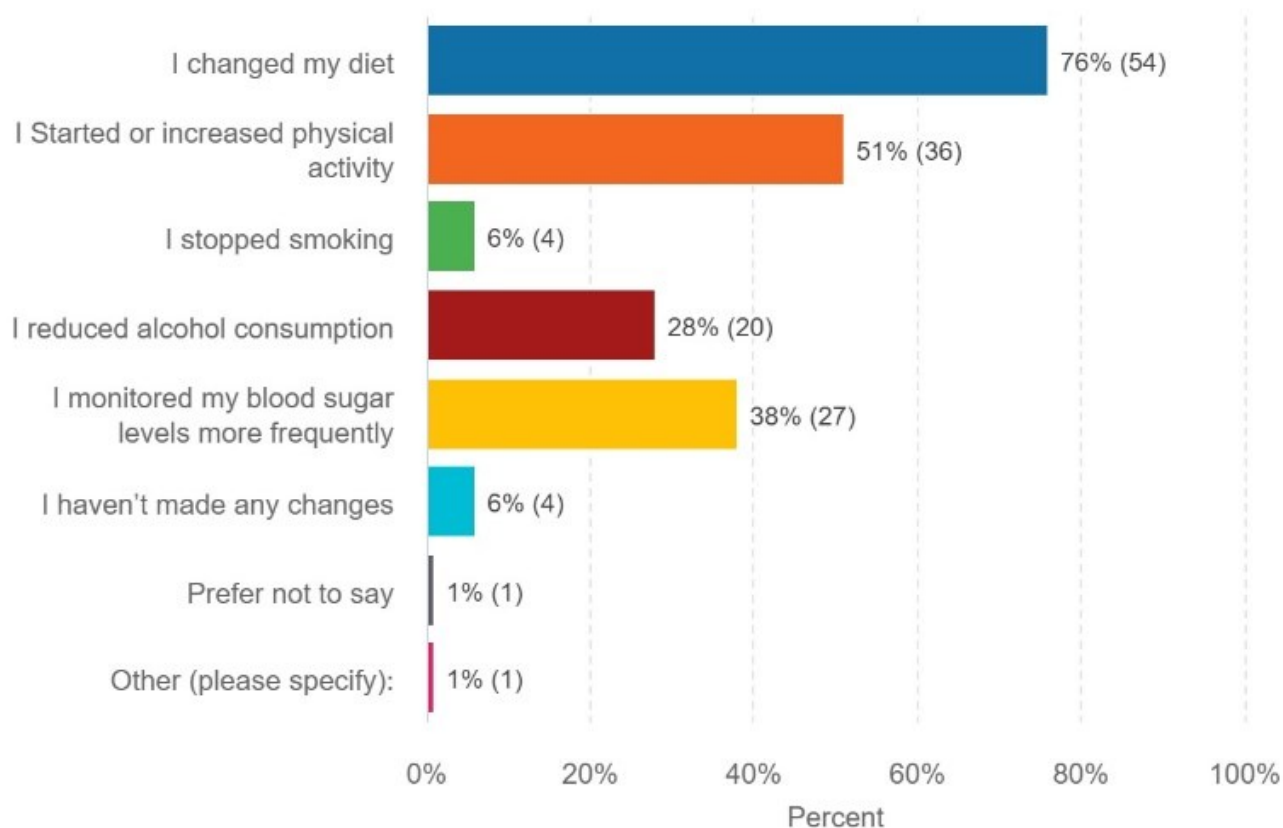
Long wait times (34%) and lack of culturally sensitive care (10%) were the most reported barriers. Smaller responses included cost (7%) and transportation (4%). These results may underline some challenges which may affect certain members of the population.

### 3.5 Do you currently use any support groups or community-based programs to help manage your diabetes?



The overwhelming majority of respondents (**93%**) did not engage with any community-based programs which could either indicate a lack of interest, low awareness or low perceived relevance. Promoting these programs through trusted providers or local organizations may increase participation.

### 3.6 Since your diagnosis, have you made any changes to your lifestyle to manage your diabetes?



The majority reported a diet change (76%) which was followed by an increase in physical activity (51%) while smoking cessation (6%) and alcohol reduction (28%) were less prioritized. A small percentage of candidates chose to specify other means which are stated below:

- Attending clinical checks.



### 3.7 Have you experienced any challenges in making these lifestyle changes?

The responses reflect the ongoing challenges individuals face in maintaining lifestyle changes after being diagnosed of diabetes. This includes diet, physical activity and health barriers and psychological effort.

#### Diet-related challenges

"Yes, it is a challenge to maintain diet when socialising with friends/family."

"Reducing my alcohol intake was a bit difficult for me."

"Sometimes you feel like you need a sweet drink."

