

A 1 HEALTH PROMOTION GLOSSARY: Selected Terms and Comments

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Introduction

The field of health promotion and disease prevention has a distinctly uncoordinated terminology. The reason for this is that terms are taken over from different other scientific fields or are created according to historical needs and circumstances in different countries.

The use of different terms to describe the same concept results often in a deep confusion between professionals, researchers, decision makers and citizens. There is a great need to stimulate discussion among professionals and local collaborators to harmonize the meaning on different words and translate the English terms in their own languages.

Language is living and changing: some terms have been omitted and worldwide accepted, many have been modified in the light of experiences and evolution in concepts, some new terms are in current use. The main purpose of any health promotion and disease prevention glossary is to understand as much as possible the basic ideas and concepts which are central to the development of strategies and practical actions.

Therefore, we, as the editors of this Handbook, made a list of selected terms, mainly from the last WHO Health Promotion Glossary, published in 1998 (1), as an updated view of many ideas and concepts in contemporary health promotion and disease prevention areas. To stimulate national and local discussions, we selected some terms used in previous Health Promotion Glossaries and other sources with the list of original references, aiming to simulate in deep-thinking about meanings and to support mutual understanding as a key element for mutual work. If not, the terminology and glossary could be ONLY WORDS...

Selected Terms

ACTION RESEARCH

Describes a wide range of evaluative activities which are used to shape, guide and modify established programmes as they continue or develop (2).

This approach emphasises the quality and relevance of various components of a programme as it relates to its identifiable population in the context of its everyday life. Interactive research methods such as participant observation could be included in such an approach in that they more directly involve the population in the definition and solution of problems from their own point of view.

The additional definition is given by Koelen and van den Ban: „Action research is a research aiming to analyse a specific situation. Research results are immediately fed back into a programme for decision making in that situation“ (3).

ADVOCACY FOR HEALTH

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme (1,4). This action may be taken by and/or on behalf of individuals and groups to create living conditions which are conducive to health and the achievement of healthy lifestyles.

Health advocacy is the action of health professionals and others with perceived authority in health to influence the decisions and actions of communities and governments which have some control over the resources which influence health (who, 1998). Advocacy is one of the

three major strategies for health promotion and can take many forms including the use of the mass media and multi-media, direct political lobbying, and community mobilization through, for example, coalitions of interest around defined issues. Health professionals have a major responsibility to act as advocates for health at all levels in society.

ALIANCE

An alliance for health promotion is a partnership between two or more parties that pursue a set of agreed upon goals in health promotion (1).

This is a new definition. Alliance building will often involve some form of mediation between the different partners in the definition of goals and ethical ground rules, joint action areas, and agreement on the form of cooperation which is reflected in the alliance.

BURDEN OF DISEASE

The burden of disease is a measurement of the gap between a population's current health and the optimal state where all people attain full life expectancy without suffering major ill-health (5).

Burden of disease analysis enables decision-makers to identify the most serious health problems facing a population. Loss of health in populations is measured in disability-adjusted life years (DALYs), which is the sum of years of life lost due to premature death and years lived with disability. Burden of disease data provide a basis for determining the relative contribution of various risk factors to population health that can be used in health promotion priority setting. In addition, burden of disease studies can reveal disparities in health within populations that indicate underlying social inequities that need to be addressed.

COMMUNITY

A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time. Members of the community gain their personal and social identity by sharing common beliefs, values, and norms which have been developed by the community in the past and may be modify in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them (1)

Community is a group of people who identify themselves by their group membership, sharing a common interest, common social institutions and common social control components (3).

COMMUNITY ACTION

Community action for health refers to collective efforts by communities which are directed towards increasing community control over the determinants of health, and thereby improving health (1).

COMMUNITY DEVELOPMENT

The process of involving a community in the identification and reinforcement of those aspects of everyday life, culture and political activity which are conducive to health. The might include support for political action modify the total environment and strengthen resources for healthy living as well as reinforcing social networks and social support within a community and developing the material resources available to the community (2,3).

COMMUNITY INVOLVEMENT

The active involvement of people working together in some form of social organization in the planning, operation and control of health resources and services at local and national levels (6). Community involvement (CI) means the active participation of people living together in some form of community in the process of problem definition, decision-making and action to promote health.

In the context of health promotion, CI is seen as central process of community development.

