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**A GLOSSARY OF TERMS  
FOR COMMUNITY HEALTH CARE AND  
SERVICES FOR OLDER PERSONS**



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A Glossary of Terms for Community Health Care and Services for Older Persons

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A Glossary of Terms for Community Health Care and Services for Older Persons

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## Preface

The WHO Centre for Health Development (WHO Kobe Centre) is a research arm of the World Health Organization based in Kobe, Japan, and has a global mandate to conduct research into the health consequences of social, economic, environmental and technological change and their implications for health policies. Rapid population ageing is undeniably exerting new pressures on existing health systems. To be effective, health systems, in considering the welfare needs of older persons and the social services for them, must respond in timely and creative ways to this global phenomenon and its health and socioeconomic impacts.

Today, providing adequate and cost-effective care for the growing number of older persons, their families and community involves and requires multisectoral and interdisciplinary integration and cooperation. But it poses challenges as well. While, on one hand, the heterogeneity of the ageing and older population's health status and welfare needs differ according to their cultural and socioeconomic settings, on the other, there is a lack of well-defined, standardized definitions and terminology for evaluation of diversified effective models.

This obstacle to cross-sectional dialogue and exchange of ideas and views is affecting policy formulation, research and education, as well as budgetary allocation to implement and deliver comprehensive and integrated services in a coherent manner. In recent years, the pressing need for standardization of terminology in community health care for older persons has received increased attention from local and national governments, international agencies, NGOs, the scientific and service communities and the general public.

In response to this need, the Ageing and Health Programme of the WHO Kobe Centre, in collaboration with the WHO Collaborating Centre for Population Ageing: Research, Education and Policy in Adelaide, Australia, initiated a project to develop an international glossary of terms applying to community health care and services for older persons through consultation with global experts, both via the Internet and in face-to-face meetings. This publication aims to define and standardize the basic concepts and functions of community health care for older persons and organize them into a glossary, utilizing existing WHO definitions where appropriate, to promote a common language for cross-programme description and information dissemination. This glossary is the first step towards the pursuit of further collaboration in community health care development.

It is my pleasure, therefore, to release this document, entitled *Glossary of terms for community health care and services for older persons*. I would also like to take this opportunity to thank all those who made valuable contributions to this important publication. I sincerely hope that it will be meaningful and useful in complementing the global work of WHO.

Dr Wilfried Kreisel, Director  
WHO Centre for Health Development  
Kobe, Japan

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## INTRODUCTION

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In recent years, the provision of adequate and cost-effective care for the rapidly increasing number of older persons in societies has received enhanced attention from national and local governments, international organizations, nongovernmental organizations (NGOs), and the scientific and service communities, as well as the general public. Major issues concern the need for an integrated and more comprehensive approach towards meeting the special needs of older persons, their families and communities. This requires multisectoral and interdisciplinary cooperation. However, cross-sectional dialogue and exchange of ideas and views on policy formulation, research, education and budgetary allocation is being hampered by a lack of common or shared definitions and terminology.

While a number of glossaries and dictionaries relating to health and community care have been produced by various authorities in different constituencies, at present there is no internationally accepted common set of definitions for many of the relevant terms used to describe health, health care and services, including primary health care and community health care for older persons. The WHO Kobe Centre International Meeting on Community Health Care for Older Persons in Urban Areas, held in Bangkok, Thailand, from 10 to 12 July 2001, identified a pressing need for standardization of terminology in community health care for older persons and, as a major recommendation, proposed:

“Definition and standardization of basic concepts and functions and functions of community health care for older persons into a glossary, utilizing existing WHO definitions where appropriate, in order to promote a common language for cross-city programme description and information dissemination. This glossary development will be the first step towards further collaboration”<sup>1</sup>.

This project is the result of the WHO Kobe Centre’s commitment to produce a glossary that, it is hoped, will facilitate international and within-country exchange in this important area.

As a first step, the glossary was constructed via a search of the literature. Where appropriate, existing WHO definitions have been included, but the glossary has been expanded by reference to a number of sources, as listed in the References.

