CHNA Glossary of Terms

for Hospitals & Public Health Departments

Accreditation

For public health departments, accreditation is defined as:

1. The development and acceptance of a set of national public health department accreditation standards;
2. The development and acceptance of a standardized process to measure health department performance against those standards;
3. The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and
4. The periodic review, refining and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition.[14]

Age-Adjusted Rate

A rate that has been statistically modified to eliminate the effect of different age distributions among different populations.[3]

Assessment

Assessment is defined as:

1. Collecting, analyzing and using data to educate and mobilize communities, develop priorities, garner resources and plan actions to improve public health.
2. One of the three core functions of public health involves the systematic collection and analysis of data in order to provide a basis for decision-making. This may include collecting statistics on community health status, health needs, community assets and/or other public health issues. The process of regularly and systematically collecting, assembling, analyzing and making available information on the health needs of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.[14]

Association for Community Health Improvement (ACHI)

A national association for community health and community benefit professionals. ACHI delivers education, professional development, peer networking and practical tools designed to help expand knowledge and enhance performance in achieving community health goals. Learn more at http://www.healthycommunities.org.[1]

Assurance

As one of the core functions of public health, assurance refers to the process of determining that "services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities (public or private sector), by requiring such action through regulation or by providing services directly."[14]

At-Risk Populations

Certain factors will increase a person's risk of negative outcomes on health, safety and well-being; they may experience significant barriers and therefore need help maintaining medical care, food and shelter. Factors that increase the risk of harm, for example, during an influenza pandemic include:

- Economic disadvantage (e.g., having too little money to stockpile supplies, or to stay home from work for even a short time);
- Absence of a support network (e.g., some children; homeless; travelers; and the socially, culturally or geographically isolated);
- Requiring additional support to be independent in daily activities because of a physical, mental or developmental disability; substance abuse or dependence; vision or hearing impairment; or certain other medical or physical conditions; or,
- Difficulty reading, speaking or understanding English.

These factors are typical of at-risk population characteristics.[14]

Behavioral Risk Factor Surveillance System (BRFSS)

A national survey of behavioral risk factors conducted by states with CDC support. Available online at http://www.cdc.gov/brfss/index.htm.[5]

Behavioral Risk Factor

(See also Modifiable Risk Factor)

Any particular behavior or behavior pattern which strongly yet adversely affects health. It increases the chances of developing a disease, disability or syndrome. Examples of these factors include tobacco use, alcohol consumption, smoking, obesity, physical activity and sexual activity.[13] Sometimes referred to as modifiable risk factors (meaning you can take measures to change them), as opposed to non-modifiable risk factors (such as age, gender, family history), which cannot be changed.[20]

Benchmark

Benchmarks are points of reference or a standard against which measurements can be compared. Many groups use benchmark as a synonym for indicator or target.[14]

Best Practices

The best clinical or administrative practice or approach at the moment, given the situation, the consumer or community needs and desires; the evidence about what works for a particular situation and the resources available. Organizations often also use the term *promising practices*, which may be defined as clinical or administrative practices for which there is considerable practice-

based evidence or expert consensus which indicates promise in improving outcomes, but for which are not yet proven by strong scientific evidence.[5]

Cause of Death

Any condition that leads to or contributes to death and is classifiable according to the International Classification of Diseases.[5]

Capacity

Capacity consists of the resources and relationships necessary to carry out the core functions and essential services of public health; these include human resources, information resources, fiscal and physical resources and appropriate relationships among the system components.[14]

Centers for Disease Control and Prevention (CDC)

The CDC is the nation's premier public health agency that works to ensure healthy people in a healthy world. CDC staff work to protect America from health, safety and security threats, both foreign and in the US. The CDC conducts critical research and provides health information that protects the nation against expensive and dangerous health threats, and responds when these arise. Learn more at www.cdc.gov.[4]

