THE SOCIAL COMPONENT OF DIABETES HEALTH DISPARITIES:

New Directions in Analyses and Interventions Through Social Networks and Structures

May 19-20, 2022



Agenda

Day 1—May 19, 2022

8:00 a.m.–8:10 a.m.	Welcome from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Leadership
	William T. Cefalu, M.D., Director, Division of Diabetes, Endocrinology, and Metabolic Diseases, NIDDK
	Griffin P. Rodgers, M.D., MACP, Director, NIDDK
8:10 a.m.–8:15 a.m.	Logistics Xujing Wang, Ph.D., NIDDK
8:15 a.m.–8:30 a.m.	Workshop Goals and Charges by Co-Chairs Edwin B. Fisher, Ph.D., The University of North Carolina at Chapel Hill Ann McCranie, Ph.D., Indiana University
8:30 a.m.–9:45 a.m.	Keynotes on Diabetes Health Disparities
8:30 a.m.–9:00 a.m.	Addressing Health Disparities in Diabetes: Intersection of Structural Racism, Social Determinants, and Racial and Ethnic Disparities Leonard E. Egede, M.D., M.S., Medical College of Wisconsin
9:00 a.m.–9:30 a.m.	A Brief History of Social Network Interventions and the Scientific Road Ahead Elbert Huang, M.D., M.P.H., The University of Chicago
9:30 a.m.–9:45 a.m.	Q&A Moderators: Sula Hood, Ph.D., M.P.H., RTI International Elizabeth Tung, M.D., The University of Chicago
9:45 a.m.–10:45 a.m.	Special Session: Panel Discussion of Lived Stakeholders' Perspectives <i>Moderator: Marissa Lightbourne, M.D., NIDDK</i>
	Panelists: Elena Ennis Patrick Gee, Sr., Ph.D., JLC LaQuita Smith Nicole Wiesen, Ph.D., MSW
10:45 a.m.–11:00 a.m.	Break

11:00 a.m.–12:30 p.m.	Session 1: Social Network Analysis (SNA) Concepts and Methods
11:00 a.m.–11:30 a.m.	Social Network Analysis and Its Application to Health Disparities: A Brief but Useful Introduction Kayla de la Haye, Ph.D., University of Southern California
11:30 a.m.–12:00 p.m.	Personal Social Networks: What, Why, and How? Brea L. Perry, Ph.D., Indiana University
12:00 p.m.–12:30 p.m.	Q&A Moderators: Laura Koehly, Ph.D., National Human Genome Research Institute Sijia Wei, Ph.D., Northwestern University
12:30 p.m.–2:00 p.m.	Lunch and Networking
2:00 p.m4:20 p.m.	Session 2: Social Interventions
2:00 p.m3:10 p.m.	Session 2A: Social Interventions: Communities and Organizations
2:00 p.m2:20 p.m.	Community-based Peer Support in Diabetes Prevention and Management Edwin B. Fisher, Ph.D., The University of North Carolina at Chapel Hill
2:20 p.m.–2:40 p.m.	Maximizing Positive Social Influences in the Workplace: Lessons Learned and Future Directions for Eliminating Health Disparities Laura Linnan, Sc.D., The University of North Carolina at Chapel Hill
2:40 p.m3:00 p.m.	Community Partnering with Health Care: An Equity Success Story Samuel Cykert, M.D., The University of North Carolina at Chapel Hill
3:00 p.m3:10 p.m.	Q&A Moderators: Andrea Cherrington, M.D., M.P.H., The University of Alabama at Birmingham Luis A. Rodriguez, Ph.D., M.P.H., RD, Kaiser Permanente
3:10 p.m.–3:30 p.m.	Break
3:30 p.m.–4:20 p.m.	Session 2B: Social Interventions: Channels and Culture
3:30 p.m.–3:50 p.m.	Sociocultural Considerations when Promoting Health and Well-being Among Mexican-origin Families in the United States <i>Guadalupe X. Ayala, Ph.D., M.P.H., San Diego State University</i>
3:50 p.m.–4:10 p.m.	Fostering Health Equity Through Community and Peer Support in African American Churches Gretchen A. Piatt, Ph.D., M.P.H., University of Michigan Cherie Conley, Ph.D., M.H.S., RN, University of Michigan
4:10 p.m.–4:20 p.m.	Q&A Moderators: Andrea Cherrington, M.D., M.P.H., The University of Alabama at Birmingham Luis A. Rodriguez, Ph.D., M.P.H., RD, Kaiser Permanente

4:20 p.m.–4:50 p.m.	General Discussions: Key Issue Raised During the Day Moderators: Edwin B. Fisher, Ph.D., The University of North Carolina at Chapel Hill Sula Hood, Ph.D., M.P.H., RTI International
Day 2—May 20, 2022	
8:30 a.m.–8:40 a.m.	Co-Chairs on Logistics and Scientific Summary of Day 1 Ann McCranie, Ph.D., Indiana University Elizabeth Tung, M.D., The University of Chicago
8:40 a.m.–10:30 a.m.	Session 3: New Approaches and Insights Leveraging SNA
8:40 a.m.–9:00 a.m.	Harnessing Social Networks in Clinical Settings Amar Dhand, M.D., D.Phil, Harvard Medical School; Brigham and Women's Hospital; Network Science Institute, Northeastern University
9:00 a.m.–9:20 a.m.	Insights into Disparities in Access to Health Care with Patient-Sharing Network Analysis Erika Moen, Ph.D., Dartmouth College
9:20 a.m.–9:40 a.m.	Using Social Network Analysis to Address Diabetes Health Disparities in Rural Kentucky Brittany L. Smalls, Ph.D., University of Kentucky
9:40 a.m.–10:00 a.m.	Social Is Not Social Is Not Social: Seeking Specificity in Associations with Health Louise Hawkley, Ph.D., The University of Chicago
10:00 a.m.–10:30 a.m.	Q&A Moderators: Weidi Qin, Ph.D., University of Michigan Daphne C. Watkins, Ph.D., University of Michigan
10:30 a.m.–10:45 a.m.	Break
10:45 a.m.–11:30 a.m.	Breakout Group Discussions
11:30 a.m.–12:00 p.m.	Report Back
12:00 p.m.–12:45 p.m.	Lunch
12:45 p.m.–1:45 p.m.	Session 4: Panel Discussion: Key Observations and Setting Agenda to Move Forward Moderators: Mary De Groot, Ph.D., HSPP, Indiana University Edwin B. Fisher, Ph.D., The University of North Carolina at Chapel Hill
	Panelists: R. Turner Goins, Ph.D., Western Carolina University Jeffrey Gonzalez, Ph.D., Albert Einstein College of Medicine Nadia Islam, Ph.D., New York University Monica Peek, M.D., M.P.H., The University of Chicago Lijun Song, Ph.D., Vanderbilt University Tom Valente, Ph.D., University of Southern California

1:45 p.m.–2:00 p.m.Summary by Workshop Co-Chairs and Closing Remarks by the
NIDDK Leadership2:00 p.m.Adjournment

Approved - do not change

The social component of diabetes health disparities: new directions in analyses and interventions through social networks and structures

Abstract

Extensive Diabetes Health Disparities (DHD) exist in disease prevalence, control, and rates of complications. One important and promising direction for tackling this challenge is to engage patients, their families and communities, as well as other components in their social networks, in and beyond clinical settings. Such approaches may recruit social networks and structures to be themselves forces for change as well as the recipients of change, such as in a family addressing its own shared risk factors. Such approaches will also benefit from methods new to diabetes, such as Social Network Analysis (SNA) that focuses on the role of the structure and characteristics of social relationships in behavioral outcomes. Most relevantly, SNA has improved our understanding of how information, behaviors, and technologies spread through social relationships. Interventions focusing on social networks and structures, guided by methods such as SNA may improve the development, dissemination, implementation, sustainment, and evaluation of health behavior interventions. These approaches have great potential in addressing diabetes-related health disparities. Presently, the application of SNA in diabetes is extremely limited and interventions focused on recruiting social structures and networks as forces for change have not been widely explored. To advance this field of knowledge, the overarching questions of this workshop include: How can SNA improve our understanding of the roles social relationships have in the prevention and treatment of DHD? How can interventions focused on social networks and structures accelerate efforts to reduce/eliminate DHD? Toward answering these, this workshop will bring together multidisciplinary scientists with diverse expertise relevant to SNA, interventions targeting social structures and networks, and to addressing DHD. They will critically discuss the state of the science, key research gaps, and deliver promising and actionable directions in reducing DHD and promote health equity by leveraging SNA and the networks and structures it analyzes.

The overarching questions of this workshop include:

• How can SNA improve our understanding of the roles social relationships have in the prevention and treatment of DHD?

• How can interventions focused on social networks and structures accelerate efforts to reduce/eliminate DHD?

Toward answering them, the workshop will organize discussions around 4 specific questions

1. the roles of information dissemination in DHD and contributions of SNA to understanding those roles.

2. improving uptake of diabetes self-management behavioral intervention leveraging SNA and social structures and networks

3. integrated approaches to reduce DHD

4. How SNA may illuminate how technology transformation may exacerbate diabetes disparities and may guide efforts to prevent this

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Hyatt Regency Bethesda

WORKSHOP

Speaker Abstracts

Addressing Health Disparities in Diabetes: Intersection of Structural Racism, Social Determinants, and Racial/Ethnic Disparities

Leonard E. Egede, M.D., M.S.^{1, 2}

¹Division of General Internal Medicine, Department of Medicine, Medical College of Wisconsin, Milwaukee, WI; ²Center for Advancing Population Science, Medical College of Wisconsin, Milwaukee, WI

Diabetes affects ~11% of the U.S. population, disproportionately affect socially marginalized groups, and there are significant racial/ethnic and socioeconomic disparities in access, quality, and outcomes for care. There is strong evidence that social determinants of health are key drivers of diabetes outcomes and disparities in diabetes care. There is also emerging evidence that structural racism, "the ways in which societies foster discrimination through mutually reinforcing inequitable systems" is antecedent to social determinants and a strong driver of healthcare disparities.

