

BRIDGING VOICES, BUILDING CHANGE: CO-PRODUCING DIABETES CARE SOLUTIONS WITH THE BANGLADESHI COMMUNITY IN TOWER HAMLETS & NEWHAM

2025

LONDON BANGLADESHI HEALTH PARTNERSHIP

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Bangla Housing Association

TOWER HAMLETS

VOICE 4CHANGE ENGLAND

Newham London





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1 EXECUTIVE SUMMARY

1.1. Background:

In April 2025, Voice4Change England, in collaboration with the London Bangladeshi Health Partnership and Bangla Housing Association—and with funding from the NHS North East London Integrated Care Board (ICB)—held two diabetes workshops in Tower Hamlets and Newham. This initiative specifically aimed to develop concrete proposals for tailoring and improving diabetes prevention and management support in North East London to better meet the unique needs of the Bangladeshi community. The workshops brought together patients, health professionals, and system stakeholders to identify and address these needs collaboratively.

1.2. Objectives:

- Consider the current offer for prevention and management of diabetes, and identify gaps and ways that diabetes prevention and care could be improved for Bangladeshis.
- Co-produce culturally relevant and specific actionable recommendations that could make prevention and management support work better for Bangladeshi groups in North East London.
- Address health inequalities through community-led strategies.



1.3. Methodology:

A World Café approach was used to foster open dialogue and collaborative problem-solving among participants, focusing on both area-specific and shared challenges.

1.4. Key Findings:

1.4.1. Prevention and Awareness:

- Diabetes is widely seen as preventable with early intervention and lifestyle changes.
- There is limited awareness about the reversibility of diabetes.
- Fatalistic attitudes and misconceptions persist—particularly around hereditary risk. Among people of South Asian origin, where hereditary risk of diabetes is higher, this can sometimes lead to the mistaken belief that developing diabetes is inevitable, or that the condition is permanent and cannot be changed or managed.

1.4.2. Barriers:

- Lack of awareness of available services.
- Language and digital literacy challenges.
- Cultural eating habits.
- Limited access to GPs and tailored support.
- Existing information is often generic or not culturally relevant.

1.4.3. Opportunities:

- Deliver information in community languages.
- Use trusted community spaces like mosques and libraries, where people regularly gather and feel safe, to share reliable information and provide ongoing updates.



- Create new culturally tailored resources such as healthy Bangladeshi recipe booklets and interactive community apps with local success stories and address the specific needs and misconceptions.
- Increase awareness about existing Sylheti-language videos.
- Engage men and youth through targeted outreach.

1.4.4. Stakeholder Pledges:

- Improve GP engagement.
- Increase referrals to diabetes services.
- Strengthen communication strategies by auditing and updating current approaches to bridge the awareness gap, ensuring that diabetes prevention and management services effectively reach and engage the target community.
- Promote behavioral change within the community.

1.5. Conclusion:

The workshops underscored the urgent need for culturally appropriate, accessible, and community-led diabetes prevention and management strategies. Implementing these recommendations is essential to reducing health inequalities and improving diabetes outcomes among London's Bangladeshi communities.

2 INTRODUCTION

Diabetes presents a critical public health challenge, and the Bangladeshi community experiences a particularly high burden of disease. British-Bangladeshis are around twice as likely to develop Type 2 diabetes as the general population and tend to be diagnosed at a younger age, with approximately 70% of the Bangladeshi population in North East London under 40 years old. This elevated risk is driven by genetic, cultural, and socioeconomic factors.

Socioeconomic deprivation plays a significant role. Bangladeshi households have the highest poverty rates in both London and the rest of England, with over 60% living in poverty. This is linked to a 60% higher likelihood of suffering from long-term health conditions and contributes to poorer overall health outcomes. Access to healthcare is further complicated by language barriers, digital exclusion, and a lack of culturally tailored services. Cultural factors, including traditional dietary habits, low levels of physical activity, and persistent misconceptions about diabetes and its preventability, further compound these challenges. To address these urgent and interconnected issues, a series of collaborative diabetes workshops were held in April 2025 in Tower Hamlets (April 14) and Newham (April 30).