"Having money to buy the correct type of food."

"Inability to enjoy some of my favourite foods."

"Yes. It is hard to give up chocolate and sweets."

"I've obviously grown up on a staple Caribbean diet. The drastic change all of a sudden has left me not wanting to attempt to cook and feeling low."

"Just choosing the right foods to eat."

"Yes, it's not always that I have the time to exercise. Also doing away with some food can be difficult at times."

"Still trying to make additional changes to diet. Picky eater so hard to find suitable meals that are easy to stick to."

"At present I am unable to eat the diet I used to eat."

"Yes, having kidney failure has added to me not being as active as I would like to be. Further diet restrictions relating to my kidney failure."

"I have reduced the number of times I snack in between meals. However, when at work, it is difficult to consistently keep track of my eating and drinking habits."

"Preparing meals for the family when my children were young."

"My sweet tooth. Trying to cut down sugar."

### **Physical activity and health barriers**

"I find it difficult to be physically active for long periods of time"

"Shoulder dislocated while bike riding."

"Feel pains in my legs"

"Lack of time"

"Difficulty with mobility during menstrual cycle. Motivation"

"Weight Loss and Increased Energy"

"Yes, it is quite difficult to fit in my day to day life"

"Yes, don't have the money to help with it"

"I need advice for diet, and physical place for free gym sessions"

"Yes, it's not easy."

"Weight loss"

"Significant weight loss put myself on Mounjaro when GP refused to prescribe to assist with diabetes reversal"

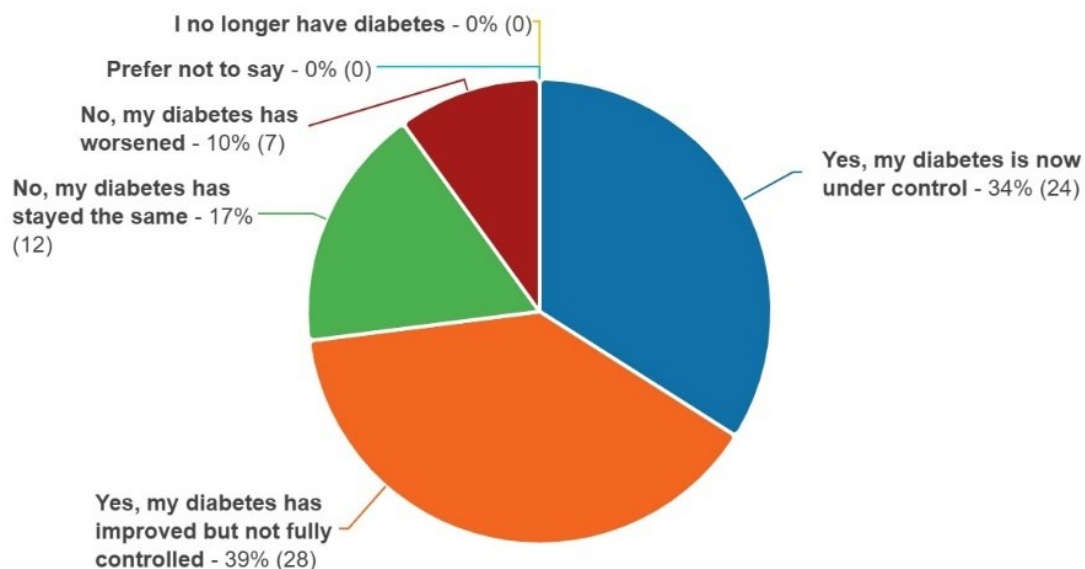
## Psychological effort

"Yes, it is mentally tough."

"Yes. Difficult to maintain"

