

APPENDIX D

GLOSSARY

Everyone Living
Better, Longer

Healthiest
Wisconsin
2020



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ACIP. The national Advisory Committee on Immunization Practices.

At-risk populations. This term is applied to those individuals who, “before, during, and after an incident . . . may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, and have pharmacological dependency” (U.S. Department of Health and Human Services, National Health Security Strategy, 2009). Retrieved March 30, 2010 from <http://www.hhs.gov/aspr/opsp/nhss/strategy.html>

Body Mass Index (BMI). An indicator of body fat level, calculated from weight and height, which can be used to assess overweight and obesity. Using common units of measure, $BMI = 703 \times \text{weight (lb)} / [\text{height (in)}]^2$. Although BMI alone is a limited measure for individuals, it is highly useful for assessing weight status in populations. For adults, BMI can be obtained from measurements or self-reports (National Institutes of Health, 1998).

Built environment. The built environment “encompasses all buildings, spaces and products that are created, or modified, by people. It includes homes, schools, workplaces, parks/recreation areas, greenways, business areas and transportation systems. It extends overhead in the form of electric transmission lines, underground in the form of waste disposal sites and subway trains, and across the country in the form of highways. It includes land-use planning and policies that impact our communities in urban, rural and suburban areas.” Retrieved March 30, 2010 from National Institutes of Health at <http://grants.nih.gov/grants/guide/rfa-files/RFA-ES-04-003.html>

Capacity. The resources and relationships necessary to carry out the core functions and essential services of public health; these include human resources, information resources, fiscal and physical resources, and appropriate relationships among the system components (defined by Public Health Capacity and Quality Focus Area).

Children with Special Health Care Needs (CSHCN). Children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. (U.S. Department of Health and Human Services, Title V, Maternal and Child Health. Retrieved March 30, 2010 from <http://www.cshcndata.org/Content/Glossary.aspx>)

Community health centers. Community health centers are federally qualified health centers that serve people who face financial, linguistic, cultural and geographic barriers to care. They are open to all residents, regardless of insurance status or ability to pay, and are available in both urban and rural areas. Retrieved March 30, 2010 from http://www.wphca.org/index.php?option=com_content&task=view&id=85&Itemid=123

Determinants of health. Many factors combine to affect the health of individuals and communities. Whether people are healthy or not is largely determined by their circumstances and environment. Factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access to and use of health care services often have less of an impact. The determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviors. The context of people's lives generally determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to control many of the determinants of health. These determinants—the things that make people healthy or not—include the above factors, and many others:

- Income and social status – Higher income and social status are linked to better health. The greater the gap between the richest and poorest people in a society, the greater the differences in health.
- Education – Low education levels are linked with poorer health, more stress and lower self-confidence.
- Physical environment – Safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health.
- Employment and working conditions – People in employment are healthier, particularly those who have more control over their working conditions.

- Social support networks – Greater support from families, friends and communities is linked to better health.
- Culture – Customs, traditions, and the beliefs of the family and community all affect health.
- Genetics – Inheritance plays a part in determining life span, health and the likelihood of developing certain illnesses.
- Personal behavior and coping skills – Balanced eating, keeping active, smoking, drinking, and how we deal with life’s stresses and challenges all affect health.
- Health services – Access to and use of services that prevent and treat disease influence health.
- Gender – Men and women suffer from different types of diseases at different ages.

Retrieved February 28, 2010 from <http://www.who.int/hia/evidence/doh/en/>

Disability. A person with a disability, as defined in the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, is a person who is limited in any way in any activities because of physical, mental, or emotional problems, and/or who now has any health problem that requires him/her to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone.

Disparate populations. (See health disparity population below.)

Disparities. (See health disparities below.)

Electronic health record. An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization (defined by Systems to Manage and Share Health Information and Knowledge Focus Area).

Essential services of public health. The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local and state public health systems.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.

4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Conduct research for new insights and innovative solutions to health problems. (Centers for Disease Control and Prevention. Retrieved February 27, 2010 from <http://www.cdc.gov/od/ocphp/nphpsp/essentialphservices.htm>)

Evidence-based. Evidenced-based policies and programs are those based on strategies shown in evaluations to be effective in producing desired outcomes. "Evidence-based public health is defined as the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models." (Brownson, Ross C., Elizabeth A. Baker, Terry L. Leet, and Kathleen N. Gillespie, Editors. *Evidence-Based Public Health*. New York: Oxford University Press, 2003.)