Chronic Disease

Chronic diseases are diseases of long duration and generally slow progression. Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world.[22] A chronic disease has one or more of the following characteristics: it is permanent; leaves residual disability; is caused by a nonreversible pathological alteration; requires special training of the patient for rehabilitation; or may be expected to require a long period of supervision, observation or care.[9]

Coalition

An organized group of people in a community working toward a common goal. The coalition can have individual, group, institutional, community and/or public policy goals.[14]

Collaboration

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.[14]

Collective Impact

The commitment of a group of actors from different sectors to a common agenda for solving a complex social problem. In order to create lasting solutions to social problems on a large-scale, organizations — including those in government, civil society and the business sector — need to coordinate their efforts and work together around a clearly defined goal. Collective impact is a significant shift from the social sector's current paradigm of "isolated impact," because the underlying premise of collective impact is that no single organization can create large-scale, lasting social change alone. There is no "silver bullet" solution to systemic social problems, and these problems cannot be solved by simply scaling or replicating one organization or program. Strong organizations are necessary but not sufficient for large-scale social change. Not all social problems are suited for collective impact solutions. Collective impact is best employed for problems that are complex and systemic rather than technical in nature.[7]

Communicable Diseases

Communicable diseases are usually transmitted through person-to-person contact or shared use of contaminated instruments or materials. Many of these diseases can be prevented through the use of protected measures, such as high level of vaccine coverage of vulnerable populations.[14]

Community

A group of people who have common characteristics. Communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes or other common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action.[14]

Community Benefit

Programs and services designed to improve health in communities and increase access to healthcare. They are integral to the mission of not-for-profit healthcare organizations and are the basis of tax exemption.[2]

Community Collaboration

A relationship of working together cooperatively toward a common goal. Such relationships may include a range of levels of participation by organizations and members of the community. These levels are determined by: the degree of partnership between community residents and organizations; the frequency of regular communication; the equity of decision-making; access to information; and the skills and resources of residents. Community collaboration is a dynamic, ongoing process of working together, whereby the community is engaged as a partner in public health action.[5]

Community Health

A discipline of public health that is the study and improvement of the health-related characteristics of the relationships between people and their physical and social environments. The term "community" in community health tends to focus on geographic areas rather than people with shared characteristics. From a community health perspective, health is not simply a state free

from disease, but is the capacity of people to be resilient and manage life's challenges and changes. Community health focuses on a broad range of factors that impact health, such as the environment (including the built environment), social structure, resource distribution (including, for example, access to healthful foods), social capital (social cohesion) and socio-economic status. A key approach or methodology of community health is the creation and empowerment of community partnerships to take action that will improve the health of the community. Community health partnerships include representation from a wide variety of sectors of the community, for example, recreation, the faith community, law enforcement, city planners and policy makers, businesses, human and social services, as well as public health and healthcare providers.[14]

Community Health Assessment (CHA)

(See also 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 ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation.[14]

Community Health Improvement Plan (CHIP)

For public health departments, 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 should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges and opportunities that exist in the community to improve the health status of that community.[14]

Note: A public health department's CHIP shares similar characteristics and purpose as a hospital's implementation strategy.

Community Health Improvement Process (CHIP)

Community health improvement is not limited to issues clarified within traditional public health or health services categories, but may include environmental, business, economic, housing, land use and other community issues indirectly affecting the public's health. A community health improvement process involves an ongoing collaborative, community-wide effort to identify, analyze and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.[5]

Community Health Needs Assessment (CHNA)

(See also Community Health Assessment)

A community health needs assessment (CHNA) is required for not-for-profit hospitals under the Internal Revenue Code by the Patient Protection and Affordable Care Act (PPACA). The IRS requires hospital organizations to document compliance with CHNA requirements for each of their facilities in a written report that includes:

- A description of the community served
- A description of the process and methods used to conduct the assessment
- A description of methods used to include input from people representing the broad interests of the community served
- A prioritized description of all community health needs identified in the CHNA, as well as a description of the process and criteria used in prioritizing such needs
- A description of existing healthcare facilities and other resources in the community available to meet the needs identified in the CHNA.[14]

