

INSIGHTS FROM THE LONDON BANGLADESHI HEALTH INEQUALITIES SUMMIT

LONDON BANGLADESHI HEALTH PARTNERSHIP

Delivered by:

Bangla Housing Association

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TOWER HAMLETS

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#BanglaHealthSummit24

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EXECUTIVE SUMMARY

The Bangladeshi Health Inequalities Summit, held on September 24, 2024, addressed critical health disparities within the Bangladeshi community across London. The Summit focused primarily on topics of great concern to the community, namely diabetes, including early-onset Type 2, and, in relation to pregnancy.

The morning and afternoon sessions were ably and effectively chaired, respectively, by Professor Tahseen A. Chowdhury, (Consultant in Diabetes, Department of Diabetes and Metabolism, Royal London Hospital, Barts Health NHS Trust) and Martin Machray (Director, Improvement, Transformation and Partnerships, NHS England, London Region).

The event featured prominent speakers. Professor Kevin Fenton's keynote presentation addressed the impact of racism on health outcomes, emphasising the systemic challenges faced by minority communities. Professor Kevin Fenton CBE, FFPH is the London Regional Director for the Office for Health Improvement and Disparities, Regional Public Health Director, London, and Statutory Health Advisor to the Mayor of London, GLA and London Assembly.

Dr Somen Banerjee (Director of Public Health, London Borough of Tower Hamlets) provided an in-depth analysis of the current health challenges specific to Tower Hamlets, with a particular focus on Bangladeshi health inequalities. Professor Sarah Finer, (Clinical Diabetes, Queen Mary University of London (QMUL), Honorary Consultant Diabetologist, Barts NHS Trust) is also Co-Lead, Genes and Health and she presented on the recent findings in relation to this key project and the Bangladeshi community.

Dr Shivani Misra (Wellcome Trust Career Development Fellow & Senior Clinical Lecturer, Imperial College London, Honorary Consultant Physician in Metabolic Medicine & Diabetes Imperial College Healthcare NHS Trust) highlighted the rise in under 40s Type 2 diabetes in London with a special focus on the Bangladeshi community.

Additionally, Ferha Saeed (Consultant Fetal Medicine, Obstetrician and Gynaecologist, Honorary Clinical Senior Lecturer, Barts & London School of Medicine & Dentistry, QMUL, Newham University Hospital) and Rehan Khan (Consultant Obstetrics and Gynaecology, Royal London Hospital and Honorary Senior Lecturer in Women's Health, QMUL) delivered a presentation on pregnancy and diabetes, highlighting critical maternal health concerns within the community.

The Summit also focused on how the capital has been working to improve vaccination, immunisation and breast cancer screening uptake with the Bangladeshi community and the development of community-centred health strategies, thanks to informative presentations from Susan Elden, (Consultant in Public Health, Screening and Immunisation, NHS England, London Region), Jacqueline Walker, (Operations Director, COVID-19 and Flu Vaccination Programmes, NHS England, London Region), Jo Inskip, (Senior Communications and Engagement Manager, NHS England, London Region), Femi Odewale, (Managing Director, North East London Cancer Alliance) and Caroline Cook, (Early Diagnosis Programme lead, North East London Cancer Alliance).

World Café Sessions covered themes like community-based peer support, finding undiagnosed diabetes patients, and participation in medical research. The London Bangladeshi Health Partnership (LBHP) aims to continue implementing these strategies to reduce health inequalities.


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1. INTRODUCTION

1.1 BACKGROUND

The Bangladeshi community in London faces significant health inequalities, particularly in areas of high deprivation. This summit was organised to address these disparities and develop improvement strategies. The London Bangladeshi Health Partnership (LBHP) brings together health partners with Bangladeshi community organisations to develop a strategic work plan. Tower Hamlets, with the highest concentration of Bangladeshi residents in London, faces substantial health challenges, including higher levels of diabetes and cardiovascular disease compared to other ethnicities. The LBHP's work is particularly relevant to this area, aiming to respond to health priorities of Bangladeshi communities and mitigate health inequity. The initiative builds on lessons from the COVID-19 pandemic, which disproportionately impacted the Bangladeshi community due to pre-existing health inequalities. The LBHP focuses on empowering communities, ensuring clear health information, and addressing inequalities in health and care services.

The primary objectives of the Summit included increasing awareness of health disparities facing the Bangladeshi community in London, developing strategies to improve healthcare access, and mitigating health inequalities through targeted interventions.

Key priorities identified during the Summit included the pressing need to engage the London Bangladeshi community to address early-onset Type 2 diabetes, improve maternal health outcomes and improve breast cancer screening, vaccination and immunisation uptake. To achieve this there was a clear call to action for places, systems and region in the capital to come together and work in partnership with the Bangladeshi community through enhanced coproduction and the development of more bespoke and tailored community-centred health strategies.