Food security. According to the United States Department of Agriculture, a household is "food secure" if, during the course of a year, all members of that household had ready access to foods that were safe and sufficient to satisfy their nutritional requirements and were able to obtain these foods in socially acceptable ways (e.g., without stealing, using food pantries, or depleting emergency household food supplies). If this is not true for even one person, the household has "low food security." Also, households are classified as having "very low food security" if one or more individuals reduced their food intake or changed their normal eating patterns (defined by the Adequate, Appropriate, and Safe Food and Nutrition Focus Area).

Gender identity. Gender identity is the gender, or lack of a gender, with which a person self-identifies. There is not necessarily a clear link between one's biological sex and one's gender identity although most often there is. The gender identities that people choose include male, female, both, neither or somewhere in between.

Terms like transgender and transsexual are sometimes used to describe gender identities. (Definition from the Reproductive and Sexual Health Focus Area.)

Health. According to the World Health Organization (1948), “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Health-care-associated infections. Health-care-associated infections are infections that patients acquire during the course of receiving treatment for other conditions within a health care setting. Health-care-associated infections are one of the top 10 leading causes of death in the United States. Retrieved February 28, 2010 from <http://www.cdc.gov/ncidod/dhqp/healthdis.html>

Health data exchange. The electronic movement of health-related information among organizations according to nationally recognized standards (defined by Systems to Manage and Share Health Information and Knowledge Focus Area).

Health disparities. In 2009, the Wisconsin Minority Health Leadership Council defined health disparity as ...“differences in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions or outcomes that exist between populations groups based on gender, age, race, ethnicity, socioeconomic status, geography, sexual orientation and identification, disability or special health care needs, or other categories. Most health disparities are also considered to be health inequities – disparities that are avoidable, unfair, or unjust and/or are the result of social or economic conditions or policies that occur among groups who have persistently experienced historical trauma, social disadvantage or discrimination, and systematically experience worse health or greater health risks than more advantaged social groups” (Department of Health Services, Minority Health Leadership Council, 2009. Retrieved March 10, 2010 from <http://dhs.wisconsin.gov/hw2020/overarching/disparities/ddefinition.pdf>).

Health disparity population. A “population that experiences a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates...as compared to the health status of the general population” (Association of State and Territorial Health Officials, Health Equity Policy Statement, 2009. Retrieved February 25, 2010 from <http://www.astho.org/Advocacy/Policy-and-Position-Statements/Healthy-Equity-Policy-Statement/>).

Health equity. “[F]airness in the distribution of resources and the freedom to achieve healthy outcomes between groups with differing levels of social disadvantage.” Also, “a fair opportunity to attain...full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided” (Association of State and Territorial Health Officials, Health Equity

Policy Statement, 2009. Retrieved February 25, 2010 from <http://www.astho.org/Advocacy/Policy-and-Position-Statements/Healthy-Equity-Policy-Statement/>).

Health impact assessment. “Health impact assessment” is commonly defined as ‘a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population’ (1999 Gothenburg consensus statement). “Health impact assessment can be used to objectively evaluate the potential health effects of a project or policy before it is built or implemented. It can provide recommendations to increase positive health outcomes and minimize adverse health outcomes. A major benefit of the health impact assessment process is that it brings public health issues to the attention of those who make decisions about areas that fall outside of traditional public health arenas, such as transportation or land use” (Centers for Disease Control and Prevention, Health Impact Assessment Fact Sheet, October 2007. Retrieved March 30, 2010 from http://www.cdc.gov/healthyplaces/publications/Health_Impact_Assessment2.pdf).

Health information technology (HIT). The tangible technical aspects of a health information system including networks, hardware, applications for information management, decision-support tools, communication, transactional programs, and security (defined by Systems to Manage and Share Health Information and Knowledge Focus Area).

Health information technology standards. An established norm or requirement, formally documented, that establishes technical criteria, methods, processes, and practices for developing and implementing health information technology hardware and software (defined by Systems to Manage and Share Health Information and Knowledge Focus Area).

Health services. Includes the full range of health care services, including medical, dental, mental health, and long-term care. Access to health services means they are available to the people of Wisconsin when, where, and how they are needed (defined by Access to High-Quality Health Services Focus Area).

Interconception care. Refers to the time between pregnancies, including, but not restricted to, the postpartum period. (MMWR; vol. 56/SS-10, December 14, 2007; “Preconception and Interconception Health Status of Women Who Recently Gave Birth to a Live-Born Infant —Pregnancy Risk Assessment Monitoring System (PRAMS), United States, 26 Reporting Areas, 2004;” Denise D’Angelo, et al. Retrieved February 28, 2010 from <http://www.cdc.gov/Mmwr/PDF/ss/ss5610.pdf>.)

