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VIEWPOINT

Community Development Efforts Offer A Major Opportunity To Advance Americans' Health

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ABSTRACT Large differences in the opportunities and resources that Americans have to be healthy have led to sizable variations in health by geography, race and ethnicity, income level, and education. By enhancing the opportunities for good health in the places where we live, learn, work, play, and worship, community development initiatives can be important drivers of improved health. As articles in this month's issue of *Health Affairs* attest, community development and public health are two forces that often have the same goals. Because there has been little research to date documenting which aspects of community development could have the greatest impact on health, it will be increasingly necessary to rigorously evaluate the impact of various interventions to guide policy makers in identifying the most important measures to take in an environment of constrained financial resources.

There is growing recognition in research and policy circles that good health begins with, and is nurtured and preserved by, the opportunities and resources in the places where we Americans spend most of our time—our homes, schools, communities, workplaces, and other social institutions. Accordingly, community development policies and initiatives, although not traditionally viewed as health policy, can have powerful influences on health.

The World Health Organization defines *health* as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[1] Underlying differences in the opportunities and resources that people have to be healthy have led to the uneven distribution of health in the United States—so much so that where one lives is a strong determinant of how long and how well one lives.[2] In some states, life expectancy can vary by as much as fourteen years, based on one's county of residence. Large differences are sometimes evident in small geographic areas that are near each other. In the Washington, D.C., metropolitan area, for example, there is a nine-year increase in life expectancy as one takes the subway ride on the Blue Line from downtown Washington to Fairfax County, Virginia.[3]

The influence of place on health is related to other major influences on health and life expectancy, such as income and education. There are large differences in health by income and education, with health improving in a stepwise manner as these resources increase.[4] Although we have historically focused much attention on racial differences in health, the differences in health by income and education, within each racial group, are typically larger than those by race.[5] Income and education make a substantial contribution to observed racial and ethnic differences in health.

However, there are often large racial differences in health at every level of income and education, which demonstrates that there are added factors linked to race or ethnicity that adversely affect the health of disadvantaged minority populations in the United States.[6] Place makes a major contribution to these patterns. Minorities live in markedly more health-damaging residen-

tial environments than whites and face higher levels of multiple types of acute and chronic stressors, including stress due to racial and ethnic discrimination.[5,7]

Early childhood development also plays a critical role. Shortfalls in health start early in life, and the reparative interventions that typically occur later in life are less effective and more costly than earlier interventions would be. Early home visiting interventions, such as the Nurse Family Partnership program, have shown that both the provision of parental guidance and an array of support services improve children's health and safety, as well as maternal health and economic well-being.[8] Long-term follow-up of comprehensive early developmental programs such as the Perry Preschool Project has also documented better academic achievement, lower delinquency, and higher income and education in adulthood.[9]

When the educational, health, social services, labor market, and criminal justice outcomes of these programs are considered, there are remarkably large savings to society. Research has also shown that exposure to chronic stressors in early childhood has major negative consequences for lifelong health.[10,11]

More Attention To Place

Improving America's health will require new emphases on and attention to enhancing the opportunities and resources for good health in places where we live, learn, work, play, and worship. Within homes, exposure to lead, poor ventilation, pest infestation, and extreme high or low temperatures, as well as the lack of safety devices such as smoke alarms, can contribute to illness and death.[12] In addition to the hazards within homes, neighborhood conditions can also affect physical and mental health.

Neighborhood features can either enhance or impair people's ability to make healthy choices. Characteristics of the physical environment such as parks, traffic conditions, the existence of small farmers' markets, the proximity to supermarkets, and the density of billboards advertising tobacco and alcohol can all affect smoking, exercise, dietary patterns, and obesity.[13]

The health of a community can also be shaped by a neighborhood's social environment, including the existence and frequency of formal and informal social ties and the degree of trust and cooperation among neighbors. Research has linked these features of the social environment to better physical and mental health.[13] Community circumstances can even affect those who are already ill. For example, people with diabetes are counseled to modify their diets to include more fruit and vegetables and to exercise through such activities as walking. If there is no supermarket in a neighborhood, or if it is unsafe or unsavory, residents with diabetes will be much less likely to follow those recommendations, and their diabetes is likely to worsen.

