

Mobilizing for Action through Planning and Partnerships (MAPP) Glossary

A

APEXPH: Assessment Protocol for Excellence in Public Health. APEXPH is a flexible planning tool developed by NACCHO for local health officials to:

- Assess the organization and management of the health department;
- Provide a framework for working with community members and other organizations to assess the health status of the community; and
- Establish the leadership role of the health department in the community.

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

Asset Mapping: A tool for mobilizing community resources. It is the process by which the capacities of individuals, civic associations, and local institutions are inventoried.

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

B

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 of data recommended for collection in the Community Health Status Assessment.

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.

Body Mass Index: This index mathematically relates height and weight for a result that is a good indicator of body fat. It is a better predictor of health risk than weight alone. This formula is most accurate for adults other than body builders, competitive athletes, and pregnant or breastfeeding women. BMI is determined by calculating the weight in kilograms divided by the height in meters squared. $BMI = (\text{weight in kilograms}) / (\text{height in meters})$.

BRFSS: Behavioral Risk Factor Surveillance Survey. A national survey of behavioral risk factors conducted by states with CDC support.

C

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

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

Communicable Disease: Measures within this category include 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 of data recommended for collection in the Community Health Status Assessment.

Community: 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's Public Health: What It Is and How It Works).

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.

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 Health: A perspective on public health that assumes community to be an essential determinant of health and the 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 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.

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

Community Partnerships: A continuum of relationships that foster the sharing of resources, responsibility, and accountability in undertaking activities within a 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.

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

Core Indicators: Data elements that 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.

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

D

Death, Illness, and Injury: Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates (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 of data recommended for collection within the Community Health Status Assessment.

Demographic Characteristics: Demographic characteristics include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and subpopulations are located, and the rate of change in population density over time, due to births, deaths and migration patterns. This is a category of data recommended for collection within the Community Health Status Assessment.

Determinants (or Risk Factors): Direct causes and risk factors which, based on scientific evidence or theory, are thought to influence directly the level of a specific health problem.

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. (See MAPP Toolkit Tip Sheet: Engaging the Community for more information on Dialogue practices.)

E

Environment: The totality of circumstances where individuals live, work, learn, and play.

Environmental Equity: The distribution and effects of environmental problems and the policies and processes to reduce differences in those who bear environmental risks. In contrast to environmental racism, equity includes consideration of the disproportionate risk burden placed on any population group, as defined by gender, age, income, and race.

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 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 of data recommended for collection within the Community Health Status Assessment.

Environmental Justice: The fair treatment and meaningful involvement of all people, regardless of race, ethnicity, culture, income or education level with respect to 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.

Epidemiology: "The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to control of health problems." (Last 1988¹)

Essential Public Health Services: A list of ten activities that identify and describe the core processes used in public health to promote health and prevent disease. The framework was developed in 1994. All public health responsibilities (whether conducted by the local public health agency or another organization within the community) can be categorized into one of the services.

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

Events: Forces of change that are one-time occurrences. Examples of events include the closing of a hospital, a natural disaster, or the passage of a piece of legislation.

Exposure: The amount of a stressor that an organism contacts over a certain period of time.

Extended Indicators: Additional indicators from which communities may select to explore issues of importance.

External cause of death: Death caused by accidents and adverse effects. These were called "E" codes in ICD-9. The causes of death are spelled out in greater detail in ICD-10.

F

Forces: A broad all-encompassing category that includes trends, events, and factors.

G

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

H

Health: A dynamic state of complete physical, mental, spiritual and social wellbeing 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 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 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 considered undesirable.

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.

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

Health Resource Availability: Factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, 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 of data recommended for collection within the Community Health Status Assessment.

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

I

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, and 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.

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.

International Classification of Disease 10th Revision Clinical Modification (ICD-10-CM): The ICD-10-CM is based on and is completely comparable with the International Classification of Diseases, Tenth Revision. The ICD-10 is used to code mortality data. Its purpose is to provide a common language, specifically number and letter codes, for identifying illnesses, injuries and causes of death. This enables communities, health care organizations, insurance companies, regulatory agencies, etc. to compare rates of disease and injury, as well as cost and pricing practices.

L

Local Control: The ability of a jurisdiction to adopt and enforce its own rules, policies, and procedures related to carrying out its functions.

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.

Local Public Health System: The human, informational, financial, and organizational resources, including public, private, and voluntary organizations and individuals that contribute to the public's health.

M

MAPP: Mobilizing for Action through Planning and Partnerships. A community-wide strategic planning process developed by NACCHO and CDC.