Core Functions of Public Health

Three basic roles for public health for assuring conditions in which people can be healthy. These are assessment, policy development and assurance.[5]

Cultural Competence

A set of skills that result in an individual's understanding and appreciating cultural differences and similarities within, among and between groups and individuals. This competence requires that the individual draw on the community-based values, traditions and customs to work with knowledgeable persons of and from the community, developing targeted interventions and communications.[5]

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; location of these populations and sub-populations are located; and the rate of change in population density over time due to births, deaths and migration patterns.[5]

Determinants of Health

(See also Social Determinants of Health)

Factors which influence the health status of an individual and/or a population are called determinants of health. They may be categorized in several groups, such as the genetic or biological causes and predisposition of disease, mortality or disability; the behavioral aspects of disease and illness (choices, lifestyle, etc.); the cultural, political, economic and social aspects of disease and

illness; the environmental aspects of disease and illness; the policy aspects of disease and illness; and the individual and response to all of the above.[14]

Effectiveness
The extent to which a program or other intervention produces intended outcomes in actual practice settings rather than under optimal conditions.[5]

Environmental Health
The interrelationships between people and their environment that promote human health and well-being and foster a safe and healthful environment. Environmental health includes all aspects of human health and quality of life that are determined by physical, chemical, biological, social and psychosocial factors in the environment.[5]

Epidemiology
The study of the distribution and determinants of health and disease in populations.[14]

Ethnicity
The classification of a population that shares common characteristics, such as religion, traditions, culture, language and tribal or national origin.[5] In census data, race and ethnicity (e.g., Hispanic origin) are separate and distinct concepts. The Census Bureau defines ethnicity or origin as the heritage, nationality group, lineage or country of birth of the person or person's parents or ancestors before their arrival in the United States. People who identify their origin as Spanish, Hispanic or Latino may be of any race.[16]

Evaluations
Systematic approaches to determining whether stated objectives are being met.[5]

Evidence-Based Practice
Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision-making, conducting sound evaluation and disseminating what is learned.[14]

Faith-Based Organization
A general term used to refer to a religious congregation (church, mosque, synagogue or temple); an organization, program or project sponsored/hosted by a religious congregation (may or may not be incorporated); a nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation or mission statement that it is a religiously motivated institution; or a collaboration of organizations that clearly and explicitly includes organizations from the previously described categories.[5]

Goals
Broad, long-term aims that define a desired result associated with identified strategic issues.[5]

Guide to Clinical Preventive Services
A compilation of current evidence-based recommendations on screening, counseling and preventive medications for adults and children, developed by the US Preventive Services Task Force (USPSTF) for clinicians in the primary care setting. Available online at http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html.[5]

Guide to Community Preventive Services (aka "The Community Guide")
A compilation of evidence-based recommendations for community prevention services developed by the Task Force on Community Preventive Services. The Community Guide summarizes what is known about the effectiveness, economic efficiency and feasibility of interventions to promote community health and prevent disease. Available online at http://www.thecommunityguide.org.[5]

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

Health Assessment
(See also Community Health Assessment and Community Health Needs Assessment)
The process of collecting, analyzing and disseminating information on health status, personal health problems, population groups at greatest risk, availability and quality of services, resource availability and concerns of individuals. Assessment may lead to decision-making about the relative importance of various public health problems.[5]

Health Disparities
Health disparities refer to differences in population 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.[14]

Health Education
Any planned combination of learning experiences designed to predispose, enable and reinforce voluntary behavior conducive to health in individuals, groups or communities. An educational process by which the public health system conveys information to the community regarding community health status, healthcare needs, positive health behaviors and healthcare policy issues.[5]

Health Information Exchange (HIE)
Health Information Exchanges (HIEs) are organizations or collaborations that support the exchange of personal-level health information relevant to their healthcare. Also known as Regional

