

## HEPCOM Glossary

### A > C

**Action competence:** action competence is the ability to act and bring about positive change with regard to health (1).

**Benchmark:** benchmark can be defined as the use of comparative data from similar interventions, activities etc. to set the standard of best practice and therefore measure success and specific needs for improvement.

**BMI:** body mass index (BMI) is the index of weight-for-height that is commonly used in classifying what it means to be overweight or obese. It uses weight in kilograms divided by the square of the height in meters (kg/m<sup>2</sup>) (2).

**Community:** a community is a group of people who share common values and norms and are influenced by the same political situation and environmental circumstances and whose members live in a geographically defined area.

**Coping:** coping refers to the person's cognitive and behavioural efforts to manage (reduce, minimize, master, or tolerate) the internal and external demands of the person-environment transaction that is taxing or exceeding the person's resources (3).

**Cost-effectiveness:** cost-effectiveness indicates the relation between financial expenditures on the one side and the outcome (impact) of an intervention on the other. With a positive cost effectiveness the outcomes exceed the financial expenditures of the intervention.

### D > F

**Effectiveness:** adequacy of an intervention in terms of its intended effect (4).

**Efficiency:** the relation between a result and the means employed to achieve it (4).

**Empowerment:** in health promotion, empowerment is a process through which people gain control over decisions and actions affecting their health (5).

**Evidence-based health promotion:** the use of information derived from formal research and systematic investigation to identify causes and contributing factors to health needs and the most effective health promotion actions to address these in given contexts and populations (6).

### G > I

**Health determinants:** determinants of health encompass a variety of factors which influence the health status of individuals, groups or the whole population. This includes the social and economic environment, the physical environment as well as the person's individual characteristics and behaviours (5).

**Health Programmes:** health programmes can be defined as actions which are founded in health sciences and aim at systematically and sustainably changing individual behaviour and/ or the surrounding conditions. Two fundamental orientations can be distinguished: health interventions which aim at the promotion of health/ well-being (health promotion) and interventions which are focused on the avoidance of diseases (prevention) (7).

**Health Promotion:** health promotion is the process of enabling people to increase control over, and improve their health (5).

**Health Risk:** social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health, or injury (5).

**Implementation:** implementation refers to how well a proposed program or intervention is put into practice (8). Different components of implementation are

implementation fidelity, frequency and duration of the intervention, quality of delivery, responsiveness of participants (9).

**Intervention fidelity:** intervention fidelity or adherence refers to the question, if and to which extent the whole intervention or intervention components is/were delivered as planned (9). It reflects the degree of consistency between the planning and the implementation.

J > Z

**Monitoring:** continuous or periodic systematic data collection used for checking processes and results (10).

**Overweight:** although there is no consensus on how to define what is overweight in childhood and adolescence it is widely common to use a gender and age specific percentile (value below which a certain percent of observations fall). For Europe 'overweight' is classified as at or above the 85th percentile and obesity as at or above the 95th percentile of BMI (11).

**Participation:** participation happens at different levels and can range from a sense of "taking part in" to "having part or share in something". The latter implies the sharing of power in the decision making processes in relation to contextual matters (like school). This understanding reflects a sense of self-determination, ownership and empowerment in relation to learning about health (5, 12).

**Prevention:** whereas health promotion is oriented at the strengthening of health through the improvement of resources and capabilities, prevention is oriented on the conservation of health through avoidance of risks and diseases. Depending on the time it can be differentiated between primary prevention (avoidance of the genesis of a diseases), secondary prevention (early diagnosis of diseases) and tertiary prevention (avoidance of an elapse).

**Prevalence:** number of cases of a defined population group at a certain time (4).

**Quality indicator:** a specially selected measure that may indicate a good or poor quality (13).

**Secondary disorders:** secondary disorders are diseases, which were caused by an earlier disease or event. Type II diabetes, high blood pressure, heart attacks, for example, are secondary diseases which can be caused by obesity.

**Self-efficacy:** self-efficacy refers to beliefs that individuals hold about their capability to carry out actions in a way that will influence the events that affect their lives (6).

**Self-esteem:** self esteem refers to the extent, to which a person values, prizes or likes herself or himself. It describes a favourable or unfavourable attitude towards the self (14).

**Socioeconomic status :** 'Socioeconomic status' describes an individual or family's economic and social position in relation to others which is usually determined by a family's income.

**Stress :** stress is produced through the relationship between a person and their environment. More specifically an environment that is felt to be taxing or exceeding their resources and therefore as endangering wellbeing (3).

**Sustainability :** intended impacts of a project which last longer than the project itself (4).

**Tool (health promotion) :** a mechanism or device through which health promotion activities, processes, etc. can be carried out with the intention of meeting a particular health promotion goal or aim.

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