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JAHEE GLOSSARY

Introduction

The purpose of this glossary is to reduce the likelihood of misunderstanding in the exchange of knowledge among JAHEE partners, and to improve the quality of the project dissemination.

The Glossary is updated according to JAHEE partners' suggestions and progress of the Joint action activity. Only terms supported by references are included.

The main sources utilized to compile the glossary are reported below.

Euro-Healthy Glossary
http://www.euro-healthy.eu/euro-healthy-resources/glossary

Glossary for the World Congress on Migration, Ethnicity, Race and Health
https://eupha.org/repository/sections/migr/MERH2018_Glossary_Final_4_2018_11_7.pdf

HIA (Health Impact assessment) Glossary of Terms, WHO
https://www.who.int/hia/about/glos/en/index1.html

Marmot Review report - Fair Society, Healthy Lives
https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives

EUROSTAT Public Health Themes
http://ec.europa.eu/eurostat/cache/metadata/en/hlth_cdeath_esms.htm

Health Promotion Glossary by the WHO
https://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf

FAO (Food and Agriculture Organization of the United Nations). Good Practice Template.
http://www.fao.org/3/a-as547e.pdf

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Asylum seeker

A person seeking asylum leaves to stay in a foreign country on the grounds of fear of persecution or actual persecution/serious harm in their country of origin. Often erroneously used as a synonym for refugee, but having a different legal status in most cases. (1)

Avoidable mortality

An avoidable cause of death, also called avoidable death or avoidable mortality, is a cause of death that could be avoided, and thus not result in death, through prevention or treatment. Two categories of avoidable mortality are generally used:

- *Amenable mortality* – deaths that, in the light of medical and technology at the time of death, could be avoided through good quality healthcare.
- *Preventable mortality* – a death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits) could be avoided by public health intervention in the broadest sense. (2)

B

Behaviour

Anything a person does in response to internal or external events. (3)

Best practice → see Good practice

Burden of disease

It is the measurement of the gap between a population´s current health and the optimal state where all people attain full life expectancy without suffering major ill health.
Burden of disease analysis enables decision-makers to identify the most serious health problems facing a population. Loss of health in populations is measured in *disability-adjusted life years* (DALYs), which is the sum of years of life lost due to premature death and years lived with disability. Burden of disease data provides a basis for determining the relative contribution of various risk factors to population health that can be used in health promotion priority setting. For instance, smoking, undernutrition and poor sanitation are related to a number of major causes of morbidity and mortality and therefore each is a potentially important focus for health promotion. In addition, burden of disease reveals disparities in health within populations that indicate underlying social inequities that need to be addressed. (4)

C

Capacity Building

Capacity building describes the process of building knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. Capacity development can take place

at the level of activities, partnership cooperation and organizations. Similar to the process of empowerment, capacity building targets communities that have the necessary social and political structures and prerequisites as a result of a learning and transformation process to successfully implement programmes (for health promotion). (5)

Circular migration

The fluid movement of people between countries, including temporary or long-term movement, if voluntary. (1)

D

Decentralization

Political reform designed to promote local autonomy. It entails changes in authority and financial responsibility for health services; hence, it can have a large impact on health service performance. There are several forms of decentralization affecting the health sector in different ways:

- *deconcentration*, which transfers authority and responsibility from the central level of the Ministry of Health to its field offices;
- *delegation*, which transfers authority and responsibility from the central level of the Ministry of Health to organizations not directly under its control;
- *devolution*, which transfers authority and responsibility from the central level of the Ministry of Health to lower level autonomous units of government;
- *privatization*, which involves the transfer of ownership and government functions from public to private bodies, which may consist of voluntary organizations and for-profit and not-for-profit private organizations, with varying degree of government regulation. (6)

Decision analysis

It involves the development and use of logical methods for improving decision-making in public and private organizations. Such methods include models for decision-making under conditions of uncertainty or multiple objectives; experimental and descriptive studies of decision-making behaviour; economic analysis of competitive and strategic decisions; techniques for facilitating decision-making by groups; and computer modelling software and expert systems for decision support. (7)