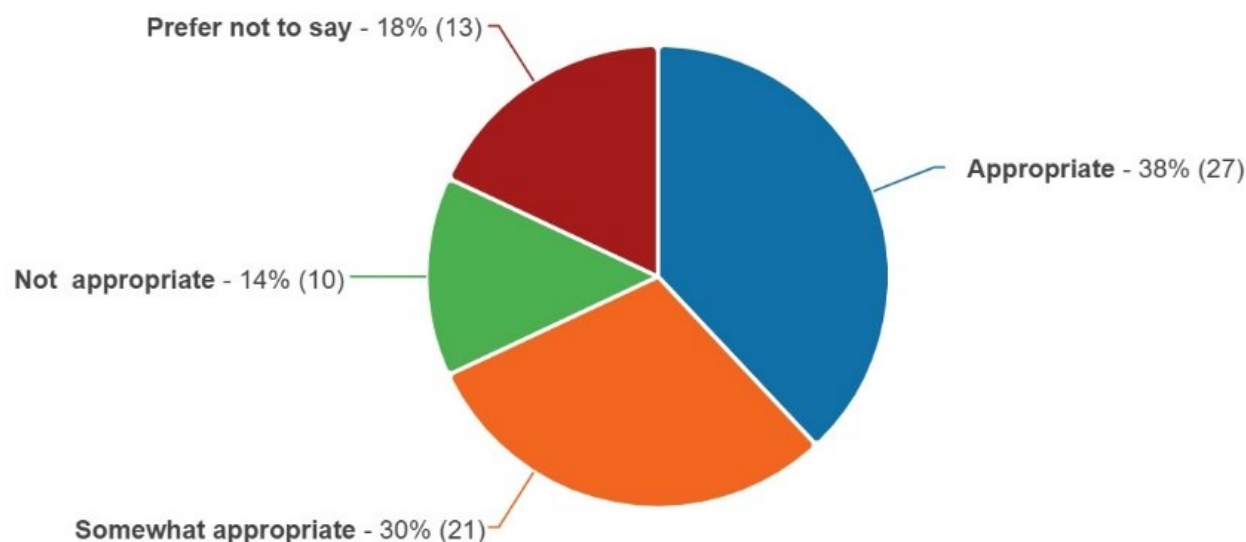
"Yes, it is difficult to make many lifestyle changes because of forever occurring worries and stresses relating to living in London."

### 3.8 Have you experienced any improvement in your diabetes?



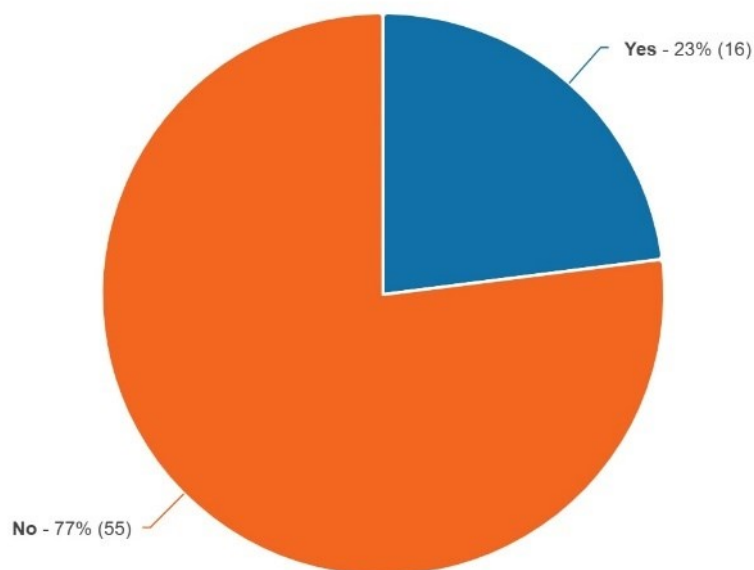
Most respondents reported some form of improvement with their diabetes, either it being under control (34%) or improved but not under control (39%). Some candidates equally said that their diabetes had remained the same (17%) while few respondents said their diabetes had worsened (10%). This suggests that while current strategies may work for many people, some personalized approaches may be necessary for those not benefitting.

### 3.9 Do you feel that the healthcare services you've accessed are culturally appropriate for African and Caribbean individuals?



Just over a third of candidates (38%) revealed that they found the services they have accessed to be culturally appropriate for African and Caribbeans, while 30% found them somewhat appropriate. While only a lower percentage of respondents either found it inappropriate (14%) or declined to give a response (18%).

### 3.10 Have you ever felt that your cultural background influenced the care or advice you received?



Majority of respondents (77%) reported that their cultural background did not influence the care or advice they received for diabetes care.

However, 23% of respondents indicated that their cultural background played a role in their healthcare experience.

#### 3.10.1 If yes, how so?

The respondents give a more detailed description of how their background affected the care they received in the comments below:

##### Concerns on ethnic background:

"I felt it led to me being treated with a bit of impatience."

"During Covid, was kicked out of hospital bed because I was not priority."

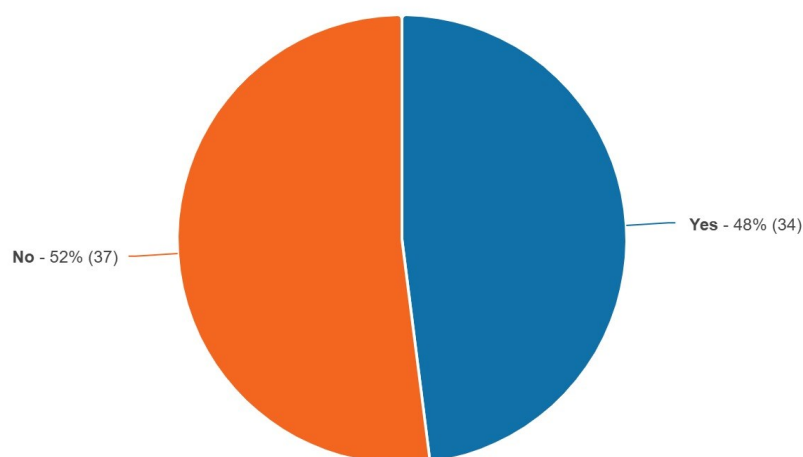
"Become you come from a particular group, you are automatically judged. Staff treat you as if you have no understanding."

