

Glossary

10 Essential Public Health Services

The 10 Essential Public Health Services, developed by representatives from federal agencies and national organizations, describe what public health seeks to accomplish and how it will carry out its basic responsibilities. The list of 10 services defines the practice of public health. These services include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Access/Access to Care

This is the extent to which a public health service is readily available to the community's individuals in need, including the capacity of the agency to provide service in a way that honors the social and cultural characteristics of the community. It also focuses on agency efforts to reduce barriers to service utilization. "Access to care" refers to access in a medical setting.

Action Cycle

During Phase Six, Action Cycle, the community implements and evaluates action plans to meet goals, address strategic issues, and achieve the community's vision.

Behavioral Risk Factors

Risk factors in this category include behaviors that are believed to cause, or to be contributing factors to most accidents, injuries, disease, and death during youth and adolescence as well as significant morbidity and mortality in later life. The Behavioral Risk Factor Surveillance System includes the indicators tobacco use, illegal drug use, binge drinking, nutrition, obesity, exercise, sedentary lifestyle, seatbelt use, child safety seat use, bicycle helmet use, condom use, pap smear screening, and mammography screening.

Chronic Diseases

These are diseases of long duration, generally slow progression, and can be multisymptomatic. Examples include heart disease, stroke, cancer, arthritis, chronic respiratory diseases, and diabetes.

Community

Broad community participation is vital to a successful MAPP process. Activities for each phase include specific consideration of ways to gain broader community member participation. This will ensure that the community's input is a driving factor.

Community Assets

Contributions made by individuals, citizen associations, and local institutions that individually or collectively build the community's capacity to assure the health, well-being, and quality of life for the community and all its members.

Community Health Improvement Plan (CHIP)

A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community.

Community Health Needs Assessment (CHNA)

A Community Health Assessment engages community members and local public health system partners to collect and analyze health-related data from many sources. Critical tasks are accomplished through the Community Health Needs Assessment: informs community decision-making; prioritizes health problems; and assists in the development and implementation of community health improvement plans.

Community Member

This is anyone who works, learns, lives, and plays in the Lane County, Oregon community.

Death, Illness, and Injury

Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates; by degree of premature death (Years of Productive Life Lost); and by cause (disease—cancer and non-cancer or injury—intentional, unintentional). Morbidity may be represented by age-adjusted incidence of cancer and chronic disease.

Demographic Characteristics

Demographic characteristics of a jurisdiction include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and sub-populations are located, and the rate of change in population density over time, due to births, deaths, and migration patterns.

Environmental Health Indicators

The physical environment directly impacts health and quality of life. Clean air, water, and safely prepared food are essential to physical health. Exposure to environmental substances, such as lead or hazardous waste, increases risk for preventable disease. Unintentional home, workplace, or recreational injuries affect all age groups and may result in premature disability or mortality.

Formulate Goals and Strategies

In Phase Five, Formulate Goals and Strategies, goals that the community wants to achieve are identified that relate to the strategic issues. Strategies are then identified to be implemented.

Four MAPP Assessments

During Phase Three, Four MAPP Assessments, qualitative and quantitative data are gathered to provide a comprehensive picture of health in the community.

Health

This is a dynamic state of complete physical, mental, spiritual, and social wellbeing and not merely the absence of disease or infirmity.

Health Disparity

Health disparities are differences in health outcomes or access to health care across populations, which result from socioeconomic, biological, and psychological factors as well as the behavior of individuals. This term does not account for the unequal structuring of life chances.

Health Equity

Health equity is the realization by *all* people of the highest attainable level of health. Achieving health equity requires valuing all individuals and populations equally, and entails focused and ongoing societal efforts to address avoidable inequalities by ensuring the conditions for optimal health for all groups, particularly for those who have experienced historical or contemporary injustices or socioeconomic disadvantage.

Health Inequity

Health inequities are differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.

Health Resource Availability

Factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, it includes measures of access, utilization, and cost and quality of health care and prevention services. Service delivery patterns and roles of public and private sectors as payers and/or providers may also be relevant.

Health Risk

This is a condition of humans that can be represented in terms of measurable health status or quality-of-life indicators.

Health Status

This is the current state of a given population using various indices, including morbidity, mortality, and available health resources.

