Acronyms

NPHPSP

Acronyms and Related Website Addresses

AMCHP: Association of Maternal and Child Health Programs. www.amchp.org

APEXPH: Assessment Protocol for Excellence in Public Health. http://www.naccho.org/topics/infrastructure/APEXPH.cfm

APHA: American Public Health Association. www.apha.org

APHL: Association of Public Health Laboratories. www.aphl.org

ASPH: Association of Schools of Public Health. www.asph.org

ATSDR: Agency for Toxic Substance and Disease Registry. www.atsdr.cdc.gov

ASTHO: The Association of State and Territorial Health Officials. www.astho.org

BOH: Board of Health.

BRFSS: Behavioral Risk Factor Surveillance System. www.cdc.gov/brfss/index.htm

CDC: The Centers for Disease Control and Prevention. www.cdc.gov

CEPPO: Chemical Emergency Preparedness & Prevention Office. http://yosemite.epa.gov/oswer/ceppoweb.nsf/content/index.html

CHP: Community health profile.

CMS: Centers for Medicaid & Medicare Services. Formerly HCFA. www.cms.hhs.gov

CSTE: The Council of State and Territorial Epidemiologists. www.cste.org

DHHS: U. S. Department of Health and Human Services. www.dhhs.gov

DOJ: U. S. Department of Justice. www.usdoj.gov

EPA: U. S. Environmental Protection Agency. www.epa.gov

FEMA: Federal Emergency Management Agency. www.fema.gov

HAN: Health Alert Network. www.bt.cdc.gov/DocumentsApp/HAN/han.asp

HCFA: Formerly the U.S. Health Care Financing Administration and renamed the Centers for Medicaid & Medicare Services. www.cms.hhs.gov

HEDIS: Health Plan Employer Data and Information Set.

HRSA: The Health Resources and Services Administration. www.hrsa.gov

JCAHO: Joint Commission on the Accreditation of Healthcare Organizations. www.jointcommission.org

LHD: Local Health Department.

LPHS: Local Public Health System.

MAPP: Mobilizing for Action through Planning and Partnerships. www.naccho.org/topics/infrastructure/MAPP.cfm

MMWR: Morbidity and Mortality Weekly Report. www.cdc.gov/mmwr

NACCHO: National Association of County and City Health Officials. www.naccho.org

NPHPSP

NAHDO: The National Association of Health Data Organizations. www.nahdo.org

NALBOH: National Association of Local Boards of Health. www.nalboh.org

NAPHSIS: The National Association for Public Health Statistics and Information Systems. www.naphsis.org

NCHS: The National Center for Health Statistics. www.cdc.gov/nchs

NCSL: National Council of State Legislatures. www.ncsl.org

NCQA: National Council for Quality Assurance. www.ncqa.org

NDI: National Death Index. www.cdc.gov/nchs/ndi.htm

NEDSS: National Electronic Disease Surveillance System. www.cdc.gov/nedss

NER: National Exposure Registry. www.atsdr.cdc.gov/NER

NHTSA: The National Highway Traffic Safety Administration. www.nhtsa.gov

NIOSH: The National Institute for Occupational Safety and Health at CDC. www.cdc.gov/niosh

NNDSS: National Notifiable Diseases Surveillance System. www.cdc.gov/EPO/DPHSI/ nndsshis.htm

NPHLI: National Public Health Leadership Institute. www.phli.org

NPHPSP: The National Public Health Performance Standards Program. www.cdc.gov/od/ ocphp/nphpsp

NNPHI: National Network of Public Health Institutes. www.nnphi.org

OCPHP: Office of Chief of Public Health Practice. www.cdc.gov/od/ocphp

ODPHP: Office of Disease Prevention and Health Promotion. www.odphp.osophs.dhhs.gov

PACE-EH: Protocol for Assessing Community Excellence in Environmental Health. www.naccho.org/topics/environmental/CEHA.cfm

PHF: The Public Health Foundation. www.phf.org

PTE: Potential threat element.

QOL: Quality of life.

SNS: Strategic National Stockpile. www.bt.cdc.gov/stockpile

SPHA: State Public Health Agency.

SPHS: State Public Health System.

SSA: The Social Security Administration. www.ssa.gov

WMD: Weapons of mass destruction.

YPLL: Years of potential life lost.

Glossary and Reference Terms

Glossary and Reference Terms

A

Abatement of nuisances: Eliminating or reducing the effect of a pollutant or other health hazard. This phrase is often used as a term of law.

Academic Health Departments: A formal affiliation between a health professions school and a health department that results in collaborative teaching, research, and practice, similar to the more familiar affiliation between academic institutions and "teaching hospitals." (From the Council on Linkages between Academia and Public Health Practice, online at: www.phf.org/Link/ahd.htm.)

Academic-Practice Collaboration / Academic-Practice Partnerships: Initiatives, discussion or interaction to advance connections between the academic and practice communities to strengthen public health education, training, and practice. (From the Council on Linkages between Academia and Public Health Practice, online at: www.phf.org/Link/linkages.htm)

Access: The potential for or actual entry of a population into the health system. Entry is dependent upon the wants, resources, and needs that individuals bring to the care-seeking process. The ability to obtain wanted or needed services may be influenced by many factors, including travel, distance, waiting time, available financial resources, and availability of a regular source of care. (Turnock BJ. *Public Health: What It Is and How It Works*. Gaithersburg, MD: Aspen Publishers, Inc.; 1997.) *(Note: this defined term refers to "access" in the context of access to care. The term access is also used within the instruments in other contexts, i.e., access to resources, access to technology. The use of access within such phrases carries the more traditional meaning.)*

After Action Report (AAR): 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. (Adapted from: US Department of Homeland Security. *Exercise and Evaluation Program (HSEEP); Volume 1: Overview and Doctrine.* Washington, DC: Department of Homeland Security; Revised May 2004.)

All-hazards emergency response: The "all-hazards" emergency response model prepares a "generalized emergency response system." First responders are trained to respond to terrorism events in the same way that they would respond to other disasters, such as floods, hurricanes, toxic spills, plane crashes, and fires. (Hough L. *Terrorism in America: Gearing Up for Future Attacks has become a New Priority.* The Bulletin from John F. Kennedy School of Government; Autumn 2001: 18-23.)

All-hazards preparedness plan / All-hazards emergency preparedness and response plan: 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.

Appropriation: The grant of money by a legislature for some specific purpose. The authority to grant appropriations, popularly known as the power of the purse gives legislatures a powerful check over executive branches and judicial branches, for no public money can be spent without legislative approval. Congress, for example, can approve or reject the annual budget requests of the executive branch for its agencies and programs, thereby influencing both domestic and foreign policy. Laws enacted at all levels of government may authorize or "raise" funds up to a specific amount for a specified purpose using taxation, transfer of funds from another source, or borrowing. Authorized funds must be appropriated before they are available to be expended for the stated legislative purpose. This is sometimes accomplished in the same legislative action, i.e., it is voted to "authorize (raise) and appropriate." More likely, especially at the state and federal level, authorization and appropriation are separated, with a second vote required to appropriate funds, usually as part of a larger funding package. In many instances, less money is appropriated than had been authorized.

Assessment: As one of the core functions of public health, assessment involves the systematic collection and analysis of data in order to provide a basis for decision-making. This may include collecting statistics on local health status, health needs, and/or other public health issues. (Institute of Medicine Committee for the Study of the Future of Public Health. *The Future of Public Health.* Washington, DC: National Academy Press, 1988.) 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. Assessment is one of the three core functions of public health agencies as identified by the Institutes of Medicine. (Novick LF, Mays GP. *Public Health Administration: Principles for Population-Based Management.* Gaithersburg, MD: Aspen Publishers; 2001.)

Assessment Protocol for Excellence in Public Health (APEXPH): An assessment and planning tool developed by the National Association of County and City Health Officials (NACCHO) for use by local health departments and other organizations. The APEXPH workbook includes three parts: an organizational capacity assessment of the local health department; a community health assessment process; and a discussion of implementation, evaluation, and monitoring issues. Online at: http://www.naccho.org/topics/infrastructure/APEXPH.cfm.

Asset-based community development: An asset-based community development strategy starts with what is present in the community: the capacities of its residents and workers, the association and institutional base of the area–not with what is absent, or with what is problematic, or with what the community needs. This strong internal focus is intended to stress the primacy of local definition, investment, creativity, hope and control. (Kretzmann JP, McKnight JL. *Building Communities from the Inside Out.* Skokie, IL: ACTA Publications; 1993.)

Asset mapping: A tool for mobilizing community resources. The process by which the capacities of individuals, civic associations, and local institutions are inventoried. See also *asset-based community development.*

Assurance: 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." (Institute of Medicine Committee for the Study of the Future of Public Health. *The Future of Public Health.* Washington, DC: National Academy Press; 1988.)

Assure: To make certain. *(Webster's II New College Dictionary.)* See also *assurance.*

B

Baldrige criteria: A performance excellence criteria framework that any organization can use to improve overall performance. Seven categories make up the criteria framework: 1) leadership, 2) strategic planning, 3) customer and market focus, 4) measurement, analysis, and knowledge management, 5) human resource focus, 6) process management, and 7) business results. Online at: www.quality.nist.gov.

