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Promoting Health Equity

Operational Glossary

As of October 24, 2012

Promoting Health Equity Operational Glossary: October 24, 2012

Health equity has always been an underpinning of universal health care and a founding principle of public health services. An overt and deliberate region-wide focus on strategic health equity action in the Winnipeg Health Region (WHR) was not undertaken prior to the fall of 2008. This glossary is intended to support continued work in this area.

This glossary is a living document that is intended to provide an operational or functional description of terms relevant to promoting health equity. Other relevant terms may be added over time. The purpose of the glossary is to ensure that there is a common understanding and consistent use of terminology within the Winnipeg Health Region.

Aboriginal Peoples
> Aboriginal peoples refers to the descendants of the original inhabitants of North America. The Canadian Constitution [Act of 1982] recognizes three groups of Aboriginal people — Indians, Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs. (See entries for First Nations, Inuit, and Métis). [1]

Access
Access is defined here as a concept representing the degree of "fit" between the clients and the system.

> Sub-concepts

> **Availability**
> Availability: the relationship of the volume and type of existing services, (and resources) to the clients' volume and types of needs. It refers to the adequacy of the supply of physicians, dentists and other providers' of facilities such as clinics and hospitals; and of specialized programs and services such as mental health and emergency care.[2]

> **Accessibility**
> Accessibility: the relationship between the location of supply and the location of clients, taking account of client transportation resources and travel time, distance and cost. [2]

> **Accommodation**
> Accommodation: the relationship between the manner in which the supply resources are organized to accept clients (including appointment systems, hours of operation, walk-in facilities, telephone services) and the clients' ability to accommodate to these factors and the clients' perception of their appropriateness. [2]

> **Affordability**
> Affordability: the relationship of prices of services and providers' insurance or deposit requirements to the clients' income, ability to pay, and existing health insurance. Client

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perception of worth relative to total cost is a concern here, as is clients' knowledge of prices, total cost and possible credit arrangements. [2]

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Acceptability

Acceptability: the relationship of clients' attitudes about personal and practice characteristics of providers to the actual characteristics of existing providers, as well as to provider attitudes about acceptable personal characteristics of clients. [2]

Accountability

Accountability is the obligation to report on or explain actions and be answerable for policies and use of funds. Accountability applies to public and private organizations and individuals. Accountability implies that measurable goals and a clear path to them have been established. It recognizes that alternative actions or policies should be considered if a goal is not being met or that the goal needs to be changed.

Approaches to Promoting Health Equity

The River Story

A teen walking with her friend, hears one then another person calling for help from the river as they walk along a trail beside the water. When she takes a closer look she notices that there are at least a dozen people in the river, and not all of them are doing well enough to call for help.

*She sees a man on the other side of the river pulling people out of the river **midstream,** those who can still respond to his efforts to throw them a life preserver attached to a rope.*

*Her friend calls 911 on her cell to tell them about what she sees and requests help for those people who are **downstream** of the man with the life preserver. If they survive at all, they will probably need emergency care.*

*Her friend also asks for the police to go **upstream** to look for and stop the people from getting into the river in the first place.*

Upstream
Upstream actions and strategies are directed to improving the broad societal and economic factors that create the best conditions to born, grow, live, work, and age.

Midstream
Midstream actions and strategies are directed to protecting and promoting health in challenging societal and economic conditions.

Downstream
Downstream actions and strategies are directed to care and support when societal and economic conditions have contributed to injury or illness.

Appropriateness

Appropriateness is defined as suitability for a particular purpose. Appropriateness includes the concepts of cultural proficiency and accommodation.

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Autonomy

"The degree of ... access to, and control over, material resources (including food, income, land and other forms of wealth) and to social resources (including knowledge, power and prestige) within the family, community and society at large" [3]

Behaviour

Behaviour is any personal action that influences health. Behaviour includes but is not limited to substance use, sexual risk-taking and physical activity. Behaviour also includes personal actions associated with other factors that influence health (i.e., food, transportation, housing, environment, community, childhood, education, work, income, economy, health services).