In context of PHC, CI is seen as an essential prerequisite for individuals and families to assume responsibility for their, and the community's health and welfare through involvement in the planning, operation and control of primary health care.:

Community involvement is a process by which partnership is established between government and local communities in planning, implementation and utilization of health activities in order to benefit from increased local self-reliance and social control over the infrastructure and technology of PHC. Participation in that context is the observable evidence of what kind of CI exists at a particular time and place (7).

COMMUNITY PARTICIPATION

A voluntary contribution by people, but people are not expected to take part in shaping the programme or criticising its contents. It means: (a) to sensitize people and to increase the ability to respond to development programmes, and to encourage local initiatives, (b) people's involvement in decision-making process in implementing programmes, sharing benefits and their involvement in efforts to evaluate its, (c) active involvement of people in the decision-making process, (d) responsibilities of people in assessing the health needs, mobilizing resources and suggesting new solutions, (e) active process, meaning that the people take initiatives and (f) organized efforts to increase control over (8).

CONSCIOUSNESS RAISING

The process by which individuals or communities are made aware of the existence of factors, or are made aware of the relative importance of already known factors in their total environment which may affect health.

The development of the concept has been closely associated with the evolution of the women's health movement, and formed an important part of the overall strategy employed by that movement (2).

DETERMINANTS OF HEALTH

The range of personal, social, economic and environmental factors which determine the health status of individuals or populations.

The factors which influence health are multiple and interactive. Health promotion is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environments. These, in combination, create different living conditions which impact on health. Achieving change in these lifestyles and living conditions, which determine health status, are considered to be intermediate health outcomes (1).

DISEASE PREVENTION

Disease prevention covers measures not only to prevent the occurrence of disease, such as *risk factor* reduction, but also to arrest its progress and reduce its consequences once established (1,9).

Primary prevention is directed towards preventing the initial occurrence of a disorder. Secondary and tertiary prevention seeks to arrest or retard existing disease and its effects through early detection and appropriate treatment; or to reduce the occurrence of relapses and the establishment of chronic conditions through, for example, effective rehabilitation.

EMPOWERMENT FOR HEALTH

In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health (1).

Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs.

A distinction is made between *individual* and *community empowerment*. Individual empowerment refers primarily to the individuals' ability to make decisions and have control over their personal life. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community, and is an important goal in community action for health.

ENABLING

Enabling means taking action in partnership with individuals or groups to empower them, through the mobilization of human and material resources, to promote and protect their health.(1).

The emphasis in this definition on empowerment through partnership, and on the mobilization of resources draws attention to the important role of health workers and other health activists acting as a catalyst for health promotion action, for example by providing access to information on health, by facilitating skills development, and supporting access to the political processes which shape public policies affecting health.

EQUITY IN HEALTH

Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being (10).

Equity in health implies that everyone should have a fair opportunity to attain his or her full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential (2). This term clearly has moral and ethical dimensions.

EVIDENCE-BASED HEALTH PROMOTION

The use of information derived from formal research and systematic investigation to identify causes and contributing factors to health needs and the most effective health promotion actions to address these in given contexts and populations (5).

These include epidemiological studies about health determinants, health promotion program evaluations, ethnographic studies about social and cultural influences upon health needs, sociological research about the patterns and causes of inequalities, political science

and historical studies about the public policy making process and economic research about the cost-effectiveness of interventions. Among the applications of evidence to health promotion planning is the identification of health promotion outcomes and intermediate impacts that should be addressed in order to achieve the goals of health promotion actions (1). It is important to note that formal evidence alone is not a sufficient basis for effective health promotion. External information can inform, but not replace the expertise of individual practitioners which guides the selection and application of evidence (11).

GLOBAL HEALTH

Global health refers to the transnational impacts of globalization upon health determinants and health problems which are the beyond the control of individual nations (5).

This is a modified definition (12). Issues on the global health agenda include the inequities caused by patterns of international trade and investment, the effects of global climate change, the vulnerability of refugee populations, the marketing of harmful products by transnational corporations and the transmission of diseases resulting from travel between countries. The distinction between global health problems and those which could be regarded as international health issues is that the former defy control by the institutions of individual countries. These global threats to health require partnerships for priority setting and health promotion at both the national and international level.

HEALTH

Health is defined in the WHO constitution of 1948 as “a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity” (WHO constitution) (13).

Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities (14).

HEALTH BEHAVIOUR

Any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that end (2).

Health behaviours and risk behaviours are often related in clusters in a more complex pattern of behaviours referred to as lifestyles.

HEALTH COMMUNICATION

Health communication is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda. The use of the mass and multi media and other technological innovations to disseminate useful health information to the public, increases awareness of specific aspects of individual and collective health as well as importance of health in development (1,15).

HEALTH DEVELOPMENT

Health development is the process of continuous, progressive improvement of the health status of individuals and groups in a population (16).

HEALTH EDUCATION

Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve *health literacy*, including improving knowledge, and developing *life skills* which are conducive to individual and *community health* (1)..

Health education means a consciously constructed opportunities for learning, together with (representatives of) the target population, involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills that are conducive to individual and community health (2)..

HEALTH EXPECTANCY

Health expectancy is a population based measure of the proportion of expected life span estimated to be healthful and fulfilling, or free of illness, disease and disability according to social norms and perceptions and professional standards (1).

Health expectancy belongs to a new generation or type of health indicator which are currently being developed. These indicators are intended to create measures which are more sensitive to the dynamics of health and determinants. Health expectancy indicators combine information from life expectancy tables and health surveys of populations. They need to be based on life expectancy at country level or a similar geographic area. Examples of health expectancy indicators currently in use are disability free life years (DFLY) and quality adjusted life years (QALY). They focus primarily on the extent to which individuals experience a life span free of disability, disorders and/or chronic disease. Health promotion seeks to expand the understanding of health expectancy beyond the absence of disease, disorder and disability towards positive measures of health creation, maintenance and protection, emphasizing a healthy life span (1).

HEALTH FOR ALL

The attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life (9).

Note the difference between Health FOR, WITH and BY people:

- FOR people: technically and professionally dominated services working for the benefit of people;
- WITH people: holistic approach, searching for partnership of experts and people, and health in the scope of general development;
- BY people: self-reliance in the context of participatory democracy and radical structural change, "social justice" and empowering the unprivileged with direct access to the resources necessary for development, and influence in the decisions affecting those resources (6)

HEALTH GAIN

Health gain is a way to express improved health outcomes. It can be used to reflect the relative advantage of one form of health intervention over another in producing the greatest health gain (1).

HEALTH GOAL

Health goals summarize the health outcomes which, in the light of existing knowledge and resources, a country or community might hope to achieve in a defined time period (1). Health goals are general statements of intent and aspiration, intended to reflect the values of the community in general, and the health sector in particular, regarding a healthy society. Many countries have adopted an approach to setting health goals and health targets as statement of direction and intent with regard to their investments for health. WHO has supported the development, and promoted the use of health goals and targets at global and regional, national and local levels (1).

HEALTH IMPACT ASSESSMENT

Health impact assessment is a combination of procedures, methods and tools by which a policy, program, product, or service may be judged concerning its effects on the health of the population (5).

Health impact assessment is usually conducted at the local or regional level, and its primary purpose is to inform the development of policies and programs that will promote better health and reduce health inequalities (17). When used effectively health impact assessment can draw upon a wide range of values and evidence and facilitate intersectoral partnerships and community participation for health promotion. Health impact assessment considers both positive and negative impacts and can be used to identify new opportunities for health promotion. The issues that can be addressed in health impact assessments include the effects of international trade, changes in the regulatory controls that governments can use, access to new information and technologies, threats to the natural environment, and changes in lifestyles and social structures (18).

HEALTHISM

It is used to describe the belief or cultural value that health is more important than all over rewards or satisfactions, in other words the achievement of health is the prime object of living (2).

HEALTH LITERACY

Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health (1).

HEALTH POLICY

A formal statement or procedure within institutions (notably government) which defines priorities and the parameters for action in response to health needs, available resources and other political pressures (1).

HEALTH PROMOTION

The process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health (14).

Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.

HEALTH PROMOTING HOSPITALS

A health promoting hospital does not only provide high quality comprehensive medical and nursing services, but also develops a corporate identity that embraces the aims of health promotion, develops a health promoting organizational structure and culture, including active, participatory roles for patients and all members of staff, develops itself into a health promoting physical environment and actively cooperates with its community (19).

HEALTH PROMOTING SCHOOLS

A health promoting school can be characterized as a school constantly strengthening its capacity as a healthy setting for living, learning and working (20).