Baldrige National Quality Program: An award program of the National Institute of Standards and Technology that works to enhance the competitiveness, quality, and productivity of US organizations by helping them improve their quality management. Online at: www.quality.nist.gov. See also *Baldrige criteria.*

Behavioral risk factors: Risk factors in this category include behaviors that are believed to cause, or to be contributing factors to most accidents, injuries, disease, and death during youth and adolescence as well as significant morbidity and mortality in later life. This is a category recommended for collection in the Community Health Profile. For indicators, see: http://mapp.naccho.org/chsa/ChsaIndicatorListing.asp.

Behavioral Risk Factor Surveillance Survey (BRFSS): A national survey of behavioral risk factors conducted by states with CDC support. Online at: http://www.cdc.gov/brfss/index.htm.

Benchmarks: Points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an accurate data point, which is used as a reference for future comparisons (similar to a baseline). Sometimes it also refers to "best practices" in a particular field. Communities compare themselves against these standards. Many groups use benchmark as a synonym for indicator or target. (Norris T, Atkisson A, et al. *The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities.* San Francisco, CA: Redefining Progress; 1997.)

Best practice(s): The best clinical or administrative practice or approach at the moment, given the situation, the consumer's or community's needs and desires, the evidence about what works for this situation/need/desire, and the resources available. Organizations also often use *promising practices*, which are defined as clinical or administrative practices for which there is considerable evidence or expert consensus and which show promise in improving outcomes, but which are not yet proven by the highest or strongest scientific evidence. (Adapted from: The American College of Mental Health Administration and The Technical Assistance Collaborative, Inc. *Turning Knowledge into Practice.* Boston, MA: The Technical Assistance Collaborative; 2003.)

Bioterrorism: The threat or intentional release of biological agents (viruses, bacteria, or their toxins) for the purpose of influencing the conduct of government, or intimidating or coercing a civilian population. In addition to widespread medical consequences, a bioterrorist attack could also bring about behavioral, social, economic, and psychological consequences, such as mass panic. (United States General Accounting Office. *Bioterrorism: Public Health and Medical Preparedness.* Washington, DC: General Accounting Office; October 2001.)

Board of health: A legally designated governing body whose members are appointed or elected to provide advisory functions and/or governing oversight of public health activities, including assessment, assurance, and policy development, for the protection and promotion of health in their community.

C

Capacity to initiate or participate in research: Internal capacity to initiate or participate in timely epidemiologic, economic, and health services research begins with ready access to researchers having skills to design and conduct research in those areas. Capacity also includes the availability of analytic tools (databases, information technology) and facilities (offices) for analyses, and the ability to disseminate and use research findings. For purposes of assessing LPHS performance, the phrase "health services research" includes research on the management, configuration, organization, operation, and administration of public health systems.

Care management: A set of activities which assures that persons served by the system have a single care (service) plan that is coordinated, not duplicative, and designed to assure cost effective and good outcomes.

Catchment area(s): A defined geographical area that includes the residents, households, or customers that are served by a particular organization, governmental agency, or business. For example, a catchment area can refer to residents that live within an identified geographic area and whom certain health care providers and hospitals serve.

Cause of death: Any condition that leads to or contributes to death and is classifiable according to the *International Classification of Diseases.*

Civil commitment: The detention (usually in a hospital or other specially designated institution) for the purposes of care and treatment. Civil commitment, like isolation and *quarantine*, is both a preventive measure designed to avert risk, and a rehabilitative measure designed to benefit individuals who are confined. (Gostin LO. *Public Health Law: Power – Duty – Restraint.* Berkeley, CA: University of California Press; 2000, p. 210.)

Civil rights: Those rights guaranteed to all individuals by the 13th, 14th, 15th, and 19th amendments to the U.S. Constitution and by subsequent acts of Congress. Civil rights include the concepts of civil liberties, due process, equal protection of the laws, and freedom from discrimination.

Collaborative leadership: A type of leadership that engages others by designing constructive processes for working together, convenes appropriate stakeholders, and facilitates and sustains their interaction. In collaborative leadership, leaders promote and safeguard the collaborative process through shared leadership, rather than taking unilateral action. Collaborative leaders perform their work in coalitions, alliances and partnerships. (Adapted from: Chrislip D and Larson C. *Collaborative Leadership: How Citizens and Civic Leaders Can Make a Difference.* San Francisco, CA: Jossey-Bass Publishers; 1994.)

Communicable disease data: This category includes diseases that are usually transmitted through person-to-person contact or shared use of contaminated instruments/materials. Many of these diseases can be prevented through the use of protective measures, such as a high level of vaccine coverage of vulnerable populations. This is a category recommended for collection in the Community Health Profile. For data indicators, see: http://mapp.naccho.org/chsa/ChsaIndicatorListing2.asp. See also *infectious disease.*

Communications strategy: A statement that describes the situation, audience, behavior change objectives, strategic approach, key message points, channels, management and evaluation plans. (O'Sullivan GA, Yonkler JA, Morgan W, and Merritt, AP. *A Field Guide to Designing a Health Communication Strategy.* Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs; March 2003.)

Communities: The aggregate of persons with common characteristics such as geographic, professional, cultural, racial, religious, or socio-economic similarities; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other common bonds. (Adapted from: Turnock BJ. *Public Health: What It Is and How It Works.* Gaithersburg, MD: Aspen Publishers, Inc.; 1997.)

Community assets: Contributions made by individuals, citizen associations, and local institutions that individually and/or collectively build the community's capacity to assure the health, well-being, and quality of life for the community and all its members. See also *asset-based community development.*

Community-based participatory research (CBPR): A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities. (W. K. Kellogg Foundation, Community Health Scholars Program, 2001 quotes from Minkler M, and Wallerstein N, editors. *Community-Based Participatory Research for Health.* San Francisco, CA: Jossey-Bass Inc.; 2003.)

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.

Community's health: A perspective on public health that regards "community" as an essential determinant of health and an indispensable ingredient for effective public health practice. It takes into account the tangible and intangible characteristics of the community, its formal and informal networks and support systems, its norms and cultural nuances, and its institutions, politics, and belief systems.

Community health assessment: Community health assessment calls for regularly and systematically collecting, analyzing, and making available information on the health of a community, including statistics on health status, community health needs, epidemiologic and other studies of health problems. Often this can take the form of community needs assessments, which are intended to assist the community in adapting and responding to important health problems and risks. Increasingly, moving beyond problems and deficits toward an analysis of community strengths and resources is becoming recognized as a critical part of understanding a community's health. (National Association of County and City Health Officials. *Advancing Community Public Health Systems in the 21st Century.* Washington, DC; 2001.)

Community health improvement: Focuses on the combined effects of individual and community, physical and social environments, and the policies and interventions used to promote health, prevent disease, and ensure access to quality health care. The ultimate measure of success in any health improvement effort is the health status of the target population. (United States Department of Health and Human Services. *Healthy People 2010.* Washington, DC: US Department of Health and Human Services; 2000.)

Community health improvement committee: A formal or informal entity or coalition that provides the mechanism for bringing together the community's stakeholders and accountable entities to develop a broad perspective on health needs and how they might be addressed. The committee generally oversees all aspects of the community health improvement process. (Adapted from: Institute of Medicine. *Improving Health in the Community.* Washington, DC: The Institute; 1997.)

Community health improvement objectives: Refer to *objectives.*

Community health improvement plan: A long-term, systematic effort to address health problems on the basis of the results of 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 HIP 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 inclusively and should be done in a timely way. (Adapted from: United States Department of Health and Human Services. *Healthy People 2010.* Washington, DC: US Department of Health and Human Services; 2000.) See also *Community health improvement process.*

Community health improvement process: Community health improvement is not limited to issues classified within traditional public or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public's health. The 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 health assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community "ownership" of the entire process. An example of a community health improvement tool is *Mobilizing for Action through Planning and Partnerships (MAPP).* Online at: http://mapp.naccho.org.

Community health professional: An individual who provides a community-based service related to the preservation or improvement of health, or the treatment or care of individuals who are injured, sick, disabled, or infirm.

Community health profile (CHP): A comprehensive compilation of measures representing multiple categories, or domains, that contributes to a description of health status at a community level and the resources available to address health needs. Measures within each domain may be tracked over time to determine trends, to evaluate health interventions or policy decisions, to compare community data with peer, state, national or benchmark measures, and to establish priorities through an informed community process.

Community health status: Refer to *health status.*

Community partnerships: A continuum of relationships between and among the LPHS and its constituents that foster the sharing of resources, responsibility, and accountability in community health improvement and undertaking advocacy for capacity development and the delivery of community health services and improving community health. Partnerships are formed to assure the comprehensive, broad-based improvement of health status in the community.

Community support: Actions undertaken by those who live in the community that demonstrate the need for and value of a healthy community and an effective local public health system. Community support often consists of, but is not limited to, participation in the design and provision of services, active advocacy for expanded services, participation at board meetings, support for services that are threatened to be curtailed or eliminated, and other activities that demonstrate that the community values a healthy community and an effective local public health system.

Competencies: Refer to *core legal public health competencies* and *core public health competencies.*

Compulsory treatment: Medical or psychiatric treatment which is ordered or required by courts or the government. (Gostin LO and Hodges J. *The Model State Emergency Health Powers Act.* Unpublished draft; October 23, 2001.) Typically, the court must be petitioned by the health care or public health system.

