



HEART HEALTHY HOODS



Universidad
de Alcalá

Congreso de Promoción de la Salud - Osasunaren Sustapenerako Kongresua 14 y 15 de Mayo de 2015

Entorno Urbano y Salud Cardiovascular



Manuel Franco MD, PhD



HEART HEALTHY HOODS



Universidad
de Alcalá

Social and Physical Urban Environment and CV Health: The Much Needed Population Approach



Manuel Franco MD, PhD
For the HHH investigators

ERC Starting Grants

FUNDING	1.5 million € for 5 years
OBJECTIVE	To encourage independent careers of excellent investigators providing enough support in the critical moment (starting to develop their own team).
ELEGIBILITY	PI must have a PhD degree in the last 2 to 7 years. <u>Available to non-EU researchers.</u>
REQUISITES	At least one relevant publication without his/her thesis advisor
	At least 50% effort
PROFILE	High potential, project with potential social Impact in Europe.



Interdisciplinary team PI: Social Epidemiology



Geography

University of Alcalá

*London School of Hygiene and
Tropical Medicine*

Health Sociology

University of Salamanca

Johns Hopkins School of Public Health

Primary Care System

Primary Care Research Unit, Madrid

Epidemiology

University of Alcalá

Johns Hopkins School of Public Health

Photography

**Knowledge
Dissemination
Citizen Science**



HHH Team September 2014

Kick off Meeting, 25 people





M 3387 UV

JN

Cardiovascular Health

First cause of **death** in Europe (47% of all deaths in 2010)

Increasing **prevalence** (50 mill. patients in 2009 in Europe)

Rising social and economic **costs** (196 billion € in 2009)

Traditional medical preventive approaches are **individual**

Studies **social determinants** of disease

Methodologies from **Social Sciences and Public Health**

Focus on **population preventive approach**

Addresses growing **social inequalities** in health

**Cardiovascular
Health**

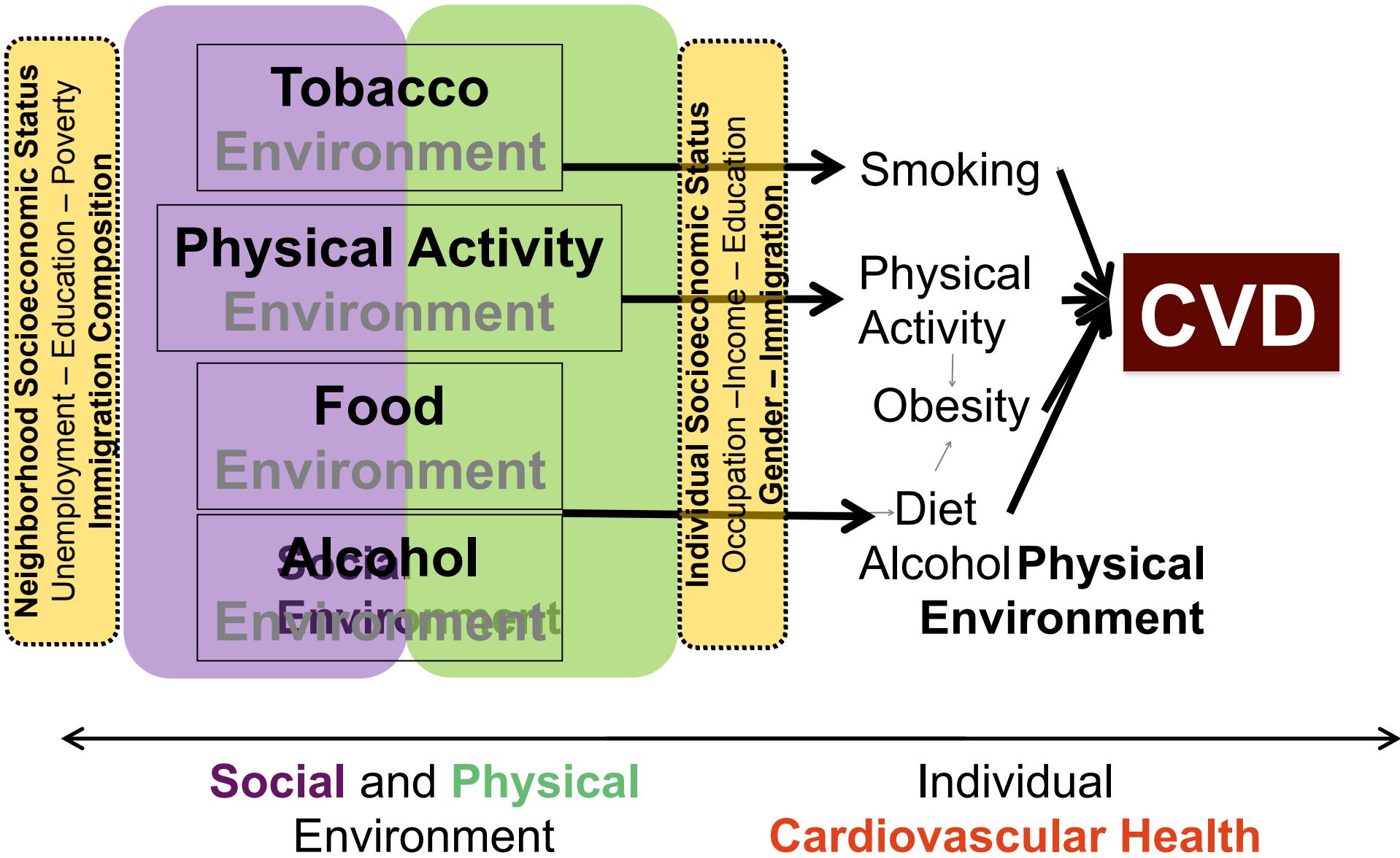
**SOCIAL
EPIDEMIOLOGY**

**Social
Environment**

**Physical
Environment**

Heart Healthy Hoods Study

Main Goal





Heart Healthy Hoods Overall Objectives



**To study the impact of the
social and physical environment in terms of
tobacco, alcohol, food and physical activity
on residents cardiovascular health**



Heart Healthy Hoods Secondary Objectives



1. To include a **qualitative approach to understand the context and meanings** of the urban environment in relation to cardiovascular health

2. To develop **measurements to characterize the social and physical urban environments** in a systematic and accurate fashion



Heart Healthy Hoods Secondary Objectives



- 3. To compare the relation between the urban environment and cardiovascular health in the United States with this relation in Europe**

- 4. To evaluate naturally occurring changes (natural experiments) such as public policy interventions occurring during the time of the study modifying the urban environment**

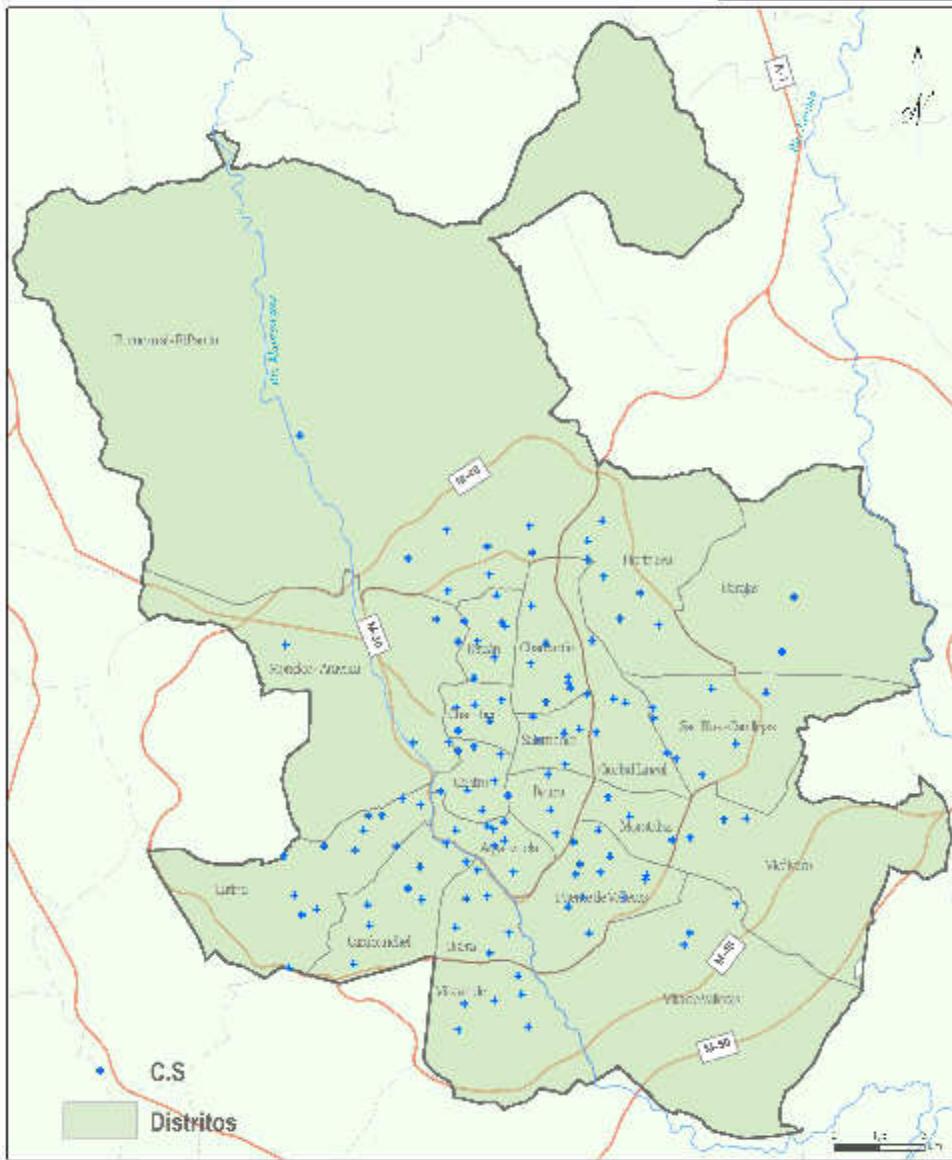


HHH overarching objective:

Policy and research implications



To provide scientific evidence to the general population, researchers and policy makers to intervene at the population level to prevent the first cause of death in Europe



