

Chapter DHS 75

APPENDIX A

PREVENTIVE INTERVENTIONS CLASSIFICATION SYSTEM

| <i>Category</i> | <i>Description</i> | <i>Examples</i> | <i>Cost Considerations</i> |
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| Universal Measures | Interventions that can be advocated confidently for the general public and which, in many cases, can be applied without professional advice or assistance. | Adequate diet, dental hygiene, use of seat belts in automobiles, lead awareness and removal, smoking cessation, and many forms of immunization. | By serving everyone, there may be costs that are incurred for families and individuals who do not need help. Cost of intervention per family or individual can be low because the intervention is less intensive. |
| Selective Measures | Subgroups who share common general risk factors, which are distinguished by age, sex, occupation, or other obvious characteristic. | Avoidance of alcohol and many drugs by pregnant women, parenting skill improvement for parents who were raised in abusive households. | Costs are focused on families or persons in subgroups of the general population who may need extra help. Costs are increased by targeting high-risk populations. Intervention may be more expensive because of the need to address the specific risks of participants. |
| Indicated Measures | Interventions that are advisable only for persons who, on examination or screening, are found to manifest a risk factor, condition, or abnormality that identifies them, individually, as being at sufficiently high risk to require the preventive intervention. The majority of these interventions have been called secondary under the classical scheme. | Control of hypertension, provide parents and families with sustained therapeutic counseling, therapeutically focused parent or family skills training, provide extensive opportunity for families to integrate new behavior patterns and skills. | Cost is targeted to those most in need. Cost per individual or family is high because the intervention requires sustained, intensive efforts. |