This presentation will provide an overview of health disparities, intersection of structural racism, social determinants, and health disparities, and structural racism as a driver of health disparities. Finally, the presentation will highlight emerging interventions to address social determinants and reduce disparities in clinical outcomes for diabetes.

A Brief History of Social Network Interventions and the Scientific Road Ahead

Elbert Huang, M.D., M.P.H.¹; Michael Quinn, Ph.D.¹ ¹University of Chicago

The study of social networks and their impact on individual's behavior and health has dramatically increased in the past several decades due to a variety of factors including the increases in available data, computational power, and statistical applications. Accompanying this rise has been a growing body of experimental research involving social network interventions. These interventions have a basis in social influence and social learning theory. Valente has developed a taxonomy of social network interventions that includes four categories: 1) those that engage individuals based on their network properties; 2) those that engage certain groups; 3) those that encourage or enhance peer-peer interactions; and 4) those that change the network.¹ Social network interventions have been more heavily studied in clinical areas such as infectious diseases and substance abuse with a smaller body of research in chronic diseases such as diabetes.² Most social network interventions in diabetes continue to focus on dyadic/family level interventions^{3,4}, with far less engaging with broader external social networks. Results from these diabetes social network interventions are quite promising but many fundamental scientific questions remain. The major categories of social network interventions have not been fully deployed or compared in clinical trials of diabetes prevention or management. In addition, traditional behavioral interventions focused on the individual may also have social network effects that are not well characterized. Apart from clinical trials, analytic methods for accounting for social network effects such as agent-based modeling may open the door to important insights to addressing health disparities for larger populations.

- 1. Valente TW. Network interventions. Science. Jul 6 2012;337(6090):49-53.
- 2. Hunter RF, de la Haye K, Murray JM, et al. Social network interventions for health behaviours and outcomes: A systematic review and meta-analysis. *PLoS Med.* Sep 2019;16(9):e1002890.
- 3. Spencer-Bonilla G, Ponce OJ, Rodriguez-Gutierrez R, et al. A systematic review and metaanalysis of trials of social network interventions in type 2 diabetes. *BMJ Open.* Aug 21 2017;7(8):e016506.
- 4. Baig AA, Benitez A, Quinn MT, Burnet DL. Family interventions to improve diabetes outcomes for adults. *Ann. N. Y. Acad. Sci.* Sep 2015;1353:89-112.

Social Network Analysis and its Application to Health Disparities: A Brief but Useful Introduction

Kayla de la Haye, Ph.D.¹

¹Department of Population and Public Health Sciences, Keck School of Medicine, University of Southern California

This talk will provide a brief introduction to social network analysis and social network theory, and how it has been applied in health and medical research and interventions, including research on health disparities. Questions I will address include: What is social network analysis, and what theory, constructs, and terminology are used in this work?; What does social network analysis look like when applied in health research and interventions?; and critically, How can social network analysis be applied to better understand and address diabetes health disparities? To address these questions, I'll describe social network research that looks at a breadth of social phenomena relevant to health (e.g., social influence, diffusion, contagion, social stigma, social isolation, and social support and capital), within diverse social contexts that include family systems, peer groups, organizations, neighborhoods and villages, and online communities. A particular focus will be on "sociocentric" social network methods, meaning the study of defined groups of people and the patterns of relationships –i.e. social networks—within the group, to understand or intervene upon individual and/or group health outcomes. Finally, this talk will make clear the value and unique contributions of social network analysis in health disparities research, and touch on some unique challenges in working with social network data and phenomena.

Personal Social Networks: What, Why, and How?

Brea L. Perry, Ph.D.¹ ¹Indiana University, Bloomington

Personal (or egocentric) social network analysis is a methodological tool used to understand the structure, function, and composition of network ties around an individual. This presentation provides a brief introduction to personal social networks, including what they are, why you would use this methodology, and the basics of how to collect personal network data. I cover foundational concepts in personal social network analysis and highlight linkages to social theories and mechanisms that can be used to understand diabetes health disparities and evaluate related network interventions.

Community Based Peer Support in Diabetes Prevention and Management

Edwin B. Fisher, Ph.D.¹

¹<u>Peers for Progress</u>, Department of Health Behavior, Gillings School of Global Public Health, University of North Carolina at Chapel Hill

Engagement of individuals and groups can be advanced by involving them in planning, developing, and implementing programs intended to benefit them – community *based* programs, in distinction from community placed programs developed elsewhere. Peer support can serve as a central strategy within community based programs, integrating community members into program activities and providing a key base for cultural tailoring of activities to intended audiences. This presentation describes two programs that developed peer support as part of community based activities.

The Kerala Diabetes Prevention Program (Thankappan et al., 2018) included formative evaluation leading to a group based program in neighborhoods identified as electoral wards with peer leaders chosen from among group members. As the program developed, peer leaders and others took on broader roles, developing and promoting varied activities along with contacts and support outside of group meetings.

Under the umbrella of the Shanghai Integration Model for diabetes management (Liu et al., 2020), peer leaders in 9 Community Health Centers provided varied activities and individual support within neighborhoods. Impacts on neighborhood support, glycemic control, and diabetes distress varied by level of implementation among the 9 sites. This has prompted greater engagement of other community groups in subsequent dissemination to 12 additional sites.

Together, these demonstrate synergies among varied strategies and features of community based program development and peer support approaches.

- Liu, Y., Wu, X., Cai, C., Tang, P. Y., Coufal, M. M., Qian, Y., ... Jia, W. (2020). Peer support in Shanghai's Commitment to diabetes and chronic disease self-management: program development, program expansion, and policy. *Translational behavioral medicine*, 10(1), 13-24. doi:10.1093/tbm/ibz194
- Thankappan, K. R., Sathish, T., Tapp, R. J., Shaw, J. E., Lotfaliany, M., Wolfe, R., . . .
 Oldenburg, B. (2018). A peer-support lifestyle intervention for preventing type 2 diabetes in India: A cluster-randomized controlled trial of the Kerala Diabetes Prevention Program. *PLoS Med*, 15(6), e1002575. doi:10.1371/journal.pmed.1002575

Maximizing Positive Social Influences in the Workplace: Lessons Learned and Future Directions for Eliminating Health Disparities

Laura Linnan, Sc.D.¹

¹Gillings School of Global Public Health, University of North Carolina at Chapel Hill

More than 60% of US adults who are at least 18 years of age are employed; and spend a considerable amount of each day involved in work-related activities. For the past three decades, researchers have utilized the workplace as a place to reach large numbers of individuals with health-related programming. Yet we have come to learn that the workplace, our relationships at work, and the work itself, exerts strong, independent influences on worker safety, health and well-being. Moreover, work itself is changing. Not only have we transitioned from agricultural to manufacturing to a more service-based economy, but the pandemic has unleashed a powerful set of changes where more individuals are working remotely or with hybrid schedules than ever before. As a result, social influences at work are changing rapidly, and the value of work itself is being reimagined.

The purpose of this presentation is to share lessons learned about the importance of social influences at work from more than three decades of workplace intervention studies primarily focused on chronic disease prevention and promoting health behaviors in the workplace, many with a focus on eliminating health disparities. Reflecting on these examples, we will take the lessons learned and look toward future directions for research, as well as accelerating the translation of research into practice while the world of work is changing right before our eyes. After summarizing key take-aways from previous research, I will introduce the National Institute of Occupational Safety and Health-endorsed Total Worker Health® approach and conceptual model to consider future directions for maximizing positive social influences while addressing health disparities in the workplace.

Community Partnering with Healthcare: An Equity Success Story

Samuel Cykert, M.D.^{1,2}; Eugenia Eng, Dr.P.H.²; Carmen Samuel-Hodge, Ph.D., RD²; Christina Yongue, M.P.H., MCHES³

¹The University of North Carolina School of Medicine; ²The Center for Health Promotion and Disease Prevention, The UNC-Gillings School of Global Public Health; ³Department of Public Health Education, University of North Carolina at Greensboro

Background: Lung cancer and breast cancer are the leading causes of cancer death in the U.S. Despite the frequency of fatal outcomes, Black patients with potentially curable disease consistently either don't receive or don't complete standard treatments more frequently than White patients contributing to higher mortality rates. The Accountability for Cancer Care through Undoing Racism and Equity (ACCURE) Study was an NCI sponsored intervention trial designed to implement system changes to reduce these treatment disparities. In this report, we describe the intervention in 2 original cancer centers then adding 3 others in a study dedicated to treatment of curable lung cancer. Significant Black-White gaps are notable for diabetes control and other cardiovascular risks. We describe how the ACCURE methodology has been applied to chronic disease management in efforts to reduce such risks.

Methods: The intervention was derived using a community based participatory research approach utilizing the understanding of systemic racism in partnership with a health disparities collaborative formed in 2003. This collaborative included representatives from the local health system. The ACCURE intervention consists of 3 components: (1) a real time warning system built with uploads from electronic health record data that automatically signals missed patient appointments or unmet milestones in expected care, (2) race-specific data feedback to each cancer center team regarding adherence to standard treatments, (3) a nurse navigator specially trained regarding health equity issues and race-specific barriers to care. In the Carolina Heart Alliance Networking for Greater Equity (CHANGE), rural community advisory boards served as the community participatory groups and community health workers served as the care navigators for cardiovascular risk reduction.