The London Bangladeshi Health Partnership (LBHP) aims to continue its collaborative efforts to implement targeted health interventions and reduce systemic health inequalities in the Bangladeshi community across London boroughs.

1.2 OBJECTIVES

- To understand the scale and complexity of health inequities facing the Bangladeshi community in London.
- To discuss and prioritise solutions for addressing health inequalities in the Bangladeshi population.
- To influence systemic change through recommendations emerging from the summit.
- To address diabetes-related issues prevalent in the Bangladeshi community, including early-onset Type 2 diabetes and gestational diabetes.
- To develop effective strategies for increasing vaccination and screening uptake among Bangladeshi residents.
- To identify specific health inequalities affecting the Bangladeshi population and propose targeted mitigation measures.
- To foster collaboration between healthcare providers, community organisations, and policymakers in tackling Bangladeshi health disparities.

2. METHODOLOGY

The London Bangladeshi Health Inequalities Summit employed a mixed methods approach to gather data and insights from attendees. The methodology consisted of three primary data collection methods:

2.1 FLIPCHART RESPONSES

Attendees were encouraged to provide written feedback and ideas on flipcharts placed strategically throughout the venue. This method allowed for open-ended responses and facilitated the capture of spontaneous thoughts and suggestions.

2.2 QR CODE SURVEY

A digital survey was made accessible to all participants via a QR code. This survey included the following questions:

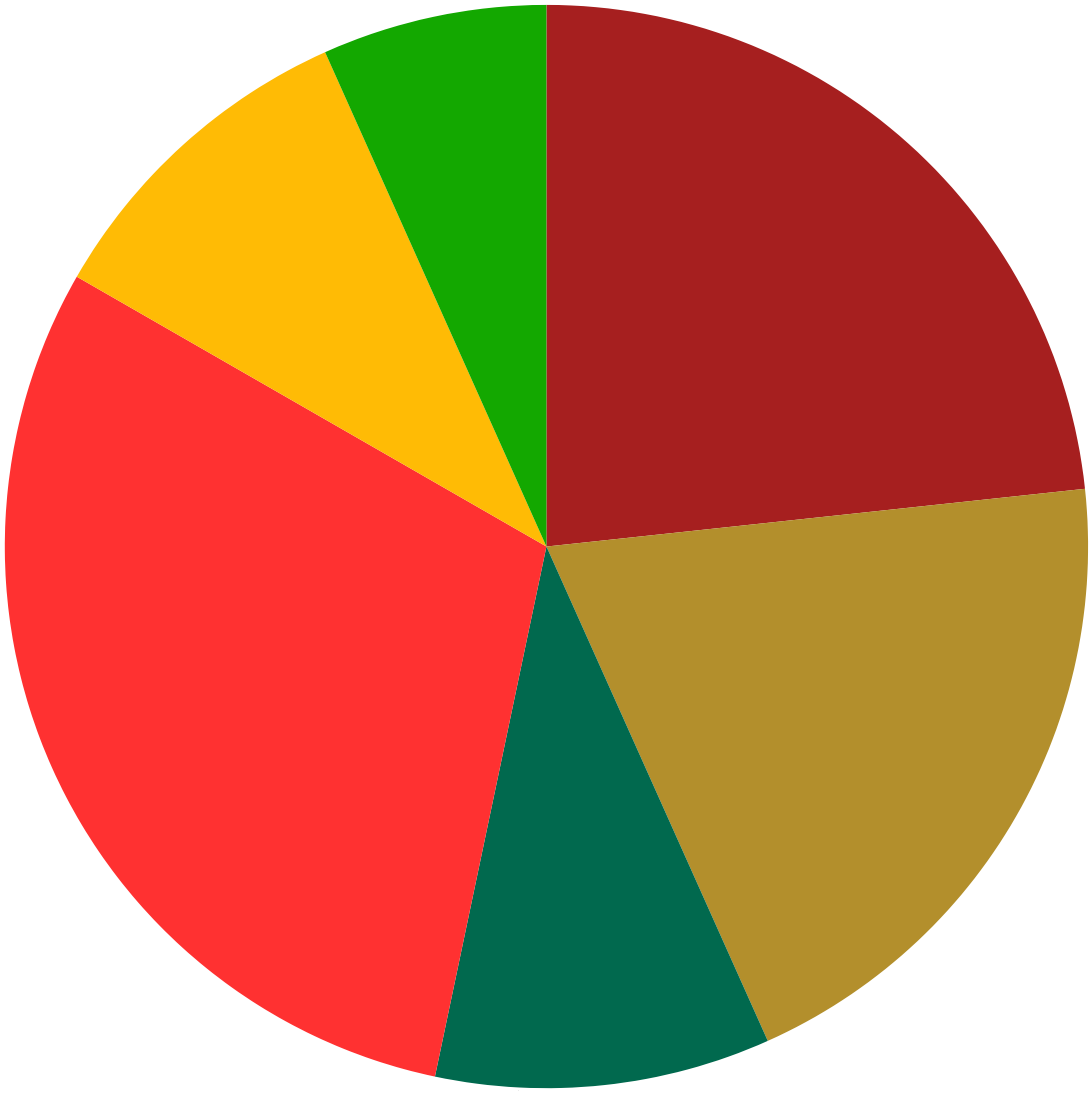
- How did you find the London Bangladeshi Health Inequalities Summit?
- Were the presentations useful to you and enhanced your knowledge and understanding?
- Did the summit provide opportunities for effective networking and collaboration among attendees?
- Did the summit effectively highlight the scale of health inequalities facing the Bangladeshi community in London?
- Did the table discussions provide valuable insights into solutions and priorities for addressing health needs
- What worked well about the summit?
- Are there specific areas or topics you would like to see in future summits?

