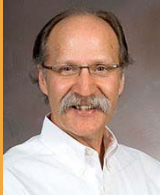




Faith Foreman-Hays,
Dr.P.H., MPH, BA, LVN

Deputy Assistant Director
Office of Chronic Disease, Health
Education and Wellness
Houston Health Department

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Stephen Linder,
PhD

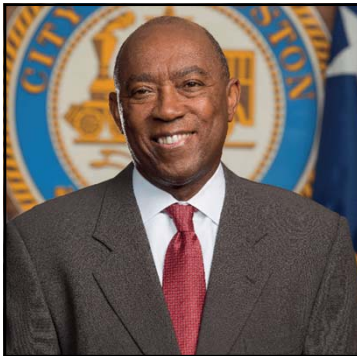
Director of the Institute for Health Policy
Distinguished Teaching Professor in the
Department of Management, Policy and
Community Health
Associate Director of the Health Policy
Institute at Texas Medical Center

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Disclosure to Participants

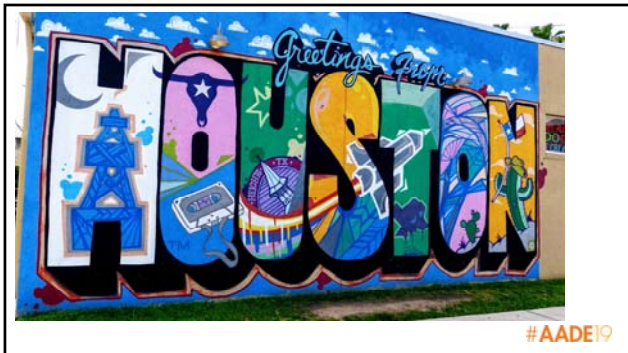
- Notice of Requirements For Successful Completion
 - Please refer to learning goals and objectives
 - Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours
- Conflict of Interest (COI) and Financial Relationship Disclosures:
 - Faith Foreman-Hays Dr.P.H., MPH, BA, LVN-Nothing to Disclose
 - Stephen Linder PhD- Novo Nordisk: Research Grant
- Non-Endorsement of Products:
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Welcome on
Behalf of
Mayor
Sylvester
Turner

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Objectives:

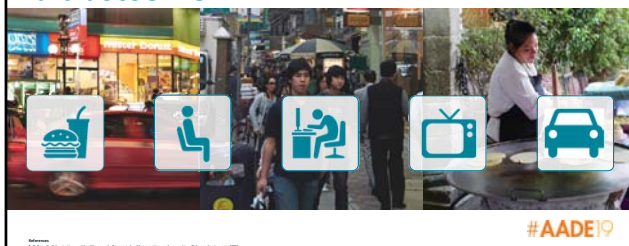
- Describe the composite vulnerability framework, its rationale and measurement
- Apply framework to identify subpopulations as key candidates for primary prevention
- Propose ways to adapt this approach to enhance the quality of outreach and participant interactions

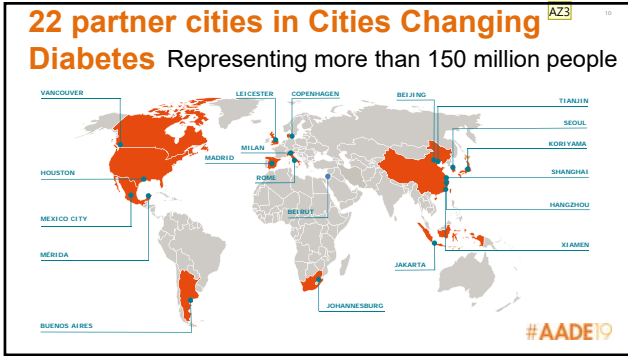
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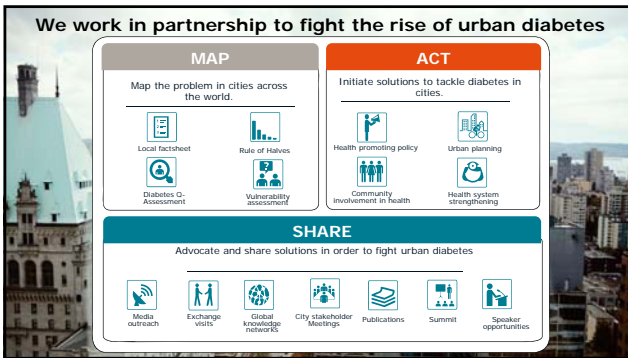
Today, two thirds of people with diabetes live in cities



Cities influence how people live, travel and eat, which all have an impact on diabetes risk










Slide 10

AZ3 Can we add a reference citing that the partnership is with Novo, Steno Diabetes Center Copenhagen, University College London?
Autumn Zarlengo, 7/8/2019

