



Evidence-based Guidelines on
Health Promotion for Older
People:

Social determinants, Inequality
and Sustainability

GLOSSARY



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Terms for Glossary

1. Term:
ACTIVE AGEING
2. Definition:
The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.
3. Source and Links:
WHO. (2002). <i>Active Ageing: A Policy Framework</i> . WHO/NMH/NPH/02.8. (p. 12). http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf WHO. (2004). <i>A Glossary of Terms for Community Health Care and Services for Older Persons</i> . WHO/WKC/Tech.Ser./04.2. (p. 7). http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
4. Related Terms, Synonyms: (if available)
Healthy ageing
1. Term:
AGEING
2. Definition:
The lifelong process of growing older at cellular, organ or wholebody level throughout the life span.
3. Source and Links:
WHO. (2004). <i>A Glossary of Terms for Community Health Care and Services for Older Persons</i> . WHO/WKC/Tech.Ser./04.2. (p. 8). http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
4. Related Terms, Synonyms: (if available)
1. Term:
AGEISM
2. Definition:
Ageism is stereotyping and prejudice against individuals or groups because of their age.
3. Source and Links:
Nelson, T. (Ed.) (2002). <i>Ageism: Stereotyping and Prejudice against Older Persons</i> . MIT Press . ISBN 978-0-262-64057-2. http://en.wikipedia.org/wiki/Ageism
4. Related Terms, Synonyms: (if available)
1. Term:
ATTITUDE
2. Definition:
An attitude is "a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor" (Eagly & Chaiken, 1993, p. 1). This tendency can be expressed by different types of evaluative responses. Social psychologists commonly differentiate between affective, cognitive and behavioral responses. Affective responses towards an attitude object manifest themselves in verbal expressions of feelings and physiological changes in the organism (e.g. increase of arousal). Cognitive responses refer to expressions of beliefs (e.g. expectancy-value judgments) and nonverbal reactions such as response latencies. Behavioral responses manifest in behavioral intentions and actions. Attitude theory and research deals with the structure, function, formation and change of attitudes, and is also concerned with the relationship between attitudes and behavior. The model of reasoned action (Fishbein & Ajzen, 1975), for example, provides a comprehensive approach to all of these aspects. In this model, the internal structure of an attitude is

described in terms of beliefs (expectations), that relate the attitude object (a behavioral alternative) to evaluated attributes. The function of attitudes is to guide the formation of behavioral intentions. Attitude formation and change is viewed as a process of deliberative evaluation and belief updating. Attitudes are thought to impact behavior indirectly via behavioral intentions. More recent approaches, however, assume that a deliberative calculation of expectancy and values is not a necessary condition for either intention formation or attitude formation and change. There is ample evidence for example, that liking of an attitude object can be enhanced simply by increasing its presentation frequency (Zajonc, 1980) Furthermore, attitudes, if they are frequently activated from memory, tend to become activated automatically in the presence of the attitude object and then directly impact behavioral decisions (Fazio, 1990).¹

A persisting feeling or emotion of a person that influences choice of action and response to stimulus. Defined as a disposition or tendency to respond positively or negatively towards a certain thing (idea, object, person, situation). They encompass, or are closely related to, our opinions and beliefs and are based upon our experiences. Training that produces tangible results starts by changing behavior...which ultimately changes attitudes. Training often uses the term attitude to identify the psychological term "affective domain."²

A positive or negative evaluation of an object.³

3. Source and Links:

¹ <http://www.sfb504.uni-mannheim.de/glossary/attitude.htm>

² <http://www.nwlink.com/~donclark/hrd/glossary.html>

³ <http://www.richmond.edu/~allison/glossary.html>

4. Related Terms, Synonyms: (if available)

1. Term:

BENCHMARKING

2. Definition:

A process of measuring another organization's product or service according to specified standards in order to compare it with and improve one's own product or service.

3. Source and Links:

USAID. (1999). In: *Glossary European Observatory on Health Systems and Policies*.
<http://www.euro.who.int/observatory/Glossary/TopPage?phrase=Benchmarking>

4. Related Terms, Synonyms: (if available)

1. Term:

BEST PRACTICES IN HEALTH PROMOTION

2. Definition:

Those sets of processes and activities that are consistent with health promotion values/goals/ethics, theories/beliefs, evidence, and understanding of the environment, and that are most likely to achieve health promotion goals in a given situation¹.

Population / community-based interventions spanning a variety of approaches (i.e. policy, programs, media) aimed at health promotion, disease prevention and management related to chronic disease that have been informed by and result in evidence of effectiveness to inform decision-makers in practice, policy and research within a variety of settings (i.e. health, education, workplace, urban, rural) and populations (i.e. male and female across the lifespan, families)².