2.3 WORLD CAFÉ SESSIONS

Interactive World Café sessions were conducted on various topics related to Bangladeshi health inequalities. These sessions allowed for in-depth discussions and collaborative problem-solving among diverse groups of attendees. Topics included community-based peer support, finding undiagnosed diabetes, life course prevention, access to care, and participation in medical research.

The combination of these methods allowed for both quantitative and qualitative data collection, ensuring a comprehensive understanding of attendees' experiences, insights, and suggestions. The diverse data collection approaches also catered to different preferences for providing feedback, maximising participation and input from all attendees.

3. ATTENDEE DEMOGRAPHICS



- ACADEMIA/COMMUNITY/FAITH GROUPS 6.7%
- NHS NON-CLINICIANS 23.3%
- INDIVIDUALS/SERVICE USERS 20%
- NHS CLINICIANS 10%
- LOCAL AUTHORITY REPRESENTATIVES 30%
- HOUSING ASSOCIATION REPRESENTATIVES 10%

4. KEY FINDINGS

4.1 REPRESENTATION ISSUES

Low Representation
The representation of Bangladeshis in senior management roles is significantly low, failing to reflect the community's population in London.

4.2 HEALTH DISPARITIES

Diabetes Impact
Dr. Shivani Misra emphasised that diabetes could lower life expectancy, with those diagnosed earlier facing severe health complications.

Socioeconomic Factors
Bangladeshis in East London experience high levels of deprivation, highlighting a notable intersection between race, ethnicity, and socioeconomic status.

4.3 INTERVENTION STRATEGIES

Targeted Interventions
There is a pressing need for tailored interventions that specify target communities and utilise local champions and centres (e.g., libraries, mosques) to educate younger generations.

Community Engagement
Engaging trusted community voices and improving health knowledge among patients are crucial for building trust between local communities and the NHS.

4.4 KEY QUOTES FROM SPEAKERS

Professor Kevin Fenton
Addressed that collective efforts can help to reduce health inequalities and emphasised the importance of addressing racism in health research and practice.

Dr. Somen Banerjee
Highlighted the need for better support that links to wider determinants of health, advocating for community-centred prevention.

Dr. Shivani Misra
Warned that "the earlier you present with Type 2 diabetes, the shorter your life expectancy," stressing the urgency of early diagnosis and intervention.

Rehan Khan and Ferha Saeed
Discussed the implications of diabetes during pregnancy, underscoring the need for targeted care for pregnant women with diabetes.

4.5 ADDITIONAL INSIGHTS

Powerful Lived Experience Segment
Personal stories shared during the summit illustrated the real-life impact of health disparities on individuals within the community.

Vaccine and Immunisation Disparities
Significant gaps in vaccination uptake were identified, necessitating targeted outreach efforts.

Breast Cancer Screening Disparities
Disparities in breast cancer screening highlight the need for improved awareness and accessibility within the Bangladeshi community.

Martin Machray's Final Comments
Emphasised the importance of sustained funding and collaboration to address health inequalities effectively.

4.6 WORLD CAFÉ INSIGHTS

Discussions during World Café sessions revealed barriers to healthcare access, including language issues, lack of trust in healthcare providers, and insufficient funding for community initiatives. Proposed solutions included empowering community champions, enhancing communication strategies, and increasing engagement through educational workshops.

5. BARRIERS TO HEALTHCARE

This section examines the key barriers and gaps in healthcare access for the Bangladeshi community, as identified by stakeholders during the world café morning sessions. The sessions were structured around three core questions:

1. What is the current situation?
2. What barriers exist?
3. How can we collaborate to effect change?

Each table was led by a facilitator who guided the discussion, ensuring participants addressed these questions comprehensively. The world café format encouraged open dialogue and the sharing of diverse perspectives, allowing for a thorough exploration of the challenges faced by the Bangladeshi community in accessing healthcare services.