"I have no trust in the service."

"It was highlighted that my background was influential to my health."

“Afro-Caribbean understands the lifestyle, diet and concerns of each other. As an Afro Caribbean person my risk was higher. No support from my GP services to assist with reversing my condition.”

### 3.11 Were your cultural or traditional food preferences taken?



More than half of respondents (52%) reported that their traditional food preferences did not influence their diabetes management. While 48% of respondents indicated that these preferences did play a role in their medical advice. This result underscores a need for culturally flexible nutrition guidance for groups with strong culinary traditions.

#### 3.11.1 If no, how could this have been improved?

The respondents give a more detailed description of how an improvement could be made in terms of cultural preferences being considered:

"Probably allowing someone with the same background to be involved."

"By asking what's eaten."

"By considering it when giving advice on diet."

"More advice on Caribbean foods spices etc"

"Teat each patient on its merits not as group."

"Add Caribbean food to the diet"

"Appropriate recipe alterations or suggestions"



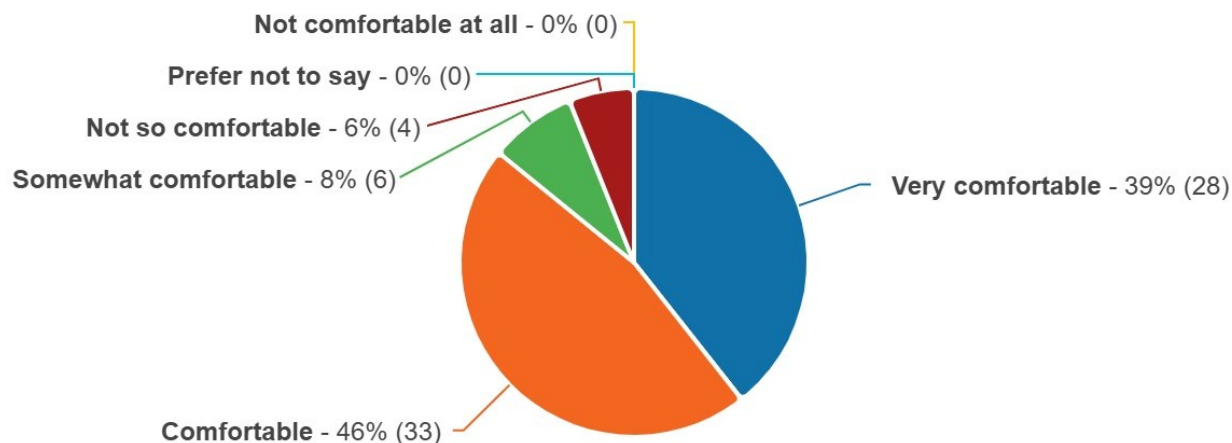
"Maybe making healthcare professionals knowledgeable on our foods"

"Perhaps alternates for balancing and managing meals and lifestyle choices."

"Potion size."

"Understanding African food more."

### 3.12 Do you feel comfortable discussing your diabetes?



A combined **61%** of respondents felt “comfortable” or “very comfortable” in discussing their diabetes care. Only **6%** of respondents described themselves as being “not so comfortable” with disclosing their status.

Overall high comfort levels may suggest that the current patients are more empowered to talk about their condition.

#### 3.12.1 If not, what makes it uncomfortable for you?

The respondents give a more detailed description of what makes them feel uncomfortable about sharing their diabetes status:

“They do not discuss your health correctly they provide false information, because you have a different pigmentation.”

“It's not a case of being comfortable or not, it's more about not having trust in the service.”

"I haven't had the chance to discuss any matters with any professional help."

"One never knows if you are truly being understood."

### 3.13 What part of your diabetes journey has been the most difficult?

There were some notable key themes which emerged within the results of various respondents:

1. **Dietary changes:** Many respondents seemed to struggle with giving up traditional foods, cutting carbohydrates and maintaining a new eating pattern.
2. **Weight loss and exercise:** Adapting to regular exercise and losing weight were repeatedly mentioned as major challenges.
3. **Acceptance and mental burden:** Some respondents found it hard to cope with diagnosis alone, especially when first diagnosed.
4. **Medication management:** Taking medication regularly and the introduction of insulin injections.
5. **Access to services:** Some respondents noted issues in booking appointments and a lack of follow-ups.