These events, facilitated by Voice4Change England and organised by the London Bangladeshi Health Partnership and Bangla Housing Association with support from NHS North East London Integrated Care Board, brought together community members, health professionals, and local system leaders. The workshops aimed to identify gaps in diabetes prevention and management and to co-produce solutions that are relevant and accessible to the Bangladeshi community.

3 AIMS

- Bring together Bangladeshi community members living with diabetes, health professionals, and system stakeholders from Tower Hamlets and Newham to share experiences and perspectives on diabetes care.

- Explore trusted places for accessing diabetes services and understand attitudes, beliefs, and lived experiences within the Bangladeshi community, especially regarding the NHS diabetes core offer.

- Identify gaps and barriers in diabetes prevention, management, and service access, including cultural, linguistic, and socioeconomic factors that affect engagement and outcomes.

- Co-produce an action plan and recommendations for culturally appropriate improvements to diabetes services, ensuring these reflect the needs and preferences of the Bangladeshi community.

- Foster collaboration among all stakeholders to ensure that recommendations are actionable and lead to meaningful changes in local diabetes care.

4 ATTENDEES

- Bangladeshi diabetic patients (Tower Hamlets and Newham)
- Health professionals (clinical and non-clinical)
- Local authority representatives (e.g., Public Health)
- System stakeholders (e.g., Integrated Care Board [ICB])
- Community leaders and facilitators

5 METHODOLOGY

V4CE co-designed the diabetes workshops by collaborating closely with key stakeholders—including the North East London Integrated Care Board (NEL ICB), Public Health teams, primary care leads, the Bangla Housing Association/London Bangladeshi Health Partnership, the voluntary and community sector, and Barts Health Trust. Together, they developed the workshop format and crafted discussion questions. This co-design process was more than a participatory gesture; it was a deliberate strategy to promote equity, cultural relevance, and community empowerment, particularly within Bangladeshi communities.

To address the first objective - identifying service gaps - the workshops fostered open, honest conversations in small, supportive groups through problem-focused discussion rounds. For the second objective - co-producing recommendations - the approach encouraged equal collaboration and the generation of culturally relevant solutions via solution-focused discussions and idea sharing.

The third objective - addressing health inequalities - was met by ensuring community voices shaped the agenda, building mutual trust through bilingual facilitators and inclusive participation.

By adopting a World Café methodology, the workshops promoted inclusivity, safety, and co-creation, creating an environment where authentic, nuanced, and actionable feedback could be gathered. Participants were divided into small groups to discuss key questions about diabetes prevention, management, and service accessibility in the Bangladeshi community. Facilitators captured the main themes, challenges, and opportunities that emerged, ensuring that lived experience was valued and that dialogue remained equitable throughout.

5.1. Key Questions:

1. Do you think diabetes is preventable and reversible?
2. What is your view of the current information and services for diabetes?
   - What's good from the available offer for the Bangladeshi community?
   - What doesn't work from the Bangladeshis from the current offer and why?
   - What should we change about the offer for Bangladeshis?
3. What needs to be improved and what opportunities are there?

Additionally, stakeholder pledges were gathered, reflecting commitments from community members, healthcare professionals, and system leaders to support and implement improvements in diabetes care.
Following the workshops, the collected data and feedback were systematically thematically analysed to identify patterns and draft culturally tailored recommendations aimed at enhancing diabetes services and reducing health inequalities in the Bangladeshi population.

6 LOCAL SUPPORT AND SERVICES FOR DIABETES PREVENTION AND PRE-DIABETES OR DIABETES MANAGEMENT

6.1. Support for Healthy Eating

6.1.1. Fruit and Veg on Prescription Project:
Vouchers for residents experiencing food insecurity, redeemable at local fruit and veg market stalls.

