

# Barriers to the uptake of diabetic health services among black Caribbean people diagnosed with Type 2 diabetes in the UK

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## Introduction

The uptake of health services among minority ethnic communities including black people living in the UK is poor (1).

## Aims & Objectives

This study extends our previous work which explored demographic-specific barriers to the uptake of diabetic services among South Asian people living with Type 2 diabetes (2). Specifically, this study explores the experiences of Black (African and Caribbean) people in the UK, in:

- accessing healthcare services
- management of diet
- lifestyle adaptation
- culturally relevant experiences.



## Methods

Explorative community-based Emic and Etic approach.

Face-to-Face and blended focus groups, Collaboratively designed and moderated by a community champion in a safe, familiar community setting.

### Participants

Males and females of Jamaican/African heritage (n=21, males=11); diagnosed with Type 2 diabetes; Mixed ages; South West England

### Analysis

Thematic analysis using framework approach.

## Preliminary findings

### Difficulty in accessing the health care services

*‘whether you need to see a specialist or to do some testing, it takes a while.’*

*‘you ring up, and when you do get through, they ask you 10,000 questions.’*

### Non-integration of culturally relevant dietary information in diabetes education programme

*‘If the Caribbean diet was brought more into the education system awareness would be better for general health, regardless of just diabetes.’*

### Lack of doctors of own (Caribbean) heritage

*‘...I trust [doctors] of my own kind.’*

### Perception of not being adequately heard

*‘they’re not listening to what you’re saying.’*

*‘...you have to really try and keep on trying.....it’s my health.’*

### Unconscious bias influencing consultations

*‘[doctor/nurses] are assuming because I am black I eat yam and banana. It’s jacket potatoes. I am British.’*

### Suspicion and lack of trust

*‘...they [doctors] always want to put everybody on the same medication. I bet all of us is on metformin. It must be a cultural thing, but it’s like they want to start us on that to see what happens.’*

*‘I sometimes advise people to do away with the pharmaceuticals and go the herbal way..’*

### More faith in Caribbean herbs leading to non-adherence to prescribed medicine

## Conclusion

Like our south Asian participants, Black and African people living with Type 2 diabetes face a number system-specific and culture-specific challenges in managing their diabetes.

## References

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