Results: In the original ACCURE Trial (Intervention N = 302), treatment completion after intervention for curable lung and breast cancer increased from 79.8% to 88.4% for Black patients and 87.3% to 89.5% for White patients. In the five center lung cancer study (Intervention N = 360), the intervention resulted in a change of treatment completion from 69.0 to 96.1% for Black patients and 77.8 to 95.6% for Whites. Both the unadjusted analysis and the regression analyses controlling for age, comorbidity, SES, clinical stage, and site showed that treatment improved with the ACCURE intervention for all patients and the statistically significant racial differences resolved. Early results in chronic illness interventions show a significant reduction in cardiovascular disease risk.

Conclusion: A multimodal intervention generated from community partnership using an antiracism, systems approach lens optimized treatment completion for breast and lung cancer and reduced racial disparities. Results in chronic disease management and cardiovascular disease risk reduction appear promising.

Sources of Peer Support and Peer Influence Among Mexican Origin Families in the U.S: Implications for Diabetes Prevention and Control

Guadalupe X. Ayala, Ph.D., M.P.H., M.A.^{1,2,3}

¹San Diego State University; ²Institute for Behavioral and Community Health; ³SDSU HealthLINK Center for Transdisciplinary Health Disparities Research

Efforts to prevent and control diabetes through the engagement of community health workers (aka, promotoras/es), and peer supporters more broadly, have identified their instrumental role in engaging patients to comply with treatment guidelines, assisting patients to modify lifestyle behaviors, and providing emotional support. Notwithstanding, examination of peer support and peer influence both more broadly (e.g., across the socio-ecologic framework) and more deeply (e.g., consider the norms of peers) would inform future interventions targeting contextualized social environmental influences. In this talk, I will present evidence from a series of studies that considers sources of peer support and peer influence across levels of the socio-ecologic framework, and the norms that social members may bring to these interactions.

Fostering Health Equity through Community and Peer Support in

Gretchen A. Piatt, Ph.D., M.P.H.¹; Cherie Conley, Ph.D., M.H.S., RN¹ ¹University of Michigan

While a great deal is understood about how to provide effective diabetes self management education, less is known about the strategies needed to provide effective, sustained diabetes self-management support (DSMS). Efforts need to shift towards community resources to meet these challenges. The pervasive lack of community resources, particularly in low-income communities, ultimately limits access and availability of DSMS programs, especially for African Americans. Accordingly, there is a critical need to develop, evaluate, and understand effective DSMS strategies that are ongoing, patient-driven, and embedded in the community.

One way to do this is to rely on existing community infrastructures, like churches, which often have the personnel, space, and most importantly, the established relationships with the community to bring about sustained changes. In the African American community, the church plays a central role in community life and can serve as a powerful channel to deliver health promotion programs. However, little research addresses how to organize or stage such interventions in church settings. This presentation will focus on two examples of organizing peer support interventions for improved DSMS in African American churches.

The Praise Diabetes Project is a cluster randomized controlled trial that took place in 21 churches in metro-Detroit and northwest Ohio from 2016-2021. Churches were randomized to one of three peer support strategies to determine the relative effectiveness of each strategy at improving A1c and diabetes distress and sustaining the observed improvements. 47 peer leaders (n=31) and parish nurses (n=16) were trained with the University of Michigan, 30-hour, empowermentbased, training curriculum. Statistically significant decreases in A1c and diabetes distress were observed and the proportion of participants who achieved the A1c goal < 7% was sustained over time. Of the participants who achieved an A1c < 7%, 77% of participants achieved sustained glycemic control at 33 months.

This second study examined the feasibility of African American church members cooperating as dyads to attain health goals. Participants completed nine weeks of group classes then worked as dyads for nine weeks. Surveys, logs, and interviews were used to assess: 1) feasibility of working with a partner and 2) how dyads cooperated. Thirty-two dyads from three churches completed the study. Dyads communicated an average of two times per week and over 95% wanted to partner again. Dyads experienced challenges and provided encouragement. Findings indicate it is feasible for African American church members to cooperate as dyads to achieve health goals.

Harnessing Social Networks in Clinical Settings

Amar Dhand, M.D., D.Phil.^{1, 2, 3}

¹Harvard Medical School; ²Brigham and Women's Hospital; ³Network Science Institute, Northeastern University.

Social networks are the persons surrounding a patient who provide support, circulate information, and influence health behaviors. For patients seen by physicians, social networks are one of the most proximate social determinants of health that are actually accessible to clinicians, compared to wider social forces such as structural inequalities. We can measure social networks and related phenomena of social connection using a growing set of scalable and quantitative tools increasing familiarity with social network effects and mechanisms. This scientific approach is built on decades of neurobiological and psychological research highlighting the impact of the social environment on physical and mental well-being. Here, I will review assessment methods including novel social sensors, patterns of social network effects in patients, and the design of social therapeutics for patients.

Insights into Disparities in Access to Health Care with Patient-Sharing Network Analysis

<u>Erika Moen, Ph.D.</u>¹; Gabriel Brooks, M.D.^{1,2}; James O'Malley, Ph.D.¹; Heather Carlos¹; Andrew Schaefer, Ph.D.¹; Tracy Onega, Ph.D.³ ¹Geisel School of Medicine at Dartmouth, Hanover, NH; ²Dartmouth Health, Lebanon, NH;

³University of Utah, Salt Lake City, UT

Barriers to accessing health care can contribute to health disparities across race, rurality, and socioeconomic status. Relationships among health care providers are an understudied yet critical upstream factors impacting access to care. In this presentation, I will introduce a novel network measure, linchpin score, that captures physicians who are indispensable in their local networks for effective multidisciplinary care. Taking its name from a small but important metal pin used to prevent a wheel from sliding off its axle, physicians are characterized as a "linchpin" when more of their peers are not connected to other physicians of the same specialty as the focal physician. High linchpin score may arise in rural or underserved areas, or when a physician is highly specialized. Leveraging nationwide Medicare claims data from years 2015-2018, we assembled cancer patient-sharing networks to identify and characterize linchpin cancer specialists. Results from this work are anticipated to inform strategies on how to improve the organization of physician relationships to create more robust networks and mitigate the negative impacts of workforce shortages in underserved areas.

Using Social Network Analysis to Address Diabetes Health Disparities in Rural Kentucky

Brittany L. Smalls, Ph.D.¹²

¹Department of Family and Community Medicine, University of Kentucky College of Medicine; ²Center for Health Equity Transformation, University of Kentucky

Social network analysis can be used to identify and assess relationships and interactions among those relationships. In rural Appalachia Kentucky, social networks provide insight into how health-related information may be disseminated and the types of health-related social support experienced (e.g., facilitative vs obstructive). Understanding social networks in this population is integral to understanding how existing community assets (e.g., social cohesion, social support) can be leveraged. This is important due to pervasive social environment barriers to health, including lack of access to health-related resources, economic distress, and disproportionate prevalence of cardiometabolic disorders, specifically type 2 diabetes. Moreover, social network analysis can be used to inform and tailor community-based interventions to meet the needs of those living in rural communities.

Social is not Social is not Social: Seeking Specificity in Associations With Health

Louise Hawkley, Ph.D.¹; Kristen Wroblewski, M.S.²; L. Philip Schumm, M.A.²; Martha K. McClintock, Ph.D.³; Elbert Huang, M.D.⁴

¹NORC at the University of Chicago; ²Department of Public Health Sciences, University of Chicago; ³Institute for Mind & Biology, University of Chicago; ⁴General Internal Medicine, University of Chicago Medical Center

A rich and growing literature documents the role of social relationships in promoting health and increasing longevity. Meta-analytic studies have shown significant survival advantages among people with good social relationships and, conversely, that social isolation and loneliness increase the risk of early mortality. Research has shown that physical, cognitive, and mental health are susceptible to a wide range of social influences. Even among studies that have focused on a single disease, such as diabetes, associations have been found with social network size, network composition, marital status, living arrangements, social engagement, and social support, among other social factors. Very little research has sought to identify which of multiple aspects of social relationships is associated with which of multiple aspects of health (e.g., risk, progression). Even less attention has been paid differences in the importance and magnitude of the health effect of specific social influences in some but not other sub-populations.

This talk will provide a conceptual framework to discuss the multi-faceted nature of social influences on health, and will review research showing disparities in the types and distributions of social factors across subgroups of the population as well as disparities in the influence of these social factors on health outcomes. The presentation will include a brief overview of national longitudinal databases that collect egocentric social network data, alongside a synopsis of findings using these data.



Workshop Co-Chairs Biographies

Edwin Fisher, Ph.D.



Edwin B. Fisher is Professor in the Department of Health Behavior in the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. Prior to moving to UNC-CH in 2005, he was Professor in Medicine, Pediatrics and Psychology and Director of the Division of Health Behavior Research at Washington University in St. Louis. At Washington University, he also served as Associate Director for Prevention and Control of both the NIDDK-supported Diabetes Research and Training Center (1981-2005) and the NCI-supported Alvin J. Siteman Comprehensive Cancer Center (1995-2005). A clinical psychologist, he has served since 2008 as Global Director of *Peers for Progress* that promotes evidence, resources, and advocacy for peer support in health, health care, mental health and prevention around the world. Prior to that, he was National Program Director of the Robert Wood Johnson Foundation's Diabetes Initiative (2002-

2009) that examined self-management of diabetes in primary care and community settings. He also co-directs the <u>Community, Family and Peer Support research core</u> of the Michigan Center for Diabetes Translational Research (2021-2026). His research has also addressed challenges in asthma, cancer, cardiovascular disease, mental health, smoking cessation, and weight management, focusing on community-based approaches and social and peer support as well as self-management. Among other honors, he is a past-president of the Society of Behavioral Medicine and principal editor of <u>Principles</u> of Behavioral Medicine: A Global Handbook (Springer, 2018).

