Public Health Terminology
(including descriptions of federal agencies that fund public health programs)

**Access**
Access is the potential for or actual entry of a population into the health system. Entry is dependent upon the wants, resources, and needs that individuals bring to the care-seeking process. The ability to obtain wanted or needed services may be influenced by many factors, including travel, distance, waiting time, available financial resources, and availability of a regular source of care. Access also refers to the extent to which a public health service is readily available to the community’s individuals in need. Accessibility also refers to the capacity of the agency to provide service in such a way as to reflect and honor the social and cultural characteristics of the community and focuses on agency efforts to reduce barriers to service utilization.


**Assessment**
Assessment is defined as:

1. Collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve public health.
2. One of the three core functions of public health, involving the systematic collection and analysis of data in order to provide a basis for decision-making. This may include collecting statistics on community health status, health needs, community assets and/or other public health issues. The process of regularly and systematically collecting, assembling, analyzing, and making available information on the health needs of the community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems.


**Assurance**
As one of the core functions of public health, assurance refers to the process of determining that “services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities (public or private sector), by requiring such action through regulation, or by providing services directly.”


**Behavioral risk factors**
Risk factors in this category include behaviors that are believed to cause, or to be contributing factors to most accidents, injuries, disease, and death during youth and adolescence as well as significant morbidity and mortality in later life. This is a category recommended for collection in the Community Health Profile.

**Behavioral Risk Factor Surveillance Survey (BRFSS)**
The BRFSS is a random telephone survey of state residents aged 18 and older in households with telephones. In 2009, the BRFSS began conducting surveys by cellular phone in addition to traditional “landline” telephones. BRFSS was initially developed in the early 1980s by the Centers for Disease Control and Prevention (CDC) in collaboration with state health departments and is currently conducted in all 50 states, the District of Columbia and several United States territories. Through BRFSS, information is collected in a routine, standardized manner at the state level on a variety of health behaviors and preventive health practices related to the leading causes of death and disability such as cardiovascular disease, cancer, diabetes and injuries. BRFSS interviews are conducted monthly and data are analyzed annually (on a calendar-year basis).

**Benchmarks**
Benchmarks are points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an accurate data point, which used as a reference for future comparisons (similar to a baseline). Sometimes it also refers to as “best practices” in a particular field. Communities compare themselves against these standards. Many groups use benchmark as a synonym for indicator or target. Source: Norris T, Atkinson A, et al. *The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities*. San Francisco, CA: Redefining Progress; 1997.

**Best practice(s)**
The best clinical or administrative practice or approach at the moment, given the situation, the consumer’s or community’s needs and desires, the evidence about what works for this situation/need/desire, and the resources available. Organizations also often use *promising practices*, which are defined as clinical or administrative practices for which there is considerable evidence or expert consensus and which show promise in improving outcomes, but which are not yet proven by the highest or strongest scientific evidence.

**Board of Health**
A board of health is a legally designated governing entity whose members are appointed or elected to provide advisory functions and/or governing oversight of public health activities, including assessment, assurance, and policy development, for the protection and promotion of health in their community. Source: National Public Health Performance Standards Program, *Acronyms, Glossary, and Reference Terms*, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf.

**CDC**
The Centers for Disease Control and Prevention (CDC) is part of the Department of Health and Human Services. It provides federal leadership and funding in the prevention and control of diseases.

**Chronic disease**
A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a nonreversible pathological alteration, requires special
training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.

**Communicable disease data**
This category includes diseases that are usually transmitted through person-to-person contact or shared use of contaminated instruments/materials. Many of these diseases can be prevented through the use of protective measures, such as a high level of vaccine coverage of vulnerable populations.

**Community-based participatory research (CBPR)**
A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.

**Community health assessment (CHA)**
Community health assessment calls for regularly and systematically collecting, analyzing, and making available information on the health of a community, including statistics on health status, community health needs, epidemiologic and other studies of health problems. Often this can take the form of community needs assessments, which are intended to assist the community in adapting and responding to important health problems and risks. Increasingly, moving beyond problems and deficits toward an analysis of community strengths and resources is becoming recognized as a critical part of understanding a community’s health. Conducting a community health assessment is required for state and county public health accreditation as well as for Coordinated Care Organizations (CCOs).

