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Health Promotion Glossary





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Foreword:

Moving towards a new public health

The first edition of this health promotion glossary of terms was published by WHO in 1986 as a guide to readers of WHO documents and publications. It met a useful purpose in clarifying the meaning and relationship between the many terms which were not in common usage at that time. This first edition of the glossary has been translated into several languages (French, Spanish, Russian, Japanese and Italian), and the terms defined have been widely used both within and outside WHO. The glossary was adapted and republished in German in 1990.

Much has happened since the publication of the glossary a decade ago. Most notably, in October 1986 the First International Conference on Health Promotion was held in Ottawa, Canada, producing what is now widely known as the **Ottawa Charter for Health Promotion**. This conference was followed by others which explored the major themes of the **Ottawa Charter** on healthy public policy (in Adelaide, 1988), and on supportive environments for health (in Sundsvall, 1991). These conferences have added greatly to our understanding of health promotion strategies and their practical application, as well as more fully accounting for issues of relevance to developing countries. This was taken a step further at the Fourth International Conference on Health Promotion, *New Players for a New Era: Leading Health Promotion into the 21st Century*, which was held in Jakarta, Indonesia, in July 1997.

Several WHO programmes and projects have been developed and implemented which have sought to translate health promotion concepts and strategies into practical action. These include the **Healthy Cities, Villages, Municipalities** and **Healthy Islands** projects, the networks of **Health Promoting Schools** and **Health Promoting Hospitals**, and the **Healthy Marketplaces** and **Health Promoting Workplaces** projects, as well as WHO action plans on alcohol and tobacco, active living and healthy ageing.

Recent developments in health systems around the world have given new prominence to health promotion approaches. The increasing focus on health outcomes reconfirms the priority placed on investment in the determinants of health through health promotion. Continually asking the question "where is health created?" links health promotion to two major reform debates: the formulation of new public health strategies, and the need to re-orient health services. The foresight shown in the **Ottawa Charter** has been adopted by many countries and organizations around the world – a process which was taken one step further through the Fourth International Conference on Health Promotion in Jakarta, July 1997. This conference adopted the **Jakarta Declaration** on Leading Health Promotion into the 21st Century. A number of terms that are central to the **Jakarta Declaration** have therefore been included in this new version of the health promotion glossary.

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January 1998

Introduction

With a decade of experience, and continued evolution and development of ideas since the production of the first glossary, this revision provides an updated overview of the many ideas and concepts which are central to contemporary health promotion. This time, as previously, the basic aim of the glossary is to facilitate communication both between countries and within countries, and among the various agencies and individuals working in the field. As before, the definitions should not be regarded as “the final word” on the terms included. As experience grows and ideas evolve further the terms will need to be regularly assessed for their meaning and relevance.

This version of the glossary is substantially different from the original. Some terms have been omitted, many have been modified in the light of experiences and evolution in concepts, and 19 new terms which are in current use have been included. The list of terms included is not intended to be either exhaustive or exclusive, and draws upon the wide range of disciplines from which health promotion has its origins. In a number of cases the definition adopted reflects the application of the term in the context of health promotion. This focus is acknowledged in the definition.

As in the original version, the definitions have been kept short, and make no pretence to offer fuller interpretations which may be found elsewhere in other publications. Where relevant, some notes of explanation have been added.

Similarly, the use of terms will often be situation-specific, and moulded by prevailing social, cultural and economic conditions. It will be apparent that some of the concepts and definitions that have been adopted in the glossary reflect the language and cultural bias of the principal author. Definitions by their very nature are restrictive, representing summaries of complex ideas and actions. Such restrictions are fully acknowledged in the drafting of the definitions used in this glossary.

Despite these obvious restrictions, the glossary has been assembled to enable as wide an audience as possible to understand the basic ideas and concepts which are central to the

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