

Community development in “the real world” of health promotion practice
 Michael Goodstadt
 Health Promotion Strategies 2006

Characteristics of “ideal” community development in health promotion practice	“Continuum” of community-based <i>foci</i> in “real world” health promotion practice										Other foci							
	Focus on social determinants of health		Focus on “groups”				Focus on health issues		Focus on risk factors		Focus on “gate-keepers”		Focus on settings					
	“Remote” social determinants of health ¹	Mediating/intermediate determinants of health ²	Health of the nation	Health of communities	Health of marginalized or underserved groups	High priority demographic groups (e.g., “early years”)	High priority chronic diseases	High priority infectious diseases	High priority risk factors/conditions	High priority risk behaviours	media	teachers	healthcare	other	schools	workplaces	hospitals	other
Goals & objectives																		
Values & ethics																		
Theory, concepts, beliefs, assumptions																		
Models of CD																		
Evidence, & evidence methods																		
Strategies																		
Processes																		
Evaluation																		

¹ e.g., Social (in)justice, (in)equity, social structures, societal resources, physical environment

² Including: neighbourhood living conditions; opportunities for learning & developing capacity; CD & employment opportunities; Prevailing community norms, customs & processes; Social cohesion, civic engagement & collective efficacy; HP, disease & injury prevention, & healthcare (Anderson, L. M., Scrimshaw, S. C., Fullilove, M. T., Fielding, J. E., & The Task Force on Community Preventive Services. (2003). The *community guide's* model for linking the social environment to health. *American Journal of Preventive Medicine*, 24(3S), 12-20.)