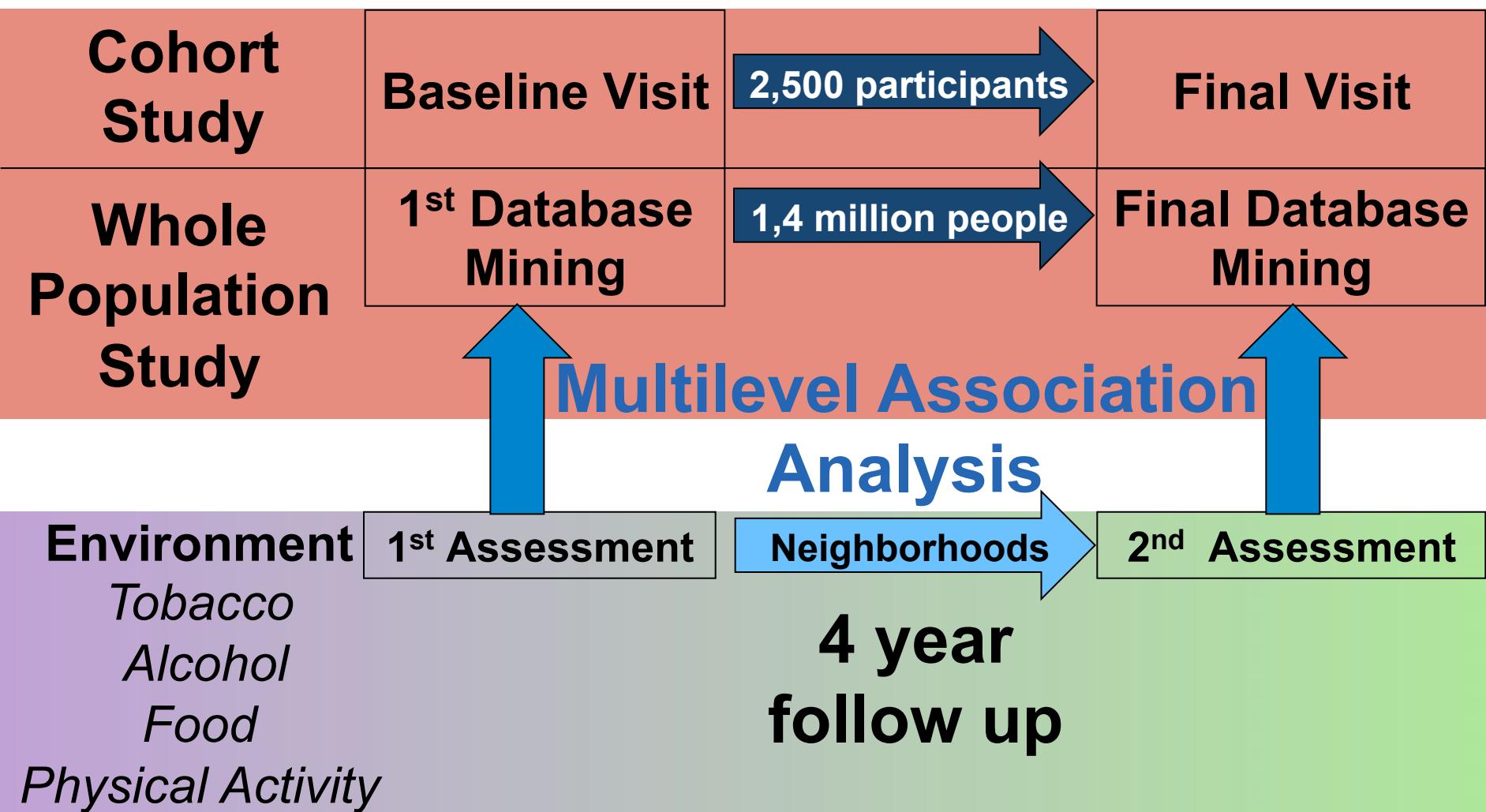
21 Districts
128 Neighborhoods
2412 Census
Sections
3,2 Mill. Residents

Access to the
Integrated Primary
Care Health System
Database

1,4 million residents
40-75 ys. old



HHH Study Design

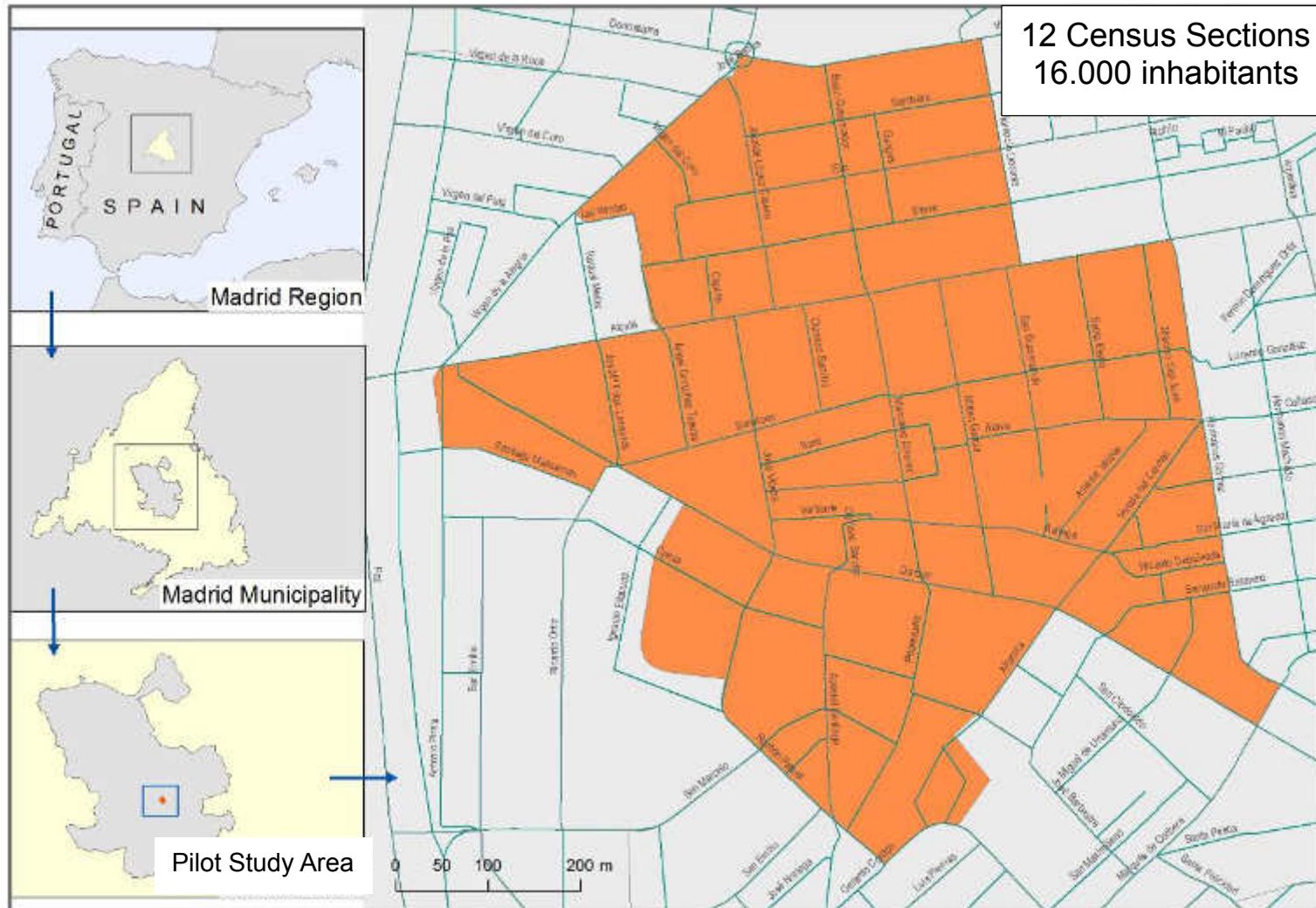






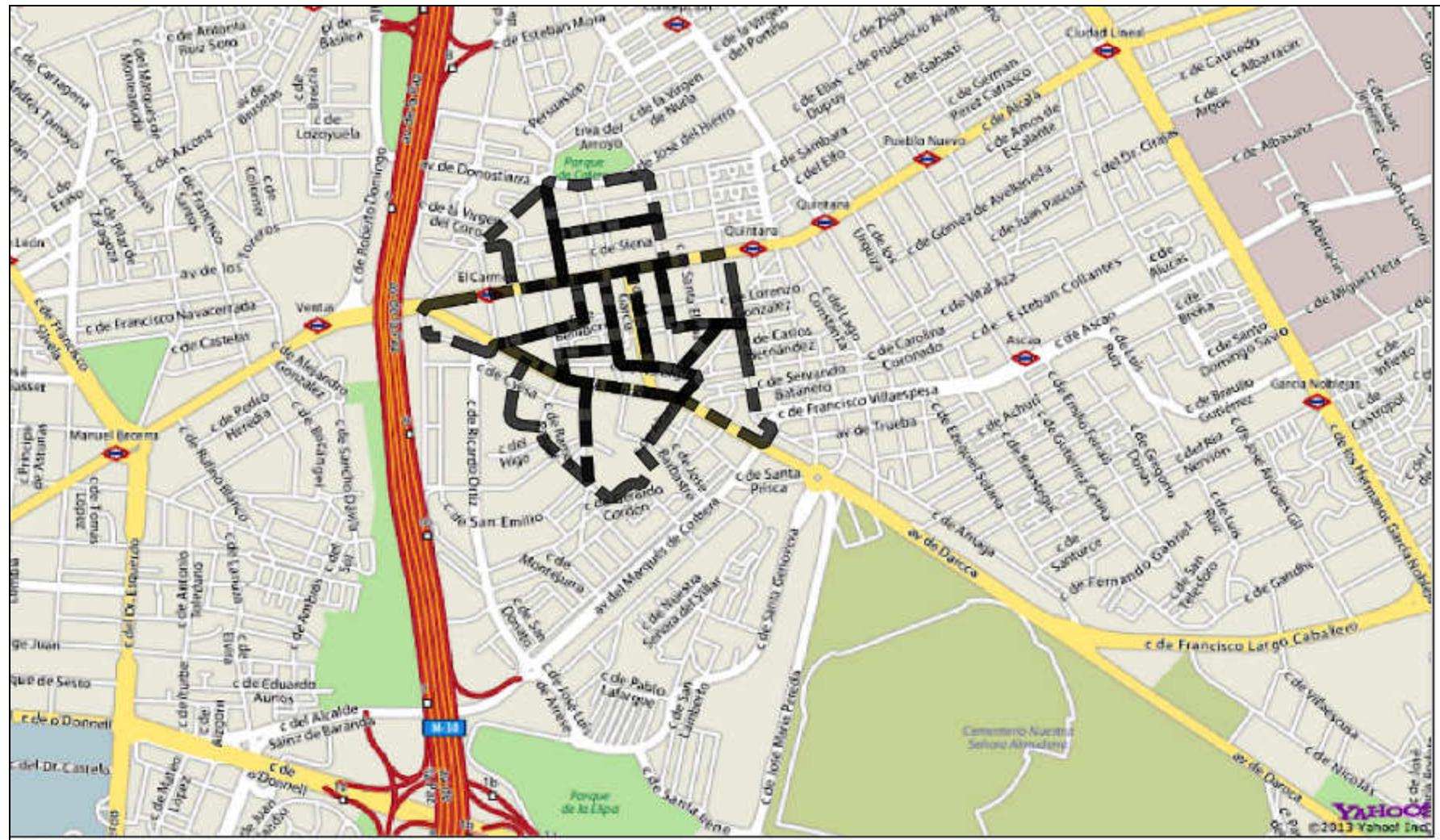
HHH Pilot Study Area

12 Census Blocks





HHH Pilot Study Area



HHH Pilot Study Results





Centro de Salud
Daroca

Comunidad de Madrid

NICOS

DIAZ



Pilot Study Sociodemographic Profile Primary Health Care Records



- Total Pilot Area Population: 15,751
- Population in the Primary Care Health System Geocoded to census section level: 14,857 (95%)
 - ***Possibility of obtaining data for 2 million people***
- Median Age: 44 (Range: 0 to 106)
 - 49% Above 45 years (CVD Health Target Group)
- Sex: 55% Women (65% in >75 years)
- Primary Care Health Centers: 98% in 3 centers
- Education: 50% > primary education
- Immigration: 19% foreign-born