Some notable quotes from the respondents are as follows (please note these have not been edited for authenticity):

“Waking up to urinate at night, very inconvenient, missing some foods and drinks. Influence on my eyes. When finally admitted in hospital during Covid, I was accused by two different nurses for taking steroids because my sugar levels were not going down despite the doses of insulin, something I found very insulting and disgusting and disturbing.”

“The diet and required weight loss.”

“Change of diet, exercise.”

“Adjusting my exercise and diet choices.”

“Cutting out cakes and carbohydrates.”

“Cutting back sweets and chocolate.”

“Not able eat more of my favourite foods.”

“Trying to determine how best to deal with this diagnosis. It would have been beneficial if I was recommended to a scheme or whatever that I could’ve attended to get hands-on advice etc.”

“aving to change diets and reduce food consumption.”

“Adapting and changing my diet.”

### 3.14 What part of your diabetes journey has been the most positive?

There were some key themes from respondents within this section:

1. **Improved health and awareness:** Many noticed an increased awareness of their diet, improved weight loss and better sugar control.
2. **Lifestyle improvements:** Exercise, better eating habits and an overall healthier lifestyle were common positive outcomes.
3. **Support and treatment:** Few respondents appreciated the support from their GP and the advice or prescribed medicine.

Some notable quotes from respondents are below:

"The medication and the greater awareness of my diet."

"Feeling more energetic."

"Seeing improvements to my health."

"Letting go of the initial anxiety surrounding diabetes."

"Less sugar intake and eating more vegetables and seeing my blood sugar levels go down."

"Accepting that I have it and not giving up on myself."

"Getting the management balance right with the change of diet."

"I am still alive, my mom died before she was 40, I am 55."

"Using Mounjaro to lose weight, which has lowered my blood."

"Ability to control my diet and alcohol consumption."

### 3.15 What advice would you give to someone in the Black African and Caribbean community who has recently been diagnosed with diabetes?

Some of the key themes which reoccurred among most respondents include:

1. **Listen to healthcare professionals:** Many respondents urged others to trust their GP's, ask questions and take medication seriously.
2. **Diet and exercise:** Many respondents encouraged others to control their food portions, reduce sugar and exercise.
3. **Mental health:** Several respondents encouraged others to stay calm and be open-minded.
4. **Cultural malleability:** Respondents advice others to adapt their traditional foods in healthier ways.

Some notable quotes from the respondents are as follows (please note these have not been edited for authenticity):

"Don't isolate yourself."

"Take advice from family members more seriously if it concerns health."

"Not to stop the food they eat but to control the quantity."

"PUT DOWN THE FRIED FISH SALT FISH AND WHITE RICE AND STOP BEING SO DAMN STUBBORN."

"Use available resources, meet and talk with others in the same position. You learn a lot when you speak and share."

"Try and get it under control. Improve exercise regime. Find qualified organisations that can help and encourage on this journey."

"I advise them to follow all the instructions they give for the improvement of this sec' knelt."

"Don't expect to be helped."

“Think of yourself when preparing traditional foods. It’s your life. Keep on to of it by monitoring your levels regularly. Listen and take advice from present diabetics patients and health professionals.”

“Take control immediately Sorce help where it's available Research.”



### 3.16 What improvements would you like to see in healthcare services for Black African and Caribbean with diabetes in your community?

There were some key themes spread across all the respondent's answers which are presented below:

1. **Cultural sensitivity and inclusion:** There was a strong demand for healthcare practitioners that understood and respected cultural foods and values.
2. **Representation in healthcare:** An overall call for more Black healthcare workers and relatable diabetes educators.
3. **Better Communication and Follow-up:** Participants asked for better follow-up, clearer advice on what to do and overall easier access to services.

Some notable quotes from the respondents are as follows (please note these have not been edited for authenticity):

"I would like to see a bit more culturally sensitive care when discussing with patients of my heritage."

"More information on long term effect of mis managing the condition, screening programmes. Offer choices on medical management, access to exercises classes."

"More cultural appropriate services, allow us to enjoy our food."

"The type of food we are used to should be considered when suggesting any nutrition."

"More health care workers who look like us and speak like us makes it easier to have that unbiased conversation."

"To take our culture & traditions on board when giving face to face advice / literature."

"Organisations that people are automatically signed up to or recommended to attend to try and get their diagnosis under control"

before it escalates. When in attendance with others the journey does not seem so daunting!”

