

## **GLOSSARY OF TERMS**

**Access** - Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing diseases, reducing unnecessary disability and premature death, and achieving health equity for all Americans. Access impacts one's overall physical, social and mental health status and quality of life.

**Accreditation**- Acknowledgement, upon examination by a respected organization, that a local public health agency is fulfilling its responsibilities, maintaining adequate infrastructure and capacity, and is performing in a manner that meets or exceeds a set of performance standards.

**After-Action Reports (AAR)** – is a narrative report that provides a description and analysis of performance during an emergency operation or exercise, identifying issues that need to be addressed, as well as recommendations for corrective actions. The Homeland Security Exercise and Evaluation Program (HSEEP) lists the following four sections as the required contents for the body of an AAR:

Section 1: Exercise Overview (includes identifying information, such as the exercise name, date, duration); Section 2: Exercise Design Summary (includes the overarching exercise purpose and goals; capabilities, activities and tasks identified for demonstration; exercise objectives; summary of designed initiation event(s)/key scenario events; and planned simulations); Section 3: Analysis of Capabilities; Section 4: Conclusion.

**All-hazards Preparedness Plan/All-hazards Emergency Preparedness and Response Plan** – All-hazards preparedness plan is an action plan for the jurisdiction developed to mitigate, respond to, and recover from a natural disaster, terrorist event, or other emergency that threatens people, property, business, or the community. The plan identifies persons, equipment, and resources for activation in an emergency and includes steps to coordinate and guide the response and recovery efforts of the jurisdiction.

**Agency Goal**- Desired future condition or performance level set as a target that would define the agency's success. Goals can be short term or long term, and can be articulated as a data threshold, event, or other accomplishment.

**Agency Strategic Plan**- A written plan, developed or updated within the past 12 months by local public health agency staff and governing body members, that outlines goals and objectives for the agency. The plan addresses important internal organizational concerns, and delineates agency responsibilities in carrying out public health prevention and health promotion efforts surrounding major public health problems in the community. The plan identifies benchmarks for improvement, sets timelines for principal activities, and explains how success will be measured.

**Analysis-** Data and information is carefully examined to provide a basis for decisions, or to provide evidence to support conclusions about health conditions or health threats in a community. Analysis includes a study of the relationship between health outcomes and risk factors including behavior, socio-economic, and the environment. Studying data trends and comparison with data from other geographic areas or other time periods is part of health data analysis.

**At-Risk Populations** – Individuals with social risk factors for poor health outcomes such as low socio-economic position, social isolation, residing in a disadvantaged neighborhood, identifying as a racial or ethnic minority, having a non-normative gender or sexual orientation and having poor health literacy.

**Barriers to Care** – May include a shortage of available providers, high poverty rates and lack of health insurance, cultural and social norms surrounding health behaviors, low health literacy, language and educational disparities, limited transportation options and lack of access to healthy foods and physical activity options.

**Benchmark-** A comparative data point or other stated target that would quantify the results of processes or programs. Benchmarks may be set at levels to demonstrate short-term incremental steps toward a goal, or to demonstrate a longer term desired outcome.

**Best Practices** – An intervention that has shown evidence of effectiveness in a particular setting and is likely to be replicable to other situations.

**Branding** – Is what community members, clients, policy makers and other stakeholders think of the agency and say about it. It is also a promise an organization makes to the community to deliver the best possible client service.

**Certification** - A process to provide assurance to the public that a certified public health professional has successfully completed an approved educational program and an evaluation, including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high quality care in a particular specialty.

**Coalition** – A group of individuals and organizations from a community who have come together to pursue goals aimed at improving the health and safety of a community.

**Communication Strategies** – The art and technique of informing, influencing and motivating individual, institutional and public audiences about important health issues.

**Community Health Assessment-** A systematic process is used to collect both primary and secondary data that describes demographics, socio-economic condition, and health status of a community. Behavioral and other risk factors that may contribute to health issues in the community are analyzed. The assessment is conducted or updated within the past 3 years. The process involves community stakeholder organizations and individuals.