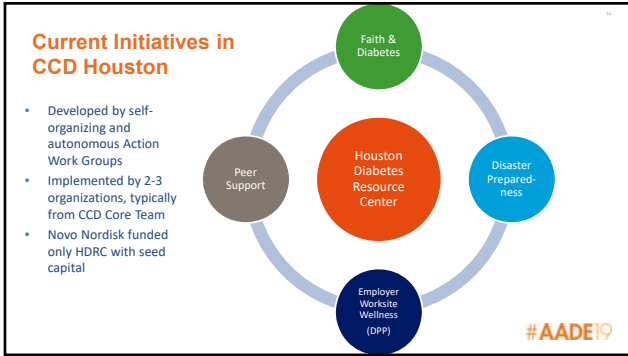


How the Coalition Built the 5 Initiatives

- Research to understand how and why people are vulnerable to developing diabetes
- Roundtables with different stakeholders (healthcare, public health, employers, community-based organizations, health insurance)
- Action Work Groups
- Implementation team following Shark Tank process
- Initiatives are stakeholder-developed, stakeholder-driven and stakeholder-funded







Overview of Initiatives

Emergency Preparedness	Employer Worksite Prevention	Houston Diabetes Resource Center	Faith & Diabetes	Peer Support
Led by American Diabetes Association, American Association of Diabetes Educators and Harris County Medical Society	Led by Houston Business Coalition on Health	Led by American Diabetes Association, American Association of Diabetes Educators, Houston Health Department	Led by Institute for Spirituality and Health, Houston Health Department, Harris County Public Health and TMF Health Quality Institute	Led by CORE Initiative and American Association of Diabetes Educators
Developed "pop-up diabetes clinic" in emergency shelters	Centers for Disease Control and Prevention funded pilot program to address prediabetes in worksite settings	Online community with national resources and promotion of programs in Houston	Train-the-trainer model to take Diabetes Self Management Education and Support into the community	Provides a curriculum, and offers training and coaching for a person with diabetes to lead a support group
Concept being considered by Harris County Office of Emergency Management	2,500 employees from 8 employers participate in 12-month Diabetes Prevention Program	Diabetes hotline with Community Health Workers being planned	41 community health champions from 23 Muslim, Christian and Hindu houses of faith currently implementing the program	50 participants meet biweekly at 7 locations, 75 participants in Facebook peer support group





What's the Secret Sauce?

- Multi-sector coalition
- Self-organizing Action Work Groups
- Understanding and appreciating the Houston environment, including diversity
- Encouraging competitors to collaborate on solutions
- Open solution development process with strong involvement of patients since Day 1
- Identification of national models that Houston could adapt and innovate further
- Novo Nordisk allowed for local process to take off and didn't steer stakeholders to solutions
- **Strong involvement of CDEs across all Action Work Groups**


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Come See Us:

- Exhibit Hall next to City of Houston Booth
- Today at 3:15PM:
 - Cities Changing Diabetes: Faith & Diabetes Initiative Part I: Adapting DSMES In Communities of Faith
- Today at 4:30PM:
 - Cities Changing Diabetes: Faith & Diabetes Initiative Part II: Working with Communities of Faith

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Chronic Disease Vulnerability in Houston: *The Research Guiding Cities Changing Diabetes*



The University of Texas
Health Science Center at Houston
School of Public Health

Stephen Linder, PhD
Director of the Institute for Health Policy
Distinguished Teaching Professor in the Department of Management, Policy and Community Health
Associate Director of the Health Policy Institute at Texas Medical Center


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THE **HEALTHY CITIES** RESEARCH HUB WILL **EXTRACT, TRANSLATE AND SHARE** COMMUNITY-LED EFFORTS WITH OTHER CITIES

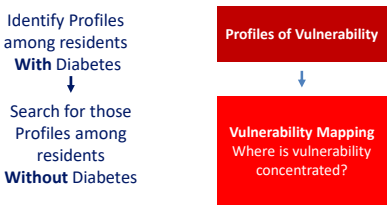
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What is Composite Vulnerability?



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Vulnerable Neighborhoods



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Economic Disadvantage

Three indicators used to represent economic disadvantage in Houston:

Public Assistance
Financial Hardship
< 199% Federal Poverty Level

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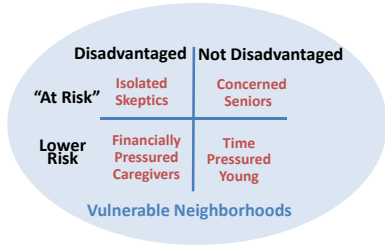
Biological Risk Factors

Three (self-reported) risk factors reliably distinguish people with diabetes in Houston from those without:

High blood pressure
Age > 45 years
Body Mass Index > 26.9

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Four Levels of Composite Vulnerability



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Five Most Common Social and Cultural Factors

- Salience of neighborhood change and transition 77.6%
- Sense of being financially constrained 44.8%
- Practices “nourishing traditions” 42.4%
- Does long commutes by car 41.6%
- Experiences severe time pressure 40%

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THE FACE OF DIABETES IN HOUSTON

Four distinct risk profiles are most vulnerable to develop diabetes in Houston²:

			
Disconnect from community, lack trust in health care system	Caregiver responsibilities, long commutes	Low health literacy, dealing with change and transition in neighborhood	Facing time pressure, peer influence on appearance and health decisions
High biomedical risk Economically disadvantaged	Low biomedical risk Economically disadvantaged	High biomedical risk Economically secure	Low biomedical risk Economically secure

From Research to Community Health Interventions

- Vulnerability to diabetes is a complex composite of social, economic and biological factors
- Composite vulnerability is reinforced by social and cultural factors that make change more difficult in several distinctive ways
- These factors mediate both opportunities for, and barriers to, health improvement and should be carefully considered in the design of public health interventions

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