

HOUSTON



EMPOWERING COMMUNITIES AT GRASSROOTS LEVEL

Up until recently, Houston was one of the fastest-growing cities in America,³⁴ expanding on average by 20.0% every decade and surging to the fourth largest metropolitan area in the United States, trailing only New York, Los Angeles and Chicago.³⁵ By 2025 it is predicted to overtake Chicago.³⁶ The dramatic population growth in Houston has also altered the city's ethnic make-up, making it the single most ethnically diverse population in the US.³⁷ Today, Houston is home to many different ethnic groups speaking more than 145 different languages.³⁸

Unrestrained by formal zoning requirements and major geographic barriers, Houston has accommodated its rapid population growth through a sprawling urban landscape tied together with miles of concrete highways. The result is a car-centric metropolitan area where 57.0% of commuters drive alone to work and only 1.5% of the population uses active transport (ie walking or cycling).³⁹ However, within the city limits, Houston has 9.4 hectares of total parkland per 1,000 residents, which is well above the median of 5.4 hectares for cities with a similar density.⁴⁰

Poor health behaviours, such as inactive lifestyles and unhealthy diets, often coupled with urban living, have resulted in one of the highest obesity rates in the country.⁴¹ In Houston, 28.9% of adults are sedentary,⁴²

and obesity is the most common chronic condition, affecting 31.4% of adults⁴³. The Diabetes Projection Model shows that today 15.6% of the adult population (aged 20–79) in Houston has diabetes. By 2045 this number could reach 21.1% if no action is taken (Figure 5).⁴⁴

IDENTIFYING THE UPSTREAM DRIVERS OF VULNERABILITY

Understanding the upstream drivers of obesity and diabetes is a critical step in developing targeted diabetes prevention measures in Houston. Therefore, University College London and University of Texas, School of Public Health, as part of Cities Changing Diabetes in Houston, conducted a Diabetes Vulnerability Assessment which involved a comprehensive analysis of the sociocultural factors that underpin vulnerability to type 2 diabetes among residents from three different city areas of Houston. The research revealed several vulnerabilities among Houstonians, including low health literacy, long commutes, unhealthy food traditions and living in neighbourhoods undergoing constant change. Researchers were also surprised to learn that the risk of diabetes transcends economic lines. They found that some young professionals were especially vulnerable to diabetes because they were too busy to make time for a healthy diet and exercise.



ENGAGING THE COMMUNITY IN HEALTH

For many Houstonians, their house of faith is their primary community, and according to a 2016 survey, almost half of them had attended a religious service in the previous month.⁴⁵ Therefore empowering congregational health leaders or ministers within houses of faith is a logical place to start to engage with members of the community and, hopefully, reach populations vulnerable to diabetes. The Faith and Diabetes Initiative was voted on as a priority initiative by Cities Changing Diabetes Houston stakeholders, thus signifying an opportunity to move forward with this initiative, which is truly driven by members of the Houston community.

Leveraging the reach and influence of faith-based organisations

Through both the Cities Changing Diabetes research on vulnerabilities in Houston and the formation of the Faith and Diabetes Action Work Group, Cities Changing Diabetes has engaged with members of Houston's faith community on the local challenge of diabetes. The commitment of this Action Work Group has been inspiring for all those involved with the programme, with many of them taking time outside of their busy schedules to collaborate on the best solutions to help

people with diabetes in their communities. The aim of the Faith and Diabetes Initiative is to assist houses of faith across Greater Houston in strengthening or building a Congregational Health Ministry by developing a range of diabetes prevention and awareness tools that they can share with their congregations. At the heart of the initiative is the development of a Congregational Health Leadership Programme, which is a diabetes-focused training programme for congregational leaders that addresses faith and community dynamics, communications and community health improvement.

One of the programme's first major milestones was the October 2016 Faith and Diabetes Summit, which brought together leaders from houses of faith across the city. The discussions primarily focused on better understanding members' need for support on diabetes prevention and management, and awareness and education. The conference was hosted by Cities Changing Diabetes, the Institute for Spirituality and Health, and Interfaith Ministries, and included more than 100 participants representing multiple faith groups, including Buddhists, Muslims, Hindus, Jews and Christians.

Empowering community leaders to engage on diabetes

On 8 September 2017, Cities Changing Diabetes Houston kicked off the Congregational Health Leadership Programme. This programme consists of a six-week train-the-trainer course that prepares two congregational members from each house of faith to implement evidence-based primary prevention programmes, and a 10-week lifestyle change programme for congregational members already diagnosed with diabetes. The curriculum was developed in collaboration with the Action Work Group, TMF Health Quality Institute, Houston Health Department, Harris County Public Health, Institute for Spirituality and Health and The University of Texas Health Science Center at Houston School of Public Health. The curriculum consists of five components which are delivered at no cost to the Faith and Diabetes Initiative: Diabetes self-management and treatment; Diabetes prevention and awareness; Religious belief, practice and health; Leadership and communication; and Evaluation techniques and principles.

