Cities Changing Diabetes – Houston: An Overview
HLC Briefing
September 15, 2017

Sponsored by Novo Nordisk in partnership with University College London and Steno Diabetes Center
Today, two thirds of people with diabetes live in cities

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

References
A Global View of Cities Changing Diabetes

The CCD core cities

- HOUSTON
- VANCOUVER
- MEXICO CITY
- ROME
- COPENHAGEN
- SHANGHAI
- JOHANNESBURG
- TIANJIN
We work in partnership to fight the rise of urban diabetes

**MAP**
We map the problem in cities across the world.
- Local factsheet
- Rule of Halves
- Diabetes Q-Assessment
- Vulnerability assessment

**ACT**
We initiate solutions to tackle diabetes in cities.
- Health promoting policy
- Urban planning
- Community involvement in health
- Health system strengthening

**SHARE**
We advocate and share solutions in order to fight urban diabetes
- Media outreach
- Exchange visits
- Global knowledge networks
- City stakeholder Meetings
- Publications
- Summit
- Speaker opportunities
CCD Research: Understanding Vulnerability

THE FACE OF DIABETES IN HOUSTON

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

- **Isolated Skeptics**
  - Disconnect from community, lack trust in health care system
  - High biomedical risk
  - Economically disadvantaged

- **Financially Pressured Caregivers**
  - Caregiver responsibilities, long commutes
  - Low biomedical risk
  - Economically disadvantaged

- **Concerned Seniors**
  - Low health literacy, dealing with change and transition in neighborhood
  - High biomedical risk
  - Economically secure

- **Time-Pressured Young Adults**
  - Facing time pressure, peer influence on appearance and health decisions
  - Low biomedical risk
  - Economically secure
What the Research Told Us About Drivers of Vulnerability for Developing Diabetes

- Perception of physical change, transition or loss of community in neighborhood
- Feeling of being financially constrained
- Adherence to family food traditions
- Use of cars for long commutes
- Experience of time poverty

How the Houston Stakeholders Responded:

- Integrated patients in solution development and implementation from Day 1
- Prioritized ideas that empower patients and complement the existing system of medical care, employers, insurance
- Identified partners who can complement existing medical care and public health leaders
Current Initiatives

- **Houston Diabetes Resource Center (HDRC)**, an online community that connects patients, providers and employers with educational resources/programs in the community, using CHW trained navigators
- **Faith and Diabetes Initiative**, a system change effort to assist houses of faith across Greater Houston to develop and strengthen congregational health ministries with diabetes prevention and awareness efforts for their members
- **Peers Support initiative** with employer, provider and community partners, to create peer support networks for people with diabetes in Houston and offer them via the HDRC
- **Employer National Diabetes Prevention Program (NDPP)** project, an effort to improve the availability of NDPP among community providers and engage employers in adopting the program
- **Provider-Driven Prevention**, led by Harris County Medical Society, uses the Medical Society network to support CCD initiatives
Robert Wood Johnson Foundation awards $2.4 million grant to UTHealth to support collaboration, evaluation, and sharing best practices from Cities Changing Diabetes.

The grant will create the Healthy Cities Research Hub, a virtual hub that will focus on the social and environmental conditions that impact health in urban settings throughout North America.

The Hub will be anchored in Houston; CCD Houston Academic Lead Dr. Stephen Linder is principle investigator.

Research efforts will span three CCD cities – Houston, Mexico City and Vancouver.

Lessons learned to be shared with other cities that want to tackle urban diabetes and other health issues.
Policy Take Aways

- Public-private partnerships work
- The philanthropic sector can augment these partnerships
- Community-level vulnerability has implications for use of health care system and health outcomes
- It’s possible and beneficial to work at the national, state, and city level simultaneously
- To address social determinants of health you need to break down siloes
- We need to bridge clinical and community resources: Both are critical to promoting good health