Childhood, Early Childhood Development

Childhood development, including early childhood development includes the physical, social/emotional, and language/cognitive domains, each equally important—strongly influencing well-being, obesity/stunting, mental health, heart disease, competence in literacy and numeracy, criminality, and economic participation throughout life. [4]

Civil Society

The space for collective action around shared interests, purposes, and values. Civil society is generally distinct from government and commercial for-profit actors, although these boundaries can be blurred. Civil society is not homogeneous, encompassing charities, development nongovernmental organizations, community groups, men's and women's organizations, faith-based organizations, professional associations, trade unions, social movements, coalitions, and advocacy groups. There is certainly no one 'civil society' view, and civil society actors contend with issues of representativeness and legitimacy similar to those encountered by other representatives and advocates. The inclusion of civil society, despite its complexity and heterogeneity, is essential to build public support and to give expression to marginalized individuals and groups and to others who often are not heard. Civil society actors can enhance the participation of communities in the provision of services and in policy decision-making. [5]

Community

Community arises from the nature and quality of relationships between people with commonalities such as place, culture, experience, interests, beliefs, values and/or norms. Some aspects of community include sharing, commitment, availability, friendliness, cohesion, safety, connection and participation. People can belong to many communities. Within communities there may be great diversity. [6]

Comprehensive

Comprehensive service or coverage is sufficiently broad in scope to address all recognized need or risk. Comprehensive programs and strategies are those that address not only the problem at hand, but consider factors that contribute to or cause the problem at hand.

Culture

Culture is the set of shared attitudes, beliefs, values, goals, customs and practices that characterize a community, institution, organization or ethnic group, religious groups, social groups or nations. Culture is expressed through gender roles, and occupations, tradition, art, language and ritual and evolves over time. [6] [7]

Cultural Competence

Cultural competence is a process in which service providers continually strive to work effectively within the cultural context of a patient. It is therefore, the routine application of culturally appropriate interventions and practices. [8]

Cultural Humility

Cultural Humility is described as a lifelong process of self-reflection and self-critique. Service providers are encouraged to develop a respectful partnership with each client through focused assessments that explore the similarities and differences between the service provider's assumptions and beliefs and each client's priorities, goals, and capacities.

Adapted from: Tervalon M, Murray-Garcia J. Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. [9]

Cultural Proficiency

Cultural proficiency is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.

Cultural proficiency is a dynamic developmental process that evolves in stages over time. The stage of proficiency is reached when cultural competence goes beyond the routine application of culturally appropriate health care interventions and practices. The stage of cultural proficiency involves integrating cultural competence at various levels:
- Culture of the organization
- Professional practice
- Teaching/training
- Research

Thus, cultural proficiency requires both individual and institutional change and is dependent on long-term commitment. [8]

Cultural Safety

Cultural Safety refers to the process of respectful engagement in the process of interaction between individuals. Cultural safety is an outcome. It is about power relationships in the health care setting where the recipient of a service feels as though they have been respected or at least not challenged or harmed. [8]

Determinants of Health

Determinants of health are those personal, social, economic and environmental factors that influence the health of individuals and populations. One way of categorizing the factors that influence health is to consider: income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture. [10]

Differential Consequences

Refers to a situation wherein the same illness or injury has different consequences (in the form of survival or functional ability) in different groups. [11]

Differential Effect

Refers to an intervention having different effects in different groups. [11]

Differential Exposure

Refers to a situation wherein different groups have different exposures to a given factor. [11]

Differential Implementation

Refers to a situation wherein the same intervention is implemented differently in different groups. [11]

Disability

Disability is an umbrella term for impairments, activity limitations, and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors). [12]

Disadvantaged Populations

Disadvantaged populations are groups of people who do not have the same access to social and material resources compared to more advantaged social groups. [6]

Diversity

Diversity includes all the ways people are unique and different from others. [6]

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Economy

The economy is all the work that humans perform to produce and distribute the goods and services we need and use in our lives.