5.1 COMMUNITY-BASED PEER SUPPORT

Language Barriers and Cultural Competence
One of the key topics addressed was language barriers and cultural competence. In this field, trusted community voices such as community leaders, faith leaders, and teachers are being utilised effectively. The Make Every Contact Count (MECC) initiative is being employed to guide people using existing community touchpoints like hairdressers. Understanding lived experiences and personal journeys is crucial in establishing a bridge between local communities and the wider healthcare system in London.

Current Initiatives
Several significant findings emerged regarding the status of health inequalities. There is a pressing need for patients to enhance their health literacy, particularly concerning diabetes and other health topics. A notable lack of trust exists between local communities and the NHS. Another key barrier identified was the need to challenge funders to increase community funding. Dedicated leads focused on tackling inequalities are essential to implement tangible health improvements.

Potential Solutions
Proposed solutions include increased utilisation of videos and social media and fostering closer links between voluntary sectors and GPs. Long-term funding is crucial for sustainable initiatives. Additionally, involving community members in devising and sharing solutions could help build trust between local communities and the NHS healthcare system across London. It's vital to address the preference of many community members for volunteers or health professionals who speak their languages, emphasising the need for improved collaboration at the place and neighbourhood level.

Community Collaboration: Current Initiatives
The discussion on community collaboration revealed several ongoing initiatives. In Barking and Dagenham, GPs are effectively using text messages for communication. The Communities Keeping Well Programme in Tower Hamlets, provides a targeted approach to health promotion. Other successful strategies include the use of mediators, social prescribers, and drop-in services without appointments. Community and international social media channels are being utilised to enhance outreach across different age groups. A hot food programme has also been instrumental in raising awareness about healthier lifestyle choices.

Barriers to Community Collaboration
Key barriers identified include ineffective communication of messages to communities and a lack of collaboration between voluntary organisations. Publications aimed at raising awareness have had minimal impact, and there is insufficient funding available. Participants noted a lack of continuity in care, with many patients unable to see the same health professional consistently. Follow-up care for diabetes management and prevention was found to be inadequate. Digital exclusion was highlighted as a significant barrier to accessing diabetes prevention information. Some GPs reported challenges in adhering to NHS regulations.

Proposed Solutions
The world café discussion yielded several potential solutions to enhance community collaboration. Suggestions included empowering community champions to strengthen relationships between residents and the NHS network and organising targeted community workshops. Engaging local schools to educate children about diabetes prevention and healthy eating habits was proposed. Discussing both short-term and long-term consequences of diabetes in educational settings was emphasised. Involving faith leaders in discussions about vaccination could help raise awareness within the community. Increased follow-up checks for families affected by diabetes were recommended. Finally, community champions were advised to address language barriers, helping to raise awareness of health services and assisting with understanding screening invitation documents.

5.2 FINDING PATIENTS WITH UNDIAGNOSED DIABETES

Current Initiatives
The NHS offers health checks for individuals aged 40-70 who are at high risk of diabetes, with suggestions to lower the starting age to 35. Ad hoc outreach and IGDM screening are available for younger cohorts, and self-referral is possible for those with a family history. Some patients are on remission diets, and diabetes nurses have been introduced to faith networks and events. Partnerships with Diabetes UK have been established, linking with local community champions who are trusted influencers. Notably, funding structures have changed over the past decade.

Key Barriers
Several obstacles hinder effective diabetes diagnosis and treatment. Mental health discharge processes need improvement, and the ICS level doesn't always function optimally at the local level. Underreporting of pre-diagnosed diabetes in younger men is a concern. Patients with access issues struggle to secure appointments, and inconsistent funding makes it challenging to maintain sustainable programs. Digital literacy gaps also impede access to healthcare for some patients.

Proposed Solutions
To address these challenges, collaborative efforts with community members are crucial. Suggestions include promoting minor dietary changes, such as switching from white to brown rice. Increased resource and information sharing, using simple language to improve health literacy, is recommended. Establishing more local drop-in clinics could raise awareness of diabetes and related conditions. To engage younger generations, inviting them to community food fairs, libraries, and places of worship for regular dialogues with community representatives and older generations could educate them about diabetes and its consequences.

5.3 LIFE COURSE PREVENTION

Current Initiatives
The Making Every Contact Count (MECC) approach is being utilised for life course prevention, particularly targeting pregnant women. Advocacy and peer researchers have been deployed to gain insights into maternity research. Community-developed projects are ongoing, with targeted health checks for 30–39-year-olds, pilot projects, and outreach work. Information is being disseminated through word of mouth. Schools and colleges are involved in raising health awareness among younger generations, recognising that early intervention increases the likelihood of preventing health problems. Religious and other community settings have been assisted with healthcare access.