**Community health improvement (CHIP)**
Focuses on the combined effects of individual and community, physical and social environments, and the policies and interventions used to promote health, prevent disease, and ensure access to quality health care. The ultimate measure of success in any health improvement effort is the health status of the target population. Implementing a community health improvement plan is required for state and county public health accreditation as well as for Coordinated Care Organizations (CCOs).

**Community health profile (CHP)**
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.

**Continuous quality improvement**
An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes. These efforts can seek “incremental” improvement over time or “breakthrough” improvement all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle.

**Coordinated Care Organizations (CCOs)**
A coordinated care organization, or CCO, is a network of all types of health care providers (physical health care, addictions and mental health care, and dental care providers) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs are focused on prevention and helping people manage chronic conditions, like diabetes. This helps reduce unnecessary emergency room visits and gives people support to be healthy.

**Core public health competencies**
The core public health competencies encompass the individual skills desirable for the delivery of Essential Public Health Services. They transcend the boundaries of the specific disciplines within public health and help to unify the profession. The competencies are divided into the following eight domains: Analytic Assessment Skills, Basic Public Health Sciences Skills, Cultural Competency Skills, Communication Skills, Community Dimensions of Practice Skills, Financial Planning and Management Skills, Leadership and Systems Thinking Skills, Policy Development/Program Planning Skills. Intended levels of mastery, and therefore learning objectives for public health workers within each competency, will differ depending upon their backgrounds and job duties.

**Cultural competence**
A set of skills that result in an individual understanding and appreciating cultural differences and similarities within, among, and between groups and individuals. This competence requires that the individual draw on the community-based values, traditions, and customs to work with knowledgeable persons of and from the community in developing targeted interventions and communications.

**Death, illness, and/or injury data**
Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates (AAM); by degree of premature death (Years of Productive Life Lost or YPLL); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted (AA) incidence of cancer and chronic disease.

**Demographic characteristics**
Demographic characteristics of a jurisdiction include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these
populations and sub-populations are located, and the rate of change in population density over time, due to births, deaths and migration patterns.

**Determinants of health**
Direct causes and risk factors which, based on scientific evidence or theory, are thought to influence directly the level of a specific health problem. These maybe defined as the “upstream” factors that affect the health status of populations and individuals. Roughly divided into the social environment (cultural, political, policy, economic systems, social capital, etc.), the physical environment (natural and built), and genetic endowment. The determinants of health affect both individual response (behavior and biology) and the prevalence of illness and disease.

**Disease**
A state of dysfunction of organs or organ systems that can result in diminished quality of life.

**Emergency Medical Services (EMS)**
Emergency Medical Services focuses on ensuring a functioning emergency care system. This includes licensing paramedics and emergency medical technicians, approving the training curriculum and licensing EMS instructors, ensuring ambulances are safe and well-equipped, and ensuring that every community has access to emergency care-from first responders through to a sophisticated trauma center.

**Endemic**
Prevalent in or peculiar to a particular locality or people.

**Environmental Factor**
An environmental factor is an extrinsic factor (e.g., geology, climate, insects, sanitation, health services, etc.) that affects the agent and the opportunity for exposure.

**Environmental hazards**
Situations or materials that pose a threat to human health and safety in the built or natural environment, as well as to the health and safety of other animals and plants, and to the proper functioning of an ecosystem, habitat, or other natural resource.

**Environmental health**
The interrelationships between people and their environment that promote human health and well-being and foster a safe and healthful environment. Environmental health includes all aspects of human health and quality of life that are determined by physical, chemical, biological, social, and psychosocial factors in the environment.

**Environmental justice**
The fair treatment and meaningful involvement of all people, regardless of race, ethnicity, culture, income or education level for the development, implementation, and enforcement
of environmental laws, regulations, and policies. Environmental justice seeks to ensure that no population is forced to shoulder a disproportionate burden of the negative human health and environmental impacts of pollution or other environmental hazards.

**Epidemic**
A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area.

**Epidemiology**
Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.

**Essential Public Health Services**
The ten services identified in *Public Health in America*: monitoring health status; diagnosing and investigating health problems; informing, educating, and empowering people; mobilizing community partnerships; developing policies and plans; enforcing laws and regulations; linking people to needed services; assuring a competent workforce; conducting evaluations; and conducting research. Representatives from federal agencies and national organizations developed the statement made in Public Health in America. This statement includes two lists, one that describes what public health seeks to accomplish and the second that describes how it will carry out its basic responsibilities. The second list, the Essential Services, provides a list of 10 public health services that define the practice of public health.