Adapted from: Stanford J, Biddle T. Economics for everyone a short guide to the economics of capitalism. [13]

Education

Education is a learning process that plays a crucial role in the development of healthy, inclusive and equitable social, psychological and physical environments. It is informed by best practice and is multi-dimensional in its design and learner-centred in its approach. It empowers individuals and communities with knowledge, motivation, skills and confidence (self-efficacy) conducive to positive societal engagement and the benefit of all.

Adapted from: World Health Organization. Health promotion glossary. [14]

Environment

The physical environment consists of two main components the natural environment (air, water and soil) and the built environment (housing, indoor air quality, community design, transportation and food systems).

Adapted from: Tri-Project Glossary Working Group. Towards an Understanding of Health Equity: Glossary. [6]

Equity

Is an ethical principle that recommends that resources be allocated based on need, not based on underlying social advantage or disadvantage; that is, wealth, power and prestige. [15]

Equity in Health Care

Equity in health care is when health care resources are allocated to groups proportionate to their need. Groups can access these resources in a manner that reflects their cultural and linguistic backgrounds. (See definition of Access.)

Adapted from: Mador R. Health System Approaches to Promoting Health Equity: A Discussion Paper. [16]

Equity Lens

Using an equity lens means considering the ways in which actions and their consequences are experienced by and distributed among different groups in our societies. Equity in health is achieved when everyone has equal opportunities for good health. [17]

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Ethnicity

Ethnicity includes multi-faceted characteristics of a group sharing certain social and cultural traits (common history and origin, sense of identification within the group, shared experiences, and often a common genetic heritage). Ethnicity is associated with ancestry, cultural traditions and languages. Ethnicity is based on self-identification, whereas race is imposed on a population by society. Ethnicity may affect the experience of health and disease.(See definitions of Race, Racialization, and Racism.)

Adapted from: Tri-Project Glossary Working Group. Towards an Understanding of Health Equity: Glossary. [6]

Porta, MS, International Epidemiological Association. A dictionary of epidemiology. [7]

First Nations

First Nation: A term that came into common usage in the 1970s to replace the word "Indian," which some people found offensive. Although the term First Nation is widely used, no legal definition of it exists. Among its uses, the term "First Nations peoples" refers to the Indian peoples in Canada, both Status and non-Status. Some Indian peoples have also adopted the term "First Nation" to replace the word "band" in the name of their community. [1]

Indian: Indian people are one of three cultural groups, along with Inuit and Métis, recognized as Aboriginal people under section 35 of the *Constitution Act*. There are legal reasons for the continued use of the term "Indian." Such terminology is recognized in the *Indian Act* and is used by the Government of Canada when making reference to this particular group of Aboriginal people. [1]

Status Indian: A person who is registered as an Indian under the *Indian Act*. The act sets out the requirements for determining who is an Indian for the purposes of the *Indian Act*. [1]

Non-Status Indian: An Indian person who is not registered as an Indian under the *Indian Act*. [1]

Treaty Indian: A Status Indian who belongs to a First Nation that signed a treaty with the Crown. [1]

Food, Food Security

Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. [18]

Gap

The absolute and relative differences in health status between or amongst groups in a population.

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Adapted from: McKeown D, MacCon K, Day N, Fleiszer P, Scott F, Wolfe SA. The Unequal City:
Income and Health Inequalities in Toronto 2008. [18]

Gender Minorities

Gender minorities are those persons who do not conform to the binary male/female dichotomy or the gender assigned to them at birth. Gender minorities include transgender, intersex, transsexual, Two Spirit, cross dresser, drag performers, questioning persons as well as those who do not subscribe to those identities but express themselves outside of cultural norms (e.g., effeminate boy, masculine women). Social, political and cultural changes may affect definitions.

Transgender persons are those who have gender identities, expressions, or behaviours not traditionally associated with their birth sex; and include people who identify with a gender other than the one they were born with, both genders, or with no gender.