The complex, multifactorial pathways that link the social environment to health clearly suggest that no single sector of society has the necessary leverage to improve the health of the nation or a community. Similarly, a new culture of health requires introducing a focus on improving health into all areas of policy making. It also requires a recognition that areas seemingly unrelated to health and health care, such as education, can have a major impact on health.

Initiatives With A Dual Focus

Reaching America's full health potential will require that targeted initiatives have a dual focus to address the severe challenges of the most disadvantaged, along with concerted efforts to improve the health of all. International comparisons show that the United States is not as healthy as many other countries. Moreover, state-by-state analyses of child and adult health status reveal that in almost every state, even the best-off Americans (the college educated and whites) fall below an achievable national benchmark of good health.[14,15]

Thus, although some Americans have much larger shortfalls in health than others, all of us—even those with the best health profiles—are not as healthy as we could or should be. Prior research suggests that the strategies that are likely to have the greatest impact in improving overall health are likely to widen gaps in health for the most vulnerable because of higher initial take-up rates among the more advantaged.[16]

Interventions are needed to increase both the opportunities that individuals and communities have for healthier living and their ability to make healthy choices. Research is needed to identify how to optimally improve the health of all, while also improving the health of more vulnerable groups more rapidly than that of the rest of the population.

Community development initiatives are likely to be an indispensable part of a comprehensive and effective solution to America's health challenges. Because our current knowledge is limited with regard to which aspects of community development could have the greatest impact, it is essential to rigorously evaluate various interventions to guide policy makers in maximizing the impact of scarce financial resources.

The growing body of work on health impact assessments, especially in Europe but also in the

United States, suggests an awareness of the need to assess the health effects of actions that are outside traditional medical or public health responsibilities.[17] Health impact assessments are evidence-driven tools designed to factor health consequences into the process of considering new laws and regulations, planning infrastructure and development projects, urban planning, or developing new educational programs.

These assessments can enable policy makers to maximize often unrecognized opportunities to improve health, save on health-related costs, and optimize the use of scarce resources. Health impact assessments are flexible and do not require the time and resources that are typical of environmental assessment studies.

Economic Impacts

The economic benefits of improving the nation's health are substantial. A recent analysis concluded that the economic value forgone by the differences in health if everyone with less than a college degree had the health status of those with a degree was about $1 trillion annually.[18] About half of this amount was due to the effects of early deaths and half from the effects of poorer health during the life span. This was considered a conservative estimate by the authors, in part because it reflected only the economic value to the individuals and not the value to their families.

Another recent report estimated that racial and ethnic disparities in health cost the US economy $309 billion annually.[19] The potential for substantial economic benefits from health improvement highlights the value of providing additional fiscal incentives to community development projects for the inclusion of health-enhancing elements.

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Conclusion

We can find solutions to avoidable levels of ill health, but to fix the problem, we will need to look beyond medical care to community development. The social patterning of health emphasizes that potentially modifiable differences in living circumstances play a critical role in overall health and group variations in health. Adding the lens of health to community development offers an important opportunity to bring these disciplines together to help people in ways that neither field is likely to succeed in on its own. ■

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NOTES

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In this month's *Health Affairs*, David Williams and James Marks make the case that community development initiatives can be important drivers of improved health. But they also point out that little research has been done to substantiate which aspects of community development could have the greatest positive effect on health, and they argue that rigorous evaluations of various interventions will be needed to determine those that are most effective and cost-effective.

Williams is the Florence S. and Laura S. Norman Professor of Public Health and a professor of African and African American studies and of sociology at Harvard University. He is an elected member of the Institute of Medicine and the American Academy of Arts and Sciences, and he has served on the National Committee on Vital and Health Statistics and on seven panels for the Institute of Medicine.

Williams has also played a visible, national leadership role in raising awareness levels of the problem of health disparities and pointing to interventions to address them. He was the staff director of the Robert Wood Johnson Foundation's Commission to Build a Healthier America and served as a key scientific adviser to the award-winning PBS film series, *Unnatural Causes: Is Inequality Making Us Sick?* Currently, he directs the Lung Cancer Disparities Center at Harvard.

Williams earned his master of public health degree from Loma Linda University and his doctorate in sociology from the University of Michigan.

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Marks received his medical degree from the State University of New York at Buffalo. He trained as a pediatrician at the University of California, San Francisco, and was a Robert Wood Johnson Clinical Scholar at Yale University, where he received his master of public health degree.