### Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>24/7</td>
<td>Twenty-four hours a day/seven days a week</td>
</tr>
<tr>
<td>AAR</td>
<td>After Action Report</td>
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<tr>
<td>ABCD</td>
<td>Asset Based Community Development</td>
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<tr>
<td>AC</td>
<td>Accreditation Coordinator</td>
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<td>ACM</td>
<td>Accreditation Committee</td>
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<tr>
<td>ACO</td>
<td>Accountable Care Organization</td>
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<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
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<tr>
<td>AIMs</td>
<td>Association of Public Health Laboratories (APHL) Informatics Messaging Systems</td>
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<tr>
<td>APEX-EH</td>
<td>Assessment Protocol for Excellence in Environmental Health</td>
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<td>APEXPH</td>
<td>Assessment Protocol for Excellence in Public Health</td>
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<tr>
<td>AS</td>
<td>Accreditation Specialist</td>
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<tr>
<td>CMIST</td>
<td>Communication; Maintaining Health; Independence; Support, Safety and Self-determination; Transportation</td>
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<tr>
<td>COA</td>
<td>Chart of Accounts</td>
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<tr>
<td>CBPR</td>
<td>Community-based Participatory Research</td>
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<td>CCO</td>
<td>Coordinated Care Organization</td>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>CHR</td>
<td>Community Health Representative</td>
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<td>CHS</td>
<td>Contract Health Services</td>
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<tr>
<td>CLAS</td>
<td>Culturally and Linguistically Appropriate Services</td>
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<td>CLCPA</td>
<td>Cultural and Linguistic Competence Policy Assessment</td>
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<td>CLIA</td>
<td>Clinical Laboratory Improvement Amendments</td>
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<td>EMS</td>
<td>Emergency Medical Services</td>
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<td>EOP</td>
<td>Emergency Operations Plan</td>
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<td>ERP</td>
<td>Emergency Response Plan</td>
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<tr>
<td>FAQ</td>
<td>Frequently Asked Questions</td>
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<tr>
<td>FHIR</td>
<td>Fast Healthcare Interoperability Resources</td>
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<td>HAN</td>
<td>Health Alert Network</td>
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<td>HD</td>
<td>Health Department</td>
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<td>HIE</td>
<td>Health Information Exchange</td>
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<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<tr>
<td>HL7</td>
<td>Health Level Seven International</td>
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<tr>
<td>ICS</td>
<td>Incident Command System</td>
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<tr>
<td>IDEA</td>
<td>Inclusion, Diversity, Equity or Anti-Racism</td>
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<tr>
<td>ISDEAA</td>
<td>Indian Self-Determination and Educational Assistance Act</td>
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<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
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<tr>
<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>JIC</td>
<td>Joint Information Center</td>
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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>MAPP</td>
<td>Mobilizing for Action through Planning and Partnerships</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<tr>
<td>MOA</td>
<td>Memorandum of Agreement</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>NPHPS</td>
<td>National Public Health Performance Standards</td>
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<td>PACE-EH</td>
<td>Protocol for Assessing Community Excellence in Environmental Health</td>
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<td>PH WINS</td>
<td>Public Health Workforce Interests and Needs Survey</td>
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<td>PPE</td>
<td>Personal Protective Equipment</td>
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<td>PPHR</td>
<td>Project Public Health Ready</td>
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<td>PSA</td>
<td>Personal Service Agreement</td>
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<td>QI</td>
<td>Quality Improvement</td>
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<td>RD</td>
<td>Required Documentation</td>
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<td>RHIO</td>
<td>Regional Health Information Organization</td>
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<tr>
<td>SMARTIE</td>
<td>Specific, Measurable, Attainable, Relevant, Time-bound, Inclusive and Equitable</td>
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<td>SOI</td>
<td>Statement of Intent</td>
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<tr>
<td>TA</td>
<td>Technical Assistance</td>
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<td>TTY</td>
<td>Teletypewriter</td>
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<tr>
<td>USC</td>
<td>United States Code</td>
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<td>WIC</td>
<td>Women, Infants and Children Program</td>
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### Organizations

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<tr>
<th>Acronym</th>
<th>Name</th>
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<tr>
<td>APHA</td>
<td>American Public Health Association</td>
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<tr>
<td>ASTHO</td>
<td>Association of State and Territorial Health Officials</td>
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<tr>
<td>BIA</td>
<td>Bureau of Indian Affairs</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>DHHS</td>
<td>US Department of Health and Human Services</td>
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<tr>
<td>EPA</td>
<td>Environmental Protection Agency</td>
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<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
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<tr>
<td>IHS</td>
<td>Indian Health Service</td>
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<tr>
<td>IACCHO</td>
<td>National Association of County and City Health Officials</td>
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<tr>
<td>NALBOH</td>
<td>National Association of Local Boards of Health</td>
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<tr>
<td>NCH</td>
<td>National Indian Health Board</td>
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<tr>
<td>NNPHI</td>
<td>National Network of Public Health Institutes</td>
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<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
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<tr>
<td>PHAB</td>
<td>Public Health Accreditation Board</td>
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<tr>
<td>PHF</td>
<td>Public Health Foundation</td>
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<tr>
<td>RWJF</td>
<td>Robert Wood Johnson Foundation</td>
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PHAB is committed to advancing IDEA – inclusion, diversity, equity, and antiracism – both internally and externally. To create shared understanding around PHAB’s IDEA work and to ensure that both our staff and the Board of Directors are operating from the same foundational understanding, we have developed the PHAB IDEA Glossary. This glossary provides a set of shared definitions and concepts aligned with PHAB’s values. The glossary can be found here: [https://phaboard.org/wp-content/uploads/PHAB-IDEA-Glossary.pdf](https://phaboard.org/wp-content/uploads/PHAB-IDEA-Glossary.pdf)
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Access
Access is the potential for or actual entry of a population into the health system. Entry is dependent upon the wants, resources, and needs those individuals bring to the care-seeking process. The ability to obtain wanted or needed services may be influenced by many factors, including travel, distance, waiting time, available financial resources, and availability of a regular source of care. Access also refers to the extent to which a public health service is readily available to the community’s individuals in need. Accessibility also refers to the capacity of the agency to provide service in such a way as to reflect and honor the social and cultural characteristics of the community and focuses on agency efforts to reduce barriers to service utilization (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

Access and Functional Needs
Refers to persons who may have additional needs before, during and after an incident in functional areas, including but not limited to: maintaining health, independence, communication, transportation, support, services, self-determination, and medical care. Individuals in need of additional response assistance may include those who have disabilities; live in institutionalized settings; are older adults; are children; are from diverse cultures; have limited English proficiency or are non-English speaking; or are transportation disadvantaged (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

Accountable Care Organizations (ACO)
Accountable Care Organizations are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated, high-quality care to their Medicare patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors (Centers for Medicare & Medicaid Services. Accountable Care Organizations (ACOs). Baltimore, MD. 2021).

Administrative Preparedness
Administrative preparedness is the process of ensuring that fiscal, legal, and administrative authorities and practices governing funding, procurement, contracting, and hiring can be modified, accelerated, and streamlined during an emergency to support public health preparedness response and recovery efforts (National Association of County and City Health Officials. Administrative Preparedness Legal Guidebook. Washington, DC. September 2018).

Adverse Events Reporting Systems
Systems that collect, analyze, and disseminate information about adverse events. Systems can be national, such as VAERS or FDA MedWatch, or jurisdictional, such as identifying adverse advents at the dispensing site leve. (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

Advisory Board
The health department may have one or more entities that serve in an advisory role to provide guidance on decision making about overall health department operations or public health in the jurisdiction. These entities may be legally mandated (i.e., required by state or local code) (Public Health Accreditation Board. Standards & Measures for Initial Accreditation, Version 2022. Alexandria, VA. February 2022).

After Action Report (AAR)
An After Action Report is a narrative report which captures observations of an exercise (for example: table top, functional exercise, or full scale exercise) and makes recommendations for post-exercise improvements; this is supplemented by an Improvement Plan (IP), which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion (Adapted from:US Department of Homeland Security. Exercise and Evaluation Program (HSEEP) Volume 1: HSEEP Overview and Exercise Program Management. Washington, DC. 2007).

Alert
Time-sensitive tactical communication sent to parties potentially impacted by an incident to increase preparedness
and response. Alerts can convey 1) urgent information for immediate action, 2) interim information with actions that
may be required in the near future, or 3) information that requires minimal or no action by responders. CDC’s Health
Alert Network (HAN) is a primary method of sharing cleared information about urgent public health incidents with
public information officers; federal, state, local, tribal, and territorial public health practitioners; clinicians; and public
health laboratories (Centers for Disease Control and Prevention. Public health emergency preparedness and
response capabilities. Atlanta, GA. 2018).