Condemnation: The declaration that a property represents a threat to public health or safety and that the governing authority takes control of it for the purpose of abatement of the problem.

Consequence management: Measures to protect public health and safety, restore essential government services, and provide emergency relief to individuals, governments, and businesses affected by the consequences of terrorism. (Office for Domestic Preparedness, United States Department of Justice. *State Domestic Preparedness Equipment Program Assessment and Strategy Development Tool Kit.* Washington, DC: Department of Justice; 1999.)

Constituency: Refer to *Constituents and Constituency development/Constituency building*.

Constituency development/Constituency building: The ongoing identification and involvement of individuals and organizations in the process of applying statewide and/or community resources to identified health priorities. Constituency building is the process of establishing collaborative relationships among the public health system and all current and potential constituents.

Constituents/Constituents of the public health system: All persons and organizations who directly contribute to or benefit from improved health status; including members of the public served by the public health system, the government bodies it represents, and other health, environmental, and non-health-related organizations in the jurisdiction.

Consultation: A process, act or conference through which advice is given, information is shared, or views are exchanged.

Continuing education and training: Work extension opportunities (i.e., bridging courses or cross-training experiences), workshops, seminars, conferences, synchronous and asynchronous distance learning, and other formal and informal educational opportunities. These activities are intended to strengthen, update, and add to the professional knowledge and skills of employees in fields of interest to the LPHS.

Continuous quality improvement: An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes. These efforts can seek "incremental" improvement over time or "breakthrough" improvement all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle. See also *performance management.*

Contributing factors (direct and indirect): Those factors that, directly or indirectly, influence the level of a risk factor (determinant).

Core competencies: A set of skills that is essential for an individual to be accepted as competent in a particular discipline or topic. See also *core legal public health competencies* and *core public health competencies.*

Core function(s) of public health: Three basic roles for public health for assuring conditions in which people can be healthy. As identified in the Institute of Medicine's landmark report, *The Future of Public Health*, these are assessment, policy development, and assurance. (Turnock BJ. *Public Health: What It Is and How It Works.* Gaithersburg, MD: Aspen Publishers, Inc.; 1997.)

Core indicators: Data elements that *Mobilizing for Action through Planning and Partnerships (MAPP)* recommends all communities collect and track. The core indicators have a higher priority based on the critical nature of the data, potential for comparative value, and relevance to most communities.

Core legal public health competencies: A set of law-specific skills and knowledge desirable for the practice of public health. These competencies are intended to serve as guides to workforce development efforts for public health leaders [policy makers] who have specialized roles related to public health law, as well as for front-line staff who need a basic understanding of the role of law in protecting the public's health. Online at: www.publichealthlaw.net/Training/Competencies.htm.

Core public health competencies: The core public health competencies encompass the individual skills desirable for the delivery of Essential Public Health Services. They transcend the boundaries of the specific disciplines within public health and help to unify the profession. The competencies are divided into the following eight domains: Analytic Assessment Skills, Basic Public Health Sciences Skills, Cultural Competency Skills, Communication Skills, Community Dimensions of Practice Skills, Financial Planning and Management Skills, Leadership and Systems Thinking Skills, Policy Development/Program Planning Skills. Intended levels of mastery, and therefore learning objectives for public health workers within each competency, will differ depending upon their backgrounds and job duties. Online at: www.trainingfinder.org/competencies.

Credentialing: A process that results in formal recognition of professional, technical, or managerial competence through certification, licensure, or the award of a degree or diploma.

Critical assets: Those assets essential to the minimum operations of the economy and government, and to ensure the general public health and safety.

Cultural competence: A set of skills that result in an individual 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 in developing targeted interventions and communications.

D

Data warehouse / Data warehousing: An integrated data repository for collection, integration and storage of data collected from various sources as outlined in standards for the National Electronic Disease Surveillance System (NEDSS). See also *National Electronic Disease Surveillance System (NEDSS).*

Death, illness, and/or injury data: Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates (AAM); by degree of premature death (Years of Productive Life Lost or YPLL); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted (AA) incidence of cancer and chronic disease. This is a category recommended for collection in the Community Health Profile. For indicators, see: http://mapp.naccho.org/chsa/ChsaIndicatorListing2.asp.

Demographic characteristics: Demographic characteristics of a jurisdiction include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and sub-populations are located, and the rate of change in population density over time, due to births, deaths and migration patterns. For indicators, see: http://mapp.naccho.org/chsa/ChsaIndicatorListing.asp.

Deployed staff: Staff or personnel that have been put into use or action; the distribution of personnel systematically or strategically.

Determinants of health: Direct causes and risk factors which, based on scientific evidence or theory, are thought to influence directly the level of a specific health problem. These may be defined as the "upstream" factors that affect the health status of populations and individuals. Roughly divided into the social environment (cultural, political, policy, economic systems, social capital, etc.), the physical environment (natural and built), and genetic endowment. The determinants of health affect both individual response (behavior and biology) and the prevalence of illness and disease.

Dialogue: The skillful exchange or interaction between people that develops shared understanding as the basis for building trust, fostering a sense of ownership, facilitating genuine agreement, and enabling creative problem solving. For more information on Dialogue practices, see the *Mobilizing for Action through Planning and Partnerships* tool and its Tip Sheet on *Engaging the Community* at http://www.naccho.org/topics/infrastructure/MAPP.cfm.

Distance learning: A system and a process that connects learners with distributed learning resources characterized by: 1) asynchronous learning, e.g. the separation in time between instructor and learner, among learners, or between learners and learning resource (example: use of interactive CD training programs); and 2) synchronous learning, e.g. the direct interaction between the learner and the instructor, among learners, or between learners and learning resources conducted through one or more media (example: use of satellite broadcasting). Use of electronic media is not required. (United States Department of Health and Human Services. *Healthy People 2010.* Washington, DC: US Department of Health and Human Services; 2000.)

Due process: An established course for judicial proceedings or other governmental activities designed to safeguard the legal rights of the individual. The guarantee of due process is found in the Fifth Amendment to the Constitution, which states "no person shall…be deprived of life, liberty, or property, without due process of law," and in the Fourteenth Amendment, which states "nor shall any state deprive any person of life, liberty, or property without due process of law." The boundaries of due process are not fixed and are the subject of endless judicial interpretation and decision-making. Fundamental to procedural due process is adequate notice prior to the government's deprivation of one's life, liberty, or property, and an opportunity to be heard and defend one's rights to life, liberty, or property. Substantive due process is a limit on the government's power to enact laws or regulations that affect one's life, liberty, or property rights. It is a safeguard from governmental action that is not related to any legitimate government interest or that is unfair, irrational, or arbitrary in its furtherance of a government interest. The requirement of due process applies to agency actions.

E

Education methods: Methods of learning or teaching applied to a given field.

Effectiveness: The extent to which a program or other intervention produces intended outcomes in actual practice settings rather than under optimal conditions. (Novick LF, Mays GP. *Public Health Administration: Principles for Population-Based Management.* Gaithersburg, MD: Aspen Publishers; 2001.)

Emergency operation(s) center (EOC): The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level or organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, county, city, tribal), ore some combination thereof. (National Incident Management System. Washington DC: Department of Homeland Security; March 2004.)

Emergency preparedness and response plan: Refer to *All-hazards preparedness plan / All-hazards emergency preparedness and response plan.*

Emergency Response Coordinator: Person who leads the mitigation and response effort in the event of an emergency (e.g., health officer, environmental health director, regional director of preparedness).

Emergency response plan: Refer to *All-hazards preparedness plan / All-hazards emergency preparedness and response plan.*

Enabling Services: Those services that provide individuals, agencies, or organizations the means to access public health services (e.g., transportation, health literacy programs, translation services).

Environmental hazards: Situations or materials that pose a threat to human health and safety in the built or natural environment, as well as to the health and safety of other animals and plants, and to the proper functioning of an ecosystem, habitat, or other natural resource.

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.

Environmental health indicators: The physical environment directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to physical health. Exposure to environmental substances, such as lead or hazardous waste, increases risk for preventable disease. Unintentional home, workplace, or recreational injuries affect all age groups and may result in premature disability or mortality. This is a category recommended for collection in the Community Health Profile. For indicators, see: http://mapp.naccho.org/chsa/ChsaIndicatorListing2.asp.

Environmental justice: The fair treatment and meaningful involvement of all people, regardless of race, ethnicity, culture, income or education level for the development, implementation, and enforcement of environmental laws, regulations, and policies. Environmental justice seeks to ensure that no population is forced to shoulder a disproportionate burden of the negative human health and environmental impacts of pollution or other environmental hazards.

Environmental risk: The likelihood of eating, drinking, breathing, or contacting some unhealthy factor in the environment and the severity of the illness that may result; the probability of loss or injury; a hazard or peril.

Environmental tests: Sampling of air, water, soil or other substance from the physical environment and the testing of the samples in a laboratory setting to identify materials or toxins hazardous to human health.

Epidemiologic investigations: The examination and analysis of data leading to epidemiologic conclusions. They are usually concerned with identifying or measuring the effects of risk factors or exposures. The common types of analytic study are case-control studies, cohort studies, and cross-sectional studies. (National Library of Medicine. *Medical Subject Headings.* Washington, DC: National Institutes of Health; 2002.)

