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EXPERT GROUP ON SOCIAL DETERMINANTS AND HEALTH INEQUALITIES



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Draft Glossary of Terms Used in the Field of Social Determinants and Health Inequalities

Purpose

To enable communication across member states by providing a common understanding of terms that are used in the field of social determinants and health inequalities.

Methods

A literature review of previously published national and international glossaries was performed. Pre-existing definitions were used to describe common terms in the field of social determinants and health inequalities.

Glossary

Best practice (or good practice)

Producing the highest quality service, treatment, etc based on the best evidence currently available. The sharing of information between individuals and organisations is key to best practice¹.

Cycle of deprivation

The way that poverty and social disadvantage can be transmitted from one generation to the next².

Disadvantaged/ marginalised/ vulnerable

These terms are applied to groups of people who, due to factors usually considered outside their control; do not have the same opportunities as other, more fortunate groups in society. Examples might include unemployed people, refugees and others who are socially excluded³.

Disease prevention

Disease prevention covers measures not only to prevent the occurrence of disease, such as *risk factor* reduction, but also to arrest its progress and reduce its consequences once established.

Primary prevention is directed towards preventing the initial occurrence of a disorder. Secondary and tertiary prevention seeks to arrest or retard existing disease and its effects through early detection and appropriate treatment; or to reduce the occurrence of relapses and the establishment of chronic conditions through, for example, effective rehabilitation⁴.

Equity

Equity in health implies that ideally, everyone should have a fair opportunity to attain their full health potential, and more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided⁵.

Evaluation

Assessing if an intervention (for example a treatment, service, project, or programme) achieves its aims. The results of evaluations can help in decision-making and in planning future policies.

- Process evaluation is an ongoing examination of the processes, activities, methods of planning and implementation of an intervention and includes staff performance, quality, client satisfaction and cost effectiveness.
- Impact evaluation measures the immediate or midterm effects of an intervention.
- Outcome evaluation is an assessment of the long-term effects of an intervention or some aspect of an intervention¹.

Health

A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living, and is a positive concept emphasizing social and personal resources as well as physical capabilities⁶.

Health determinant

A health determinant is a force or element that affects health, either positively or negatively. Health is determined by both intrinsic forces, such as genetics, behaviour, culture, habits and lifestyles, and extrinsic forces such as preventative, curative and promotional aspects of the health sector, as well as elements outside the health sector including:

- Economic factors, such as trade
- Social factors, such as poverty
- Environmental factors, such as climate change
- Technological factors, such as information technology⁶.

Health impact assessment

A combination of procedures, methods and tools by which a policy, programme, product, or service may be judged concerning its effects on the health of the population⁷.

Health inequalities

Differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes. It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health³.

Health policy

A formal statement or procedure within institutions (notably government), which defines priorities and the parameters for action in response to health 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 programmes⁸.

Health promotion

The process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health. An evolving concept that encompasses fostering lifestyles and other social, economic, environmental and personal factors conducive to health³.

Inequity

Differences in health, which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust³.

Infant mortality

Infant mortality is a sensitive measure of the overall health of a population. It reflects the apparent association between the causes of infant mortality and other factors that are likely to influence the health status of whole populations, such as their economic development, general living conditions, social well being, rates of illness and the quality of the environment⁹.

The infant mortality rate (IMR) is defined as the number of deaths under the age of 1 year following live birth, per 1,000 live births. It consists of two components:

- The neonatal mortality rate, the number of neonatal deaths (those occurring within the first 28 days of life) per 1,000 live births. Most infant deaths occur in this period.
- The post-neonatal mortality rate, The number of infants who die between 28 completed days and less than 1 year following live birth, per 1,000 live births.

Intervention

An activity or set of activities aimed at modifying a process, course of action or sequence of events, in order to change one or several of their characteristics such as performance or expected outcome¹⁰.

Life expectancy

A summary statistic derived from a life table, estimating the average number of years an individual of a given age is expected to live if current mortality rates continue to apply¹.

Mainstreaming

Realigning the allocation of mainstream resources to better target the most deprived areas¹.

Material deprivation

The access people have to material goods and resources. Access to these goods and resources enables people to play the roles, participate in relationships and follow the customary behaviour, which is expected of them by virtue of their membership in society¹¹.

Morbidity

Morbidity rates are the number of cases of an illness, injury or condition within a given time, usually one year. It is also the ratio of sick persons to well persons in a defined population¹.