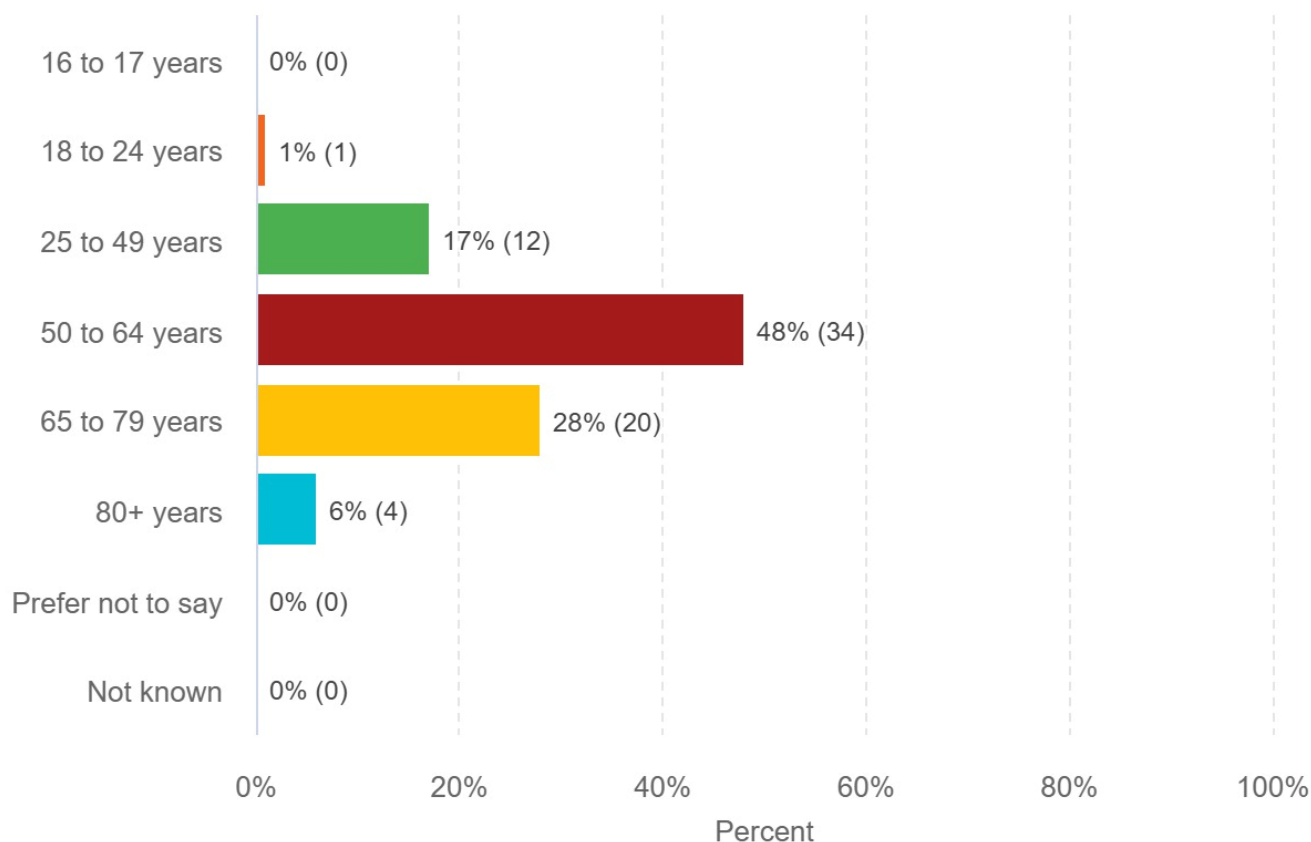
“Teachings more in the community such as black churches and day clubs for seniors and mother and toddler’s groups.”

“An ongoing publicity campaign. BUT NOT on specifically directed towards the black African and Caribbean community. Instead, it should include all type 2 at risk groups with a visible presence of black African and Caribbean persons.”

“Listen to patient Give the best medication that works for an individual not the cheapest. Be more empathetic.”