Epidemiological and behavioral science techniques: The application of science-based principles and models in the design, implementation, and evaluation of health programs. (CDC. *NEDSS Logical Data Model Data Dictionary.* Atlanta, GA: US Department of Health and Human Services; 2001.)

Epidemiology: The study of the distribution and determinants of health-related status or events in specified populations, and the application of this study to control of health problems. (Last, J editor. *A Dictionary of Epidemiology.* Second Edition. New York: Oxford University Press; 1988.)

Essential Public Health Services: The ten services identified in *Public Health in America:* monitoring health status; diagnosing and investigating health problems; informing, educating, and empowering people; mobilizing community partnerships; developing policies and plans; enforcing laws and regulations; linking people to needed services; assuring a competent workforce; conducting evaluations; and conducting research. (United States Department of Health and Human Services. *Healthy People 2010.* Washington, DC: US Department of Health and Human Services; 2000.) Representatives from federal agencies and national organizations developed the statement made in Public Health in America. This statement includes two lists, one that describes what public health seeks to accomplish and the second that describes how it will carry out its basic responsibilities. The second list, the Essential Services, provides a list of 10 public health services that define the practice of public health.

Ethnicity: The classification of a population that shares common characteristics, such as religion, traditions, culture, language, and tribal or national origin.

Evaluations: Systematic approaches to determine whether stated objectives are being met. (Brownson RC, Baker EA, and Novick LF. *Community-based Prevention: Programs That Work.* Gaithersburg, MD: Aspen Publishers, Inc.; 1999.)

Evaluation of community health care systems: The community health care system consists of all health care providers and resources within the public health system, including governmental and non-governmental service providers (e.g., clinical units operated by local health departments, branch clinics operated by state health departments, and other governmental, not-for-profit, and proprietary health service providers). A valid evaluation of this system includes a comprehensive assessment of all aspects of health care delivered to the public as well as the identification of lapses in performance as defined by measurable performance indicators.

Evaluation of public health services: Public health services include population-based and community health services. If local public health services are provided by external agents, written contracts should be established to define roles and responsibilities. (*Contracts* are the legal agreements between the local governmental authority and other groups or organizations — e.g., hospitals, clinics, managed care plans — that provide services for the local governmental authority in exchange for money or other benefits.) Evaluation of public health services must be as comprehensive and rigorous as the evaluation of other health services and must include evaluation of any contracted services.

Evaluation of personal health care services: An assessment of the accessibility, quality, and effectiveness of personal health services offered within the public health system against predetermined performance objectives. The evaluation includes objective measurements of services and inputs from community residents regarding satisfaction with personal health care.

Evaluation of population-based health services: An assessment of the accessibility, quality, and effectiveness of services offered by agencies or their contracted agents within the public health system against pre-determined performance objectives. Evaluation of population-based services, including those provided by contract, must be as rigorously evaluated as other types of health services. The evaluation uses objective measures of services that are based on established criteria for performance and input from community residents regarding satisfaction with population-based services.

Events: An occurrence, especially one of some importance. In the context of strategic planning, events can be a force of change that is a one-time occurrence. Examples of events include the closing of a hospital, a natural disaster, or the passage of a piece of legislation. One of the elements considered in the *Mobilizing for Action through Planning and Partnerships (MAPP's)* Forces of Change Assessment.

Evidence-based interventions: The systematic selection, implementation, and evaluation of strategies, programs and policies with evidence from the scientific literature that they have demonstrated effectiveness in accomplishing intended outcomes. *(American Journal of Health Education*, March/April 2001.)

Extended indicators: Additional indicators recommended in the *Mobilizing for Action through Planning and Partnerships (MAPP)* tool, from which communities may select to explore issues of importance.

F

Faith-based organizations: 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. (Adapted from: Center for Faith and Service. *Faith and Communities Engaged in Service (FACES) Toolkit.* Washington, DC: National Crime Prevention Council; 2003.)

First responder: Local police, fire, and emergency medical personnel who first arrive on the scene of an incident and take action to save lives, protect property, and meet basic human needs.

Food safety: The responsibility of federal, state, and local food protection programs to ensure that food that is produced and delivered for consumption is safe, wholesome, and unadulterated.

Forces: A broad all-encompassing category that includes trends, events, and factors, the categories from the *Mobilizing for Action through Planning and Partnerships (MAPP's)* Forces of Change Assessment.

G

Geocoded data / geocoded health data: Addresses matched and assigned to a corresponding latitude and longitude (United States Department of Health and Human Services. *Healthy People 2010, Chapter 23.* Washington, DC: US Department of Health and Human Services; 2000.)

Geographic information system (GIS): Combines modern computer and supercomputing digital technology with data management systems to provide tools for the capture, storage, manipulation, analysis, and visualization of spatial data. Spatial data contains information, usually in the form of a geographic coordinate system that gives data location relative to the earth's surface. These spatial attributes enable previously disparate data sets to be integrated into a digital mapping environment. (United States Department of Health and Human Services. *Healthy People 2010, Chapter 23.* Washington, DC: US Department of Health and Human Services; 2000.)

"Go-Kits": Packages of records, information, communication and computer equipment, and other items related to an emergency operation. They should contain items that are essential to supporting the team member's operations at an alternate facility. Go-Kits are prepared by response team members in advance and kept up to date and available should deployment be necessary. (Federal Emergency Management Agency. *Continuity of Operations Planning (COOP) Lesson 5: COOP Implementation.* Washington, DC: Department of Homeland Security; 2007. Online at: http://www.training.fema.gov/emiWeb/IS/iS547LS/COOPLesson05.pdf.)

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

Governing body(ies): The individual, board, council, commission or other body with legal authority over the public health functions of a jurisdiction of local government; or region, or district, or reservation as established by state, territorial or tribal constitution or statute; or by local charter, bylaw or ordinance as authorized by state, territorial or tribal constitution or statute.

Governmental public health agency: An officially authorized entity concerned with the prevention and control of disease and disability, and the promotion of physical and mental health of the population on the international, national, state, or municipal level. (National Library of Medicine. *Medical Subject Headings.* Washington, DC: National Institutes of Health; 2002.)

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 for clinicians in the primary care setting. Online at: http://www.ahcpr.gov/clinic/prevenix.htm.

Guide to Community Preventive Services: 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. Online at: http://www.thecommunityguide.org.

H

Hazard: Refer to *health hazard*.

Health: A dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity. (WHO'S New Proposed Definition. 101st Session of the WHO Executive Board, Geneva; January 1998. Resolution EB101.R2)

Health Alert Network (HAN): A CDC nationwide program to establish the communications, information, distance-learning, and organizational infrastructure for a new level of defense against health threats, including the possibility of bioterrorism. The HAN links local health departments to one another and to other organizations critical for preparedness and response: community first-responders, hospital and private laboratories, state health departments, CDC, and other federal agencies. Online at: www.bt.cdc.gov/DocumentsApp/HAN/han.asp.

Health 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.

Health care provider: A person, agency, department, unit, subcontractor, or other entity that delivers a health-related service, whether for payment or as an employee of a governmental or other entity. Examples include hospitals, clinics, free clinics, community health centers, private practitioners, the local health department, etc.

Health communication: The art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. The scope of health communication includes disease prevention, health promotion, health care policy, and the business of health care, as well as enhancement of the quality of life and health of individuals within the community. (Ratzan S, editor. *Health Communication: Challenges for the 21st Century.* Thousand Oaks, CA: Sage Publications; 1994.)

Health education: Any planned combination of learning experiences designed to predispose, enable, and reinforce voluntary behavior conducive to health in individuals, groups or communities. (Green, LW and Kreuter, MW. *Health Promotion Planning: An Educational and Ecological Approach*, 3rd ed. Mountain View, CA: Mayfield Publishing Company; 1999.) An educational process by which the public health system conveys information to the community regarding community health status, health care needs, positive health behaviors and health care policy issues.

Health hazard: Health problems associated with exposure to air pollution, nuclear radiation, lead, and other toxicants, as well as hazards resulting from natural and technologic disasters.

Health information: Information regarding medical or health-related subjects that individuals may use to make appropriate health decisions. (Adapted from: United States Department of Health and Human Services. *Healthy People 2010.* Washington, DC: US Department of Health and Human Services; 2000.)

Health Information Exchange (HIE): Health Information Exchanges (HIEs) are organizations or collaborations that support the exchange of personal-level health information relevant to their health care. Also known as Regional Health Information Organizations (RHIOs), these organizations support the primary goal of the Nation-wide 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.

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 (HHS) to establish national standards for electronic health care 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 health care 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 Department of Health and Human Services (DHHS) to develop privacy and security requirements in accordance with HIPAA's Title II. Online at: www.cdc.gov/privacyrule/privacy-HIPAAfact.

Health professional shortage areas: Areas that have been federally designated as having a shortage of primary medical care, dental or mental health providers and may be urban or rural areas, population groups or medical or other public facilities. Online at: http://bhpr.hrsa.gov/shortage/.

Health marketing: The creation, communication, and delivery of health information and interventions using customer-centered and science-based strategies to promote the health of diverse populations. Online at: http://www.cdc.gov/healthmarketing/whatishm.htm.

Health needs: Demands required by a population or community. (National Library of Medicine. *Medical Subject Headings.* Washington, DC: National Institutes of Health; 2002.)