The second stage of the process involved professional review of the draft glossary. The aim of that review was to examine:

- the relevance of the terms included;
- the choice and arrangement of words and phrases for each term; and
- identification of terms not included in the draft.

An invitation to comment on the draft glossary was sent to more than 100 individuals around the world who were identified as experts in the field of community health care and services for older persons. Around one quarter (Appendix A) responded with comments about individual definitions and suggestions for additional terms.

The glossary was then the subject of a critical comprehensive review by a

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<sup>1</sup> *Community health care for older persons in urban areas — proceedings of a WHO international meeting, Bangkok, Thailand, 10-12 July 2001*. Kobe, Japan, WHO Centre for Health Development, 2002.

meeting of experts, held in Kobe, Japan, in October 2003. A list of participants in the workshop is included in Appendix B. As a result of that meeting, a further draft was prepared and this final version was produced after further consultation with the participants of the expert meeting.

The glossary is structured in a number of sections, reflecting the nature of the terminology. The first and most expansive section provides health and community care terms. The other sections include administrative, management and financial terms; and statistical / research terms in community health care. The glossary begins with a discussion of the concepts and overarching perspectives that have guided the development of community health care for older persons.

This final glossary is the result of a collaborative effort and thanks is given to all those who provided their time and expertise.

## **GUIDING CONCEPTS AND PRINCIPLES**

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The development of community health care for older persons is a worldwide phenomenon that has seen the emergence of a range of programmes and services in many different settings, principally in the developed world, but increasingly also in developing countries. Recognizing the need for a more community-based approach and more orientation towards older persons and their families in the delivery of coordinated health and social services, a variety of models for community care for ageing populations has evolved.

These developments have been guided, to varying degrees, by a range of concepts and principles that have influenced the way in which programmes and services have been shaped. The WHO definition of health as "...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"<sup>2</sup> has been a seminal influence, as has the WHO Alma Ata Declaration on Primary Health Care. A range of other declarations and policy statements has also influenced the process, including the United Nations Principles for Older Persons and the WHO Active Ageing Policy Framework.

In addition, a broad definition of what is encompassed by community health care has been enunciated by the WHO Centre for Health Development as "Community health care aims to add new scope and value to the existing primary health care approach in providing integrated health and social services by public and private partnership to meet the increasing health and welfare needs of older persons and their families at community level".

There are also a number of overarching perspectives which need to be kept in mind in development of community health care for older persons, including the following:

### **Rights of older persons**

Older people must be acknowledged as integral members of society and must have the right to enjoy a good quality of life and full equity in access to the services necessary for optimal health. The positive contribution of older persons to development, and as a resource for their families, communities and society, must be recognized.

### **Life-course perspective**

Health in old age is determined by patterns of living, exposures and opportunities for health protection over the life course. Thus, the health of older persons should be viewed in the context of the whole of life. The life-course perspective recognizes that ageing takes place within a sociohistorical context that differentially provides resources to individuals based on gender, socioeconomic status and race/ethnicity. The lifelong impact of differences in access, as well as individual choices, can create disparities in health and well-being in later life. Programmes directed towards health of older persons, to be ultimately effective, will need to work collaboratively and facilitate the efforts of those seeking to improve the lifestyles, environmental risk exposures and opportunities for health protection at earlier ages. This is especially true for the prevention of those disorders that, at least

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<sup>2</sup> Preamble to the Constitution as adopted by the International Health Conference, New York, 19–22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records, no. 2, p. 100) and entered into force on 7 April 1948.



in part, have their origins in earlier life, such as osteoporosis, vascular diseases and most cancers.

## **Healthy ageing**

The primary objective of health policies directed towards older persons must be to promote the attainment and maintenance of 'healthy' and 'successful' ageing in advanced years. The emphasis should be on people-centred health maintenance and improvement through promotion of a positive approach to health and healthy lifestyles, in addition to the traditional goals of disease prevention, treatment and rehabilitation. The challenge is to understand and promote those factors that keep people healthy, with a focus on both personal and external resources.