Health Information Organizations (RHIOs), these organizations support the primary goal of the Nationwide Health Information Network (NHIN) for interoperable health information systems. RHIOs will be the local collaborative of public/private sector health information exchange partners to help facilitate data exchange between Electronic Health Records (EHRs) and public health.[5]

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) consists of two Titles. Title I protects health insurance coverage for workers and their families when they change or lose their jobs. Title II requires the Department of Health and Human Services (DHHS) to establish national standards for electronic healthcare transactions and addresses the security and privacy of health information. HIPAA was first proposed with the simple objective to ensure health insurance coverage after leaving a job. In addition to these portability provisions, however, Congress added an Administrative Simplification section, with the goal of saving money in mind. The Administrative Simplification section was requested and supported by the healthcare industry because it standardized electronic transactions and required standard record formats, code sets and identifiers. Following this standardization effort, Congress recognized the need to enhance the security and privacy of individually identifiable health information in all forms. In 1999, Congress directed the DHHS to develop privacy and security requirements in accordance with HIPAA's Title II.[5]

Health Needs

Objectively determined deficiencies in health that require healthcare, from promotion to palliation.[21]

Health Professional Shortage Area (HPSA)

(See also Medically Under-served Areas [MUAs] or Populations [MUPs])

Geographical areas that have been federally designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities.[17]

Health Promotion Activities

Any combination of education and organizational, economic and environmental supports aimed at the stimulation of healthy behavior in individuals, groups or communities.[5]

Health Status

The degree to which a person or defined group can fulfill usually expected roles and functions physically, mentally, emotionally and socially.[14]

Health Status Indicator

A single measure that purports to reflect the health status of an individual or defined group.[5]

HealthForecast.net®

An interactive online tool for PRC community health clients designed to make PRC Community Health Needs Assessment data widely available to the communities they reflect. HealthForecast.net® was designed to help hospitals, health systems, health departments, foundations, civic organizations and consumers promote community health and wellness by connecting people to information, ideas and resources. It is also a solution for nonprofit hospitals to fulfill public dissemination requirements.[12] See www.HealthForecast.net for more information.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to: encourage collaborations across communities and sectors; empower individuals toward making informed health decisions; and measure the impact of prevention activities. Healthy People 2020 continued in this tradition with the December 2, 2010 launch of its ambitious, yet achievable, 10-year agenda for improving the nation's health. Healthy People 2020 is the result of a multiyear process that reflects input from a diverse group of individuals and organizations.[8]

Implementation Strategy

An implementation strategy for a hospital facility is a written plan that addresses each of the health needs identified through a community health needs assessment (CHNA) for the facility. An implementation strategy would address a health need identified through a CHNA if the written plan either: (1) describes how the hospital facility plans to meet the health need, or (2) identifies the health need as one the hospital facility does not intend to meet and explains why the hospital facility does not intend to meet the health need.[15]

Incidence

Rate of occurrence of new cases of a specified condition in a specified population within some time interval, usually a year.[5]

Infant Mortality Rate

The mortality rate for children aged <1 year, calculated as the number of deaths reported among this age group during a given period divided by the number of live births reported during the same period, and expressed per 1,000 live births. Infant mortality rate is a universally accepted indicator of the health of a nation's population and the adequacy of its healthcare system.[3]

Infectious Disease

A disease caused by a living organism. An infectious disease may or may not be transmissible from person to person, animal to person or insect to person.[14]

Intervention
A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.[9]

IRS Form 990 Schedule H
Hospital organizations use this schedule to provide information on the activities and policies of, and community benefit provided by, its hospital facilities and other non-hospital healthcare facilities that it operated during the tax year. See http://www.irs.gov/uac/About-Schedule-H-Form-990.[18]

Local Health Department
A local health department is defined, for the purposes of PHAB accreditation, as the governmental body serving a jurisdiction or group of jurisdictions geographically smaller than a state and recognized as having the primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by the state's constitution, statute or regulations, or established by local ordinance or through formal local cooperative agreement or mutual aid. The entity may be a locally governed health department, a local entity of a centralized state health department or a city, city-county, county, district or regional health department.[14]