Key Barriers
Several challenges hinder effective healthcare delivery. These include the introduction of pilot programs without proper follow-up implementation, lack of sustained funding, and insufficient engagement between community members and the wider NHS healthcare system. There's a need for more sustainable community commissioning and increased social action for health. Integration of neighbourhood teams for community-based prevention interventions requires improvement. Time constraints were also reported as a significant barrier.

Proposed Solutions
To address these challenges, several approaches were suggested to reach further into the Bangladeshi community. One potential solution is to utilise the Bangla Housing Association (BHA) to facilitate intergenerational dialogue about diabetes. Engaging in home visits could also be effective, allowing healthcare workers to reassure individuals about diabetes prevention and management in a familiar environment.

Building partnerships to increase awareness of local community initiatives is another key strategy. This would help in gaining valuable insights from the community and fostering a collaborative approach to health education. Additionally, implementing sustained funding sources is essential to ensure that health programmes can continue without interruption. Promoting healthier eating habits through education and food plans can significantly impact community health. Introducing diabetes as a key topic in school curricula would further enhance awareness among younger generations. Finally, developing visual guides could aid in helping young people understand the causes and effects of diabetes more effectively.

Moreover, introducing healthy guides and organising community cooking sessions could prove beneficial in promoting better health outcomes across all age groups.

5.4 PREGNANCY AND DIABETES

Current Initiatives
Information on contraception and pregnancy is available, along with regular check-ups for pregnant patients. National data reflects local data, and a National Diabetes Audit contributes to most of the trust's information. Yearly results are produced, but outcomes are infrequent, leading to delays in capturing trends.

Key Barriers
The percentage of women of childbearing age with diabetes is high. There's a need to normalise conversations about pregnancy, diet, and exercise. Post-COVID, diabetes numbers have risen and remained elevated, with effects observed not just at birth but also two years postpartum. The current national guidance is primarily designed for white women, potentially leading to over-treatment of Bengali/Bangladeshi women.

Proposed Solutions
To improve the current situation, several suggestions were made. These include implementing early interventions during pregnancy, engaging community and faith leaders to educate pregnant women and young/older men about fatherhood roles, and increasing folic acid supplementation for women with diabetes. Establishing GP incentive schemes and reforming groups sustainably are also essential.

Additionally, allocating more time for care provision and improving access will enhance overall healthcare delivery.

Data and Monitoring
There's a need for more robust ethnicity data. A London programme linking primary care with GPs and data was suggested. Setting baselines and benchmarks is crucial, as is addressing the delay in capturing trends due to infrequent outcomes.

Tailored Approach
To prevent over-treatment of Bengali/Bangladeshi women, a 'one size fits all' approach should be avoided. Instead, a tailored approach is required, considering the specific needs and characteristics of different ethnic groups. This would ensure more appropriate and effective care for all pregnant women with diabetes.

6. ADDRESSING FOOT PROBLEMS AND PRIMARY CARE ACCESS IN DIABETES MANAGEMENT

6.1 FOOT PROBLEMS

Current Initiatives
Translators are making a significant difference in patient care. Virtual language dial-in services between patients and doctors are being utilised. NHS North East London ICB funds programmes, with funding allocated for initiatives like Diabetes Champions. Staff training and diabetes screening are currently available.

Key Barriers
Key barriers include language issues, the need for regular foot checks, and cultural practices like walking barefoot for prayer. Patients are missing check-up appointments, and young people feel overwhelmed with healthcare problems. There's a lack of awareness about podiatry, and difficulties arise when children translate for Bengali-speaking parents. Poor self-care is resulting in inadequate healthcare access.

Proposed Solutions
Suggestions include allocating local people with funding leads, raising awareness about foot hygiene, encouraging attendance at foot therapy sessions, and promoting better community research. Collaboration and working together were emphasised as crucial strategies.

6.2 PRIMARY CARE CHECK-UPS

Current Initiatives
Primary care access includes check-ups, dentistry, opticians, and pharmacy services. There's ongoing work in cancer screening and yearly diabetes screening. Partnerships with charities have helped build outreach teams and projects. Tower Hamlets has achieved high access rates for diabetes care.

Key Barriers
People often wait until crisis mode before seeking help. There's a need to ensure patients understand the care process and to use relevant languages. Some patients struggle with NHS apps, preferring visual information. Primary care is stretched, making it difficult for patients to be seen promptly.

Proposed Solutions
Suggestions include directing patients to appropriate services, monitoring data for improvements, upskilling the workforce, and attending community functions to support people with diabetes. Regular checks and immunisations for the Bangladeshi community with diabetes are crucial. Building trust between the NHS and patients is vital, as is focusing on diet and lifestyle changes. Upskilling community pharmacists and implementing a robust IT system were also recommended.

7. ENCOURAGING PARTICIPATION IN MEDICAL RESEARCH

7.1 CURRENT STATUS

The Tower Hamlets Health Systems Research Collaborative, and Genes & Health are currently active. Focus groups from various studies have been conducted, and there's an effort to reach out to those already involved in some studies. Community co-researchers, organisations, sports centres, and community centres like the East London Mosque are being utilised.

