

PART SIX

Glossary

Glossary

Advocacy: a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme. Such action may be taken by and/or on behalf of individuals and groups to create living conditions which are conducive to health and the achievement of healthy lifestyles. Health professionals have a major responsibility to act as advocates for health at all levels in society. (WHO)

Capacity: all of the resources available to an organisation, service or community including people, money, equipment, expertise, skills and information. (PHEL)

Collaboration: a process through which parties who see different aspects of a problem can explore constructively their differences and search for (and implement) solutions that go beyond their own limited vision of what is possible. Collaboration is a mechanism for leveraging resources; dealing with scarcities; eliminating duplication; capitalising on individual strengths; building internal capacities; and increasing participation and ownership strengthened by the potential for synergy and greater impact. (University of Victoria).

Community: group of people living or working in a geographically defined area (geographical community) or who have a characteristic, cause, need or experience in common (community of interest). (PHEL)

Community development: the process of enabling or empowering people to actively work for social change which will improve the quality of their lives, the community in which they live and /or the society of which they are a part. It is a collective process that recognises the interdependence of people. It helps people to identify and articulate their needs and influence the decision- making structures that affect them, their communities and wider society. Combat Poverty Agency 2000

Community involvement: entails both consultation and participation, with local people participating in the development of policies to improve the health of their community as well as having a say in the prioritising, planning and delivery of services. It involves the voluntary sector and the wider public being included in higher strategic planning levels as well as lower levels of decision-making and input. (PHEL)

Competencies: the knowledge and skills needed to undertake public health advocacy.

Consultation: canvassing the views of stakeholders and clients in the process of developing sound public policy or action. Public consultation is part of, but not necessarily the same as, public involvement.

Empowerment: a process through which individuals and/or 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. (WHO)

Environment: the circumstances or conditions that surround us. The complex of social and cultural conditions affecting the nature of an individual or community.

Equality: the degree to which a resource is equally distributed (PHEL)

Equity: refers to how fairly resources are distributed among people. Initiatives to address health equity try to distribute resources, opportunities, access, etc, fairly (according to need) but not necessarily equally. (PHEL)

Evaluation: assessing whether an intervention achieves its aims. Process evaluation is an ongoing examination of the processes, activities, methods of planning and implementation of an intervention and includes staff performance, quality, client satisfaction and cost effectiveness. Impact evaluation measures the immediate or midterm effects of an intervention. Outcome evaluation is an assessment of the long-term effects of an intervention or some aspect of an intervention. (PHEL)

Evidence base: the best current research information available based on a systematic analysis of the effectiveness of a treatment, service or any other intervention in order to produce the best outcome, result or effect. (PHEL)

Facilitative leadership: a facilitative decision making style which indicates a joint effort between leaders and subordinates, with both providing input to make a shared decision. It is important that all have access to the information required to make the decision and should also have some degree of expertise and/or motivation to ensure the best decision is made.

www. <http://search.bnet.com/search/Strategic+Leadership.html>

Health: a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities. A comprehensive understanding of health implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health and well-being. (WHO)

Health impact assessment (HIA): a process which determines how a proposal will affect health. HIA can be used as a practical way to influence decision makers. The process involves: developing screening criteria to select policies or projects for assessment; profiling the areas and communities affected; applying a pre-defined model of health to predict potential impacts; evaluating the options and making recommendations for action. (PHEL)

Lobby: To try to influence those with power to take a certain action

Model: a way of showing different parts of complex ideas and how they relate to each other. In the toolkit the model shows the links between the processes, steps and tasks required to undertake advocacy for public health.

Monitor: collecting and reviewing relevant information to find out if the targets/ outputs specified have been met.

Network: a grouping of individuals, organisations and agencies organised on a non hierarchical basis around common issues or concerns, which are pursued proactively and systematically, based on commitment and trust (WHO)

Participation: having the opportunity to fully contribute to, and share in the decision making process.

Partnership: a partnership (for health) is a voluntary agreement between two or more partners to work cooperatively towards a set of shared health outcomes. (WHO)

Public Health: the science and art of preventing disease, prolonging life, promoting and protecting and improving health and well-being through the organised efforts of society. These efforts will address policy issues at the level of the population's health and will tackle the roots of health and disease, as well as considering the provision of effective health care services. Public health works in partnerships that cut across disciplinary, professional and organisational boundaries and exploits this diversity in collaboration, to bring evidence and research based policies to all areas which impact on the health and well-being of populations. (based on Acheson, 1988)

Stakeholders: people who have an interest in an organisation, project or activities, e.g. service users, partners, and employees, shareholders, the Government, the voluntary sector, the local community the NHS, local government, schools and businesses. (PHEL)

Story telling: there are different ways to use stories in health work. One method is simply to listen to a story and reflect upon it personally, which is the way most people read stories or enjoy the oral craft of story-tellers. Another way is to engage with others, including the story-teller, in a dialogue about the story. At the heart of this method is the reflective practitioner—the story-teller and those participating in the dialogue. At every stage in the method, participants are encouraged to reflect on how what they hear and learn from others has meaning for them personally. (based on Labonte, 1996)

Strategic leadership: involves the ability to anticipate, envision, maintain flexibility, and empower others to create strategic change and multi-functional work that involves working through others.

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Team: a group that works in collaboration to achieve an objective or goal. The necessary qualities of a successful team are clear understanding by every member of the roles and functions of all members, harmony, mutual support, and ideally, capacity for individual team members to assume other roles and responsibilities when unusual circumstances make this necessary.

Values: the beliefs, traditions, social customs held dear and honoured by individuals and society collectively. They include beliefs about the sanctity of life, the role of families in society, protection from harm of children and other defenceless people. Social values are more flexible and may change; these include beliefs about the status and roles of women in society, attitudes towards use of alcohol, tobacco and other substances.

References - glossary

Acheson D, (1988), Public Health in England, Report of the Committee of Inquiry into the Future Development of the Public Health Function, Department of Health
Combat Poverty Agency www.cpa.ie

Labonte R, et al (1996) Handbook on Using Stories in Health Promotion ,Health Canada

PHEL Public Health Electronic Library

<http://www.phel.gov.uk/glossary/glossary.asp>

Strategic leadership <http://search.bnet.com/search/Strategic+Leadership.html>

University of Victoria voluntary sector knowledge network <http://vskn.ca>

WHO Glossary of Health Promotion

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

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