Sula Hood, Ph.D., M.P.H.



Sula Hood is a Senior Research Scientist in the Translational Health Sciences Division at RTI International. Her professional experience includes over 15 years of leading community engaged research studies, with a focus on reducing health disparities and advancing health equity among historically disadvantaged populations. Dr. Hood's research employs qualitative and mixed methods, as well as quantitative methods, including social network analysis. She is recognized as a former Duke Social Networks and Health Fellow. Dr. Hood holds an interest in understanding social network influences on health information sharing and genomic literacy within families. Her work includes the design and delivery of network-based health promotion interventions in innovative community contexts, such as intergenerational African American family reunions. Dr. Hood's diabetes-related program of research focuses on understanding and leveraging social network influences on

type-2 diabetes prevention, self-management, and coping, with an emphasis on the roles on social support and interpersonal communication. Additionally, Dr. Hood has led research to inform culturally sensitive peer support strategies to address diabetes-related distress among African American adults living with type-2 diabetes. Dr. Hood has led and co-authored multiple peer-reviewed manuscripts in the areas of diabetes social support and African American social networks and health.

Ann McCranie, Ph.D.



Ann McCranie is the Associate Director at Indiana University Network Science Institute, responsible for general administration, proposal development, educational outreach, and conference and talk planning. She is also Associate Director of Research and Training at the new Irsay Family Research Institute, a multidisciplinary sociomedical sciences institute at Indiana University. McCranie is currently co-principal investigator with Santo Fortunato on an NSF-funded collaboration with Northeastern University, <u>AccelNet-MultiNet</u>, an effort to support an international network of multilayer/multilevel network science. She is also a lead in a <u>Lumina Foundation</u> award to assist the organization in evaluating and expanding their policy networks. McCranie served as the managing editor for Network

<u>Science</u> for eight years and is now Action Editor in Sociology and Health. McCranie received her Ph.D. in Sociology from Indiana University Bloomington. Her research has been focused on networks in several domains: personal networks and health decision making, networks within organization and how they impact change, and networks between researchers in the mental health services field. She was also the general organizer of <u>Networks 2021</u>: A Joint Sunbelt and NetSci Conference, held virtually in July 2021 with over 1700 participants. She has served as summer program faculty teaching network analysis for the University of Michigan's ICPSR <u>Summer Program</u> since 2011. She is the co-author of <u>Recovery in Mental Health: A</u> <u>Critical Sociological Account</u>.

Elizabeth Tung, M.D., M.S.



Elizabeth Tung is a practicing internist and social epidemiologist in the Section of General Internal Medicine at the University of Chicago. Her work focuses on disentangling the complex social risk factors that perpetuate health disparities in chronic diseases such as obesity, diabetes, hypertension and cardiovascular disease. Dr. Tung's research is based in the Chicago School of Urban Sociology's "neighborhood effects" approach. She has a special interest in examining intersections between race, place, and poverty, and their implications for urban health inequity. Dr. Tung's emphasis and expertise on neighborhood effects also stems from first-hand experiences working with community-based health organizations in St. Louis, New York, and Providence, in addition to her work on the South and West Sides of Chicago. These experiences have prompted a firm dedication to addressing social risk factors and eradicating health inequity. Dr. Tung applies geospatial analytical

tools to bridge the worlds of social epidemiology and clinical care for patient populations with a high burden of multiple chronic diseases. She is currently funded by an NIH/NHLBI career development award (1K23HL145090-01) for the study: "Violence as a Social Risk Factor for Cardiometabolic Diseases: Neighborhood Dynamics from Structure to Self."



Organizing Committee and NIH Staff Biographies

Beena Akolkar, Ph.D.



Beena Akolkar joined the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), in 2000, and is currently the institute's Senior Advisor in Immunopathogenesis and Genetics of Diabetes. Prior to join the NIDDK/NIH, Dr. Akolkar was at North Shore University Hospital. Her primary research activities in the recent past have been in the area of etiology/epidemiology, prevention and genetics of type 1 diabetes and genetics and genomics of type 2 diabetes. She is the project scientist for the Environmental Determinants of Diabetes in the Young (TEDDY) study, an international consortium established with the goal of developing and carrying out studies to identify environmental triggers of T1D, such as infectious

agents, dietary factors, and/or psychosocial factors, in genetically susceptible individuals. She is also the project scientist for the Accelerating Medicines Partnership in Common Metabolic Diseases (AMP-CMD). She coordinates research activities on T1D across the NIH.



Miranda Broadney, M.D., M.P.H.

Miranda Broadney is a board-certified pediatric endocrinologist with expertise in clinical trials. Dr. Broadney has previously executed pediatric clinical trials aiming to understand interventions in the realm of glucose metabolism. In her current role with NIDDK, she provides administrative and scientific oversight for clinical studies on the diagnosis, management, and treatment of diabetes mellitus. Within this role, she directs the Type 1 Diabetes Therapeutics Program which focuses on applications studying the clinical management of type 1 diabetes in youth and adults. This program includes observational and clinical intervention applications studying glycemia, acute events related to T1D, diabetes distress, and/or dissemination and implementation of emerging diabetes evidence-based medicine as well as health equity in

T1D. This includes insulin regimens, the use of other approved glucose-lowering medications and technologies that might be used as an adjunct to insulin, lifestyle modifications as well as healthcare provider and health systems focused interventions aiming to improve glycemic control or other T1D outcomes. Dr. Broadney additionally provides scientific & administrative support for various NIDDK clinical consortia and she provides clinical support/patient care within the Pediatric Endocrine Training Program Fellow's Clinic at the NICHD, and consult service at NIH Clinical Center.

Laura Koehly, Ph.D.



Laura Koehly is chief and senior investigator in the Social and Behavioral Research Branch, National Human Genome Research Institute (NHGRI), National Institutes of Health. The ongoing programmatic work in her section aims to improve our understanding of the social contextual factors that influence health behaviors and psychological adjustment to inherited disease risk and diagnoses, with a focus on reaching underserved populations through her work. In so doing, this research can inform tailored approaches that leverage both genomics and

social context to improve health behaviors and outcomes. Homepage: <u>https://www.genome.gov/staff/Laura-M-Koehly-PhD</u>



Marissa Lightbourne, M.D.

Marissa Lightbourne is quadruple boarded pediatric and adult endocrinologist at NIDDK. Her research interest is cardiometabolic changes in severe insulin resistance states. Her clinical expertise is in patients with childhood endocrine diseases transitioning into adulthood. She works collaboratively with other investigators in areas such as sex chromosome abnormalities, puberty, pathophysiology of insulin resistance and early cardiometabolic markers.

Kyle Sullivan



Kyle Sullivan is a scientific program analyst at the NIDDK. Currently, he provides versatile support across DEM, including portfolio analyses, managing programmatic websites, and assisting multiple scientific working groups. He received B.S. in bioinformatics from University of Maryland in 2021.

Xujing Wang, Ph.D.



Xujing Wang manages a research portfolio of projects that utilize big data and advanced data science technologies, and that develop computational, or joint computational and laboratory approaches, in diabetes endocrinology, and metabolic disease research. Additionally, she also manages a portfolio in beta cell death, stress and survival pathways. Prior to joining the NIDDK, Dr. Wang had been an associate professor at the University of Alabama at Birmingham, and assistant to associate professor at the Medical College of Wisconsin. Dr. Wang received her Ph.D. in physics and had postdoctoral training in biophysics and medical engineering.

Ken Wilkins, Ph.D.



Kenneth Wilkins is a mathematical statistician serving in the Biostatistics Program Office at the NIDDK, which provides advice to both extramural and intramural staff on the design, analysis, and feasibility of proposed research studies, and supporting the effective conduct of ongoing studies. Having taught courses at Harvard School of Public Health and Uniformed Services University of the Health Sciences, he develops educational curricula to complement how the multidisciplinary Office of Clinical Research Support develops NIDDK-wide resources. Dr. Wilkins also performs research on data-analytic methods, focusing on causal inference from longitudinal or multilevel studies and handling incomplete data,

including network-dependent and other graph-native data, among other topics relevant to NIDDK research; he engages these same methodology communities to share best practices in bridging the innovation-implementation gap across the statistical methodology and machine learning research communities. Dr. Wilkins actively contributes to related efforts supporting the <u>NIH Strategic Plan for Data Science</u>, as a result. He consults and collaborates on research projects, whether developed within the extramural community by intramural investigators, contributing to the design, conduct, analysis, and dissemination of NIDDK-sponsored biomedical research.



Susan Yanovski, M.D.

Susan Yanovski is Co-Director of the NIDDK Office of Obesity Research and a member of the NIH Obesity Senior Leadership Group. Dr. Yanovski received her medical degree from the University of Pennsylvania in Philadelphia. She completed her residency and fellowship in Family Medicine at Thomas Jefferson University School of Medicine in Philadelphia and a post-doctoral fellowship in eating disorders research at the National Institute of Mental Health. Dr. Yanovski's research interests include behavioral, medical, and surgical approaches for obesity treatment in adults and children and the study of binge eating disorder. She has published more than 200 peer-reviewed papers and was a member of the expert panel that developed the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults, the FDA's Endocrinologic and Metabolic Diseases Advisory Panel, the Executive Advisory Council of the Veteran Administration's MOVE program, and the National

Academies of Science, Engineering, and Medicine Roundtable on Obesity Solutions. She was a 2020 recipient of The Obesity Society's Atkinson-Stern Award for Distinguished Public service.