Health Plan Employer Data and Information Set (HEDIS): The most widely used quality report for managed care health plans. Version 3.0 includes 71 indicators of performance covering quality measures in addition to performance on access, patient satisfaction, membership and utilization, financial efficiency, and health plan management. (Shi L and Singh DA. *Delivering Health Care in America: A Systems Approach.* Gaithersburg, MD: Aspen Publishers, Inc.; 2001.)

Health problem: A situation or condition for people and their environment measured in death, disease, disability, or risk that is believed to persist in the future and is undesirable. Online at: http://mapp.naccho.org/MAPP_Glossary.asp.

Health promotion: Planned combinations of educational, political, regulatory, and organizational supports for actions and conditions of living conducive to the health of individuals, groups, or communities. (Green LW and Kreuter MW. *Health Promotion Planning: An Educational and Ecological Approach*, 3rd ed. Mountain View, CA: Mayfield Publishing Company; 1999.)

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.

Health resource availability data: Factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, the health resources category includes measures of access, utilization, and cost and quality of health care and prevention services. Service delivery patterns and roles of public and private sectors as payers and/or providers may also be relevant. This is a category recommended for collection in the Community Health Profile. For indicators, see: http://mapp.naccho.org/chsa/ChsaIndicatorListing.asp.

Health risk: A condition of humans that can be represented in terms of measurable health status or quality-of-life indicators. (Turnock BJ. *Public Health: What It Is and How It Works.* Gaithersburg, MD: Aspen Publishers, Inc.; 1997.)

Health status: The current state of a given population using a variety of indices, including morbidity, mortality, and available health resources. (National Library of Medicine. *Medical Subject Headings.* Washington, DC: National Institutes of Health; 2002.)

Health status indicator: A single measure that purports to reflect the health status of an individual or defined group.

Health threats: Any circumstances or events with the potential to adversely impact the health of the population.

Healthy People: Healthy People is a national health promotion and disease prevention initiative that brings together national, state, and local government agencies; nonprofit, voluntary, and professional organizations; businesses; communities; and individuals to improve the health of all Americans, eliminate disparities in health, and improve years and quality of healthy life. In Healthy People 2010, 467 health promotion and disease prevention objectives are identified for achievement by the year 2010. Online at: www.healthypeople.gov.

I

Impact objective: Refer to *objectives*.

Incidence: Rate of occurrence of new cases of a specified condition in a specified population within some time interval, usually a year.

Indicator: A measurement that reflects the status of a system. Indicators reveal the direction of a system (a community, the economy, the environment), whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same.

Infant Mortality Rate: A death rate calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births.

Infectious diseases: 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. (Gostin L and Hodges J. *The Model State Emergency Health Powers Act*; Draft dated 10/23/01.)

Infectious disease measures: The incidence of diseases that are usually transmitted through person-to-person contact or shared use of contaminated materials. Many of these diseases can be prevented through a high level of vaccine coverage of vulnerable populations, or through the use of protective measures, such as condoms for the prevention of sexually-transmitted diseases.

Infrastructure: The systems, competencies, relationships, and resources that enable performance of public health's core functions and essential services in every community. Categories include human, organizational, informational, and fiscal resources.

Injury: Injuries can be classified by the intent or purposefulness of occurrence in two categories, intentional and unintentional injuries. Intentional injuries are ones that are purposely inflicted and often associated with violence. These include child abuse, domestic violence, sexual assault, aggravated assault, homicide, and suicide. Unintentional injuries include only those injuries that occur without intent of harm and are not purposely inflicted.

Innovative: Ahead of the times; being or producing something like nothing done or experienced or created before.

Integrated information systems: Include both human resources and technological components. These systems facilitate the linkage of constituents to personal health care and to other related services in the public health arena.

In-Service: Occurring within the workplace.

Intentional Injury: Refer to *Injury*.

J

Joint Commission on the Accreditation of Healthcare Organizations (JCAHO): A peer review organization which provides the primary review of hospitals and healthcare providers for the purpose of accreditation. Many insurance companies require providers to have this accreditation in order to seek third party payment. JCAHO usually surveys organizations once every three years, sending in a medical and administrative team to review policies, patient records, professional credentialing procedures, governance and quality improvement programs. Online at: http://www.jointcommission.org/.

Jurisdiction: Jurisdiction can refer to any area within geo-political boundaries, such as a city, a county, multiple counties, a state, a region, or a nation, within which a governmental agency has legal authority to perform a clearly defined function.

K

Key constituents: Persons or groups that benefit from, or regularly interact with, the organizations, programs, or services of the public health system. (Adapted from: Simons R. *An Organization Your Customers Understand.* Harvard Business School Working Knowledge; July 2005.) See also *constituents*.

L

Laboratory Response Network: An integrated network of state and local public health, federal, military, and international laboratories that can respond to bioterrorism, chemical terrorism and other public health emergencies. Online at: www.bt.cdc.gov/lrn.

Laboratory support: The ability to produce timely and accurate laboratory results for diagnostic and investigative public health concerns. The actual testing may be performed outside the state or local public health system; however, the public health system retains the responsibility for ensuring that proper testing and timely results are available to the community.

Large-scale natural disaster: Sudden calamitous events producing great material damage, loss, and distress on a broad area or population. They are the result of natural phenomena such as earthquakes, floods, etc. (National Library of Medicine. *Medical Subject Headings.* Washington, DC: National Institutes of Health; 2002.)

Laws: The rules adopted by formal governmental action that govern our lives in various respects.

Learning Management Systems: An IT solution that enables the management and delivery of training and tracking of the use, successful completion, and evaluation of training by learners. Most learning management systems are web-based to facilitate "anytime, any place, any pace" access to learning content and administration. For an example of a networked public health learning management system that links more than 20 states, see TRAIN at www.train.org.

Legal counsel: Access to an individual or entity which can provide advice and/or assistance on civil or criminal matters.

Licensing: The granting of a license or other form of permit to provide legally defined services (e.g., practice medicine, engineer wastewater treatment systems, prepare and/or provide food) to the public by a duly constituted agency of government following specific standards and guidelines as provided by statute or regulation.

Local control (Home rule): The ability of a jurisdiction to adopt and enforce its own rules, policies, and procedures related to carrying out its functions.

Local governmental public health entity: Refer to *local health department*.

Local health department: An administrative or service unit of local or state government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than the state; the governmental public health presence at the local level, which may be a locally governed health department, a branch of the state health department, a state-created district or region, a department governed by and serving a multi-county area, or any other arrangement that has governmental authority and is responsible for public health functions at the local level. (National Association of County and City Health Officials. *Operational Definition of a Functional Local Health Department.* Washington, DC; November 2005.)

Local Health Officer: An individual who is hired or appointed by the appointing authority for a local governmental public health agency and who has direct responsibility for the day-to-day operations, management, and direction of the local governmental public health agency. Such individuals are generally called "director," "administrator," "commissioner," "health officer," or similar terms. The title of health official can also be applied to an individual hired by the health director of the local governmental public health agency and given authority and responsible for the medical oversight, external liaison with physicians, and for enacting the emergency powers authorize by statute. Such individuals are generally physicians and may be called "physician health officer," or "medical director." Both types of local health officials generally report to a board of health, city or county executive, or elected official.

Local public health agency (LPHA): Refer to *Local health department*.

Local public health system (LPHS): The collection of public, private and voluntary entities, as well as individuals and informal associations, that contribute to the public's health within a jurisdiction.

Local public health governance: Every community must be served by a governmental public health entity (typically the local health department, board of health, or office of the state health department) working in partnership with the community to assure the development and maintenance of a flexible and dynamic community system that delivers services essential to the protection and promotion of the public's health. Effective governance in public health requires that individual members of governing entities within a local jurisdiction understand and exercise personal, board, agency, and other appropriate legal authority; fully appreciate obligations and responsibilities; assure the availability of adequate resources (including legal, financial, personnel, capital, equipment, and supplies) to perform essential public health services; develop policies to support public health activities and goals; routinely evaluate, monitor and set goals for improving community health status; and assure that all relevant stakeholders participate in achieving public health objectives.

Locally-established health priorities: Preferentially rated health-related activities or functions to be used in establishing local health planning goals.

M

Mandated: Any responsibility, action, or procedure that is imposed by one sphere of government on another through constitutional, legislative, administrative, executive, or judicial action as a direct order, or that is required as a condition of aid.

Maternal and child health data: A set of programs and policies focusing on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of, care is included. One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. Births to teen mothers are a critical indicator of increased risk for both mother and child. This is a category recommended for collection in the Community Health Profile. For indicators, see: http://mapp.naccho.org/chsa/ChsaIndicatorListing2.asp.

Measurable objectives: Refer to *objectives*.

Measures and benchmarks for emergency preparedness: Performance measures (measures of capability) and benchmarks (measures of capacity) are used for program accountability of the Public Health Emergency Preparedness cooperative agreement to allow for grantees to move from accountability to effectiveness. (Adapted from the CDC Coordinating Office for Terrorism Preparedness and Emergency Response. See www.bt.cdc.gov.)

Media advocacy: The processes by which individuals or groups use the media to bring about social and/or organizational change on behalf of a particular health goal, program, interest, or population.

Media strategy: Designed to inform the community about the benefits of public health and the role of the public health system in improving community health. Media strategy is implemented through formal and informal community networks, which may include schools, the faith community, and community associations.

