*Health Promotion International*, 2021;36:1578–1598
doi: 10.1093/heapro/daaa157
Advance Access Publication Date: 5 April 2021
Article

# Health Promotion Glossary 2021

**Don Nutbeam *[1] and Danielle M. Muscat[2]**

[1]Sydney School of Public Health, Faculty of Medicine and Health, The University of Sydney, Sydney, NSW 2006, Australia and [2]Sydney Health Literacy Lab, Sydney School of Public Health, Faculty of Medicine and Health, The University of Sydney, Sydney, NSW 2006, Australia

*Corresponding author. E-mail: don.nutbeam@sydney.edu.au

## Lay summary

The Health Promotion Glossary 2021 is designed to help clarify the meaning and relationship between terms commonly used in health promotion. This is the first full review and revision of the Glossary in over 20 years. It reflects the continued evolution and development of concepts since the 1998 Glossary, providing an updated overview of the many ideas which are central to contemporary health promotion.

The aim of the Glossary is to facilitate communication among the professions and sectors working in health promotion. The list of terms in the Glossary is not intended to be either exhaustive or exclusive, and draws upon the wide range of disciplines from which health promotion has its origins. The definitions should not be regarded as 'the final word' on the terms included. Definitions by their very nature are restrictive, often representing summaries of complex ideas and actions. The use of terms will often be context-specific, and influenced by different social, cultural and economic conditions in countries and communities. Despite these obvious restrictions, the glossary has been assembled to enable as wide an audience as possible to understand the basic ideas and concepts which are central to the development of health promotion.

**Key words:** 'health promotion', glossary, definitions

## INTRODUCTION

The first edition of this Health Promotion Glossary of terms was commissioned by the World Health Organization (WHO) in 1986 as a guide to readers of WHO documents and publications. It was published in the first volume of this journal in the same year (Nutbeam, 1986). Its original purpose was to help clarify the meaning and relationship between many terms which were then not commonly used. The Glossary supported preparatory work for the first WHO International Conference on Health Promotion in Ottawa and the subsequent development of the WHO *Ottawa Charter for Health Promotion*. The Glossary underwent a full revision in 1998 following the 4th International Conference on Health Promotion held in Jakarta, Indonesia in 1997 (Nutbeam, 1998). An addendum report on 'new terms' in health promotion was published in 2006 (Smith *et al.*, 2006).

This is the first full review and revision of the Glossary in over 20 years. Much has happened in that time including WHO global conferences on health promotion in Bangkok, Mexico City, Nairobi, Helsinki and Shanghai. These conferences provided important opportunities to take stock on progress and provide future direction for health promotion over these two decades, adding greatly to our understanding of health promotion concepts, strategies and their practical application in all countries of the world.

With more 35 years of experience, and continued evolution and development of ideas since the production of the first Glossary, this revision provides an updated overview of the many ideas and concepts which are central to contemporary health promotion. This time, as previously, the basic aim of the Glossary is to facilitate communication both between countries and within countries, and among the professions and sectors working in health promotion either directly or indirectly.

This version of the Glossary is substantially different from the original. Some terms have been omitted, many have been modified in the light of practical experiences and the evolution in concepts, and new terms have been included. The list of terms is not intended to be either exhaustive or exclusive, and draws upon the wide range of disciplines from which health promotion has its origins. Wherever possible definitions are sourced, or derived from existing, publicly accessible WHO documents. Specific sources are referenced, and where possible a website link is also provided to facilitate access to source documents. The web links were correct at the time of publication but are subject to change and may be removed. In some examples the definitions have been adapted to reflect the application of a term in the context of health promotion. This focus is acknowledged in the definition.

As before, the definitions should not be regarded as 'the final word' on the terms included. As experience grows and ideas evolve further, the terms will need to be regularly assessed and adapted to ensure continued relevance.

The definitions have been kept short, and make no pretence to offer full interpretations which may be found elsewhere in other publications. For each definition, short notes of explanation have been added.

Definitions by their very nature are restrictive, often representing summaries of complex ideas and actions. The use of terms will often be context-specific, and influenced by different social, cultural and economic conditions in countries and communities. Despite these obvious restrictions, the glossary has been assembled to enable as wide an audience as possible to understand the basic ideas and concepts which are central to the development of health promotion.

This version of the Glossary has been developed in consultation with key staff at WHO, and with the support of an advisory group listed below.

**Acknowledgements:** Several individuals have acted as advisers and critical reviewers in the preparation of the Glossary. The selection of terms to be included, and successive drafts of the Glossary were reviewed this group. We are grateful for their advice and guidance which has immeasurably improved this final version of the Glossary: **Advisory Group Co-Chairs**: Ilona Kickbusch and Rüdgier Krech. **Advisory Group:** Marco Akerman, Trevor Hancock, Masamine Jimba, Bernard Kardasia, Evelyne de Leeuw, Vivian Lin, Louise Potvin, Timo Ståhl and Stephan Van den Broucke. **WHO Responsible Officer**: Faten Ben Abdelaziz. In addition, several individuals provided input and advice on specific definitions in the Glossary, as follows: **Healthy Cities**: Keiko Nakamura and Evelyne de Leeuw. **Health Literacy**: Kristine Sørensen and Diane Levin-Zamir. **Health Promoting Hospitals**: Jürgen Pelikan, Oliver Gröne, Margareta Kristenson and Sally Fawkes. **Health Promoting Schools**: Kevin Dadaczynski and Vivian Barnekow. **Salutogenesis**: Georg Bauer, Bengt Lindström and Maurice Mittelmark. We also acknowledge the contribution of Katherine Frohlich and Josée Lapalme to the early development of the terms to be included in the Glossary.

## Notes on the use of the glossary

The glossary consists of two sections. The first contains core definitions which are central to the concept and principles of health promotion, and are discussed in greater detail. This is followed by the main section which includes an extended list of 47 terms which are used in health promotion. The list is presented in alphabetical order.

Some of the definitions are original to the glossary, or are composites of definitions which reflect different perspectives to the term cited. Some definitions remain the same as the 1998 version of the Glossary (referred to as 'unmodified'), many have been modified either in the definition or commentary to account for changes in use and evolution in concepts (referred to as 'modified'), and some are new to this edition of the glossary (referred to as 'new term').

Some terms within the definitions and notes are highlighted in *italics* to assist the reader in cross-referencing with other definitions. This cross-referencing is intended to improve understanding of the inter-relationships between different terms and concepts.

## References

Nutbeam, D. (1986) Health Promotion Glossary. *Health Promotion*, **1**, 113–127.

Nutbeam, D. (1998) Health Promotion Glossary. Health Promotion International, 13, 349–364.
Smith, B. J., Tang, K. C. and Nutbeam, D. (2006) Health Promotion Glossary: New terms. Health Promotion International, 21, 340–345.

## CORE TERMS

### Health

Health is defined in the Constitution of the WHO in 1948 as:

A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

**Unmodified definition, modified commentary**

Health is regarded by WHO as a fundamental human right. Correspondingly, all people should have access to basic resources for health. Within the context of health promotion, health has been considered as a resource which permits people to lead individually, socially and economically productive lives.

The *Ottawa Charter for Health Promotion* identifies health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities.

In keeping with the concept of health as a fundamental human right, the *Ottawa Charter* emphasizes certain pre-requisites for health which include peace, adequate economic resources, food and shelter, education and social justice, and a stable eco-system and sustainable resource use. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical and social environment, individual *health behaviours* and skills and health. These links provide the key to a holistic understanding of health which is central to the definition of *health promotion*.

A comprehensive understanding of health implies that all systems and structures which govern the *determinants of health* should take account of the implications of their activities in relation to their impact on individual and collective health and *wellbeing*. Increasingly, this includes concern for the health of the planet—referred to as *planetary health*.

### Health promotion

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

**Unmodified definition, modified commentary**

Health promotion represents a comprehensive social and political process. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic determinants of health so as to optimize their positive impact on public and personal health. Health promotion is the process of enabling people, individually and collectively, to increase control over the *determinants of health* and thereby improve their *health*.

The *Ottawa Charter* identifies three basic strategies for health promotion. These are *advocacy* for health to create the essential conditions for health indicated above; *enabling* all people to achieve their full health potential; and *mediating* between the different interests in society in the pursuit of health.