Delphi process

Method for structuring a group communication process helping a group of individuals, as a whole, to deal with a complex problem. Its key features are anonymity for the individual responses (anonymity); feedback of individual contributions of information and knowledge (controlled feedback); assessment of the group judgment or view (statistical aggregation); and opportunity for individuals to revise views (iteration of the questionnaire). (8)

Deprivation

A state of observable and demonstrable disadvantage relative to the community, society or nation to which an individual, a family or a group belongs. Two forms of deprivation are generally recognized:

- material deprivation referring to the lack of goods, services, resources and amenities that are customary, or are widespread in a given society;
- social deprivation considering people socially isolated, withdrawn or excluded because they belong to a particular class, race, age, sex or other characteristics of the social structure. (9)

Descriptor of performance

It is an ordered set of plausible performance levels associated with an indicator, intending to

- operationalise the appraisal of performances of European regions in a population health dimension (in fact, a descriptor measures, quantitatively or qualitatively, the degree to which the dimension is satisfied);
- describe, as much as possible objectively, the performance of European regions with respect to that dimension;
- better frame the evaluation model, by restricting the range of performance levels to a plausibility domain. (10)

See also: Indicator

Determinants of health

The Determinants of health are factors which influence health status and determine health differentials or health inequalities. They are many and varied and include for example, natural, biological factors (e.g. age, gender and ethnicity); behaviour and lifestyles (e.g. smoking, alcohol consumption, diet and physical exercise), physical and social environment (e.g. housing quality, the workplace and the wider urban and rural environment), and access to health care (Lalonde, 1974; Labonté 1993). All of these are closely interlinked and differentials in their distribution lead to health inequalities. (11)

Dimension

An independent evaluation axis for appraising population health. Each dimension belongs to an area of concern and should respect preference independence conditions – that is, being possible to assess how important is improving the performances in one dimension independently of the performances of a region on other population health dimensions. Each dimension is made operational by means of an indicator. Examples of dimensions under discussion in the project are employment, income, living conditions, education and crime (dimensions within the economic and social environment area of concern). (8)

See also: Indicator

Disability-adjusted life years (DALYs)

The sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability. (12)

Disadvantaged / Marginalized/ Vulnerable groups

These terms are applied to groups of people who, due to factors usually considered outside their control, do not have the same opportunities as other, more fortunate groups in society. Examples might include unemployed people, refugees and others who are socially excluded. (11)

See also: Vulnerable population

Discrimination

A failure to treat all persons equally for no objective reason, or failure to treat them differently when necessary to avoid injustice. Discrimination is prohibited under international law in respect of "race, colour, sex, language, religion, political, or other opinion, national or social origin, property, birth or other status" (*Art. 2, Universal Declaration of Human Rights 1948)*. (1)

E

Effectiveness

The extent to which a specific intervention, procedure, regimen or service, when deployed in the field in routine circumstances, does what it is intended to do for a specified population. (6)

Empowerment

Empowerment intends a social, cultural, psychological or political process through which individuals or social groups are able to express their needs, to present their concerns, devise strategies for involvement in decision-making and achieve political, social and cultural action to meet those needs. Through such a process people see a closer correspondence between their goals in life and a sense of how to achieve them and a relationship between their efforts and life outcomes. In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health. (13)

Environment

The conditions that surround someone or something: the conditions and influences that affect the growth, health, progress, etc., of someone or something. More specifically:

- the complex of physical, chemical, and biotic factors (natural and living things, as earth, air, water, climate, weather, plants and animals) that act upon an organism or an ecological community and ultimately determine its form and survival.
- the aggregate of social and cultural conditions that influence the life of an individual or community. (14)

Environmental health indicators

Indicators that support and monitor policy on environment and health at all levels - from the local to the international, for example:

- monitor trends in the state of the environment, in order to identify potential risks to health;
- monitor trends in health, resulting from exposures to environmental risk factors, in order to guide policy;
- compare areas or countries in terms of their environmental health status, so as to help target;
- monitor and assess the effects of policies or other interventions on environmental health;
- help to raise awareness about environmental health issues across different stake-holder groups (including policy-makers, health practitioners, industry, the public, the media);
- investigate potential links between environment and health (e.g. as part of epidemiological studies), as a basis for informing health interventions and policy. (15)