"Two-spirit" are Aboriginal peoples who have the ability to cross and express traditional genders. These individuals are honoured and respected as healers, and turned to for guidance and strength in many traditional communities.
Intersex persons are those who are born with a spectrum of genital or reproductive anatomy, who usually identify as male or female but who may change their gender identity in the course of development.

Questioning persons includes those who experience gender fluidity, may not have decided on a particular gender identity at this time or indefinitely, or may question gender constructions. Some people who are part of a gender minority may also be a member of a sexual minority.

Adapted from: Chen-Hayes SF. Counseling and advocacy with transgendered and gender variant persons in schools and family. [19]
Sexual and Gender Minority Youth Resource Centre. Definitions and Vocabulary. [20]

Governance

Governance is concerned with how decisions important to a society or an organization are taken. It helps define who should have power and why, who should have a voice in decision-making, and how accountability is rendered to citizens. [21]

Health

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. The extent to which an individual or a group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources as well as physical capabilities. [22]

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Health Equity

Health equity asserts that all people can reach their full health potential and should not be disadvantaged from attaining it because of their social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance.

Adapted from: Whitehead M, Dahlgren G. Concepts and Principles for Tackling Social Inequalities in Health: Leveling Up Part 1. [23]

Health Equity Impact Assessment / Equity-focused Health Impact Assessment (HEIA / EfHIA)

Uses health impact assessment (HIA) methodology to create a structured and transparent process of determining the potential differential impacts of a policy or program on the health of the population, and how these impacts are distributed among population groups. EfHIA or HEIA are specifically concerned with determining whether differential impacts are inequitable (i.e. relate to underlying social disadvantage; and are remediable / avoidable by policy or program directions). Although early models of HIA were intended to assess the differential impact of public policies on different population groups, there is evidence that this is not always the case. In response to this, the Australasian Collaboration for Health Equity Impact Assessment (Mahoney et al, 2004) developed a framework for 'Equity-focused Health Impact Assessment', which was recently piloted in Manitoba. HIA was originally intended to assess the impact of public policies and private/public development projects outside of the health care system. Several frameworks have, in turn, been developed to integrate an equity lens within the health care system (e.g. Equity Audit, Equity Effectiveness Loop, Health Equity Assessment Tool).

Adapted from: Harris-Roxas B, Simpson S, Harris L. Equity-focused health impact assessment: a literature review. Sydney, Australia. [22]
Simpson S, Mahoney M, Harris E, Aldrich R, Stewart-Williams J. Equity-focused health impact assessment: a tool to assist policy makers in addressing health inequalities. [24]

Health Impact Assessment

Health Impact Assessment is a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. Its purpose is to influence decision-making, address all determinants of health, tackle inequities, and encourage participation.

Adapted from: Porta MS, International Epidemiological Association. A dictionary of epidemiology. [7]
Lehto J, Ritsatakis A. Health Impact Assessment: Main Concepts and Suggested Approach - the Gothenburg consensus paper. [25]

Health-In-All Policies Approach

'Health in all policies approach' is a policy strategy that establishes health as a shared goal across the whole of government and as a common indicator of development. This strategy highlights the important links between health and broader economic and social goals in modern

societies. In addition, it positions improvements in population health and reductions in health inequities as complex high-priority problems that demand an integrated policy response across sectors. This response needs to consider the impacts of policies on social determinants as well as the benefits of improvements in health for the goals of other sectors. This was at one time named 'healthy public policy'. [5] [26]

Health Indicators

Health indicators describe or measure particular characteristics of a population, events or other factors that affect health. The use of health indicators to measure population health allows for tracking changes in health status over time for the same population and also for making comparisons with other populations. [27]

Health Inequality

Health inequalities are differences in health status experienced by various individuals or groups in society. These can be the result of genetic and biological factors, choices made or by chance, but often they are because of unequal access to key factors that influence health like income, education, employment and social supports.

Adapted from: Health Disparities Task Group of the Advisory Committee on Population Health and Health Security. Reducing Health Disparities - Roles of the Health Sector: Discussion Paper. [28]

Health Inequity

Health inequity refers to those health inequalities that are systematic, socially produced and therefore modifiable by society's actions.