**Appointing Authority**
The appointing authority is the person with the power to hire the director of the health department.
The appointing authority is responsible for providing a letter of support to apply for each cycle of
PHAB accreditation (Public Health Accreditation Board. Policy for National Public Health Department Initial

**Approach**
The standardized or deliberate manner, method, or way in which practices, processes, procedures or strategies are
considered, designed or implemented (Adapted from: Merriam-Webster. (n.d.). Approach. In Merriam-Webster.com

**Assessment**
Collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner
resources, and plan actions to improve public health. One of the three core functions of public health,
involving the systematic collection and analysis of data in order to provide a basis for decision-making. This
may include collecting statistics on community health status, health needs, community assets and/or other
public health issues. The process of regularly and systematically collecting, assembling, analyzing, and
making available information on the health needs of the community, including statistics on health status,
community health needs, and epidemiologic and other studies of health problems (Adapted from: Clegg
and Associates. Assessment in Action: Improving Community Health Assessment Practice; Institute of
Mays GP. Public Health Administration: Principles for Population-Based Management. Gaithersburg, MD:

**Assets**
Assets are resources available to achieve a specific end, such as community resources that can contribute to
community-health improvement efforts or emergency-response resources, including human, to respond to a

**Asset Based**
An asset-based approach focuses on the context of which community partners are involved and what resources are
available in the community to appropriately tailor communication for different audiences. Asset-based language is
focused on the community’s strengths, resources, and capabilities of community members, rather than their problems
and challenges (Public Health Accreditation Board. Standards & Measures for Initial Accreditation, Version 2022.
Alexandria, VA. February 2022).

**Assurance**
Assurance is the process of determining that “services necessary to achieve agreed upon goals are provided,
either by encouraging actions by other entities (public or private sector), by requiring such action through
regulation, or by providing services directly” (Institute of Medicine, The Future of Public Health. Washington,

**At-risk**
Certain factors, like sex, age, or income can influence an individual’s health, risk for certain diseases, and risk
for being seriously affected by public health emergencies. The same is true for population groups. At-risk
individuals, populations, or groups are more vulnerable or susceptible to higher health risks or poorer health
outcomes (Adapted from the Centers for Disease Control and Prevention. National Environmental Public
Barriers to Care
Barriers to receiving needed health care can include cost, language or knowledge barriers, and structural or logistical factors, such as long waiting times and not having transportation. Barriers to care contribute to socioeconomic, racial and ethnic, and geographic differences in health care utilization and health status. Barriers may be visible or invisible, such as attitudes, beliefs or opinions (Public Health Accreditation Board. Chronic Disease Think Tank Summary. February 26-27, 2020).

Best Practices
Best practices are the best clinical or administrative practice or approach at the moment, given the situation, the consumer or community needs and desires, the evidence about what works for a particular situation and the resources available. Organizations often also use the term promising practices which may be defined as clinical or administrative practices for which there is considerable practice-based evidence or expert consensus which indicates promise in improving outcomes, but for which are not yet proven by strong scientific evidence (Centers for Disease Control and Prevention. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007).

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

Branding
Branding is the marketing practice of creating a name, symbol or design that identifies and differentiates a product from other products (Entrepreneur Media, Inc. Encyclopedia: Branding. 2022).

Built Environment
The built environment is broadly defined as manmade surroundings that include buildings, public resources, land use patterns, the transportation system, and design features (Transportation Research Board and Institute of Medicine. Does the Built Environment Influence Physical Activity?: Examining the Evidence -- Special Report 282. Washington, DC: The National Academies Press. 2005).

The “built environment” encompasses places and spaces created or modified by people including buildings, parks, and transportation systems. Healthy people require healthy environments—neighborhoods, schools, childcare centers, and workplaces. People need their environments to be structured in ways that help them access healthy foods and easily incorporate physical activity into their daily routines (Convergence Partnership, Healthy Eating, Active Living. 2008).

Capacity
Capacity consists of the resources and relationships necessary to carry out the core functions and essential services of public health; these include human resources, information resources, fiscal and physical resources, and appropriate relationships among the system components (Turnock, BJ, PublicHealth: What It Is and How It Works, Jones and Bartlett. 2009).

Health departments must have the capacity to perform core public health functions to meet the current and evolving needs of the community it serves. A competent workforce is equipped with skills and experience needed to perform their duties to effectively carry out the health department’s mission and advance the health of the community. The health department could use various tools or assessments to understand the current collective capacity of the department—in other words, does the health department have the number of staff needed in appropriate roles to meet the needs of the population it serves (Public Health Accreditation Board.
Centralized State
A centralized state health department is defined, for the purposes of PHAB accreditation, as a state public health organizational structure that operates all or most of the local health departments in that state. Centralized health departments have a central office that provides administrative, policy, and managerial direction and support. Local health departments in centralized states are legally and organizationally a part of the state health department. Employees are state employees, except for those in independent local public health departments, usually in one or more major city or county in the state (Public Health Accreditation Board. Policy for National Public Health Department Initial Accreditation. Alexandria, VA. February 2022).

Chart of Accounts (COA) (Public Health)
Charts of accounts are accounting records that organizations—including nonprofit organizations, health care entities, and universities—use to track expenditures and revenue (Honoré et al., 2007; see also University of Minnesota, 2010; Urban Institute National Center for Charitable Statistics, 2009). Charts of accounts generally match the financial structure of an organization and use categories or classifications for each type of expenditure. The information on a chart of accounts gives an organization an overview of financial activities and can be used for such purposes as fund accounting, reporting or demonstrating accountability to funders and stakeholders, development of financial reports, management, comparative analysis, and benchmarking (Committee on Public Health Strategies to Improve Health; Institute of Medicine. For the Public’s Health: Investing in a Healthier Future. Washington (DC): National Academies Press (US); 2012 Apr 10. 3, Informing Investment in Health).

Chronic Disease
A chronic disease is a disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a nonreversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require long period of supervision, observation, or care (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both (Centers for Disease Control and Prevention. About Chronic Diseases. Accessed at https://www.cdc.gov/chronicdisease/about/index.htm on May 22, 2022. Atlanta, GA. 2018).

Examples of chronic disease include heart disease, stroke, cancer, chronic respiratory diseases and diabetes (World Health Organization (Switzerland). Health Topics: Chronic Diseases. November 7, 2012).

Coalition
A coalition is a union of people and organizations working to influence outcomes on a specific problem. They involve multiple sectors of the community that come together to address community needs and solve community problems (Scutchfield, FD, and CW Keck. Principles of Public Health Practice. CENGAGE Learning. 2009).

Collaboration
Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards (Amherst G. WilderFoundation. Collaboration: What Makes It Work. 1998).

Communicable Disease
Also see, “Infectious disease”.

CMIST Framework
The Communication; Maintaining Health; Independence; Support, Safety and Self-determination; Transportation (CMIST) framework defines cross-cutting categories of the access and functional needs of at-risk individuals. The framework addresses a broad set of common access and functional needs that are not tied to specific diagnoses, status, or labels, such as pregnant women, children, or elderly. Ultimately, individuals with access and functional needs must be addressed in all federal, territorial, tribal, state, and local emergency preparedness and response plans (Centers for Disease Control and Prevention. Public health emergency preparedness and response...
Communications Strategies
Communications strategies are statements or plans that describe a situation, audience, behavioral change objectives, strategic approach, key message points, media of communication, management and evaluation. Health departments may develop communications strategies to address a variety of situation for health communications, emergency response, or health education (Adapted from O’Sullivan, GA; Yonkler, JA; Morgan, W; and Merritt, AP. A Field Guide to Designing a Communications Strategy. Johns Hopkins Bloomberg School of Public Health Center for Communications Programs. Baltimore, MD. March 2003).

Community
Community is a group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action. (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009) As indicated in this definition, the community could change depending on the context. In some instances, The Standards indicate that it will refer to the entire jurisdiction served by the health department (i.e., in the context of the “community health assessment” or “community health improvement plan”). In other instances, the health department will determine what community(ies) is appropriate, whether it is the entire jurisdiction or a subpopulation (e.g., a neighborhood or individuals who are higher health risk) (Public Health Accreditation Board. Standards & Measures for Initial Accreditation, Version 2022. Alexandria, VA. February 2022).

Community Assets
Community assets are 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 for the community and all of its members (National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP): Achieving Healthier Communities through MAPP, A User’s Handbook. Washington, DC. 2013).

Community-based

Community-Based Participatory Research (CBPR)
Community-Based Participatory Research (CBPR) is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities (W. K. Kellogg Foundation, Community Health Scholars Program, 2001 quotes from Minkler M, and Wallerstein N, editors. Community-Based Participatory Research for Health. San Francisco, CA: Jossey-Bass Inc. 2003).

Community Engagement
The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community Engagement often involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices. (U.S. Department of Health and Human Services, National Institutes of Health. Principles of community engagement. NIH Publication No. 11-7782. 2011).