See also: Indicator

Environmental risk factor

Environmental risk factors include those reasonably amenable to management or change. They are the modifiable parts (or impacts) of:

- Pollution of air, water, or soil with chemical or biological agents UV and ionizing radiation
- Noise, electromagnetic fields
- Occupational risks
- Built environments, including housing, land use patterns, roads;
- Agricultural methods, irrigation schemes
- Man-made climate change, ecosystem change
- Weather-related factors such as temperature and precipitation
- Behaviour related to the availability of safe water and sanitation facilities, such as washing hands, and contaminating food with unsafe water or unclean hands. (16)

Equity in health

Equity in health means equal opportunity to be healthy, for all population groups. Equity in health thus implies that resources are distributed and processes are designed in ways most likely to move toward equalising the health outcomes of disadvantaged social groups with the outcomes of their more advantaged counterparts. This refers to the distribution and design not only of health care resources and programmes, but of all resources, policies, and programmes that play an important part in shaping health, many of which are outside the immediate control of the health sector. (17)

Ethnicity/ethnic group

The social group a person belongs to either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry, and physical features traditionally associated with *race*. All people have an ethnicity – not only minorities. (1)

Ethnic minority group

Ethnic minority group (or minority ethnic group) refers to populations other than the dominant majority of a country. The word minority not only refers to numerical proportions, but also indicates relative power positions in society. (1)

Evidence

Any form of knowledge, including, but not confined to research, of sufficient quality to inform decisions. (6)

Evidence-based

The evidence base refers to a body of information, drawn from routine statistical analyses, published studies and “grey” literature, which tells us something about what is already known about factors affecting health. (11)

Evidence-based/informed policy-making

An approach to policy decisions that is intended to ensure that decision-making is well informed by the best available research evidence. The process depends on the type of decisions being made and their context, and is both systematic and transparent. (18)
See also: Evidence

Exposure-response relationship

An exposure-response relationship describes how the likelihood and severity of adverse health effects (the responses) are related to the amount and condition of exposure to an agent (the dose provided). In the context of environmental risk factors the term “exposure” usually refers to concentration of the factor and the resulting information is referred to as the concentration-response" relationship.
In the context of environmental risk assessment, the exposure-response associations are extracted from epidemiological studies that relate concentrations to risk of death or disease. (8)

G

Good practice

A good practice is one that has been proven to work well and produce good results, and therefore recommended as a model. It is a successful experience that has been tested and validated, in the broad sense, has been repeated and deserves to be shared, so that a greater number of people can adopt it. (19)
See also: Good/best practice in health care policies; Promising practice

Good/best practice in health care policies

‘Best way’ to identify, collect, evaluate, disseminate, and implement information about, as well as to monitor the outcomes of health care interventions for patient’s population groups and defined indications or conditions. Information is required on the best available evidence on safety, efficacy, effectiveness, cost-effectiveness, appropriateness, social and ethical values and quality of the health care interventions. (20)

H

Health

The state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. (21)

Health behaviours

In the broadest sense, health behaviours refer to the actions of individuals, groups, and organizations, as well as their determinants, correlates, and consequences, including social change, policy development and implementation, improved coping skills, and enhanced quality of life. (8)

Health equity

Health equity means equal opportunity to be healthy, for all population groups. Equity in health thus implies that resources are distributed and processes are designed in ways most likely to move toward equalising the health outcomes of disadvantaged social groups with the outcomes of their more advantaged counterparts. This refers to the distribution and design not only of health care resources and programmes, but of all resources, policies, and programmes that play an important part in shaping health, many of which are outside the immediate control of the health sector. (22)

Health Equity Audit (HEA)

A Health Equity Audit (HEA) is a review procedure which examines how health determinants, access to relevant health services, and related outcomes are distributed across the population, relative to need. A HEA advises decision-makers at all levels of governance to prioritize resources in the planning of policies, strategies and projects in a way that reduces health inequities. A HEA distinguishes between health inequalities and health inequities, and the overall objective is thus not to allocate resource equally across the population, but to prioritize these according to actual needs of different segments or geographic locations. (23)

Health gain

An increase in the measured health of an individual or population, including length and quality of life. (24)