The *Ottawa Charter* identified five priority action areas to build healthy public policy; create *supportive environments for health*; strengthen *community action for health*; develop personal skills, and *re-orient health services*. These action areas remain vitally important in health promotion, and the underlying concepts have continued to evolve. Some of these actions such as re-orienting health services, and community action for health remain but are represented with updated definitions. Others remain in the main body of the Glossary but have evolved into different terms. For example, the concept of *healthy public policy* remains independently valid, but is now included within the contemporary concept of *health in all policies* (HiAP); and *developing personal skills* is incorporated into definitions of *skills for health* and *health literacy*.

### Determinants of health

The range of personal, social, economic and environmental factors which determine the *healthy life expectancy* of individuals and populations.

**Modified**

The conditions which influence health are multiple and interactive. Some determinants of health are not modifiable (e.g. age, place of birth and inherited (genetic) attributes). Health promotion is fundamentally concerned with action to address the full range of potentially modifiable determinants of health—not only those which are related to the actions of individuals, but also those factors which are largely outside of the control of individuals and groups. These include, e.g. income, education, employment and working conditions (often referred to as the *social determinants of health*), access to

appropriate health services, and the *environmental determinants of health*. Health promotion addresses this broad range of determinants through a combination of strategies including the promotion of HiAP, and creating *supportive environments for health;* and by strengthening *personal health literacy* and *skills for health*. Action to address the determinants of health is inextricably linked to *health equity* and is fundamentally concerned with the distribution of key determinants of health in populations.

## Disease prevention

Disease prevention describes measures to reduce the occurrence of *risk factors*, prevent the occurrence of disease, to arrest its progress and reduce its consequences once established.

**Modified**

The prevention of communicable and non-communicable disease (NCD) has been core business for WHO since its establishment. Primary prevention is directed towards lowering the prevalence of risk factors common to a range of diseases (such as tobacco and alcohol use, obesity and high blood pressure) in order to prevent the initial occurrence of a disorder, e.g. through behavior change advice and prompting. It may also include actions that inhibit environmental, economic and social conditions known to increase these risks. Secondary prevention is directed towards early detection of existing disease with a view to arresting or delaying the progression of the disease and its effects, e.g. through screening and other early detection programs such as routine health checks. Tertiary prevention generally refers to disease management strategies and/or rehabilitation intended to avoid or reduce the risk of deterioration or complications from established disease, e.g. through patient education and physical therapy.

## Health equity

Equity means fairness. Health equity implies that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

**Modified**

Equity is the absence of avoidable, unfair or remediable differences among groups of people whether those groups are defined socially economically, demographically or by other means of stratification. Health equity implies that everyone should have a fair opportunity to attain their full health and that no one should be disadvantaged from achieving this potential. Inequities in health are fundamentally influenced by the *social determinants of health*.

Health promotion has a consistent and sustained focus on health equity and social justice. Health promotion represents a comprehensive and adaptable response to the unfair distribution of opportunity in societies, and supports actions that address the *determinants of health* that drive this maldistribution. A core health promotion strategy is *enabling* all people to achieve their full health potential through fair and just access to resources for health.

Similar terms include health disparity and health (in)equalities. Disparity relates to factual difference, equality to avoidable difference and equity to unfair and avoidable differences.

**References**

World Health Organization. (2021). *Social Determinants of Health*. https://www.who.int/topics/health_equity/en/ (24 March 2021, date last accessed).

## Health in all policies

HiAP is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.

**New term**

As a concept, HiAP reflects the principles of: legitimacy, accountability, transparency and access to information, participation, sustainability, and collaboration across sectors and levels of government. HiAP is a horizontal policy strategy that improves the accountability of policy-makers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, *determinants of health* and wellbeing.

A HiAP approach has been advocated as a practical response to the intersectoral requirements of the *Sustainable Development Goals (SDGs)*, and as an important strategy for achieving *Universal Health Coverage* (UHC) and *Health for All*.

**References**

World Health Organization. (2014). *The Helsinki Statement on Health in All Policies*. https://apps.who.int/iris/bitstream/handle/10665/112636/9789241506908_eng.pdf?sequence=1 (24 March 2021, date last accessed).

Department of Health, Government of South Australia. (2010). *Implementing Health in All Policies: Adelaide 2010*. https://www.who.int/sdhconference/resources/implementinghiapadel-sahealth-100622.pdf (24 March 2021, date last accessed).

World Health Organization. (2014). *Health in All Policies: Training Manual*. https://www.who.int/social_determinants/publications/health-policies-manual/en/ (24 March 2021, date last accessed).

## Health literacy

Health literacy represents the personal knowledge and competencies which accumulate through daily activities, social interactions and across generations. Personal knowledge and competencies are mediated by the organizational structures and availability of resources which enable people to access, understand, appraise, and use information and services in ways which promote and maintain good health and wellbeing for themselves and those around them.

### Modified

Health literacy is critical for informed decision-making and empowers people and communities. It is founded on inclusive and equitable access to quality education and life-long learning. It is an observable outcome of *health education* as a part of health promotion. Health literacy is mediated by cultural and situational demands that are placed on people, organizations and society. It is not the sole responsibility of individuals. All information providers, including government, civil society and health services should enable access to trustworthy information in a form that is understandable and actionable for all people. These social resources for health literacy include regulation of the information environment and media (oral, print, broadcast and digital) in which people obtain access to and use health information.

Health literacy means more than being able to access web sites, read pamphlets and follow prescribed behaviours. It includes the ability to exercise critical judgement of health information and resources, as well as the ability to interact and express personal and societal needs for promoting health. By improving people's access to understandable and trustworthy health information and their capacity to use it effectively, health literacy is critical both in empowering people to make decisions about personal health, and in enabling their engagement in collective health promotion action to address the *determinants of health*.

### References

International Union for Health Promotion and Education (IUHPE) Global Working Group on Health Literacy. (2018). IUHPE position statement on health literacy: a practical vision for a health literate world. *Global Health Promotion*, **25**, 79–88.

World Health Organization. (2016). *Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development*. https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf?ua=1 (24 March 2021, date last accessed).

## Investment for health

Investment for health refers to resources which are explicitly dedicated to the production of *health* and *well-being*. They may be invested by public and private agencies as well as by people as individuals and groups. Investment for health strategies are based on knowledge about the *determinants of health* and seek to gain political commitment to HiAP.

### Modified

Investment for health is not restricted to resources which are devoted to the provision and use of health services and may include, e.g. investments made by people (individually or collectively) in education, housing, empowerment of women or child development. Greater investment for health also implies reorientation of existing resource distribution within the *health sector* towards health promotion and disease prevention. A significant proportion of investments for health are undertaken by people in the context of their everyday life as part of personal and family health maintenance strategies.

Human health and wellbeing is inter-related with sustainable development. Investment for health supports social, economic and environmental sustainability; while investment in a healthy planet with inclusive and sustainable development, and in fair and secure societies supports health and wellbeing for individuals, families and communities. Investments that address the *determinants of health* and improve *health equity* are enablers and prerequisites for the achievement of the *SDGs*.

### References

Dyakova, M., Hamelmann, C., Bellis, M. A., Besnier, E., Grey, C. N. B., & Ashton, K. (2017). *Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health*. World Health

Organization Regional Office for Europe (Health Evidence Network (HEN) Synthesis Report 51). https://www.euro.who.int/__data/assets/pdf_file/0008/345797/HEN51.pdf (24 March 2021, date last accessed)

## Planetary health

The achievement of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems—political, economic and social—that shape the future of humanity, and the Earth's natural systems that define the safe environmental limits within which humanity can flourish.

### New term

Planetary health describes the health of the human species and the state of the natural systems on which it depends. It is based on the understanding that human health and human civilization depend on flourishing natural systems and the wise stewardship of those natural systems. The inextricable link between people and their environment was reflected in the *Ottawa Charter* concept of *Supportive Environments for Health*. It has been developed and refined as the underpinning science has improved and knowledge of our interdependencies had evolved—reflecting the need for reciprocal maintenance, to take care of each other, our communities and our natural environment.

