TOOL D4 Identifying priority groups

For:	Commissioners in primary care trusts (PCTs) and local authorities
About:	This tool describes how local areas can access and use the national segmentation analysis produced by the Department of Health through a step-by-step guide.
Purpose:	• To provide local areas with an understanding of why the three priority groups were selected for national intervention. • To explain how the segmentation analysis can be used at a local level.
Use:	• Can be used to identify priority groups in local areas. • The segmentation analysis can be used to further define particular clusters in local areas.
Resource:	*Insights into child obesity: A summary.* A draft of this report is available to PCTs and LAs through their Regional Public Health Group. A final report will be published in late 2008.

National segmentation of families with children aged 2-11

A quantitative segmentation of the population aged 2-11 years was carried out by the Department of Health to help better understand the behaviours that lead to individuals becoming overweight and obese, and to understand which behaviours are common within different clusters in society. Segmenting individuals and families into clusters allows interventions to help support behaviour change – for instance the National Marketing Plan – to be prioritised to the groups with the greatest need, and to tailor the interventions to those needs, increasing their effectiveness.

Analysis showed that children aged 2-11 years and their families could be divided into six broad groups or clusters according to their attitudes and behaviours relating to diet and physical activity, in addition to their demographic make-up, levels of food consumption, socioeconomic grouping, education and employment. The clusters were further developed using qualitative research with the aim of gaining insight from which to design behaviour-change interventions among parents and children. Of the six clusters, three demonstrated common behaviours that put them most 'at risk' of developing obesity – and indeed these clusters had the highest rates of adult and child obesity. These three clusters are the priority clusters within the National Marketing Plan.

The three priority clusters can also be used by local areas to better target interventions to promote healthy weight, leading to more effective interventions and use of public resources. **Local authorities and PCTs can access a draft report that describes the six clusters in detail via the obesity lead in their Regional Public Health Group, or by emailing healthyweight@ dh.gsi.gov.uk**. A final version of the report will be published in late 2008, informed by continuing research. In the meantime, the Cross-Government Obesity Unit welcomes feedback on the draft report.

Using the segmentation analysis at a local level – a step-by-step guide

Step 1 – Prioritise clusters 1, 2 and 3 as key intervention groups, in line with national policy.

For details of how to access information on the priority clusters, see page 101.

Step 2 – Use socioeconomic data to identify the most likely areas with the target clusters.

A number of organisations can assist with mapping high-risk groups and identifying deprivation levels:

- Public Health Observatories – *www.apho.org.uk/apho*
- The North East Public Health Observatory has an on-line mapping facility which can identify obesity rates at PCT and ward level (North East region data only) *www.nepho.org.uk*
- University of Sheffield Public Health GIS Unit – *gis.sheffield.ac.uk*
- Communities and Local Government – Indices of Deprivation – *www.communities.gov.uk*
- Local academic departments – *www.hero.ac.uk*

Commercial organisations can also help with mapping.

Key point

To further support the identification of the clusters at a local level, the Department of Health is undertaking a mapping exercise to provide PCTs with information on where they might find clusters within their local population and in what proportion (current percentage sizes given are based on the national sample). This work will be undertaken with CACI using their Health Acorn product and the outputs will be comparable with MOSAIC codes. Maps and data tables will be available at www.dh.gov.uk in late 2008.

Step 3 – Bring together local focus groups of target clusters 1, 2 and 3.

To further inform the selection of target intervention groups, local areas may want to conduct independent qualitative research. Focus groups can be used to identify those families who most need help and support to change behaviours, but also to help align local research programmes with national research.

Step 4 – Tailor your interventions to fit the attitudes, behaviours and barriers elicited by each cluster focus group.

See **Tools D8**, **D9** and **D10** for more information on choosing interventions, targeting behaviours and communicating to key target groups.

CASE STUDY – The People's Movement, Sheffield

Sheffield City Council and Sheffield First for Health and Well-being have set up a physical activity campaign, 'The People's Movement', which encourages people to make positive choices around increasing the amount of physical activity they do. Further details are provided in the table below.

Aim – Behavioural goal	To encourage and support people to be more physically active and to promote 30 minutes' exercise on as many days as possible, broken down into bite-size chunks of 10 minutes.
Market research	Health professionals were consulted when designing the campaign. No focus groups or research were conducted with the target audience.
Segmentation	The target audience was segmented by current behaviour: 1 *Those already active* – the campaign aimed to keep them active (behavioural reinforcement). 2 *The nearly active* – those doing some activity but not reaching minimum recommended levels. The campaign encouraged them to do more (positive behavioural promotion). 3 *The inactive* – the campaign aimed to encourage them to try activities and begin to build activity into their lives (behavioural change).
Intervention	Different interventions for different segments of the target audience were designed: *Behavioural reinforcement* • Celebrating a community champion • A young people's physical activity campaign promoted through competitions. *Positive behavioural promotion* • A website with information and a personalised activity diary • Events such as walking festivals, belly dancing and salsa nights. *Behavioural change* • DVDs to enable beginners to train to participate in a 3k run • Leaflets and large street-based posters carrying powerful messages about the benefits of exercising • Promoting local parks and leisure facilities. Participants could also register to be sent personalised details of events happening in their community that may appeal to them.
Evaluation	No evaluation has yet been conducted. However, there are plans to do an evaluation which will look at awareness.
Further information	www.thepeoplesmovement.co.uk