



Glossary

Note: the terms defined in this glossary are based on the sources cited, but are, in some cases, slightly reworded to make them more directly relevant to this project. For some terms, additional contextual or explanatory information is provided.

Advocacy

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program.¹

In the health promotion field, advocacy is assumed to be in the public interest, whereas lobbying by a special interest group may or may not be in the public interest. Advocacy often aims to enhance the health of disadvantaged groups such as First Nations communities, people living in poverty or persons with HIV/AIDS.²

Brief (Policy)

A policy brief should present the rationale for choosing a particular policy option in a current policy debate. It requires succinct consideration of policy options for a particular audience, which may be internal or external, and may include officials, politicians, journalists, advocates and researchers. As any policy debate is a market place of competing ideas, the purpose of a policy brief is to convince the target audience of the relevance or urgency of an issue and the need to adopt the proposed policy or course of action outlined, thereby serving as an impetus for change.³ Since health promotion policy issues tend to be relatively complex, briefs need to succinctly consider the issue and policy options for decision makers.

Communication (skills)

Communication is a bi-directional set of skills to transmit and receive ideas and information to and from involved individuals and groups. Communication skills include the ability to listen, and to speak and write in plain language; i.e., verbal skills, often reinforced with visual images.²

Community

Groups of people affiliated by geographic proximity, special interest, or similar situations.⁴

In many societies, particularly those in developed countries, individuals do not belong to a single, distinct community, but rather maintain membership of a range of communities based on variables such as geography, occupation, social and leisure interests.¹



Community Capacity

The collection of individual skills and knowledge networks, organizations, and businesses that a healthy community is built upon.⁵

The abilities and resources of the individuals, citizen associations and local institutions that individually and/or collectively assure the health, well-being, and quality of life of the community and all its members.⁶

Community Mobilization

Community mobilization is a capacity-building process through which community individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others.⁷

Context of Health Promotion Structures and Roles

The mandates and actions of governmental and non-governmental organizations that contribute to the population's health and wellbeing.

Critically appraise evidence

The process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.⁸



Determinants of health

The range of personal, social, economic and environmental factors which determine the health status of individuals or populations.¹

Definable entities that cause, are associated with, or induce health outcomes. Health promotion is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environment. These, determinants of health, in combination, create different living conditions which impact on health.²

Within the determinants of health, two sub-sets are commonly encountered: social determinants of health; and, more recently, ecological determinants of health. See their definitions for more details.

Diversity and Inclusiveness

Diversity: the demographic characteristic of populations attributable to perceptible ethnic, linguistic, cultural, visible or social variation among groups of individuals in the general population.²

Inclusiveness: creating a culture that strives for equity and embraces, respects, accepts, and values differences.⁹

Ecological Determinants of Health

The ecosystem-based ‘goods and services’ that we get from nature are the ecological determinants of health. Among the most important of these are oxygen, water, food, fuel, various natural resources, detoxifying processes, the ozone layer and a reasonably stable and habitable climate.¹⁰



Environmental Scan

The acquisition of information about events, trends and relationships in the organization's external environment to assist planning organizational action. The approach is tailored to the issue and context. Typically, a broad range of issues and perspectives are examined covering social, economic, political, technological and other trends. Information is gathered from a variety of sources that may include surveys, interviews, focus groups and site visits, as well as leading-edge thinkers.¹¹ A SWOT analysis may then be conducted to identify strengths, weaknesses, opportunities and threats.

Grey literature

Informally published written material (such as reports) that may be difficult to trace via conventional channels such as published journals and monographs because it is not published commercially or is not widely accessible. It may nonetheless be an important source of information for research and policy analysis, because it tends to be original and recent.¹²

Health communication

Health communication is a key strategy to inform the public about health concerns and to maintain important issues on the public agenda. The use of the mass and multi media and other technological innovations to disseminate useful health information to the public increases awareness of specific aspects of individual and collective health as well as importance of health in development.^{1,13} See also Communication.

Health equity (and inequity)

Health equity means all people (individuals, groups and communities) have a fair chance to reach their full health potential and are not disadvantaged by social, economic and environmental conditions.