Community Health
Community health is a field within public health concerned with the study and improvement of the health of biological communities. Community health tends to focus on geographic areas rather than people with shared characteristics. The term “community health” refers to the health status of a defined group of people, or community, and the actions and conditions that protect and improve the health of the community. Those individuals who make up a community live in a somewhat localized area under the same general regulations, norms, values, and organizations. For example, the health status of the people living in a particular town, and
the actions taken to protect and improve the health of these residents would constitute community health (Encyclopedia of Public Health. Sutherland, Carol; Halfon, Neal; Fielding, Jonathan E. Community Health. May 18, 2018).

Community’s Health
A perspective on public health that regards “community” as an essential determinate of health and an indispensable ingredient for effective public health practice. It takes into account the tangible and intangible characteristics of the community, its formal and informal networks and support systems, its norms and cultural nuances, and its institutions, politics, and belief systems (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007).

Community Health Improvement Plan (CHIP) Process
Community health improvement is not limited to issues clarified within traditional public health or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public’s health. A community health improvement planning process involves an ongoing collaborative, community-wide effort to identify, analyze, and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process (Centers for Disease Control and Prevention. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007).

Community Health Needs Assessment (CHNA) – Internal Revenue Service
A Community Health Needs Assessment (CHNA) is an assessment required under the Internal Revenue Code (IRS) by the Patient Protection and Affordable Care Act of 2010. The IRS requires hospital organizations to document compliance with CHNA requirements for each of their facilities in a written report. The IRS requires the written report to include:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community’s health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.


Community Mobilization
Community mobilization engages all sectors of the population in a community-wide effort to address a health, social, or environmental issue. It brings together policy makers and opinion leaders, local, state, and federal governments, professional groups, religious groups, businesses, and individual community members. Community mobilization empowers individuals and groups to take some kind of action to facilitate change (Centers for Disease Control and Prevention. Community Mobilization Guide. Atlanta, GA. August 2000).

Community Partnerships
Community partnerships are a continuum of relationships between and among the public health system and its constituents that foster the sharing of resources, responsibility, and accountability in community health improvement and undertaking advocacy for capacity development and the delivery of community health services and improving community health. Partnerships are formed to assure the comprehensive, broad-based improvement of health status in the community (Centers for Disease Control and Prevention. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007).

Community Resilience
Community resilience is a measure of the sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations (Anita Chandra, Joie D. Acosta, Stefanie Howard, Lori Uscher-Pines,
Community resilience can be defined as the capacity to:

- Absorb stress or destructive forces through resistance or adaptation
- Manage or maintain certain basic functions and structures during disastrous events
- Recover or “bounce back” after an event.

A focus on resilience means putting more emphasis on what communities can do for themselves and how to strengthen their capacities, rather than concentrating on their vulnerability to disaster or their needs in an emergency (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

**Compliance**
Compliance is defined as conformity in fulfilling official requirements (Merriam-Webster, “Compliance.” Accessed 18 Apr. 2022).

**Confidential Information**
Confidential information is any information about an identifiable person or establishment, when the person or establishment providing the data or described in it has not given consent to make that information public and was assured of confidentiality when the information was provided (Centers for Disease Control and Prevention and Health Resources and Services Administration. Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and Ryan White HIV/AIDS Programs Planning. Atlanta, Georgia. 2014).

**Coordinated Care Organization (CCO)**
A coordinated care organization is a private or non-profit organization whose primary responsibility is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care (McDonald KM, Sundaram V, Bravata DM, et al. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ). June 2007).

**Core Competencies**
Core public health competencies are a set of skills desirable for the broad practice of public health, reflecting the characteristics that staff of public health organizations may want to possess as they work to protect and promote health in the community (i.e., deliver the Essential Public Health Services) (Council on Linkages between Academia and Public Health Practice. Core Competencies for Public Health Professionals. 2010).

**County Health Rankings**
The County Health Rankings is a project administered by the University of Wisconsin Population Health Institute and funded by the Robert Wood Johnson Foundation as an effort to provide a basis for community level discussions about selected health status indicators. The website provides rankings for selected indicators for counties in each state in the country. They are not designed to be a complete community health assessment; rather, they are provided for discussion starters in a community health improvement process (University of Wisconsin Population Health Institute. County Health Rankings. Accessed at countyhealthrankings.org/about-us on June 3, 2022).

**Critical Infrastructure**
For the purposes of Public Health Emergency Preparedness Capability 8: Medical Countermeasure Dispensing and Administration, this term refers to assets, systems, and networks, whether physical or virtual, so vital to the United States that the incapacitation or destruction of such assets, systems, or networks would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters. Critical infrastructure depends on the incident and jurisdictional characteristics (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).
**Critical Workforce**
For the purposes of Public Health Emergency Preparedness Capability 8: Medical Countermeasure Dispensing and Administration, this term refers to personnel required to maintain critical infrastructure. Specific personnel considered to be critical workforce depends on the incident and jurisdictional characteristics (Centers for Disease Control and Prevention. *Public health emergency preparedness and response capabilities*. Atlanta, GA. 2018).

**Cultural Humility**
The ability to continuously self-reflect, build knowledge, understand, appreciate, and appropriately and positively interact with people from cultures or belief systems different from one’s own. It leverages institutional accountability to redress oppression, discrimination, and harm individually, interpersonally, institutionally, and structurally. (Public Health Accreditation Board. *PHAB IDEA Glossary of Terms*. Alexandria, VA. July 2022)

To use a lens of *cultural humility*, health departments may consider how cultural, social, and environmental factors affecting a population(s) may influence their perceptions and actions. For example, deeply rooted beliefs, including personal experiences, historical trauma, societal pressures, or disenfranchisement may prohibit individuals from seeking health care or adopting changes in behavior.

**Customer Satisfaction**
The extent to which customer needs and expectations are met by a program or service (National Association of County & City Health Officials. *Measuring What Matters in Public Health*. Washington, DC. 2018).

**Data**
Data are factual information (as measurements or statistics) used as a basis for reasoning, discussion, or calculation. Information in numerical form that can be digitally transmitted or processed (Merriam-Webster. (n.d.). *Data*. In Merriam-Webster.com dictionary. Retrieved April 18, 2022).

**Data Analysis**

**Data Visualization**
Data visualization is the process of displaying data/information in graphical charts, figures and bars. It is used as means to deliver visual reporting to users for the performance, operations or general statistics of an application, network, hardware or virtually any IT asset (Techopedia. *Data Visualization*. June 5, 2018).

**Demographics**
Demographics are characteristic related data, such as size, growth, density, distribution, and vital statistics, which are used to study human populations (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

**Determinants of Health**
Determinants of health are factors that influence the health status of an individual and/or a population are called determinants of health. They may be categorized in several groups such as the genetic or biological causes and predisposition of disease, mortality, or disability; the behavioral aspects of disease and illness (choices, lifestyle, etc.); the cultural, political, economic, and social aspects of disease and illness; the environmental aspects of disease and illness; the policy aspects of disease and illness; and the individual and response to all of the above (Institute of Medicine. *The Future of the Public’s Health in the 21st Century*. National Academies Press. Washington, DC. 2003).

Also see, “Social Determinants of Health” and “Structural Determinants of Health”.
**Disease Outbreak**
A disease outbreak is the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season. An outbreak may occur in a restricted geographical area or may extend over several countries. It may last for a few days or weeks, or for several years. A single case of a communicable disease long absent from a population, or caused by an agent (e.g. bacterium or virus) not previously recognized in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and should be reported and investigated (World Health Organization. Disease Outbreaks. Geneva, Switzerland. 2022).

**Diversity**
The existence of differences and similarities among people including, race, gender, ability, and many other elements related to one’s identity and experiences. Fully engaging and benefiting from diversity requires equitable conditions and a culture of inclusion. (Public Health Accreditation Board. PHAB IDEA Glossary of Terms. Alexandria, VA. July 2022)

*Diversity* is an appreciation and respect for the many differences and similarities we encounter when serving communities and public health jurisdictions. This includes the variety of perspectives, approaches, and competencies of coworkers and populations we serve. Greater diversity of experiences and perspectives supports greater innovations in public health practice.