3. Source and Links:

¹ Kahan, B., Goodstadt, M. (2001). The Interactive Domain Model of Best Practices in Health Promotion: Developing and Implementing a Best Practices Approach to Health Promotion. *Health Promotion Practice*. 2(1). (p. 43-67). <http://www.bestpractices-healthpromotion.com/>

² Public Health Agency of Canada. (2006). *Best Practices Portal for Health Promotion and Chronic Disease Prevention. Methodology Working Group*.
http://cbpp-pcpe.phac-aspc.gc.ca/glossary/all_terms_e.cfm?glossaryID=13

1. Term:
COMMUNITY
2. Definition:
A group of people, often living in a defined geographical area, who may 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 a 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 modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.
3. Source and Links:
WHO. (2004). <i>A Glossary of Terms for Community Health Care and Services for Older Persons</i> . WHO/WKC/Tech.Ser./04.2. (p. 16). http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
4. Related Terms, Synonyms: (if available)

1. Term:
CONCEPT
2. Definition:
A concept is an abstract idea or a mental symbol, typically associated with a corresponding representation in language or symbology, that denotes all of the objects in a given category or class of entities, interactions, phenomena, or relationships between them. Concepts are abstract in that they omit the differences of the things in their extension, treating them as if they were identical. They are universal in that they apply equally to every thing in their extension. Concepts are also the basic elements of propositions, much the same way a word is the basic semantic element of a sentence. Unlike perceptions, which are particular images of individual objects, concepts cannot be visualized. Because they are not, themselves, individual perceptions, concepts are discursive and result from reason. They can only be thought and designated by a name.
3. Source and Links:
http://en.wikipedia.org/wiki/Concept
4. Related Terms, Synonyms: (if available)

1. Term:
DETERMINANTS OF HEALTH
2. Definition:
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.
3. Source and Links:
WHO. (1998). <i>Health Promotion Glossary</i> . Geneva. WHO/HPR/HEP/98.1. (p. 6). http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf
4. Related Terms, Synonyms: (if available)

1. Term:
DISCRIMINATION
2. Definition:
<p>The word comes from the Latin "discriminare", which means to "distinguish between". However, discrimination, as used in this article, is more than distinction or differentiation; it is action based on prejudice resulting in unfair treatment of other people. To discriminate socially is to make a distinction between people on the basis of class or category without regard to individual merit. Examples of categories on which social discrimination is seen include race, religion, gender, weight, disability, ethnicity, height, employment circumstances, sexual orientation and age.</p> <p>Distinctions between people which are based on individual merit (such as personal achievement, skill or ability) are generally not considered socially discriminatory. Consequently, prohibitions against such discrimination generally will not prevent a government from acting in a legitimate and justifiable way based upon the merit of an individual person.</p>
3. Source and Links:
http://en.wikipedia.org/wiki/Social_discrimination
4. Related Terms, Synonyms: <i>(if available)</i>

1. Term:
DISEASE PREVENTION
2. Definition:
<p>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.</p> <p>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. Disease prevention is sometimes used as a complementary term alongside health promotion. Although there is frequent overlap between the content and strategies, disease prevention is defined separately. Disease prevention in this context is considered to be action, which usually emanates from the health sector, dealing with individuals and populations identified as exhibiting identifiable risk factors, often associated with different risk behaviours.</p>
3. Source and Links:
WHO. (1998). <i>Health Promotion Glossary</i> . Geneva. WHO/HPR/HEP/98.1. (p. 4). http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf
4. Related Terms, Synonyms: <i>(if available)</i>

1. Term:
DIVERSITY
2. Definition:
<p>Diversity – refers to a range of human perspectives, backgrounds, and experiences as reflected in characteristics such as age, class, ethnic origin, gender, nationality, physical and learning ability, race, religion, sexual orientation, and veteran’s status. Other dimensions of diversity include, but are not limited to, education, marital status, employment and geographic background, as well as cultural values, beliefs, and practices. (Retrieved from http://www.worldlearning.org/)².</p>
3. Source and Links:
² http://www11.georgetown.edu/research/gucchd/nccc/projects/sids/dvd/awareness.pdf
4. Related Terms, Synonyms: <i>(if available)</i>

1. Term:
EMPOWERMENT FOR HEALTH
2. Definition (notes and other information) (as found in original)
<p>In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health.</p> <p>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. Through such a process people see a closer correspondence between their goals in life and a sense of how to achieve them, and relationship between their efforts and life outcomes.</p> <p>A distinction is made between individuals 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 of health.</p>
3. Source and Links:
<p>WHO. (1998). <i>Health Promotion Glossary</i>. Geneva. WHO/HPR/HEP/98.1. (p. 6-7). http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf</p>
4. Related Terms, Synonyms: (if available)