Medically Underserved Area or Population (MUA or MUP)
(See also Health Professional Shortage Areas [HPSAs])
Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to healthcare.[17]

Modifiable Risk Factor
(See also Behavioral Risk Factor)
Risk factors are conditions that increase your risk of developing a disease. With modifiable risk factors (such as blood pressure, cholesterol, diabetes and smoking), measures can be taken to change the factors and decrease risk. Non-modifiable risk factors (such as age, gender and family history) cannot be changed.[20]

Morbidity
Illness or lack of health caused by disease, disability or injury.[5]

Mortality
A measure of the incidence of deaths in a population.[5]

National Association of County & City Health Officials (NACCHO)
The national organization representing 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.[10]

Network
An association of individuals or organizations having a common interest. Networks are formed to provide mutual assistance, helpful information or the like.[5]

Objectives
Defined as results of specific activities or outcomes to be achieved over a stated time. Objectives are specific, measurable and realistic statements of intention. Objectives state who will experience what change or benefit and how much change is to be experienced in what time.[5]

Outbreak
The occurrence of more cases of disease than would normally be expected in a specific place or group of people over a given period of time.[14]

Partnership
A collaborative relationship of individuals and/or organizations within which partners set aside personal or organizational agendas to achieve the agenda of the partnership. In a partnership, the partners engage as equals in the decision-making process. In effective partnerships, partners share a vision, are committed to the integrity of the partnership, agree on specific goals and develop a plan of action to accomplish the goals.[5]

Population Health
A cohesive, integrated and comprehensive approach to health considering the distribution of health outcomes within a population, the health determinants that influence the distribution of care and the policies and interventions that impact and are impacted by the determinants.[14]

Population-Based Health
Interventions aimed at disease prevention and health promotion that affect an entire population and extend beyond medical treatment by targeting underlying risks, such as: tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.[5]

Prevalence
The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time. It often is expressed as a rate.[9]

Prevention
Primary prevention consists of strategies that seek to prevent the occurrence of disease or injury, generally through reducing exposure or risk factor levels. These strategies can reduce or eliminate causative risk factors (risk reduction). Secondary prevention consists of strategies that seek to identify and control disease processes in their early stages before signs and symptoms develop (screening and treatment). Tertiary prevention consists of strategies that prevent disability by restoring individuals to their optimal level of functioning after a disease or injury is established.[14]

Primary Data
Information collected by the researcher directly through instruments such as surveys, interviews, focus groups or observation. Tailored to one's specific needs, primary research provides the researcher with the most accurate and up-to-date data.[11]

Professional Research Consultants (PRC)
A premier national market research firm dedicated exclusively to healthcare research. PRC has worked with more than 2,000 hospitals across the county to complete Community Health Needs Assessments, as well as patient experience, CAHPS, physician engagement, employee engagement and consumer perception studies. Learn more at www.PRConline.com.[12]

Public Health
The mission of public health is to fulfill society's desire to create conditions so that people can be healthy. Public health includes the activities that society undertakes to assure the conditions in which people can be healthy. These include organized community efforts to prevent, identify and counter threats to the health of the public. Public health is:

- the science and 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.[14]

Public Health Accreditation Board (PHAB)
PHAB is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of tribal, state, local and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation.[14]

Quality of Life (QOL) Data
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 well-being, 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.[5]

Rate
A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number of people who die in one year divided by the number at risk of dying (i.e., the total population). Rates usually are expressed using a standard denominator such as 1,000 or 100,000 people.[9]

Research
Research is a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalized knowledge.[14]

Risk Assessment
A process used to formally assess the potential harm due to a hazard, taking into account factors such as likelihood, timing and duration of exposure.[14]

Safety-Net Providers
Individuals and organizations that provide healthcare to low-income and other vulnerable populations, including the uninsured and those covered by Medicaid. Major safety-net providers include public hospitals and community health centers as well as teaching and community hospitals, private physicians and other providers who deliver a substantial amount of care to these populations.[5]