Health impact

A health impact can be positive or negative. A positive health impact is an effect, which contributes to good health or to improving health, e.g. having a sense of control over one's life and having choices is known to have a beneficial effect on mental health and wellbeing, making people feel "healthier". A negative health impact has the opposite effect, causing or contributing to ill health, e.g. working in unhygienic or unsafe conditions or spending a lot of time in an area with poor air quality is likely to have an adverse effect on physical health status. (11)

Health Impact Assessment (HIA)

Health Impact Assessment (HIA) is a practical tool, which allows for evaluating the health impact of policies, strategies and initiatives in sectors that indirectly affect health, such as transportation, employment and the environment. The overall goal of HIA is to inform decision-makers of adverse health effects of proposed actions, and support identification of appropriate policy options. (11)

Health in All Policies (HiAP)

Health in All Policies (HiAP) is a policy strategy, which targets the key social determinants of health through integrated policy response across relevant policy areas with the ultimate goal of supporting health equity. The HiAP approach is thus closely related to concepts such as 'inter-sectoral action for health', 'healthy public policy' and 'whole-of-government approach'. (25)
See also: Health Equity; Population health

Health inequalities

Health inequalities are preventable and unjust differences in health status or in the distribution of health determinants between different population groups. They exist across the EU, both between and within the Member States. Acting to reduce health inequalities means tackling social and economic determinants that impact unequally on the health of the population in a way that is avoidable and can be dealt with through public policy at all levels. It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case, it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and

avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health. (26)
See also: Health inequities

Health inequities

Uneven distribution of health that may be unnecessary and avoidable as well as unjust and unfair Inequity – as opposed to inequality – has a moral and ethical dimension, resulting from avoidable and unjust differentials in health status. (26)
See also: Health inequalities

Health outcomes indicators

They are used to monitor population health status. In this context, they reflect the contribution of a wide range of factors -- including social, environmental, and lifestyle factors -- going far beyond the medical-care system. Traditionally, these indicators have been based solely on mortality data such as life expectancy, standardised mortality rates, infant mortality, and potential years of life lost. These mortality indicators have provided useful information for describing the mortality patterns of the population. However, it is clear continued improvement of ascertainment and classification of specific causes of death is needed for accurate estimates of mortality. (27)
See also: Indicator

Health policy

(i) A set of decisions or commitments to pursue courses of action aimed at achieving defined goals for improving health, by stating or inferring the values that underpin these decisions; the health policy may or may not specify the source of funding that can be applied to the action, the planning and management arrangements to be adopted for implementation of the policy, and the relevant institutions to be involved. (ii) A general statement of understanding to guide decision making that results from an agreement or consensus among relevant partners on the issues to be addressed and on the approaches or strategies to deal with them. (6)

Health promotion

The planned and managed process of encouraging and assisting improvement in the health of a population as distinct from the provision of health care services. It operates through the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health. Health promotion has been an evolving concept in the last twenty years in health policy. It encompasses fostering lifestyles and other social, economic, environmental and personal factors conducive to health. Health promotion can involve a variety of activities including promoting healthy public policies, supportive environments for health, healthy lifestyles, community action for health, improving personal knowledge and skills; and the development of health services concerned with health rather than merely focused on disease and disability. Health promotion includes many aspects of preventive medicine and public health. (24)

Health risk assessment

It involves identifying the hazards present in any undertaking activities or from other factors and then evaluating the extent of the risks involved, taking into account existing precautions. (28)

Health status

A general term for the state of health of an individual, a group or population measured against defined standards. (24)

Health system

(i) all the activities whose primary purpose is to promote, restore and/or maintain health; (ii) the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health. (11)

Healthcare access

The degree to which individuals are inhibited or facilitated in their ability to gain entry to and to receive care and services from the health care system. Factors influencing this ability include geographic, architectural, mobility, and financial considerations, among others. Entry (to the health care system) is dependent on the wants, resources, and needs that individuals bring to the care-seeking process. Ability to obtain wanted or needed services may be influenced by many factors, including travel distance, waiting time, available financial resources, and availability of a regular source of care. (29)

Healthcare utilization

The measure of the population's use of the health care services available to them. This includes the utilization of hospital resources, personal care home resources, and physician resources. Health care utilization and health status are used to examine how efficiently a health care system produces health in a population. (30)