Adapted from: Health Disparities Task Group of the Advisory Committee on Population Health and Health Security. Reducing Health Disparities - Roles of the Health Sector: Discussion Paper. [28]

Health Literacy

Health literacy is people's ability to access and understand basic health information and health systems, and to use such information and systems in ways that are health-enhancing and that support action on health. [29]

Health Promoting Hospitals

A health promoting hospital does not only provide high quality comprehensive medical and nursing services, but also develops a corporate identity that embraces the aims of health promotion, develops a health promoting organizational structure and culture, including active,

participatory roles for patients and all members of staff, develops itself into a health promoting physical environment and actively collaborates with its community.

Adapted from: Gilson L. Challenging inequity through health systems final report Knowledge network on health systems. Geneva: WHO. [29]

Health Promoting Schools

A health promoting school can be characterized as a school constantly strengthening its capacity as a healthy setting for living, learning and working.[14] [30]

Health Services or Health System

The health services or health system includes all actions whose primary purpose is to promote, restore, or maintain health. [31]

Healthy Cities

A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential. [14] [32]

Healthy Public Policy

Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy, and by an accountability for health impact. The main aim of healthy a public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health enhancing. [14]

Homelessness

Homeless describes the situation of an individual or family without stable, permanent, appropriate housing or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose e to be homeless, and the experience is generally negative, unpleasant, stressful and distressing. [33]

Housing

Housing is any permanent or temporary building or other structure in which people live. Housing structures will have varying qualities; may be self-contained or shared; may be permanent or transient; and may or may not be owned, rented, or occupied without legal rights.

Housing Continuum

The housing continuum is a framework for understanding the housing needs and the range of housing choices (rental and ownership, market and non market) available to households with varying socio-economic status. [6]

Human Rights

Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible. Basic human rights include freedom; equality; autonomy; access to the necessities of life (i.e., water and food, clothing, and shelter); personal security; rights protected by law; absence of discrimination; recognition as a person; and freedom from arbitrary arrest, imprisonment, torture, or cruel or inhuman punishment. The enjoyment of the highest attainable standard of physical and mental health is also recognized as a fundamental human right.

Adapted from: United Nations, Office of the High Commissioner for Human Rights. What are human rights? [34]
Last JM. A dictionary of public health. Oxford. [35]

Immigrant

Immigrants are people born outside of the country but who currently reside within it. Permanent residents have been granted the right to live in the country permanently by immigration authorities. Persons born outside of the country who have become citizens are also immigrants. Migrant workers or international students are not considered immigrants. Illegal immigrants are those who have no legal standing for being in the country. (See definition for 'refugees'.)

Adapted from: Tri-Project Glossary Working Group. Towards an Understanding of Health Equity: Glossary. [6]

Income

Income is the flow or accumulation of money or its equivalents to allow people to purchase or negotiate goods and services.

Intersectoral Collaboration

A recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes

in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone.

Adapted from: World Health Organization. Health promotion glossary.1998 [14]
                World Health Organization. Intersectoral Action for Health: A Cornerstone for Health for All in the 21st Century. [36]

Inuit

Inuit are indigenous peoples in Northern Canada, who originate from Nunavut, Nunavik, Nunatsiavut, Nunatukavut, Northwest Territories, and Yukon Territories. The word means "people" in the Inuit language — Inuktitut. The singular of Inuit is Inuk.

Adapted from: Aboriginal Affairs and Northern Development Canada. Terminology. [1]
              Statistics Canada. Low income cut-offs. 2009 [37]

Knowledge

Knowledge is the systematic production, compilation and communication of information to describe, measure, and evaluate health equity and strategies and activities intended to promote health equity, and produce research.   Knowledge helps us learn and improve. Knowledge includes systematic processes that:

- Measure and monitor population health status and changes in population health status (i.e., surveillance),
- Determine if interventions and strategies meet their goals or have an effect on health equity (e.g., health equity impact assessments),
- Generate theory and test it (e.g., research), and
- Compile and disseminate this information.

