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### DASMAN DIABETES INSTITUTE-CANBERRA GEOHEALTH INITIATIVE

Building capacity for spatially-enabled health research to understand diabetes in relation to social, built and physical environmental factors in the State of Kuwait

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# KUWAIT – A CONTEXT

- Located on the northeastern edge of the Arabian peninsula
- The country has 17,820 square kilometers of land
- Population of about 4.2 million people – Approx. 30% National and 70% expatriates



## THE DIABETES PROBLEM – A HEALTH AND AN ECONOMIC BURDEN

- 415 million adults have diabetes; this number is expected to rise to 642 million by 2040
- More than 35 million (9%) of adults aged 20-79, live with diabetes in the Middle East and North African (MENA) Region
- the International Diabetes Federation estimated that prevalence of diabetes in Kuwait is about 15 % out of a population of 4 million – compared to Australia with prevalence of 6.5%
- Studies within Kuwait show that prevalence is around 20%
- Mainly due to a change of lifestyle that was entrenched with the growth of oil wealth and rise of obesogenic urbanization
- Kuwait has spent approximately 16% of its health expenditure on diabetes alone in 2010, and it is estimated that this number increase by 150% in 2030

## DDI-UC GEOHEALTH INITIATIVE

#### Aim

To assist DDI build a GeoHealth lab, help build spatial epidemiology expertise and develop knowledge and understanding of the diabetes epidemic in Kuwait through spatial associations.

- The GeoHealth lab is a spatial infrastructure enabling process which includes hardware, software, data, methodology and staff capacity building, including education and Higher Degree Students.
- The project is designed in three phases where each phase incorporates certain objectives and deliverables.





## **PROJECT PHASES**

Years 1 - 2	Years 3 - 4	Years 5 - 6
Phase 1: Capacity Building	Phase 2: Direct Observation	Phase 3: Prevention and Intervention
<ul> <li>Prevalence of diabetes in Kuwait (magnitude and extend)</li> <li>Data collection</li> <li>Consolidating GIS infrastructure</li> <li>Basic descriptive epidemiology Spatial Epidemiology</li> <li>Population monitor design</li> <li>Training for DDI staff - series of intensive workshops</li> </ul>	<ul> <li>Spatial observations</li> <li>Primary data on behavior, lifestyle and environment</li> <li>Direct observation</li> <li>Population survey</li> <li>High resolution data</li> <li>Description to inference</li> <li>Geo database development</li> <li>Develop input model</li> <li>Develop user interface</li> </ul>	<ul> <li>Prevention and Intervention programs</li> <li>Shift the norms</li> </ul>

Training, Education and Dissemination Seminars | Workshops | Spatial Epidemiology Graduate Diploma | Publications

### DDI & UNIVERSITY OF CANBERRA



### ESSENTIAL GIS DATA





## **KEY VARIABLES**



### PUBLIC AUTHORITY FOR CIVIL INFORMATION (PACI) - CIVIL IDENTIFICATION (CIVIL ID)

### Civil ID for all residents in Kuwait (Nationals & Nonnationals)

- Unique ID
- Each civil ID is linked to a unique Address ID
- Smart chip
- Linked to all ministries and governments services





# PACI – KUWAIT FINDER

### DDI User Access GIS Online Portal



## GEOCODING

- Data Quality
- Proxy suburb-block to map diabetic patients
- Aggregated to the block level (census tract SA1)





## MUNICIPALITY AND CSB GIS DATA

- Governorates
- Suburbs
- Blocks
- Roads Major and Minor
- Parcels Capital only
  - Parks
  - Mosques
  - Schools
  - Coops



### PILOT STUDY DDI HEALTH DATA – NOVEMBER EXTRACT

- Fake ID
- District name –
   Governorate
- Area name Suburb
- Block
- Street
- Building
- Age as of Nov 1
- Gender
- Nationality
- Race
- Blood Type

Weight
Systolic
Diastolic
Heart rate
Blood glucose

Height

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- Blood glucose measure
  - state
- HbAlc
- HDL
- IDL
- e Trig

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### DDI GIS PILOT – METHODS

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### Suburbs and Blocks – Unique identifier

#### Table

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Pa	Patient_Data.csv									
Г	district_name	area_name	block	street	building	area_number	Area_num_block_num	Area_Block_Fake_ID		
Þ	Capital Area	Dasman	0	<null></null>	<null></null>	101	101_0	101_0_1020		
E	Capital Area	Dasman	0	0	0	101	101_0	101_0_5566		
E	Capital Area	Dasman	0	0	0	101	101_0	101_0_6150		
L	Capital Area	Dasman	0	0	0	101	101_0	101_0_7338		
L	Capital Area	Dasman	0	0	0	101	101_0	101_0_9048		
L	Capital Area	Dasman	1	11	5	101	101_1	101_1_1223		
E	Capital Area	Dasman	1	17	800060	101	101_1	101_1_1591		
E	Capital Area	Dasman	1	<null></null>	<null></null>	101	101_1	101_1_3157		
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L	Capital Area	Dasman	1	MOHAMED AL MESBAH	14	101	101_1	101_1_4153		
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	Capital Area	Dasman	1	<null></null>	<null></null>	101	101_1	101_1_6386		
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Ľ	Capital Area	Dasman	2	Soor St	800054	101	101_2	101_2_1707		
	Capital Area	Dasman	2	Al Sour Street	800054	101	101_2	101_2_3664		

### Patient data – unique

### address ID

Patient_counts_per_block.csv						
Area_num_block_num	Patient Count					
▶_	1					
_0	2					
_1	4					
_10	2					
11	1					
_12	1					
_2	3					
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_3	3					
_4	2					
_5	3					
_6	1					
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#### Count of patients per block

### DDI GIS PILOT – METHODS



### **RESULTS – DDI PATIENTS GEOCODED**



Patients are randomly distributed within their respective blocks (Geomasking their location)

### SYMBOLOGY AND SPATIAL VISUALIZATION



Expected results – patients under investigation are diabetics

### SYMBOLOGY AND SPATIAL VISUALIZATION



Spatial visualization of weight classes

Diabetics likelihood to be overweight

Can be utilized to understand environmental association such as food and open public space

### ANALYSIS



Block\_health\_avg
 Average\_Weight
 0.000000
 0.000001 - 76.745455
 76.745456 - 87.300000
 87.300001 - 112.000000

Average weight at the block level

### ANALYSIS

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### Green Space Proximity to Fast Food



# COOPERATIVES

- Comprising 70% of the retail trade in the country
- Legal basis for consumer cooperatives was established in 1962
- Suburb residents are shareholders in their respective cooperatives
- Shareholders retain unique membership IDs
- Non retained profit is distributed as dividends to existing shareholders



### GRADUATE CERTIFICATE IN GEOSPATIAL HEALTH



### THANK YOU