Identify Strategic Issues

In Phase Four, Identify Strategic Issues, the data are analyzed to uncover the underlying themes that need to be addressed in order for a community to achieve its vision.

Incidence

This is the measure of the frequency with which new cases of illness, injury, or other health condition occur among a population during a specified period.

Indicator

This is a measure of health status or health outcome such as the number of people who contract a respiratory disease or the number of people who die from a particular chronic disease. Measures/data that describe community conditions (e.g., poverty rate, homelessness rate, number of food stamp recipients, life expectancy at birth, heart disease mortality rate) currently and over time. Helps to answer the question: How are we doing regarding the community conditions we care about?

Infectious Disease

A disease caused by the entrance into the body of a living organism (e.g., Bacteria, protozoans, fungi, or viruses). An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

Injury

Any damage to the body due to acute exposure to amounts of thermal, mechanical (kinetic or potential), electrical, or chemical energy that exceed the individual's tolerance for such energy, or to the absence of such essentials as heat or oxygen. This includes intentional injuries (e.g., homicide, suicide) as well as unintentional injuries, regardless of where they occur, the activity that was taking place when the injurious event happened, or the object that was involved in the energy transfer.

Local Public Health System

This is the collection of public, private and voluntary entities, as well as individuals and informal associations, that contribute to the public's health within a jurisdiction.

Steering Committee

This is the group that gives the MAPP process direction. The Steering Committee serves in a similar function as a board of directors and is representative of the local public health system.

Maternal and Child Health

This is a set of programs and policies focusing on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, or utilization of, care is included. One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. Births to teen mothers are a critical indicator of increased risk for both mother and child.

Mobilizing for Action through Planning and Partnerships (MAPP)

This is a community-wide strategic planning process for improving public health.

National Association of County and City Health Officials (NACCHO)

NACCHO's members are the approximate 2,700 local health departments across the United States. NACCHO's vision is health, equity, and security for all people in their communities through public health policies and services. NACCHO's mission is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

National Public Health Performance Standards (NPHPS)

The NPHPS is designed to measure public health practices at the state and local levels. Three NPHPS instruments exist to measure local, state, and government provision of the 10 Essential Public Health Services, respectively. The local instrument, referred to as the local public health system assessment in Mobilizing for Action through Planning and Partnerships (MAPP), evaluates the capacity of local public health systems to deliver the 10 Essential Public Health Services. The NPHPS Local Instrument is the instrument used to complete the Local Public Health System Assessment in MAPP.

Public Health

This is the science and the art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; the control of community infections; the education of the individual in principles of personal hygiene; the organization of medical and nursing service for the early diagnosis and treatment of disease; and the development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health.

Quality of Life

While some dimensions of quality of life can be quantified using indicators that research has shown to be related to determinants of health and community wellbeing, other valid dimensions of quality of life include the perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

Sentinel Events

These are cases of unnecessary disease, disability, or untimely death that could be avoided if appropriate and timely preventive services or medical care were provided. These include vaccine-preventable illness, avoidable hospitalizations (those patients admitted to the hospital in advanced stages of disease which potentially could have been detected or treated earlier), late stage cancer diagnosis, and unexpected syndromes or infections. Sentinel events may alert the community to health system problems such as inadequate vaccine coverage or lack of primary care and/or screening.

Social and Mental Health

This data represents social and mental factors and conditions, which directly or indirectly influence overall health status and individual and community quality of life.

Social Determinants of Health (SDH) Inequity

This is the complex, integrated, and overlapping social structures and economic systems that include the social environment, physical environment, and health services; structural and societal factors that are responsible for most health inequities. SDH are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices.

Socioeconomic Characteristics

Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

Stakeholders

All persons, agencies, and organizations with an investment or “stake” in the health of the community and the local public health system. This broad definition includes persons and organizations that benefit from and/or participate in the delivery of services that promote the public’s health and overall wellbeing.

Strategic Plan

This is a plan resulting from a deliberate decision-making process that defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

Sub-committee

For several phases of MAPP, especially the Four MAPP Assessments, subcommittees are designated to oversee the work. The sub-committees include representation from the Core Team and other individuals with specific expertise, skills, or knowledge.

Visioning

During Phase Two, Visioning, those who work, learn, live, and play in the MAPP community (Lane County, Oregon) create a common understanding of what it would like to achieve. The community decides the vision, which is the focus of the MAPP process.