## **Access to comprehensive care**

Comprehensive health care must be available to people as they age. These services should be aimed at minimizing the deleterious effects of disease and should promote the achievement of personal health potential and a high quality of life for the whole of the population.

## **Family / community orientation**

Recognition and support should be given to the networks of older persons, that is, their families, neighbourhoods and communities, as it is often these informal sources of support that offer significant assistance. In the developing nations in particular, many of the older population are an integral part of family structure and thus intergenerational relationships and exchanges are very important.

There are also changes occurring in patterns of intergenerational co-residence and the strength of family linkages in many places. Social changes, such as migration, urbanization and increasing numbers of women joining the labour force, have meant that generations of a family may live separately and, therefore, increasing numbers of older people, particularly women, are living alone. Community services, such as home help, community centres and day care should, therefore, be oriented towards helping older people remain in the community as long as possible.

## **Cultural perspective**

There is an extraordinary diversity of cultures throughout the world and within many nations and communities. Beliefs, behaviours and attitudes to health and ageing are greatly influenced by traditions, religious beliefs and values. These elements must be taken into account in any approach to deal with the issues associated with ageing. There are many positive influences upon ageing, such as traditional respect for elders and the role of families in providing care, which need to be fostered and utilized to contribute to attainment of improved quality of life for older persons. Traditional health practices should be recognized and, where appropriate and demonstrably safe, should be incorporated as complementary or alternative treatment modalities.

## **Gender variation**

The importance of recognizing and responding to the differences in experience of ageing between men and women has been increasingly acknowledged. Differentials in mortality, morbidity and disability have been widely described. Women are more likely than men to suffer poverty and reduced lifetime economic

opportunities that negatively impact on late life resources. In addition, the vital role of women as carers is an important consideration.

## **Cohort perspective**

Research studies have demonstrated substantial variation between different cohorts of older people. Any analysis of ageing issues and programmes designed to deal with these should take account, as far as possible, of cohort variations. Planning processes need to consider that the recipients of programmes now at the planning stage may ultimately be younger cohorts with somewhat differing experiences, attitudes and expectations of ageing than the present older persons. This is especially true of countries that are rapidly developing demographically and socioeconomically.

## **Age-friendly services**

The WHO Perth Framework for Age-Friendly Community-Based Health Care 2002 notes:

“As an overarching principle, health care services must aim to provide the highest attainable standards of health, conducive to promoting active ageing and health over the life course and to maintaining life in dignity. Towards this end, health care services must meet the following essential criteria: availability; accessibility; comprehensiveness; quality; efficiency; non-discrimination; and age-responsiveness.... The principle of non-discrimination should be upheld to ensure equal distribution and treatment, as well as the prevention of abuse, taking into account the economic, social, psychological and physical vulnerability of older persons”.

## **Integration of community health and welfare services**

“Systems that integrate and coordinate health and welfare programmes will be both more effective and efficient in addressing the type of health care needs of many older persons. Integration is a basic requirement both in and among health and welfare sectors. The community health care (CHC) framework is proposed as a means of updating the PHC approach to better address the needs of older adults. The proposed approach provides a framework for integrating health and welfare systems and strengthens older peoples’ connections to their family and communities regardless of abilities or disabilities”<sup>3</sup>.

The formulation of this glossary has, wherever possible and appropriate, been guided by the broad principles set out above.

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<sup>3</sup> *Development of Health and Welfare Systems – Adjusting to Ageing – Proceedings of the Valencia Forum 2002, Valencia, Spain, 1–4 April 2002.* Kobe, Japan, WHO Centre for Health Development, 2002.

## HEALTH AND COMMUNITY CARE TERMS

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### A

**abuse** Mistreatment or neglect of an older person(s) through the intentional or unintentional behaviour of another person(s). Abuse may be collectively perpetrated or politically motivated. This abuse may be physical, psychological, sexual, financial and/or systemic. One type of abuse is usually accompanied by other types.

See also “neglect”.