HEALTH PROMOTION EVALUATION

Health promotion evaluation is an assessment of the extent to which health promotion actions achieve a “valued” outcome (1).

HEALTH PROTECTION

Measures to reduce the negative health influences of harmful conditions at home, at work, or in leisure time (3).

HEALTHY CITIES

A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential (23).

HEALTHY PUBLIC POLICY

An explicit concern for the promotion of health and equity in all areas of policy and an accountability for health impact. Healthy public policy creates a supportive physical and social environment which enables people to lead healthy lives (2).

Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy, and by an accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health enhancing (1,22).

INEQUALITY, INEQUITY

Inequality and inequity do not have a same meaning. Inequality is just a description of the situation, a measurement of differences in the observed group. Inequity adds to the meaning a clear moral judgement. Inequity implies that the observed inequalities are not accepted and justifiable.

Inequalities may be of different kind but mostly they are connected with social inequalities. It is not possible to discuss social inequalities and health inequalities separately. Most of the health inequities will be of social origin, directly /through poverty, poor nutrition, harmful environment), or indirectly /through insufficient education, unaffordable or inaccessible services, etc.) (2).

INTERSECTORAL ACTION/COLLABORATION

Intersectoral collaboration means a recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone (1,23).

The terms “intersectoral” and “multisectoral” are frequently used interchangeably. In HFA context, however, the preferred approach would be an intersectoral one, that is, coordinated action for health. “Multisectoral action”, in the health field, means health action carried out simultaneously by a number of sectors within and outside the health system (6).

INVESTMENT FOR HEALTH

Investment for health refers to resources which are explicitly dedicated to the production of health and health gain. They may be invested by public and private agencies as well as by people as individuals and groups. Investment for health strategies are based on knowledge about the determinants of health and seek to gain political commitment to healthy public policies (1).

LEADERSHIP

Leadership is the informal power of a member of a social group to be followed by others by virtue of his/her capacity without having means of enforcement. Leadership is related to directing, influencing and controlling of others in pursuit of a group goal (3).

LIFE SKILLS

Life skills are abilities for adaptive and positive behaviour, that enable individuals to deal effectively with the demands and challenges of everyday life (24).

Life skills consist of personal, inter-personal, cognitive and physical skills which enable people to control and direct their lives, and to develop the capacity to live with and produce change in their environment. Examples of individual life skills include decision making and problem solving, creative thinking and critical thinking, self awareness and empathy, communication skills and interpersonal relationship skills, coping with emotions and managing stress.

LIFESTYLE (LIFESTYLE CONDUCTIVE TO HEALTH)

Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual’s personal characteristics, social interactions, and socioeconomic and environmental living conditions (1).

These patterns of behaviour are continually interpreted and tested out in different social situations and are therefore not fixed, but subject to change. Individual lifestyles, characterized by identifiable patterns of behaviour, can have a profound effect on an individual’s health and on the health of others. If health is to be improved by enabling individuals to change their lifestyles, action must be directed not only at the individual but also at the social and living conditions which interact to produce and maintain these patterns of behaviour (1).

MANAGEMENT

Management means using resources of all kinds (3M = Men + Money + Materials) so that they jointly as a system reach given objectives and produce attainable results. Management

is following flexible and dynamic procedures. Management is specially used for work with money, but it means also skilful dealing with other persons.

MEDIATION

A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health (1).

Producing change in people's lifestyles and living conditions inevitably produces conflicts between the different sectors and interests in a population. Such conflicts may arise, for example, from concerns about access to, use and distribution of resources, or constraints on individual or organizational practices. Reconciling such conflicts in ways which promote health may require considerable input from health promotion practitioners, including the application of skills in advocacy for health (1).

NEEDS ASSESSMENT

A systematic procedure for determining the nature and extent of health needs in a population, the causes and contributing factors to those needs and the human, organizational and community resources which are available to respond to these (5).

Needs assessment is an early step in planning a health promotion initiative. It is accompanied ideally by an assets assessment (resources available to promote health). The scope of needs assessment in health promotion is broad, reflecting an understanding that health is shaped by individual factors and the physical, social, economic and political context in which people live. Information collected may include morbidity and mortality patterns, health-related cultural beliefs, educational attainment, housing quality, gender equity, political participation, food security, employment, poverty and environmental quality. The opportunities for empowerment in health promotion begin in the needs assessment stage. Consulting communities is a key method for understanding factors which affect their health and quality of life, and is a means of recognizing the needs of disadvantaged groups which may not be represented in routine statistical collections. Participatory needs assessment methods, such as Rapid Participatory Appraisal, can be used to engage communities in the process of information collection, analysis and priority setting, and to build future capacity for health promotion (5).