**Emergency**
An emergency is any natural or manmade situation that results in injury, harm, or loss to humans or property (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

**Emergency Management Assistance Compact (EMAC)**
An all-hazards, all-disciplines, mutual-aid compact that serves as the cornerstone of the nation's mutual aid system. EMAC is the first national disaster-relief compact since the Civil Defense and Disaster Compact of 1950 to be ratified by the U.S. Congress. EMAC offers assistance during governor-declared states of emergency or disaster through a responsive, straightforward system that allows states to send personnel, equipment, and commodities to assist with response and recovery efforts in other states. Through EMAC, states also can transfer services, such as shipping newborn blood from a disaster-impacted laboratory to a laboratory in another state, and conduct virtual missions, such as GIS mapping. Since ratification and signing into law in 1996 (Public Law 104-321), 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands have enacted legislation to become EMAC members (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

**Emergency Operations Plan (EOP)**
An emergency operations plan is a document that assigns responsibility to organizations and individuals for carrying out specific actions at projected times and places in an emergency that exceeds the capability or routine responsibility of any one agency; sets forth lines of authority and organizational relationships, and shows how all actions will be coordinated; describes how people and property will be protected in emergencies and disasters; identifies personnel, equipment, facilities, supplies, and other resources available—within the jurisdiction or by agreement with other jurisdictions—for use during response and recovery operations; and identifies steps to address mitigation concerns during response and recovery activities. As a public document, an EOP also cites its legal basis, states its objectives, and acknowledges assumptions (Federal Emergency Management Agency. Guide for All-Hazard Emergency Operations Planning. September 1996).

**Emergency Support Function (ESF) #8**
Grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect
property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents. The 15 ESFs are annexes to the United States National Response Framework (NRF). While the primary ESF supported by public health agencies is ESF #8—Public Health and Medical Services, public health agencies also may support other ESFs in coordination with jurisdictional partners and stakeholders (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

Environmental Justice
The fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. This goal will be achieved when everyone enjoys:

- The same degree of protection from environmental and health hazards, and
- Equal access to the decision-making process to have a healthy environment in which to live, learn, and work (U.S. Environmental Protection Agency. Environmental Justice. 2017).

Environmental Public Health
Environmental Health is the branch of public health that focuses on the interrelationships between people and their environment, promotes human health and well-being, and fosters healthy and safe communities. As a fundamental component of a comprehensive public health system, environmental health works to advance policies and programs to reduce chemical and other environmental exposures in air, water, soil, and food to protect residents and provide communities with healthier environments. Environmental health protects the public by tracking environmental exposures in communities across the United States and potential links with disease outcomes. To achieve a healthy community, homes should be safe, affordable, and healthy places for families to gather. Workplaces, schools, and child care centers should be free of exposures that negatively impact the health of workers or children. Nutritious, affordable foods should be safe for all community members. Access to safe and affordable multimodal transportation options, including biking and public transit, improves the environment and drives down obesity and other chronic illnesses. Outdoor and indoor air quality in all communities should be healthy and safe to breathe for everyone. Children and adults alike should have access to safe and clean public spaces, such as parks.

When a disaster strikes, a community needs to be prepared; it should have the tools and resources to be resilient against physical (infrastructure and human) and emotional damage. All these activities require the participation of federal, state, local, and tribal governments (American Public Health Association. Environmental Health Playbook: Investing in a Robust Environmental Health System. 2021).

Environmental Public Health Hazards
Environmental public health hazards are situations or materials that pose a threat to human health and safety in the built or natural environment, as well as to the health and safety of other animals and plants, and to the proper functioning of an ecosystem, habitat, or other natural resource. Chemical, biological, radiological, or physical agents in the environment that have the capacity to produce adverse health effects or ecological damage are considered hazards. Environmental public health programs prevent risks to human health and the environment by identifying and controlling hazards and preventing exposure to potentially harmful agents or conditions (Public Health Accreditation Board. Environmental Public Health Think Tank Report. May 2019).

Environmental Resiliency

Epidemiology
Epidemiology is the study of the distribution and determinants of health conditions or events among populations and the application of that study to control health problems (Centers for Disease Control and Prevention (US). Principles of Epidemiology in Public Health Practice, 3rd ed. No date [cited 2012 Nov 6]).

Equity
A fair and just opportunity for all to achieve good health and well-being. This requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. It also requires attention to health inequities, which are differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being. (Public Health Accreditation Board. PHAB IDEA Glossary of Terms. Alexandria, VA. July 2022)

Promoting equity means that a health department invests in resources, programs, and services in a manner that elevates historically and currently disproportionally affected and excluded groups. It is integral to break down internal and external structural, systemic, and social barriers that have promoted inequities.

Also see, “Health Equity”.

**Evaluation**
A systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement (Centers for Disease Control and Prevention, Program Performance and Evaluation Office. April 9, 2021).

**Evidence-based Practice**
Evidence-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned (Brownson, Fielding and Maylahn. Evidence-based Public Health: A Fundamental Concept for Public Health Practice. Annual Review of Public Health. 2009).

**Financial Audit**
A financial audit is an objective examination and evaluation of the financial statements of an organization to make sure that the financial records are a fair and accurate representation of the transactions they claim to represent. The audit can be conducted internally by employees of the organization or externally by an outside Certified Public Accountant (CPA) firm. (Investopedia.com, Business Essentials. “Financial Audit”. Updated May 1, 2022).

**Foundational Capabilities**
Public health infrastructure consists of the foundational capabilities, which are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community’s health and achieving equitable health outcomes. The infrastructure needed to provide these protections strives to provide fair opportunities for all to be healthy and includes seven capabilities: 1) Assessment/Surveillance, 2) Emergency Preparedness and Response, 3) Policy Development and Support, 4) Communications, 5) Community Partnership Development, 6) Organizational Administrative Competencies and 7) Accountability/Performance Management (Public Health National Center for Innovations (PHNCI). Foundational Public Health Services Factsheet. Alexandria, VA, November 2018).

**Goals**
Long-range outcome statements that are broad enough to guide the organization’s programs, administrative, financial and governance functions (National Association of County & City Health Officials.

Also see, "Objectives".

**Governing Entity**
A governing entity is the individual, board, council, commission or other body with legal authority over the public health functions of a jurisdiction of local government; or region, or district or reservation as established by state, territorial, or tribal constitution or statute, or by local charter, bylaw, or ordinance as authorized by state, territorial, tribal, constitution or statute (Centers for Disease Control and Prevention. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007).

**Guide to Community Preventive Services**
The Guide to Community Preventive Services (Community Guide) is a collection of all the evidence-based findings and recommendations of the Community Preventive Services Task Force. It is a credible resource to help make decisions by providing information on:
- Community preventive services, programs, and policies that have been shown to work
- How these programs, services, and policies may fit the needs of your community
- Estimated costs and potential return on investment.

**Health**
Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity (World Health Organization (Switzerland). 101st Session of the WHO Executive Board, Resolution EB101.R2. Geneva, 1998).

**Health Alert Network (HAN)**
CDC's Health Alert Network (HAN) is CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, tribal, and local public health practitioners; clinicians; and public health laboratories. CDC's HAN collaborates with federal, state, territorial, tribal, and city/county partners to develop protocols and stakeholder relationships that will ensure a robust interoperable platform for the rapid distribution of public health information (Centers for Disease Control and Prevention. Emergency Preparedness and Response, Health Alert Network (HAN). March 7, 2022).

**Health Care Provider (HCP)**
A health care provider is a person or organization that's licensed to give health care. Doctors, nurses, and hospitals are examples of health care providers (Center for Medicare and Medicaid Services (US). Glossary [online]. No date [cited 2012 Nov 8]).

**Health Care Service**
A health care service is a business entity that provides inpatient or outpatient testing or treatment of human disease or dysfunction; dispensing of drugs or medical devices for treating human disease or dysfunction; or provision of procedures performed on a person for diagnosing or treating a disease (McGraw-Hill Concise Dictionary of Modern Medicine. 2002).

**Health Care System**
A health care system is an organized system of providers and services for health care; may include hospitals, clinics, home care, long-term care facilities, assisted living, physicians, health plans, and other services (Farlex Partner Medical Dictionary for Health Professions and Nursing. 1st ed. 2012).

**Health Communication**
Health communication is informing, influencing, and motivating individual, institutional, and public audiences about important health or public health issues. Health communication includes disease prevention, health
promotion, health care policy, and the business of health care, as well as enhancement of the quality of life and health of individuals within a community. Health communication deals with how information is perceived, combined, and used to make decisions (Riegelman. Public Health 101. Jones and Bartlett. 2010).

**Health Disparities**
A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion (U.S. Department of Health and Human Services. The Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. Health Equity in Healthy People 2030 August 18, 2020).

**Health Education**
Health education is any combination of learning opportunities designed to facilitate voluntary adaptations of behavior (in individuals, groups, or communities) conductive to good health (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

**Health Equity**
Achieved when everyone has a just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. (Public Health Accreditation Board. PHAB IDEA Glossary of Terms. Alexandria, VA. July 2022)

It is integral that health departments be bold and explicit that health equity is central to governmental public health practice. Health equity should shape and guide health department strategic plans, health improvement efforts, and performance measures.

**Health in All Policies (HiAP)**
Health in All Policies (HiAP) is an approach that rests on the assumption that health is fundamental to every sector of the economy and that every policy—large and small—should take into consideration its effect on health. (Institute of Medicine. For the Public’s Health: Revitalizing Law and Policy to Meet New Challenges. National Academies Press. Washington, DC. 2012).