**Evaluation**
Evaluation is a process that attempts to determine as systematically and objectively as possible the relevance, effectiveness, and impact of activities in the light of their objectives. Evaluation identifies what should or could be done to address a health problem, and how it can be done.

**Evidence**
In the broadest sense, evidence can be defined as facts or testimony in support of a conclusion, statement or belief and something serving as proof.

**Federal agencies that support public health**
Within the Department of Health and Human Services, The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. Funding provided in the following program areas: Health Professions, Healthcare Systems, HIV/AIDS, Maternal and Child Health, Organ Donation, Primary Health Care/Health Centers, and Rural Health.
The Centers for Disease Control and Prevention (CDC) which works with states and other partners to provide a system of health surveillance to monitor and prevent disease outbreaks (including bioterrorism), implement disease prevention strategies, maintain national health statistics, and guard against international disease transmission. Focus is on five strategic areas: supporting state and local health departments, improving global health, implementing measures to decrease leading causes of death, strengthening surveillance and epidemiology, and reforming health policies.

The Food and Drug Administration (FDA) supports core functions within the areas of: Medical Products and Tobacco, Foods, Global Regulatory Operations.

The Administration on Children and Families is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities and provides funding through: the Children's Bureau (ACYF/CB); Family and Youth Services Bureau (ACYF/FYSB); Administration for Native Americans (ANA); Office of Child Care (OCC); Office of Community Services (OCS); Office of Child Support Enforcement (OCSE); Office of Family Assistance (OFA); Office of Head Start (OHS); and Office of Refugee Resettlement (ORR).

The Administration for Community Living (ACL) comprises the Administration on Aging (AoA), Administration on Intellectual and Developmental Disabilities (AIDD), and Center for Disability and Aging Policy with to address the community living service and support needs of both the aging and disability populations; enhance access to quality health care and long-term services and supports for all individuals; and promote consistency in community living policy across other areas of the Federal government. The Older Americans' Act is a major source of funding for related programs.

The Environmental Protection Agency
The EPA supports federal research, monitoring, standard-setting and enforcement activities to ensure environmental protection. Funding is available to state and local governments, tribes, territories, public, quasi-public, and private profit and nonprofit organizations and institutions, specialized groups, and individuals for federal program areas.

Within the Department of Education
The Department of Education houses the Office of Special Education and Rehabilitative Services (OSERS) to improve outcomes for people with disabilities of all ages. OSERS provides an array of supports to parents and individuals, school districts and states in three main areas: special education, vocational rehabilitation, and research. OSERS, through Part B of the Individuals with Disabilities Education Act (IDEA), provides formula grants to states to assist them in providing a free appropriate public education in the least restrictive environment for children with disabilities ages 3 through 21. Also, OSERS, through the IDEA Part C formula grant program, assists states in providing early intervention services for infants and toddlers birth through age two and their families.
Within the Department of Agriculture Food and Nutrition Service (FNS) increases food security and reduces hunger in partnership with cooperating organizations by providing children and low-income people access to food, a healthy diet, and nutrition education. Programs supported include Women, Infant, and Children (WIC) Program, Supplemental Nutrition Assistance Program, School Meals, Food Distribution Programs, Disaster Assistance, Child and Adult Care Food Program, Summer Food Service Program, Farmers Markets Nutrition Programs, and Nutrition Education.

**Foodborne illness**
Illness caused by the transfer of disease organisms or toxins from food to humans.

**Geographic information system (GIS)**
Combines modern computer and supercomputing digital technology with data management systems to provide tools for the capture, storage, manipulation, analysis, and visualization of spatial data. Spatial data contains information, usually in the form of a geographic coordinate system that gives data location relative to the earth’s surface. These spatial attributes enable previously disparate data sets to be integrated into a digital mapping environment.

**Health disparities**
Health disparities indicate the difference in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exists among specific population groups.

**Health Impact Assessment (HIA)**
Health impact assessments refers to any combination of qualitative and quantitative methods used to assess the population health consequences of a policy, project, or program that does not have health as its primary objective (i.e., assessing the health consequences of non-health-sector actions).