**access** The ability of an individual or a defined population to obtain or receive appropriate health care. This involves the availability of programmes, services, facilities and records. Access can be influenced by such factors as finances (insufficient monetary resources); geography (distance to providers); education (lack of knowledge of services available); appropriateness and acceptability of service to individuals and the population; and sociological factors (discrimination, language or cultural barriers).

**accessibility** Removal of the barriers to entering and receiving services or working within any health care setting.

**active ageing** The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.

**activities of daily living (ADL)** A concept of functioning – activities of daily living are basic activities that are necessary to independent living, including eating, bathing and toileting. This concept has several assessment tools to determine an individual’s ability to perform the activity with or without assistance.

See related “instrumental activities of daily living (IADL)”.

**activity coordinator** A trained staff member who is responsible for leisure activities in a health care programme. Activity coordinators develop programmes for people based on individual abilities and interests.

**acute care / acute health care** Care that is generally provided for a short period of time to treat a new illness or a flare-up of an existing condition. This type of care may include treatment at home, short-term hospital stays, professional care, surgery, X-rays and scans, as well as emergency medical services.

**acute disease / illness** A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration from which the patient usually returns to his/her normal or previous state or level of activity. An acute episode of a chronic disease (for example, an episode of diabetic coma in a patient with diabetes) is often treated as an acute disease.

**adaptation (of residence)** Permanent fixtures or alterations to a home to help someone get about or manage better (distinguished from ‘aids’ or ‘equipment’, which are more portable).

**adapted living facility / housing** Housing that has been specially built for, or changed to a certain standard to accommodate people with disabilities.

**admission** The initiation of care, usually referring to inpatient care, although the term may be used for day or community care as well.

**adult care home / residential facility** A residence which offers housing and personal care services to a number of residents. Services (such as meals, supervision and transportation) are usually provided by the owner or manager. Usually 24-hour professional health care is not provided on site.

See also “assisted living facility”.

**adult day care** See “day care centre”.

**adult placement** A type of foster care in which an older person lives with an approved family.

**advance care planning** Planning in advance for decisions that may have to be made prior to incapability or at the end of life. People may choose to do this planning formally, by means of advance directives, or informally, through discussions with family members, friends and health care and social service providers, or a combination of both methods.

**advance directive** A mechanism by which a competent individual expresses his or her wishes should circumstances arise in which he or she no longer is able to make rational and sound decisions regarding his or her medical treatment. Usually ‘advance directive’ refers to orders for withholding and/or withdrawing life support treatments at the end of life, made by writing living wills and/or granting power of attorney to another individual.

**adverse event / reaction** Any undesirable or unwanted consequence of a preventive, diagnostic or therapeutic procedure.

**advocacy for health** A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme. Advocacy also has a role in creating awareness in the minds of the community regarding the rights of older persons.

**advocacy scheme** Services which seek to ensure that a person’s views are heard and his or her interests represented.

**advocate** 1 A person who acts on behalf of another, usually for a cause or plea.  
2 To support or suggest an idea, development or way of doing something.

**aetiology / aetiological** See “etiology”.

**after-care** Care provided to individuals after their release from institutional care.

**age discrimination** Unfair or unequal treatment of people on the grounds of age.

**aged** The state of being old. A person may be defined as aged on a number of criteria including chronological age, functional assessment, legislation or cultural considerations.

**aged care** Services provided to people deemed to be aged or elderly.

**aged care assessment team** Multidisciplinary team of health professionals that is responsible for comprehensive assessments of the needs of older persons, including their suitability for hospital, home or institutional care.

**ageing / aging** The lifelong process of growing older at cellular, organ or whole-body level throughout the life span.

**ageing / aging in place** Meeting the desire and ability of people, through the provision of appropriate services and assistance, to remain living relatively independently in the community in his or her current home or an appropriate level of housing. Ageing in place is designed to prevent or delay more traumatic moves to a dependent facility, such as a nursing home.

**ageing of the population** See “population ageing”.

**ageism** The negative stereotyping or discrimination of people on the basis of age.

**agent (of disease)** A factor, such as a micro-organism, chemical substance, form of radiation, or excessive cold or heat, which is essential for the occurrence of a disease. A disease may be caused by more than one agent acting together or, in the case of deficiency diseases, by the absence of an agent.