Invitee Biographies

Guadalupe Ayala, Ph.D., M.P.H., M.A.



Guadalupe Ayala is a Professor of Public Health at San Diego State University (SDSU). She is the Director of the Institute for Behavioral and Community Health, an SDSUaffiliated nonprofit research institute focused on reducing health disparities through community-engaged, multilevel, multisector changes. She is also the Director of the SDSU HealthLINK Endowment and Co-Director of the SDSU HealthLINK Center for Transdisciplinary Health Disparities Research, both funded by the National Institute of Minority Health and Health. Dr. Ayala is serving/has served as the principal investigator for more than 26 grants, contracts, and endowments totaling \$41 million. Sources include the NIH, Centers for Disease Control and Prevention, Robert Wood Johnson Foundation's Healthy Eating Research Program,

U.S. Department of Agriculture, and American Cancer Society. Her research focuses on developing new and adapted interventions to reduce Latino health disparities in obesity, diabetes, and asthma. This has included the development of evidence-based individual, family, health care, and community interventions to improve diet, physical activity, and other behavioral; social (e.g., parenting); and environmental (e.g., food stores) determinants of obesity, diabetes, and asthma. A concurrent program of her research examines social, cultural, and environmental factors that impact health behaviors and health outcomes among immigrants and other hard-to-reach communities. Dr. Ayala earned a BA in Cognitive Psychology from the University of San Diego; an MA in Experimental Psychology from California State University, San Marcos; a PhD in Clinical Psychology from the SDSU-University of California at San Diego Joint Doctoral Program; and an MPH from SDSU.

Michelle Birkett, Ph.D.



Michelle Birkett is an Assistant Professor of Medical Social Sciences and directs the CONNECT Complex Systems and Health Disparities Research Program within the Institute for Sexual and Gender Minority Health and Wellbeing at Northwestern University. Dr. Birkett's research uses network and quantitative methodologies to understand the social contextual influence of stigma on the health and wellbeing of marginalized populations, and in particular, sexual and gender minority youth. She and her team have captured rich data on the social systems and physical spaces inhabited by racial and sexual minorities and have utilized these data to understand how the social and sexual isolation of young Black men who have sex with men in Chicago drives disparities in HIV. Additionally, Dr. Birkett oversees the development and dissemination of Network Canvas, an open-source software

suite for complex network data collection. Dr. Birkett leads several current NIH and NSF-funded projects, including *Simulation Modeling to Understand and Address HIV Disparities in Racial, Ethnic, and Sexual Minority Populations* (R01MD014703); *Developing and Testing a Social Network Data Capture Tool to Improve Partner Services* (R34DA052216); *Network Canvas: Development, Hardening, and Dissemination of a Software Suite for the Collection of Complex Network and Contextual Data in HIV and Drug Research* (R01DA042711); and *Metropolitan Chicago Data Science Corps - Learning from Data to Support Communities.*

Andrea Cherrington, M.D., M.P.H.



Andrea Cherrington is a Professor of Medicine at the University of Alabama Birmingham (UAB) in Birmingham, AL. She earned her MPH and participated in the Robert Wood Johnson Clinical Scholars' Program at the University of North Carolina-Chapel Hill after completing residency in Internal Medicine at UAB in 2003. In 2006, she returned to UAB where her research has focused on developing, implementing and evaluating community-based interventions for chronic disease prevention and management in high risk and under-resourced communities, with an increasing emphasis on linking those interventions to health systems. She has been continuously funded since 2008 with grants from the National Institutes of Health, the American Diabetes Association, the American Heart Association, the Robert Wood Johnson Foundation, and the Agency for Healthcare Research and Quality. She serves as

Director for the UAB Program in Clinical and Population Health Sciences as well as the Intervention and Translation Core within the UAB Diabetes Research Center, and is a multiple PI for the recently awarded Deep South Center to Reduce Disparities in Chronic Disease. Dr. Cherrington remains clinically active in ambulatory medicine at Cooper Green Mercy Health System, Alabama's only county-owned, safety-net clinic in the greater Birmingham area.



Cherie Conley, Ph.D., M.H.S., RN

Cherie Conley's research focuses on health equity, strengthening cross sector partnerships, and developing asset-building health promotion programs and policies with underserved communities and populations. Dr. Conley received training in Disease Control and Prevention at Johns Hopkins School of Public Health and completed her PhD in Nursing and Community Health from Duke University School of Nursing. Dr. Conley's doctoral work included developing and implementing a community-based peer-to-peer support program to promote healthy weight, co-leading an interdisciplinary team of students to establish walking trails to promote accessible fitness for residents of Durham, North Carolina, and contributing to the development of an

HIV prevention intervention in African American beauty salons. She is currently a first year National Clinician Scholar at the University of Michigan. As a Clinician Scholar, Dr. Conley is researching how nonprofit hospitals address health equity through their community benefit programs.

Samuel Cykert, M.D.



Samuel Cykert is a Professor of Medicine at the University of North Carolina – Chapel Hill in the Division of General Internal Medicine and Clinical Epidemiology and was founding director for the Program on Health and Clinical Informatics. He graduated from Indiana University School of Medicine with Highest Distinction and did his Internal Medicine Residency and General Medicine Faculty Fellowship at UNC. He started his career as a solo practitioner in Alamance County and learned firsthand how real world issues led to variations in care. Combining his research training, his role as a founding member of the Greensboro Health Disparities Collaborative, and interest in health policy, Cykert has been heavily involved in projects that address cancer and chronic care management including the building of systems that address health care disparities. He has served as principal or co-principal investigator on several studies including the NCI-sponsored

Accountability for Cancer Care through Undoing Racism and Equity system change intervention and the American Cancer Society-sponsored, "Lung Cancer Surgery: Decisions Against Life Saving Care – The Intervention". Dr. Cykert also led the North Carolina Collaborative in the Agency for Healthcare Research and Quality's "EvidenceNow" Project. The NC group engaged 219 primary care practices caring for over 600,000 adult patients who achieved significant cardiovascular disease risk reductions especially among rural Black patients in the "Stroke Belt" region of the state. He currently serves as a co-chair for the UNC-Lineberger Cancer Center's Equity Council.

Mary de Groot, Ph.D.



Mary de Groot is an Associate Professor of Medicine and Acting Director of the Diabetes Translational Research Center at Indiana University. She received her Master of Education degree from the Harvard University Graduate School of Education in 1989 and her doctorate in Clinical Psychology from the University of Rhode Island in 1999. Dr. de Groot is a clinical health psychologist whose research focuses on examining the mechanisms that link diabetes and depression as well as the development of accessible interventions to treat depression among adults and socioeconomically and culturally diverse populations with diabetes. Her research has been funded by the National Institute of Diabetes, Digestive Diseases and Kidneys (R34DK074515; R18DK092765). Dr. de Groot has contributed more than 100 articles and presentations on the psychosocial aspects of type 1 and type 2 diabetes. Her work has been published in the top journals of

her field including *The American Psychologist* and *Diabetes Care*. Dr. de Groot's service to the field has included Past President of the Behavioral Diabetes Research Group Exchange (BRIDGE), the premier behavioral diabetes organization and long-standing member of the American Psychological Association, the Society of Behavioral Medicine and the American Diabetes Association. Since 2011, she has served as an Associate Editor for *Diabetes Care* and a member of the editorial board for *Diabetes Forecast*. From 2017 to 2021, Dr. de Groot she served on the National Board of Directors of the American Diabetes Association. In 2020, she served as the President of Health Care and Education for the American Diabetes Association. She currently serves on the Research Policy Committee of the American Diabetes Association.

Amar Dhand, M.D., D.Phil



Amar Dhand is a physician social scientist with expertise in social networks and neurological outcomes. Trained in medicine and social science at Harvard Medical School and Oxford University, he currently practices and teaches at Brigham and Women's Hospital and Harvard Medical School. His theoretical goal is to understand neurology patients in context of their social connectedness (Nature Reviews Neurology, 2016). Methodologically, his group designed PERSNET, a quantitative social network assessment tool on a secure open-source web platform REDCap, that is readily deployable in large-scale clinical studies (Nature Communications, 2018). The conceptual

groundwork and methods have allowed his group to study the social networks of patients with varying neurological conditions including stroke, traumatic brain injury, and multiple sclerosis. International research groups have also used PERSNET to study varying public health phenomena such as the social factors of indoor air pollution. Dr. Dhand's empirical studies have revealed significant and counterintuitive results. For example, he found that small and close-knit social networks of highly familiar contacts, independent of individual characteristics, were related to delayed hospital arrival after stroke (Nature Communications, 2019). His laboratory (www.dhandlab.com) is a collective of network scientists, philosophers, sociologists, theologians, neurosurgeons, and neurologists.



Leonard Egede, M.D., M.S.

Leonard Egede is a general internist and health services research, tenured Professor of Medicine, Inaugural Milwaukee Community Chair in Health Equity Research at the Medical College of Wisconsin, Division Chief of General Internal Medicine at Froedtert, Director for the Center for Advancing Population Science (CAPS), Director for MCW's CTSI KL2 Program and Director of MCW's CTSI Master's in Clinical/Translational Research. As a nationally recognized health disparities researcher, Dr. Egede's research has focused on developing and testing innovative interventions to reduce and/or eliminate health disparities related to race/ethnicity, socioeconomic status, and geographic location for chronic medical and mental health conditions.