**Health indicator**
A health indicator is a measure that reflects, or indicates, the state of health in a defined population, such as the infant mortality rate.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)**
The Health Insurance Portability and Accountability Act of 1996 (HIPAA) consists of two Titles. Title I protects health insurance coverage for workers and their families when they change or lose their jobs. Title II requires the Department of Health and Human Services (HHS) to establish national standards for electronic health care transactions and addresses the security and privacy of health information. HIPAA was first proposed with the simple objective to ensure health insurance coverage after leaving a job. In addition to these portability provisions Congress added an Administrative Simplification section, with the goal of saving money in mind. The Administrative Simplification section was requested and
supported by the health care industry because it standardized electronic transactions and
required standard record formats, code sets, and identifiers. Following this standardization
effort, Congress recognized the need to enhance the security and privacy of individually
identifiable health information in all forms. In 1999, Congress directed the Department of
Health and Human Services (DHHS) to develop privacy and security requirements in
accordance with HIPAA’s Title II.

**Health Officer**
General definition: The name of an officer invested with power to enforce the health laws.
The powers and duties of health officers are regulated by local laws.

*Oregon specific definitions:*
State public health officer: The Director of the Oregon Health Authority shall appoint a
physician licensed by the Oregon Medical Board and certified by the American Board of
Preventive Medicine who shall serve as the Public Health Officer and be responsible for the
medical and paramedical aspects of the health programs within the Oregon Health
Authority. See [ORS 431.045](#) for additional information.

The local public health officer is a licensed physician who performs those specific medical
responsibilities requiring the services of a physician and shall be responsible to the public
health administrator for the medical and paramedical aspects of the health programs. If the
public health administrator is a licensed physician, they may serve as the health officer. See
[ORS 431.418](#) for additional information.

**Healthy People 2020**
Healthy People provides science-based, 10-year national objectives for improving the health
of all Americans. For three decades, Healthy People has established benchmarks and
monitored progress over time in order to encourage collaborations across sectors; guide
individuals toward making informed health decisions and measure the impact of prevention
activities. ([www.healthypeople.gov/2020](http://www.healthypeople.gov/2020)).

**Health Plan Employer Data and Information Set (HEDIS)**
The most widely used quality report for managed care health plans. Version 3.0 includes
71 indicators of performance covering quality measures in addition to performance on
access, patient satisfaction, membership and utilization, financial efficiency, and health plan
management.

**Health promotion**
Health promotion means the process of enabling people to increase control over and to
improve their health.

**Health risk**
A condition of humans that can be represented in terms of measurable health status or quality-of-life indicators.

**Health status**
The current state of a given population using a variety of indices, including morbidity, mortality, and available health resources.

**Incidence**
Incidence (incidence rate) is the number of new events (for example, new cases of a disease) in a defined population, occurring within a specified period of time.

**Indicator**
In public health terms, an indicator variable helps to measure changes directly or indirectly. It also makes it possible to assess the success of a program’s efforts in achieving its goals. In medicine, indicators help to measure changes in the health situation of a given population (e.g., the elderly).

**Infant Mortality Rate**
A death rate calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births.

**Infectious**
Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable”.

**Infectious diseases**
A disease caused by a living organism. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

**Infrastructure**
The systems, competencies, relationships, and resources that enable performance of public health’s core functions and essential services in every community. Categories include human, organizational, informational, and fiscal resources.

**Injury**
Injuries can be classified by the intent or purposefulness of occurrence in two categories, intentional and unintentional injuries. Intentional injuries are ones that are purposely inflicted and often associated with violence. These include child abuse, domestic violence, sexual assault, aggravated assault, homicide, and suicide. Unintentional injuries include only those injuries that occur without intent of harm and are not purposely inflicted.
**Injury prevention**
Injury prevention strategies focus primarily on environmental design (e.g., road construction that permits optimum visibility), product design, human behavior, education and legislative and regulatory requirements that support environmental and behavioral change.

**Intervention**
An intervention is the act of interfering with a condition to modify it or with a process to change its course. A public health intervention can be defined by the fact that it is applied to many, most, or all members in a community, with the aim of delivering a net benefit to the community or population as well as benefits to individuals. Public health interventions include policies of governments and non-government organizations; laws and regulations; organizational development; community development; education of individuals and communities; engineering and technical developments; service development and delivery; and communication, including social marketing.

**Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)**
A peer review organization which provides the primary review of hospitals and healthcare providers for the purpose of accreditation. Many insurance companies require providers to have this accreditation in order to seek third party payment. JCAHO usually surveys organizations once every three years, sending in a medical and administrative team to review policies, patient records, professional credentialing procedures, governance and quality improvement programs.