**aid** An item, such as a walking frame or a shower chair, which helps people to manage the activities of daily living.

**alarm** See “emergency alarm”.

**allied health personnel** Specially trained and licensed (when necessary) people in occupations that support and supplement the functions of health professionals. For the older population, such health personnel may include home health workers and nursing assistants.

See also “auxiliary worker”.

**allopathy** A system of medicine based on the theory that successful therapy depends on creating a condition antagonistic to, or incompatible with, the condition to be treated. Thus, drugs such as antibiotics are given to combat diseases caused by the organisms to which they are antagonistic.

**alternative and complementary health care / medicine / therapies** Health care practices that are not currently an integral part of conventional medicine. The list of these practices changes over time as the practices and therapies are proven safe and effective and become accepted as mainstream health care practices. These unorthodox approaches to health care are not based on biomedical explanations for their effectiveness. Examples include homeopathy, herbal formulas, and use of other natural products as preventive and treatment agents.

**alternative medical system** A complete system of theory and practices that has evolved independently of, and often prior to, the conventional biological approach. Many are traditional systems of medicine that are practised by individual cultures throughout the world. Traditional Oriental medicine and Ayurveda, India’s traditional system of medicine, are two examples.

**ambulatory care** Health services provided on an outpatient basis in contrast to services provided in the home or to persons who are inpatients. While many inpatients may be ambulatory, the term ambulatory care usually implies the patient travels to a location to receive services and no overnight stay in hospital is required. Many surgeries and treatments are now provided on an outpatient basis, while previously they were considered reason for inpatient hospitalization.

**ambulatory setting** A type of institutional organized health setting in which health services are provided on an outpatient basis. Ambulatory care settings may be either mobile (when the facility is capable of being moved to different locations) or fixed (when the person seeking care must travel to a fixed service site).

**ancillary service** Support service provided in conjunction with medical or hospital care. Such services include laboratory, radiology, physical therapy and inhalation therapy, among others.

**anthropometrics** The measurement of the size and proportions of the human body.

**appraisal** See “geriatric assessment”.

**appropriate health technology** Methods, procedures, techniques and equipment that are scientifically valid, adapted to local needs and acceptable to those who use them and to those for whom they are used, and that can be maintained and utilized with resources the community or country can afford.

**assessment** See “geriatric assessment”.

**assessment appeal process** A process that allows a person who has been assessed to dispute the assessment, and which provides for the assessment to be changed.

**assessment system** A structured process developed to ensure that assessment is relevant, consistent, fair and valid. The system requires rules of operation, a regular review process and competent assessors.

**assisted living** See “residential care services”; “assisted living facility”.

**assisted living facility / assisted care living facility** Establishment which provides accommodation and care for older or disabled persons who cannot live independently but do not need nursing care. Residents are also provided with domestic assistance (meals, laundry, personal care).

**assisted suicide** The act of intentionally killing oneself with the assistance of another who provides the knowledge, means or both.

**assistive device** Equipment that enables an individual who requires assistance to perform the daily activities essential to maintain health and autonomy and to live as full a life as possible. Such equipment may include, for example, motorized scooters, walkers, walking sticks, grab rails and tilt-and-lift chairs.

**assistive technology** An umbrella term for any device or system that allows individuals to perform tasks they would otherwise be unable to do or increases the ease and safety with which tasks can be performed.

**attendant care** Personal care for people with disabilities in non-institutionalized settings generally by paid, non-family carers.

**autonomy** The perceived ability to control, cope with and make personal decisions about how one lives on a daily basis, according to one’s own rules and preferences.

**auxiliary worker** A worker who has less than full professional qualifications in a particular field and is supervised by a professional worker.

**avoidable hospital condition / admission** A medical condition for which hospitalization could have been avoided if ambulatory care had been provided in a timely and efficient manner.

## B

**basic health service** A network of health units providing essential health care to a population. Basic health services include communicable disease control, environmental sanitation, maintenance of records for statistical purposes, health education of the public, public health nursing and medical care.