1. Term:
EVALUATION IN HEALTH PROMOTION
2. Definition:
<p>Health promotion evaluation is an assessment of the extent to which health promotion actions achieve a "valued" outcome.</p> <p>The extent to which health promotion actions enable individuals or communities to exert control over their health represents a central element of health promotion evaluation.</p> <p>In many cases it is difficult to trace the pathway which links particular health promotion activities to health outcomes. This may be for a number of reasons, for example, because of the technical difficulties of isolating cause and effect in complex, "real-life" situations. Therefore, most recent outcome models in health promotion distinguish between different types of outcomes and suggest a hierarchy among them. Health promotion outcomes represent the first point of assessment and reflect modifications to those personal, social and environmental factors which are a means to improve people's control over their health. Changes in the determinants of health are defined as intermediate health outcomes. Changes in health status represent health outcomes.</p> <p>In most cases, there is also "value" placed on the process by which different outcomes are achieved. In terms of valued processes, evaluations of health promotion activities may be participatory, involving all those with a vested interest in the initiative; interdisciplinary, by involving a variety of disciplinary perspectives; integrated into all stages of the development and implementation of a health promotion initiative; and help build the capacity of individuals, communities, organizations and governments to address important health problems.</p>
3. Source and Links:
<p>WHO. (1998). <i>Health Promotion Glossary</i>. Geneva. WHO/HPR/HEP/98.1. (p. 12). http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf</p>
5. Related Terms, Synonyms: (if available)

1. Term:
EVIDENCE BASED HEALTH PROMOTION
2. Definition:
<p>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.</p> <p>As a field which recognises that health needs can be addressed by action at the individual, interpersonal, community, environmental and political levels, health promotion is informed by many types of evidence derived from a range of disciplines (Tang et al. 2003). 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 (Nutbeam, 1998). 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 (Sackett et al., 1996; Tang et al., 2003).</p>
3. Source and Links:
Smith B.J., Tang K.Ch., Nutbeam D. (2006). <i>WHO Health Promotion Glossary: New Terms</i> . Oxford University Press. Health Promotion International. 21(4):(p. 340-345).
4. Related Terms, Synonyms: (if available)
1. Term:
HEALTH
2. Definition:
<p>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.</p> <p>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.</p>
3. Source and Links:
<p>WHO. (1986). <i>Ottawa Charter for Health Promotion</i>. Geneva.</p> <p>WHO. (1998). <i>Health Promotion Glossary</i>. Geneva. WHO/HPR/HEP/98.1. (p. 1). http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf</p>
1. Term:
HEALTH BEHAVIOR
2. Definition:
<p>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. It is possible to argue that almost every behaviour or activity by an individual has an impact on health status. In this context it is useful to distinguish between behaviours which are purposefully adopted to promote or protect health (as in the definition above), and those which may be adopted regardless of consequences to health. Health behaviours are distinguished from risk behaviours which are defined separately as behaviours associated with increased susceptibility to a specific cause of ill-health. Health behaviours and risk behaviours are often related in clusters in a more complex pattern of behaviours referred to as lifestyles.</p>
3. Source and Links:
http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

1. Term:
HEALTH EDUCATION
2. Definition:
<p>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.</p> <p>Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviors, and use of the health care system. Thus, health education may involve the communication of information, and development of skills that demonstrates the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental determinants of health. In the past, health education was used as a term to encompass a wider range of actions including social mobilization and advocacy. These methods are now encompassed in the term health promotion, and a more narrow definition of health education is proposed here to emphasize the distinction.</p>
3. Source and Links:
<p>WHO. (1998). <i>Health Promotion Glossary</i>. Geneva. WHO/HPR/HEP/98.1. (p. 4). http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf</p>
4. Related Terms, Synonyms: (if available)

1. Term:
HEALTH PROMOTION
2. Definition:
<p>Health promotion is the process of enabling people to increase control over, and to improve their health.</p> <p>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 promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health.</p> <p>Participation is essential to sustain health promotion action.</p> <p>The Ottawa Charter identifies three basic strategies for health promotion. These are advocacy for health to create the essential conditions for health indicated above; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health.</p> <p>These strategies are supported by 5 areas of action: build healthy/public policy, create supportive environments, strengthen community action, develop personal skills and re-orient health services.</p>
3. Source and Links:
<p>WHO. (1986). <i>Ottawa Charter for Health Promotion</i>. Geneva. WHO. (1998). <i>Health Promotion Glossary</i>. Geneva. WHO/HPR/HEP/98.1. (p. 1-2). http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf</p>
4. Related Terms, Synonyms: (if available)