The concept of planetary health is directly aligned with the *SDGs*. It provides a framework to use in addressing the goals by bringing together a wide range of disciplines including health, environment and economics to tackle global issues holistically.

### References

Whitmee, S., Haines, A., Beyrer, C., Boltz, F., Capon, A., de Souza Dias, B., Ezeh, A., Frumkin, H., Gong, P., Head, P., Horton, R., Mace, G., Marten, R., Myers, S., Nishtar, S., Osofsky, S., Pattanayak, S., Pongsiri, M., Romanelli, C., … Yach, D. (2015). Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation– Lancet Commission on planetary health. *The Lancet*, **386**(10007), 1973–2028.

The Rockefeller Foundation Economic Council on Planetary Health. (2020). *What is planetary health?* https://www.planetaryhealth.ox.ac.uk/planetary-health/ (24 March 2021, last date accessed).

Griggs, D., Stafford-Smith, M., Gaffney, O., Rockström, J., Öhman, M., Shyamsundar, P., Steffen, W., Glaser, G., Kanie, N., & Noble, I. (2013). Sustainable development goals for people and planet. *Nature*, **495**(7441), 305–307.

## Primary health care

Primary health care (PHC) is an overall approach to health care which encompasses the three aspects of: multi-sectoral policy and action to address the broader determinants of health; empowering individuals, families and communities; and meeting people's essential health needs throughout their lives.

### Modified

PHC is a whole-of-society approach that includes health promotion, disease prevention, treatment and management, as well as rehabilitation and palliative care. It is care for all at all ages, and addresses the majority of a person's health needs throughout their lifetime. This includes physical, mental and social wellbeing. PHC is people-centred rather than disease-centred and is recognized as foundational to achieving *UHC* and the health-related *SDGs*.

'Primary care' is a subset of PHC and refers to essential, first-contact care provided in a community setting.

### References

World Health Organization. (2020). *Primary health care*. https://www.who.int/health-topics/primary-health-care#tab=tab_1 (24 March2021, date last accessed).

World Health Organization and the United Nations Childrens's Fund (UNICEF). (2018). *Declaration of Astana*. https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf (24 March 2021, date last accessed).

## Sustainable development goals

The SDGs are a call for action by all countries—developed and developing—in a global partnership. They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth—all while tackling climate change and working to preserve our oceans and forests.

### New term

The SDGs were adopted in 2015 at the United Nations (UN) General Assembly as a part of the 2030 Sustainable Development Agenda. The SDGs are all intertwined, interconnected and indivisible and provide the blueprint to achieve a better and more sustainable future for all. Together, they reflect the whole range of

*determinants of health* by addressing pre-requisites for health, including those related to poverty, inequality, climate change, environmental degradation, peace and justice and aim to improve the lives and prospects of everyone, everywhere. The SDGs have been adopted by all Member States of the UN.

Healthy lives and increased wellbeing for people at all ages can only be achieved by promoting health through all the SDGs and by engaging the whole of society in the health development process. Health promotion strategies provide a practical and transformative response to these challenges by acting decisively across all sectors on all *determinants of health*, empowering people to increase control over their health and ensuring people-centred health systems.

**References**

United Nations. (2020). *Sustainable Development Goals*. https://www.un.org/sustainabledevelopment/ (24 March 2021, date last accessed).

World Health Organization. (2016). *Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development*. https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf?ua=1 (24 March 2021, date last accessed).

World Health Organization. (2018). *Sustainable Development Goals (SDGs)*. https://www.who.int/sdg/en/ (24 March 2021, date last accessed).

### Wellbeing

Wellbeing is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions.

**New term**

Wellbeing encompasses quality of life, as well as the ability of people and societies to contribute to the world in accordance with a sense of meaning and purpose. Focusing on wellbeing supports the tracking of the equitable distribution of resources, overall thriving, and sustainability. A society's wellbeing can be observed by the extent to which they are resilient, build capacity for action, and are prepared to transcend challenges.

## HEALTH PROMOTION GLOSSARY

### Burden of disease

The burden of disease is a measurement of the gap between a population's current health and the optimal state where all people attain full life expectancy without suffering major ill-health.

**Modified**

Burden of disease analysis is an important and widely used tool that enables decision-makers to identify the most serious health problems facing a population currently and the likely burden in the future. It may be expressed as lost Healthy Life Years, Disability-Adjusted Life years, Quality-Adjusted Life years or adjusted combinations of these measures. Burden of disease data also provide a basis for determining the relative contribution of various *risk factors*, and can be useful in identifying the relative importance of the broader *determinants of health* to overall population health. Burden of disease data can be applied to make explicit the unequal impact of risk factors and determinants of health and can be used to highlight the actions required to achieve greater *health equity*. These data and analyses can be used to determine priorities for health promotion action within countries.

**References**

Murray, C. J. L., Lopez, A. D., Mathers, C. D., & Stein, C. (2001). *The Global Burden of Disease 2000 project: aims, methods and data sources - Global Programme on Evidence for Health Policy Discussion Paper No. 36*. World Health Organization. https://www.who.int/healthinfo/paper36.pdf?ua=1 (24 March 2021, date last accessed)

### Capacity building

In health promotion, capacity building is the development of knowledge, skills, commitment, partnerships, structures, systems and leadership to enable effective health promotion actions.

**Modified**

Capacity building is intended to strengthen and complement existing capabilities, and to sustain and amplify the *health outcomes* from health promotion. It involves actions to improve health through the advancement of knowledge and skills among frontline practitioners; the expansion of support and infrastructure for health promotion in organizations, and; the development of cohesiveness and partnerships for health in communities.

The competency of individual health practitioners, and others engaged in health promotion is a necessary but not sufficient condition for effective health promotion. Support from the organizations they work within

and work with is equally crucial to effective implementation of health promotion strategies. At the community level, capacity building may include raising awareness about health *risk factors*, strategies to foster community identity and cohesion, education to increase *health literacy*, facilitating access to external resources, and developing structures for community decision-making and collective action. Community capacity building is focused on enabling community members to take action to address their needs as well as the social and political support that is required for successful implementation of programs.

## Co-benefits

Co-benefits are mutually positive outcomes for health and other sectors within governments, organizations and communities. Co-benefits across sectors and society at large can be achieved when health considerations are transparently taken into account in policy-making, resource allocation and service delivery.

**New term**

Governments have a range of priorities in which health and equity do not automatically gain precedence over other policy objectives. The policy levers for action on the *determinants of health* often sit outside the remit of the health sector. Co-benefits emerge when health considerations are transparently taken into account in policy-making, e.g. as a result of *health impact assessment*. Achieving co-benefits is important to *HiAP* providing a framework for regulation and practical tools that combine health, social and equity goals with economic development.

**References**

World Health Organization. (2014). *The Helsinki Statement on Health in All Policies*. https://apps.who.int/iris/bitstream/handle/10665/112636/9789241506908_eng.pdf?sequence=1 (24 March 2021, date last accessed).

World Health Organization. (2014). *Health in all Policies: Training Manual*. https://apps.who.int/iris/bitstream/handle/10665/151788/9789241507981_eng.pdf?sequence=1 (24 March 2021, date last accessed).

## Commercial determinants of health

The strategies and approaches used by the private sector to promote products and choices that have an impact on health.

**New term**

These strategies and approaches shape consumer environments, and determine the availability, promotion and pricing of consumables. The commercial determinants of health also include other channels through which companies influence governments, society and consumers' such as through lobbying, corporate social responsibility strategies and extensive supply chains which amplify company influence around the globe. These commercial determinants can deliver benefit by influencing supply and demand for goods and services that enhance health. Commercial determinants have been most commonly associated with shaping consumer environments in ways that are detrimental to health. This not only includes influences on the supply and demand for tobacco, alcohol and high calorie food products but also the production and use of hazardous products, services and materials. Health promotion strategies are designed to foster the supply and demand for health enhancing products and services, and to reduce the supply, demand and impact of goods and services that are detrimental to health.

**References**

Kickbusch, I., Allen, L. & Franz, C. (2016). The commercial determinants of health. *The Lancet Global Health*, **4**, e895–e896.

## Community action for health

Community action for health refers to collective efforts by communities which are directed towards increasing community control over the *determinants of health*, and thereby improving health.