**Health Inequity**

**Health Information Exchange (HIE)**
A health information exchange is a system to facilitate electronic access to patient-level health information across organizations within a region, community, or health care system. A health information exchange allows clinical information to be shared among disparate health care information systems while maintain the meaning of the information being exchanged, using nationally recognized standards (Nash, Reifsnyder, Fabius, and Pracilio. Population Health: Creating a Culture of Wellness. Jones and Bartlett. Boston, MA. 2011).

**Health Literacy**
Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (American Journal of Health Education, March/April, 2012, Vol. 43, No. 2).

**Health Promotion**
Health promotion is a set of intervention strategies that seek to eliminate or reduce exposures to harmful factors by modifying human behaviors. Any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health. This process enables individuals and communities to control and improve their own
Health. Health promotion approaches provide opportunities for people to identify problems, develop solutions, and work in partnerships that build on existing skills and strengths. Health promotion consists of planned combinations of educational, political, regulatory, and organizational supports for actions and conditions of living conducive to the health of individuals, groups, or communities. Health promotion activities are any combination of education and organizational, economic, and environmental supports aimed at the stimulation of healthy behavior in individuals, groups, or communities (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

Health Promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviors toward a wide range of social and environmental interventions. Health promotion approaches engage people and organizations in the transformation process, and their engagement in the process constitutes in itself a desired change (Institute of Medicine of the National Academies. An Integrated Framework for Assessing the Value of Community-based Prevention. The National Academies Press. 2012).

**Health Status**
Health status is the degree to which a person or defined group can fulfill usually expected roles and functions physically, mentally, emotionally, and socially (Scutchfield, FD, and CW Keck. Principles of Public Health Practice. Delmar CENGAGE Learning. 2009).

**Healthy Community**
A healthy community is a place where people provide leadership in assessing their own resources and needs, where public health and social infrastructure and policies support health, and where essential public health services, including quality health care, are available. In a healthy community, communication and collaboration among various sectors of the community and the contributions of ethnically, socially, and economically diverse community members are valued (Institute of Medicine. The Future of the Public’s Health in the 21st Century. National Academies Press. Washington, DC. 2003).

**Healthy People 2030**
Healthy People 2030 is a document that provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People has established benchmarks and monitored progress over time in order encourage collaborations across sectors; guide individuals toward making informed health decisions and measure the impact of prevention activities (U.S. Department of Health and Human Services. The Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. Healthy People 2030. August 18, 2020).

**High-Risk Grantee**
A high-risk grantee is a grantee or subgrantee considered to be "high risk" if an awarding agency determines that a grantee or subgrantee:
(1) Has a history of unsatisfactory performance, or
(2) Is not financially stable, or
(3) Has a management system which does not meet the management standards set forth in this part, or
(4) Has not conformed to terms and conditions of previous awards, or
(5) Is otherwise not responsible; and if the awarding agency determines that an award will be made, special conditions and/or restrictions shall correspond to the high risk condition and shall be included in the award (Code of Federal Regulations (CFR). Title 29, Subtitle A, Part 97, Subpart B § 97.12. Special grant or subgrant conditions for “high-risk” grantees. Last amended on June 1, 2022).

For PHAB Accreditation, disclosure and documentation must be provided in the following types of instances: the department being put on manual draw-down; the department being put on a corrective action plan; placement on a ‘do not fund’ list; receivership status; and instances of malfeasance or misappropriations of funds (Public Health Accreditation Board. Standards & Measures for Initial Accreditation, Version 2022. Alexandria, VA. February 2022).

**Historically Excluded Populations**
Groups of people who have been unfairly socially, politically, or economically disadvantaged relative to others. (Silva, DS, Smith, MJ, and Upshur, RE. Disadvantaging the disadvantaged: When public health policies and practices negatively affect marginalized populations. Canadian Journal of Public Health, 104(5), e410–e412. 2013).
Populations that have been marginalized often have suffered discrimination, been excluded, or marginalized from society and the health-promoting resources it has to offer, and/or have inadequate access to key opportunities. Examples of historically excluded, marginalized, or disadvantaged groups include—but are not limited to—people of color; people living in poverty, particularly across generations; religious minorities; people with physical or mental disabilities; LGBTQ persons; and women. (Braveman, P., Arkin, E., Orleans, T., Proctor, D., and Plough, A. *What Is health equity? And what difference does a definition make?* Robert Wood Johnson Foundation. Princeton, NJ. May 17, 2017).

**Homeland Security Exercise and Evaluation Program (HSEEP)**
A capabilities and performance-based exercise program that provides a standardized policy, methodology, and language for designing, developing, conducting, and evaluating all exercises. Homeland Security Information Network (HSIN): The trusted network for Department of Homeland Security (DHS) mission operations to share sensitive, but unclassified information. Federal, state, local, territorial, tribal, international, and private sector homeland security partners use HSIN to manage operations, analyze data, send alerts and notices, and, in general, share the information they need to do their jobs (Centers for Disease Control and Prevention. *Public health emergency preparedness and response capabilities*. Atlanta, GA. 2018).

**Human Resources**
Human resources is the division of [an organization] that is charged with finding, screening, recruiting, and training job applicants, as well as administering employee-benefit programs (Investopedia.com, Business Essentials. “Human Resources”. July 28, 2020).

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**Implicit Bias**
The underlying attitudes that people unconsciously attribute to another person or group of people that affect how they understand and engage with a person or group (Mitchell, G. *An implicit bias primer*. Virginia Journal of Social Policy & the Law, 25, 27–59. 2018).

**Incident**
An occurrence, either human-caused or naturally occurring, that requires action to prevent or minimize loss of life or damage to property or natural resources. In the context of the capability standards, the term “incident” is used to describe any scenario, threat, disaster, or other public health emergency (Centers for Disease Control and Prevention. *Public health emergency preparedness and response capabilities*. Atlanta, GA. 2018).

**Incident Command System (ICS)**
ICS is a management system designed as part of the Federal Emergency Management Agency’s (FEMA’s) National Incident Management System (NIMS) to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. ICS is normally structured to facilitate activities in five major functional areas: command, operations, planning, logistics, intelligence and investigations, finance, and administration. It is a fundamental form of management, with the purpose of enabling incident managers to identify the key concerns associated with the incident—often under urgent conditions—without sacrificing attention to any component of the command system (Centers for Disease Control and Prevention. *Public health emergency preparedness and response capabilities*. Atlanta, GA. 2018).

**Inclusion, Diversity, Equity or Anti-Racism (IDEA)**
IDEA is an acronym for Inclusion, Diversity, Equity, and Anti-racism. IDEA highlights efforts toward underserved communities by addressing structural inequities. Organizations that embrace IDEA are able to foster cultures that minimize bias and recognize and address systemic inequities, which, if unaddressed, create disadvantage for certain individuals or groups.
**Inclusive**
Addresses all people respectfully by adapting practices and approaches to specific cultural, linguistic, environmental, or historical situations of each population or audience of focus. (Adapted from: Centers for Disease Control and Prevention. CDC’s Health Equity Guiding Principles for Inclusive Communication. Atlanta, GA. December 7, 2021).

**Infectious Disease**
An infectious disease is a disease caused by the entrance into the body of organisms (such as bacteria, protozoans, fungi, or viruses) that grow and multiply there, often used synonymously with communicable disease (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

**Information System**
An integrated set of components for collecting, storing, and processing data and for providing information, knowledge, and digital products. (Zwass, Vladimir. "Information system". Encyclopedia Britannica, November 2, 2020).

**Isolation**
The separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized health care to people who are ill and protects healthy people from getting sick (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

**Interoperability**
According to section 4003 of the 21st Century Cures Act, the term 'interoperability,' with respect to health information technology, means such health information technology that—"(A) enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user; "(B) allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law; and "(C) does not constitute information blocking as defined in section 3022(a)" (Public Health Accreditation Board. Data/Surveillance/Informatics Think Tank Summary. September 2019).

**Intervention**
Intervention is a generic term used in public health to describe a program or policy designed to have an impact on a health problem. For example, a mandatory seat belt law is an intervention designed to reduce the incidence of automobile-related fatalities (Turnock. Public Health: What It Is and How It Works (4th Ed). Jones and Bartlett. MA. 2009).

**Inventory**

**Joint Information Center (JIC)**
A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating agencies should collocate at the JIC (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

**Jurisdiction**
For PHAB, the jurisdiction thus refers to the area over which a health department may exercise relevant authority. (Public Health Accreditation Board. Acronyms and Glossary of Terms Version 2022. Alexandria, VA. October 2022).
Legal Epidemiology

Lived Experience
Lived experience is defined as personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people (Sandu, B. (2017, July). The value of lived experience in social change: The need for leadership and organizational development in the social sector).