1. Term:
HEALTHY AGEING
2. Definition:
An approach which recognizes that growing older is a part of living; recognizes the interdependence of generations; recognizes that anyone has a responsibility to be fair in their demands on other generations; foster a positive attitude through life to growing older; eliminates age as a reason to exclude any person from participating fully in community life; promotes a commitment to activities which enhance well being and health, choice and independence, and quality of life for all ages; encourages communities to value and listen to older people and to cater for the diverse preferences, motivations, characteristics and circumstances of older person in variety of ways.
3. Source and Links:
WHO. (2004). <i>A Glossary of Terms for Community Health Care and Services for Older Persons</i> . WHO/WKC/Tech.Ser./04.2. (p. 31). http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
4. Related Terms, Synonyms: (if available)
Active aging

1. Term:
INEQUITY IN HEALTH
2. Definition:
Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being. The WHO global strategy of achieving Health for All is fundamentally directed towards achieving greater equity in health between and within populations, and between countries. This implies that all people have an equal opportunity to develop and maintain their health, through fair and just access to resources for health. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences, of different social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity which result, for example in unequal access to health services, to nutritious food, adequate housing and so on. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life.
3. Source and Links:
WHO. (1998). <i>Health Promotion Glossary</i> . Geneva. WHO/HPR/HEP/98.1. (p. 7). http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf
4. Related Terms, Synonyms: (if available)

1. Term:
INTERGENERATIONAL PROJECTS
2. Definition
Intergenerational projects are models of social planning that provide the older and younger generations with meaningful and ongoing activities, exchange of resources and opportunities of learning. "Activities or programs that increase cooperation, interaction or exchange between any two generations" (Thorp, 1985). "Social vehicles that create purposeful and ongoing exchange of resources and learning among older and younger generations" (Kaplan, Henkin, & Kusano, 2002). This latter definition goes beyond a singular emphasis on structured programs of intervention. It includes social and institutional policies, cultural and community practices, and environmental design endeavors that aim to promote intergenerational engagement. ²
3. Source and Links:
Newman S. (2005). Editor - <i>Journal of Intergenerational Relationships</i> . ² http://jag.sagepub.com/cgi/reprint/25/5/406.pdf

1. Term:
INVISIBLE POPULATION
2. Definition
The existence of large populations of older people is undoubtedly becoming a major issue for governments, international organisations, non-governmental organisations (NGOs) and communities. But at present, older people still remain a neglected group, largely invisible to those who promote economic development, health care and education. Although the high birth rates previously experienced in many countries are now falling, young people remain the focus of planners' attention. For the past fifty years, economic growth and increased productivity have been the goal of development policy. Older people, on the other hand, are usually thought of as economically dependent and passive. As a result, they have been treated at best as irrelevant to development, and at worst, as hampering the prospects for prosperity ² .
3. Source and Links:
² HelpAge International. <i>The Ageing & Development Report: a summary</i> . Poverty, Independence & the World's Older People. (p. 3). http://www.helpage.org/Resources/Policyreports/main_content/zhQT/ADSummary.UK.pdf
4. Related Terms, Synonyms: (if available)

1. Term:
LIFESTYLE
2. Definition
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. In sociology, a lifestyle is the way a person (or a group) lives. This includes patterns of social relations, consumption, entertainment, and dress. A lifestyle typically also reflects an individual's attitudes, values or worldview.
3. Source and Links:
WHO. (1998). <i>Health Promotion Glossary</i> . Geneva. WHO/HPR/HEP/98.1. (p. 16). http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf <i>A Dictionary of Epidemiology</i> . (2001). Ed. J.M. Last. Oxford University Press. New York. (p. 105-106).
4. Related Terms, Synonyms: (if available)

1. Term:
MENTAL HEALTH
2. Definition:
A dynamic process in which a person's physical, cognitive, affective, behavioural and social dimensions interact functionally with one another and with the environment.
3. Source and Links:
The Queensland Transcultural Mental Health Centre. (2000). <i>Glossary of Mental Health Terms for Interpreters and Translators</i> . Queensland Health. http://www.health.qld.gov.au/pahospital/docs/qtmhc/Glossary_1.pdf
4. Related Terms, Synonyms: (if available)