**Unmodified definition, modified commentary**

The *Ottawa Charter* emphasizes the importance of concrete and effective community action in setting priorities for health, making decisions, planning strategies and implementing them to achieve better health. The concept of community *empowerment* is closely related to the Ottawa Charter definition of community action for health. In this concept an empowered community is one in which individuals and organizations apply their skills and resources in collective efforts to address health priorities and meet their respective health needs. Through such participation, individuals and organizations within an empowered community provide *social support* for health, address conflicts within the community, and gain increased influence and control over the determinants of health in their community. The concept of community action for health has its roots in established geographical

communities, and is now greatly extended and amplified by new types of digital communities.

## Community mobilization

A *capacity-building* process through which community individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or through the *health advocacy* of others.

**New term**

Community mobilization helps communities to identify their own needs and respond to and address these needs. Community mobilization can be important in linking health institutions and structures to communities, and in promoting consideration of the needs of specific populations and localities. Mobilization also leads to greater sustainability, as communities are empowered and capable of addressing their own needs.

**References**

The ACQUIRE Project. (2006). *Community Mobilization: Improving Reporductive Health Outcomes*. https://www.who.int/management/community/overall/CommunityMobilization2pgs.pdf (24 March 2021, date last accessed).

Howard-Grabman, L., & Snetro, G. (2003). *How to mobilize communities for health and social change*. Baltimore, MD: Health Communication Partnership.

## Empowerment

In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health.

**Unmodified definition, modified commentary**

Empowerment results from social, cultural, psychological or political processes through which individuals and social groups are enabled 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. Through such a process people see a closer correspondence between their goals in life and a sense of how to achieve them, and a relationship between their efforts and life outcomes. Health promotion not only encompasses actions directed at strengthening the basic *skills for health* and capacities of individuals, but also at influencing underlying *determinants of health*. In this sense health promotion is directed at creating the conditions which offer a better chance of there being a relationship between the efforts of individuals and groups, and subsequent *health outcomes* in the way described earlier.

A distinction is made between individual and community empowerment, where individual empowerment refers primarily to the individuals' ability to make decisions and have control over their personal health decisions. Community empowerment involves individuals acting collectively to gain greater influence and control over the *determinants of health* in their community and is an important goal in *community action for health*. These concepts are linked and reciprocal. Empowered individuals create empowered communities, and vice-versa.

## Enabling

In health promotion, enabling means taking action in partnership with individuals or communities to facilitate greater empowerment through the mobilization of community and material resources to promote and protect health.

**Modified**

The emphasis in this definition is on *empowerment* through partnership, and on *community mobilization*. It provides a practical illustration of the important role of health workers and other health activists acting as a catalyst for health promotion action, e.g. by providing access to information on health, by facilitating skills development, and supporting access to the political processes which shape public policies affecting health.

## Environmental determinants of health

The physical conditions in which people live and work that have an impact on health.

**New term**

Environmental determinants range from access to clean water, hygienic sanitation services and air quality, through the built environment including housing and living conditions, and the work environment, all of which can have a major impact of the *burden of disease*. Alongside our understanding of these established environmental determinants, understanding of a broader set of ecological determinants of health is rapidly emerging. These are concerned with the fundamental role that Earth systems such as the natural cycles of water, carbon and nitrogen have in sustaining human life and the life of all other species. Disruptions to these natural systems underpin threats to *planetary health*.

Inequalities in exposure to the environmental determinants of health are a major cause of inequity in health. In health promotion, different *settings for health* such as cities, schools, workplaces, housing and health care facilities provide structure for practical action. Regulation of the environment to optimize *health outcomes* can play a major role in the achievement of a broad range of the *SDGs*. It is a major responsibility of governments that is facilitated by *health impact assessment*, and the adoption of *HiAP*, and by good *governance for health* between countries.

**References**

World Health Organization Regional Office for Europe. (2012). *Social and Environmental Determinants of Health and Health Inequalities in Europe: Fact Sheet*. https://www.euro.who.int/__data/assets/pdf_file/0006/185217/Social-and-environmental-determinants-Fact-Sheet.pdf (24 March 2021, date last accessed).

World Health Organization. (2019).*Healthy Environments for Healthier Populations: Why Do They Matter, and What Can We Do?* (WHO/CED/PHE/DO/19.01;Licence: CC BYNC-SA 3.0 IGO). https://apps.who.int/iris/bitstream/handle/10665/325877/WHO-CED-PHE-DO-19.01-eng.pdf?ua=1 (24 March 2021, date last accessed).

World Health Organization and Secretariat of the Convention on Biological Diversity. (2015). *Connecting Global Priorities: Biodiversity and Human Health - A State of Knowledge Review*. https://www.who.int/globalchange/publications/biodiversity-human-health/en/ (24 March 2021, date last accessed).

## Global health

Achieving health equity at a global level by addressing the transnational health issues, determinants, and the interventions and formal structures which are beyond the control of the institutions of individual countries.

**Modified**

Issues in global health include the *commercial determinants in health*—health impacts and inequities caused by patterns of international trade and investment, specifically by the marketing of harmful products by transnational corporations; as well as the effects of global climate change; the vulnerability of refugee populations; and the transmission of diseases resulting from travel between countries—especially novel viruses, and other communicable diseases. These global threats require partnerships for priority setting, regulation and health promotion at both the national and international levels through established international institutions.

**Reference**

Koplan, J., Bond, T., Merson, M., Reddy, K., Rodriguez, M., Sewankambo, N., & Wasserheit, J. (2009). Towards a common definition of global health. *The Lancet*, 373(9679), 1993–1995.

## Governance for health

Actions of governments and other actors to steer communities, countries or groups of countries in the pursuit of health as integral to wellbeing through both whole-of-government and whole-of-society approaches.

**New term**

Governance determines who has power, who makes decisions, and who is held to account. It is characterized by a set of processes (customs, policies or laws) that are formally or informally applied to distribute responsibility and/or accountability among actors within the health and non-health sectors who influence health. Governance for health promotes joint action of health and non-health sectors, of public and private actors and of citizens for a common interest. It requires a synergistic set of policies, many of which reside in sectors other than health as well as sectors outside government, which must be supported by structures and mechanisms that enable collaboration. A HiAP approach is one way to facilitate such collaboration, synergy and accountability, specifically within the public sector.

**References**

Kickbusch, I. & Gleicher, D. (2012). *Governance for Health in the 21st Century*. World Health Organization Regional Office for Europe. http://www.euro.who.int/__data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf (24 March 2021, date last accessed).

World Health Organization. (2014). *Health Systems Governance for Universal Health Coverage: Action Plan*. https://www.who.int/universal_health_coverage/plan_action-hsgov_uhc.pdf (24 March 2021, date last accessed).

Barbazza, E. & Tello, J. E. (2014). A review of health governance: definitions, dimensions and tools to govern. *Health Policy*, **116**, 1–11.

## Health 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.

**Unmodified definition, modified commentary**

Advocacy is one of the three major strategies for *health promotion* and may be made by or on behalf of individuals and groups. The target of advocacy may be public or private policy or actions (or absence of policy or action) in any sector at any level that has an impact on health. Advocacy for health can take many forms including the use of the digital and mass media; more direct political communication, persuasion or lobbying; and community mobilization through, e.g. building coalitions of interest around defined issues. Health workers can have an important role in acting as advocates for health at all levels in society.

**Reference**

World Health Organization. (1992). *Advocacy Strategies for Health and Development: Development Communication in Action* https://apps.who.int/iris/bitstream/handle/10665/70051/HED_92.4_eng.pdf?sequence=1 (24 March 2021, date last accessed).

## Health behaviour

Any activity undertaken by an individual for the purpose of promoting, protecting, maintaining or regaining health, whether or not such behaviour is objectively effective towards that end.

**Modified**

Behaviour remains a critical determinant of health. Changes to behaviour may either directly benefit health, or enable increased control over the determinants of health. As such, behaviour change remains an important element to health promotion. Health behaviours are influenced by emotional, cognitive and interpersonal factors as well as individual *skills for health;* and are fundamentally shaped by the social, cultural, commercial and physical environments in which people live and work. Health behaviours are often related in clusters and in groups of people that form a complex set of interdependent relationships. In health promotion, behaviour change can be supported through approaches that combine policy instruments such as legislation or regulation with *community mobilization* to influence social norms and practices, and behaviour change interventions that address the complex realities shaping peoples' health.