Elena Ennis



Elena Ennis was diagnosed with type 1 diabetes in 2014. After the initial shock of diagnosis, she spent a lot of time learning everything she could about diabetes and connecting with other people similarly diagnosed. She has since participated in 10+ clinical trials through Sansum Diabetes Research Institute in Santa Barbara, CA. These include trials that led to the t:slim pump with Basal IQ and Control IQ, and the Omnipod 5. Her initial visits to her local hospital's monthly diabetes support group eventually turned into a position there as a diabetes facilitator, helping to teach education classes for people with diabetes and pre-diabetes. She is certified by the University of Illinois Chicago as a Peer Educator for the Diabetes Empowerment Education Program (DEEP). She homeschooled her two now-adult daughters, loves to knit and crochet, and lives

with her husband in their hometown in the southern California desert, which she is sure is the most beautiful place in the world.



Kathryn Fantasia, M.D., MSc

Kathryn Fantasia is an adult endocrinologist at Boston Medical Center and Assistant Professor of Medicine at Boston University School of Medicine. She received her medical degree from Albany Medical College and completed her internal medicine residency, chief residency, and endocrinology fellowship training at Boston Medical Center. She received a master's degree in health services and systems research from the Boston University School of Public Health and is a current research fellow with the Boston University Evans Center for Implementation and Improvement Science. Her research focuses on evaluation of care delivery for adults with diabetes; racial and ethnic inequity in diabetes care, particularly in the use of diabetes technologies; and interventions and strategies to increase access to care and improve outcomes for populations disproportionately impacted by diabetes and its complications including adults from racial and ethnic minority groups and

those who are cared for in safety-net health care settings.

Karen Flórez, DrPH, M.P.H.



Karen Flórez is a health equity scholar at the CUNY Graduate School of Public Health and Health Policy, Dr. Flórez has developed a program of research with the broad aim of investigating and identifying gaps in the literature to generate new knowledge for evidence-based interventions to reduce diet and diet-related disparities among vulnerable populations of color, with an emphasis on obesity among Latinos. To achieve this, she has pursued three interrelated lines of research that focus on interactions between obesity/diet and (1) structural determinants, including food insecurity, (2) sociocultural determinants, including social networks, and (3) faith and faith-based settings. The work on the role of social networks as conduits for social support, access to resources, social engagement, and social norms that affect diet has appeared in two journals including Social Science and Medicine-Population Health and American

Journal of Community Psychology. Two grants funded by NIDDK and NY Regional CDTR examine the influence of the personal social networks on Latino health. The NIDDK-funded study employs social network analysis (SNA) to understand the extent to which network features shape the transmission of diabetes-related health behaviors, norms, and values. This transmission is an essential but overlooked aspect of the acculturation process. The mixed-method approach also includes in-depth interviews based on information-rich cases, giving us a richer and more nuanced understanding of social networks. This work will contribute to our existing knowledge of the specific role of social networks and social support on diabetes among this vulnerable population.

Patrick Gee, Sr., Ph.D., JLC



Patrick Gee is an Ordained Minister, Healthcare Consultant, and Consumer Advocate from North Chesterfield, VA. He is also Founder and CEHD, iAdvocate, Inc., a Faith-based Health & Wellness organization. Patrick has a B.S. and M.S. in Criminal Justice/Public Administration from the University of Richmond, VA, and a Ph.D., in Justice, Law, & Criminology from American University, Washington, DC. Patrick is a Type 2 Diabetic who lost his kidney function to diabetic kidney disease. He is a transplant recipient of five years and a COVID-19 survivor and long hauler. Patrick currently serves as Vice-Chair of the Kidney Health Initiative (KHI) Patient Family Partnership Council. He is also the Patient Representative member of the Diabetes Kidney Disease Collaborative (DKD-C) Task Force, World Health Organization (WHO) Guidelines Development Group for COVID-19 and Living Therapies, and a founding member of MedTech Color Collaborative

Community on Diversity and Inclusion in Medical Device Product Development and Clinical Research Steering and Disease State Awareness Committees, to name a few. Patrick's motto is, "I am the Voice of the Voiceless and the Face of the Faceless in the fight against kidney disease and health inequities."



Jeffrey Gonzalez, Ph.D.

Jeffrey Gonzalez is Professor of Psychology at the Ferkauf Graduate School of Psychology of Yeshiva University and Professor of Medicine (Endocrinology) and Epidemiology & Population Health at Albert Einstein College of Medicine, both located in the Bronx, NY. Dr. Gonzalez is also Director of the New York Regional Center for Diabetes Translation Research, one of seven Centers across the United States funded by NIDDK to support and promote translational research related to diabetes prevention and control. Dr. Gonzalez is a licensed clinical psychologist with specialized training in cognitive behavioral therapy, health psychology and behavioral medicine. His research has focused on two broad areas: 1) identifying psychosocial factors associated

with problems with chronic illness self-management and poor treatment outcomes; and 2) designing and evaluating translational interventions that can improve emotional well-being, self-management, and health outcomes for those living with chronic illness. He has published more than 80 journal articles and 10 book chapters, with most focusing on diabetes self-management and treatment. He is currently principal investigator of several grants from the NIDDK, focusing on diabetes self-management in type 1 and type 2 diabetes. Dr. Gonzalez is a Fellow of the Society of Behavioral Medicine and the Academy of Behavioral Medicine Research.

Jaclynn Hawkins, Ph.D.



Jaclynn Hawkins research program focuses on identifying the causes of physical health disparities between Black men and non-Hispanic white men; and creating and evaluating diabetes health interventions with an emphasis on addressing the unique needs of Black men. Much of her work focuses on the intersection of race, age and gender in diabetes diagnosis and self-management in Black men. Dr. Hawkins also has extensive experience conducting research on disparities in health care experiences and outcomes specifically for Black men. She has authored several peer-reviewed research articles and been PI or Co-I on several grants focused on type 2 diabetes selfmanagement health behaviors, chronic disease communication, and psychosocial and physical wellbeing in Latino/a and Black communities. Dr. Hawkins is presently principal investigator of Men and Diabetes (MenD), a pilot/feasibility randomized control study of a peer led diabetes self-management and support intervention targeting Black men with T2D (PI:

Hawkins; 1-R21-DK11733901-A1). Dr. Hawkins serves as the Co-Director of the Michigan Center for Diabetes Translational Research Pilot and Feasibility Program on its successful 5-year renewal from NIH (NIDDK P30DK092926), and the Associate Director of the Vivian A. and James L. Curtis School of Social Work Center for Health Equity Research and Training (CHERT) at the University of Michigan. She is also a board member for the Michigan Institute for Urology's Men's Health Foundation, a 501(c)(3) non-profit organization dedicated to men's health advocacy and the awareness, education, research and treatment of prostate cancer and men's health related issues.

Louise Hawkley, Ph.D., M.A.



Louise Hawkley is a Principal Research Scientist with NORC at the University of Chicago. Her research focuses on the causes and consequences of loneliness for health and well-being in older adulthood. She is a co-investigator on the NIA-funded National Social Life, Health and Aging Project (NSHAP), an ongoing population-based panel study of the health and social relationships of over 4,000 older adults in the US. She is also on the investigative team for an NIA-funded study of the social modulation of diabetes risk and progression in older adulthood. Her work extends to evaluations of interventions to reduce loneliness and isolation, and she is leading the evaluation of social isolation reduction programming for older adults implemented by Area Agencies on Aging in Illinois during the COVID-19 pandemic. For the AARP Foundation, she leads an NORC team that has developed and is maintaining a "Geography of Social Isolation" mapping tool designed for policy makers and

community-based organizations. She is a member of the Scientific Advisory Committee for the U.S. Foundation for Social Connection and a founding member of the International Loneliness and Isolation Research Network. Dr. Hawkley has been in demand as a content expert during the COVID-19 pandemic, and has given invited lectures and panel presentations for academic and service institutions in national and international venues.

Elbert Huang, M.D., M.P.H., FACP



Elbert Huang is Professor of Medicine and Public Health Sciences, Director of the Center for Chronic Disease Research and Policy at the University of Chicago. Dr. Huang is a practicing primary care doctor who studies clinical and health care policy issues at the intersection of diabetes, aging, and health economics. His research has provided the theoretical and evidence-base foundation for the concept of personalizing diabetes care goals as well as the contemporary natural history of the disease in older people. Dr. Huang's research has directly influenced modern diabetes care clinical practice guidelines for older people that now emphasize 1) individualization of glycemic goals, 2) the role of patient treatment preferences, 3) the clinical importance of hypoglycemia, and 4) management of geriatric conditions. He is an expert in the use of computer simulation models of chronic diseases. Dr. Huang co-direct the Research Design,

Data, and Analytics Core for the Chicago Center for Diabetes Translation Research with Abel Kho of Northwestern. And he also co-direct the newly established Chicago Chronic Condition Equity Network (C3EN) with Dr. Elizabeth Lynch of Rush University. The overall goal of the C3EN is address disparities in multiple chronic conditions by strengthening and building collaborations across community-based organizations, practice networks, and academic researchers, by promoting a comprehensive approach to the prevention and management of multiple chronic conditions that accounts for mental health, functional health and social life, and by supporting interventions that actively seek to cross boundaries of disease-specific management, professional training, community and practice.



Nadia Islam, Ph.D.