**Community Health Improvement Plan-** A written plan developed by the local public health agency in conjunction with its community partners as a next step upon completion of a community health assessment. The plan addresses at least 3 priority health problems as identified by the assessment, sets goals for improvement, identifies strategies to be employed

and assigns community partners' roles in implementation. The plan includes timelines, and outlines methods for collecting data to be used for measuring success.

**Community Health Needs Assessment** – A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The goal of a CHNA is to develop strategies to address the community's health needs and identified issues.

**Continuous Process of Planning and Improvement-** A philosophy embraced by an organization that refers to overall performance improvement as an on-going endeavor. An agency may strive for improved satisfaction by customers with processes of service delivery or products received. Improvement in program outcomes may be the target. An agency may adopt a continuous process of assessment (measuring today's outcomes), setting targets and planning for improvement, implementing change in procedure or new interventions for better results; then reassessing to measure results.

**Cultural Competency** – The ability of providers and organizations to effectively deliver healthcare services that meet the social, cultural and linguistic needs of patients.

**Customer-** An individual, group, or entity that uses, or is a potential user of an agency's services, programs, or products.

**Disease Outbreak** – The occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season.

**Evaluation-** A systematic method that is employed to measure results of agency programs or services. An evaluation system will help an agency determine whether the goals and intentions of specific activities are being accomplished. Evaluation methods can also be used to assess key processes to identify inefficiency in service delivery and administrative functions.

**Evidence-Based Strategy-** An intervention is intended to prevent or delay on-set of a disease, to reduce risks that may lead to on-set, to reduce severity and consequences of a negative health condition. An evidence-based strategy is an intervention that, according to a body of evidence reviewed by a qualified group of public health professionals, has been effective in achieving the intent of the intervention. Example of evidence-based strategies can be found within the Guide to Community Preventive Services or the Guide to Clinical Preventive Services at the following web site.

<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat3.part.4767>

**Foundational Public Health Services Model** – Capabilities and areas essential to all health departments and should be used by local health departments and their governing bodies to plan and set priorities and as a framework for accountability and performance management, quality assurance and improvement.

**Health Disparities** – Refers to differences in populations' health status that are avoidable and can be changed. These differences can result from environmental, social and/or economic conditions, as well as public policy. These and other factors adversely affect population health.

**Health Literacy** – The degree to which individuals and groups can obtain, process, understand, evaluate and act on information needed to make health decisions that benefit the individual and community.

**Infrastructure** – Infrastructure denotes the systems, competencies, relationships, and resources that enable performance of public health’s core functions and essential services in every community. Categories include planning processes, leadership and governance, facilities and service delivery, finance and resource management, information technology, communication, intergovernmental issues, and workforce.

**Internal Audit** – The process of reviewing a sample of case write-ups or case files completed by individuals conducting investigation or compliance activities, to determine if the activity is being done in a timely, accurate and comprehensive manner and follows established protocols or procedures. For example, on an annual basis, the documented review of 30 write-ups of communicable disease investigations or food establishment inspections for a specific staff person. The review should include performance on specific requirements and identification of activities needing improvement, if any.

**Medical Home** – A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.

**Performance Indicator**- A statement that clarifies expectations, describes an action, or provides an example of performance standard achievement by the local public health agency.

**Performance management\*** is the practice of actively using performance data to improve the public’s health. This practice involves strategic use of performance measures and standards to establish performance targets and goals. Performance management practices can also be used to prioritize and allocate resources; to inform managers about needed adjustments or changes in policy or program directions to meet goals; to frame reports on the success in meeting performance goals; and to improve the quality of public health practice.

Performance management includes the following components:

1. **Performance standards** – establishment of organizational or system performance standards, targets, and goals to improve public health practices.
2. **Performance measures** – development, application, and use of performance measures to assess achievement of such standards.
3. **Reporting of progress** – documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback.
4. **Quality improvement** – establishment of a program or process to manage change and achieve quality improvement in public health policies,

**The Four Components of Performance Management Can Be Applied to...**

- Human Resource Development
- Data and Information Systems
- Customer Focus and Satisfaction
- Financial Systems
- Management Practices
- Public Health Capacity
- Health Status

programs or infrastructure based on performance standards, measurements and reports.

