Glossary of terms used in the UKPHR Standards (2020)

Please note, the aim of this glossary is to explain some of the terms and concepts used in the UKPHR practitioner standards. Descriptions are illustrative and have been drawn from various sources.

| Term | Description |
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| Public health | The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society. Public health practice is population-based, emphasises collective responsibility, recognises the key role of the state and partnership working |
| The public health function | Improves and protects the public's health and reduces health inequalities between individuals, groups, and communities through co-ordinated system-wide action |
| Health and wellbeing | A state of complete physical, mental and social well-being, not merely the absence of disease or infirmity |
| Health inequalities | Unfair and avoidable differences in health across the population, and between different groups within society. These arise because of the conditions in which people are born, grow, live, work and age. They influence opportunities for good health, and how people think, feel and act, thus shaping mental health, physical health and wellbeing |
| Equality and diversity | Equality is concerned with ensuring everybody has an equal opportunity and is not treated differently or discriminated against because of their characteristics. Diversity is about taking account of the differences between people and groups of people and placing a positive value on those differences |
| Equity | Equity recognises that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome. Whereas equality means each individual or group of people is given the same resources or opportunities) |
| Social determinants of health | The social and economic conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequalities |
| Public health interventions | Actions or programmes that aim to bring about identifiable outcomes, aiming to deliver benefit. Include policies, laws and regulations; organisational and community development; education of individuals and communities; service development and delivery; and communication |
| Improving health and wellbeing – main terms and concepts: | |
| Behaviour change | A range of theoretically based tools and techniques to help people to make healthier lifestyle and personal health choices |
| Capacity building | The development of knowledge, skills, commitment, partnerships, structures, systems and leadership to enable effective health promotion actions |
| Community mobilisation | A capacity building process through which communities plan, carry out and evaluate activities on a participatory or sustained basis to improve health |
| Empowerment | Promoting participation in processes through which people gain greater control over decisions and actions affecting their health |
| Health promotion | The process of enabling people to increase control over, and to improve their health. Often used interchangeably with 'health improvement' |
| • Hierarchy of prevention | Measures to reduce risk factors and prevent the occurrence of disease (primary), arrest its progress (secondary) and reduce its consequences (tertiary) |
| 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 marketing | Seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good |
| Epidemiology - main terms and concepts: | The study of the distribution, frequency and determinants of health problems and disease in human populations. Epidemiological information is used to plan and evaluate strategies to prevent illness and as a guide to the management of patients in whom disease has already developed |

| Incidence | The number of new cases of a disease or condition in the population at risk in a specified period of time (eg. one year). It is usually expressed as a proportion or a rate |
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| Prevalence | The proportion of a population that has a condition or illness. Unlike incidence, it includes both new <i>and</i> existing cases. It can either be calculated at a specific point in time or over a specified period of time, often expressed as a percentage |
| Health status | Assessing health status is a fundamental element of most public health activity and may include measuring the burden of disease, needs assessment, assessing health equity and health inequality |
| Mortality | The number of deaths that have occurred due to a specific illness or condition. Often expressed as a rate |
| Morbidity | Refers to having a disease or a symptom of disease, or to the amount of disease within a population |
| Data analysis and interpretation: | Systematic approach to data allowing reliable inferences to be made |
| Basic statistical terms | Includes: median, mean, mode, range, variance, graphical presentation, simple tests of differences between groups or populations |
| Data anomalies | Something that deviates from what is standard, normal, or expected. Inconsistent data |
| Routine data analysis | Need to consider accuracy, completeness, timeliness, coverage, confidentiality |
| Quantitative data analysis | The process of presenting and interpreting numerical data, using basic statistics |
| Qualitative data analysis | Involves the identification, examination, and interpretation of patterns and themes in data collected in a non-numeric form, such as documentary, visual, observational or interactive (focus groups, interviews) and determines how these patterns and themes help answer the research questions |
| Data presentation | Using tabular and graphical presentation, understanding of the use of mapped data and basic geographical information systems |
| Data sources | Routinely collected data: Births, deaths, education, indices of deprivation Includes data from ONS, the census, Hospital Episode Statistics (HES) Non-routinely collected data: Data collected on a periodic basis such as surveys |
| Evidence based medicine | Informed, explicit and judicious use of evidence derived from any of a variety of science and social science research and evaluation methods |
| Evidence based public health | Making decisions based on the best available scientific evidence by using sound data collection and research methods while engaging with the affected community in decision making |
| Sources of evidence | Include research evidence, evidence of effectiveness, outcome measures, evaluation and audit |
| Risks factors | Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health or injury |
| Assessment of risk | Identification of risk and evaluation of impact of adverse events to a given group or population |
| Risk communication | To enable everyone who is at risk to take informed decisions to mitigate the effects of the threat (hazard) such as a disease out- break and take protective and preventive action. Risk communication uses a mix of communication and engagement strategies, including media communications, social marketing, stakeholder engagement and community mobilisation |
| Evaluation | Rigorous and structured assessment of a completed or ongoing activity, intervention, programme or policy that will determine the extent to which it is achieving its objectives and contribution to decision making |
| Quality | A quality health service organises resources in the most effective way to meet the health needs of those most in need, for prevention, care and safety, without waste and within higher level requirements. Includes consideration of consumer protection and citizen rights, regulation and assessment of health professionals, application of standards and guidelines, and improving processes and pathways |
| Governance frameworks - principles | Accountability, transparency and openness, integrity, stewardship, efficiency, and leadership |
| Principles of risk management | Should be an integral part of the organisational process, should factor into the overall decision-making process, explicitly address uncertainty, be systematic and structured, and be based on the best available information |