6.1.2. Healthy Families Programme:
Guidance for parents of children under 11 on healthy eating habits.

6.1.3. Tower Hamlets Food Partnership:
A network of organisations offering access to food, cooking classes, and workshops. Examples include Limborough Food Hub, Bags of Taste cooking classes, Granville Community Kitchen, Food Growers Network, and St Hilda's Food Co-op.

6.1.4. Well One "Cook Well, Eat Well":
Cooking and nutrition support for healthier lifestyles.

6.2. Support for Weight Management

6.2.1. Weight Action Programme (Queen Mary's University London [QMUL]):
For all residents who are overweight or obese.

6.2.2. Eat Well and Move (Ability Bow):
Targeted at residents who are overweight and have a physical disability.

6.2.3. Shape Up (Community Learning Disability Service/East London Foundation Trust [CLDS/ELFT]):
For residents who are overweight and have a global learning disability.

6.3. Support to Be Active

6.3.1. Be Well Leisure Service:
Includes a range of leisure services, free-swimming for women and girls, and men aged 55+.

6.3.2. Community Activities and Sports:
Locally run activities to encourage regular exercise.

6.3.3. Outdoor Gyms:
Sixteen free-to-use outdoor gyms across the borough.

6.3.4. Healthy Families Programme:
Physical activity support for parents and carers, delivered in schools and family centres.

6.4. Early Identification of Diabetes Risk

6.4.1. NHS Health Checks:
Free check-ups for 40–74 year olds without pre-existing conditions, including diabetes risk assessment and advice.

6.4.2. Cardiovascular Disease (CVD) Checks in Workplaces and Community Settings:
Health stations and kiosks to identify risk factors such as Body Mass Index (BMI), with signposting for further support.

6.5. Online Support and Information

6.5.1. NHS Better Health Website:
Resources, apps, and guidance to support weight loss and increased physical activity.

6.5.2. Tower Hamlets Connect:
Local information and signposting to health and care services.

6.6. Local Support and Services for People with Pre-Diabetes or Diabetes

6.6.1. Good Moves Programme (Social Action for Health):
An 8-week, culturally sensitive self-management course for residents with diabetes, kidney, or heart disease, available in Bengali and English, both online and in-person.

6.6.2. NHS Diabetes Prevention Programme:
A 9-month programme for people with pre-diabetes, offered in group or digital formats.

6.6.3. NHS Digital Weight Management Programme:
A 12-week online programme for adults with obesity and a diagnosis of diabetes or high blood pressure (GP or pharmacist referral required).

6.6.4. Type 2 Diabetes Path to Remission Service:
A 12-month programme for overweight adults with Type 2 diabetes, featuring a 12-week low-calorie diet and specialist support (GP referral required).

6.7. Key Insights from Community Feedback

Most workshop attendees were unaware of these services and reported a lack of referrals from GPs. There is strong willingness to engage with these programmes if awareness and encouragement are increased.

7 FINDINGS

7.1. Perceptions

7.1.1. Prevention and Risk Awareness

- Widespread recognition across both communities that Type 2 diabetes is preventable through healthy eating and regular physical activity.

- Younger people, especially in Tower Hamlets, demonstrate strong awareness of diabetes as a major health issue, linking it to both unhealthy traditional foods (e.g., high-sugar sweets, white rice) and Westernized fast foods.

- Schools play a key role in educating young Bangladeshis about diabetes risks and prevention, with students often acting as information conduits to their families.

- There is a growing generational shift, with younger people increasingly understanding the impact of both traditional and Western diets on diabetes risk.

7.1.2. Reversibility and Fatalism

- Some residents in Tower Hamlets believe diabetes can be reversed with significant lifestyle changes, though this belief is less common in Newham.

- However, some others view diabetes as unavoidable due to genetics or family history.

- Health professionals' emphasis on genetic risk, combined with a lack of visible examples of diabetes remission, has at times led people to consider diabetes to be inevitable.