Mentoring: The pairing of more experienced with less experienced staff to provide the latter with needed advice, skills development, and other career resources.

Mission statement: A description of the unique purpose of an organization. The mission statement serves as a guide for activities and outcomes and inspires the organization to make decisions that will facilitate the achievement of goals.

Mobilizing for Action through Planning and Partnerships (MAPP): A community-wide strategic planning tool for health improvement developed by NACCHO and CDC. Online at: http://www.naccho.org/topics/infrastructure/MAPP.cfm.

Mock event: A method of exercising emergency response teams to determine the actions they would take in a specific emergency scenario. Mock events usually employee a simulated emergency scenario to involve all, or most, of the applicable response personnel to walk through or simulate performance of the actions they would take per their all-hazards and emergency response plan.

Model State Emergency Health Powers Act: A guide for establishing laws to grant public health powers to state and local public health authorities to ensure a strong, effective, and timely planning, prevention, and response mechanisms to public health emergencies (including bioterrorism) while also respecting individual rights. The Model State Emergency Health Powers Act can serve as a resource for states considering public health law reform. Online at: www.publichealthlaw.net/Resources/Modellaws.htm.

Model State Public Health Act: A tool for state, local, and tribal governments to use to revise or update public health statues and administrative regulations. The Model State Public Health Act was released in September 2003 by the Turning Point National Collaborative on Public Health Statute Modernization. Online at: www.publichealthlaw.net/Resources/Modellaws.htm.

Morbidity: Illness or lack of health caused by disease, disability, or injury.

Mortality: A measure of the incidence of deaths in a population.

Multicomponent intervention: An intervention that includes more than one activity. For example, mass media campaigns to motivate young people to remain tobacco-free can be combined or coordinated with additional intervention activities, such as increases in tobacco product excise taxes, school-based education, and other community-wide educational activities. (CDC. *The Guide to Community Preventive Services.* Atlanta, GA: US Department of Health and Human Services; 2005.)

Multiple determinants of health: A variety of factors that influence health status in populations. Health determinants include biology and genetics, lifestyle, environment, social and cultural factors and access to health services.

N

National Electronic Disease Surveillance System (NEDSS): An initiative that promotes the use of data and information system standards to advance the development of efficient, integrated, and interoperable surveillance system at federal, state, and local levels. The vision of NEDSS is to have integrated surveillance systems that can transfer appropriate public health, laboratory, and clinical data efficiently and securely over the Internet. NEDSS will revolutionize public health by gathering and analyzing information quickly and accurately. This will help to improve the nation's ability to identify and track emerging infectious diseases and potential bioterrorism attacks as well as to investigate outbreaks and monitor disease trends. Online at: www.cdc.gov/nedss/.

National Incident Management System (NIMS): A comprehensive framework establishing incident management processes, protocols, and procedures that all responders – federal, state, tribal, and local – use to more effectively coordinate and conduct response to domestic incidents no mater what the cause, size, or complexity. Online at: http://www.fema.gov/emergency/nims/index.shtm.

National Notifiable Diseases Surveillance System (NNDSS): In 1961, CDC assumed responsibility for the collection and publication of data concerning nationally notifiable diseases. The list of nationally notifiable diseases is revised periodically. For the current list see www.cdc.gov/epo/dphsi/PHS/infdis.htm. For example, a disease may be added to the list as a new pathogen emerges, or a disease may be deleted as its incidence declines. Public health officials at state health departments and CDC continue to collaborate in determining which diseases should be nationally notifiable; CSTE, with input from CDC, makes recommendations annually for additions and deletions to the list of nationally notifiable diseases. However, reporting of nationally notifiable diseases to CDC by the states is voluntary. Reporting is currently mandated (i.e., by state legislation or regulation) only at the state level. The list of diseases that are considered notifiable, therefore, varies slightly by state. All states generally report the internationally quarantinable diseases (i.e., cholera, plague, and yellow fever) in compliance with the World Health Organization's International Health Regulations. Online at: www.cdc.gov/epo/dphsi/phs.htm.

National Public Health Leadership Institute (NPHLI): A program supported by the CDC and administered through the University of North Carolina at Chapel Hill. Online at: www.phli.org.

National Public Health Performance Standards Program: A partnership effort to improve the practice of public health and the performance of public health systems. Includes three instruments: the State Public Health System Performance Assessment; the Local Public Health System Performance Assessment; and the Local Public Health Governance Performance Assessment. Online at: www.cdc.gov/od/ocphp/nphpsp/.

Network: An association of individuals or organizations having a common interest and formed to provide mutual assistance, helpful information, or the like.

O

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*. There are three types of objectives commonly used:

> **Outcome Objective:** An outcome objective is long term (greater than 3 years) and measurable. The objects of interest are mortality, morbidity, and disability.

Impact Objective: An impact objective is short term (less than three years) and measurable. The object of interest is on knowledge, attitudes, or behavior.

Process Objective: A process objective is short term and measurable. The object of interest is the level of professional practice in the completion of the methods established in a Community Health Plan. Process objectives may be evaluated by audit, peer review, accreditation, certification, or administrative surveillance. Objects of evaluation may include adherence to projected timetables, production, distribution, and utilization of products, and financial audits.

Occupational categories: Classification of all workers into one of over 820 occupations according to their occupational definition based on the 2000 Standard Occupational Classification (SOC) system. Each occupation includes detailed occupation(s) requiring similar job duties, skills, education, or experience. Online at: http://www.bls.gov/soc/.

Operational definition of a functional local health department: A statement to create a shared understanding of what people in any community, regardless of size, can expect from their local health department. Online at: http://www.naccho.org/topics/infrastructure/opera-tionaldefinition.cfm.

Ordinances: A statute or regulation, especially one enacted by a county, city, or municipal government.

Other governing body: In those local jurisdictions where there is no local board of health, or where the local board of health has only advisory functions, another governmental entity (e.g., county commissioners, mayor, city council) will have the legal responsibility for overseeing local public health functions. In some states (e.g., Rhode Island, Florida, Louisiana) there may be no local governing body for local public health, that function residing in state agencies.

P

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. (Rowitz L. *Public Health Leadership: Putting Principles into Practice.* Gaithersburg, MD: Aspen Publishers; 2001.)

Performance management: 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. (Turning Point Performance Management National Excellence Collaborative. *From Silos to Systems: Using Performance Management to Improve the Public's Health.* Washington, DC: Public Health Foundation; 2003.) See also *continuous quality improvement*.

Performance standard: A generally accepted, objective form of measurement that serves as a rule or guideline against which an organization's level of performance can be compared. (Turning Point National Program Office. *Guidebook for Performance Measures.* Seattle, WA: University of Washington; December 1999.)

Personal health care: Health care provided to individuals, including primary care, specialty care, hospital care, emergency care, and rehabilitative care.

Personal health care workforce: The medical and allied health professionals who are engaged in the delivery of clinic or hospital based primary, secondary or tertiary services designed to protect or remediate the health of individuals.

Personal health services / Personal health care services: Health services delivered to individuals, including primary care, specialty care, hospital care, emergency care, and rehabilitative care. Personal health services may include health promotion and health education services that are delivered on an individual basis.

Policy development: The means by which problem identification, technical knowledge of possible solutions, and societal values converge to set a course of action (Institute of Medicine. *The Future of Public Health.* Washington, DC: The National Academy Press; 1988). 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.

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. (Turnock BJ. *Public Health: What It Is and How It Works.* Gaithersburg, MD: Aspen Publishers, Inc.; 1997.)

Population-based health programs/services: An intervention (activity) that prevents disease or injury or promotes health in a group of persons (e.g., promote health, prevent disease, injury, disability and premature death as well as exposure to environmental hazards).

Population-based workforce: Public health professionals involved in the provision of population-based health programs and services designed to prevent disease or injury and promote health among groups of persons.

Population health registries: Information systems that maintain current, unduplicated counts of individual health-related events for a defined population.

Population research: A systematic investigation of the population, including research development, testing, and evaluation, designed to develop or contribute to generalized knowledge.

Populations with barriers to the health care system: Populations with barriers to the health care 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 heath services and clinical care.

Principles of Community Engagement: A tool to provide public health professionals and community leaders with the science base and practical guidelines for engaging the public in community decision-making and action for health promotion, protection, and disease prevention. Online at: http://www.cdc.gov/phppo/pce/index.htm.

Protocol for Assessing Community Excellence in Environmental Health (PACE-EH): A community environmental health assessment and planning tool developed by NACCHO to assist local health departments and their communities in prioritizing environmental health issues. Online at: http://www.naccho.org/topics/environmental/CEHA.cfm.

Providers: Refer to *health care provider*.

Public health: The science and the art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; the control of community infections; the education of the individual in principles of personal hygiene; the organization of medical and nursing service for the early diagnosis and treatment of disease; and the development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health. (Winslow CEA. *Man and Epidemics*. Princeton, N.J.: Princeton University Press, 1952). The mission of public health is to fulfill society's desire to create conditions so that people can be healthy (Institute of Medicine. *The Future of Public Health*. Washington, DC: The National Academy Pres, 1988.); Activities that society undertakes to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, and counter threats to the health of the public. (Turnock BJ. *Public Health: What It Is and How It Works.* Gaithersburg, MD: Aspen Publishers, Inc.; 1997.)

Public health code of ethics: A statement of the key principles of ethical practice of public health. Online at: http://www.apha.org/programs/education/progeduethicalguidelines.htm.