A **Performance management system** is the continuous use of all the above practices so that they are integrated into an agency's core operations (see inset above). Performance management can be carried out at multiple levels, including the program, organization, community and state levels.

\*Source: Turning Point. *From Silos to Systems: Using Performance Management to Improve the Public's Health*, 2003.

**Performance Measure-** A means of determining compliance with performance standards. Performance measures describe attributes of, quality of, quantity of, or description of activities or actions that demonstrate performance expectations are accomplished.

**Performance Standard-** A generally accepted form of measurement that peers and other public health professionals agree adequately measures a local public health agency's execution of the 10 essential public health services.

**Policy –** Policy is a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions or a high-level overall plan embracing the general goals and acceptable procedures especially of a governmental body.

*Policy Development* – is the means by which problem identification, technical knowledge of possible solutions, and societal values converge to set a course of action. As such, policy development is an outgrowth of the assessment and monitoring activities described with respect to all other Essential Services. Policy development is not synonymous with the development of laws, rules, and regulations (which are the focus of Essential Service #6). Laws, rules, and regulations may be adopted as tools among others to implement policy. Policy development is a process that enables informed decisions to be made concerning issues related to the public's health.

*Law* – is a rule of conduct or action prescribed or formally recognized as binding or enforced by a controlling authority; or the whole body of such customs, practices, or rules.

**Population-Based Strategies-** Public policy is an example of a population based strategy. Other examples include health promotion media campaigns, health education targeting large segments of the population, occupational health and safety equipment policies, influenza immunization programs, health care practice recommendations targeting certain groups to periodically test or screen for early detection, etc. The opposite of a population-based strategy is an activity that targets individual members of the population.

**Primary Data-** Primary data is that collected by the local public health agency, or by a local school, senior center, hospital, etc. Primary data might reflect utilization of certain programs, customer demographics, patterns of reportable diseases, or risk behaviors within certain population groups. Primary data used for community health assessment should be identified as to its source and sampling methods. Any issues related to validity reliability or application to the entire population should also be revealed.

**Public Health System** – All public, private and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.

**Public Policy-** Examples of public policy are laws, rules, regulations and local ordinances. When applied to public health, such policy is intended to reduce risk or promote healthy behavior. Some examples of public health related public policy are clean air ordinances, policy within schools related to vending machines, ordinances requiring sidewalks in residential areas, animal control, seat belt law, immunization rules, allocation of resources to support creation or maintenance of a healthy environment, etc.

**Risk Communication** – Risk communication is an interactive process of sharing knowledge and understanding so as to arrive at well-informed risk management decisions. The goal is a better understanding by experts and non-experts alike of the actual and perceived risks, the possible solutions, and the related issues and concerns.

**Secondary Data-** Data that is made available by organizations other than the local public health agency. Examples include Missouri Departments of Health and Senior Services, Elementary and Secondary Education, Social Services, Census Bureau, Office of Socio-Economic Data Analysis, KIDS Count, etc. Secondary data used for community health assessment should be from a reliable secondary source and the source should be identified within the assessment report.

**Stakeholder-** Groups, organizations, or individuals that have an interest in the welfare of the community. Stakeholders can be customers, policymakers, agency governing body members, employees, health care providers, partner organizations, or others that might be affected by actions of the agency.

**Training** – Training includes formally structured courses (e.g., classroom, conference, electronic) as well as substantive review of pertinent content as part of a regularly scheduled meeting (e.g., use of written materials, allocation of no less than one hour of time.). *Training documentation* includes evidence of the content of the training activity in sufficient detail to verify that required topic(s) are included (e.g., annotated agendas, course descriptions, and materials such as PowerPoint's, web-based course content) and documentation of an individual's participation (e.g., meeting attendance roster, class roster, CE tracking logs, certificates of completion.)

**Trend-** Numerical data that shows the direction and rate of change over a time period, usually with annual data points for 5-10 years. Trend lines demonstrate whether health problems are worsening or improving, and can be used to project future health status indicators. Trend projections may support the need to implement risk reduction strategies or interventions.

**Wellness** – A state of complete physical, mental and emotional well-being and not just the absence of disease or infirmity.