Secondary Data
Secondary data are those data which have been collected in the past, collected by other parties or result from combining data or information from existing sources.[14] Researchers reuse and repurpose information as secondary data because it is easier and less expensive to collect. However, it is seldom as useful and accurate as primary data.[11]

Social Capital
A composite measure that reflects both the breadth and depth of civic community (staying informed about community life and participating in its associations) as well as the public's participation in political life. It is characterized by a sense of social trust and mutual interconnectedness, which is enhanced over time through positive interaction and collaboration in shared interests.[5]

Social Determinants of Health

(See also Determinants of Health)

The complex, integrated and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services and structural and societal factors. Social determinants of health are shaped by the distribution of money, power and resources throughout local communities, nations and the world.[6]

Sponsors

Key organizations and individuals that offer strong initial support to an initiative.[5]

State Health Department

For the purposes of PHAB accreditation, a state health department is defined as the governing entity with primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by state constitution, statutes or regulations, or established by Executive Order. State health departments may be part of an umbrella organization, super public health agency or super agency that oversees public health functions as well as other government functions.[14]

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 well-being.[5]

Strategic Alliances

Partnerships formed among organizations to advance mutual interests. In the case of health, strategic collaboration with business, education, government, faith and community partners to protect and improve health.[5]

Surveillance

The ongoing systematic collection, analysis and interpretation of data (e.g., regarding agent/hazard, risk factor, exposure, health event) essential to the planning, implementation and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control.[5]

Surveillance System(s)

A program that conducts public health surveillance and supplies information on the magnitude and patterns of death, disease or health risks to national and local surveillance efforts, public health professionals and the public.[5, 23]

Trend Analysis

A study design which focuses on overall patterns of change in an indicator over time, comparing one time period with another time period for that indicator. Trend analysis is not used to determine causation; rather, associations can be drawn. Trend analysis is commonly used in program evaluation, for policy analysis and for etiologic analysis.[14]

Underlying Cause of Death

The disease or injury that initiated the chain of events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury.[5]

Underserved Populations

Populations with barriers to the healthcare system include the uninsured, the underinsured and socially disadvantaged people. Socially disadvantaged people include all people who, for reasons of age, lack of education, poverty, culture, race, language, religion, national origin, physical disability or mental disability, may encounter barriers to entry into a coordinated system of public health services and clinical care.[5]

US Preventive Services Task Force (USPSTF)

The USPSTF is an independent panel of non-federal experts in prevention and evidence-based medicine and is composed of primary care providers. The USPSTF conducts scientific evidence reviews of a broad range of clinical preventive healthcare services (such as screening, counseling and preventive medications) and develops recommendations for primary care clinicians and health systems. These recommendations are published in the form of "Recommendation Statements."[19]

Vital Statistics

Data derived from certificates and reports of birth, death, fetal death, induced termination of pregnancy, marriage (including divorce, dissolution of marriage or annulment) and related reports.[5]

Vulnerable Populations

A group of people with certain characteristics that cause them to be at greater risk of having poor health outcomes. These characteristics include, but are not limited to, age, culture, disability, education, ethnicity, health insurance, housing status, income, mental health and race.[5]

Years of Potential Life Lost (YPLL)

A measure of premature death or death that occurs before a certain age (e.g., age 75, which is the average life span). This measure is useful for assessing the impact of a particular public health problem on the economy in terms of lost work years and earnings, and on family life in terms of impact on surviving spouses and children. It should be noted that a large percentage of the leading causes of YPLL are preventable through behavior modification, lifestyle changes and substance abuse reduction.[5]

References:

[1] Association for Community Health Improvement (ACHI). Retrieved January 2014 from ACHI: http://www.healthycommunities.org/.

[2] Catholic Health Association of the United States. Retrieved January 2014 from Catholic Health Association: http:// www.chausa.org/communitybenefit.