**Local health department**
An administrative or service unit of local or state government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than the state; the governmental public health presence at the local level, which may be a locally governed health department, a branch of the state health department, a state-created district or region, a department governed by and serving a multi-county area, or any other arrangement that has governmental authority and is responsible for public health functions at the local level.

**Local Health Officer**
An individual who is hired or appointed by the appointing authority for a local governmental public health agency and who has direct responsibility for the day-to-day operations, management, and direction of the local governmental public health agency. Such individuals are generally called “director,” “administrator,” “commissioner,” “health officer,” or similar terms. The title of health official can also be applied to an individual hired by the health director of the local governmental public health agency and given authority and responsible for the medical oversight, external liaison with physicians, and for enacting the emergency powers authorize by statute. Such individuals are generally physicians and may be called “physician health officer,” or “medical director.” Both types of local health officials generally report to a board of health, city or county executive, or elected official.
Local public health system (LPHS)
The collection of public, private and voluntary entities, as well as individuals and informal associations, that contribute to the public’s health within a jurisdiction.

Morbidity
Illness or lack of health caused by disease, disability, or injury.

Mortality
A measure of the incidence of deaths in a population.

Outbreak
An outbreak is the occurrence of more cases of disease than would normally be expected in a specific place or group of people over a given period of time.

Population health
Population health connotes a high level assessment of a group of people. This epidemiologic framework is often in direct opposition to the manner in which the health care system has cared for patients; one individual at a time.
“Population” in population health can be defined from several different perspectives:
• Population served by an individual provider or payer
  – Insuring that patients are assigned correctly to primary care provider
• Population served by the entire delivery system
  – Primary care patients
• Population residing in the broader community
  – Geographic area, membership in a category of persons that share specific attributes

Population-based health
Interventions aimed at disease prevention and health promotion that affect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco, drug, and alcohol use; diet and sedentary lifestyles; and environmental factors.

Prevalence
Prevalence is the proportion of people in a population who have some attribute or condition at a given point in time or during a specified time period.

Prevention
In public health terms, prevention means actions that reduce exposure or other risks, keep people from getting sick, or keep disease from getting worse.

Primary medical care
Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.

**Public health (several definitions)**
1) Public health is a set of organized interdisciplinary efforts to protect, promote, and restore the public’s health. It is the combination of assessment, policy development and assurance that is directed to the maintenance and improvement of the health of all the people through collective or social actions. The mission of public health is to “Promote physical, mental and environmental health and prevent disease, injury and disability.”


2) Public health is a scientific and technical as well as a social and political endeavor that aims to improve the health and wellbeing of communities or populations. A definition of public health in the *Oxford Textbook of Public Health* concisely presents its multiple dimensions: “Public health is the process of mobilizing and engaging local, state, national, and international resources to assure the conditions in which people can be healthy. ...The actions that should be taken are determined by the nature and magnitude of the problems affecting the health of the community. What can be done will be determined by scientific knowledge and the resources available. What is done will be determined by the social and political situation existing at the particular time and place.”


**Public Health Accreditation Board (PHAB)**
PHAB is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation.

**Public health director**
The person responsible for the total management of the health department. The governing authority, often the board of health, appoints this person. The public health director is responsible for the day-to-day operations of the health department and its component institutions, often sets policy or implements policies adopted by the board of health, and is responsible for fiscal and programmatic matters.

**Public health disasters**
Severe or catastrophic events that affect the health of a given area or population.

**Public health emergency**
An occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent of long term disability. Such illness or health condition includes, but is not limited to, an illness or health condition resulting from a natural disaster.

**Public health laboratory**
A scientific research facility with the equipment and staff needed to conduct ongoing public health assessments and to respond to emergency public health issues.

**Public health system**
All public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction. These systems are a network of entities with differing roles, relationships, and interactions that contribute to the health and well-being of the community or state.

**Public health workforce**
All persons engaged during a significant part of the time in work that creates the conditions within which people can be healthy. Composed of those who work for official public health agencies at all levels of government, community-based and voluntary organizations with a health promotion focus, the public health-related staff of hospitals and health care systems, and a range of others in private industry, government, and the voluntary sector.

**Quality of life**
In public health terms, quality of life means the degree to which individuals perceive themselves as able to function physically, emotionally and socially. In a general sense, it is that which makes life worth living. In a more quantitative sense, it refers to a person’s time remaining alive, free of impairment, disability, or handicap.