NETWORK

A grouping of individuals, organizations and agencies organized on a non hierarchical basis around common issues or concerns, which are pursued proactively and systematically, based on commitment and trust (1).

NEW PUBLIC HEALTH

The application of the biological, social and behavioural sciences to the study of health phenomena in human populations. It encompasses two main objects of analysis: (1) the epidemiological study of health conditions of populations, and (2) the study of the organized social response to those conditions, in particular, the way in which that response is structured through the health care system.

The New Public Health entails systematic efforts to identify health needs and to organize comprehensive services with a well-defined population base. It thus includes the processes

of gathering the information required to characterize the conditions of the population and mobilizing the resources necessary to respond to such conditions. In this regard, the essence of public health is the health of public. Therefore, it includes the organization of personnel and facilities for providing all the health services required for health promotion, social and vocational rehabilitation (2),

Distinction between the „old“ and „new“ public health may not be necessary in the future as the mainstream concept of public health developments and expands (1)

PUBLIC HEALTH

Public health is a social and political concept aimed at the improving health, prolonging life and improving the *quality of life* among whole populations through *health promotion*, *disease prevention* and other forms of health intervention. A distinction has been made in the *health promotion* literature between *public health* and a new public health for the purposes of emphasizing significantly different approaches to the description and analysis of the *determinants of health*, and the methods of solving public health problems. This **new public health** is distinguished by its basis in a comprehensive understanding of the ways in which *lifestyles* and *living conditions* determine health status, and recognition of the need to mobilize resources and make sound investments in policies, programmes and services which create, maintain and protect health by supporting healthy *lifestyles* and creating *supportive environments for health*. Such a distinction between the “old” and the “new” may not be necessary in the future as the mainstream concept of public health develops and expands (1).

PRIMARY HEALTH CARE

Essential health care made accessible at a cost the country and community can afford, with methods that are practical, scientifically sound and socially acceptable (25).

Primary Health Care is the central function and main focus of a country's health system, the principal vehicle for the delivery of health care, the most peripheral level in a health system stretching from the periphery to the centre, and an integral part of the social and economic development country (6).

PRIMARY PREVENTION

Aims to prevent health problems, diseases and actions before they occur.

QUALITY OF LIFE

Quality of life is defined as individual's perceptions of their position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features of the environment (26).

The term “Quality of Life” (QoL) has been used inconsistently in health services research literature. Some authors define QoL as being typically limited to psychosocial and social attributes. Other definitions of health-related QoL focus on the qualitative dimension of a person's functioning in terms of mortality, symptoms, and prognosis.

Health is today considered a broad-based concept, “a multi-dimensional adaptable vehicle”. In contrast to health, the foundation of QoL are positive value. Because of this, QoL is

largely based on subjective elements. There are different opinions whether QoL be based on subjective perceptions only or on a combination of both subjective and objective conditions. The starting point of the QoL concept is multidisciplinary expressing positive value based on perceived or objectively evaluated wellbeing close to the contemporary health concept.

RE-ORIENTING HEALTH SERVICES

Health services re-orientation is characterized by a more explicit concern for the achievement of population health outcomes in the ways in which the health system is organized and funded. This must lead to a change of attitude and organization of health services, which focuses on the needs of the individual as a whole person, balanced against the needs of population groups (1,14)

RAPID APPRAISAL (RAP)

RAP is a method of gathering information about a set of problems in a short period and without a large expenditure of professional time and finance. RAP is the beginning of the process for collecting information to make a plan of action. RAP is not a method for extensive data. RAP tells what the problems are, not how many people are affected by the problems (2).

RISK BEHAVIOUR

Specific forms of behaviour which are proven to be associated with increased susceptibility to a specific disease or ill-health (1).

Risk behaviours are usually defined as “risky” on the basis of epidemiological or other social data. Changes in risk behaviour are major goals of disease prevention, and traditionally health education has been used to achieve these goals. Within the broader framework of health promotion, risk behaviour may be seen as a response, or mechanism for coping with adverse living conditions. Strategies to respond to this include the development of life skills, and creation of more supportive environments for health (1).

