Recommendations to Promote Healthy Social Environments

Task Force on Community Preventive Services

Introduction

Social environments lacking in basic resources—healthy food, safe housing, living-wage jobs, decent schools, supportive social networks, access to health care and other public and private goods and services—are the very environments with the highest public health risk for serious illness and premature death.[1,2] Understanding the reasons why this happens requires an ecologic approach to population health, one that recognizes that individuals and communities interact with their physical and social environments.[3] Conceptualizing health as a product, in part, of social conditions facilitates the identification of relationships between social determinants and health outcomes that may be amenable to community interventions[4] (see Figure 1 in the accompanying article[5]).

This report provides recommendations on community interventions to improve health that target early childhood development, family housing, and culturally competent health care. These topics address some of the many aspects of the social environment and do not represent a comprehensive treatment of the topic.

The recommendations in this report represent the work of the independent, nonfederal Task Force on Community Preventive Services (the Task Force). The Task Force is developing the *Guide to Community Preventive Services* (the *Community Guide*) with the support of the U.S. Department of Health and Human Services (DHHS) in collaboration with public and private partners. The Centers for Disease Control and Prevention (CDC) provides staff support to the Task Force for development of the *Community Guide*.

The Task Force recommendations are based primarily on the effectiveness of each intervention as determined by the systematic literature review process (described in the accompanying articles[6–8]). In making its recommendations, the Task Force balances information about effectiveness with information about other potential benefits and harms of the intervention itself. The Task Force also considers the applicability of the intervention to various settings and populations in determining the scope of the recommendation. Finally, the Task Force reviews economic analyses of effective interventions, where available. Economic information is provided to assist the reader with decision making, but it generally does not affect Task Force recommendations.

The specific methods for and results of the reviews of evidence on which these recommendations are based are provided in the accompanying articles.[6–9] General methods employed in evidence reviews for the *Community Guide* have been published previously.[10,11]

Recommended interventions can be used to achieve objectives set out in *Healthy People 2010*.[12] Specific *Healthy People 2010* objectives are noted in each evidence review.[6–8] In addition, the recommendations complement relevant goals and objectives set by the U.S. Department of Education, the DHHS Head Start Program, the U.S. Department of Housing and Urban Development, and the DHHS Office of Minority Health Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.

Intervention Recommendations

The Task Force evaluated the evidence of effectiveness for three types of interventions that mobilize community resources to create a healthy and safe environment: early childhood development, family housing, and culturally competent health care. These reviews focus on *social resources* that have an effect on individual risk for morbidity and mortality. A detailed review of evidence for each intervention topic can be found in the accompanying articles.[6–8]

Early Childhood Development Programs

Child development is a powerful determinant of health in adult life: One indication of this is the strong relationship between measures of educational attainment and adult disease.[13,14] The early years of life are a period of considerable opportunity for growth and vulnerability to harm.[15] Children affected by poverty are especially vulnerable: A socioeconomic gradient effect in early life has been found in cognitive and

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0749-3797/03/$–see front matter
doi:10.1016/S0749-3797(02)00653-0

behavioral development, and this modifiable socioeconomic factor affects readiness for school.[16,17]

Early childhood development programs are designed to promote social competence and school readiness in children aged 3 to 5 years. Publicly funded programs such as Head Start target preschool children disadvantaged by poverty. The holistic view of the child incorporated by such programs addresses cognitive, social, emotional, and physical development, as well as the ability of the child's family to provide a home environment appropriate for healthy development. The health component of early childhood programs includes health screenings. The parental component provides job training and employment opportunities and encourages participation in social programs, ultimately supporting the child in all areas.

A child's readiness when starting school is related to motivation and intellectual performance in subsequent years; initial readiness is critical to establishing a trajectory for success in educational attainment. Improved social cognition and higher educational attainment are important intermediary determinants of health risk behaviors.[18]

Comprehensive, center-based, early childhood development programs for low-income children: recommended on the basis of strong evidence of improved cognitive development and academic achievement. The Task Force looked for evidence of improvement in four general areas: cognitive development and academic achievement, children's behavioral and social outcomes, children's health screening, and family outcomes. Evidence of improved cognitive development and academic achievement was strong, and on the basis of their effectiveness in decreasing retention in grade and decreasing placements in special education classes, the Task Force recommends publicly-funded, center-based, comprehensive early childhood development programs for low-income children aged 3 to 5 years.

Evidence was insufficient, however, to determine the effects of early childhood development programs on children's social outcomes, children's health screening outcomes, or family outcomes, primarily because too few studies of sufficient design and execution examined these outcomes (see the accompanying article[6]). Although the body of published research is large, relatively few studies assess program impact in areas beyond cognitive gains (i.e., longer-term measures of health, well-being, and life success).

Family Housing Interventions

Social, physical, and economic characteristics of neighborhoods have both short- and long-term consequences for residents' health and quality of life. An inadequate supply of affordable housing for low-income households and the increasing spatial (residential) segregation of households by income, race and ethnicity, or social class into unsafe neighborhoods are pressing community health issues. Neighborhood conditions affect residents' opportunities in terms of quality of schools and other public services, economic viability of retail goods and services, crime and physical disarray, and opportunities to establish social networks across income groups.[19,20] The physical and social conditions of neighborhoods are important for promoting healthy behaviors and positive life choices, for sustaining the ability of informal networks to circulate information about employment opportunities and available health resources, and for maintaining the capacity of formal and informal institutions to maintain public order.[21,22] The Task Force reviewed the effects on these outcomes of two housing interventions aimed at providing affordable housing to low-income families and decreasing residential segregation by socioeconomic status: tenant-based rental assistance ("voucher") programs and mixed-income housing developments.