**References**

Van den Broucke, S. (2014). Needs, norms and nudges: the place of behaviour change in health promotion. *Health Promotion International*, **29**, 597–600.

## Health communication

The use of communication strategies (interpersonal, digital and other media) to inform and influence decisions and actions to improve health.

**Modified**

Health communication may involve the integration of digital and other mediated communication with more local, personal or traditional forms of communication. Effective health communication delivers credible and trusted information that is accessible, understandable, and actionable for those who are the intended audience.

**References**

World Health Organization. (2020). *Communicating for Health: WHO Strategic Framework for Effective Communications*. https://www.who.int/about/communications (24 March 2021, date last accessed).

## Health diplomacy

Multi-level and multi-actor negotiation processes that shape and manage the global policy environment to improve health and/or global health governance.

**New term**

Health diplomacy brings together the disciplines of public health, international affairs, management, law and economics. It can include formal negotiations between and among nations; multi-stakeholder diplomacy involving negotiations between or among nations and other actors; and more informal diplomacy, including interactions between international public health actors and their counterparts in the field, including host country officials, nongovernmental organizations, private-sector companies, and the public. Health diplomacy forms a response to the *commercial determinants of health*, and supports the advancement of *global health*.

**References**

Kickbusch, I., Silberschmidt, G. & Buss, P. (2007). Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health.

*Bulletin of the World Health Organization*, **85**, 230–232.
Katz, R., Kornblet, S., Arnold, G., Lief, E. & Fischer, J. E. (2011). Defining health diplomacy: changing demands in the era of globalization. *Milbank Quarterly*, **89**, 503–523.

## Health education

Health education is any combination of learning experiences designed to help individuals and communities improve their health by increasing knowledge, influencing motivation and improving *health literacy*.

### Modified

Health education can include the communication of information concerning the *determinants of health*, as well as individual *risk factors* and use of the health care system. Health education can involve task-based communication—designed to support predetermined actions such as participation in immunization and screening programs, medication adherence, or *health behaviour* change, and can also include skills-based communication designed to develop generic, transferable *skills for health* that equip people to make a range of more autonomous decisions relating to their health and to adapt to changing circumstances. This includes the development of knowledge and skills that enable action to address the *determinants of health*.

## Health for all

The attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life regardless of who they are or where they live.

### Modified

Embedded in the Declaration of Alma Ata in 1977, Health for All has served as an important focal point for health strategy for WHO and most member States for over forty years. Although it has been interpreted differently by each country in the light of its social and economic characteristics, the health status and *burden of disease* in its population, and the state of development of its health system, Health for All is considered a fundamental human right and worldwide social goal to achieve *health equity*. Health for All is the core of the *SDGs*.

### References

Pandey, K. R. (2018). From health for all to universal health coverage: Alma Ata is still relevant. *Globalization and Health*, **14**, 62.
World Health Organization. (2020). Priorities: Health for all. https://www.who.int/dg/priorities/health-for-all/en/ (24 March 2021, date last accessed).

## Health impact assessment

Health impact assessment is a combination of procedures, methods and tools by which a policy, program, product or service may be judged concerning its effects on the health of the population and the distribution of those effects within the population.

### Modified

The primary goal of health impact assessment is to inform the development of policies and programs that will promote better health and reduce health inequity through the identification of health *co-benefits*, conflicts and *risk factors*. Health impact assessment is an integral tool supporting *HiAP*.

### References

Vohra, S., Cave, B., Viliani, F., Harris-Roxas, B. F. & Bhatia, R. (2010). New international consensus on health impact assessment. *The Lancet*, **376**, 1464–1465.

## Health needs assessment

A systematic procedure for determining the nature and extent of health needs in a population, the causes and contributing factors to those needs; the actions required to address those needs; and the human, organizational and community resources that are available in response.

### Modified

In health promotion, needs assessment incorporates consideration of the impact on health of a broad range of *determinants of health*, moderated by more locally defined needs and priorities. *Community mobilization* for needs assessment will better support the identification of priorities that are locally relevant and actionable. Needs assessment is not a one-off activity but a developmental process that is added to and amended over time. It is not an end in itself but a way of using information to plan health care and public health programmes in the future.

### References

World Health Organization Regional Office for Europe. (2001). *Community Health Needs Assessment: An*

*introductory Guide for the Family Health Nurse in Europe*. http://www.euro.who.int/__data/assets/pdf_file/0018/102249/E73494.pdf (24 March 2021, date last accessed).

## Health outcomes

A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.

### Unmodified

This a definition emphasizes the outcome of planned interventions (as opposed, e.g. to incidental exposure to risk), and that outcomes may be for individuals, groups or whole populations. The change in outcome may be positive for health, or may be detrimental. Interventions may include government policies and consequent programmes, laws and regulations, or health services and programmes, including health promotion programmes. In health promotion, interventions are intended to be enabling and empowering, and health outcomes can be considered in terms that describe the more immediate impact of health promotion activities such as improving *health literacy*, changing *health behaviours*, implementing *HiAP* and enabling *community action for health* and subsequent changes in the *determinants of health*.

## Health policy

Health policy refers to decisions, plans and actions that are undertaken to achieve specific health care goals within a society.

### Modified

Health policy in this context is narrowly focused on health care. It generally excludes broader consideration of policies that may have an impact on the *determinants of health* which are more in keeping with the health promotion concept of *HiAP*. Health policy defined in this way is commonly a formal statement or procedure within institutions (notably government) which defines priorities, timing and the parameters for action in response to health care needs, available resources and other political pressures. Health policy is often enacted through legislation or other forms of rule-making which define regulations, and incentives which enable the provision of health services and programmes, and access to those services and programmes. As with most policies, health policies arise from a systematic process of building support for public health action that draws upon available evidence, integrated with community preferences, political realities and resource availability. It outlines priorities and the expected roles of different groups; and is intended to build consensus and inform people.

## Health promoting hospital

Health promoting hospitals and health services orient their governance models, structures, processes and culture to optimize health gains of patients, staff and populations served and to support sustainable societies.

### Modified

The concept of health promoting hospitals and health services was a response to the *Ottawa Charter for Health Promotion* action area, *reorienting health services*. The whole-of-system settings approach used by health promoting hospitals draws upon and consolidates several health reform movements: patients' or consumer rights; PHC; quality improvement; environmentally sustainable ('green') health care and health-literate organizations. The organizational development strategy of Health Promoting Hospitals involves reorienting governance, policy, workforce capability, structures, culture and relationships towards improved *health outcomes* for patients, staff and population groups in communities and other settings. Strategies and standards based on quality improvement philosophy and tools are used to guide action: on priority health and equity issues; to benefit specific groups of patients such as children and adolescents, aged people, people with mental health conditions and migrants; on prevention and promotion themes like smoking, nutrition, physical activity and alcohol consumption; and for environmental sustainability.

### Reference

World Health Organization. (1991). *Budapest Declaration on Health Promoting Hospitals*. https://www.hphnet.org/wp-content/uploads/2020/03/Budapest-Declaration.pdf (24 March 2021, date last accessed).

## Health promoting schools

A health promoting school can be characterized as a school constantly strengthening its capacity as a healthy setting for living, learning and working.

### Unmodified definition, modified commentary

A health promoting school engages health and education officials, teachers, students, parents and community leaders in efforts to both promote health and support the educational success of all students and the whole

school. It fosters health and learning with all the measures at its disposal, strives to provide supportive environments for health, and a range of key school health education and promotion programs and services. A Health Promoting School implements policies, practices and other measures that respect individual social and cultural differences; provide multiple opportunities for success; and acknowledges good efforts and intentions alongside personal and whole of school achievements. It strives to improve the health of school personnel, families and community members as well as students, and works with community leaders to help them understand how the community contributes to health and education.

WHO's Global School Health Initiative aims at helping all schools to become health promoting schools by, e.g. encouraging and supporting international, national and subnational networks of health promoting schools, and helping to build national capacities to promote health through schools.