"Cities Changing Diabetes opened up a whole new world, that we needed to look at people from vulnerable populations versus poor populations. When we looked at vulnerable populations, that gave us the opportunity to serve more of our congregation than just a very small segment of the congregation."

**GEORGE ANDERSON,
CHIEF OPERATING OFFICER,
THE FOUNTAIN OF PRAISE, HOUSTON**

The participating houses of faith are part of a learning collaborative that seeks to facilitate knowledge exchange and collaboration among the participants during the training and throughout the implementation phase. This learning collaborative is supported by the Institute for Spirituality and Health at the Texas Medical Center, the Cities Changing Diabetes Houston project team and volunteers from the different organisations who developed the curriculum.

Collaborating across partners for better public health in cities

Looking forward, Houston will collaborate with programme partners in Mexico City and Vancouver in an initiative called the Healthy Cities Research Hub. The initiative will facilitate knowledge exchange, drive action-orientated research and evaluate community-based interventions. It is focused on the social and environmental conditions that impact health in urban settings throughout North America. The Healthy Cities Research Hub is funded through a three-year 2.4 million dollar grant, which has been awarded by the Robert Wood Johnson Foundation.⁴⁶

LOCAL PROGRAMME PARTNERS

- American Diabetes Association, Houston
- Asian American Health Coalition
- City of Houston Human Resources Department
- Clinton Health Matters Initiative
- Gateway to Care
- Harris County Medical Society
- Harris County Public Health
- Hispanic Health Coalition
- Houston Business Coalition on Health
- Houston Health Department
- Institute for Spirituality and Health at the Texas Medical Center
- The Fountain of Praise
- The University of Texas Health Science Center at Houston School of Public Health

IN HOUSTON, 47.0% OF CHILDREN WERE OVERWEIGHT OR HAD OBESITY IN 2012.⁴⁸



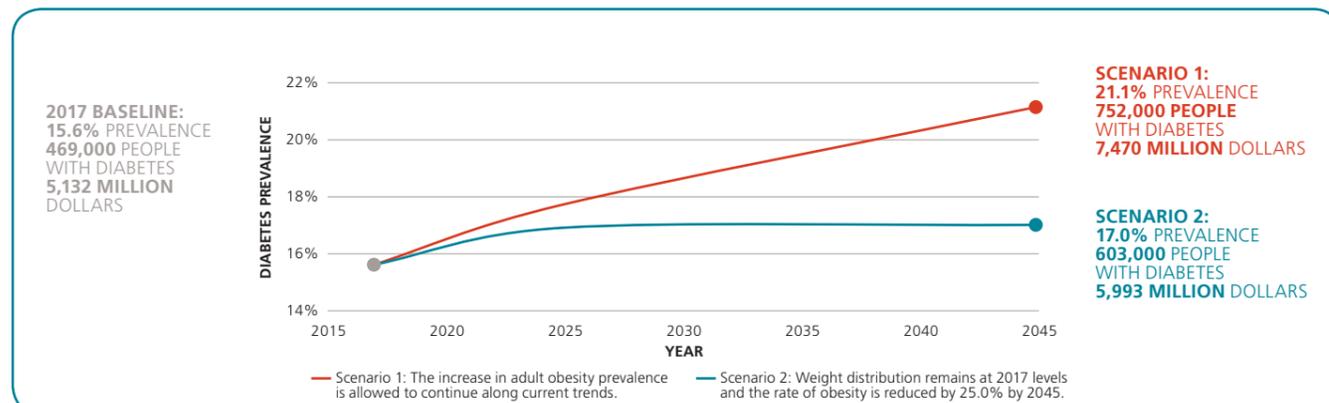
MEET EVE¹⁶

- 50-year-old woman
- Married housewife with two teenage children
- Overweight with high blood pressure.

Eve lives in a middle-class residential suburb of Houston with her family. Through the church, Eve and her family are part of a 'tight-knit' and socially active community. During the week, they often have friends over for dinner. When Eve cooks for her family, her focus is on convenience and ease. A meal typically consists of "some meat, some kind of starch, and one or two vegetables". Eve is clearly knowledgeable about her health. She has also taken up running regularly for exercise, and thus considers herself healthy. But, she is not risk-aware. She is, for example, not aware that her BMI approaches the category of obesity and strongly doubts the validity of the measurements. Diabetes-risk, in her opinion, is linked to a sedentary lifestyle and because she is active, Eve is sure that diabetes does not pose a significant risk to her.

FIGURE 5: DIABETES PREVALENCE IN HARRIS COUNTY, HOUSTON, 2017–2045 (ADULTS AGED 20–79)⁴⁴

If we reduce obesity by 25.0% by 2045, 149,000 cases of type 2 diabetes can be avoided, and almost 1.5 billion dollars in healthcare expenditure saved



NOTE: The baseline prevalence of 15.6% among adults (aged 20–79) in 2017 uses published data from 2012 for Harris County, Houston, which states that 11.3% of the adult population has diagnosed diabetes.⁴⁷ Assuming that 27.0% of people with diabetes are undiagnosed, as indicated by Rule of Halves research in Houston in 2015, provides a total prevalence of 15.6%.¹⁶