Nadia Islam is an Associate Professor in the Department of Population Health at the NYU Grossman School of Medicine and the Associate Director for NYU Langone's Institute for Excellence in Health Equity. Her rigorous research program, marked by a collaborative approach involving multiple clinical and community stakeholders, focuses on developing culturally relevant community-clinical linkage models to promote health equity in disadvantaged communities. Dr. Islam co-directs the NYU-CUNY Prevention Research Center (PRC) and the Community Engagement and Population Health Research core of NYU's Clinical Translational Science Institute. She is also a lead investigator in the NYU Center for the Study of Asian American Health, the nation's only NIH-funded research center of excellence dedicated to eliminating disparities in Asian communities. Dr. Islam is the principal investigator on several NIH- and CDC-funded initiatives evaluating the impact of community health worker (CHW) interventions on chronic

disease management and prevention in diverse populations. Dr. Islam is a medical sociologist with a doctorate in Sociomedical Sciences from Columbia University. Her work has been featured in the *New England Journal of Medicine, JAMA, American Journal of Public Health*, and numerous other peer-reviewed journals.



Youjin Lee, Ph.D.

Youjin Lee is a Manning Assistant Professor of Biostatistics at Brown University. Before joining Brown University, Dr. Lee completed her postdoctoral training at the University of Pennsylvania and received her Ph.D. in Biostatistics from Johns Hopkins University. Dr. Lee's research focuses on developing new causal inference methods in complex observational studies, such as social networks and multilevel data. Her recent method developments include instrumental variable methods and estimation of spillover effects. Dr. Lee is particularly interested in settings where standard assumptions, such as independent observations or no unmeasured confounding assumptions, are violated. She has developed several nonparametric methods that can be applicable to non-independent data as well as unbiased

causal inference tools that can learn about the diverse causal effects even in the presence of unmeasured confounders.

Laura Linnan, ScD



Laura Linnan has been PI of more than 40 community-based intervention or evaluation trials with funding from NCI, NHGRI, NIOSH, NHLBI, CDC, NIMHD and the American Cancer Society on a variety of topics that relate to chronic disease prevention and control, especially among populations who face health inequities. Most of these studies have taken place in community (public libraries, beauty salons/barbershops, childcare centers, churches) and in workplaces. She is PI of a recently funded Carolina Center for Excellence in *Total Worker Health*® and Well-Being, one of 10 in a national network supported by NIOSH. As Chief Academic Officer at the Gillings School of

Global Public Health, she also directs the graduate certificate program in *Total Worker Health*®, one of three programs in the country in this new emerging field. She has led two national employer surveys with CDC funding (2008 and 2017), was PI of the CDC-funded Coordinating Center for the Workplace Health Research Network, has produced numerous peer reviewed articles, book chapters, and co-edited a book (with/Allan Steckler) on *Process Evaluation for Public Health Intervention and Research*. Community-engaged scholarship, rigorous, comprehensive process evaluations, mixed method designs, and a special emphasis on planning for sustainability are hallmarks of her research.



Erika Moen, Ph.D.

Erika Moen is a health services researcher at the Geisel School of Medicine at Dartmouth with expertise in network analysis, biostatistics, and analysis of large health care administrative datasets. An overarching goal of her work is to distill complex patient-sharing network data into clinically relevant measures to improve access to care. She is currently funded by the National Cancer Institute to examine the contribution of patient-sharing physician networks to cancer health disparities. Through this project, she aims to demonstrate the utility of physician networks in understanding the physician workforce and characterize areas where the network is particularly vulnerable to workforce shortages. Her project leverages nationwide Medicare claims data, SEER-Medicare data, and semi-structured interviews with cancer specialists to characterize vulnerable physician networks and examine how physician networks impact patient access to multidisciplinary care.

Shelagh Mulvaney, Ph.D.



Shelagh Mulvaney is an Associate Professor of Nursing, Pediatrics, and Biomedical Informatics at Vanderbilt University. Dr. Mulvaney received her PhD in clinical psychology from the University of Arizona and completed a clinical internship at the University of Vermont. She completed post-doctoral training in children's mental health services at Peabody College, Vanderbilt University. Dr. Mulvaney leads NIH and foundation-funded research to improve the assessment and integration of psychosocial factors in the design and evaluation of technology- and informatics-mediated behavior change support systems. Relevant aspects of her research include the use of social learning mechanisms to promote diabetes self-management, social and psychological aspects of data sharing, examination of processes that engage patients with their health data, and tailored mobile patient health

communications. Recently Dr. Mulvaney and her team have developed a mobile app designed to improve self-management insights, enhance data sharing, and blood glucose excursions. The app integrates location, social context and psychosocial data (stress, mood, fatigue) with blood glucose and insulin administration device data for personalized feedback.

Brea Perry, Ph.D., M.A.



Brea Perry is a Professor in the Department of Sociology, Associate Director of the Irsay Family Institute for Sociomedical Sciences, and Associate Vice Provost for Research at Indiana University. Her research investigates the interrelated roles of social networks, biomarkers, social psychology, and social inequality as cause and consequence of health and illness. Her work often focuses on psychological and brain diseases, including neurological disorders common in aging, mental illness, and substance use disorders. Dr. Perry's current projects (funded by the National Institutes of Health and the National Science Foundation) examine: 1) the social dynamics of high-risk drug-seeking behavior as a predictor of opioid overdose and related outcomes; 2) poverty, social network dynamics, and health services use among health

care "super utilizers" with complex, comorbid conditions; 3) relationships between personal social network structure and function, cognitive decline, and neuroimaging biomarkers in the aging brain; 4) and changes in recent immigrants' health behaviors and outcomes as a function of acculturation and social network characteristics. These interdisciplinary projects leverage her expertise in social network analysis, survey research design and data collection, and longitudinal and multilevel modeling. She has received funding from multiple National Institutes of Health, including NIDA, NIDCR, NIA, and NCRR, as well as the National Science Foundation and several charitable foundations. She has served as Chair of the American Sociological Association's Section on Medical Sociology, Series Editor of Advances in Medical Sociology, and Associate Editor of Alzheimer's & Dementia. She was elected to the Sociological Research Association in 2021.

Gretchen Piatt, Ph.D., M.P.H.



Gretchen Piatt is an Associate Professor in the Departments of Learning Health Sciences and Health Behavior and Health Education at the University of Michigan Schools of Medicine and Public Health. She serves as the Department of Learning Health Science's Vice Chair and Associate Chair for Education. Dr. Piatt also serves as the Co-Director of the Michigan Center for Diabetes Translational Research. She has expertise in implementing, designing, and evaluating community interventions aimed at improving health care delivery for individuals with diabetes who are from backgrounds underrepresented in biomedical and behavioral research. She leads research teams that design and evaluate interventions in the primary and secondary prevention of diabetes and its complications, including implementation and evaluation of selfmanagement support interventions in under-resourced communities, federally qualified health centers, and primary

care. Dr. Piatt has built a national and international reputation in this area over the past fifteen years.



Luis Rodriguez, Ph.D., M.P.H., RD

Luis Rodriguez is a diabetes epidemiologist whose research focuses on eliminating type 2 diabetes disparities in racial and ethnic minority groups, particularly in the US Latinx population. His overarching research ranges from diabetes prevention efforts to diabetes care management across the life course, and aims to identify the causes that contribute to health disparities and inform clinical and public health policy interventions. He is currently a postdoctoral research fellow in the T32 Diabetes Translational Research and Delivery Science fellowship programs at the Kaiser Permanente Northern California Division of Research. Prior to his postdoctoral fellowship, he trained as a clinical dietitian and practiced in the management of pediatric obesity at UCSF Children's Hospital. He completed a master's degree in public health nutrition at the University of California Berkeley School of Public Health and a doctoral degree in epidemiology and translational sciences at the University of California San Francisco.

Carmen Samuel-Hodge, Ph.D., M.S., RD, LDN



Carmen Samuel-Hodge is an Associate Professor in the Department of Nutrition at the University of North Carolina Gillings School of Global Public Health, the Evaluation Core Director at the UNC Center for Health Promotion and Disease Prevention, an Adjunct Assistant Professor at Duke University School of Medicine, and embedded faculty at Granville Vance Public Health, a Rural Academic Health Department. Her research targets chronic diseases that disproportionately affect African Americans and other minority populations. This research includes clinical and community-based diabetes self-management interventions for African Americans with type 2 diabetes, behavioral weight loss programs for low-income women, familycentered weight loss interventions for African Americans living with type 2 diabetes and adult family members, and lifestyle interventions that engage with participants to change their eating habits and physical activity behaviors. Dr. Samuel-Hodge co-

leads two research projects funded by the Centers for Disease Control and Prevention and the National Heart, Lung, and Blood Institute, to test a Southern-style Mediterranean dietary pattern for weight loss and cardiovascular disease risk reduction.

Brittany Smalls, Ph.D., MHSA



Brittany Smalls earned her Bachelor of Science in Anthropology, a Master's in Health Services Administration, Master's in Health Psychology (expected May 2022), and a PhD in Health and Rehabilitation Science with a concentration in Health Services Research. In addition, she has completed scholar programs through the American Psychological Association Leadership and Education Advancement Program (APA LEAP) as well as the Programs to Increase Diversity among Individuals Engaged in Health-Related Research (PRIDE) via the National Heart, Lung, and Blood Institute for training in advanced health disparities. Dr. Smalls' research interests include health disparities, rural health, aging research, and social determinants of health within the confines of complex chronic illnesses. Most of her work has assessed the role of social determinants of health on type 2 diabetes health outcomes, specifically social environment factors

(e.g., social support, social networks). However, more recently Dr. Smalls has embarked on learning how implementation science can be leveraged for community-based interventions. To this end, she was accepted to and is a current scholar of the Brown Institute for Implementation Scholars at Washington University-St. Louis. At present, Dr. Smalls is focused on designing and employing evidence-based behavioral interventions to improve self-management of complex chronic disease in geographically isolated older adults.