1. Term:
MODEL
2. Definition:
<p>A representation or description of something that aids in understanding or studying a set of assumptions about relationships used to study interactions¹.</p> <p>Model is a conceptual framework or an abstract representation of reality. Models are generated by identifying criteria which govern practice such as “aims” or “degree of control”, “mode of intervention”, focus of intervention” etc. From this it is possible to identify possibilities for practice. Using a model can be helpful because it encourages us to think theoretically, and come up with new strategies and ways of working. It can help us to prioritize and locate more or less desirable types of interventions. The most obvious starting point is to describe the variety of current practice but it is by default insufficiently analytical. In order to be more analytical and to defer what is possible and what is preferable, we have to identify key criteria which serve to locate different forms of practice, both existing and potential. Adopting a more analytical approach enables judgement to be made about more and less desirable forms of practice, and opens up these judgements for debate. If we want the health promotion to progress as activity and discipline, a strong theoretical framework is necessary².</p>
3. Source and Links:
<p>¹ WHO. (2004). <i>A Glossary of Terms for Community Health Care and Services for Older Persons</i>. WHO/WKC/Tech.Ser./04.2. (p. 40). http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf</p> <p>² Naidoo J., Wills J. (1994). <i>Health Promotion - Foundations for Practice</i>. (1st edition) Bailliere Tindall, London.</p>
4. Related Terms, Synonyms: (if available)

1. Term:
MULTIDISCIPLINARITY
2. Definition:
<p>Multidisciplinarity is a non-integrative mixture of disciplines in that each discipline retains its methodologies and assumptions without change or development from other disciplines within the multidisciplinary relationship.</p> <p>Multidisciplinarity is distinctly different than Interdisciplinarity because of the relationship that the disciplines share. Within a multidisciplinary relationship this cooperation "may be mutual and cumulative but not interactive" (Augsburg 2005: 56) while interdisciplinarity blends the practices and assumptions of each discipline involved.</p>
3. Source and Links:
<p>Augsburg, Tanya. (2005). <i>Becoming Interdisciplinary: An Introduction to Interdisciplinary Studies</i>. http://en.wikipedia.org/wiki/Multidisciplinarity</p>
4. Related Terms, Synonyms: (if available)

1. Term:
NEEDS
2. Definition:
<p>The basic requirements necessary to sustain human life. Maslow (1954) suggested a hierarchy of needs from the basic physiological needs for food, safety and shelter, to psychological needs of belonging, approval, love, and finally the need for self-actualisation. Only a physiological needs are essential for sustaining life and, according to Maslow, must be fulfilled by before higher needs can be met¹.</p> <p>This term has both a precise and an all but indefinable meaning in the context of public health. Needs are spoken of in precise numerical terms when referring to specific indicators of disease or premature death that require intervention because their level is above that generally accepted in the society or community in question. It must be explicitly stated that</p>

“needs” always reflect prevailing value judgements as well as the existing ability to control a particular public health problem².

Need in health economics - the minimum amount of resources required to exhaust an individual's or specified population's capacity to benefit from an intervention. In other contexts need is variously and often vaguely defined. Sociologists allude to perceived need, meaning the beliefs or perceptions of health care providers or users about their requirements. Physicians speak of professionally defined needs, meaning undiagnosed and/or untreated conditions ranging from dangers to the public health, such as persons who are excreting tubercle bacilli in sputum, to mild myopia or astigmatism that would benefit from wearing corrective lenses³.

3. Source and Links:

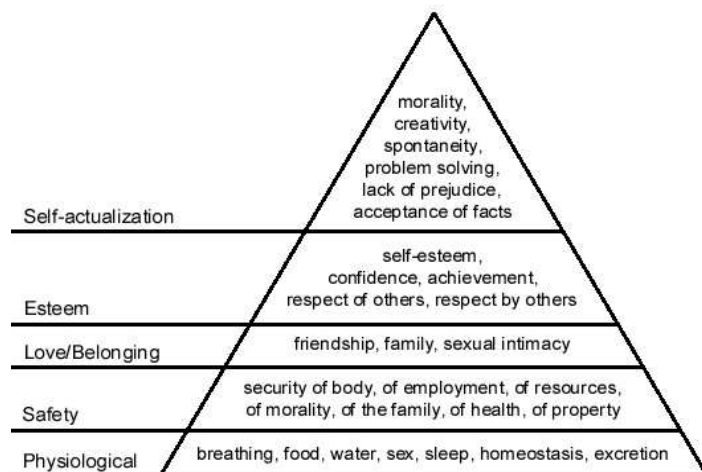
¹ Collins Dictionary of Sociology. (1991).

² WHO. (2004). *A Glossary of Terms for Community Health Care and Services for Older Persons*. WHO/WKC/Tech.Ser./04.2. (p. 41).

http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf

³ Culyer A. J. (1995). Need: the idea won't do-but we still need it. *Soc Sci Med*. 40:727-730. In: *A Dictionary of Epidemiology*. Ed. J.M. Last. Oxford University Press. New York 2001, (p. 121).