Marginalized Populations
Marginalized populations are groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions (National Collaborating Centre for Determinants of Health. St. Francis Xavier University. Glossary of Essential Health Equity Terms. Antigonish, Nova Scotia. 2022).

Measurable
Capable of being measured: Able to be described in specific terms (as of size, amount, duration, or mass) usually expressed as a quantity (Merriam-Webster.com Dictionary, Merriam-Webster, "Measurable." Accessed on February 4, 2022).

Medical Countermeasures
Medicines and medical supplies that may be used to prevent, mitigate, or treat the adverse health effects of an intentional, accidental, or naturally occurring public health emergency (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

Medical Reserve Corps (MRC)
A national network of local groups of volunteers engaging local communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response, and recovery capabilities (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

Mission Statement
A mission statement is a written declaration of an organization's core purpose and focus that normally remains unchanged over time. Properly crafted mission statements (1) serve as filters to separate what is important from what is not, (2) clearly state which markets will be served and how, and (3) communicate a sense of intended direction to the entire organization (BusinessDirectory.Com. “Mission Statement” [online]. No date [cited 2012 Nov 8]).

Mitigation
Mitigation refers to measures taken to reduce the harmful effects of a disaster or emergency by attempting to limit the impact on human health and economic infrastructure (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

National Incident Management System (NIMS)
A comprehensive, national approach to incident management developed by FEMA that is applicable at all jurisdictional levels and across functional disciplines. It is intended to 1. Be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location or complexity 2. Improve coordination and cooperation between public and private entities in a variety of incident management activities 3. Provide a common standard for overall incident management NIMS provides a consistent nationwide framework and approach to enable government at all levels (federal, state, local, tribal, and territorial), the private sector, and nongovernmental organizations (NGOs) to work together to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents regardless of the incident's cause, size, location, or complexity. Consistent application of NIMS lays the groundwork for efficient and effective responses, from a single agency fire response to a multiagency, multijurisdictional natural disaster or terrorism response (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

**National Prevention Strategy**
The National Prevention Strategy includes actions that public and private partners can take to help Americans stay healthy and fit and improve our nation’s prosperity. The strategy outlines four strategic directions are fundamental to improving the nation’s health. Those four strategic directions include building healthy and safe community environments, expanding quality preventive services, empowering people to make healthy choices, and eliminating health disparities (National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011).

**National Public Health Performance Standards (NPHPS)**
The National Public Health Performance Standards (NPHPS or the Standards) provide a framework to assess capacity and performance of public health systems and public health governing bodies. This framework can help identify areas for system improvement, strengthen state and local partnerships, and ensure a strong system is in place for addressing public health issues. NPHPS tools are used to:
- Identify partners and community members in the public health system
- Engage those partners in health assessment and health improvement planning
- Promote improvement in agencies, systems, and communities

The NPHPS materials are available for three different audiences: state public health systems, local public health systems, and public health governing entities (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007).

**Non-Infectious/Non-Communicable Diseases**
Non-infectious/non-communicable diseases are conditions which affect the health status of populations, but which are not transmitted from one individual to another by micro-organisms. Non-communicable diseases represent the major causes of death and disability in most developed countries (Riegelman, R. Public Health 101. Jones and Bartlett. MA. 2010).

**Objectives**
Objectives are targets for achievement through interventions. Objectives are time limited and measurable in all cases. Various levels of objectives for an intervention include outcome, impact, and process objectives (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

In the context of the Standards & Measures, objectives are written in measurable and time-bound form and can be used to assess the extent to which programs, policies, and processes are achieving intended results. Objectives could be written, for example, in SMART or SMARTIE (Specific, Measurable, Attainable, Relevant, and Time-bound and/or through an Inclusive and Equitable lens) form.

**Orientation**
Orientation is a process of providing training and information about a new job, new situation, or new position to employees. (Merriam-Webster.com Dictionary, Merriam-Webster, “Orientation.” Accessed on February 4, 2022).
Outbreak
See “Disease Outbreak”.

Partnership
A partnership is a relationship among individuals and groups that is characterized by mutual cooperation and responsibilities (Scutchfield, FD, and CW Keck. Principles of Public Health Practice. Delmare CENGAGE Learning. 2009).

Performance Improvement
Continual and systematic use of planning, monitoring and improvement activities to make intentional changes and improvement in public health capacity, processes, or outcomes (Public Health Accreditation Board. Summary of Recommendations from Performance Management & Quality Improvement Think Tank. July 2018).

Performance Management
Performance Management is a systematic process which helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In practice, performance management often means actively using data to improve performance, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results (Public Health Foundation (PHF). Focus Areas: Performance Management. “Overview”. Accessed on June 21, 2021).

Policy
Policy is the general principles by which a government entity is guided in its management of public affairs. For a health department, this may encompass external or community-facing policies (e.g., clean air or school physical education guidelines) as well as internal policies affecting staff (e.g., family leave or hiring practices) (Adapted from: Garner, BA. editor. Black’s Law Dictionary. 8th ed. West Group. 2004).

Population Health
Population health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group. The field of population health includes health outcomes, patterns of health determinants, and policies and interventions that link these two. Population health approaches are community or policy non-clinical approaches that aim to improve health and wellbeing of a group of individuals. This differs from population health management which refers to improving clinical health outcomes of individuals through improved care coordination and patient engagement supported by appropriate financial and care models (Adapted from Kindig D, Stoddart G. What is population health? American Journal of Public Health. Mar; 93(3):380-3. doi: 10.2105/ajph.93.3.380. PMID: 12604476; PMCID: PMC1447747. 2003).

Population-Based Approach
A population-based approach is an approach that targets a population as the subject instead of the individual (Scutchfield, FD, and CW Keck. Principles of Public Health Practice. Delmare CENGAGE Learning. 2009).

Practice-Based Evidence
A range of intervention approaches and supports that are derived from, and supportive of, the positive cultural of the local society and traditions (Bartgis, J., & Bigfoot, D. National Indian Health Board Edition, Healthy Indian Country Initiative Promising Prevention Practices Resource Guide. 2010).

Preparedness Cycle
A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. This cycle is one element of a broader National Preparedness System to prevent, respond to, and recover from natural disasters, acts of terrorism, and other disasters (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).
**Prevention**

Primary prevention consists of strategies that seek to prevent the occurrence of disease or injury, generally through reducing exposure or risk factor levels. These strategies can reduce or eliminate causative risk factors (risk reduction). Secondary prevention consists of strategies that seek to identify and control disease processes in their early stages before signs and symptoms develop (screening and treatment). Tertiary prevention consists of strategies that prevent disability by restoring individuals to their optimal level of functioning after a disease or injury is established (Turnock, BJ. *Public Health: What It Is and How It Works*. Jones and Bartlett. 2009).

**Primary Care**

Primary care is basic or general health care focused on the point at which a patient ideally first seeks assistance from the health care system (Scutchfield, FD, and CW Keck. *Principles of Public Health Practice*. Delmare CENGAGE Learning. 2009).

**Primary Data**

Primary data are data for which collection is conducted, contracted, or overseen by the health department. Data collection methods could include, for example, asset mapping, community forums, community listening sessions, surveys, or focus groups. Such information often provides additional context or details to help interpret secondary data sets. Non-traditional and non-narrative data collection techniques are acceptable forms of data collection.

Secondary data are those collected by others, outside of the health department. Secondary data differ from primary data, for which collection is conducted, contracted, or overseen by the health department. Secondary sources might include, for example, clinical and administrative data collected by hospitals and/or health care providers, such as hospital discharge rates or insurance claims; local and state chart of accounts; data from local schools, academic institutions, or other departments of government (e.g., recreation, public safety, environment, housing, transportation, labor, education, or agriculture); or data from community not-for-profits (e.g., Aging and Disability Resource Centers) (Public Health Accreditation Board. Standards & Measures for Initial Accreditation, Version 2022. Alexandria, VA. February 2022).

**Promising Practice**

Promising practice is defined as a practice with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings (U.S. Department of Health and Human Services, Administration for Children and Families Program Announcement. *Federal Register*, Vol. 68, No. 131, July 2003).

**Public Health**

Public health is the mission of public health is to fulfill society’s desire to create conditions so that people can be healthy. Public health includes the activities that society undertakes to assure the conditions in which people can be healthy. These include organized community efforts to prevent, identify and counter threats to the health of the public. Public health is the:

- science and the art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment;
- control of community infections; the education of the individual in principles of personal hygiene;
- organization of medical and nursing service for the early diagnosis and treatment of disease; and
- development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health


**Public Health Enforcement**

The use of legal authority and procedures to induce compliance with public health laws, regulations and orders (Public Health Accreditation Board. Environmental Public Health Think Tank Report. May 2019).
Equitable enforcement is a process of ensuring compliance with law and policy that considers and minimizes harms to underserved communities (Michel, K and Watts, M. ChangeLab Solutions, Blog. Equitable Enforcement of Public Health Laws. April 23, 2020).