[3] Centers for Disease Control and Prevention (CDC). CDC Resource Library: Glossary of Terms. Retrieved January 2014 from CDC: http://www.cdc.gov/excite/library/glossary.htm#D.

[4] Centers for Disease Control and Prevention (CDC). Centers for Disease Control and Prevention Fact Sheet. Retrieved January 2014 from CDC: www.cdc.gov/about/pdf/resources/cdcfactsheet-022510.pdf.

[5] Centers for Disease Control and Prevention (CDC). National Public Health Performance Standards (NPHPS) Acronyms, Glossary and Reference Terms. Retrieved January 2014 from CDC: http://www.cdc.gov/nphpsp/PDF/Glossary.pdf.

[6] Centers for Disease Control and Prevention (CDC). Retrieved January 2014 from CDC: http://www.cdc.gov/socialdeterminants/Definitions.html.

[7] FSG, Inc. Retrieved January 2014 from FSG: http://www.fsg.org/OurApproach/WhatIsCollectiveImpact.aspx.

[8] Healthy People, A Federal Government Web Site Managed by the US Department of Health and Human Services. Retrieved January 2014 from Healthy People: http://www.healthypeople.gov/2020/about/default.aspx.

[9] Iowa Department of Public Health, Division of Health Promotion & Chronic Disease Prevention. Glossary of Public Health Terms. Retrieved January 2014 from Iowa Department of Public Health: http://www.idph.state.ia.us/hpcdp/common/pdf/10_glossary.pdf.

[10] National Association of County & City Health Officials (NACCHO). January 2014 from NACCHO: http://www.naccho.org/.

[11] Neel, Jennifer, eHow Contributor. Retrieved January 2014 from eHow: http://www.ehow.com/facts_6806780_define-primary-secondary-data.html#ixzz2qyd5l6ny.

[12] Professional Research Consultants, Inc. (PRC). http://www.PRConline.com.

[13] Psychology Dictionary. Retrieved January 2014 from Psychology Dictionary: http://psychologydictionary.org/behavioral-risk-factor/.

[14] Public Health Accreditation Board. Acronyms and Glossary of Terms. Version 1.0, Application Period 2011-July 2014, Approved September 2011. Retrieved January 2014 from Public Health Accreditation Board: http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.02.pdf.

[15] United States Internal Revenue Service (IRS). Internal Revenue Bulletin: 2013-21. Retrieved January 2014 from IRS: http://www.irs.gov/irb/2013-21_IRB/ar09.html#d0e3458.

[16] United States Census Bureau. US Department of Commerce. Retrieved January 2014 from US Census: https://www.census.gov/census2000/raceqandas.html.

[17] United States Department of Health and Human Services Health Resources and Services Administration (HRSA). Retrieved January 2014 from HRSA: http://www.hrsa.gov/shortage/index.html.

[18] United States Internal Revenue Service (IRS). Schedule H (Form 990), Hospitals. Retrieved January 2014 from IRS: http://www.irs.gov/uac/About-Schedule-H-Form-990.

[19] United States Preventive Services Task Force (USPSTF). Retrieved January 2014 from USPSTF: http://www.uspreventiveservicestaskforce.org/index.html.

[20] UCSF Medical Center. Retrieved January 2014 from UCSF Medical Center: http://www.ucsfhealth.org/education/understanding_your_risk_for_heart_disease/.

[21] World Health Organization (WHO). Health Systems Strengthening Glossary. Retrieved January 2014 from WHO: http://www.who.int/healthsystems/hss_glossary/en/index5.html.

[22] World Health Organization (WHO). Retrieved January 2014 from WHO: http://www.who.int/topics/chronic_diseases/en/.

[23] World Health Organization (WHO). Retrieved January 2014 from WHO: http://www.who.int topics/public_health_surveillance/en/.

PRC Experience Excellence

Professional Research Consultants, Inc.

11326 P Street ■ Omaha, Nebraska 68137-2316
www.PRConline.com ■ 800.428.7455

www.PRConline.com/CHNA