4. Related Terms, Synonyms: (if available)



This diagram shows Maslow's hierarchy of needs, represented as a pyramid with more primitive needs at the bottom.

http://en.wikipedia.org/wiki/Maslow%27s_hierarchy_of_needs

1. Term:

PATHOLOGICAL AGEING

2. Definition:

The substantial difference between healthy and pathological ageing can be observed in three most important fields:

- neuropathology - brain changes are associated with decline in cognitive functioning;
- disuse - aging individuals would progressively increase their efforts on maintaining those behaviors that are most adaptive and meaningful for their particular life situation;

Obsolescence - In a rapidly changing society, skills that are acquired at earlier points in life may quickly become obsolete, particularly in the presence of rapid technological change. The resultant obsolescence, in turn, leads to the avoidance of behaviors and social or work roles that now depend on more effective behaviors or higher skill levels than those attained asymptotically in young adulthood.

3. Source and Links:

Schaie K.W. (2005). *What Can We Learn From Longitudinal Studies of Adult Development?* *Research in Human Development (Res Hum Dev)*. 2 (3): (p. 133-158).

4. Related Terms, Synonyms: (if available)

1. Term:
POPULATION
2. Definition:
All the inhabitants of a country, territory, or geographic area, total of a given sex and/ or age group, at a specific point of time.
3. Source and Links:
WHO/EURO. (2000). <i>Glossary: Research Awareness in Nursing and Midwifery: a Workbook</i> . EUR/00/5019309/17.
4. Related Terms, Synonyms: (if available)

1. Term:
PROGRAMME
2. Definition:
An organized aggregate of activities directed towards the attainment of defined objectives and targets which are progressively more specific than the goals to which they contribute ¹ . The term programme usually refers to a group of activities which are designed to be implemented in order to reach policy objectives (Ritsatakis et al., 2000) ² .
3. Source and Links:
¹ WHO. (2004). <i>A Glossary of Terms for Community Health Care and Services for Older Persons</i> . WHO/WKC/Tech.Ser./04.2. (p. 47). http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
² http://www.who.int/hia/about/glos/en/index1.html
4. Related Terms, Synonyms: (if available)

1. Term:
PROJECT
2. Definition:
A unique endeavour with a beginning and an end to be completed by one or more people within the constraints of time, budget and quality, a problem scheduled for solution ¹ . A project is usually a discrete piece of work addressing a single population group or health determinant, usually with a pre-set time limit. (Hirschfield et al., 2001) ² .
3. Source and Links:
¹ WHO. (2004). <i>A Glossary of Terms for Community Health Care and Services for Older Persons</i> . WHO/WKC/Tech.Ser./04.2. (p. 47). http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
² http://www.who.int/hia/about/glos/en/index1.html
4. Related Terms, Synonyms: (if available)

1. Term:
QUALITY OF LIFE
2. Definition:
The product of the interplay between social, health, economic and environmental conditions which affect human and social development. It is a broad-ranging concept, incorporating a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment. As people age, their quality of life is largely determined by their ability to access needed resources and maintain autonomy and independence ¹ . 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. This definition highlights the views that quality of life refers to a subjective evaluation, which induces both positive and negative dimensions, and which is embedded in a cultural, social and environmental context. WHO identified six broad domains which describe core aspects of quality of life cross-culturally: a physical domain (e.g. energy, fatigue), a psychological domain (e.g. positive feelings), level of independence (e.g. mobility), social relationships (e.g. practical social support), environment (e.g. accessibility of health care) and personal beliefs/spirituality (e.g. meaning in life). The domains of health and quality of life are complementary and overlapping. Quality of life reflects the perception of individuals that their needs are being satisfied and that they are not being denied opportunities to achieve happiness and fulfilment, regardless of physical health status, or social and economic conditions. The goal of improving the quality of life, alongside preventing avoidable ill-health, has become of increased importance in health promotion. This is particularly important in relation to meeting the needs of older people, the chronically sick, terminally ill, and disabled populations².

3. Source and Links:

¹ WHO. (2004). *A Glossary of Terms for Community Health Care and Services for Older Persons*. WHO/WKC/Tech.Ser./04.2. (p. 48).

http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf

² WHO. (1998). *Health Promotion Glossary*. Geneva. WHO/HPR/HEP/98.1. (p. 17).

http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

4. Related Terms, Synonyms: (if available)

Well-being

1. Term:

SELF-RATED HEALTH

2. Definition:

A measure of health status based on an individual's subjective perception of their own general health state. Usually rated on a scale of good, fair or bad.