## 4 Demographics of sample

### 4.1 Which age group you belong to?

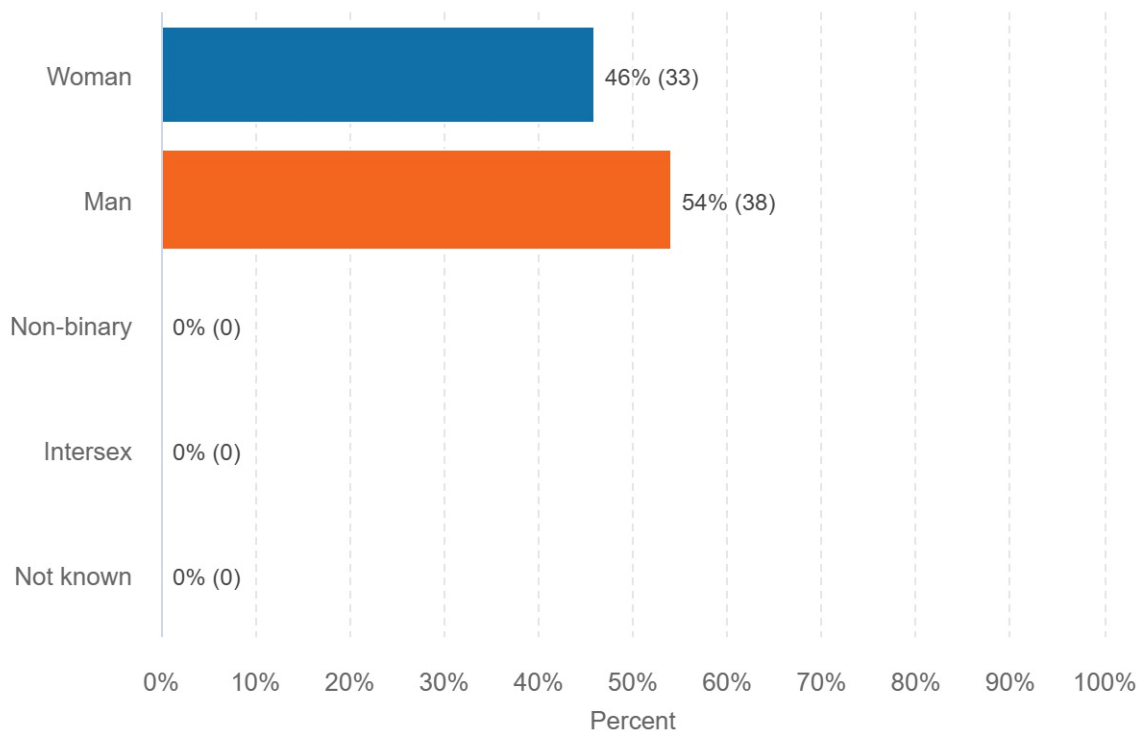


Majority of respondents (48%) were aged 50-64, the largest group. While the rest of the numbers were spread out between 65-79 (28%), 25-49 (17%) while a combined 7% were either 18-24 years old or 80+ years old.

This data reflects the consensus that type 2 diabetes typically afflicts the middle-aged/older demographic.

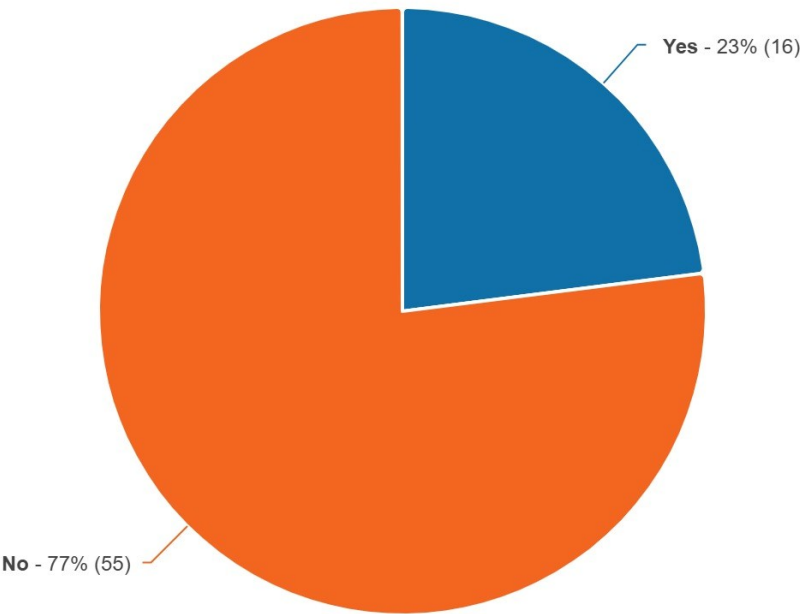
## 4.2 What is your gender identity?

The majority was slightly masculine (54%) over women (46%). No non-binary or intersex respondents.



