

Community Group Meeting for Phase III: Choosing Health Priorities

Handouts

Agenda	To be developed
Contributors to Leading Causes of Death	III-H-1
Behavioral Data Packet.....	To be developed
List of Health Problems	II-H-1
Existing Community Programs/Policies Matrix	III-H-2
Target Group Profile	III-H-3
Behavioral Objectives for the Nation.....	III-H-4
Meeting Evaluation Sheet.....	To be developed

Table 1. Contributors to the Leading Causes of Death

	Heart disease	Cancer	Stroke	Injuries (Nonvehicular)	Influenza/Pneumonia	Injuries (Vehicular)	Diabetes	Cirrhosis	Suicide	Homicide
Behavioral risk factor	Tobacco use	•	•	•	•					
	Diet	•	•	P			•			
	Obesity	•	•				•			
	Lack of exercise	•	•	•			•			
	High blood pressure	•		•						
	High blood cholesterol	•		P						
	Stress	P		P	•		•		•	•
	Alcohol abuse	•	•	•	•		•		•	•
	Drug misuse	P	•	P	•		•		•	•
	Not using seatbelts						•			
	Handgun possession				•				•	•
Nonbehavioral risk factor	Biological factors	•	•	•		•	•	•	•	P
	Radiation		•							
	Workplace hazards		•		•		•			
	Environmental factors		•		•					
	Infectious agents	P	•			•		•		
	Auto/road design				•					
	Speed limits						•			
	Health care access	•	•	•	•	•	•	•	•	•

P = possible

Table 3

Existing Community Programs/Policies Matrix

Health Problem: _____

Behavioral Risk Factor: _____

Fill in names of existing programs and policies that serve the Health problem and risk factor that you have selected.

	School (students)	Worksite (employees)	Health Care (patients)	Community (groups)	Other
Education -Communication					
-Training					
Legislative/ Regulatory Policies					
Environmental Measures					

Target Group Profile

In addition to targeting the community at large, you may also want to target a subgroup within the community.

There are many considerations to weigh when deciding which group(s) within the community should be the focus of interventions.

If we take the **Curative** approach, we would focus on the group that seems to have the greatest problem or be at greatest risk.

With the **Preventive** approach, we would look at the group that has not yet developed patterns of behavior involving the risk factors.

The most **Cost-Effective** approach would require us to put our efforts where the fewest resources would yield the most results.

And by the **Greatest Need** approach, we would look at the most neglected group or the one most in need of help.

Take a few minutes and write down your own, personal answers to the following questions. Then we'll discuss the questions and try to reach a consensus about the target group for our first intervention.

For the health problem we have selected, which group(s) seems to be at greatest risk?

Which group(s) would be the easiest to reach?

Most difficult to reach?

Which group would we be likely to have the most influence on?

Other observations about the target group(s):

Behavioral Objectives: Examples

The objectives for the nation which are found in the publication *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* can be useful to communities as they try to establish realistic behavioral objectives. Here are a few examples.

Hypertension

By the year 2000, increase to at least 50 percent the proportion of people with high blood pressure whose blood pressure is under control. (National baseline: 11 percent controlled among persons aged 18 through 74 in 1976-1980; an estimated 24 percent for persons aged 18 and older in 1982-1984.)

Obesity

By the year 2000, reduce overweight to a prevalence of no more than 20 percent among persons aged 20 and older and no more than 15 percent among adolescents aged 12 through 19. (National baseline: 26 percent for persons aged 20 through 74 in 1976-1980, 24 percent for men and 27 percent for women; 15 percent for adolescents aged 12 through 19 in 1976-1980.)

Physical Activity

By the year 2000, increase to at least 30 percent the proportion of persons aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. (National baseline: 22 percent of persons aged 18 and older were active for at least 30 minutes 5 or more times per week and 12 percent were active 7 or more times per week in 1985.)

Smoking

By the year 2000, reduce cigarette smoking to a prevalence of no more than 15 percent among persons aged 20 and older. (National baseline: 29 percent in 1987, 32 percent for men and 27 percent for women.)