

**Draft Glossary**  
**for terms related to CCHC Functions, Competencies and Performance Standards**  
**October 29, 2006**

NPHPSP = National Public Health Performance Standards Program  
<http://www.cdc.gov/od/ocphp/nphpsp/>

MAPP = Mobilizing for Action through Planning and Partnerships  
<http://mapp.naccho.org>

**Best Practices:** Recommendations for establishing a practical, effective and comprehensive approach. (NPHPSP)

**Collaborative Leadership:** A type of leadership that engages others by designing constructive processes for working together, convenes appropriate stakeholders, and facilitates and sustains their interaction. In collaborative leadership, leaders promote and safeguard the collaborative process through shared leadership, rather than taking unilateral action. Collaborative leaders perform their work in coalitions, alliances and partnerships. (NPHPSP)

**Communities:** The aggregate of persons with common characteristics such as geographic, professional, cultural, racial, religious, or socio-economic similarities; communities can be defined by location, race, ethnicity, occupation, interest in particular problems or outcomes, or other common bonds. (Adapted from Turnock, B.J. *Public Health: What It Is and How it Works*. Gaithersburg: Aspen Publishers, Inc., 1997.)

**Community Assets:** Contributions made by individuals, citizen associations, and local institutions that individually and/or collectively build the community's capacity to assure the health, well-being, and quality of life for the community and all its members. (NPHPSP)

**Community Health:** A perspective on public health that assumes community to be an essential determinant of health and the indispensable ingredient for effective public health practice. It takes into account the tangible and intangible characteristics of the community – its formal and informal networks and support systems, its norms and cultural nuances, and its institutions, politics, and belief systems. (NPHPSP)

**Community Health Improvement Plan:** A plan that provides recommendations on how to transform or create aspects that shape and govern the full array of activities that a community may pursue, both governmentally and otherwise, to protect and improve the public's health. (NPHPSP)

**Community Health Improvement Process:** Community health improvement is not limited to issues classified within traditional public or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public's health. The community health improvement process involves an ongoing collaborative, community-wide effort to identify, analyze,

and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community “ownership” of the entire process. An example of a community health improvement tool is *Mobilizing for Action through Planning and Partnerships*. (NPHPSP)

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

**Environments:** Totalities of circumstances where individuals live, work, learn and play. (NPHPSP)

**Evaluations:** Systematic approaches to determine whether stated objectives are being met. (NPHPSP)

**Evidence based interventions:** The systematic selection, implementation, and evaluation of strategies, programs and policies with evidence from the scientific literature that they have demonstrated effectiveness in accomplishing intended outcomes. (NPHPSP)

**Health Education:** Any planned combination of learning experiences designed to predispose, enable, and reinforce voluntary behavior conducive to health in individuals, groups or communities. An educational process by which the public health system conveys information to the community regarding community health status, health care needs, positive health behaviors and health care policy issues. (NPHPSP)

**Health Promotion Activities:** Any combination of education and organizational, economic and environmental supports aimed at the stimulation of healthy behavior in individuals, groups or communities. (NPHPSP)

**MAPP Tool:** Mobilizing for Action through Planning and Partnerships is a community-wide strategic planning tool for improving community health. Facilitated by public health leadership, this tool helps communities prioritize public health issues and identify resources for addressing them. The MAPP project was developed through a cooperative agreement between the National Association of County and City Health Officials (NACCHO) and the Public Health Practice Program Office, Centers for Disease Control and Prevention (PHPPO/CDC). Additional support was provided by the Health Resources and Services Administration and the Center for the Advancement of Community-Based Public Health (CBPH). (MAPP)

The four MAPP Assessments are:

**Community Themes and Strengths Assessment:** The Community Themes and Strengths Assessment answers the questions: *"What is important to our community?"* *"How is quality of life perceived in our community?"* and *"What assets do we have that can be used to improve community health?"* During this phase, community thoughts, opinions, and concerns are gathered, providing insight into the issues of importance to the community. Feedback about quality of life in the community and community assets is also gathered. This information leads to a portrait of the community as seen through the eyes of its residents. (MAPP)

**Local Public Health System Assessment:** The Local Public Health System Assessment (LPHSA) answers the questions, *"What are the components, activities, competencies, and capacities of our local public health system?"* and *"How are the Essential Services being provided to our community?"* This phase focuses on the local public health system - all organizations and entities within the community that contribute to the public's health. The LPHSA uses the 10 Essential Public Health Services as the fundamental framework for assessing the local public health system. (MAPP)

**Community Health Status Assessment:** The Community Health Status Assessment (CHSA) answers the questions, *"How healthy are our residents?"* and *"What does the health status of our community look like?"* The results of the CHSA lead to an understanding of the community's health status and ensure that the community's priorities consider specific health status issues. The CHSA provides a list of core indicators (data elements) for 11 broad-based categories. (Demographic Characteristics, Socioeconomic Characteristics, Health Resource Availability, Quality of Life, Behavioral Risk Factors, Environmental Health Indicators, Social and Mental Health, Maternal and Child Health, Death, Illness and Injury, Infectious Disease, and Sentinel Events) Communities may also select additional indicators. Health issues are identified by gathering data for each of the categories and assessing changes over time or differences among population subgroups or with peer, state, or national data.. (MAPP)

**Forces of Change Assessment:** The Forces of Change Assessment answers the following questions: *"What is occurring or might occur that affects the health of our community or the local public health system?"* and *"What specific threats or opportunities are generated by these occurrences?"* The Forces of Change Assessment should result in a comprehensive, but focused, list that identifies key forces and describes their impacts. This list may include (but isn't limited to) state and federal legislation, rapid technological advances, changes in the organization of health care services, shifts in economic forces, and changing family structures and gender roles. (MAPP)

**Partnership:** A collaborative relationship of individuals and/or organizations within which partners set aside personal or organizational agendas to achieve the agenda of the partnership. In a partnership, the partners engage as equals in the decision-making process. In effective partnerships, partners share a vision, are committed to the integrity of the partnership, agree on specific goals, and develop a plan of action to accomplish the goals. (NPHPSP)

**Quality of Life Data:** While some dimensions of quality of life can be quantified using indicators that research has shown to be related to determinants of health and community well-being, other valid dimensions of quality of life include the perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life. This is a category recommended for collection in the [MAPP] Community Health Profile. (NPHPSP)

**Stakeholders:** All persons, agencies and organizations with an investment or “stake” in the health of the community and the local public health system. This broad definition includes persons and organizations that benefit from and/or participate in the delivery of services that promote the public’s health and overall well-being. (NPHPSP)

**Strategies:** Patterns of action, decisions, and policies that guide a group toward a vision or goals. Strategies are broad statements that set a direction. They are pursued through specific actions, i.e., those carried out in the programs and services of individual components of the local public health system. (NPHPSP)