3. Source and Links:

Wanless, Derek. (2004). *Securing good health for the whole population: final report*. London: HM Treasury. <http://www.phel.gov.uk/glossary/glossaryAZ.asp?getletter=S>

4. Related Terms, Synonyms: (if available)

1. Term:

SETTINGS FOR HEALTH

2. Definition:

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.

A setting is also where people actively use and shape the environment and thus create or solve problems relating to health. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure. Action to promote health through different settings can take many different forms, often through some form of organizational development, including change to the physical environment, to the organizational structure, administration and management. Settings can also be used to promote health by reaching people who work in them, or using them to gain access to services, and through the interaction of different settings with the wider community. Examples of settings include schools, work sites, hospitals, villages and cities.

3. Source and Links:

WHO. (1998). *Health Promotion Glossary*. Geneva. WHO/HPR/HEP/98.1. (p. 19).

http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

4. Related Terms, Synonyms: (if available)

1. Term:

SOCIAL CAPITAL

2. Definition:

Social capital is the 'the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition' (Bourdieu 1983: 249). 'Social capital is defined by its function. It is not a single entity, but a variety of different entities, having two characteristics in common: they all consist of some aspect of a social structure, and they facilitate certain actions of individuals who are within the structure' (Coleman 1994: 302). 'Whereas physical capital refers to physical objects and human capital refers to the properties of individuals, social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them. In that sense social capital is closely related to what some have called “civic virtue.” The difference is that “social capital” calls attention to the fact that civic virtue is most powerful when embedded in a sense network of reciprocal social relations. A society of many virtuous but isolated individuals is not necessarily rich in social capital' (Putnam 2000: 19). 'Social capital refers to the institutions, relationships, and norms that shape the quality and quantity of a society's social interactions... Social capital is not just the sum of the institutions which underpin a society – it is the glue that holds them together' (The World Bank 1999).¹

Social capital describes the pattern and intensity of networks among people and the shared values which arise from those networks. Greater interaction between people generates a greater sense of community spirit. Definitions of social capital vary, but the main aspects include citizenship, 'neighbourliness', social networks and civic participation. The definition used by ONS, taken from the Office for Economic Co-operation and Development (OECD), is "networks together with shared norms, values and understandings that facilitate co-operation within or among groups".²

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.

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.³

3. Source and Links:

¹ http://www.infed.org/biblio/social_capital.htm

² Cote S., Healy T. (2001). The Well Being of nations. The role of human and social capital. Organisation for economic Co-operation and Development, Paris.
<http://www.statistics.gov.uk/CCI/nugget.asp?ID=314>

³ http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

4. Related Terms, Synonyms: (if available)

1. Term:

SOCIAL INCLUSION

2. Definition:

A Europe-wide political objective, aimed at combating social discrimination, marginalisation and conflict due to age, disability, poverty or ethnicity. Particularly important due to the diversity of ethnic groups with the soon to be enlarged EU. It is opposite to social exclusion which refers to the societal and institutional processes that exclude certain groups from full participation in the social, economic, cultural and political life of societies". Social exclusion is relevant to social capital in so far as it links the social elements of exclusion to material deprivation and poverty and focuses on the processes of marginalisation¹.

Social inclusion is a process which ensures that those at risk of poverty and social exclusion gain the opportunities and resources necessary to participate fully in economic, social and

cultural life and to enjoy a standard of living and well-being that is considered normal in the society in which they live. It ensures that they have greater participation in decision making which affects their lives².

3. Source and Links:

¹ Baum F.E., Ziersch A.M. (2003). Social capital. *Journal of Epidemiology and Community Health*. 57. (p. 320-323).

² *Joint Report on Social inclusion*. (2003). In: National Action Plan on Social Inclusion 2004-2006. (2004). <http://www.employment.gov.sk/new/index.php?SMC=1&id=662>

4. Related Terms, Synonyms: (if available)

1. Term:

SOCIAL NETWORKS

2. Definition:

Networks are defined as the web of identified social relationships that surround an individual and the characteristics of those linkages. It is the set of people with whom one maintains contact and has some form of social bond. Social contacts and relationships are important ways for the individual to influence the environment and provide pathways through which the environment influences the individual¹.

The typology is based on the theory that the experience of ageing is mediated through, and determined by, the capacity of the support network to respond to change and the nature of the resulting change². The support network is defined by Wenger as those involved with the person in a significant way: as a member of the household, in providing of receiving: companionship, emotional support, instrumental help, advice or personal care³.

3. Source and Links:

¹ Saronson S. B., Carroll C., Maton K. et al. Human Services and Resource Networks. Jossey-Bass. San Francisco 1977. In: Bowling A. (1999). *Measuring Health. A review of quality of life measurement scales*. Open University Press. Philadelphia. (p. 90).