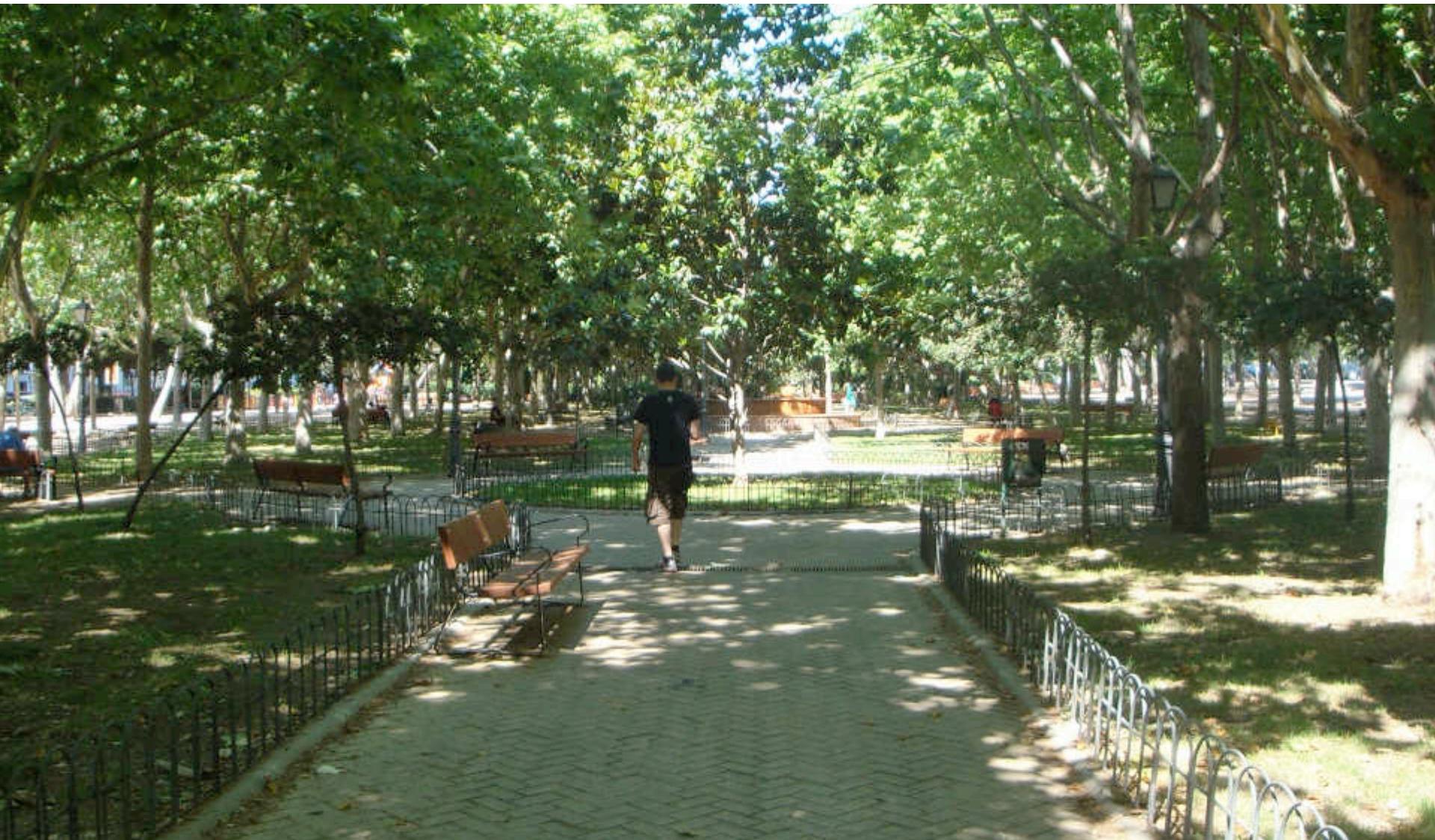


Pilot Study Cardiovascular Profile Primary Health Care Records



- Population 45-106 ys. old: 7,252
- Sex: 59% Women
- Diabetes Prevalence: 12%
- Diabetes Control (HbA1c<7): 63%
- Hypertension Prevalence: 34%
- Obesity (BMI >30): 20%
- Dyslipidemia, all types: 32%

HHH Pilot Study Exposure Assessment Results

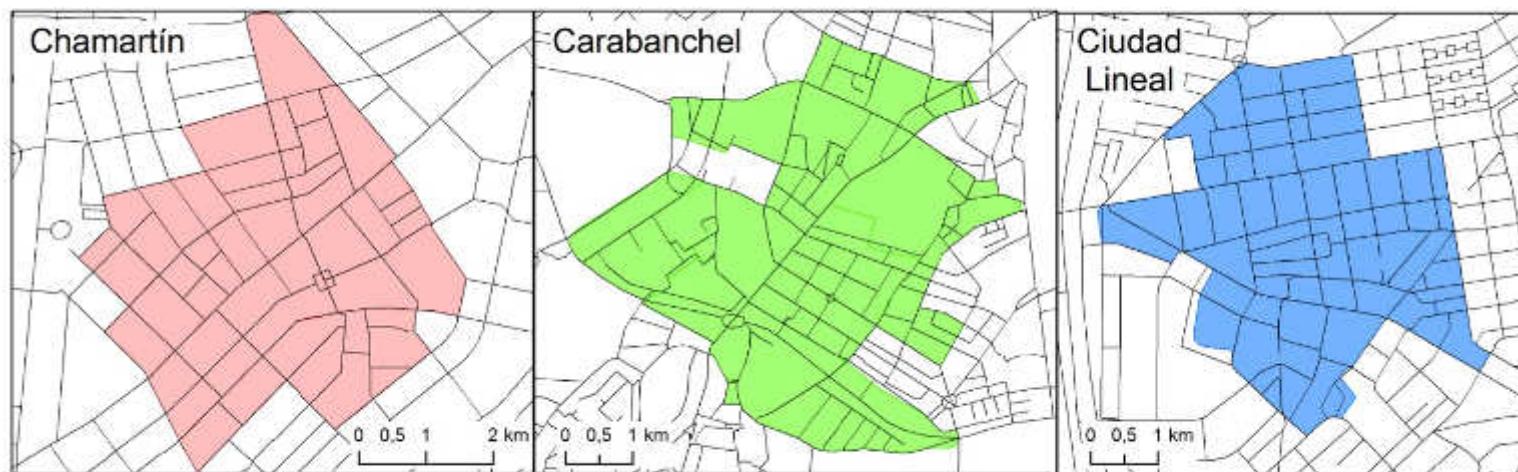


Assessment of walking and cycling environment in the streets of Madrid: On-field and Virtual audits

36 secciones censales (12 por área)

500 segmentos (NOMECALLES)

454 (90.8%) finalmente medidos





Methods



Recogida de datos:
febrero-mayo 2014

Orden de medición:

1. Ciudad Lineal
2. Chamartín
3. Carabanchel

$\frac{1}{2}$ secciones censales
primero medición directa



Medición directa

Google Street View

Imágenes Google Street View:

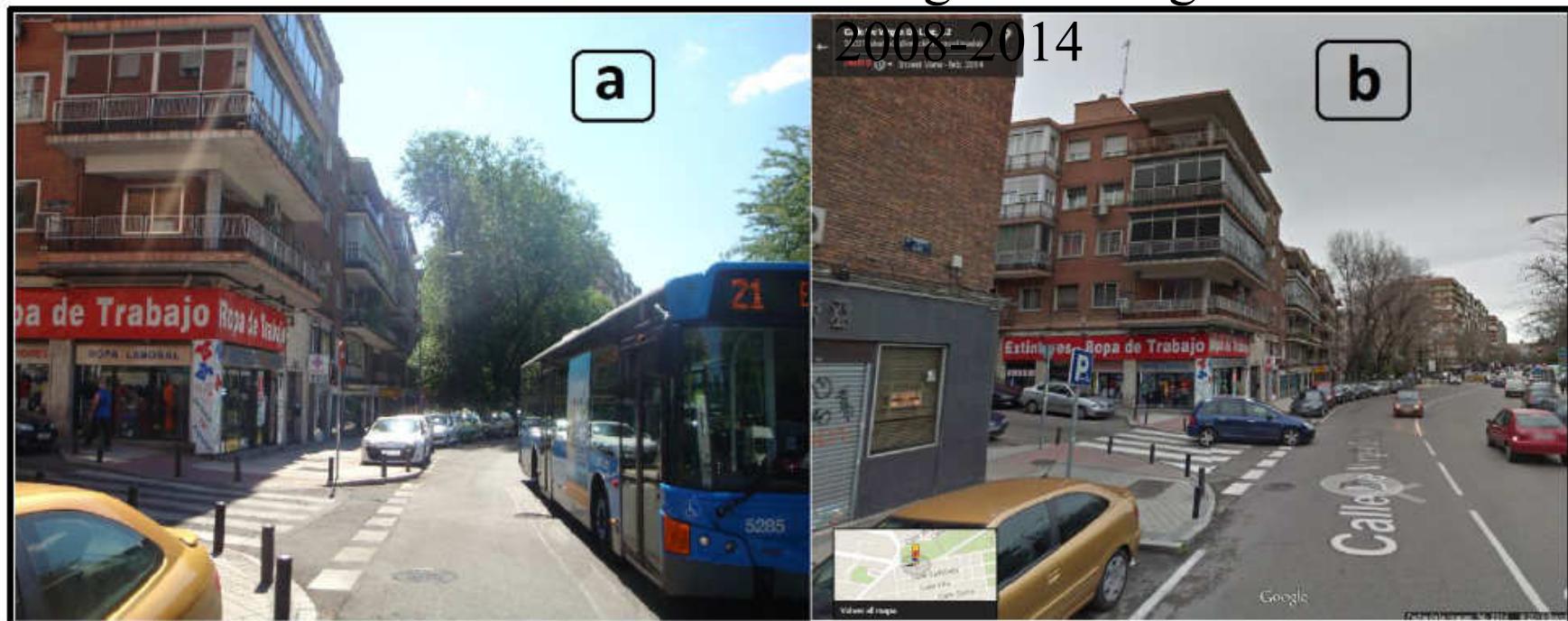
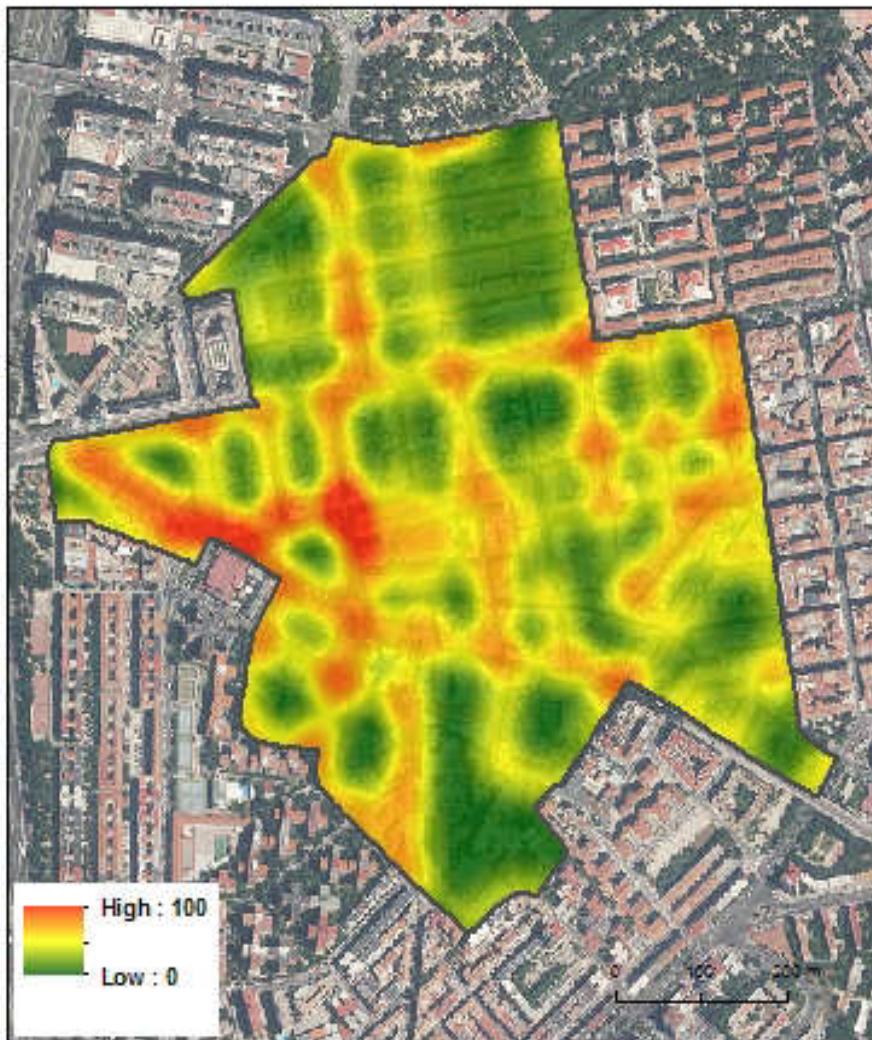
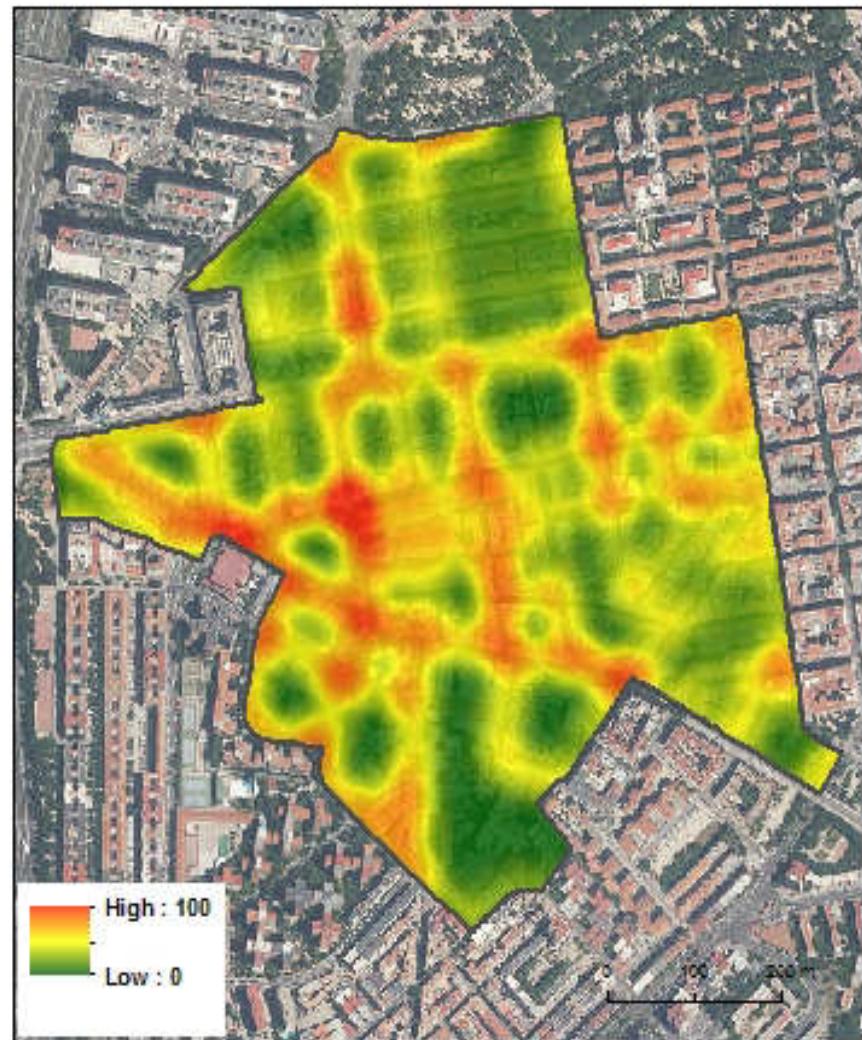


FIGURE 5. Picture of a street feature as it was used in on-field visits (a) and online audit (b). Both images were obtained in May 2014. Virtual picture corresponds to an image taken by Google in February 2014.

WALKABILITY KERNEL DENSITY

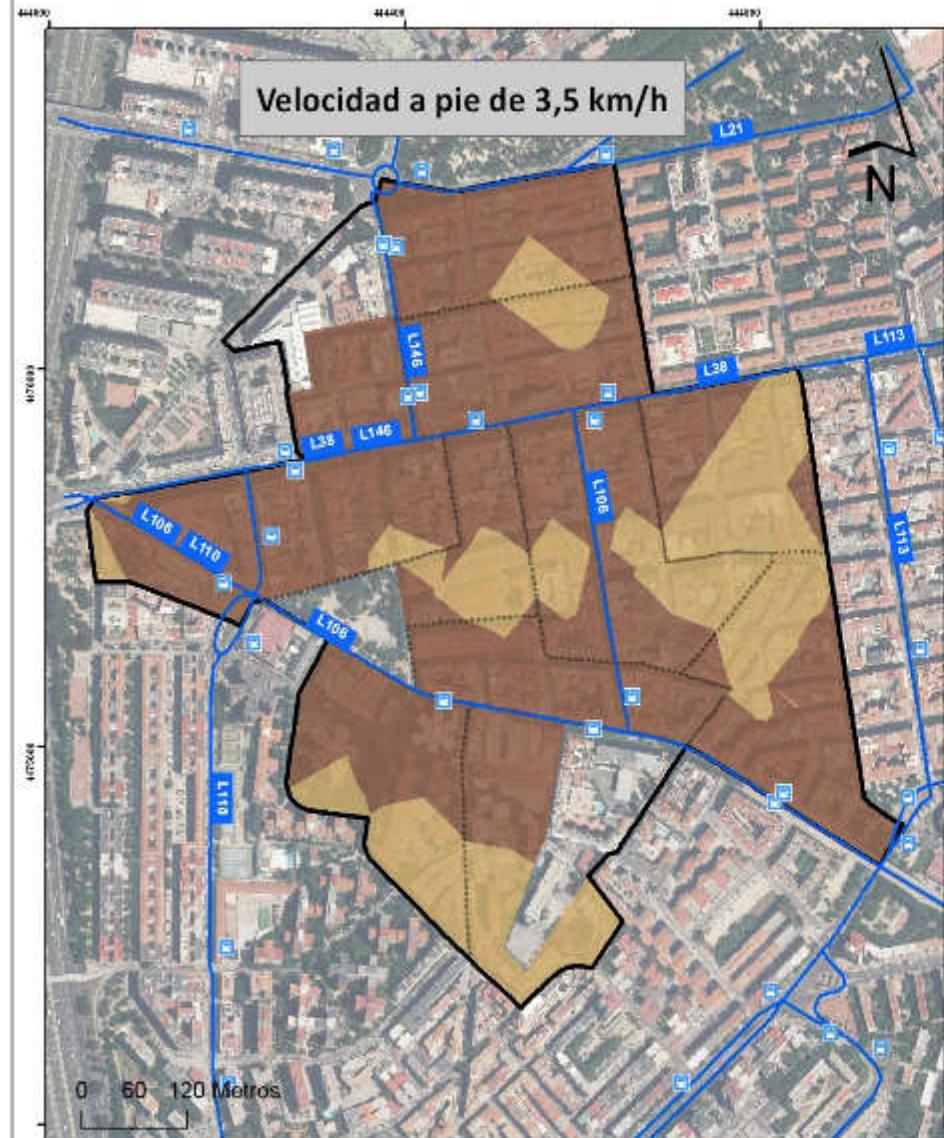


STREET VIEW



ON FIELD

Accesibilidad peatonal a la Red de Autobuses en el barrio piloto de Ciudad Lineal



