



Using Evidence for Public Health Decision Making:

Promoting Health Through the Social Environment

Community Guide Slide Modules

These slides are designed to be used with overview slides also available on www.thecommunityguide.org:

- The Community Guide: A Brief Overview
 - Description of how the Community Guide is developed under guidance of the [Task Force on Community Preventive Services](#)
- The Community Guide: Systematic Reviews to Inform Task Force Recommendations
 - Description of the Community Guide methods and how the Task Force uses information to form recommendations
- The focus of this presentation is “Using Evidence for Public Health Decision Making: Promoting Health through the Social Environment”

Introduction

- This slide presentation summarizes findings of the Task Force on Community Preventive Services (Task Force) for a set of systematic reviews on the effectiveness of promoting health through the social environment.

Social Determinants of Health

Social determinants of health are societal conditions that affect health and can potentially be changed by social and health policies and programs.

What Intervention Categories were Reviewed?

- **Changing social institutions** – including cultural and religious institutions, economic systems, and political structures
- **Changing surroundings** – including neighborhoods, workplaces, towns, cities, and built environments
- **Changing social relationships** – including position in social hierarchy, differential treatment of social groups, and social networks

What Interventions were Reviewed?

- ◆ Early childhood development programs
- ◆ Culturally competent health care
- ◆ Housing interventions

Background Information

Who Makes the Recommendations?

- The Task Force on Community Preventive Services is an independent, nonfederal, volunteer body of experts in public health and prevention research, practice and policy, appointed by the CDC Director to:
 - ◆ Prioritize topics for systematic review,
 - ◆ Oversee systematic reviews done for the Community Guide,
 - ◆ Develop evidence-based recommendations using the systematic review results, and
 - ◆ Identify areas that need further research.

What Questions Does the Task Force Ask about Interventions?

- Does it work?
 - ◆ How well?
 - ◆ For whom?
 - ◆ Under what circumstances is it appropriate?
- What does it cost?
- Are there barriers to its use?
- Are there any harms?
- Are there any unanticipated outcomes?

What Do the Findings Mean?

- **Recommended**— strong or sufficient evidence that the intervention is effective
- **Recommended Against**— strong or sufficient evidence that the intervention is harmful or not effective
- **Insufficient Evidence** – the available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective

What Do the Findings Mean?

Strong and sufficient evidence judgments reflect the:

- Number of available studies
- Research design of those studies
- Quality with which those studies were executed
- Overall magnitude of the effects (size of the outcome)

What Does “Insufficient Evidence” Mean?

- Insufficient evidence means that **additional research is needed to determine whether or not the intervention is effective**
- This does **NOT** mean that the intervention does not work

Insufficient Evidence Findings

- In some cases there are **not enough studies** to draw firm conclusions. Reasons include:
 - ◆ A lack of studies, or a lack of studies with rigorous methods
- In other cases, there are a sufficient number of studies, but the **findings are inconsistent**. Reasons include:
 - ◆ Confounding variables or inconsistency in how the intervention was implemented in studies

Confounding Variables

A confounding variable may result in a **misleading relationship** between factors that are being studied. For example, a study might find that people with hearing aids are more likely to have heart attacks than people without hearing aids. However, this does not mean that hearing aids cause heart attacks. **The confounding variable is the age of the people** – those who have hearing aids are more likely to be older, and those who are older are more likely to have heart attacks.

Insufficient Evidence Findings and Research

- One major use of Insufficient Evidence findings is to influence future research. These findings can:
 - ◆ Identify promising, but understudied, topics with important public health implications
 - ◆ Help to allocate scarce research funds to those topics, which might otherwise be allocated to topics where strong or sufficient evidence already exists

Part A: Early Childhood Development Programs

Early Childhood Development

- Early childhood development is an important determinant of health throughout life
- Early learning opportunities create a critical foundation for children's academic success, health, and general well-being

Early Childhood Development Summary Table

Intervention	Finding
Comprehensive, center-based programs for low-income children	Recommended

Comprehensive, Center-Based Early Childhood Development Programs

These programs are defined as:

- ◆ Publicly funded
- ◆ Designed to improve the cognitive and social development of children, aged 3 – 5 years, at risk because of family poverty
- ◆ An alternative physical and social environment to the home (i.e., in a public school or child development center)

Comprehensive, Center-Based Early Childhood Development Programs

- During the evidence review, the Task Force looked for evidence of improvement in the following general outcomes:
 - Cognitive development and academic achievement
 - Children's behavioral and social outcomes
 - Children's health screening and family outcomes

Comprehensive, Center-Based Programs for Low-Income Children

Outcome	Finding
Preventing delay of cognitive development and increasing readiness to learn	Recommended
Social cognition and social risk behaviors	Insufficient Evidence
Child health screening outcomes and family outcomes	Insufficient Evidence

Recommendations and Findings

The Task Force *recommends* publicly-funded, center-based, comprehensive early childhood development programs for low-income children aged 3 to 5 years based on *strong evidence* of their effectiveness on preventing delay of cognitive development and increasing readiness to learn, as assessed by reductions in grade retention and placement in special education classes.

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine the effectiveness of early childhood development programs on social cognition and social risk behaviors because findings were limited to the longitudinal results of a single program.

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine the effectiveness of early childhood programs on child health screening outcomes and family outcomes because of a lack of sufficient comparative studies examining these outcomes.