Public Health Emergency
A public health emergency is an occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or longterm disability. Such illness or health condition includes, but is not limited to, an illness or health condition resulting from a natural disaster (Gostin LO, Sapsin JW, Teret SP, et al. The Model State Emergency Health Powers Act: Planning for and Response to Bioterrorism and Naturally Occurring Infectious Diseases. JAMA. 2002;288(5):622–628. doi:10.1001/jama.288.5.622).

The Secretary of the Department of Health and Human Services (HHS) may, under section 319 of the Public Health Service (PHS) Act, determine that: a) a disease or disorder presents a public health emergency (PHE); or b) that a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists (U.S. Department of Health & Human Services. Office of the Assistant Secretary for Preparedness and Response. Public Health Emergency. Public Health and Medical Emergency Support for a Nation Prepared. Last reviewed April 13, 2022).

Public Health Emergency Preparedness
Public health emergency preparedness (PHEP) is the capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities. Preparedness involves a coordinated and continuous process of planning and implementation that relies on measuring performance and taking corrective action (Public Health Accreditation Board. Version 2.0 Work in Progress: Emergency Preparedness Think Tank Summary. December 17, 2019).

Public Health Ethics
As a field of practice, public health ethics is the application of relevant principles and values to public health decision making. In applying an ethics framework, public health ethics inquiry carries out three core functions, namely 1) identifying and clarifying the ethical dilemma posed, 2) analyzing it in terms of alternative courses of action and their consequences, and 3) resolving the dilemma by deciding which course of action best incorporates and balances the guiding principles and values (Centers for Disease Control and Prevention. Office of Science (OS). Public Health Ethics. Atlanta, GA. Last reviewed October 11, 2017).

Public Health Informatics
Public Health informatics is the effective use of information and information technology to improve population health outcomes. Informatics is an applied information science that designs the blueprints for the complex data systems that keep information secure, usable and responsive to the user's needs (Tennessee Department of Health. Office of Informatics and Analytics. Core Informatics. Accessed on April 4, 2022).

Informatics synthesizes the theory and practices of computer science, information sciences, and behavioral and management sciences into methods, tools and concepts that lead to information systems that impact health. When employed effectively, informatics transforms raw data into usable information (The Task Force for Global Health. Public Health Informatics Institute, Decatur, Georgia. Accessed on April 4, 2022).

Public Health Infrastructure
Public health infrastructure denotes the systems, competencies, relationships, and resources that enable performance of public health's core functions and essential services in every community. Categories include human, organizational, informational, and fiscal resources (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

Public Health Laboratory
A public health laboratory is a scientific research facility that, in collaboration with the public health system, provides clinical diagnostic testing, disease surveillance, environmental and radiological testing, emergency
response support, applied research, laboratory training and other essential services to the communities they serve (Adapted from: The Association of Public Health Laboratories (APHL). About public health labs. Silver Spring, MD. November 8, 2012).

**Public Health Laws**

Public health laws are defined, for purposes of PHAB accreditation, includes ALL types of statutes, regulations, rules, executive orders, ordinances, case law, and codes that are applicable to the jurisdiction of the health department. Laws could be at the Tribal, federal, state, or local orders. The term also includes emergency orders (Public Health Accreditation Board. Standards & Measures for Initial Accreditation, Version 2022. Alexandria, VA, February 2022).

**Public Health Preparedness Capabilities**

Public health systems play an integral role in preparing communities to respond to and recover from threats and emergencies. In 2011, the Centers for Disease Control and Prevention (CDC) established the Public Health Preparedness Capabilities: National Standards for State and Local Planning, a set of 15 distinct, yet interrelated, capability standards designed to advance the emergency preparedness and response capacity of state and local public health systems. These standards pioneered a national capability-based framework that helped jurisdictional public health agencies structure emergency preparedness planning and further formalize their public health agency Emergency Support Function (ESF) #8 role(s) in partnership with emergency management agencies (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

**Public Health Program**

A public health program, for accreditation purposes, is defined as a set of activities and interventions aimed at improving the health of a particular segment of the population or of the population as a whole. Examples of public health programs include, but are not limited to environmental public health, maternal-child health, chronic disease, and emergency preparedness (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011).

**Public Health Surveillance**


**Public Health System**

The public health system is the constellation of governmental and nongovernmental organizations that contribute to the performance of essential public health services for a defined community or population (Scott, FD, and CW Keck. Principles of Public Health Practice. Delmare CENGAGE Learning. 2009).

**Public Health Workforce**

The public health workforce, for purpose of accreditation, is defined as those individuals who are employed either full-time or part-time by the governmental public health department for the purpose of supporting the provision of the services described in the PHAB Standards and Measures (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011).

**Public Testimony**


**Q**

Qualitative Data
Qualitative data are data concerning information that is difficult to measure, count, or express in numerical terms (U.S. Environmental Protection Agency. System of Registries, Terminology Services. Program Evaluation Glossary. Last updated November 1, 2007).


**Quantitative Data**
Quantitative data are data concerning information that can be expressed in numerical terms, counted, or compared on a scale (U.S. Environmental Protection Agency. System of Registries, Terminology Services. Program Evaluation Glossary. Last updated November 1, 2007).

**Quality Improvement (QI)**
Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. *Defining Quality Improvement in Public Health*. Journal of Public Health Management and Practice. January/February 2010).

**Quality Improvement (QI) Tools**
QI tools appropriate for a given improvement model will vary based on the method selected and the type or problem identified. QI tools could include, for example, flowcharting or process mapping to document the way in which the process under study is currently operating. QI tools could include, for example, brainstorming and Strengths Weaknesses, Opportunities and Threats (SWOT) or Strengths, Opportunities, Aspirations, and Results (SOAR) Analysis (Public Health Accreditation Board. *Standards & Measures for Initial Accreditation*, Version 2022. Alexandria, VA. February 2022).

**Quarantine**
The separation and restriction of movement of people who were exposed to a contagious disease to see if they become sick (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

**R**

**Regular**
For the purposes of PHAB accreditation, regular is defined as within a pre-established schedule determined by the health department (Public Health Accreditation Board. *Standards and Measures Version 1.0*. Alexandria, VA, May 2011).

**Regulation**
A regulation is a rule or order, having legal force, usually issued by an administrative agency. Also, the act or process of controlling by rule or restriction (Garner, B.A. editor. *Black’s Law Dictionary*. 8th ed. West Group; 2004).

**Report**
A report is a written or spoken description of a situation, event, etc.; an official document that gives information about a particular subject (Merriam-Webster. (n.d.). “Report”. In Merriam-Webster.com dictionary. Retrieved April 18, 2022).

**Reportable Disease**
A reportable disease is a disease that, by law, must be reported to public health authorities upon diagnosis. (Centers for Disease Control and Prevention. *Principles of Epidemiology in Public Health Practice*, 3rd ed.)
Research
Research is a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalized knowledge (United States Department of Health and Human Services. The Office of Research Integrity. 45 CRF 46.102: Protection of Human Subjects 2020. Washington, DC).

Responders
Any individual responding to the public health task or mission, as determined by the jurisdiction. For the purposes of Capability 14: Responder Safety and Health, responders are defined as public health agency personnel. Dependent on the jurisdiction, the definition of responder may also include first receivers in the form of hospital and medical personnel (Centers for Disease Control and Prevention. Public health emergency preparedness and response capabilities. Atlanta, GA. 2018).

Risk Assessment
Risk assessment is a process used to formally assess the potential harm due to a hazard taking into account factors such as likelihood, timing, and duration of exposure (Riegelman, R. Public Health 101. Jones and Bartlett. MA. 2010).

Risk Communication
Risk communication is the interaction of populations and social institutions such as government agencies, advocacy groups, and the mass media in the formation and management of public opinion and policy making about risk (Adapted from: Glanz, K., Rimer, B.K., and Viswanath, K. Health Behavior and Health Education: Theory, Research, and Practice. San Francisco, CA: Jossey-Bass; 2008).

Secondary Data
Also see, “Primary Data”.

SMART or SMARTIE
These are acronyms often applied to objectives. The letters stand for:
- Specific — It reflects some important dimension of what an organization seeks to accomplish.
- Measurable — It includes a standard or benchmark to be met.
- Achievable or Ambitious — It is challenging to the degree that accomplishment would mean significant progress or even a “stretch” for the organization.
- Relevant or Realistic — It isn’t overly challenging or reflective of too little thought to resources or execution.
- Timebound — It includes a clear deadline.
- Inclusive- Provides an opportunity to bring traditionally excluded individuals and groups into processes, activities, decisions and policy making in a way that shares power. While diversity is about who is present at the table, inclusion is about who is empowered to make decisions or participate in a meaningful way.
- Equity-drive – It includes an element of fairness or justice to address systemic injustice, inequity, or oppression.