Barrios
Cardio-Saludables
HEART-HEALTHY HOMES



 Universidad
de Alcalá

Intervalos de tiempo

■ 0 - 3 minutos ■ 3 - 6 minutos

Red de Autobuses

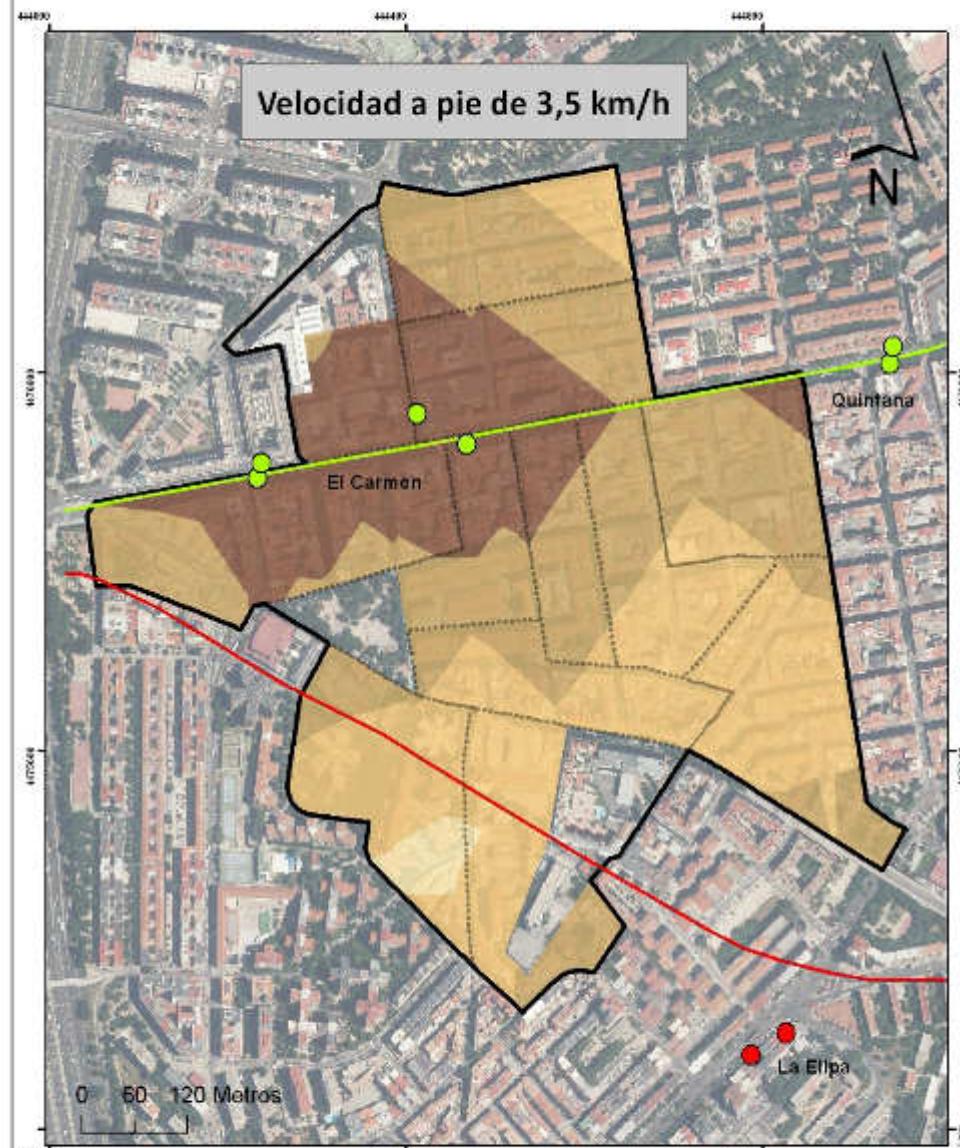
EMT
Intech

Líneas de Autobuses
Parada 130 Línea

Ortofotos: IGN - PNOA 0559

Sistemas de coordenadas: ED50/UTM zona 30N
Proyección: Transversal de Mercator

Accesibilidad peatonal a la Red de Metro en el barrio piloto de Ciudad Lineal



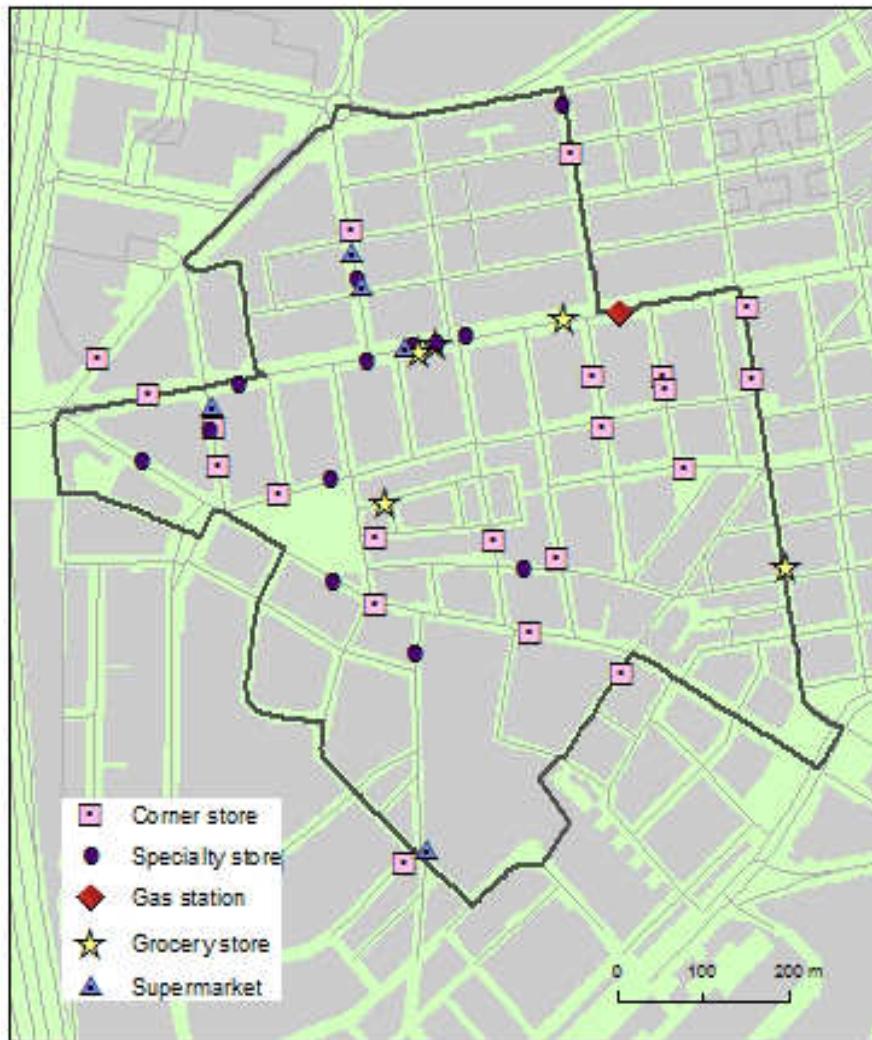
VERDURA



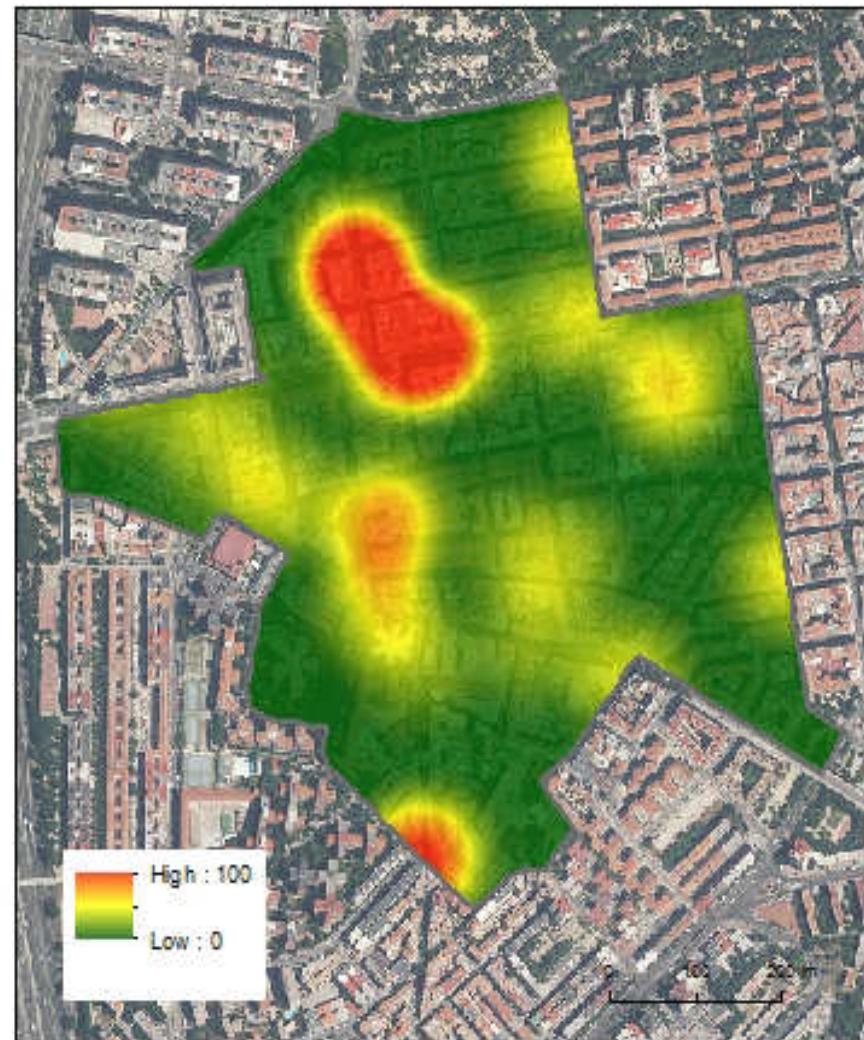
MADRID



FOOD STORE AND HEALTHY FOOD AVAILABILITY INDEX



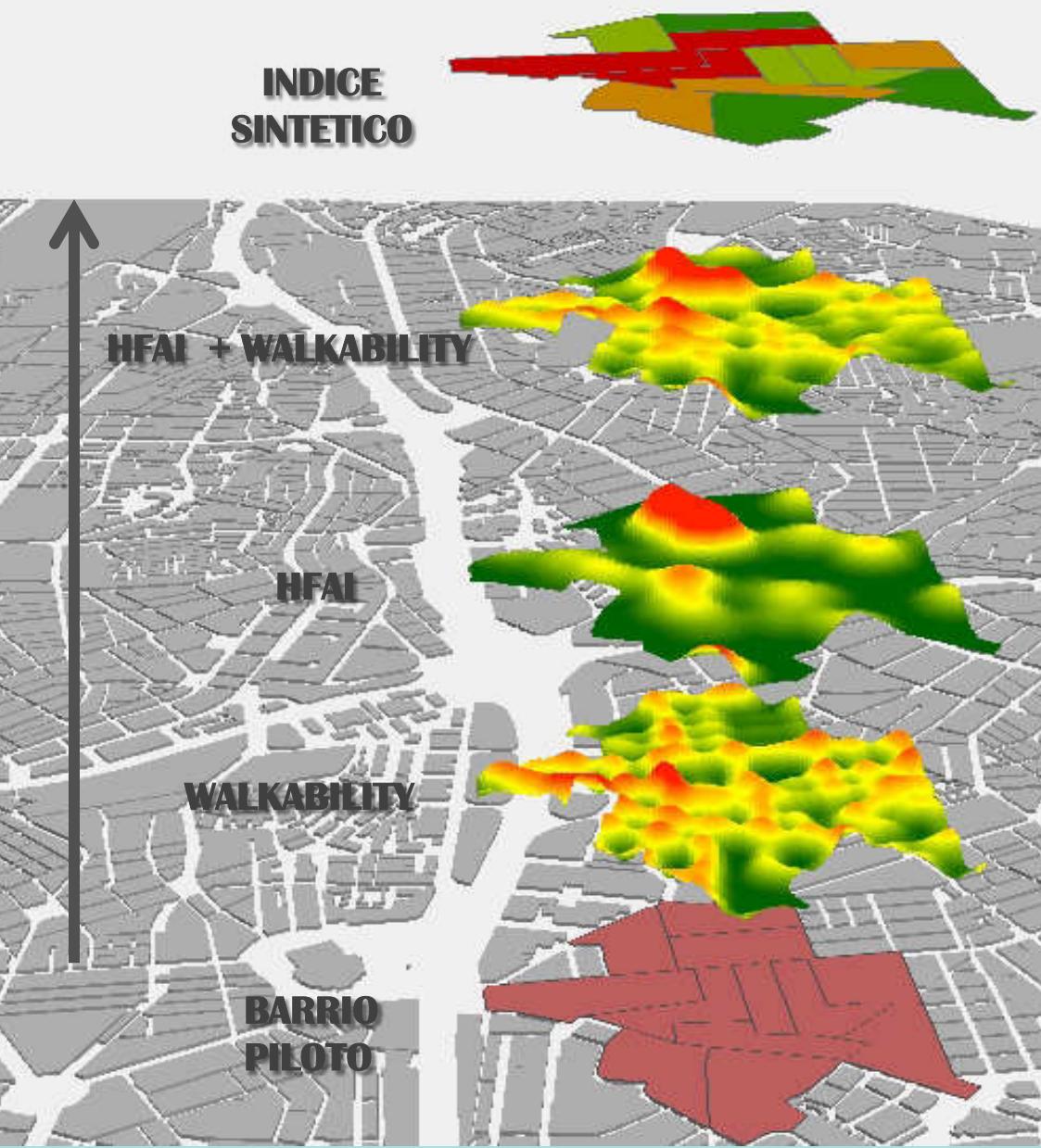
TYPE STORE



KERNEL DENSITY



Synthetic Index walkability And healthy food availability





MISERAB FROT MISTER



VADO
PERMANENTE

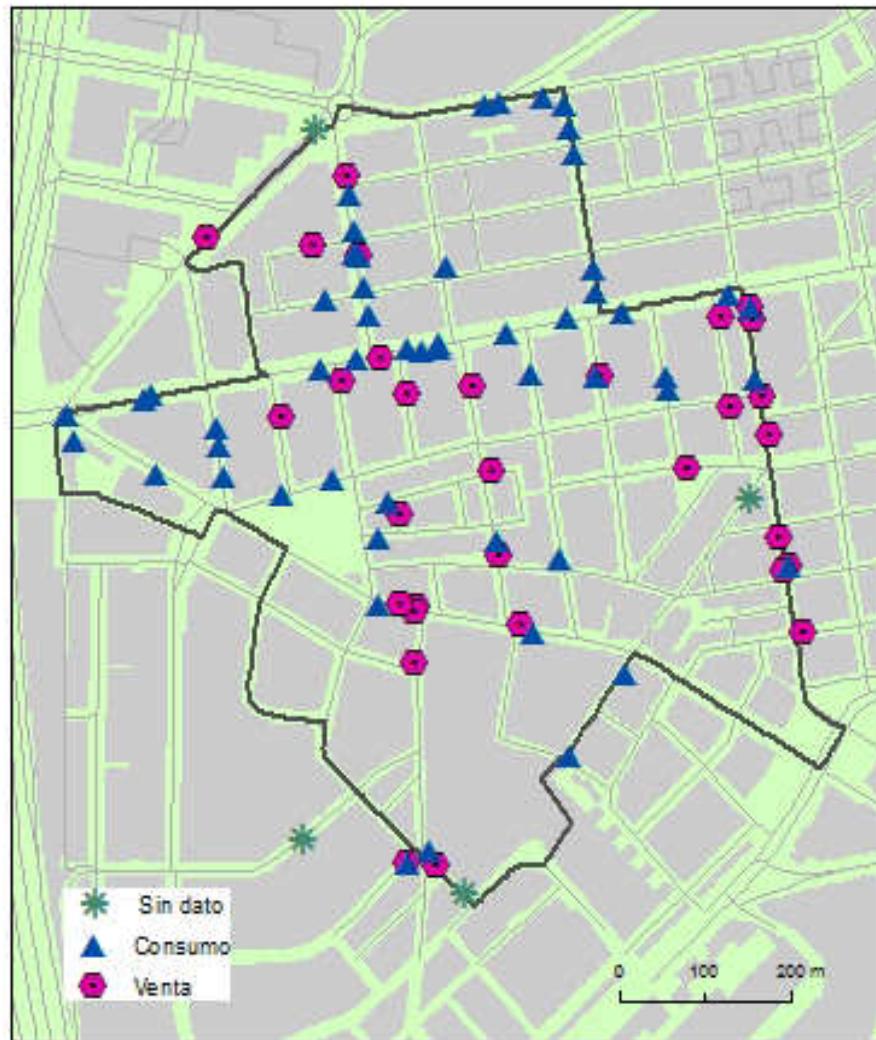


REPARAMOS
MOBILES
CON EL MEJOR

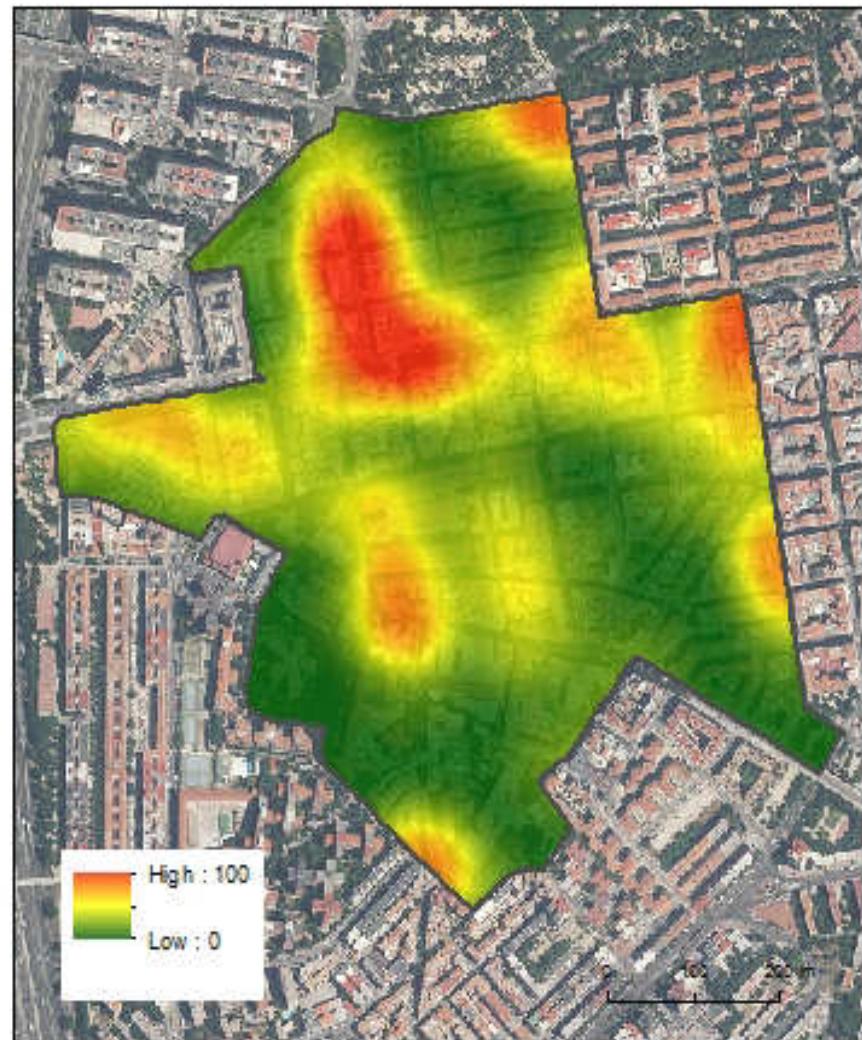
RECARGA
aquí
tu móvil



ALCOHOL

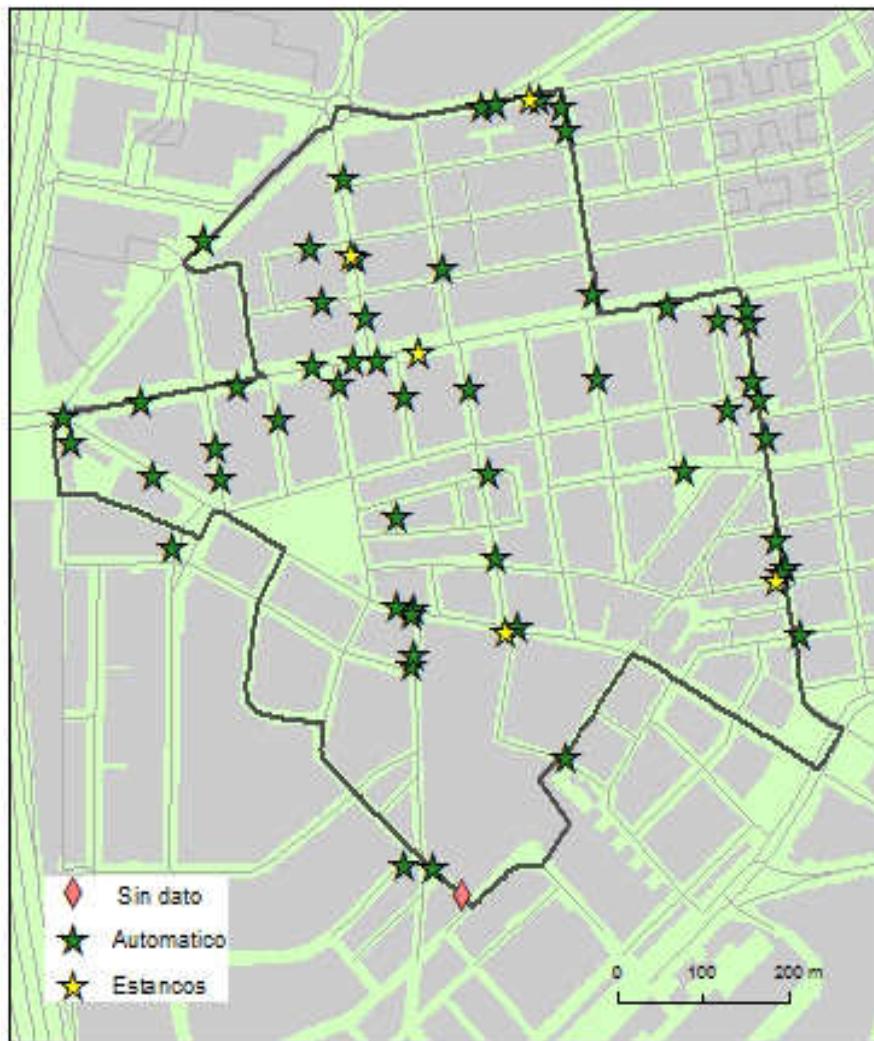


TYPE STORE

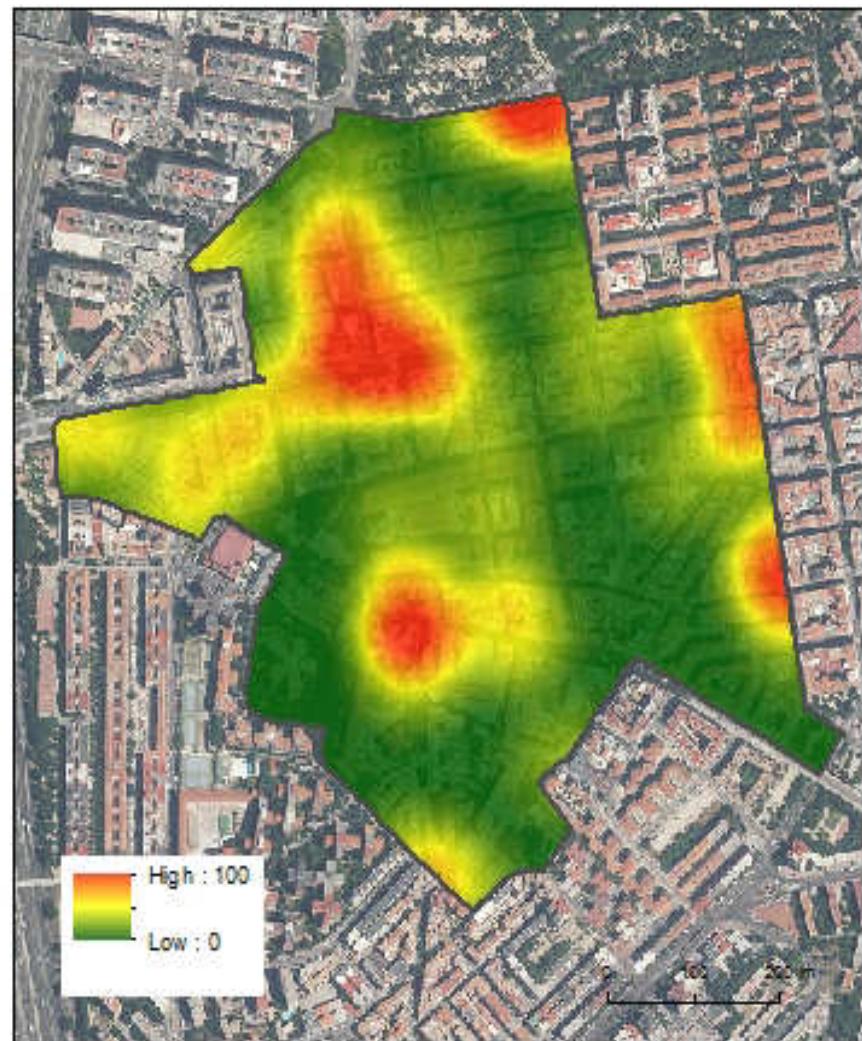


KERNEL DENSITY

TOBACCO

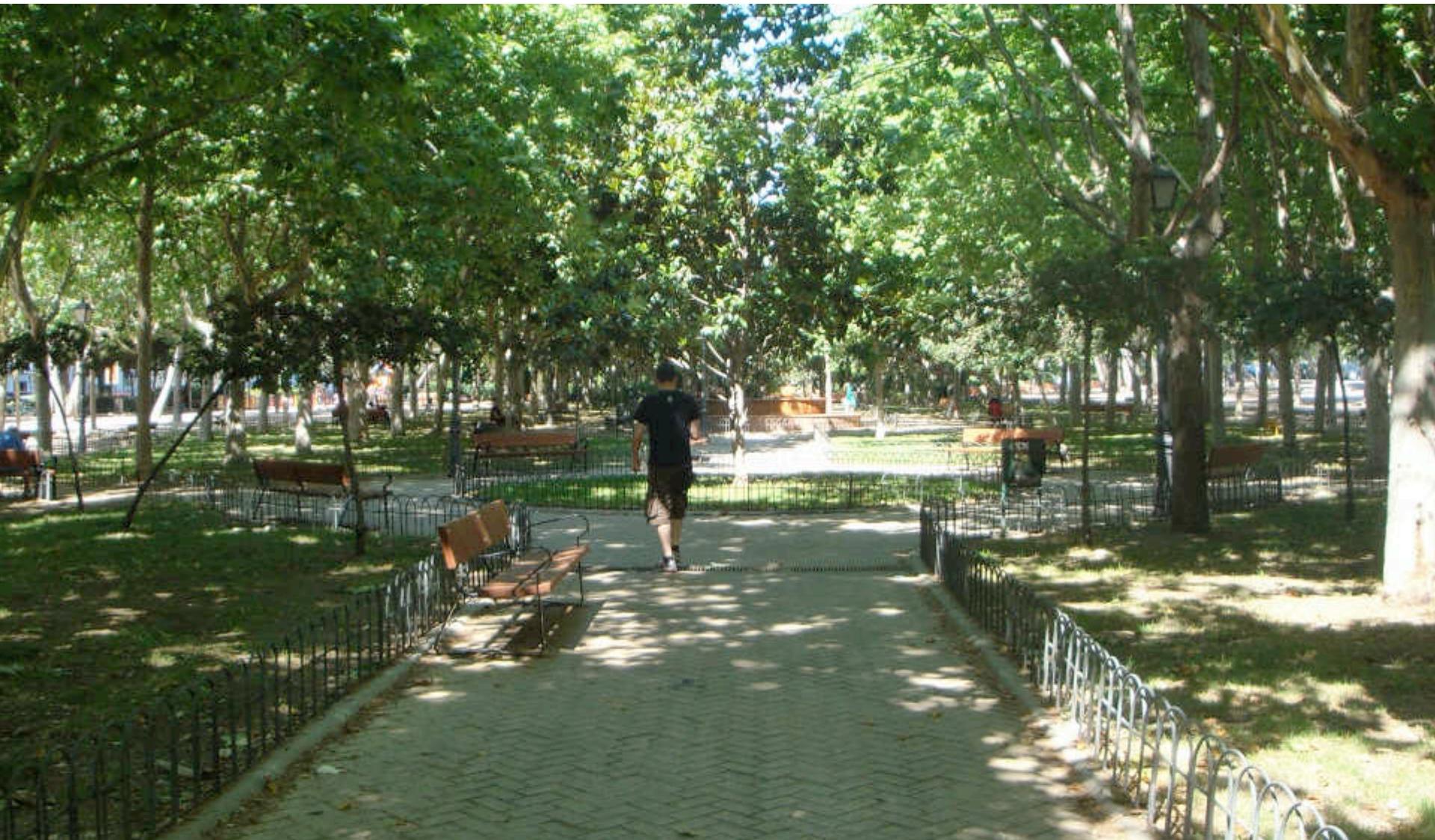


TYPE OF SALE



KERNEL DENSITY

HHH Pilot Study Exposure Assessment Results





HHH Pilot Study

Qualitative Research Results





HHH Pilot Study

Qualitative Study