SELF-EFFICACY

Perceived self-efficacy refers to beliefs that individuals hold about their capability to carry out action in a way that will influence the events that affect their lives (5). Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. This is demonstrated in how much effort people will expend and how long they will persist in the face of obstacles and aversive experiences.

SELF HELP

In the context of health promotion, actions taken by lay persons (i.e. non health professionals) to mobilize the necessary resources to promote, maintain or restore the health of individuals or communities (1)

Although self help is usually understood to mean action taken by individuals or communities who will directly benefit those taking the action, it may also encompass mutual aid between individuals and groups. Self help may also include self care – such as self medication and first aid in the normal social context of people’s everyday lives.

SELF-HELP GROUP

Voluntary, small group structures for mutual aid towards a common goal. The initiators and members of such groups perceive that their needs are not or cannot be met by existing health and social services and seek to establish a mechanism for meeting their needs. All the health activities carried out by individuals for themselves and their families, including the maintenance of health, prevention of disease, self-diagnosis and self-treatment (2).

SETTINGS FOR HEALTH

The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing (1).

SOCIAL CAPITAL

Social capital represents the degree of social cohesion which exists in communities. It refers to the processes between people which establish networks, norms, and social trust, and facilitate co-ordination and co-operation for mutual benefit (1).

Social capital is created from the myriad of everyday interactions between people, and is embodied in such structures as civic and religious groups, family membership, informal community networks, and in norms of voluntarism, altruism and trust. The stronger these networks and bonds, the more likely it is that members of a community will co-operate for mutual benefit. In this way social capital creates health, and may enhance the benefits of investments for health.

SOCIAL MARKETING

Social marketing is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the behaviour of target audiences in order to improve the welfare of individuals and society (5).

Social marketing strategies are concerned firstly with the needs, references and social and economic circumstances of the target market. This information is used to ensure the most attractive benefits of a product, service or idea are offered and to address any barriers to the acceptance of that offering. Communicating with target market members about the relative advantages of what is offered is one element of social marketing, but also important are addressing issues of price, access, environmental support and the marketing of competing products. Effective social marketing, therefore, may include efforts to address the economic and regulatory environment. Success of a social marketing strategy is determined by its contribution to the well-being of the target market or society as a whole (5).

SOCIAL NETWORK(S)

Social relations and links between individuals which may provide access to or mobilization of social support for health (1).

SOCIAL SUPPORT

Social support are the assistance available to individuals and groups from within communities which can provide a buffer against adverse life events and living conditions, and can provide a positive resource for enhancing the quality of life (1).

Social support may include emotional support, information sharing and the provision of material resources and services. Social support is now widely recognized as an important determinant of health, and an essential element of social capital...

STAKEHOLDERS

People and organizations that have an interest or share in an issue. It includes both those who have an influence and those who are affected (3).

STRATEGY FOR HEALTH

Broad lines of action to be taken to achieve the goal and objectives, incorporating the identification of suitable points for intervention, the ways of ensuring the involvement of other sectors, the range of political, social, economic, managerial and technical factors as well as constraints and ways of dealing with them (2).

SUSTAINABLE HEALTH PROMOTION ACTIONS

Sustainable health promotion actions are those that can maintain their benefits for communities and populations beyond their initial stage of implementation. Sustainable actions can continue to be delivered within the limits of finances, expertise, infrastructure, natural resources and participation by stakeholders (5).

WELL-BEING

A subjective assessment of health which is less concerned with biological function than with feeling such as self-esteem and a sense of belonging through social integration.

In health promotion the use of this term might focus more on social integration and social support, or even a broader sense of social coherence for belonging, as the central meaning (1).

WELLNESS

An emerging concept of health primarily concerned with the Quality of Life, emphasizing the experiential as well as behavioural dimensions of human existence (1).

Programmes concerned with promoting wellness would recognize the multidimensional, holistic nature of health, focusing on lifestyles rather than risk behaviours and risk factors. Wellness programmes tend to rely heavily on educational strategies but would also include the full range of health promotion strategies to provide environmental and economic support for lifestyles conducive to wellness (1).

Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of one's role expectations in the family, community, place of worship, workplace and other settings (5).

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