- Personal and family experiences with diabetes further entrench the belief that developing the condition may be inevitable.

7.1.3. Cultural Perceptions

- Diabetes is sometimes viewed as a cultural inevitability, with high consumption of sweet foods and white rice seen as fixed aspects of Bangladeshi culture.

- In Newham, misconceptions persist, such as equating “halal food” with “healthy food,” which can lead to unintentional unhealthy choices.

7.2. Barriers

7.2.1. Language and Communication

- Significant language barriers, particularly for older adults, limit access to health information and services.

- Translated materials are often too technical or not available in first languages, making them inaccessible to those with limited formal education.

7.2.2. Awareness and Access

- Many community members are unaware of the full range of diabetes services and support programmes available locally.

- Challenges include:

1. Difficulty accessing GP appointments.
2. Limited GP capacity for patient education and referrals.
3. Lack of referrals to preventative or community-based services, especially in Tower Hamlets.

7.2.3. Digital Literacy

- Poor digital skills among older adults restrict their ability to access online health resources and digital tools.

- Younger people are increasingly exposed to unhealthy food marketing and fast-food culture through online platforms.

7.2.4. Cultural and Dietary Challenges

- Traditional diets high in carbohydrates (e.g., white rice, sweet dishes) and familiar cooking methods make recommended dietary changes difficult.

- There is a lack of visible role models or community examples of diabetes remission or effective management, reducing motivation for change.

7.2.5. Gender and Cultural Norms

- Gender norms may limit participation in health programmes unless gender-specific support (e.g., women-only or men-only sessions) is provided.

7.3. Strengths

7.3.1. Community Programmes and Tailored Support

- Both Tower Hamlets and Newham have established culturally tailored diabetes programmes, such as women-only exercise sessions and language-specific workshops.

- Newham offers inclusive, culturally relevant sessions, including women-only swimming and health workshops.

7.3.2. Social Connections and Community Willingness

- Strong social networks facilitate information-sharing and mutual support for healthy behaviours.

- High levels of willingness and enthusiasm within both communities to participate in health initiatives, especially when culturally tailored.

7.4. Opportunities

7.4.1. Improved Communication and Education

- Increase use of visual and verbal communication (e.g., videos, interactive workshops, group discussions) in trusted community spaces such as mosques, community centres, libraries, and workplaces.

- Develop practical resources (e.g., healthy recipe cookbooks, health apps) in community languages, with a focus on reaching women who make household food decisions.

7.4.2. Early and Family-Based Education

- Introduce diabetes and healthy lifestyle education early in schools and youth clubs, involving both children and parents to foster intergenerational change.

- School-based healthy eating education and youth club initiatives can help shift attitudes and behaviours across families and generations.

7.4.3. Culturally Sensitive, Practical Support

- Provide practical, culturally sensitive guidance, such as:

1. Healthier versions of traditional recipes.
2. Hands-on cooking workshops.
3. Support for gradual, sustainable dietary changes.
4. Offer gender-specific support and create dedicated spaces for women-only or men-only services.

7.4.4. Community Empowerment and Role Models

- Highlight and celebrate local champions and success stories to counter fatalism and inspire others.

- Develop peer support networks by empowering individuals who have successfully managed or reversed diabetes to become peer champions and mentors.

7.4.5. Targeted Outreach and Innovation

- Expand innovative outreach initiatives, such as GP WhatsApp groups, targeted outreach to men and youth, and increased GP referrals to community-based services.

- Reduce barriers to exercise (e.g., cost), regulate advertising of unhealthy foods, and address the proliferation of fast-food outlets in the community.