Living Wage

Living wage is the amount of income an individual or family requires to meet their basic needs, maintain a safe, decent standard of living and to save for future needs and goals. [6]

Low Income Cut-Off Before Taxes (LICO)

A LICO is an income threshold below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family. The approach is essentially to estimate an income threshold at which families are expected to spend 20 percentage points more than the average family on food, shelter and clothing. LICOs vary by family size and by size of community.

Adapted from: Statistics Canada. Low income cut-offs. 2009. [38]

Marginalized

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Marginalized refers to people or populations that are not fully integrated into all aspects of society. [6]

Mental Health

Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity. [39] [40]

Métis

Métis people of mixed First Nation and European ancestry who identify themselves as Métis, as distinct from First Nations people, Inuit or non-Aboriginal people. The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, French, Ojibway and Cree. [1]

Minority Populations

Minority populations are populations or groups with similar ethnic, racial, cultural, religious or linguistic characteristics and are a smaller proportion to the rest of the population in a given area. [6]

Participation

Participation means that stakeholders (e.g., affected people, formal or informal organizations and various levels of government) are actively involved in assessing the situation, and/or planning, delivering and evaluating the service, program or strategy. There are many participation models. Participation recognizes the value of varying intensities of involvement from being informed, to providing feedback, to joint planning, to joint management.

By creating participatory processes, we recognize that people and organizations have a deep understanding of their contexts, and that (at the very minimum) they have a right to know, that they have a stake in the outcome, and that they have power to influence or change outcomes. Participation can promote sustainability, generate exponential benefits through synchronized action, and create accessibility, effectiveness, ownership, commitment, increased self-help capacity and skill development, and stronger and more democratic institutions.

Adapted from: Informal Working Group on Participatory Approaches & Methods. What do we mean by participation in development? [41]

Partnership

A partnership is defined as a relationship where two or more parties, having compatible goals, form an agreement to do something together. Partnerships are about people working together in a mutually beneficial relationship oftentimes doing things together that might not be able to be achieved alone. [50]

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Policy

A course or principle of action adopted or proposed by a government, party, business, or individual: the written or unwritten aims, objectives, targets, strategy, tactics and plans that guide the actions of a government or an organization. Policy includes the decisions and actions that maintain or change what would otherwise occur. Policy sets priorities and guides resource allocation to achieve a desired objective.

Adapted from: Tri-Project Glossary Working Group. Towards an Understanding of Health Equity: Glossary. [6]
Last JM. A dictionary of public health. Oxford. [35]

Policy Process

Policy process is the way in which policies are initiated, developed or formulated, negotiated, communicated, implemented and evaluated. [42]

Population Health

Population health refers to 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 the 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 well-being of those populations. [43]

Poverty

Poverty is the condition of not having sufficient economic and other resources to live with the dignity, choices and power that enable full participation in society. [6]

Primary Health Care

Primary Health Care is a strategy for organizing health systems to promote health. It encompasses essential health care made universally available to individuals and families by a means acceptable to them and at a cost that the society can afford, as well as intersectoral action for health. It is the nucleus of a country's health system and contributes to national socio-economic development. It is founded on recognition of the need for political action to address the social determinants of health inequity, taking account of the particular configuration of power relations within any society. [44]

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Program

The term program usually refers to a group of activities which are designed to be implemented in order to reach objectives.