7.2 KEY BARRIERS

Barriers include underrepresentation of Bangladeshi communities, language issues, and misunderstanding of research benefits. There's a high drop-off rate, short-term research funding, and a need for greater trust, education, and awareness. Time commitments and lack of understanding about the benefits of participation are also concerns.

7.3 PROPOSED SOLUTIONS

Recommendations include providing information in lay language, avoiding the term 'research', offering reimbursements or incentives, and encouraging peer support. Utilising multimedia channels, targeting diverse demographics, and employing interpreters are suggested. Focus on hidden communities, community-led research, and using extended family members as information hubs are also proposed.

8. USING RESEARCH TO MEASURE LOCAL IMPACT

8.1 CURRENT STATUS

There's £5m HDRC research partnering with Tower Hamlets Council, and Bromley by Bow has a public health team for local research. Speaking the same language has shown improved numbers, and various hospitals are involved in research, though some is considered extractive.

8.2 KEY BARRIERS

Barriers include undervaluing patients' lived experiences, disconnect between service users and providers, and participant intimidation. Insufficient sample data, costs of focus groups and interpreters, lack of women-only spaces, and gaps between university research funders and community impact are also issues. Block funding and the need for long-term research were highlighted.

8.3 PROPOSED SOLUTIONS

Suggestions include engaging with major funding bodies to determine research project criteria and addressing racism. Increased co-production and co-writing, ensuring timely payments to PPI (Patient and Public Involvement), and pre-project PPI funding to build relationships were recommended.

9.AFTERNOON WORLD CAFÉ TOPICS

9.1 VACCINATIONS

9.1.1 ADULT VACCINATIONS

Current Strategies
Table 1 focused on adult vaccinations, revealing that MECC events host daily and weekly outreach programmes at venues such as mosques and community centres. These initiatives have fostered positive connections within the community and made a significant difference. An engagement programme utilising local resources has been established, with volunteers running various interventions. Open community events aim to reach residents who have not yet attended screenings or vaccinations.

Key Barriers
Key barriers identified include communication issues due to disconnected systems and the busy lives of individuals, which hinder attendance at screenings and vaccinations. Fear and misinformation also contribute to low participation rates, alongside the need for clinics that accommodate early, late, or weekend schedules. A crucial point raised was the necessity for increased collaboration, as funding is often allocated separately.

Proposed Solutions
To enhance the current situation, recommendations include improving accessibility and securing more sustainable funding. A one-stop service offering blood pressure checks, BMI assessments, vaccinations, and walk-ins for children is essential. It's important to ensure that vaccine and screening appointments have ethnic representation to foster trust and relatability between patients and healthcare providers. Implementing user-friendly posters, leaflets, and visual aids on TV screens can also aid communication. Additionally, using AI to simplify language is suggested; however, translations should be in native dialects for better understanding.

Greater access to secondary care and outreach services is needed, potentially through neighbourhood teams visiting patients unable to see their GP. Finally, leveraging community pharmacies to manage more cases could alleviate pressure on the broader healthcare system.

9.1.2 CHILDHOOD IMMUNISATIONS

Current Strategies
Table 2 concentrated on childhood immunisations, highlighting collaboration between health visitors and professionals. The Northeast-wide (London) immunisation strategy has united stakeholders for strategic action and fundraising efforts. A roadshow of vaccination clinics has been initiated to boost vaccine uptake among children
.

Key Barriers
Current barriers include some services denying vaccines to unregistered individuals and inconsistent funding levels. There are varying levels of service provision, leading to low vaccine uptake due to fears of contaminating "pure" children. Additionally, mistrust persists regarding data on unregistered children.

Proposed Solutions
To reduce these barriers, aligning government programmes into a one-stop shop for vaccinations is vital. It is recommended that all vaccines be offered alongside BMI and blood pressure checks when parents attend with their children. Providing RSV vaccinations to unregistered immigrants is crucial as well. The roles of community champions are essential in conveying accurate information within the community.

9.1.3 ADULT VACCINATION AWARENESS

Current Strategies
Table 4 examined adult vaccination awareness efforts through WhatsApp communication and posters in shops. Community health days have facilitated sugar and blood pressure checks in trusted venues with bilingual speakers.

Key Barriers
Barriers include delayed communication from GPs that often lacks cultural tailoring. Vaccine hesitancy remains prevalent due to stretched funding, while trusted community spaces may not always be accessible.

Proposed Solutions
To overcome these barriers, building outreach teams and increasing community engagement through co-designed health events are recommended. Making GP practices more accessible while discussing broader health issues beyond immunisation is essential. Establishing a social media plan via WhatsApp can raise awareness about the importance of dialect in engagement efforts.

