



## Role of Community Intervention in Health Promotion and Disease Prevention

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There has been increasing recognition that social-environmental factors play a critically important role in determining health status and in causing health disparities, which in turn has emphasized the role of community-wide interventions. Community-wide interventions, which focus on cultivating a physical and social environment that is conducive to the acquisition and maintenance of healthful lifestyle practices, are needed to increase opportunities for learning and practicing healthful habits. Examples of social-environmental changes are increasing access to recreational facilities or to affordable fruits and vegetables that in too many cases are inaccessible to populations with the greatest needs for these resources. Policies, for example prohibiting smoking in public spaces and providing “nutritious foods” for children living in poverty, are desperately needed to increase opportunities for healthful choices and to facilitate individual and social change.

In contrast to educational interventions directed to individuals or small groups, community-wide approaches focus on large population segments within the community. By affecting large groups, relatively small changes can have very significant public health benefits. For example, reducing the mean levels of serum total cholesterol by only 2-3 mg/dl would translate into dramatic effects on cardiovascular disease risk and associated cardiovascular disease events and health care utilization. Addressing priority health behaviors through multiple social institutions, including efforts directed to families, schools, health care facilities, media, legislation, economic incentives, and community organizations, consistent messages can be delivered and reinforced to boost motivation for health enhancing choices. In addition, the ability to act on that motivation along with social support to maintain changes once they are initiated can also be improved. It seems clear that health behaviors are learned within the social contexts of communities. It is, therefore, logical to shape learning about health behaviors by shaping community context. The methods for community intervention in some cases represent a “kitchen sink” strategy. This strategy involves simultaneously attempting many different interventions.

The interventions generally utilize the various social structures within communities. The main social structures that have been used for community interventions to date are schools, supermarkets, restaurants, worksites, churches and synagogues, solidarity groups, and other community based organizations as well as media channels. It is important to note that within a single structure, multiple strategies may be used. For example, within a single work site, programs may be implemented through group classes, the intranet or local e-mail, financial incentives, telephone counseling and support, behavioral contracts, and contests. In some cases, multiple social structures and intervention strategies have been directed to a single behavior such as promoting the substitution of 1% milk for whole milk among young children. The nature of the multi-faceted interventions typically used in this approach often presents problems for evaluation, more specifically in determining what worked and why. The community-wide approach is in some ways antithetical to the research paradigm that has dominated health behavior research, namely a reductionist approach that aims to isolate the causal role of a single factor while controlling for all other factors. The nature of multifaceted community-wide interventions are based on a different conceptualization, which seems more consistent with how behaviors are actually learned—they are learned in social contexts that are influenced by multiple factors simultaneously. Evaluations of community-wide interventions have been equivocal. One of the biggest unanticipated problems complicating evaluation studies of major community-wide cardiovascular disease prevention programs has been a secular trend occurring within the control communities, which minimized the effect size between intervention and control communities. Nevertheless, there have been some encouraging results supporting the value of community-wide health promotion and disease promotion interventions. This approach continues to play an important role in efforts to prevent disease and promote health, and mass communications directed to specific population segments and to whole communities can contribute to increase awareness and interest in various health topics and in overall efforts to promote social change.

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