Objective: Gain better understanding of residents and stakeholders perceptions and norms regarding neighborhood environment and cardiovascular health

Stratified purposeful sampling to include “**key neighbourhood informants**”. 15 conducted and transcribed semi-structured interviews:

- *6 long term residents (Females and Males)*
- *2 recent immigrants*
- *3 health practitioners*
- *2 primary school teachers*
- *1 food market leader, local butcher*
- *1 neighborhood association / community leader*
- *1 local politician*



Food Environment: “*Voy al mercado de La Elipa que ya conozco a la gente....De toda la vida, claro, yo al carnicero ya le compro hace 30 años*”

Physical Activity Environment: “*Y cuando somos mayores, pues yo voy en una silla de ruedas por la calle, si hubiera bancos en la calle yo no necesitaba la silla porque andar pues 20 metros ando muy bien, pero yo a lo mejor los 25 no*”

Alcohol and Tobacco Environment: (Not perceived as socially influenced) “*Por el nivel cultural yo creo que sí que hay una mayor tendencia al consumo elevado de alcohol, no exageradamente*”



Pilot Qualitative Study

Emergent categories



The role of immigration in shaping behavior patterns related to the use of open spaces “*...mi hijo no va al parque porque está lleno de inmigrantes.*” “*Los inmigrantes, que cogen las canchas como espacios propios, y ahí han tenido problemas*”

The current economic crisis shaping the neighborhood’s shopping environment “*Yo tengo hamburguesa porque tengo a mi nieto a comer y entonces tengo no sé cuánto... 3 o 4 euros..., entonces o comemos hamburguesa o no comemos*”

The role of social networks shaping health behavior patterns in residents “*se han perdido muchos hábitos de consumo, el hábito de antes se salía a tomar el vermut el domingo y te juntabas con tu vecino, con tus amigos y tal.*”

Use of photovoice and other formative approaches to develop a multi-level obesity prevention program for low income urban African American adolescents

Joel Gittelsohn

Elizabeth Anderson Steeves, Katherine Bowd
Johnson, Anna Y Kharmats, Sarah L
Luzzy
Pollard

OCTOBER 8, 2014
JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Johns Hopkins Global Obesity Prevention Center





Citizen Science



General public engagement in scientific activities

Citizens actively contribute to science with their intellectual effort

Participants raise new questions and create a new scientific culture.