8 BEST PRACTICES

8.1. Culturally and Linguistically Tailored Communication

- **Develop Multilingual Resources:** Create materials in Bangla and English, using simple, jargon-free language and, where helpful, Roman script.
- **Use Multiple Formats:** Disseminate information via audio, video, infographics, and written formats to cater to varying literacy and digital skills.
- **Trusted Channels:** Share messages through platforms popular in the community (e.g., WhatsApp groups, Bangla TV/radio, community newspapers).
- **Visual and Verbal Education:** Prioritise workshops, group discussions, and visual demonstrations in mosques, community centres, and libraries.

8.2. Early, Family-Based, and School-Centric Education

- **Integrate into Schools:** Partner with schools to deliver age-appropriate diabetes education and healthy lifestyle workshops, involving both students and parents.
- **Youth Clubs:** Run after-school and youth club initiatives focused on healthy eating, physical activity, and diabetes prevention.
- **Family Engagement:** Encourage family-based activities (e.g., cooking classes, group walks) to reinforce healthy habits at home.

8.3. Practical, Culturally Sensitive Support

- **Healthy Traditional Recipes:** Develop and distribute cookbooks and host cooking demonstrations featuring healthier versions of traditional dishes.

- **Gender-Specific Programmes:** Offer women-only and men-only exercise and education sessions to respect cultural norms and increase participation.

8.4. Community Empowerment and Role Models

- **Highlight Success Stories:** Publicise local examples of diabetes remission or effective management to counter fatalism and inspire hope.

- **Peer Champions:** Train community members who have managed or reversed diabetes to act as peer educators and support group leaders.

- **Leverage Women's Groups:** Utilise existing women-led groups to spread awareness and support, given their influence in household food decisions.

8.5. Addressing Barriers to Access

- **Language and Literacy:** Ensure all materials are accessible to those with limited literacy or formal education—use pictures, stories, and demonstrations.

- **Digital Inclusion:** Provide digital skills training for older adults and those less familiar with technology and ensure alternatives to digital-only services.

- **Service Navigation:** Offer community-based navigators or "health champions" to guide residents to available diabetes services and support.

8.6. Strengthening Community-Based and Preventative Services

- **GP and Community Collaboration:** Encourage GPs to refer patients to community programmes and support groups, to develop structured care pathways.

- **Outreach and Incentives:** Expand outreach to men and youth, and consider incentives for participation in healthy lifestyle programmes.

- **Affordable Access:** Reduce costs for exercise facilities and healthy food options; advocate for local policies to limit fast food outlet density.

8.7. Policy and Environmental Change

- **Advocate for Regulation:** Support policies that limit advertising of unhealthy foods and address the proliferation of fast-food outlets.

- **Healthy Food Environments:** Work with local shops and markets to increase the availability and visibility of healthy food options.

8.8. Continuous Community Feedback and Co-Design

- **Ongoing Consultation:** Regularly seek feedback from community members to refine programmes and ensure relevance.

- **Co-Production:** Involve community representatives in the design, delivery, and evaluation of all interventions.

9 RECOMMENDATIONS

9.1. Promote Understanding of Diabetes Causes and Reversibility

- Launch culturally tailored education campaigns that clearly explain the causes, risk factors, and potential for reversal of Type 2 diabetes, using simple language and real-life examples relevant to the community.

- Disseminate information through diverse platforms, including community talks, Bengali-language radio and satellite TV, and visual materials, to ensure broad and inclusive outreach—especially to underrepresented groups.

- Empower and support community champions to share personal stories and successes, making the possibility of prevention and reversal tangible and relatable.

9.2. Build Trust in Clinicians and Protect GP Time

- Foster long-term relationships by encouraging face-to-face engagement between clinicians and the community in trusted local venues such as community centers and places of worship.

- Implement systems that allow GPs to focus on complex cases by delegating preventive education and routine follow-up to trained community health workers.
- Invest in the training and development of community health workers to deliver culturally sensitive education and support.

9.3. Improve GP Signposting and Practical Referrals

- Increase the frequency and quality of GP referrals to local resources, such as walking groups, cooking classes, and diabetes support groups, ensuring recommendations are personalised and include clear explanations of benefits and logistics.