(Adapted from: The Management Center: Turning good intentions into great results. From SMART to SMARTIE: How to Embed Inclusion and Equity in Your Goals. May 3, 2021).

Social Determinants of Health
Social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. (World Health Organization. Health Topics: Social determinants of health. 2012. Geneva, Switzerland).
Also see, “Structural Determinants of Health”.

**Social Math**
Messaging designed to make statistics and other data more understandable to the audience providing social context by visualizing comparisons of data or story telling using data, or use of infographics to convey scientifically based messages or terminology (Adapted from: Yocco, V., and A. Pulli. *Social Math: A Method to Make Complex Data Meaningful*. Bulletin of the Association for Information Science and Technology. 52:5; 23-26. 2016).

**Social Media**
Forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos) (Merriam-Webster.com Dictionary, Merriam-Webster. “Social media.” Accessed April 22, 2022).

**Socioeconomic Status**
Socioeconomic status is a complex phenomenon often based on indicators of relationships to work (occupational position or ranking), social class or status, and access to power (Institute of Medicine. *The Future of the Public’s Health in the 21st Century*. National Academies Press. Washington, DC. 2003).

**Spontaneous Volunteers**
Unaffiliated or unregistered volunteers with known participating volunteer organizations during an incident or event (Centers for Disease Control and Prevention. *Public health emergency preparedness and response capabilities*. Atlanta, GA. 2018).

**Stakeholder**
Stakeholders are all persons, agencies and organizations with an investment or ‘stake’ in the health of the community and the local public health system. This broad definition includes persons and organizations that benefit from and/or participate in the delivery of services that promote the public’s health and overall well-being. (National Association of County and City Health Officials. *Mobilizing for Action through Planning and Partnerships (MAPP): Achieving Healthier Communities through MAPP, A User’s Handbook*. Washington, DC. 2001).

**Strategic Priorities**
Strategic priorities, which may also be termed as strategic goals, outline what the health department plans to achieve at a high level in order to accomplish its vision (or the future state of the health department). (Public Health Accreditation Board. *Standards & Measures for Initial Accreditation, Version 2022*. Alexandria, VA. February 2022).

**Strategies**
Strategies or actions include steps the health department will take to achieve its objectives, in order to reach the intended outcome of the priorities. (Public Health Accreditation Board. *Standards & Measures for Initial Accreditation, Version 2022*. Alexandria, VA. February 2022).

**Strength**
A “strength” is an observed action, behavior, procedure, or practice that is worthy of special notice and recognition (National Association of County and City Health Officials (NACCHO). *Project Public Health Ready Criteria*. Version 10.0. Washington, DC. September 2019).

**Structural Determinants of Health**
Refer specifically to interplay between the socioeconomic-political context, structural mechanisms generating social stratification and the resulting socioeconomic position of individuals. These structural determinants are what we include when referring to the "social determinants of health inequities”. Structural determinants are those that generate or reinforce social stratification in the society and that define individual socioeconomic position. These mechanisms configure the health opportunities of social groups based on their placement within hierarchies of power, prestige and access to resources (economic status) (World Health Organization. *Conceptual Framework for Action on Social Determinants of Health: Discussion Paper 2*. Geneva, Switzerland. 2010).
**Super Health Agency**
A super health agency is an agency that oversees public health and primary care, as well as the state Medicaid program (National Governors Association. *Transforming State Health Agencies to Meet Current and Future Challenges*. 1996).

**Surge Capacity**

**Surveillance**
See “public health surveillance”.

**Surveillance Data**
Surveillance data are data which: serve as an early warning system for impending outbreaks that could become public health emergencies; enable monitoring and evaluation of the impact of an intervention, helps track progress towards specified goals; and monitor and clarify the epidemiology of health problems, guiding priority-setting and planning and evaluation public health policy and strategies (World Health Organization. *Health Topics: Public Health Surveillance*. Geneva, Switzerland. 2017).

**Surveillance Site**
A surveillance site is an organization or entity that reports public health surveillance data (World Health Organization. *Health Topics: Public Health Surveillance*. Geneva, Switzerland. 2017).

**Technical Assistance (TA)**
Technical assistance is tailored guidance to meet the specific needs of a site or sites through collaborative communication with a specialist and the site(s). Assistance takes into account site-specific circumstances and culture and can be provided through phone, email, mail, internet, or in-person (Centers for Disease Control and Prevention. *Adolescent and School Health*. Atlanta, GA. Last reviewed March 31, 2022).

**Timely**
At the right time or appropriate or adapted to the times or the occasion (Merriam-Webster. (n.d.). “Timely”. In Merriam-Webster.com dictionary. Retrieved April 18, 2022).

**Training**
Training for the public health workforce includes the provision of information through a variety of formal, regular, planned means for the purpose of supporting the public health workforce in maintaining the skills, competencies, and knowledge needed to successfully perform their duties (Institute of Medicine. *Who Will Keep the Public Healthy?* National Academies Press. Washington, DC, 2003).

**Trend Analysis**
Trend analysis is a study design which focuses on overall patterns of change in an indicator over time, comparing one time period with another time period for that indicator. Trend analysis is not used to determine causation; rather associations can be drawn. Trend analysis is commonly used in programevaluation, for policy analysis, and for etiologic analysis (Nash, Reifsnnyder, Fabius, and Pracilio. *Population Health: Creating a Culture of Wellness*. Jones and Bartlett. MA, 2011).

**Tribal Epidemiology Centers**
Tribal Epidemiology Centers are Indian Health Service, division funded organizations who serve American Indian/Alaska Native Tribal and urban communities by managing public health informationsystems, investigating diseases of concern, managing disease prevention and control programs, responding to public health emergencies, and coordinating these activities with other public health authorities. Indian Health
U

**Umbrella Agency**
A health department may be part of a “Super Public Health Agency,” a “Super Health Agency,” or “Umbrella Agency” (i.e., an agency that oversees public health and some combination of primary care, substance abuse, mental health, Medicaid, and other human service programs). For example, the health department’s human resource policy and procedures manual could be the manual of the Super Public Health Agency, Super Health Agency, or Umbrella Agency, of which it is a part. The functions associated with the 10 Essential Public Health Services may be contained in different divisions within the Umbrella Agency (i.e., a health department might have an environmental health division separate from the public health services division). In those cases, the applicant may use examples from any division of the Super Agency that carries out a public health function and falls within PHAB’s Scope of Authority (Public Health Accreditation Board. Standards & Measures for Initial Accreditation, Version 2022. Alexandria, VA. February 2022).

V

**Values**
Values describe how work is done and what beliefs are held in common as a basis for that work. They are fundamental principles that organizations stand for (Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008).

**Vision**
Vision is a compelling and inspiring image of a desired and possible future that a community seeks to achieve. A vision statement expresses goals that are worth striving for and appeals to ideals and values that are shared among stakeholders (Bezold, C. *On Futures Thinking for Health and Health Care: Trends, Scenarios, Visions, and Strategies*. Institute for Alternative Futures and the National Civic League. Alexandria, VA. 1995).

**Vital Records**
Vital records are collected by the National Vital Statistics System, and are maintained by state and local governments. Vital records include births, deaths, marriages, divorces, and fetal deaths. They also record information about the cause of death, or details of the birth (National Library of Medicine. *Finding and Using Health Statistics – Glossary. Health Data Sources*. Bethesda, MD. Last reviewed on April 3, 2019).

**Vital Statistics**
Vital statistics provide insight into important trends in health, including the impact of changes in the incidence of nonmedically indicated cesarean deliveries and preterm birth, chronic conditions, progress on reducing deaths due to motor vehicle accidents, and the evolving challenge of substance abuse. Jurisdictions rely on birth and death records for a variety of administrative needs, and also use vital statistics to inform decisions aimed at improving health and health care (Centers for Disease Control and Prevention. National Center for Health Statistics. National Vital Statistics System Improvements Fact Sheet. June 2021).

**Vulnerable Population**
A vulnerable population is a group of people with certain characteristics that cause them to be at greater risk of having poor health outcomes than the general population. These characteristics include, but are not limited to, age, culture, disability, education, ethnicity, health insurance, housing status, income, mental health, and race (Adapted from: Institute of Medicine. *Performance Measurement: Accelerating Improvement*. National Academies Press. Washington, DC. 2006).
**Workforce Capacity**

Workforce capacity refers to an organization’s ability to ensure sufficient staffing levels to accomplish its work processes and successfully deliver its products and services to its customers, including the ability to meet episodic or varying demand levels (Baldrige Glossary for Business, Government (Public Sector) and other Nonprofit. “Workforce Capacity”. Accessed April 22, 2022.