Adapted from: Lehto J, Ritsatakis A. Health Impact Assessment: Main Concepts and Suggested Approach - the Gothenburg consensus paper. [25]

Proportionate Universalism

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. [45]

Quality of life

Quality of life is defined as individual's perceptions of their position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features of the environment. [14] [46]

Race

Race is an arbitrary classification of individuals and groups based on physical and cultural characteristics. Race includes socially constructed differences among people based on characteristics such as accent or manner of speech, name, clothing, diet, beliefs and practices, leisure preferences and/or places of origin. The concept of race is imposed on populations whereas ethnicity is based on self-identification. [6]

Racialization

Racialization is the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life. [6]

Racism

Racism is an ideology, action or conduct that either directly or indirectly conveys that one racial group is inherently superior to another. Racial classifications are socially constructed views of arbitrary physical and cultural distinctions. [6]

Re-orienting Health Services

Health services re-orientation is characterized by a more explicit concern for the achievement of population health outcomes in the ways in which the health system is organized and funded. This must lead to a change of attitude and organization of health services, which focuses on the needs of the individual as a whole person, balanced against the needs of population groups. [14] [46]

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Reaching Out

Reaching out is the process of finding vulnerable people not already connected to services who would benefit most from them, creating trusting relationships and providing services meaningful to them in their own environments. Vulnerable people frequently do not seek or engage with services that may be helpful.

Refugee

A refugee is any person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. [47]

Remote Populations

Remote populations include groups that are geographically isolated and may have limited access to some resources and services for all or part of the year. [6]

Risk Behaviour

Specific forms of behaviour which are proven to be associated with increased susceptibility to a specific disease or ill-health. [14]

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. [14]

Settings Approach

The settings approach to health has its genesis in the Ottawa Charter of 1986, which motivated the World Health Organization to focus on the settings of everyday life in order to target health promotion. A settings approach to health is based in the concept that in order to be effective, health promotion and health care must be inclusive and holistic, so people are healthy and practice good health in all parts of their lives and in all their environments, including where they work, learn and play. Examples include homes, schools, workplaces, restaurants and community centres. In addition to the physical characteristics of settings, including their supplies (ex: food), the social environment (for example, relations between teachers and students) is a very important factor that influences the health of people. [48]

Sexual Minorities

Sexual minorities are those persons who have a sexual orientation to someone of the same sex or gender, or to both 'same sex or gender' and 'opposite sex or gender', or who are asexual.

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Sexual orientation encompasses more than sexual behaviour, including those who may identify with a specific sexual minority group without same-sex sexual behaviour. Sexual minorities include gay men, lesbians, bisexuals, asexual and questioning persons. Questioning persons are those who have not decided on a particular sexual orientation at this time or indefinitely. Some people who are part of a sexual minority may also be a member of a gender minority. Some people object to using the term *sexual minorities* in relation to them, and prefer the term LGBT (lesbian, gay, bisexual, transgender). Social, political and cultural changes may affect definitions. [49] [20] [37]

Social Assistance

Monetary benefits through a variety of sources for which a person may be eligible when he/she is without sufficient means to meet needs due to particular circumstances (e.g., sickness, unemployment, family death).

Adapted from: Diderichsen F, Andersen I, Manuel C, Working group of the Danish review on social determinants of health. Health inequality: determinants and policies. [11]

Social Capital

Social capital represents the degree of social cohesion, which exists in communities. It refers to the processes between people, which establish networks, norms, and social trust, and facilitate co-ordination and co- operation for mutual benefit. [14]

Social Determinants of Health

The conditions in which people are born, grow, live, work, and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities. This term is also shorthand for the wider social, political, economic, environmental, and cultural forces that determine people's living conditions. [5]

Social Justice

The organization of society towards an available common good for all, to which all are expected to contribute. To promote and respect social justice means to be part of a society where all members, regardless of their background, have basic human rights (see definition) and equitable access to their community's wealth and resources. [5]

Social or Socio-economic Gradient

A step-wise distribution in health indicators that runs through society, where those that are poorest generally have the poorest health outcomes, and those in the middle generally experience poorer health outcomes than those in the higher social levels. [18]

Social Support

That assistance available to individuals and groups from within communities which can provide a buffer against adverse life events and living conditions, and can provide a positive resource for enhancing the quality of life. [14]

Social Stratification

Refers to the hierarchical social categorization of people in society. [11]

Socio-economic Status (SES)

Socioeconomic status is the relative social and economic position of a family, individual, group or geography within a hierarchical social structure, based on their access to, or control over, wealth, prestige, and power. It is usually operationalized as a composite measure of income, level of education, and occupational prestige.