- Ensure visible GP endorsement of community programmes and social prescribing initiatives to boost patient trust and participation.

- Monitor and evaluate the outcomes of social prescribing, tracking both clinical improvements (e.g., blood sugar control) and psychosocial benefits (e.g., reduced distress, improved self-management).

9.4. Strengthen Community and Stakeholder Collaboration

- Foster collaboration between residents and healthcare professionals to bridge understanding and maintain ongoing dialogue around diabetes awareness, prevention, and support.

- Fund and promote resident-led projects that address stress, anxiety, and other key factors in diabetes prevention, ensuring initiatives are community-driven and relevant.

9.5. Ensure Sustained Engagement and Evaluation

- Host annual follow-up events with community stakeholders to review progress, assess the impact of initiatives, and adapt strategies based on feedback and outcomes.

- Publicly highlight and celebrate positive lifestyle changes and success stories within the community to reinforce a culture of health, motivation, and mutual support.

9.6. Involve the Whole Family in Diabetes Support and Education

- When providing support and advice to diabetes patients, healthcare professionals should engage the entire family in discussions about healthy lifestyle changes.

- In many households, wives and daughters are primarily responsible for cooking and meal preparation. Including them in educational sessions ensures that dietary advice and healthy cooking practices are understood and implemented at the household level.

- This approach not only supports the patient in managing their condition but also promotes healthier habits for the entire family, leading to broader health benefits.

9.7. Promote Family-Based Lifestyle Changes

- Encourage families to adopt healthy eating habits and incorporate regular physical activity together, rather than focusing solely on the individual diagnosed with diabetes.

- Lifestyle changes are more sustainable and effective when the whole family participates, creating a supportive environment for the patient and reducing the risk of diabetes and related conditions among family members.

- Improved adherence to recommended dietary and lifestyle changes, enhanced patient outcomes, and prevention of diabetes within the wider family unit.

10 STAKEHOLDER - SPECIFIC RECOMMENDATIONS

10.1. NHS North East London Integrated Care Board (NEL ICB) [Funder and Strategic Commissioner]

Role: ***Strategy, commissioning, system leadership, equity.***

Recommendations:

- Strive for culturally tailored, community-led initiatives like cookery sessions, community champions, and gender-specific exercise classes—these are clearly valued by local communities.

- Explore the possibility of an ongoing diabetes co-design programme, with the aim of involving Bangladeshi community members in governance and oversight of diabetes strategy and delivery (pending ICB consideration).

- Consider defining and tracking outcomes around cultural competency, prevention reach, and behavioural change—making sure they align with current prevention priorities and are culturally relevant.

- Support the idea of annual Community Health Summits as a space to review progress, adapt delivery, and build trust between communities and the health system. Of course, any future funding or commissioning decisions would still need ICB approval.

10.2. GPs and Primary Care Networks

Role: First-line engagement, referral, education, long-term condition management.

Recommendations:

- Train frontline staff in culturally sensitive engagement, including basic Bangla/Sylheti language skills and
- dietary awareness.

- Promote referral pathways to non-clinical resources, such as exercise classes, diabetes peer groups, and Bangla-language video content.

- Make social prescribing a routine part of GP consultations for Bangladeshi patients, especially those with prediabetes or early diagnosis.

- Establish GP WhatsApp or text-message groups in community languages for ongoing education and updates.

10.3. Local Authorities (Public Health & Community Wellbeing)

Role: Prevention, health promotion, local infrastructure, healthy environment.

Recommendations:

- Partner with schools and faith institutions to embed diabetes education from an early age and across generations.

- Support healthy food policies and regulate fast food near schools, promote healthier food options in local markets, and subsidise community fruit/veg schemes.

- Invest in women's health infrastructure, including more women-only health programmes and gender-appropriate facilities at gyms and pools.

- Recruit and train Community Health Navigators to help residents access services, focusing on those with low literacy or digital exclusion.