Healthy public policy

Healthy public policy is a key component of the Ottawa Charter for Health Promotion (1986). The concept includes policies designed specifically to promote health (for example banning cigarette advertising) and policies not dealing directly with health but acknowledged to have a health impact (for example transport, education, economics). (11)
See also: Health Policy

I

Impact assessment

Impact assessment is about judging the effect that a policy or activity will have on people or places. It has defined as the prediction or estimation of the consequences of a current or proposed action. (11)

Indicator

A variable, or a combination of variables, selected to represent a certain wider issue or characteristic of interest. Indicators are used in a broad range of situations, from describing the current condition

of a system, to predicting its future outcomes, to monitoring the results of projects, programs, or policies over time. They represent factual information (related to population health) which is linked to the dimensions. Crimes recorded by the police per 100.000 inhabitants is an example of a possible indicator for the crime dimension. (8)

Inequalities audit /Equity audit

A review of inequalities within an area or of the coverage of inequalities issues in a policy, programme or project, usually with recommendations as to how they can be addressed. (26)

Inequity in health

(i) Inequity refers to unfair, avoidable differences arising from poor governance, corruption or cultural exclusion. (ii) Avoidable inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies. Social and economic conditions and their effects on people's lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs. (26)
See also: Equity in health

Integrated impact assessment

It brings together components of environmental, health, social and other forms of impact assessment in an attempt to incorporate an exploration of all the different ways in which policies, programmes or projects may affect the physical, social and economic environment. (11)

Intervention

A set of actions with a coherent objective to bring about change or produce identifiable outcomes. These actions may include policy, regulatory initiatives, single strategy projects or multi-component programmes. (31)

L

Life course approach

An approach suggesting that the health outcomes of individuals and the community depend on the interaction of multiple protective and risk factors throughout people's lives. This approach provides a more comprehensive vision of health and its determinants, which calls for the development of health services more centred on the needs of its users in each stage of their lives. (6)

Lifestyle

The set of habits and customs that is influenced by the lifelong process of socialization; examples include the use of alcohol and tobacco, dietary habits, or exercise. (3)

Low-threshold approach

A low-threshold approach as a working method is characterised by the fact that it reflects access barriers to the measure from the perspective of the target groups. Already in the conception phase, approaches are formulated in order to avoid these barriers or to keep them as low as possible. The

barriers to access are organisational structures (e.g. opening hours, location, fees, registration formalities), but also conceptual barriers (e.g. lack of sensitivity to gender and/or culture) and other stigmatisation. Low-threshold working approaches include outreach services and accompanying services ("walking structure") or the combination of various services under one roof in order to make short distances possible. Stakeholder participation and the involvement of the target group in planning can promote a low-threshold approach. Understanding and knowledge of the everyday life and the respective life situation of the target group(s) as well as their exact differentiation are necessary prerequisites for a low-threshold working method. (32)

M

Migrant

While there is no formal legal definition of an international migrant, most experts agree that an international migrant is someone who changes his or her country of usual residence, irrespective of the reason for migration or legal status. Generally, a distinction is made between short-term or temporary migration, covering movements with a duration between 3 and 12 months, and long-term or permanent migration, referring to a change of country of residence for a duration of one year or more. The term is sometimes wrongly applied to the offspring of migrants born in the country of settlement. An error of the opposite kind is made when people born abroad, but with ancestry in the country of settlement, are not referred to as migrants (e.g. 'Aussiedler in Germany, descendants of colonists, or possibly expelled from other countries). (1)

Migration

The movement of people, either across an international border, or within a country, including refugees, displaced persons, economic migrants, and persons moving for other purposes, including family reunification. (1)

Monitoring

The continuous oversight of an activity to assist in its supervision and to see that it proceeds according to plan. Monitoring involves the specification of methods to measure activity, use of resources, and response to services against agreed criteria. (24)

Morbidity

Any departure, subjective or objective, from a state of physiological or psychological well-being. (33)

Mortality indicator

A measure of the number of deaths (in general, or due to a specific cause) in some population, scaled to the size of that population, per unit time. Mortality rate is typically expressed in units of deaths per 1000 individuals per year. (34)
See also: Indicator