Volunteers acquire new learning and skills, and deeper understanding of the scientific work in an appealing way.

As a result of this open, networked and trans-disciplinary scenario,
science-society-policy interactions are improved leading to a more democratic research based on evidence-informed decision making.

Understanding the local food environment in relation to obesity

A photovoice project in Villaverde, Madrid

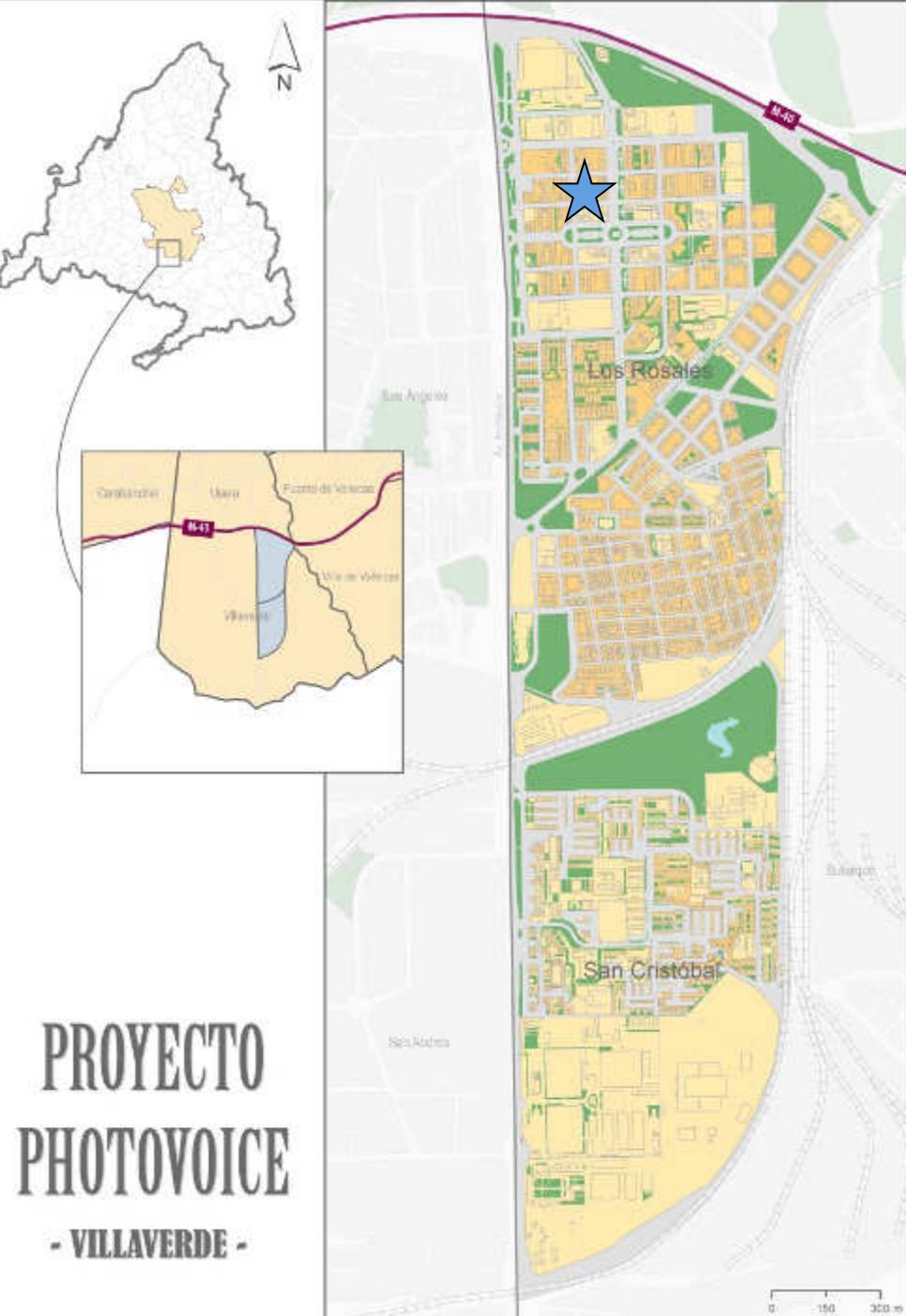
Manuel Franco (PI) and Paloma Conde (PhD Student)
for the PHHOTOVOICE researchers

Photovoice and Urban Health

- Photovoice is a novel participatory-action research method engaging the community in disease prevention
- First Photovoice health project in Spain
- MAPFRE Foundation funded this project in collaboration with the Madrid Public Health Institute
- <http://hhaproject.eu/research/photovoice/>



PHOTOVOICE Villaverde District



Two neighborhoods:

- **Los Rosales**
- **San Cristóbal**

★ Madrid Public Health Institute, Villaverde Center

University researchers and Madrid Public Health Institute meetings, January 26th 2015

- Organizing the field-work ahead (contacting process)
- Understanding the technique
- Setting our goals
- Schedule and deadlines



Methods. Photovoice Technique

We carry out a minimum of 5 sessions where participants receive basic training on the use of the camera and discuss over the photographs taken

To facilitate photos discussion we use the SHOWED scheme:

- What do you **S**ee here?
- What is really **H**appening?
- **HOW** does this relate to our lives?
- Why does this problem or strength **E**xist?
- What can we **D**o about it?

Group discussions are analyzed using qualitative techniques

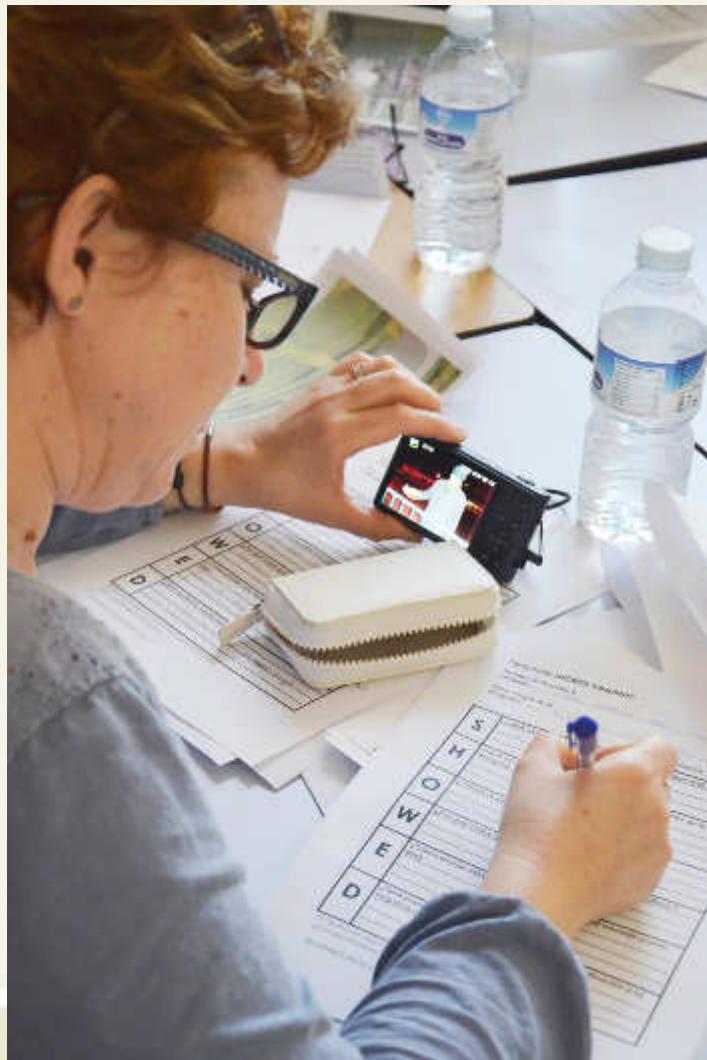
Methods: Photovoice Sessions Structure

1. INTRODUCTION	<ul style="list-style-type: none">○ Topic: Food Environment and Neighbourhood○ Working dynamics and schedule.○ Photography Workshop: Take your camera!!○ The message to capture.
2. CHECKING UP SESSION	<ul style="list-style-type: none">○ Participants bring 5 photos.○ SHOWED with one photo○ Sharing the experience: problems taking pictures○ Looking over the message “Food and Neighbourhood”.○ Portraits
3. POSITIVE ANALYSIS	<ul style="list-style-type: none">○ Participants bring 5 final photos.○ Classification: Positives/Negatives○ Discussion on the positive ones
4. NEGATIVE ANALYSIS	<ul style="list-style-type: none">○ Discussion on the negatives○ Returning the cameras
5. FINAL SESSION	<ul style="list-style-type: none">○ Concept mapping

Villaverde, San Cristóbal Female Group



San Cristóbal Female Group



Results Female Group San Cristobal Positive/ Negative selection

Each participant brings their 5 final photos. They classify all pictures in positives and negatives (3th and 4th sessions)

- Discussion about the positive aspects of neighbourhood
- Thinking about different categories within the positives/negatives aspects
- Mental training for the next sessions and concept mapping





*To provide scientific evidence to **researchers**, the **general population and policy makers** to intervene at the population level to prevent the first cause of death in Europe*

HHH Communication Strategy:

- Mass media: TV, Radio, Newspapers, Online news
- Social networks: Twitter, Webpage
- Directly addressing Policy Makers
 - Regional Gov Oct 2013, Foro de Sanidad UAH 2014
 - *Political parties (London Bycicle Urban Planning and Transportation policies)*



Entorno urbano y salud en Madrid Impacto Social del Estudio ERC

Resultados sobre los cuatro **factores de riesgo** de las Enfermedades Crónicas No Transmisibles:

Tabaquismo

Consumo elevado de Alcohol

Sedentarismo

Mala alimentación

Los resultados ofrecen evidencias políticas relacionadas con la primera causa de muerte en Europa



Acknowledgements



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Photography: Victor Carreño **Graphic Design:** Cesar García



Servicio Madrileño de Salud
Dirección General de
Atención Primaria

Comunidad de Madrid





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Javier Nieto, University of Wisconsin-Madison

Tom Glass, Joel Gittelsohn, Mariana Lazo, Ben Caballero, Hopkins School of Public Health

Hannah Badland, University of Melbourne



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Ezkerrik Asko !