Interoperability. The ability of health information systems to work together within and across organizational boundaries in order to advance the effective delivery of health care for individuals and communities. Retrieved February 28, 2010 from http://www.himss.org/content/files/interoperability_definition_background_060905.pdf

Kilocalorie. Kilocalorie is a scientific term for a unit of energy commonly referred to as a calorie. A kilocalorie is the energy necessary to raise the temperature of 1 kg of water by 1° Celsius (1.8 degrees Fahrenheit).

Local public health department. “Local health department” means any of the following:

(a) In a county with a population of less than 500,000, any of the following:

1. A county health department established under s. 251.02(1), including a county health department whose powers and duties are transferred to a county department of human services under s. 46.23 (3) (b) 1. c.
2. A city–county health department established under s.251.02 (1m).
3. A city health department that was established before January1, 1994, or that withdraws under s. 251.15 (2) or, as a city–city local health department established under s. 251.02 (3t), that withdraws under s. 251.15 (2m).
4. A village or town health department under s. 251.02 (3m).
5. A multiple municipal local health department established under s. 251.02 (3r).
6. A city–city health department established under s. 251.02(3t).

(b) In a county with a population of 500,000 or more, a city, village, or multiple municipal health department established under s. 251.02 (2).

(c) A multiple-county health department established under s.251.02 (3).

Meaningful use. “Meaningful use” is a list of criteria and requirements. “The American Recovery and Reinvestment Act authorizes the Centers for Medicare & Medicaid Services (CMS) to provide a reimbursement incentive for physician and hospital providers who are successful in becoming meaningful users of an electronic health record (EHR). Starting in 2015, providers are expected to have adopted and be actively utilizing an EHR in compliance with the meaningful use definition or they will be subject to financial penalties under Medicare.” Retrieved March 30, 2010 from the U.S. Department of Health and Human Services at http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11113_872720_0_0_18/Meaningful%20Use%20Preamble.pdf

Medical home. “Medical home” is a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective (American Academy of Pediatrics, 1992). The Joint Principles of the Patient-Centered Medical Home (2007), adopted by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association, describes medical home as an approach to providing comprehensive primary care for children, youth, and adults; principles include a whole-person orientation, coordinated and integrated care, and quality and safety as hallmarks.

Medical home means care that integrates patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute and chronic care needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience, and optimal health throughout their lifetimes.

Obesity/Overweight

- Adults: Body Mass Index (BMI) ranges that have been designated to represent unhealthy weight status, based on increases in the risk of chronic disease or other poor health outcomes. BMI ranges are as follows:
 - Less than 18.5 = underweight
 - 18.5 - 24.9 = healthy weight
 - 25 -29.9 = overweight
 - 30 or more = obese.
- Children and adolescents: For youth ages 2 through 20, weight categories can be determined by calculating BMI using the same formula as for adults. Results

are then compared to those provided on gender- and age-specific growth charts. Charts were produced by CDC and are available at: <http://www.cdc.gov/growthcharts/>

Pillar Objectives. This term was created for *Healthiest Wisconsin 2020* to describe the set of 10 objectives upon which the success of the 21 other sets of focus area objectives relies. The conceptual model for *Healthiest Wisconsin 2020* is the image of a building; hence the pillars represent weight-bearing structures needed to give the structure strength and long-term stability. Five of these objectives are the objectives of the Overarching Focus Areas (Health Disparities and Social, Economic and Educational Factors that Influence Health). The other five objectives relate to recurring themes that cut across the other 21 focus areas.

Public health. Public health is defined as a system, a social enterprise, whose focus is on the population as a whole. The public health system seeks to extend the benefits of current knowledge in ways that will have maximum impact on the health status of the entire population (Bernard J. Turnock. 2001. *Public Health: What It Is and How It Works*. Gaithersburg, MD: Aspen Publishers, Inc.).

Public health system partners. Public health system partners are the people who provide any of the 10 Essential Services of Public Health. For examples of public health partners, see Figure 3 (Section 1).

Preconception care. A set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a women's health or pregnancy outcome through prevention and management, emphasizing those factors that must be acted on before conception or early in pregnancy to have a maximal impact (defined by the Healthy Growth and Development Focus Area; adapted from the Centers for Disease Control and Prevention's Select Panel on Preconception Care).