Maternal and Child Health: A category 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. Birth to teen mothers is a critical indicator of increased risk for both mother and child. This is a category of data recommended for collection within the Community Health Status Assessment.

Morbidity: Illness or lack of health caused by infection, dysfunction, or injury. Most illnesses are not reportable to the board of health. Available morbidity data is often not population-based and is partially available from either public or private sources.

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

N

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

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

NAHDO: The National Association of Health Data Organizations. www.nahdo.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/howto/w2w/w2welcom.htm

NDI: The National Death Index is a central computerized index of death record information (beginning with 1979 deaths) compiled by NCHS from records submitted by state vital statistics offices. The index is used by medical researchers in determining whether persons in their studies have died and, if so, provides the names of the states in which those deaths occurred, the dates of death, and the corresponding death certificate numbers.

NHTSA: The National Highway Traffic Safety Administration is a division of the U.S. Department of Transportation. www.nhtsa.gov

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

NIOSH: The National Institute for Occupational Safety and Health is an agency within CDC. www.cdc.gov/niosh

NPHPSP: National Public Health Performance Standards Program. NPHPSP is designed to measure public health practices at the state and local levels. NPHPSP supports local, state, and government instruments for measurement. The local instrument, referred to as the local public health system assessment in MAPP, evaluates the capacity of local public health systems to conduct the 10 essential public health services. The NPHPSP is supported by a partnership of national organizations including, CDC, NNPHI, ASTHO, NACCHO, NALBOH, PHF and APHA. www.cdc.gov/od/ocphp/nphpsp/

O

Objectives: There are three types of objectives cited in MAPP: outcome objectives, impact objectives and process objectives.

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

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

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.

P

PACE-EH: Protocol for Assessing Community Excellence in Environmental Health. A community environmental assessment and planning tool developed by NACCHO to assist local health departments and their communities in prioritizing environmental health risks.

Personal Health Services: Services provided to individuals, such as those provided by local health department maternal and child health programs.

Public Health: (many alternatives) "...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" (C.E.A. Winslow²). The mission of public health is to fulfill society's desire to create conditions so that people can be healthy (Institute of Medicine, 1988).

Public Health Director/Local Health Director, Local Health Official: The person responsible for the total management of the health department. This person is appointed by the governing authority, often the board of health. 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.

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

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

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

Q

Quality of Life: A construct that "connotes an overall sense of well-being when applied to an individual" and a "supportive environment when applied to a community" (Moriarty, 1996). 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 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 of data recommended for collection within the Community Health Status Assessment.

R

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.

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: See 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.

S

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

Sentinel Health Event: Sentinel events are those cases of unnecessary disease, disability, or untimely death that could be avoided if appropriate and timely medical care or preventive services were provided. These include vaccine-preventable illness, late stage cancer diagnosis, and unexpected syndromes or infections. Sentinel events may alert the community to health system problems such as inadequate vaccine coverage, lack of primary care and/or screening, a bioterrorist event, or the introduction of globally transmitted infections. This is a category of data recommended for collection within the Community Health Status Assessment.

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

S.M.A.R.T. Objectives: Specific, Measurable, Achievable, Realistic and Time-based Objectives

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

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 of data recommended for collection within the Community Health Status Assessment.

Social and Mental Health: 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 of data recommended for collection within the Community Health Status Assessment.

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.

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.³

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.

Surveillance: The systematic collection, analysis, interpretation, and dissemination of health data to assist in the planning, implementation, and evaluation of public health interventions and programs.

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

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.

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 the 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.

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.

Vision: A compelling and inspiring image of a desired and possible future that a community seeks to achieve.⁴ "Health visions state the ideal, establish a 'stretch,' link explicitly to strategies, inspire commitment, and draw out community values."⁵ " 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.

Y

Years of Potential Life Lost (YPLL): This measure of premature mortality is the number of years between the age at death and age 65, that is, the number of years which are "lost" by persons who die before age 65.

Footnotes:

¹ Last, John M., A Dictionary of Epidemiology, edited for the International Epidemiological Association, 2nd ed. New York: Oxford University Press, 1988.

² Winslow, Charles-Edward Amory, Man and Epidemics. Princeton, N.J.: Princeton University Press, 1952.

³ Bryson, John M. Strategic Planning for Public and Nonprofit Organizations. San Francisco: Jossey-Bass, 1989, p. 5.

⁴ Bezold, Clement, On Futures Thinking for Health and Health Care: Trends, Scenarios, Visions, and Strategies. Institute for Alternative Futures, Alexandria, VA: 1991.

⁵ Institute for Alternative Futures and the National Civic League. Creating Community Health Visions: A Guide for Local Leaders. Institute for Alternative Futures, Alexandria, VA: 1995