**Document**: Health Inequalities Glossary

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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 intervention.

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 capabilities.

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 technology.

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 population.

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 health.

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
areas3.

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 population.1

**Mortality**
The proportion of deaths in a defined population.1

**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 these.7

**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 belong.12

The extent of income poverty is the number of people living in households with less than 60 per cent of median income.12

**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 society.13

**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 etc.1

**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.13

**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 benefit.13

**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 transport.1
**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 etc.¹.

**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.

**Acknowledgement**
This glossary was compiled by Dr Marilena Korkodilos, Department of Health, United Kingdom, with input from members of the group.
References