Multi-level policy-making

Multi-level governance can be defined as an arrangement for making binding decisions that engages a multiplicity of politically independent but otherwise interdependent actors – private and public –

at different levels of territorial aggregation in more or less continuous negotiation/deliberation/implementation, and that does not assign exclusive policy competence or assert a stable hierarchy of political authority to any of these levels. (35)

N

Non-health related policies

Non-health related policies may have positive consequences for health that are equally, or more important, than the outcomes they were originally designed to produce. Thus, health effects can be central factors in decisions concerning changes in policy seemingly unrelated to health. (36)

O

Outcomes

The effect the process has had on the people targeted by it. These might include, for example, changes in their self-perceived health status or changes in the distribution of health determinants, or factors, which are known to affect their health, well-being and quality of life. (11)

Outputs

The products or results of the process. These might include, for example, how many people a project has affected, their ages and ethnic groups or the number of meetings held and the ways in which the findings of the project are disseminated. (11)

P

Participation

Target group participation means creating opportunities for participation in all phases of health promotion (needs assessment, planning, implementation, evaluation) and ensuring that the participation processes are designed according to the experiences and possibilities of the target groups (target group-specific). To this end, target groups must be enabled to formulate their own needs and to contribute wishes, ideas and conceptions in the planning, implementation and execution of health-promoting activities. Participation is a development process in which the persons concerned increasingly gain competences in order to be able to influence decisions more actively. Participation must be actively facilitated and promoted in the conception of a measure. This requires a differentiated understanding of life situations and an empathetic, respectful attitude towards the target groups. (32)

Participatory process

Sequence of activities to engage the decision makers or stakeholders in some aspect of a decision process. In the process of health promotion, participation does not only mean participation in existing projects, but rather the respective target groups as well as all other stakeholders such as institutions, multipliers and others should have a say in all phases of the process. Through the

participation of all those affected and involved, self-help activities and identification with the measures should be supported. Successful participation processes require (->) low-threshold approaches and sometimes require learning processes. (32)

Performance

The score of a Region on an indicator; a numeric value appraising a population health dimension. (10)

Policy

A guide to action to change what would otherwise occur; a decision about the amounts and allocation of resources; the overall amount is a statement of commitment to a certain area of concern; the distribution of the amount shows the priorities of decision makers. Policy sets priorities, and guides resource allocation. (37)

Policy dialogue

(i) The process of policy making or policy formation, i.e. of recognition of social demand, transformation into political demand and, eventually, into formulation of a policy statement that provides guidance to subsequent decisions about technical implementation (WHO 1982); and/or, (ii) the social debate and interaction between stakeholders that leads to translation of policy into strategies and plans. (6)
See also: Policy

Policy makers

Public or private leaders who make or influence the formation or implementation of policy decisions. (38)

Policy Advisory Board (PAB)

The Policy Advisory Board in JAHEE consists of representative of governmental and/or research funding organizations, not in employment with any of the consortium partners and not belonging to collaborating stakeholder, to be invited from all EU MSs, including countries in which no consortium partners are based in order to contribute to optimal police relevance. Activities of the PAB link to those of the SAB, with particular focus on assessing the policy value of the JA achievements. (39)

Political determinants

Looking at health through the lens of political determinants means analysing how different power constellations, institutions, processes, interests, and ideological positions affect health within different political systems and cultures and at different levels of governance. (40)

Population health

The health of a population as measured by health status indicators and as influenced by social, economic, and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services. As an approach, population health focuses on interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the

resulting knowledge to develop and implement policies and actions to improve the health and wellbeing of those populations. (41)

Population health index

A "composite measure", "composite index", "composite indicator" based on a clear conceptual framework, integrating relationships between the different elements of population health is capable of considering multiple aspects and simultaneously delivering an aggregate score that permits:

- An overview of population health and health care performance more easily and simplifying the process of comparing different geographic areas (eg. countries or communities), while considering multiple health aspects
- Defining targets in each health indicator which enable a benchmark analysis
- Providing information for analysing overall health performance of the population of a geographical area, through the use of a type of traffic light system. (8)

See also: Population health

Primary health care

As stated at the Alma Ata Conference: "Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination." (26)