**Quarantine**
The compulsory physical separation or confinement of individuals and/or groups, animals, or the enforced restraint of transport of goods in order to prevent or limit the spread of disease or disease vectors.

**Rate**
A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.

**Reportable disease(s)**
Health conditions that are required through statute, ordinance or administrative rule to be reported to a public health agency when it is diagnosed in an individual.
**Risk Assessment**
The scientific process of evaluating adverse effects caused by a substance, activity, lifestyle, or natural phenomenon. Risk assessment is the means by which currently available information about public health problems arising in the environment is organized and understood.

**Risk factor**
Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.

**Risk management**
The goal of risk management is to direct limited available resources to those areas and strategies where the greatest amount of risk can be reduced for the least amount of resources. In that “greatest risk” can be defined in a number of different ways, it is a value-laden process.

**Safety-net provider(s)**
Individuals and organizations that provide health care to low-income and other vulnerable populations, including the uninsured and those covered by Medicaid. Major safety net providers include public hospitals and community health centers as well as teaching and community hospitals, private physicians, and other providers who deliver a substantial amount of care to these populations.

**Sanitary code**
A regulation concerned with food safety as well as the design, construction, and maintenance of environmental facilities conducive to public health, such as water supply and waste disposal.

**Screening**
The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.

**Social capital**
Social capital refers to the institutions, relationships, and norms that shape the quality and quantity of a society’s social interactions.

**Social norm**
Expectations about behavior, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.

**Socioeconomic characteristics**
Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

**State health improvement plan**
A state health improvement process is a collaborative effort to identify, analyze, and address health problems in a state; assess applicable data; develop measurable health objectives and indicators; inventory statewide health assets and resources; develop and implement coordinated strategies; identify accountable entities; and cultivate state public health system “ownership” of the entire process. The results of the state health improvement process are contained in a written document, the state health improvement plan.

**State Health Officer**
The chief health official in each state. The chief health officials of these jurisdictions are dedicated to formulating and influencing sound public health policy, and to assuring excellence in state-based public health practice.

**State health profile**
A comprehensive compilation of measures organized into a public report that describes the health status of the state’s population and the resources available to address health needs. Measures may be tracked over time to identify trends, to evaluate health interventions or policy decisions, to compare state data with peer, national or benchmark measures, and to establish priorities through an informed statewide process.

**Surge Capacity**
Surge capacity refers to the ability to expand care or service capabilities in response to unanticipated or prolonged demand.

**Surveillance**
In public health terms, surveillance means the ongoing, systematic collection, analysis, and interpretation of health data. This activity also involves timely dissemination of the data and use for public health programs.

**Tobacco control**
Local, state, and federal activity directed towards reducing the harmful effects of tobacco products. This may involve both education and policy efforts in order to decrease the initiation of tobacco use and to promote cessation among children and adults.

**Underserved populations**
Populations with barriers to the health care system include the uninsured, the underinsured, and socially disadvantaged people. Socially disadvantaged people include all people who, for reasons of age, lack of education, poverty, culture, race, language, religion, national origin,
physical disability, or mental disability, may encounter barriers to entry into a coordinated system of public health services and clinical care.

**Vectors**
Used in terms of public health it refers to animals or other living organisms that carry or transmit diseases (e.g., rats, mosquitoes, foxes).

**Vector control**
Programs designed to reduce or eliminate a disease-carrying insect or rodent population (e.g., mosquito control programs).

**Vital events**
Live births, deaths, fetal deaths, marriages, divorces, and induced terminations of pregnancy, together with any change in civil status that may occur during an individual’s lifetime.

**Vital statistics**
Data derived from certificates and reports of birth, death, fetal death, induced termination of pregnancy, marriage, (divorce, dissolution of marriage, or annulment) and related reports.

**Vulnerable populations**
A group of people with certain characteristics that cause them to be at greater risk of having poor health outcomes. These characteristics include, but are not limited to, age, culture, disability, education, ethnicity, health insurance, housing status, income, mental health, and race.

**Years of potential life lost (YPLL)**
A measure of premature death, or death that occurs before age 75, which is the average life span. This measure is useful for assessing the impact of a particular public health problem on the economy in terms of lost work years and earnings, and on family life in terms of impact on surviving spouses and children. It should be noted that a large percentage of the causes of YPLL are preventable through behavior modification, lifestyle changes, and substance abuse reduction.