IUHPE HEALTH PROMOTION ACCREDITATION SYSTEM

GLOSSARY

Please note - the terms defined in this glossary are based on the sources cited but are, in some cases, slightly reworded to make them more directly relevant to the System.

Accreditation Academic: A process of evaluating qualifications, (or sometimes whole institutions), to determine whether they meet certain academic or professional criteria. A qualification which is accredited is recognised as meeting a certain standard and/or providing content which is required professionally (1).

Accreditation Body or Organisation: An organisation which makes decisions about the status, legitimacy or appropriateness of an institution, programme or professionals (1).

Accreditation Professional/Individual: A form of qualification or individual registration awarded by a professional or regulatory organisation that confirms an individual as fit to practice (1).

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. Advocacy can take many forms including the use of the mass media and multi-media, direct political lobbying, and community mobilisation through, for example, coalitions of interest around defined issues (2).

Assessment (see also Needs Assessment): The systematic collection and analysis of data in order to provide a basis for decision-making (3).

Assessment Standards: Assessment standards for qualifications answer the question 'how will we know what the student has learned and is able to do in employment? They specify the object of assessment, performance criteria, and assessment methods (4).

Capacity Building: The development of knowledge, skills, commitment, structures, systems and leadership to enable effective Health Promotion which involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for Health Promotion in Organisations, and the development of cohesiveness and partnerships for health in communities (5).

Collaboration: A recognised relationship among different sectors or groups, which has been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by one sector or group acting alone (6).

Community Assets: Contributions made by individuals, citizen associations and local institutions that individually and/or collectively build the community's capacity to assure the health, well-being, and quality of life of the community and all its members (7).

Community Development: The process of helping communities to take control over their health, social and economic issues by using and building on their existing strengths (8).

Competence: The proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development (9).

Competencies: A combination of the essential knowledge, abilities, skills and values necessary for the practice of Health Promotion (10).

Consensus: Ideally, unanimous agreement with an outcome, or at least a unanimous agreement that the final proposal is acceptable to all stakeholders, after every effort has been made to meet any outstanding objections (11).

Continuing Professional Development (CPD): Study/experiences designed to upgrade the knowledge and skills of practitioners after initial training or registration.

Core Competencies: The minimum sets of competencies that constitute a common baseline for all Health Promotion roles and are what all Health Promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field (12).

Course: A series of lessons or lectures on a particular subject followed by formal assessment.

Culture: A socially inherited body of learning including knowledge, values, beliefs, customs, language, religion, art, etc. (13).

Delphi Method/Technique: A process used to collect and distil the judgments of experts using a series of questionnaires interspersed with feedback (14).

Determinants of Health: The range of political, economic, social, cultural, environmental, behavioural and biological factors which determine the health status of individuals or populations (2).

Educational / Qualification Standards: Define the expected outcomes of a learning process leading to the award of a qualification, the study programme in terms of content, learning objectives and timetable, as well as teaching methods and learning settings and answer the question 'what does the student need to learn to be effective in employment'? (8).

Education and Training Providers: Formally recognised education and/or training organisations with authority to grant certificates, diplomas, degrees, etc., which are recognised formally by the appropriate national academic accreditation system.

Empowerment for Health: The process through which people gain greater control over decisions and actions which impact on their health. Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. Individual empowerment refers to the individual's ability to make decisions and have control over their personal life. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community (2).

Enable: Taking action in partnership with individuals or groups to empower them, through the mobilisation of human and material resources, to promote and protect their health. A key role for Health Promotion practitioners is acting as a catalyst for change by enabling individuals, groups, communities and organisations to improve their health through actions such as providing access to information on health, facilitating skills development, and supporting access to the political processes which shape public policies affecting health (2).

Equity/Inequity in Health: Equity means fairness and equity in health means that people's needs should guide the distribution of opportunities for wellbeing. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences, of different social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity which result, for example, in unequal access to health services, to nutritious food, adequate housing, etc. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life (2). See also: http://
whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

Ethics: The branch of philosophy dealing with distinctions between right and wrong, and with the moral consequences of human actions. Much of modern ethical thinking is based on the concepts of human rights, individual freedom and autonomy, and on doing good and not harm (8).

European Qualifications Handbook (EQF): An overarching qualifications Handbook that links the qualifications of different countries together and acts as a translation device to make qualifications easier to understand across different countries and systems in Europe. The EQF aims to help develop a Europe-wide workforce that is mobile and flexible, and to aid lifelong learning (9).

Full Course: a complete Bachelor (3 years) or Masters (1 or 2 years) educational programme that consists of different modules and is usually offered within the academic setting, although in some countries such courses are also offered at vocational level.

Graduate: Someone who has successfully completed a higher education programme to at least Bachelor degree level (9).

Health: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (15). Within the context of Health Promotion, health is considered as a resource which permits people to lead an individually, socially and economically productive life. The Ottawa Charter (16) emphasises pre-requisites for health which include peace, adequate economic resources, food and shelter, 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 environment, individual lifestyles and health, all key to a holistic understanding of health which is central to the definition of Health Promotion (2).

Health Education: Planned learning designed to improve knowledge, and develop life skills which are conducive to individual and community health. Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health (2).

Health Promotion: The process of enabling people to increase control over, and to improve, their health. Health Promotion represents a comprehensive social and political process, which includes not only actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health (2). The Ottawa Charter (16) identifies three basic strategies for Health Promotion:

- advocacy for health to create the essential conditions for health
- enabling all people to achieve their full health potential
- mediating between the different interests in society in the pursuit of health.