Mortality

The proportion of deaths in a defined population¹.

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 and the human, organizational and community resources which are available to respond to these⁷.

Poverty

There is no universally agreed definition of poverty. The European Union's working definition of poverty is:

Persons, families and groups of persons whose resources (material, cultural and social) are so limited as to exclude them from the minimum acceptable way of life in the Member State to which they belong¹².

The extent of income poverty is the number of people living in households with less than 60 per cent of median income¹².

Public health

The science and art of preventing disease, prolonging life and promoting mental and physical health and efficiency through organized community efforts. Public health may be considered as structures and processes by which the health of the population is understood, safeguarded and promoted through the organised efforts of society¹³.

Protective factor

An attribute that works in certain contexts to reduce an individual's susceptibility to disease.

Regeneration

Reviving run-down or deprived areas, for example by providing employment and training schemes, improving housing, developing transport links, offering local health services, landscaping and creating green spaces from derelict areas etc¹.

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 injury¹³.

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 coordination and cooperation for mutual benefit¹³.

Social determinants of health

The range of personal, social, economic and environmental factors, which determine the *health status* of individuals or populations. Examples include education, income, occupation and access to transport⁴.

Socio-economic group

Description of a person's position in society which uses criteria such as income, level of education achieved, occupation, value of property owned etc¹.

Social exclusion

Circumstances where people are prevented from participating fully in economic, social and civil life. It also refers to individuals whose income and other resources (personal, family, social and cultural) is so inadequate as to exclude them from enjoying a standard of living and quality of life that is regarded as acceptable by the society in which they live. A person is therefore considered excluded if he or she is a resident of a society, but for reasons beyond his/ her control cannot participate in normal activities of citizens in that society¹⁴.

Social gradient

The positive association between decreasing social class and amount of illness - i.e. the lower the social class the higher the amount of illness. A reverse social gradient refers to a negative association between decreasing social class and amount of illness¹⁵.

Social marginalisation

The process by which certain vulnerable groups may be prevented from participating fully in social, political and economic life in a community. This occurs when the necessary intersectoral policies and support mechanisms are not in place to enable their full participation⁵.

Social regeneration

Process of tackling the social problems that lead to deprivation, such as crime and drugs misuse. The process is different from physical regeneration, which tackles run-down buildings and communal areas, and economic regeneration, which is aimed at creating jobs and wealth¹.

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References

1. National Institute of Health and Clinical Excellence. Public Health Electronic Library. Accessed at <http://www.phel.gov.uk/glossary/glossary.asp>
2. Darton D, Strelitz J. Joseph Rowndtree Foundation. Tackling UK poverty and disadvantage in the twenty-first century. An exploration of the issues. 2003. Accessed at <http://www.jrf.org.uk/bookshop/ebooks/1859350909.pdf>
3. HIA Glossary. Accessed at <http://www.who.int/hia/about/glos/en/index.html>
4. World Health Organization Health promotion glossary, 1998. Accessed at: http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf
5. Health for all targets: the health policy for Europe. Copenhagen, WHO Regional Office for Europe, 1993.
6. WHO Glossary of globalization, trade and health terms Accessed at: <http://www.who.int/trade/glossary/en/>
7. Smith B, Cho Tang K, Nutbeam D. WHO Health Promotion Glossary:new terms. *Health Promotion International* (2006) doi:10.1093/hepro/dal033.
8. European Observatory on Health Systems and Policies Glossary. Accessed at: <http://www.euro.who.int/observatory/glossary/toppage>
9. Reidpath D, Allotey P. Infant mortality rates as an indicator of population health. *J Epidemiol Community Health* 2003;57:344-346.
10. European Observatory on Health Systems and Policies. Glossary Accessed at: <http://www.euro.who.int/observatory/Glossary/TopPage?phrase=A>
11. Deprivation and health. Accessed at: http://www.show.scot.nhs.uk/publications/isd/deprivation_and_health/background.HTM
12. European Union Working Definition of Poverty.
13. Nutbeam D. Health promotion glossary. Geneva, World Health Organisation, 1998.
14. Health and Social Inclusion in the EU: the value of trans-national exchange, EuroHealthNet, December 2005. Accessed at: http://www.eurohealthnet.eu/images/publications/pu_1.pdf
15. Wanless, Derek (2004). Securing good health for the whole population: final report. London: HM Treasury.