Adapted from: Dutton DB, Levine S. Overview, methodological critique, and reformulation. [50]
Mueller CW, Parcel TL. Measures of Socioeconomic Status: Alternatives and Recommendations. [51]

Strategy

Strategy refers to broad lines of action to achieve goals and objectives. Strategies are long-term rather than short-term. Developing a strategy includes identifying interventions and ways to ensure other sectors are involved, considering the range of political, social, economic,

managerial and technical factors that affect the strategy, as well as defining the possible constraints and dealing with them.

Adapted from: Last, J.M. A Dictionary of Public Health. [35]
Ristatakis A, Barnes R, Decker E, Harrington P, Kokko S, Makara P. Exploring Health Policy Development in Europe. [52]

Supportive Environments for Health
Supportive environments for health offer people protection from threats to health, and enable people to expand their capabilities and develop self-reliance in health. They encompass where people live, their local community, their home, where they work and play, including people's access to resources for health, and opportunities for taking control over and improving health.

Adapted from: World Health Organization. Health promotion glossary. 1998 [14]
Sundsvall statement on supportive environments for health: 9-15 June 1991, Sundsvall, Sweden. [53]

Sustainability and Sustainable Development
A commonly used definition of sustainable development is development which meets the needs of present generation without compromising the ability of future generations to meet their own needs (World Commission on Environment and Development, 1987). For example, the plethora of regeneration and neighbourhood renewal initiatives under way are all intended to provide sustainable changes – that is to say, benefits for the future as well as the present.

Adapted from: Barnes R, Health Development Agency. Health Impact Assessment (HIA): Glossary of terms used. [54]

Targeted Universalism
Targeting with universalism is described by the need to improve disproportionately the health of more disadvantaged groups while at the same time improving the health of the entire population. To make strides in reducing health inequities, public health practice must strive to balance selective or targeted approaches with universal strategies.

Adapted from: Whitehead M, Dahlgren G. Concepts and Principles for Tackling Social Inequalities in Health: Leveling Up Part 1. [23]
Dahlgren G, Whitehead M. European Strategies for Tackling Social Inequalities in Health: Leveling Up Part 2. [55]

Transportation
Transportation is the movement of people or goods. Transportation may be accomplished through human power, motor vehicles or other methods. Transportation-related risks such as injury, noise and pollution may be mitigated. Concerns include affordability and accessibility.

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Universal Coverage

Universal Coverage is the situation where the whole population of a country has access to good quality services according to needs and preferences, regardless of income level, social status, or residency. It is an absolute concept in relation to population coverage (100%) with the same scope of benefits extended to the whole population (but the range of benefits varies between contexts); and it incorporates the policy objectives of equity in payments (the rich should pay more than the poor), financial protection (the poor should not become poor as a result of using health care) and equity of access or utilization (implying distribution according to need rather than ability to pay, and requiring equity in the distribution of spending and resources). [56] [57]

Universality

Universality refers to everyone having equal rights to use public social protection systems without any barriers such as user fees.

Vulnerable Population

Vulnerable population refers to groups that have increased susceptibility to adverse health outcomes, unjust burdens of risk, discrimination, exploitation, abuse and coercion as a result of inequitable access (see definition of Access) to the resources needed to address health risks, lack of power or social standing, deprivation, diminished competence or decision-making capacity, fragile health, and inadequate access to care. Actions may be coercive in a vulnerable population that would not be in well situated populations.

Adapted from: Tri-Project Glossary Working Group. Towards an Understanding of Health Equity: Glossary. (6)
McKeown RE, Weed DL. Ethics in epidemiology and public health II. Applied terms. (58)

Work

Work is purposeful human activity that may result in the production of goods or services or other meaningful outcomes. Work can be paid or unpaid. It includes production of goods or services in or outside of formal relationships with employers. It includes care-providers who are paid or unpaid. Formal employment is usually regulated. Exposures to, and vulnerabilities and consequences of work-related risks may be considered and addressed.

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