These strategies are supported by five priority action areas for Health Promotion:

- build healthy public policy
- create supportive environments for health
- strengthen community action for health
- develop personal skills, and
- reorient health services.

Health Promotion Action: Describes programmes, policies and other organised Health Promotion interventions that are empowering, participatory, holistic, intersectional, equitable, sustainable and multi-strategy in nature which aim to improve health and reduce health inequities.

Health Promotion Practitioner: A person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter (16).

Healthy Public Policy: Aims to create a supportive environment to enable people to lead healthy lives by making healthy choices possible or easier and by making social and physical environments health enhancing (2).

Inequity: See Equity

Knowledge: The outcome of the assimilation of information through learning. Knowledge is the body of facts, principles, theories and practices that is related to a field of work or study. In the context of EQF knowledge is described as theoretical and/or factual (9).

Leadership: In the field of Health Promotion, leadership is defined as the ability of an individual to influence, motivate, and enable others to contribute to the effectiveness and success of their community and/or the Organisation in which they work. Leaders inspire people to develop and achieve a vision and goals, and encourage empowerment (6).

Mediate: A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health. Enabling change in any context inevitably produces conflicts between the different sectors and interests and reconciling such conflicts in ways that promote health requires input from Health Promotion practitioners, including the application of skills in advocacy for health and conflict resolution (6).

National Qualifications Handbook: An instrument for the classification of qualifications according to a set of criteria for specified levels of learning achieved, which aims to integrate and coordinate national qualifications subsystems and improve the transparency, access, progression and quality of qualifications in reaction to the labour market (9).

Needs Assessment: A systematic procedure for determining the nature and extent of health needs in a population, the causes and factors contributing to those needs and the resources (assets) which are available to respond to these (2).

Occupational Standards: Specify the main jobs that people do by describing the professional tasks and activities as well as the competencies typical of an occupation. Occupational standards provide the detail of what will be required of the learner in employment (4).

Partnership: A partnership for Health Promotion is a voluntary agreement between individuals, groups, communities, organisations or sectors to work cooperatively towards a common goal through joint action (2) and (6).

Practitioner: see Health Promotion practitioner

Performance Criteria: Statement of the evidence of the applicant's ability either from documentation or from assessment during work or study.

Postgraduate: Study at postgraduate level, i.e. Masters or Doctorate, equivalent to levels 7 & 8 of the European Qualifications Handbook (9).

Professional: Relates to those attributes relevant to undertaking work or a vocation and that involves the application of some aspects of advanced learning (17). See also regulated profession.

Qualification: A formal outcome of an assessment and validation process which is obtained when a competent organisation determines that an individual has achieved learning outcomes to given standards (9).

Registration: The entering of an individual practitioner or an education/training organisation on a formal list of those meeting accreditation or re-accreditation criteria.

Regulated Profession: A professional activity or group of professional activities, access to which, and pursuit of which, is limited by legislative, regulatory or administrative provisions to holders of a given professional qualification (17).

Right to Health: A rights-based approach means integrating human rights, norms and principles in the design, implementation, monitoring and evaluation of all health-related policies and programmes. This includes human dignity, attention to the needs and rights of vulnerable groups and an emphasis on ensuring that health systems are made accessible to all. The principles of equality and freedom from discrimination are central to this approach. Integrating human rights into health development also means empowering poor people, ensuring their participation in decision-making processes which concern them and incorporating accountability mechanisms which they can access (18).

Settings for Health Promotion: The places or social contexts in which people live, work and play and in which in which environmental, organisational and personal factors interact to affect health and well-being. Action to promote health in different settings can take different forms including organisational or community development. Examples of settings for Health Promotion action include: schools, workplaces, hospitals, prisons, universities, villages and cities (2).

Skills: The ability to apply knowledge and use know-how to complete tasks and solve problems. In the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking), or practical (involving manual dexterity and the use of methods, materials, tools and instruments) (9).

Social Justice: The concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are

entitled equally to important rights such as health protection and minimal standards of income (6).

Stakeholders: Individuals, groups, communities and Organisations that have an interest or share in an issue, activity or action (19).

Standard: An agreed, repeatable way of doing something which is published and contains a technical specification or other precise criteria designed to be used consistently as a rule, guideline, or definition (20).

Strategies: Broad statements that set a direction and are pursued through specific actions, such as those carried out in programmes and projects (7).

Supportive Environments for Health: Environments which offer people protection from threats to health, and enable people to expand their capabilities and develop self-reliance in health (2).

Target Level of Standards: Refers to minimal standards where all the standards have to be met to be awarded the qualification, average expectations where weaknesses in one area can be compensated by particular strengths in other areas and maximal standards which express best practices and represent goals to be striven for (21).

Teamwork: The process whereby a group of people, with a common goal, work together to increase the efficiency of the task in hand, see themselves as a team and meet regularly to achieve and evaluate those goals. Regular communication, coordination, distinctive roles, interdependent tasks and shared norms are important features of teamwork (22).

Values: The beliefs, traditions and social customs held dear and honoured by individuals and collective society. Moral values are deeply believed, change little over time and may be, but are not necessarily, grounded in religious faith. Social values are more flexible and may change as individuals gain life experience and include, for example, attitudes towards the use of alcohol, tobacco and other substances (6).

Vision: Expresses goals that are worth striving for and incorporates shared ideals and values (7).

Workforce Planning: The strategic alignment of an organisation's human resources with the direction of its planned service and business (19).

Glossary References

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