Prevention. Primary prevention is defined as "prevention strategies that seek to prevent the occurrence of disease or injury, generally through reducing exposure or risk factor levels. These strategies can reduce or eliminate causative risk factors (risk reduction)" (p. 337). Secondary prevention is defined as "prevention strategies that seek to identify and control disease processes in their early stages before signs and symptoms develop (screening and treatment)" (p. 340). Tertiary prevention is defined as "prevention strategies that prevent disability by restoring individuals to their optimal level of functioning after a disease or injury is established and damage is done" (p. 341). (Turnock, B.J. *Public health: What it is and how it works*. Gaithersburg, MA: Aspen Publishers, 2001.)

Psychological distress. The Behavioral Risk Factor Survey (Wisconsin Division of Public Health and U.S. Centers for Disease Control and Prevention) began periodic inclusion of a measure of serious psychological distress in 2007. The Behavioral Risk Factor Survey measures serious psychological distress using the K-6, a non-specific psychological distress scale taken from the Composite International Diagnostic Interview Short Form, or CIDI-SF (Kessler, Andrews, Mroczek, Ustun and Wittchen, 1998, World Health Organization).

Quality improvement. An integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within the organization (Standards for Accreditation of Managed Care Organizations (see Section 5B, Public Health Capacity and Quality Profile).

Reproductive justice is based on the following principles:

- Recognition that access to reproductive and sexual health care information and services is a right and people must be respected for their personal autonomy and health care provider choices;
- Elimination of structural barriers to high-quality services that include prevention, health information and education, health care, and supplies;
- Elimination of the devastating effects of stigma against marginalized people;
- Engagement of broadly varied voices in the formulation of health, public health, and education policy and culturally competent implementation strategies;
- Reproductive health policy, programs, and services that will empower people to make deliberate choices and understand the consequences of their behaviors;
- Allocation of adequate resources for reproductive and sexual health to achieve and sustain positive health outcomes in communities and the elimination of health disparities. (Definition from the Reproductive and Sexual Health Focus Area.)

Risk factor. A risk factor is something that increases your chances of getting a disease. Sometimes this risk comes from something a person does. For example, smoking increases chances of developing colon cancer. Therefore, smoking is a risk factor for colon cancer. Other times, there's nothing that can be done about the risk. It just exists. For example, people 50 and older are more likely to develop colon cancer than people under 50. Therefore, age is also a risk factor for colon cancer. (In fact, it's the number one risk factor for colon cancer.) Retrieved February 28, 2010 from http://coloncancer.about.com/od/faqs/f/Risk_Factor.htm

Sexual identity. Sexual identity refers to the label one applies to one's own sexuality (lesbian, gay, bisexual, heterosexual). In general, sexual identity is more closely related to sexual behaviors than sexual attractions, and this self-identification is a complex psychological and social state that is achieved over time as one understands who one is (defined by the Reproductive and Sexual Health Focus Area).

Sexual orientation. Sexual orientation is a socially constructed term used to describe a pattern of emotional, romantic, and/or erotic attraction to men, women, both, or neither. When the attraction is to people of same gender, the orientation is called homosexual; when it is to both, the orientation is considered bisexual (defined by the Reproductive and Sexual Health Focus Area).

Social and economic determinants of health. This term refers to both specific features of and pathways by which societal conditions affect health and that potentially can be altered by informed action. Examples are income, education, occupation, family structure, service availability, sanitation, exposure to hazards, social support, racial discrimination, and access to medical services (defined by the Social, Economic, and Educational Factors that Influence Health Focus Area).

Social-ecological model. A theoretical framework that considers the complex interplay between individual, relationship, community, and societal factors in affecting health (McLeroy, et al., 1989).

Surveillance. Public health surveillance is the ongoing systematic collection, analysis, and interpretation of health data for purposes of improving health and safety. Key to public health surveillance is the dissemination and use of data to improve health. Retrieved February 28, 2010 from Centers for Disease Control and Prevention at <http://www.cdc.gov/niosh/topics/surveillance/>

The 10 essential services of public health. (See 'Essential services of public health' above.)

Wisconsin Statutes, Chapter 250.07. Public health planning. (1) The department shall:

(a) By January 1, 2010, and at least every 10 years thereafter, develop a public health agenda.

(b) Initiate, conduct and periodically evaluate a process for planning to use the resources of the state to meet the health needs of residents and, in conjunction with other state agencies, to implement the objectives that relate to state government in statutes or in public health rules promulgated by the department. The process shall involve representatives from public health organizations, governmental agencies and the general public.

(c) Provide technical assistance to local units of government for the development of local public health plans.

(d) Serve as the state lead agency in coordinating the activities within state government involving the collection, retrieval, analysis, reporting and publication of statistical information and other information related to health and health care.

(1m) The public health council shall monitor implementation of any document developed by the department under sub. (1) (a).