Health inequity is a sub-set of health inequality and refers to differences in health associated with social disadvantages that are modifiable, and considered unfair.¹⁴

Health issues

Health issues include, but are broader than health conditions since they include immediate and upstream causes or contributors to health outcomes from a determinants of health perspective.



For example, the ‘built environment’ is a health issue because how communities are designed has implications for physical activity, vehicle emissions, social interaction, and other effects.

Health Promotion Action

Describes programs, policies and other organized health promotion interventions that are empowering, participatory, holistic, intersectional, equitable, sustainable and multi-strategy in nature which aim to improve health and reduce health inequities.⁶ (see ‘Health Promotion Program’ for more details).

Health Promotion Program (and projects)

A health promotion program is generally long term and comprehensive in nature to have population health impact. It typically includes a multifaceted set of planned complementary activities characterized by multiple strategies including creating supportive environments for health, building healthy public policies, intersectoral collaboration and community involvement. In contrast, a project is typically short-term and usually a more narrowly focused activity.¹⁵

Jurisdictional Levels

The structural organization of public health, health systems, and governments typically include the following levels: local/regional/municipal; provincial/territorial; federal; and, international (e.g., World Health Organization).

Monitor and Evaluate Implementation of Health Promotion Action

Monitor: routine, often episodic measurement, performance analysis, or supervision of a process, activity, or function with the aim of detection and correcting change or deviation from desirable levels.¹⁵

Evaluate: efforts aimed at determining as systematically and objectively as possible the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used.¹⁵ This includes assessing process and outcomes.



Organizational Performance Standards

The criteria, often determined in advance, e.g., by an expert committee, by which the activities of the organization in which health promoters work, are assessed.² Sources of such standards may include system program standards, accreditation standards, etc.

Policy (Health)

A course or principle of action adopted or proposed by a government, political party, organization, or individual; the written or unwritten aims, objectives, targets, strategy, tactics, and plans that guide the actions of a government or an organization.²

Healthy public policy aims to create a supportive environment to enable people to lead healthy lives by making healthy choices possible or easier and by making social and physical environments health enhancing.¹

Population health promotion

Model developed by Hamilton and Bhatti¹⁶ that combines consideration of Ottawa Charter action strategies, determinants of health, and various levels of action including community, sector/system, and society. Furthermore, the model is supported by evidence-based decision-making and values and assumptions.

Population Health Status

The health of the population assessed and reported upon including the determinants of health and health inequities.

An output of population health assessment which is a core function of public health involving the systematic collection and analysis of data in order to provide a basis for decision-making. This may include collecting statistics on local health status, health needs, and/or other public health issues.¹⁷ As part of a *situational assessment*, a health promoter retrieves and synthesizes relevant population health information to inform the development of program and policy interventions.



Principles

The following core values and principles guide health promotion practice:

- a social-ecologic model of health that takes into account the cultural, economic, and social determinants of health
- a commitment to equity, civil society and social justice
- a respect for cultural diversity and sensitivity
- a dedication to sustainable development
- a participatory approach to engaging the population in identifying needs, setting priorities, and planning, implementing, and evaluating the practical and feasible health promotion solutions to address needs.¹⁸

Research

Activities related to develop or contribute to generalizable knowledge, i.e., theories, principles, relationships, or the information on which these are based, that can be confirmed or refuted by recognized methods of observation, experiment, and inference.¹⁵

Situational assessment

The phrase “situational assessment” is now used rather than the previous term “needs assessment.” This is intentional to avoid the common pitfall of only looking at problems and difficulties, but to also consider the strengths of and opportunities for individuals and communities. It also means looking at socio-environmental conditions and broader determinants of health. A situational assessment influences planning in significant ways by examining the legal and political environment, stakeholders, the health needs of the population, the literature and previous evaluations, as well as the overall vision for the project.¹⁷

Social Determinants of Health

The conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. Those wider set of forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.¹⁹

Theory

A belief system based on observation and supposition. All commonly applied theories in the natural and public health sciences are subjected to frequent tests of their validity and are

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vulnerable to refutation.¹⁵ There is a broad range of relevant theories underlying health promotion practice including those addressing behaviour change, social support, organizational change, diffusion of innovations, policy change, etc. The health promoter applies relevant theory in conjunction with health promotion principles, knowledge, skills, and research to understand health issues and inform health promotion action.



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