Part B: Culturally Competent Health Care

Culturally Competent Health Care

- Culturally competent healthcare systems in the U.S. provide user-friendly services for patients or clients of various cultural backgrounds who may or may not speak English
- Accommodating cultural and language differences may increase use of healthcare services and improve the quality of health care by improving patient trust and provider understanding

Culturally Competent Healthcare Interventions Summary Table

Intervention	Finding
Culturally competent healthcare training for providers	Insufficient Evidence
Culturally specific healthcare settings	Insufficient Evidence
Use of interpreter services or bilingual providers	Insufficient Evidence
Use of linguistically and culturally appropriate health education materials	Insufficient Evidence
Programs to recruit and retain staff who reflect the community's cultural diversity	Insufficient Evidence

Culturally Competent Healthcare Training for Providers

- Culturally competent **training** is designed to:
 - ◆ **Enhance self-awareness** of attitudes toward people of different racial and ethnic groups
 - ◆ **Improve care** by increasing knowledge about the cultural beliefs and practices, attitudes towards health care, healthcare seeking behaviors, and the burden of various diseases in different populations served
 - ◆ **Improve skills** such as communication

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine the effectiveness of cultural competency training for healthcare providers to increase the cultural competence of healthcare systems because only one study of fair quality qualified for review.

Culturally Specific Healthcare Settings

- Healthcare settings may raise both **linguistic and cultural barriers** for ethnic subgroups
- Culturally or ethnically specific clinics and services, located within the community served, may serve as an intervention by improving the delivery of healthcare service

Recommendations and Findings

The Task Force concluded that there was *insufficient evidence* to determine the effectiveness of culturally specific healthcare settings to increase the cultural competence of healthcare systems because no studies qualified for review.

Use of Interpreter Services or Bilingual Providers

- To serve clients with limited English proficiency, these interventions use the following:
 - ◆ Bilingual providers
 - ◆ Bilingual staff
 - ◆ Professionally trained interpreters

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine the effectiveness of interpreter services or bilingual providers to increase the cultural competence of healthcare systems because only one study of fair quality qualified for review.

Use of Culturally and Linguistically Appropriate Health Education Materials

- These interventions use health education materials that are culturally and linguistically appropriate
- These materials are designed to take into account differences in language and nonverbal communication patterns and to be sensitive to cultural beliefs and practices

Recommendations and Findings

The Task Force concluded that there was *insufficient evidence* to determine the effectiveness of linguistically and culturally appropriate health education materials to increase the cultural competence of healthcare systems because of too few studies that had limitations in execution.

Programs to Recruit and Retain Staff Who Reflect the Community's Cultural Diversity

These types of interventions seek to recruit and retain healthcare providers who reflect the cultural diversity of the community served.

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine the effectiveness of programs to recruit and retain staff who reflect the community's cultural diversity to increase the cultural competence of healthcare systems because no studies qualified for review.

Part C: Housing

Promoting Health Through the Social Environment: Housing Interventions

- Low-income neighborhoods may lack resources that support safety and good health
- These interventions seek to **improve household safety for low-income families** by giving them a choice to move to neighborhoods with less poverty and a lower risk of victimization

Housing Interventions Summary Table

Intervention	Finding
Mixed-income housing developments	Insufficient Evidence
Tenant-based rental assistance	Recommended

Mixed-Income Housing Developments

- A mixed-income housing development is defined as a publicly subsidized multifamily rental housing development, in which the deliberate mixing of income groups is a fundamental part of the development's operating and financial plans.

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine the effectiveness of mixed-income housing developments in increasing residential stability, increasing physical or mental health status, or increasing community cohesion and civic engagement because no studies qualified for review.

Tenant-Based Rental Assistance

- Tenant-based rental assistance programs provide vouchers or direct cash assistance to allow low-income families more housing options than they could afford by themselves
- This assistance is designed to allow families to move to safer neighborhoods

Recommendations and Findings

The Task Force *recommends* tenant-based rental assistance.

Tenant-Based Rental Assistance

- During the evidence review, the Task Force looked for evidence of improvement in the following general outcomes:
 - Reduction in exposure to crimes against person and property and decreases in neighborhood social disorder
 - Housing hazards, youth risk behaviors, and psychological and physical morbidity

Tenant-Based Rental Assistance

Outcome	Finding
Reduction in exposure to crimes against person and property and decreases in neighborhood social disorder	Recommended
Housing hazards, youth risk behaviors, and psychological and physical morbidity	Insufficient evidence

Recommendations and Findings

The Task Force *recommends* tenant-based rental assistance programs on the basis of *sufficient evidence* of reductions in exposure to crimes against person and property and decreases in neighborhood social disorder.

(continued...)

Recommendations and Findings

The Task Force found *insufficient evidence* of the effectiveness of such programs on housing hazards, youth risk behaviors, and psychological and physical morbidity, because too few studies of adequate design and execution reported these outcomes.

Where to Find More Information

Task Force findings and recommendations on promoting health through the social environment:

www.thecommunityguide.org/social

References

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Visit the Community Guide Web site and find out what works to promote health and safety in your community. Learn about:

- Evidence-based Task Force findings and recommendations
- Systematic review methods
- Interventions on 18 public health topic areas
- How to use the Community Guide
- And more!

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