Public health constituencies: Refer to *constituency development*.

Public health director: The person responsible for the total management of the health department. The governing authority, often the board of health, appoints this person. The public health director is responsible for the day-to-day operations of the health department and its component institutions, often sets policy or implements policies adopted by the board of health, and is responsible for fiscal and programmatic matters.

Public health disasters: Severe or catastrophic events that affect the health of a given area or population.

Public health emergency: An occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent of long term disability. Such illness or health condition includes, but is not limited to, an illness or health condition resulting from a natural disaster. (Gostin L and Hodges J. *The Model State Emergency Health Powers Act*; Draft dated 10/23/01.)

Public Health Functions Steering Committee: A collaboration of public health agencies and organizations, convened by the Office of Disease Prevention and Health Promotion (ODPHP), and chaired by the Assistant Secretary for Health and the Surgeon General, which examined the nation's public health infrastructure from 1992 through 1996. Participants included the US DHHS, CDC, NIH, APHA, ASPH, NALBOH, ASTHO, NACCHO, and PHF.

Public health laboratory: A scientific research facility with the equipment and staff needed to conduct ongoing public health assessments and to respond to emergency public health issues. See the Association of Public Health Laboratories (APHL), www.aphl.org.

Public health law competencies: Refer to *core public health legal competencies*.

Public health leadership: Leadership defines key values and guides action; participates in scanning the environment both internal and external for information critical to implementing the public health mission; keeps the public health mission in focus and articulates it clearly; and facilitates the creation of a vision of excellence, a compelling scenario of a preferred future. Through shared information and decision-making, public health leadership facilitates the empowerment of others to create and implement plans to enact the shared vision and to participate actively in the process of community health improvement. Public health leadership should be demonstrated by both individuals and organizations that are committed to the health of the community.

Public Health Leadership Institutes: National, regional, state, and local level human resource development programs providing leadership education and experiential learning to public health personnel and their partners in order to strengthen public health leadership. See http://www.heartlandcenters.slu.edu:16080/nln/index.html.

Public health policy development: Refer to *policy development*.

Public Health Services: The provision of services to fulfill the mission of public health in communities. See also *Essential Public Health Services*.

Public health system: All public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction. These systems are a network of entities with differing roles, relationships, and interactions that contribute to the health and well-being of the community or state.

Public health workforce: All persons engaged during a significant part of the time in work that creates the conditions within which people can be healthy. Composed of those who work for official public health agencies at all levels of government, community-based and voluntary organizations with a health promotion focus, the public health-related staff of hospitals and health care systems, and a range of others in private industry, government, and the voluntary sector. (Tilson H and Gebbie KM, "*The Public Health Workforce*" Ann. Rev. Public Health 2004 vol 25:341-56)

Public health workforce standards: Includes certifications, licenses, and education required by law or established by local, state, or federal policy guidelines.

Public information officer (PIO): An official representative responsible for interfacing with the public and media or with other agencies with incident-related information requirements. (National Incident Management System. Washington, DC: Department of Homeland Security; March 2004.)

Public participation: The involvement of citizens in governmental decision-making processes. Participation ranges from being given notice of public hearings to being actively included in decisions that affect communities. See also *community collaboration*.

Q

Quality improvement: Refer to *continuous quality improvement*.

Quality of life 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 (QOL) include the perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life. This is a category recommended for collection in the Community Health Profile. For indicators, see: http://mapp.naccho.org/chsa/ChsaIndicatorListing.asp.

Quarantine: The compulsory physical separation or confinement of individuals and/or groups, animals, or the enforced restraint of transport of goods in order to prevent or limit the spread of disease or disease vectors.

R

Rationing of treatment: Generally refers to the intentional (established public policy as in the English National Health System) or unintentional limiting or denying of health care treatment through social, economic, or political means. This can also refer to public health emergencies where it may be necessary to make decisions limiting treatment of individuals, or the access of the general population to treatment or prophylaxis to insure the availability of treatment to specific populations (e.g., health workers, public safety personnel).

Ready access: Accessible support 24 hours per day, 7 days per week to investigate public health problems, hazards, and emergencies.

Region: An administrative area, division, or district.

Regional Health Information Organizations (RHIOs): Regional Health Information Organizations (RHIOs) are organizations or collaborations that support the exchange of personal-level health information relevant to their health care. Also known as Health Information Exchanges (HIEs), these organizations support the primary goal of the Nation-wide 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.

Registration area: The United States has registration areas for recording vital events. In general, registration areas correspond to states and territories with two separate registration areas for the District of Columbia and New York City.

Regulations: A principle, rule, or law designed to control or govern conduct; a governmental order having the force of law.

Regulatory mechanisms: Methods and techniques used in evaluation.

Religious barriers: Ideas or practices based on religious belief that prevent or interfere with access to medical care.

Reportable disease(s): Health conditions that are required through statute, ordinance or administrative rule to be reported to a public health agency when it is diagnosed in an individual. Also see *National Notifiable Diseases Surveillance System (NNDSS)*. For more information online see: http://www.cdc.gov/epo/dphsi/nndsshis.htm.

Research: A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalized knowledge. (United States Department of Health and Human Services. *Healthy People 2010.* Washington, DC: US Department of Health and Human Services; 2000.)

Researchers: Someone who performs diligent and systematic inquiry or investigation into a subject in order to discover or revise facts, theories, applications, etc.

Reverse 911 warning system: A system that sends a recorded message to telephone owners from the police or emergency officials. The message may include a warning of an emergency and/or important information regarding an emergency.

Risk Assessment: The scientific process of evaluating adverse effects caused by a substance, activity, lifestyle, or natural phenomenon. Risk assessment is the means by which currently available information about public health problems arising in the environment is organized and understood.

Risk Communication: 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.

Risk factors: Refer to *determinants*.

Risk management: The goal of risk management is to direct limited available resources to those areas and strategies where the greatest amount of risk can be reduced for the least amount of resources. In that "greatest risk" can be defined in a number of different ways, it is a value-laden process.

Routine and diagnostic surveillance: Ongoing scrutiny of a population (general population, study population, target population, etc.), generally using methods distinguished by their practicability, uniformity, and frequently their rapidity.

S

Safety-net provider(s): Individuals and organizations that provide health care 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. Online at: http://www.ahrq.gov/data/safetynet/.

Sanitary code: A regulation concerned with food safety as well as the design, construction, and maintenance of environmental facilities conducive to public health, such as water supply and waste disposal.

Screening tests: The use of technological testing procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease. (Turnock BJ. *Public Health: What It Is and How It Works.* Gaithersburg, MD: Aspen Publishers, Inc.; 1997.)

Self-help: The idea of providing for oneself even in the face of other viable alternatives (political, economic, social).

Self-regulation: The practice of applying quality controls within an organization, often by using benchmarking, self-appraisals, and peer review. Self-regulation is often used for the purpose of minimizing governmental oversight and enforcement.

Sentinel (health) events data: Cases of unnecessary disease, disability, or untimely death that could be avoided if appropriate and timely preventive services or medical care were provided. These include vaccine-preventable illness, avoidable hospitalizations (those patients admitted to the hospital in advanced stages of disease which potentially could have been detected or treated earlier), late stage cancer diagnosis, and unexpected syndromes or infections. Sentinel events may alert the community to health system problems such as inadequate vaccine coverage or lack of primary care and/or screening. This is a category recommended for collection in the Community Health Profile. For indicators, see: http://mapp.naccho.org/chsa/ChsaIndicatorListing.asp.

Septic systems: On-site wastewater systems to treat household wastewater. (National Agricultural Safety Database. *Treatment of Household Wastewater.* Washington. DC: National Institute for Occupational Safety and Health; 2002.)

Social and mental health data: This category represents social and mental factors and conditions, which directly or indirectly influence overall health status and individual and community quality of life. This is a category recommended for collection in the Community Health Profile. For indicators, see: http://mapp.naccho.org/chsa/ChsaIndicatorListing.asp.

Social-mental health measures: Social and mental health conditions which directly or indirectly influence overall health status and individual and community quality of life.

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 though positive interaction and collaboration in shared interests.

Social marketing: A process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit. (Turning Point Social Marketing National Excellence Collaborative. *Social Marketing: A Resource Guide.* Albany, NY: NY Turning Point Initiative; 2002.)

Socioeconomic characteristics: Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables. This is a category recommended for collection in the Community Health Profile. For indicators, see: http://mapp. naccho.org/chsa/ChsaIndicatorListing.asp.

Solid waste: More commonly known as trash or garbage—consists of everyday items such as product packaging, grass clippings, furniture, clothing, bottles, food scraps, newspapers, appliances, paint, and batteries.

Source and contact tracing: Identification of those persons (or animals) who have had such an association with an infected person, animal, or contaminated environment as to have had the opportunity to acquire the infection. (National Library of Medicine. *Medical Subject Headings.* Washington, DC: National Institutes of Health; 2002.)

Sponsors: Key organizations and individuals that offer strong initial support to an initiative.

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.

State health improvement plan: A state health improvement process is a collaborative effort to identify, analyze, and address health problems in a state; assess applicable data; develop measurable health objectives and indicators; inventory statewide health assets and resources; develop and implement coordinated strategies; identify accountable entities; and cultivate state public health system "ownership" of the entire process. The results of the state health improve-ment process are contained in a written document, the state health improvement plan.