**References**

World Health Organization. (2021). *What is a Health Promoting School?* https://www.who.int/school_youth_health/gshi/hps/en/ (24 March 2021, date last accessed).

World Health Organization. (2017). *Achieving Health and Education Outcomes*. https://apps.who.int/iris/bitstream/handle/10665/259813/WHO-NMH-PND-17.7-eng.pdf;jsessionid=8894991456F7118BB29244AECE91C6D5?sequence=1 (24 March 2021, date last accessed).

Dadaczynski, K., Jensen, B., Viig, N., Sormunen, M., von Seelen, J., Kuchma, V., & Vilaça, T. (2020). Health, well-being and education: Building a sustainable future. The Moscow statement on Health Promoting Schools. *Health Education*, **120**(1), 11–19.

## Healthy cities

A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.

**Unmodified definition, updatedmodified commentary**

A healthy city is not necessarily one that has achieved a particular health status. It is a city that puts health high on the political and social agenda and builds a strong movement for public health at the local level. The Healthy Cities approach recognizes the need to work in collaboration across public, private, voluntary and community sector organizations. This way of working prioritizes policies that create co benefits between health and wellbeing and other city policies; supports social inclusion by harnessing the knowledge, skills and priorities of cities' diverse populations through strong community engagement; creates healthy built and natural environments; and re-orients health and social services to optimize fair access and put people and communities at the centre.

The WHO Healthy Cities program is a long-term development program that seeks to place health on the agenda of cities around the world, and to build a constituency of support for public health at the local level. In different WHO Regions and through dedicated networks of cities, Healthy Cities may take on very different priorities and approaches within the overall concept described earlier.

**References**

World Health Organization. (2021). *Healthy Cities*. https://www.who.int/healthpromotion/healthy-cities/en/ (24March 2021, date last accessed).

World Health Organisation. (2016). *Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development*. https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf?ua=1 (24 April 2021, date last accessed).

World Health Organization Regional Office for Europe. (2021). *What is a Healthy City?* https://www.euro.who.int/en/health-topics/environment-and-health/urban-health/who-european-healthy-cities-network/what-is-a-healthy-city (24 April 2021, date last accessed).

## Healthy islands

A healthy island is one that is committed to and involved in a process of achieving better health and quality of life for its people, and healthier physical and social environments in the context of sustainable development.

**Unmodified definition, modified commentary**

The Yanuca Island Declaration established the concept of Healthy Islands as places where children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; ecological balance is a source of pride; and the ocean which sustains us is protected. The description of Healthy Islands

brings together human health and environmental health, placing significant emphasis on ecological balance and sustainable oceans. These original principles are substantially expanded in the UN Small Island Developing States (SIDS) Accelerated Modalities of Action (SAMOA) Pathway which provides a comprehensive and integrated approach to achievement of the *SDGs*.

The SAMOA Pathway advocates for comprehensive, whole-government multi-sectoral policies and strategies for the prevention and management of diseases, including through the strengthening of health systems, the promotion of effective *UHC* implementation, *health education* and public awareness.

**References**

World Health Organization Regional Office for the Western Pacific, Ministry of Health and Medical Services and Secretariat of the Pacific Community. (2015). *2015 Yanuca Island Declaration on Health in Pacific Island Countries and Territories*. https://apps.who.int/iris/bitstream/handle/10665/208257/PHMM_declaration_2015_eng.pdf?sequence=1&isAllowed=y (24 March 2021, date last accessed).

World Health Organization Regional Office for the Western Pacific. (2015). *The First 20 Years of the Journey Towards the Vision of Healthy Islands in the Pacific*. https://apps.who.int/iris/bitstream/handle/10665/208201/9789290617150_eng.pdf?sequence=1&isAllowed=y (24 March 2021, date last accessed).

United Nations. (2014). *Small Island Developing States Accelerated Modalities of Action (SAMOA) Pathway*. https://sustainabledevelopment.un.org/samoapathway.html (24 March 2021, date last accessed).

## Healthy life expectancy

Healthy life expectancy is a population-based measure of the proportion of expected life span estimated to be healthful and fulfilling, or free of illness, disease and disability according to social norms and perceptions and professional standards.

**Modified**

The concept of healthy life expectancy at birth (HALE) is widely used in WHO and UN organizations as a measure which is more sensitive to the determinants and dynamics of population health in countries. It is a form of health expectancy that applies disability weights to health states to compute the equivalent number of years of good health that a newborn can expect.

Healthy life expectancy can help to identify necessary health promotion actions and interventions by highlighting major *risk factors* for illness, disease and disability responsible for a substantial loss in healthy life expectancy. Health promotion seeks to expand the understanding of healthy life expectancy beyond the absence of disease, disorder and disability towards positive measures of health creation, maintenance and protection, emphasizing a healthy life span.

**References**

World Health Organization. (2021). *Global Health Estimates. Life Expectancy and Healthy Life Expectancy*. https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-life-expectancy-and-healthy-life-expectancy (24 March 2021, date last accessed).

United Nations. (2020). *Healthy Life Expectancy at Birth*. https://www.un.org/esa/sustdev/natlinfo/indicators/methodology_sheets/health/health_life_expectancy.pdf (24 March 2021, date last accessed).

## Infrastructure for health promotion

Those human and material resources, organizational and administrative structures, policies, regulations and incentives which facilitate an organized health promotion response to public health issues and challenges.

**Unmodified definition, modified commentary**

Such infrastructures may be found through a diverse range of organizational structures, including PHC, government, private sector and civil society, as well as dedicated health promotion agencies and foundations. Although many countries have a dedicated health promotion workforce, the greater human resource is to be found among the wider health workforce, workforces in other sectors than health (e.g. in education and social welfare), and from the actions of communities and citizens. Infrastructure for health promotion can be found not only in tangible resources and structures, but also through the extent of public and political awareness of health issues, and *community action for health*. The development of infrastructures for health promotion is fundamentally dependent upon effective *capacity building*.

## Intersectoral action for health

Intersectoral action for health refers to actions undertaken by different sectors of society to achieve health outcomes in a way which is more effective, efficient or

sustainable than might be achieved by [one] sector working alone.

**Modified**

Because there are a wide range of *determinants of health*, an intersectoral approach to health promotion is essential to improve health and achieve greater *health equity* in populations. *HiAP* provides a practical framework for supporting intersectoral action for health within government.

Intersectoral action for health mostly but not exclusively occurs in collaboration with the health sector. Similarly, while intersectoral action is usually concentrated in government, it has also been taken to mean actions across other sectors including civil society and the private sector.

**References**

World Health Organization Regional Office for Europe. (2018). *Multisectoral and Intersectoral Action for Improved Health and Well-being for All: Mapping of the WHO European Region Governance for a Sustainable Future: Improving Health and Well-Being for All*. http://www.euro.who.int/__data/assets/pdf_file/0005/371435/multisectoral-report-h1720-eng.pdf?ua=1 (24 March 2021, date last accessed).

World Health Organization (2020). *Intersectoral Action*. https://www.who.int/social_determinants/thecommission/countrywork/within/isa/en/ (24 March 2021, date last accessed).

World Health Organization(2016). *Multisectoral Action for a Life Course Approach to Healthy Ageing: Draft Global Strategy and Plan of Action on Ageing and Health: Report by the Secretariat. Sixty-ninth World Health Assembly*. https://apps.who.int/iris/handle/10665/252671 (24 March 2021, date last accessed).

DuBois, A., St-Pierre, L. & Veras, M. (2015). A scoping review of definitions and frameworks of intersectoral action. *Ciência & Saúde Coletiva*, **20**, 2933–2942.

## Life course

A culturally defined sequence of stages that people are normally expected to pass through as they progress from birth to death. Health across the lifespan reflects a complex interplay of biological, behavioural, psychological and social protective and risk factors that contribute to health outcomes across the span of a person's life.

**New term**

A life course approach provides a holistic view of people's health and wellbeing at all stages in life, and interlinkages with sustainable development. A person's health and *wellbeing* are shaped by many different individual, social and environmental factors throughout life. Risk exposures in early life can affect health, wellbeing and socioeconomic participation decades later. Risk and *resilience* are accumulated throughout the life-course.