Promising practice

A promising practice has demonstrated a high degree of success in its single setting, and the possibility of replication in the same setting is guaranteed. It has generated some quantitative data showing positive outcomes over a period of time. A promising practice has the potential to become a good practice, but it doesn't yet have enough research of replication to support wider adoption or upscaling. As such, a promising practice incorporates a process of continuous learning and improvement. (19)

See also: Good/best practice in health care policies; Good practice

Proportionate universalism

Proportionate universalism is the resourcing and delivering of universal health services at a scale and intensity proportionate to the degree of need. Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. (42)

Public health

An organized effort by society (primarily through its public institutions) to improve, promote, protect and restore the health of the population through collective action. It includes services such as health situation analysis, health surveillance, health promotion, prevention, infectious disease control, environmental protection and sanitation, disaster and health emergency preparedness and response, and occupational health, among others. (6)

Public health action cycle (PHAC)

The PHAC is a conceptual framework suitable for projects and measures of varying scope and can be used on projects at the micro, meso and macro levels. The action cycle differentiates a health-related intervention into four individual process categories: (1) identification of the fundamental problem to be addressed by the intervention, (2) strategy development in which an intervention suitable for treatment is developed, (3) implementation of the intervention and (4) evaluation of the activities carried out. Depending on the type of intervention and the duration of the measures, PHAC can also be used in an iterative (and more spiral-shaped) process. The PHAC represents an ideal process flow and is therefore not always transferable in all points of a concrete measure or intervention. Nevertheless, the value of this model lies in the necessity and significance of its individual process steps and its use in comparing different health promotion measures. The PHAC can be used to identify and analyse different patterns of dealing with health problems, and then evaluate their effectiveness and impact on the health equity dimension. Therefore, it is an important approach to quality assurance in health promotion measures. (43)

Q

Qualitative indicators

They can be defined as people's judgements and perceptions about a subject. These also could reflect changes in attitudes or behaviour. Some qualitative indicators may contain a number or numeric components. (44)
See also: Indicator

Qualitative judgments

Non-numerical judgments about the contribution to the population health of different levels of performances. (8)

Quality management

Quality means the characteristic values or the characteristics of a product, process, service or unit (e.g. facility) with regard to their suitability to fulfil defined and presumed requirements (requirements, expectations). Quality objectives in health promotion and prevention are to increase the health-promoting effects of intervention measures and their health-related benefits (effectiveness) for the respective target groups while avoiding unnecessary costs (efficiency). The differentiation of four quality dimensions is widespread. While planning quality (also called assessment or concept quality) asks whether needs and requirements have been identified, scientific foundations prepared, previous experience from other projects included and objectives such as target groups precisely defined, structural quality focuses on organisational and institutional prerequisites. Process quality refers to the implementation and outcome quality to the impact of the measure. The (->) Public Health Action Cycle is a framework model to illustrate the continuous improvement of intervention quality in the field of health promotion and prevention. (45)

Quality of life

A broad construct reflecting a subjective or objective judgment concerning all aspects of an individual´s existence, including health, economic, political, cultural, environmental, aesthetic, and spiritual aspects. (46)

R

Refugee

A person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is living outside the country of his nationality. In the European Union, this term is used of a person who has specifically sought and received legal asylum. (1)

Risk factor

Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health, or injury. (13)

S

Scientific Advisory Board (SAB)

The Scientific Advisory Board in JAHEE consists of at least three members, not in employment with any of the consortium partners and not belonging to collaborating stakeholders. Their task include safeguards the overall aims and achievements of the JA and the scientific quality of work conduced within the JA. It can imply suggesting re-orientation of specific tasks, methodologies and provide strategic advice. (39)

Scenario

Scenarios are descriptions of a future situation and the course of events which allows one to move forward from the actual to the future situation. A set of hypothetical events set in the future constructed to clarify a possible chain of causal events as well as their decision points. (47)