9.1.4 CHILD IMMUNISATION UPDATES

Current Strategies
Table 5 focused on childhood immunisations, noting that patients currently receive text reminders from their GPs regarding immunisations. School visits by GPs also occur alongside community teams working in schools.

Key Barriers
Barriers include insufficient literacy considerations regarding text messages; videos may be more effective for communication. Additionally, there's a lack of clarity about vaccination schedules along with cultural competency issues.

Proposed Solutions
To improve childhood immunisation uptake, targeted social media campaigns should involve whole families in discussions about immunisations. Education awareness sessions can help clarify information about vaccine ingredients and side effects while avoiding coercive language in communications.

9.1.5 CHILDHOOD IMMUNISATIONS AND ADULT VACCINATIONS

Current Strategies
Table 7 discussed the successful Communities Keeping Well programme in Tower Hamlets that has garnered high engagement levels through trusted community leaders' involvement.

Key Barriers
Barriers include short-term funding uncertainties along with challenges in reaching "hard-to-reach" groups due to parents lacking confidence in contacting professionals or facing digital exclusion.

Proposed Solutions
To reduce existing barriers, maintaining a unified voice through partnerships with the education sector is essential while empowering community leaders as trusted advocates is crucial. Consideration of religious commitments when scheduling appointments can enhance accessibility while ensuring data sharing across regions fosters a holistic approach.

9.2 SCREENING

9.1.2 BREAST SCREENING

Current Strategies
The discussion on breast screening revealed several updates, including the availability of Vital 5 checks and long-term continuity of care through GPs fostering trust and ease of referral. Community links have been established depending on funding availability.

Key Barriers
Barriers include a lack of sustained funding and mistrust regarding the qualifications of screening healthcare professionals (HCPs). Other challenges involve location issues related to privacy and sensitivity, as well as language barriers that hinder effective communication.

Proposed Solutions
To address these barriers, it is advisable to provide broader health checks alongside screening in a one-stop shop format with financial investment. Clear communication about available screening services is essential, along with a unified message across London rather than borough-specific approaches. Combining health checks such as blood pressure and diabetes screenings during GP appointments can enhance patient experience. Addressing the shortage of GP appointments requires additional funding and resources while empowering patients to make informed decisions through education from childhood onward is crucial.

9.2.2 BREAST SCREENING PROMOTION

Current Strategies
Table 6 discussed breast screening promotion updates indicating data availability for targeted outreach efforts. A mobile screening van in Redbridge has seen good uptake by providing services outside traditional hospital settings.

Key Barriers
Barriers within the Bangladeshi community include fear surrounding the screening process itself and its outcomes, along with limited access to GPs which could alleviate concerns about screenings being painful or intimidating.

Proposed Solutions
To mitigate these barriers, participants suggested enabling groups of women to attend screenings together for peer support while reducing geographical or financial obstacles through transportation options like minibuses. Increasing awareness of early detection benefits compared to potential cancer pain is vital alongside reassurance regarding female healthcare providers.

9.2.3 CO-PRODUCTION SCREENING

Current Strategies
Table 8 highlighted co-production screening efforts addressing housing and health inequalities within the Bangla community affected by chronic diseases like diabetes and cancer. Coordinators at GP surgeries facilitate communication with non-vaccinated individuals in their native languages.

Key Barriers
Barriers include fear associated with clinical settings along with uncertainty regarding who conducts screenings—especially among women who may feel uncomfortable if approached by male staff.

Proposed Solutions
Participants proposed utilising faith-based connections and targeting grocery stores for outreach while informing peers about available services. Integrating community training into pre-service education can help clinicians understand community needs better while fostering trust between healthcare providers and local populations.

10. CONCLUSION

The Bangladeshi Health Inequalities Summit has successfully highlighted the pressing health disparities faced by the Bangladeshi community in London, particularly concerning diabetes and maternal health. Through engaging discussions, expert presentations, and collaborative World Café sessions, the summit has identified critical barriers to healthcare access and proposed actionable strategies to mitigate these inequalities.

Key outcomes from the Summit emphasise the urgent need for targeted interventions that leverage community resources and trusted local voices. The insights gained from attendees underscore the importance of enhancing health literacy, improving vaccination uptake, and fostering community engagement to build trust between healthcare providers and the Bangladeshi population. The emphasis on culturally competent care and addressing systemic issues such as racism in health practices are crucial for creating equitable health outcomes.

Moving forward, the London Bangladeshi Health Partnership (LBHP) is committed to work with place, system and regional and community partners to help implement the strategies discussed during the Summit. This includes increasing diabetes screening efforts, enhancing maternal health services, and ensuring that community members are actively involved in shaping health initiatives. By prioritising collaboration among healthcare providers, community organisations, and policymakers, we can work towards sustainable solutions that address the root causes of health disparities in the Bangladeshi community.