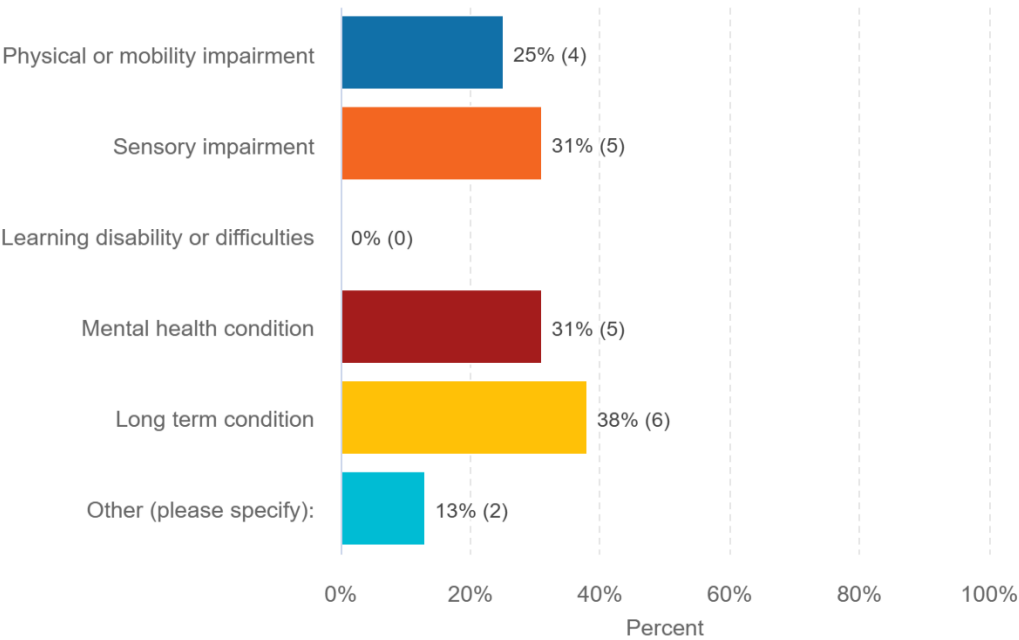
The gender balance aligns with Croydon Diabetes prevalence, which shows that men are at slightly more risk of developing type 2 diabetes.

### 4.3 Do you have a disability?



The data shows that most respondents had no disability (77%), however the rest of the respondents claimed to have one disability (23%) the nature of what that disability is, will be expanded on in the next question.

#### 4.3.1 If yes, please indicate your disability:

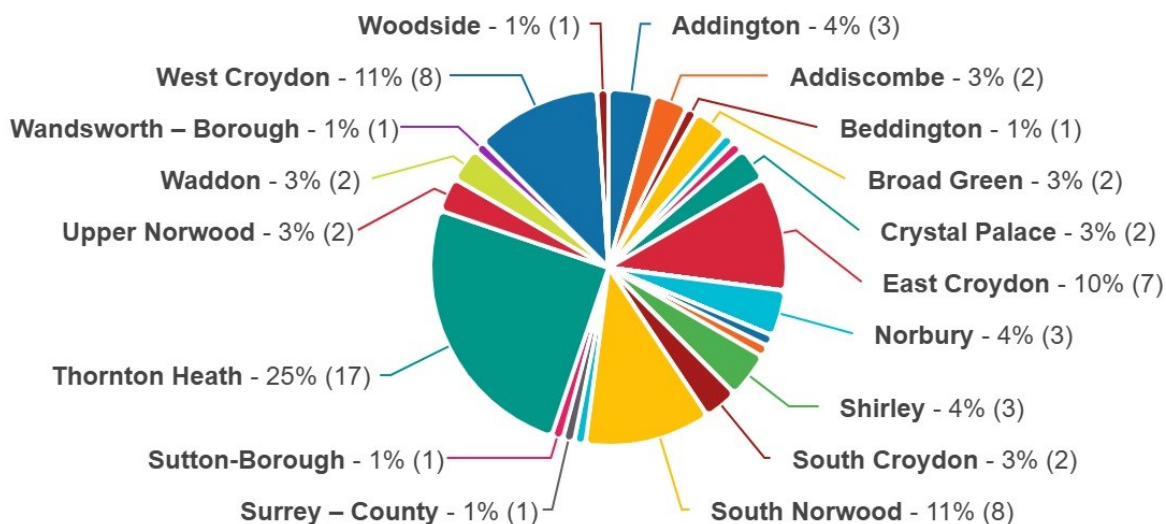


A quarter (**25%**) of all respondents reported having some kind of physical impairment. This may include conditions such as arthritis or fibromyalgia. This may also affect their daily access to healthcare services.

Sensory impairments like visual or hearing difficulties were reported by a third (**31%**) of respondents. These impairments may affect how an individual receives, interprets and acts on health information.

**31%** of respondents reported mental health conditions as well.

## 4.4 What area do you live?



Responses are spread across many zones in Croydon, with the bulk share being from Thornton Heath (25%), West Croydon (11%) and South Norwood (11%) respectively. Most of the others had minimal responses (<5%).

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# Appendix

You can view a preview version of the survey at

<https://www.smartsurvey.co.uk/s/preview/DiabetesCareProject/2F1BD4FB3068441B57345E1BD6B98E>



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