The life-course approach encompasses actions that are taken early, appropriately to transitions in life and together as a whole society. This approach confers benefits to the whole population across the lifespan, as well as accruing to the next generations. A life course approach to health promotion can increase the effectiveness of interventions throughout a person's life by focusing on a healthy start to life and targeting the needs of people at critical periods throughout their lifetime.

**References**

World Health Organization. (2019). *A Life Course Approach to Health, Human Capital and Sustainable Development*. https://www.who.int/life-course/publications/life-course-brief-20190220.pdf?ua=1 (24 March 2021, date last accessed).

World Health Organization Regional Office for Europe. (2020). *The Minsk Declaration: The Life-course Approach in the Context of Health 2020*. https://www.euro.who.int/__data/assets/pdf_file/0009/289962/The-Minsk-Declaration-EN-rev1.pdf (24 March 2021, date last accessed).

World Health Organization Regional Office for Europe. (2020). *Life-Course Approach*. http://www.euro.who.int/en/health-topics/Life-stages (24 March 2021, date last accessed).

World Health Organization Regional Office for Europe. (2015). *Glossary of Life-course Terms*. https://www.euro.who.int/__data/assets/pdf_file/0009/289539/Glossary-Life-course-Terms.pdf (24 March 2021, date last accessed).

## Mediation

In health promotion, mediation is a process through which the different interests (personal, social and economic) of individuals and communities, and different sectors (public, non-profit and private) are reconciled in ways that promote and protect health.

**Unmodified definition, updated commentary**

Health promotion is focused on improving people's control over the determinants of health. It is a process that

inevitably produces conflicts between the different sectors and interests in a population, especially in addressing the *commercial determinants of health*. Such conflicts may arise, e.g. from concerns about access to, use and distribution of resources, or constraints on individual or commercial practices. Reconciling such conflicts in ways which promote health requires skills in mediation alongside good *governance for health*, and the use of skills in *health advocacy*.

## Ottawa charter for health promotion

The Ottawa Charter for Health Promotion is an international consensus statement from the First WHO International Conference on Health Promotion, held in Ottawa, Canada, in November 1986.

See also: *Health promotion*.

The *Ottawa Charter* has been instrumental in supporting a paradigm shift in the way in which public health problems are conceptualized and addressed. The *Ottawa Charter* advocates a *new* public health by emphasizing changes in the conceptualization, description and analysis of the *determinants of health*, and methods of solving public health problems. These methods include the strategies and action areas in the Charter. The five strategies—build healthy public policy; create supportive environments for health; strengthen community action; develop personal skills; and *reorient health services* have provided the framework for consideration of public health challenges in the decades since the Charter was published. These strategies have been refined and have evolved in ways that are reflected in the emergence of more recent concepts such as *HiAP*. The strategies, together with the three action areas—*health advocacy*, *enabling* and *mediation*—remain relevant and practical in contemporary health promotion.

### Reference

World Health Organization. (1986). *Ottawa Charter for Health Promotion*. https://www.who.int/healthpromotion/conferences/previous/ottawa/en/ (24 March 2021, date last accessed).

## Partnerships for health

A recognized relationship between two or more partners to work cooperatively towards a set of shared health outcomes in a way that is more effective, efficient, sustainable or equitable than could be achieved by one sector acting alone.

### Modified

Partnerships offer mutual benefit for health through the sharing of expertise, skills and resources. They represent an important practical tool for *intersectoral action for health*. Such partnerships may be limited by the pursuit of a clearly defined goal—such as the successful development and introduction of public policy; or may be continuing, covering a broad range of issues and initiatives. Partnerships for health are characterized by a desire to break through traditional boundaries within government sectors, between governmental and nongovernmental organizations, and between the public and private sectors.

### References

World Health Organization. (1997). *Jakarta Declaration on Leading Health Promotion into the 21st Century*. https://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/ (24 March 2021, date last accessed).

## Public health

An organized activity of society to promote, protect, improve and, when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all the people.

### Modified

Public health is a social and political concept aimed at the improving health, prolonging life and improving the quality of life among whole populations through health promotion, disease prevention and other forms of health intervention. The *Ottawa Charter* advocates significantly different approaches to the description and analysis of the *determinants of health*, and the methods of solving public health problems. These methods include the strategies and action areas in the *Ottawa Charter*.

### Reference

Last, J. M. (2007). *Dictionary of Public Health*. University Press, Oxford.

## Reorienting health services

Reorienting health services requires optimizing fair access, putting people and communities at the centre, and strengthening the contribution that health services make to health promotion.

**Modified**

Health services cover promotion, prevention, treatment, rehabilitation and palliative care, all levels of service delivery (from community health workers to tertiary hospitals) and services across the life course. Health services need re-orientation to better reflect the ambitions of PHC—encompassing multi-sectoral policy and action to address the broader determinants of health; empowering individuals, families and communities; providing services that are culturally sensitive, and meeting people's essential health needs throughout their lives; as well as delivering the aspiration of *UHC*—enabling people to obtain the health services they need, of good quality, without suffering financial hardship.

Reorienting health services also requires equivalent reorientation of health research as well as changes in professional education and training to better reflect a more holistic purpose for the health system.

**References**

World Health Organization. (1986). *The Ottawa Charter for Health Promotion*. https://www.who.int/healthpromotion/conferences/previous/ottawa/en/ (24 March 2021, date last accessed).

World Health Organization. (2016). *Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development*. https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf?ua=1 (24 March 2021, date last accessed).

World Health Organization. (2021). *Primary health care*. https://www.who.int/health-topics/primary-health-care#tab=tab_1 (21 March 2021, date last accessed).

World Health Organization. (2021). *Universal Health Coverage*. https://www.who.int/health-topics/universal-health-coverage#tab=tab_1 (24 March 2021, date last accessed).

## Resilience

Processes and skills that result in good individual and community health outcomes in the face of negative events, serious threats and hazards.

**New term**

Resilient individuals have the problem-solving skills, social competence and sense of purpose to rebound from setbacks, thrive in the face of poor circumstances, avoid risk-taking behaviour and generally continue to lead productive lives. Resilience is also shaped by the availability of supportive environments. The capability of individuals and communities to manage problems effectively and 'build back better' from adversity develops and changes over time. Health promotion interventions aiming to strengthen individual resilience are more effective when supported by environments that promote and protect population health and wellbeing.

**References**

World Health OrganizationRegional Office for Europe. (2017). *Strengthening Resilience: A Priority Shared by Health 2020 and the Sustainable Development Goals*. http://www.euro.who.int/__data/assets/pdf_file/0005/351284/resilience-report-20171004-h1635.pdf (24 March 2021, date last accessed).

World Health Organization Regional Office for Europe. (2017). *Building Resilience: A Key Pillar of Health 2020 and the Sustainable Development Goals - Examples from the WHO Small Countries Initiative*. http://www.euro.who.int/__data/assets/pdf_file/0020/341075/resilience-report-050617-h1550-print.pdf (24 March 2021, date last accessed).

## Risk communication

Risk communication refers to the real-time exchange of information, advice and opinions between experts or officials and people who face risks to their survival, health or economic or social wellbeing.

**New term**

The purpose of risk communication is to enable everyone who is at risk to take informed decisions to mitigate the effects of the threat (hazard) such as a disease outbreak and take protective and preventive action. Risk communication uses a mix of communication and engagement strategies, including but not limited to, media communications, *social marketing*, stakeholder engagement and *community mobilization*. It requires the understanding of stakeholder perceptions, concerns and beliefs, as well as their knowledge and practices. Effective risk communication must also identify early on and subsequently manage rumours, misinformation, victim blaming and other communications challenges. These challenges can be greatly amplified by unregulated digital media. Strengthening *health literacy* in populations, especially developing skills in critical health literacy is an important, complementary strategy to improve the effectiveness of risk communication.

**References**

World Health Organization. (2021). *Risk Communication: Frequently Asked Questions*.

https://www.who.int/risk-communication/faq/en/ (24 March 2021, date last accessed).
World Health Organization. (2020). *Emergency Risk Communication: International Health Agreements – Module B1.*. https://www.who.int/risk-communication/training/Module-B1.pdf (24 March 2021, date last accessed).