² Wenger G. C., Shahtahmasebi S. Survivors: support network variation and sources of help in rural communities. *Journal of Cross-Cultural Gerontology* 1991, 6, 41-82. In: Bowling A. (1999). *Measuring Health. A review of quality of life measurement scales*. Open University Press. Philadelphia. (p. 106).

³ Wenger G. C.: Support networks of older people: A guide for practitioners. Centre of Social Policy Research and Development. University of Wales. Bangor 1994. In: Bowling A. (1999). *Measuring Health. A review of quality of life measurement scales*. Open University Press. Philadelphia. (p. 106-107).

1. Term:

SOCIAL PARTICIPATION

2. Definition (notes and other information) (as found in original)

Participation has been seen as central to health since the WHO Health for All Strategy. Its importance to health promotion strategies was reinforced in the WHO Ottawa Charter for Health Promotion. Its relevance lies in the recognition that professional domination can be disempowering for individuals and communities.

Participation can range from consultation to structural participation in which lay people are the driving force of initiatives. Such structural participation in civil society is seen as a crucial element of social capital by most theorists. One important component of measures of social capital is the extent to which people participate in social and civil activities. Debates concern the extent to which institutional support, including from the state, is essential to support and maintain a strong civil society. There are also considerable debates about how institutions of the state (especially health, welfare, and other human services) can best encourage citizen participation. Some argue that neo-liberal reforms of government have meant less opportunities for citizen participation, with consequent impacts on levels of social capital.

3. Source and Links:

Baum F.E., Ziersch, A.M. (2003). Social capital. *Journal of Epidemiology and Community Health*. 57. (p. 320-323).

4. Related Terms, Synonyms: (if available)

Social inclusion

1. Term:
(SOCIAL) SETTING APPROACH
2. Definition
A setting is a place where people live, learn and/ work and comprises a location and its social context in which people interact daily. The home, the school, the work place, the village, the town, the market, the city are the places where people live and work. The health status of people is determined more by the conditions in these” settings” than by the health care facilities. The setting Approach is therefore designed to generate local action through intersectoral collaboration and community involvement and addresses physical and social determinants of health in the settings.
3. Source and Links:
http://www.afro.who.int/eph/setting_approach.html
4. Related Terms, Synonyms: (if available)
Social inclusion

1. Term:
SUSTAINABLE DEVELOPMENT
2. Definition:
A process of development that meets the needs of the present generation without compromising the ability of future generations to meet their own needs.
3. Source and Links:
WHO. (2004). <i>A Glossary of Terms for Community Health Care and Services for Older Persons</i> . WHO/WKC/Tech.Ser./04.2. (p. 53). http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
4. Related Terms, Synonyms: (if available)

1. Term:
SUSTAINABLE HEALTH PROMOTION ACTIONS
2. Definition:
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.
3. Source and Links:
Smith B.J., Tang K.Ch., Nutbeam D. (2006). <i>WHO Health Promotion Glossary: New Terms</i> . Oxford University Press. Health Promotion International. 21(4):(p. 340-345).
4. Related Terms, Synonyms: (if available)

1. Term:
TRANSFERABILITY
2. Definition
The extent to which the measured effectiveness of an applicable intervention could be achieved in another setting.
3. Source and Links:
Wang S., Moss J.R., Hiller J.E. (2005). <i>Applicability and transferability of interventions in evidence-based public health</i> . Oxford University Press. Health Promotion International Advance Access published October 25, 2005.
4. Related Terms, Synonyms: (if available)

1. Term:
VOICE OF OLDER PEOPLE
2. Definition
Opportunities which enable older people to contribute to change and to have a “voice” in society’ regardless of age, must be promoted and encouraged.
3. Source and Links:
National Council on Ageing and Older People. (1999). What works in health promotion for older people? Report No. 58. Dublin. http://www.ncaop.ie/publications/research/reports/cross_border_final.pdf
4. Related Terms, Synonyms: (if available)
consumer involvement

1. Term:
WELL-BEING
2. Definition:
A dynamic state of physical, mental and social wellness; a way of life which equips the individual to realize the full potential of his/her capabilities and to overcome and compensate for weaknesses; a lifestyle which recognizes the importance of nutrition, physical fitness, stress reduction, and self responsibility. Well-being has been viewed as the result of four key factors over which an individual has varying degrees of control: human biology, social and physical environment, health care organization (system), and lifestyle.
3. Source and Links:
WHO. (2004). <i>A Glossary of Terms for Community Health Care and Services for Older Persons</i> . WHO/WKC/Tech.Ser./04.2. (p. 56). http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
4. Related Terms, Synonyms: (if available)
Quality of life