10.4. Community and Voluntary Sector (e.g., Bangla Housing Association, V4CE)

Role: Frontline engagement, cultural bridging, peer leadership.

Recommendations:

- Develop peer educator programmes by training individuals with lived experience of diabetes to act as community champions.

- Co-create Bangladeshi recipe resources with dietitians, including videos and leaflets featuring healthy alternatives to traditional dishes.

- Host monthly drop-in clinics or “diabetes cafés” in trusted venues like mosques, libraries, and community centres for advice and peer support.

- Support digital inclusion by running workshops on accessing NHS services and health information online.

10.5. Schools, Youth Clubs, and Educational Settings

Role: Early education, family engagement, youth health literacy.

Recommendations:

- Introduce a family-focused health curriculum with engaging lessons on diabetes prevention and healthy eating.

- Run after-school cooking clubs using culturally familiar, healthy recipes for both boys and girls.

- Use peer mentorship and youth ambassadors to promote healthy living in schools and youth centres, reducing stigma and misinformation.

10.6. Residents and Community Members

Role: Change agents, programme participants, co-producers.

Recommendations:

- Participate in local diabetes prevention and management projects, such as walking groups, cooking classes, and peer-led support groups.

- Share personal success stories to inspire others and create a ripple effect of positive change.

- Help shape local services by joining advisory groups, providing feedback, and taking part in co-design activities.

10.7. Faith Leaders and Community Influencers

Role: Trust builders, message amplifiers.

Recommendations:

- Share health messages during Friday prayers and community gatherings, focusing on prevention, healthy eating, and available services.

- Host health seminars in mosques and temples, co-delivered by health professionals and community champions in community languages.

- Publicly endorse health programmes to boost credibility and participation.

10.8. Monitoring and Accountability

- Establish a cross-sector steering group to oversee implementation, monitor progress, and adapt interventions as needed.

- Produce annual community health impact reports, tracking behavioural changes, service uptake, and community feedback.

- Implement an evaluation framework aligned with NHS England's Core20PLUS5 approach, focusing on reducing diabetes inequalities.

11 CONCLUSION

This collaborative initiative has laid the groundwork for systemic, culturally tailored change in how diabetes is understood, prevented, and managed in North East London's Bangladeshi communities. With clear actions for each stakeholder group and strong momentum from participants, the next step is coordinated implementation. Ongoing investment, collaboration, and community empowerment will be essential to improving health equity and delivering lasting change.

The diabetes workshops held in Tower Hamlets and Newham in April 2025 have brought to light the connections between cultural, socioeconomic, and systemic factors that contribute to the high burden of diabetes within London's Bangladeshi communities. Through open dialogue and collaborative problem - solving, participants identified persistent barriers-including language and digital literacy challenges, limited awareness of available services, and cultural misconceptions - that stop effective prevention and management of diabetes.

Despite these challenges, the workshops also revealed significant community strengths and opportunities. There is a strong willingness among community members to engage with health initiatives, and a clear appetite for culturally tailored resources. Trusted community spaces and innovative communication strategies offer promising avenues for delivering accessible, relevant information and fostering behavioural change.

Sustained collaboration between community members, health professionals, and system leaders is vital to driving meaningful change. By building on the insights and commitments generated through these workshops, stakeholders can lay the foundation for more equitable, effective, and responsive diabetes services contributing to better health and wellbeing for the Bangladeshi community.


Bangla
Housing Association
VOICE CHANGE ENGLAND


Agenda
10.00am: Registration
10.15am: Welcome, house-keeping, purpose of the day & introductions
10.30am: Table discussions (questions & local service information hard copies on the table)
11.15am: Table discussion feedback
11.30am: Key stakeholders' pledges & local service updates
11.45am: Feedback survey & close
12.00pm: Networking & patients / residents to collect voucher


TOWER HAMLETS
DIABETES WORKSHOP
Bangla
Housing Association





LONDON BANGLADESHI HEALTH PARTNERSHIP