LaQuita Smith

LaQuita Smith is a native of Birmingham, Alabama, and completed her undergraduate studies at the University of Alabama at Birmingham with a bachelor's degree in Social Work. It was during her internship at Positive Maturity where she developed her commitment to helping seniors age in place. Ms. Smith serves as the Director of the Senior Companion Program where she enhances the lives of seniors through companionship with other seniors living alone, isolated, or just needing a friend to check in on them and spend some time visiting each week. The program supports seniors' economic

and emotional health and aids seniors with support to be able to remain in their homes for as long as possible. She also serves on two community boards UAB Diabetes Community Advisory Board and The Older Alabamians System of Information & Service Program (known as OASIS). By serving on these boards, it allows her to share information and resources to the aging population that serve and receive services from Positive Maturity.

Lijun Song, Ph.D.



Lijun Song is an Associate Professor of Sociology and Medicine, Health and Society and the director of the SNAIL (Social Networks and Inequalities Lab) at Vanderbilt University. Her major research interests include social networks, social sociology, relationships, medical mental health, social stratification (Gender/Sexuality, Race/Ethnicity, and Class), social psychology, and comparative historical sociology. Her most recent award-winning research contributes to theorizing and analyzing the double-edged (protective and detrimental) role of social networks for health and well-being across cultures and societies. Her publications have appeared in many journals in and beyond sociology such as Social Forces, Journal of Health and Social Behavior, Society and Mental Health, Social Psychology

Quarterly, Social Science & Medicine, Social Networks, Sociological Perspectives, American Behavioral Scientist, Chinese Sociological Review, Research in the Sociology of Work, Psychiatry Research, and PLOS One. She has received two publication awards from the American Sociological Association: one from the Section on Sociology of Mental Health and the other from the Section on Asia/Asian America. Her work has been supported by many research grants, including those from the National Institutes of Health, the Mellon Foundation, the Ford Foundation, and the Chiang Ching-kuo Foundation for International Scholarly Exchange. Personal website: https://my.vanderbilt.edu/lijunsong/



R. Turner Goins, Ph.D.

R. Turner Goins is the Ambassador Jeanette Hyde Distinguished Professor at Western Carolina University in the College of Health and Human Sciences. She received her M.S. and her Ph.D. in gerontology from the University of Massachusetts-Boston. She also completed a National Institute of Aging's post-doctoral research fellowship at Duke University Medical School. For the last 23 years, her research has focused on American Indian and Alaska Native aging- and health-related issues. Her training has been complemented by intensive mentoring by leaders in the field of American Indian and Alaska Native health. Dr. Goins has 90 peer-reviewed research publications, and her research has

been funded by the Centers for Disease Control and Prevention, the National Institutes of Health, the National Endowment for the Arts, and local and regional foundations. In 2018, she was a Fulbright Scholar where she examined aging issues among the Māori at the University of Auckland.

Thomas Valente, Ph.D.



Thomas Valente is a Professor in the Department of Population and Public Health Sciences, Keck School of Medicine, at the University of Southern California. He is the author of Social Networks and Health: Models, Methods, and Applications (2010, Oxford University Press); Evaluating Health Promotion Programs (2002, Oxford University Press); Network Models of the Diffusion of Innovations (1995, Hampton Press); and over 235 articles and chapters on social networks, behavior change, and program evaluation. Valente is currently working on specifications for analyzing network models of diffusion and contagion with the R package NetdiffuseR. He is also wellknown for his work developing network models of program implementation and network interventions. Valente has received numerous university, national, and international awards. Valente earned his BS in Mathematics from the University of Mary Washington, his M.S. in Mass Communication from San Diego

State University, and his Ph.D. from the Annenberg School for Communication at USC. From 1991 to 2000 he was at the Bloomberg School of Public Health; in 2008, he was a visiting senior scientist at NIH (NHGRI) for 6 months; and in 2010-2011 he was a visiting Professor at the École des Haute Études en Santé Publique (Paris/Rennes). Valente is co-editor (with Martin Everett) of Social Networks, and on the editorial board of the Journal of Health Communication: International Perspectives.



Ryan Walsh

Ryan Walsh is a Ph.D. candidate in the Rehabilitation and Participation Science program at the Washington University School of Medicine. He works with the Healthy Work Center under the mentorship of Dr. Bradley Evanoff. Ryan's goal is to improve health promotion program implementation among workers at risk for developing diabetes and other chronic conditions. One of Ryan's current interests is applying social network analysis and agent-based modeling to understand the influence of social environments on workers engaged with participatory worker health programs.

Daphne Watkins, Ph.D.



Daphne Watkins is Director of the Vivian A. and James L. Curtis Center for Health Equity Research and Training, a University Diversity and Social Transformation Professor, and a Professor of Social Work at the University of Michigan. Her work addresses the dynamic interplay between multiple aspects of socially constructed identity, including race, ethnicity, gender, class, age, culture, and context. Dr. Watkins' research translates emergent findings on Black men's mental health into culturally sensitive, genderspecific, and age-appropriate mental health interventions for Black men in their social contexts, including their communities, peers, and families. She developed a novel social media-based intervention, the

Young Black Men, Masculinities, and Mental Health (YBMen) project, that helps Black men transform their gender norms, enrich their mental health, and engage in social support. This award-winning intervention (1) uses a collaborative community approach that critically engages men in the design, refinement, and implementation of the intervention; (2) is the first of its kind to address mental health, manhood, and social support for Black men; and (3) is delivered online, which makes it both sustainable and scalable across multiple users. In addition to her intervention research, Dr. Watkins is an internationally-recognized expert in mixed methods research and using secondary quantitative and qualitative data to examine health outcomes among historically minoritized groups. She co-leads the Leveraging Community, Peer, and Family Support (National) Core with Dr. Ed Fisher (UNC) at the Michigan Center for Diabetes Translational Research.

Weidi Qin, Ph.D., MSW, M.P.H.



Weidi Qin is a Postdoctoral Fellow at the Population Studies Center of Institute for Social Research at the University of Michigan. She completed her PhD in Social Welfare at Case Western Reserve University and received MSW and MPH from the Washington University in St. Louis. She is an interdisciplinary scholar whose research focuses on aging, cardiometabolic health, and independent living. The goal of her research is to reduce health disparities in cardiometabolic risk and improve diabetes management outcomes among older adults from the life course perspective. Broadly, she studies the mechanism linking stressful life events, psychosocial coping resources, and cardiometabolic health outcomes among older adults. Her current program of research focuses on: 1) social network factors (e.g. support from family, friends, neighbors) that buffer the adverse health and mental health consequences of diabetes in older adults, 2) social determinants of racial and ethnic disparities in cardiometabolic

and diabetes risks, and 3) interactive effects of environmental, behavioral, and biopsychosocial factors on diabetes management outcomes.



Nicole Wiesen, MSW, CCTS-I, CDE

Nicole Wiesen is a social behaviorist doing focused work in program development and project management, formally educated in graduate studies of Social Work and Clinical Administration. A well-traveled and seasoned observer in her study of cross-cultural dynamics, she is often sought out for specific problem-solving challenges as a Certified Clinical Trauma Specialist. Nicole's love for community service and her desire to give back, has channeled her to a notable and respected seat as a social-change advocate. Her compassion, diligence and resolve routinely partner her with families, other advocates, social entrepreneurs and policymakers, at the intersection of personal capacity building and activism to break down socio-justice barriers. More broadly, she's a healing, lifestyle and emotionalfreedom coach. This includes the area of attentive care for

oppressed and displaced individuals suffering from diabetes and other endocrine disorders. Nicole lives in Atlanta with her son, Alex and her parents Denise and Burton Brody.

Helpful Onsite Information

Wi-Fi Information

Instructions located on the next page

Meal Options

Brown Bag (Onsite)

Located in the Hyatt Regency Bethesda- Floor 3

Menu and order online- https://brownbagonline.com/menu/

Closes at 2:30 p.m.

Morton's The Steakhouse (Onsite)

Located in the Hyatt Regency Bethesda- Floor 1

Menu and order online- <u>https://www.mortons.com/location/mortons-the-</u> steakhouse-bethesda-md/#menus

Opens at 5:00 p.m.

Terrace Deli

7500 Old Georgetown Road, Bethesda, MD

Menu and order online- <u>https://www.clover.com/online-ordering/terrace-deli-</u> bethesda

Closes at 3:30 p.m.

Metro

Bethesda (Red Line) Station

For more information: <u>https://www.wmata.com/rider-</u> guide/stations/bethesda.cfm?v=4

Located under the Hyatt Regency Bethesda

Metro can take you to Ronald Reagan Washington National Airport (DCA)



Instructions on connecting to Wireless Internet in meeting space

- 1. Double-click on Wireless Network Connections icon
- 2. View available network connections
- 3. Select " @ Hyatt_Meeting"
- 4. Open your Internet Browser. Hyatt Bethesda Log-In screen will pop up
- 5. Select "I agree" at the bottom of the screen
- 6. See Below for Information to Log On to Internet Access.
- 7. Guest will need to sign in with the passcode daily.

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Troubleshooting for Firewall Protected Laptops1

Check your laptop:

- Check to see if your Wireless Network is connected, and if not, connect. Restart your computer (Computer should refresh the new IP address)
- Does your corporation have a firewall in place that is preventing us from seeing the Internet connection?
- Is your laptop configured to your corporation network?

Thank you for your time, and for choosing Hyatt!