Setting approach

The setting approach looks at people's living environments and thus at the conditions under which people play, learn, work and live (according to the Ottawa Charter on Health Promotion). The conditions in the settings or living environments - such as at school, at work, in the city district or in the immediate vicinity (neighbourhood) - have a significant influence on the possibility of leading a healthy life. Health promotion according to the setting approach is aimed at shaping living conditions in a healthy way. The approach is based on concepts of organisational development. Four elements are of central importance for the implementation of the setting approach: (1) the development of health-promoting living conditions at the structural level as a ratio-related orientation, (2) the strengthening of the competences and resources of the individuals living or working in the setting as a behavior-related orientation, (3) the active participation of the persons in

the setting in all phases of the planning and implementation of the behavior- and ratio-related activities (participation) and (4) the continuous and professional coordination of all activities. (32)

Social determinants of health

The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. (26)

Social spatial health promotion

The focus on socio-spatial aspects of health opens new perspectives on intermediary influencing factors and approaches to health promotion. A social space describes a socially constructed space, which as a living environment is important for an individual or a community. A social space is characterized by social action in a specific space characterized by the respective elements. The social space comprises a quarter or district, but also the everyday social environment of people, and it is both a planning and development space. (48)

Socio-economic indicator

Socioeconomic position: An aggregate concept that includes both resource-based and prestige-based measures, as linked to both childhood and adult social class position. Resource-based measures refer to material and social resources and assets, including income, wealth, educational credentials; terms used to describe inadequate resources include “poverty” and “deprivation”. Prestige-based measures refer to individual’s rank or status in a social hierarchy, typically evaluated with reference to people’s access to and consumption of goods, services, and knowledge, as linked to their occupational prestige, income, and education level. (49)
See also: Indicator

Socio-economic status

The socio-economic status of a person describes an individual’s or family’s relative position in society. This is defined by indicators such as educational attainment, occupation, income and house or car ownership. (50)

Stakeholder

An individual, group or an organization with significant influence and power on or significantly influenced by the JAHEE project output. (51)

Survey

In the context of an evaluation model, it is a prepared list of questions that is sent to stakeholders to help identify the objectives and/or value measures. (52)

Sustainable development

Sustainable development is defined as development that meets the needs of the present without compromising the ability of future generations to meet their own needs (WCED 1987). It incorporates many elements, and all sectors, including the health sector, which must contribute to achieve it. In health promotion, sustainable development is particularly important in terms of building healthy public policy, and supportive environments for health in ways which improve living

conditions, support healthy lifestyles, and achieve greater equity in health both now and in the future. Reference: Our common future: Report of the World Commission on Environment and Development (WCED), 1987. Health and Environment in Sustainable Development. Five years after the Earth Summit. WHO, Geneva, 1997. (13)

Social gradient

Health inequalities are often observed along a social gradient, which is a “stepwise or linear decrease in health that comes with decreasing social position” (Marmot 2004). This gradient exists in all countries, either rich or poor, and the pattern can observed when looking at factors such as income, level of education, geographic region, gender, or ethnicity. This means that the more favourable your circumstances are, the better your chances of enjoying good health and a longer life. (42)

T

Target group orientation

The target groups of a measure must be precisely defined in its conception. It is essential to identify precisely the problems arising from a difficult social situation and social disadvantage. Characteristics of social disadvantage include material poverty, poor education, experience of migration or chronic illness. Social disadvantage cumulated in the combination of disadvantaged characteristics. For target groups, further characteristics such as age and gender should be included as a sensitivity to difference. In order to avoid stigmatising target groups in particular, a (->)-social-space-oriented concept for promoting health equality is recommended, in order to be able to include several disadvantaged and vulnerable target groups at the same time. (32)

U

Uncertainty

It corresponds to the lack of knowledge (level of ignorance) about the parameters that characterize the system that is being modelled. It is sometimes reducible through further measurement or study, or by consulting more experts. (53)

V

Vulnerable population

A population at risk of coercion, abuse, exploitation, discrimination, imposition of unjust burdens of risk, infection, disease, or poorer health outcomes by reason of diminished competence or decision-making capacity, lack of power or social standing, fragile health, deprivation, or limited access to basic needs, including public health and medical care. Similar acts may be construed to be coercive in a vulnerable population, which would not be so in other, well-situated populations. (3)

Vulnerability

Vulnerability in the sense of increased disease, disability and mortality probabilities is particularly prevalent where belonging to a group whose full participation in society is precarious or damaged (e. g. the unemployed, old people) and poor in material circumstances coincide. (54)

W

Well-being

Happiness and meaning and self-realization. (41)

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