## Risk factor

Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health or injury.

**Unmodified definition, updated commentary**

The identification of behavioural, social and physical environmental risk factors is commonly used to explain variations in *healthy life expectancy* and *health outcomes*. Understanding the causes and consequences of these risk factors provide an entry point or focus for application of health promotion strategies and actions.

## Salutogenesis

Salutogenesis describes how social and individual resources, including the sense of coherence, help people to manage stress and to thrive.

**New term**

Salutogenesis focuses attention on the study of the origins (genesis) of health (salus) and of positive health outcomes—moving towards the positive end of an ease/disease continuum—in contrast to the more usual study of the origins of disease and *risk factors (pathogenesis)*. Salutogenesis emphasizes the importance of sense of coherence—an individual or collective orientation towards life as being understandable, manageable, and meaningful. In health promotion, the salutogenetic approach focuses on strengthening resources and assets that help people to cope with adversarial life situations, promote wellbeing and thriving.

**References**

Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health Promotion International*, **11**, 11–18.
Mittelmark, M. B. & Bauer, G. F. (2017). The meanings of salutogenesis. In M.B. Mittelmark, S. Sagy, M. Eriksson M, (eds). *The Handbook of Salutogenesis*. Cham (CH): Springer.

## Settings for health

The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing.

**Unmodified definition, modified commentary**

A setting is also where people actively use and shape the environment and thus create or solve problems relating to health. This is different from using a setting as the basis for delivery of a specific service or program. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure. Action to promote health through different settings can take many different forms, often through some form of organizational development, including change to the physical environment, to the organizational structure, administration and management. Settings can also be used to promote health by reaching people directly who live and work in them.

Healthy Setting approaches have been implemented many different ways in multiple areas, including *Healthy Cities*; *Health Promoting Schools*; Healthy Workplaces; *Healthy Islands*; *Health Promoting Hospitals*; Health Promoting Prisons and Health Promoting Universities

## Skills for health (lifeskills)

Skills for health consist of personal, inter-personal, cognitive and physical skills which enable people to control and direct their lives, and to develop the capacity to live with and produce change in their environment to make it conducive to health.

**Modified**

Individual skills for health include decision making and problem solving, creative thinking and critical thinking, communication skills and interpersonal relationship skills. Skills for health may be applied toward personal actions or actions toward others, as well as *health advocacy* to change the *determinants of health*. Skills for health can be developed through a variety of learning experiences, especially through *health education* leading to improved *health literacy*. Skills for health are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

**References**

World Health Organization. (2020). *Skills for Health*. (https://www.who.int/school_youth_health/media/

en/sch_skills4health_03.pdf (20 December 2020, date last accessed).

## Social capital

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.

**Unmodified definition, modified commentary**

Social capital does not exist within any single individual but instead is created from the myriad of everyday interactions between people, and is embodied in such structures as civic and religious groups, family membership, informal *social networks*, and in norms of voluntarism, altruism and trust. The stronger these networks and bonds, the more likely it is that members of a community will have access to trustworthy health information, provide *social support*, and co-operate for mutual benefit. In this way social capital creates health, and may enhance the benefits of *investment for health*.

**References**

Rocco, L. & Suhrcke, M. (2012). *Is Social Capital Good for Health? A European Perspective*. World Health Organization Regional Office for Europe. https://www.euro.who.int/__data/assets/pdf_file/0005/170078/Is-Social-Capital-good-for-your-health.pdf (24 March 2021, date last accessed)

## Social determinants of health

The social determinants of health are the social conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

**New term**

The social determinants of health influence a person's opportunity to be healthy, their risk of illness and *healthy life expectancy*. Health inequities result from the uneven distribution of these social determinants. Social determinants of health are amenable to change through policy interventions, such as the *HiAP* approach, and improved *health governance*, as well as *community action for health*.

**References**

World Health Organization. (2020). *Social Determinants of Health*. https://www.who.int/social_determinants/sdh_definition/en/ (24 March 2021, date last accessed).

World Health Organization Regional Office for Europe. (2016). *Social Determinants*. http://www.euro.who.int/en/health-topics/health-determinants/social-determinants (24 March 2021, date last accessed).

World Health Organization. (2018). *Promoting Health: Guide to National Implementation of the Shanghai Declaration* (WHO/NMH/PND/18.2; Licence: CC BY-NC-SA 3.0 IGO). https://www.who.int/health-promotion/publications/guide-national-implementation-shanghai-declaration/en/ (24 March 2021, date last accessed)

## Social marketing

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.

**Modified**

Social marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programmes that are effective, efficient, equitable and sustainable. Social marketing includes the design, implementation and control of programs aimed at increasing the acceptability of a social idea, practice [or product] in one or more groups of target adopters. Social marketing methodologies are widely used in countries for *health communication*, *health education*, *risk communication* and *community mobilization*.

**Reference**

International Social Marketing Association. (2013). *Consensus Definition of Social Marketing*. https://www.i-socialmarketing.org/assets/social_marketing_-definition.pdf(24 March 2021, date last accessed).

## Social networks

Social relations and links between individuals which can provide access to health information and resources, influence social norms and behaviour and mobilize *social support* for health.

**Modified**

An individual's social network may vary in size, density, frequency and duration of contact, and reciprocity. These and other characteristics will strongly influence the impact of a social network on health. In health

promotion the concept of social networking has expanded to incorporate the use of digital and social media to stay connected with existing social networks and join new networks. Although these networks have different characteristics they also provide access to health information and resources, protection from social exclusion, can influence social norms and behaviours, and may provide *social support*.

External disruptions to social networks erode social cohesiveness and *social capital*. These disruptions can be personal, e.g. changes to employment and housing; or may be structural, e.g. as a consequence of rapid urbanization, economic migration and conflict. Such disruptions frequently lead to a dislocation of social networks and their health benefits. In such circumstances action to promote health can focus on support for re-establishing social networks.

**Reference**

Smith, K. P. & Christakis, N. A. (2008). Social networks and health. *Annual Review of Sociology*, **34**, 405–429.

## Social support

Psychological, physical and financial support accessible to an individual through social ties to other individuals, groups, and the larger community which can provide a buffer against adverse life events, foster *resilience* and can provide a positive resource for health.

**Modified**

Social support may be structural or functional. Structural support includes network size and frequency of social interactions. Functional support includes emotional (such as receiving love and empathy) and instrumental (practical help such as gifts of money or assistance with child care) components. The quality of relationships (functional dimension) is a generally a better predictor of good health than quantity of relationships (structural dimension), although both are important.

**Reference**

Ozbay, F., Johnson, D., Dimoulas, E., Morgan, C., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry*, 4(5), 35–40.

## Supportive environments for health

Supportive environments for health offer people protection from threats to health, and enable people to expand their capabilities to address the *determinants of health*. They encompass where people live, their local community, their home, where they work and play, including people's access to resources for health, social norms and opportunities for *empowerment*.

**Modified**

Action to create supportive environments for health has many dimensions, and may include direct political action to develop and implement policies and regulations which help create supportive environments; economic action, particularly in relation to fostering sustainable economic development; and *community action for health*.

**Reference**

World Health Organization. (1991). *Sundsvall Statement on Supportive Environments for Health*. https://www.who.int/healthpromotion/conferences/previous/sundsvall/en/ (24 March 2021, date last accessed).

## Universal health coverage

UHC means that all people have access to the health services they need, when and where they need them, without financial hardship across the life course. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

**New term**

To make *health for all* a reality, individuals and communities not only need access to the pre-requisites for health identified in the *Ottawa Charter*, but also high-quality health services. UHC enables people to take care of their own health and the health of their families; skilled health workers to provide quality, people-centred care; and policy-makers who are committed to investing in UHC. UHC should be based on strong, people-centred PHC. Good health systems are rooted in the communities they serve. They focus not only on preventing and treating disease and illness, but also on helping to improve *wellbeing* and quality of life.

**References**

World Health Organization. (2019). *Universal Health Coverage*. https://www.who.int/health-topics/universal-health-coverage#tab=tab_1 (24 March 2021, date last accessed).

## FUNDING

Funding support for this work was awarded to the two authors by the World Health Organization.