State Health Officer: The chief health official in each state and territorial public health agen-cy of the United States, the U.S. Territories, and the District of Columbia. The chief health officials of these jurisdictions are dedicated to formulating and influencing sound public health policy, and to assuring excellence in state-based public health practice.

State health profile: A comprehensive compilation of measures organized into a public report that describes the health status of the state's population and the resources available to address health needs. Measures may be tracked over time to identify trends, to evaluate health interventions or policy decisions, to compare state data with peer, national or benchmark mea-sures, and to establish priorities through an informed statewide process.

State public health agency(ies) (SPHA): SPHAs are the organizational units led by state health officials. They act as hubs of statewide systems of public health services. They work in conjunction with partners in public health, establish parameters and set directions for the practice of public health in the state.

State public health system (SPHS): The SPHS is the state public health agency working in partnership with other State government agencies, private enterprises, and voluntary organizations that operate statewide to provide services essential to the health of the public.

State-of-the-art computer resources: Refer to *state-of-the-art technology*.

State-of-the-art technology: The latest and most sophisticated or advanced stage of a technology. See *CDC IT Specifications and Technical Assistance* at: http://www.cdc.gov/cic/functions-specs/.

Statewide assets: Contributions made by individuals, voluntary citizen associations, and state and local institutions, both public and private, that collectively build the state's capacity to assure the health, well-being, and quality of life for its residents.

Statutory charter: A grant or guarantee of rights, powers, or privileges from an authority or agency of a state or country. A statutory charter may also refer to the written instrument that defines the responsibilities of an organization, city, or corporation.

Statutory codes: A systematic compilation of a jurisdiction's laws or legal principles, often arranged by subject.

Strategic alignment: A continuous process of determining the mission, goals, resources, and objectives of individual entities comprising the LPHS and aligning them with the community health improvement process and resulting action plan.

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.

Strategic National Stockpile (SNS): The United States' national repository of antibiotics, chemical antidotes, antitoxins, vaccines, life-support medications, IV administration supplies, airway maintenance supplies and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency, especially bioterrorism, anywhere and at anytime within the United States or its territories. Online at: http://www.bt.cdc.gov/stockpile/.

Strategic planning: A disciplined effort to produce fundamental decisions and actions that shape and guide what an organization (or other entity) is, what it does, and why it does it. Strategic planning requires broad-scale information gathering, an exploration of alternatives, and an emphasis on the future implications of present decisions. It can facilitate communication and participation, accommodate divergent interests and values, and foster orderly decision-making and successful implementation. This process supports alignment of the goals and objectives of organization or individual entities comprising the public health system with health improvement processes and resulting action plans.

Strategies: Patterns of action, decisions, and policies that guide a group toward a vision or goals. Strategies are broad statements that set a direction. They are pursued through specific actions, i.e., those carried out in the programs and services of individual components of the local public health system.

Surge capacity: Ability to obtain additional resources when needed during an emergency. (CDC. *Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2.* Atlanta, GA: US Department of Health and Human Services; 2004.)

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.

Surveillance system(s): A program that conducts public health surveillance and supplies information products on the magnitude and patterns of death, disease or health risks to national and local surveillance efforts, public health professionals and the public. See also *Updated Guidelines for Evaluating Public Health Surveillance Systems.*

Sustainability: The long-term health and vitality – cultural, economic, environmental, and social – of a community. Sustainable thinking considers the connections between various elements of a healthy society, and implies a longer time span (i.e., in decades, instead of years).

T

Technical assistance: An array of supports including advice, recommendations, information, demonstrations, and materials provided to assist the workforce or organizations in improving public health services.

Technical libraries: An extensive professional library of books, articles, journals and other resources related to public health.

Terrorism: The unlawful use of force or violence committed by an individual or group of individuals against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

Timely: Reducing waits and sometimes harmful delays for both those who receive care and those who give care (Institute of Medicine. *Shaping the Future.* Washington, DC: The Institute; Winter 2002.)

Tobacco control: Local, state, and federal activity directed towards reducing the harmful effects of tobacco products. This may involve both education and policy efforts in order to decrease the initiation of tobacco use and to promote cessation among children and adults.

U

Underlying cause of death: The disease or injury that initiated the train of events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury.

Underserved populations: Populations with barriers to the health care 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. See also *Populations with barriers to the health care system*.

Unintentional injury: Refer to *Injury*.

Updated Guidelines for Evaluating Public Health Surveillance Systems:
A report providing updated guidelines for evaluating surveillance systems based on *CDC's Framework for Program Evaluation in Public Health*, research and discussion of concerns related to public health surveillance systems, and comments received from the public health community. The guidelines in this report describe many tasks and related activities that can be applied to public health surveillance systems. Online at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm.

U.S. Standard Certificates: U.S. Standard Live Birth certificates, Death Certificates, and Fetal Death Reports are revised periodically allowing careful evaluation of each item and addition, modification, and deletion of items. Standard certificates recommended by CDC's National Center for Health Statistics (NCHS) are modified in each registration area to serve the area's needs. Most certificates conform closely in content and arrangement to the standard certificate and most of the certificates contain a minimum basic data set specified by NCHS.

U.S. Preventive Services Task Force: A 20-member non-Federal panel commissioned by the Public Health Service in 1984 to develop recommendations for clinicians on the appropriate use of preventive interventions, based on a systematic review of evidence of clinical effectiveness. To date the US Preventive Services Task Force has published two reports. The first was published in 1989 as the *Guide to Clinical Preventive Services*. The *Guide to Clinical Preventive Services, Second Edition* was published in 1996.

Utilization: Extent to which health care services are actually used. For example, number of physician visits per person per year is a measure of utilization for primary care services. (Shi L and Singh DA. *Delivering Health Care in America: A Systems Approach.* Gaithersburg, MD: Aspen Publishers, Inc.; 2001.)

V

Values: The fundamental principles and beliefs that guide a community-driven process. These are the central concepts that define how community members aspire to interact. The values provide a basis for action and communicate expectations for community participation.

Vectors: In mathematics this term refers to things that have both quantity and direction. Used in terms of public health it refers to animals or other living organisms that carry or transmit diseases (e.g., rats, mosquitoes, foxes).

Vector control: Programs designed to reduce or eliminate a disease-carrying insect or rodent population (e.g., mosquito control programs).

Vision: A compelling and inspiring image of a desired and possible future that a community seeks to achieve. (Bezold C. *On Futures Thinking for Health and Health Care: Trends, Scenarios, Visions, and Strategies.* Alexandria, VA: Institute for Alternative Futures; 1991). A health vision states the ideal, establishes a link explicitly to strategies, inspires commitment, and draws out community values. (Institute for Alternative Futures and the National Civic League. *Creating Community Health Visions: A Guide for Local Leaders.* Alexandria, VA: Institute for Alternative Futures; 1995). A vision expresses goals that are worth striving for and appeals to ideals and values that are shared throughout the local public health system.

Vital events: Live births, deaths, fetal deaths, marriages, divorces, and induced terminations of pregnancy, together with any change in civil status that may occur during an individual's lifetime.

Vital statistics: Data derived from certificates and reports of birth, death, fetal death, induced termination of pregnancy, marriage, (divorce, dissolution of marriage, or annulment) and related reports.

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. (Adapted from: Institute of Medicine. *Performance Measurement: Accelerating Improvement.* Washington, DC: The Institute; 2006.)

W

Wastewater: The spent or used water from a home, community, farm or industry that contains dissolved or suspended matter. Online at: www.epa.gov/docs/OCEPAterms.

Weapon of mass destruction (WMD): Any explosive, incendiary, or poison gas, bomb, grenade, rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge of more than one-quarter ounce, mine or device similar to the above; poison gas; any weapon involving a disease organism; or any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.

Web-based data query system (WDQS): Provides user access through a dynamic interface to data on the World Wide Web pertaining to population health and the determinants of population health. Web-based data query systems ideally allow users to customize data queries through choosing datasets, variables, measures, statistics, and the format for presenting the results of the query, such as a table, graph, or map. (Friedman DJ, Parrish RG II. *Characteristics, Desired Functions, and Datasets of State Web-based Data Query Systems.* Journal of Public Health Management and Practice. March/April 2006;12(2):119-129.)

Workforce assessment: The process of determining the personnel, training, skills, and competencies needed to achieve community-wide public and personal health goals. This community process includes the identification of those available to contribute to providing the Essential Public Health Services and their particular strengths and assets. The assessment includes the use of performance measures for identified competencies, the identification of needed professional personnel, and the formulation of plans to address identified workforce shortfalls or gaps. For example, recruitment efforts, succession planning, cross-training, training needs assessments can be coordinated to assure that the workforce is of sufficient quantity (size, type) and quality (competent, credentialed, etc.) to deliver Essential Public Health Services.

Workforce standards: The professional and technical requirements or position qualifications (certifications, licenses, and education) required by law or established by local, state, or federal policy guidelines. These standards are linked to actual job performance through clearly written job descriptions and regular performance evaluations.

Worksite(s): Site or location of employment where an individual performs their job responsibilities.

XYZ

Years of potential life lost (YPLL): A measure of premature death, or death that occurs before 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 causes of YPLL are preventable through behavior modification, lifestyle changes, and substance abuse reduction.