Tenant-based rental assistance programs: recommended. Tenant-based rental assistance programs, supported by public housing funds, use vouchers to subsidize the cost of housing secured by low-income households in the private rental market. Because these programs give participants a range of rental options, participants are less likely than residents of public housing projects to live in high-poverty neighborhoods. On the basis of sufficient evidence of effectiveness in improving outcomes of reduced victimization of household members (i.e., being mugged, beaten or assaulted, stabbed, or shot) and improved neighborhood safety (i.e., reduction of public drinking, public drug use, seeing person carrying weapon, or hearing gunfire), the Task Force recommends housing subsidy programs that provide low-income families with rental vouchers for use in the private housing market and allow families choice in residential location.

Evidence is insufficient to determine the effects of tenant-based rental assistance programs on housing hazards, youth risk behaviors, mental health status, or physical health status.

Mixed-income housing developments: insufficient evidence to determine effectiveness. Creation of mixed-income housing developments is one approach for increasing local socioeconomic heterogeneity and preventing or reversing neighborhood physical and social deterioration, while expanding the supply of decent, affordable housing. The Task Force, however, found no qualifying studies. As a result, there is insufficient evidence to determine the effectiveness of this intervention. A need for further research in this area is discussed in the accompanying review article.[7]

Culturally Competent Healthcare Systems

An important factor hindering a more beneficial relationship between a growing ethnically diverse U.S. population and our healthcare systems is the lack of both culturally sensitive and linguistically appropriate services.[23] Ethnic disparities in health outcomes can result from differential access to services because of direct or indirect discrimination, diagnostic errors resulting from misunderstanding of language, and failure to attend to culturally based health beliefs and practices.[24–26]

Culturally competent healthcare systems are intended to remove the barriers to access caused by discrimination as well as differences in language and culturally based health practices, and ultimately to decrease ethnic disparities in health status. The Task Force examined five relevant interventions: programs to recruit and retain staff who reflect the cultural diversity of the community served, use of interpreter services or bilingual providers for clients with limited English proficiency, cultural competency training for healthcare providers, use of linguistically and culturally appropriate health education materials, and culturally-specific healthcare settings. Evidence was insufficient to determine the effectiveness of any of these interventions to reduce ethnic differentials in treatment and utilization, improve satisfaction with care, or improve health status outcomes. Of particular note was the lack of comparison or control groups against which to compare culturally competent interventions with interventions less informed by the language or culture of the client population. A need for further research in this area is discussed in the accompanying review article.[8]

Interpreting and Using the Recommendations

Early Childhood Development

Interventions that improve children's opportunities to learn and develop social and cognitive capacity should be relevant in essentially all communities. These interventions are particularly salient for children in communities disadvantaged by high rates of poverty, violence, substance abuse, and physical and social disorder.[14]

Communities can assess the current quality and availability of early childhood development programs in terms of local needs and resources, and they can use the Task Force recommendation to advocate for continued or expanded funding of these programs. Current levels of federal and state funding are not adequate to support accessible quality services for the number of at-risk children that would benefit from participation.[27] Child health advocates from all disciplines can use this recommendation to develop testimony about the evidence of effectiveness for those making policy and funding decisions. Healthcare providers can use this recommendation to promote participation in an early childhood development program as part of well-child care. Public health agencies can use the Task Force recommendation to inform the community about the importance of early childhood development opportunities and their long-lasting impact on each child's well-being and ability to learn.

It is beyond the scope of this report to provide "how to" advice about implementing these programs. However, such advice is available elsewhere.[28] Given the complexities of human development and opportunities across the life course, no single intervention is likely to protect a child completely or permanently from the effects of harmful exposures, pre- or post-intervention.[18]

We expect that these interventions will be most useful and effective as part of a coordinated system of supportive services for families, including child care, housing and transportation assistance, nutritional support, employment opportunities, and access to health care.[29]

Housing

Housing, education, and health are interconnected. A lack of affordable housing for low-income families often means that household resources needed for food, health care, and other essentials are diverted to housing costs. The lack of affordable housing also contributes to residential instability and homelessness. Residential instability and homelessness, in turn, are associated with children's poor attendance and performance in school, lack of a primary source of medical care or of preventive services such as immunizations, various acute and chronic medical conditions, and violence.[30,31]

Grassroots organizations, community advocacy groups, and resident stakeholders are in a key position to assess affordable housing needs within their own communities. Public housing assistance does not reach many poor families.[32] An ongoing assessment of housing affordability, availability, and quality at the state level can provide data for community organizations, elected officials, policy makers, and public agencies to advocate for and stimulate the development of resources to meet local needs.

The Task Force recommendation can be used by public health agencies in conjunction with local housing authorities to inform policy makers of the effectiveness of rental voucher programs in increasing family safety in the neighborhood environment. The recommendation may serve as an impetus for local health departments, which provide families with comprehensive services, to assess and monitor the health impact of housing conditions. Working in collaboration with public health and local housing agencies, community-based housing advocates and urban planning and community development groups can advocate for continued and

expanded funding for housing resources adequate to sustain family safety and residential stability, thereby supporting a healthy community.

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Recommendations to promote healthy social environments. Task Force on Community Preventive Services. American Journal of Preventive Medicine 2003; Vol. 24, No. 3S, pp. 21-24.