In conclusion, the Summit serves as a pivotal step towards reducing health inequalities and improving health outcomes for marginalised populations. Continued advocacy, funding, and community involvement will be essential in driving systemic change and ensuring that all individuals have access to quality healthcare services tailored to their needs.

10.1 ATTENDEE FEEDBACK

Usefulness of the Summit
76.7% of attendees found the summit to be a useful event.

Presentation Effectiveness
53.3% of participants strongly agreed that the presentations were beneficial in enhancing their existing knowledge and understanding.

Networking Opportunities
63.3% of attendees strongly agreed that the summit facilitated networking and collaboration among participants.

Highlighting Health Inequalities
A notable 76.7% of attendees strongly agreed that the summit effectively highlighted the scale of health inequalities faced by the Bangladeshi community in London.

Attendees expressed appreciation for the Summit's format and content.

Comments included:

"Excellent variety of speakers and representatives from a range of organisation types."

"The World Café discussions were very useful for gathering insights."

"It was invaluable to hear case studies and examples of best practices -while having the opportunity to share learning."

10.2 CALL TO ACTION AND RECOMMENDATIONS

10.2.1 ENHANCED COMMUNICATION STRATEGIES

- Improve communication for older adults by providing detailed information in health check and screening invitations, clearly explaining the benefits of participation.
- Implement targeted social media campaigns tailored to specific age demographics, ensuring messages resonate with both older and younger audiences.
- Address language barriers by employing community champions who can effectively bridge the gap between diverse communities and the NHS.
- Utilise text messages for communication, as successfully implemented by GPs in Barking and Dagenham.

10.2.2 COMMUNITY ENGAGEMENT AND CULTURAL SENSITIVITY

- Organise culturally tailored workshops and events designed to engage younger audiences in health initiatives.
- Encourage early intervention strategies, focusing on pregnancy planning and regular health check-ups for individuals with existing health issues.
- Establish a social movement around crucial health issues, leveraging system partners, trusted community groups, individuals, and media to create widespread awareness and action.
- Utilise local champions and centres (e.g., libraries, mosques) to educate younger generations about diabetes and its consequences.
- Engage trusted community voices, including community leaders, faith leaders, and teachers, to build trust between local communities and the NHS.

10.2.3 SYSTEMIC CHANGES AND PARTNERSHIPS

- Foster more partnership work between system partners to create a unified approach to healthcare delivery.
- Consider declaring a diabetes emergency for particularly affected communities to prioritise resources and attention.
- Increase representation by promoting more culturally reflective local leadership in NHS and public health management roles.
- Allocate additional funding to support identified health inequalities work schemes, ensuring long-term sustainability of initiatives.
- Improve collaboration at the place and neighbourhood level to address the preference for health professionals who speak community languages.

10.2.4 TARGETED INTERVENTIONS

- Develop diabetes-focused initiatives, given the high prevalence of diabetes in the Bangladeshi community.
- Implement the Make Every Contact Count (MECC) initiative to guide people using existing community touchpoints like hairdressers.
- Lower the starting age for NHS health checks from 40 to 35 for individuals at high risk of diabetes.
- Establish more local drop-in clinics to raise awareness of diabetes and related conditions.
- Introduce diabetes as a key topic in school curricula to enhance awareness among younger generations.

10.3.5 RESEARCH AND DATA COLLECTION

- Encourage participation in medical research initiatives like the Tower Hamlets Health Systems Research Collaborative and Genes & Health project.
- Improve ethnicity data collection and implement a London programme linking primary care with GPs and data.
- Set baselines and benchmarks for health outcomes, addressing the delay in capturing trends due to infrequent outcomes.

10.3.6 PREGNANCY AND MATERNAL HEALTH

- Implement early interventions during pregnancy, including increased folic acid supplementation for women with diabetes.
- Engage community and faith leaders to educate pregnant women and young/older men about fatherhood roles.
- Develop tailored approaches for pregnant women with diabetes, avoiding a 'one size fits all' approach that may lead to overtreatment of Bengali women.

10.3.7 FOOT CARE AND PRIMARY CARE ACCESS

- Raise awareness about foot hygiene and encourage attendance at foot therapy sessions, particularly addressing cultural practices like walking barefoot for prayer.
- Up-skill community pharmacists and implement a robust IT system to improve primary care access.
- Direct patients to appropriate services and monitor data for improvements in diabetes care access.

11. FURTHER REFERENCES

BLOG

LONDON'S FIRST BANGLADESHI HEALTH INEQUALITIES SUMMIT: A RESOUNDING SUCCESS

VIDEOS

HIGHLIGHTS REEL

MORNING SESSION RECORDING

AFTERNOON SESSION RECORDING

LONDON BANGLADESHI HEALTH PARTNERSHIP

WEBSITE

SUMMIT FEEDBACK FROM PROFESSOR KEVIN FENTON CBE FFPH



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