**bereavement** A process of loss, grief and recovery, usually associated with death.

**board and care home** See “adult care home”.

**burden of disease** The total significance of disease for society beyond the immediate cost of treatment. It measures years of life lost to ill-health as the difference between total life expectancy and disability-adjusted life expectancy.

## C

**care** The application of knowledge to the benefit of a community or individual. There are various levels of care:

**intermediate care:** A short period of intensive rehabilitation and treatment to enable people to return home following hospitalization or to prevent admission to hospital or residential care.

**primary care:** Basic or general health care focused on the point at which a patient ideally first seeks assistance from the medical care system. It is the basis for referrals to secondary and tertiary level care.

**secondary care:** Specialist care provided on an ambulatory or inpatient basis, usually following a referral from primary care.

**tertiary care:** The provision of highly specialized services in ambulatory and hospital settings.

**care chain / chain of care** **1** A well planned entity of inter- and intra-organizational care processes to solve the complexity of problems of an individual, and accompanied by systematic follow-up actions. Care chains are integrated to the extent that there are no gaps, barriers or breaks in the process leaving the older person without proper care. **2** A description of the different parts of care.

**care-dependent** Persons with chronic illnesses and/or impairments which lead to long-lasting disabilities in functioning and reliance on care (personal care, domestic life, mobility, self direction).

**care home** A residential facility that provides accommodation and offers a range of care and support services. Care homes may provide a limited number of services to support low dependency or may provide a wide range of services to cater for the continuum from low to high dependency care.

See “assisted living facility”; “high dependency care facility”.

**care management** See “case management”.

**care need** Some state of deficiency decreasing quality of life and affecting a demand for certain goods and services. For the older population, lowered functional and mental abilities are decisive factors that lead to the need for external help.

**care package** A combination of services designed to meet a person's assessed needs.

**care pathway** An agreed and explicit route an individual takes through health and social care services. Agreements between the various providers involved will typically cover the type of care and treatment, which professional will be involved and their level of skills, and where treatment or care will take place.

See also "care plan"; "care programme".

**care plan** A dynamic document based on an assessment which outlines the types and frequency of care services that a client receives. It may include strategies, interventions, continued evaluation and actions intended to help an older person to achieve or maintain goals.

**care programme** A documented arrangement of integrated care, based on the analysed needs of a specific group of people, from intake to supply of care and services, as well as the intended outcomes, and including a description of the way the arrangement should be applied in order to match the needs of individual persons.

**caregiver** A person who provides support and assistance, formal or informal, with various activities to persons with disabilities or long-term conditions, or persons who are elderly. This person may provide emotional or financial support, as well as hands-on help with different tasks. Caregiving may also be done from long distance.

See also "formal assistance"; "informal assistance".

**caregiver burden** The emotional, physical and financial demands and responsibilities of an individual's illness that are placed on family members, friends or other individuals involved with the individual outside the health care system.

**caregiver burnout** A severe reaction to the caregiving burden, requiring intervention to enable care to continue.

**carer** See "caregiver"; "formal assistance"; "informal assistance".

**case conference** A meeting of all professionals (often including carers) interested in an individual's care.

**case management** A continuous process of planning, arranging and coordinating multiple health care services across time, place and discipline for persons with high-risk conditions or complex needs in order to ensure appropriate care and optimum quality, as well as to contain costs.

**case mix** A method by which a health care provider measures the service needs of the patient population. It may be based on such things as age, medical diagnosis, severity of illness or length of stay.

**case severity** A measure of intensity or gravity of a given condition or diagnosis for an older person.



**catchment area** A geographic area defined and served by a health programme or institution, such as a hospital or community health centre, which is delineated on the basis of such factors as population distribution, natural geographic boundaries, and transportation accessibility. By definition, all residents of the area needing the services of the programme are usually eligible for them, although eligibility may also depend on additional criteria.

**cause of death** For the purpose of national mortality statistics, every death is attributed to one underlying condition, based on information reported on the death certificate and using the international rules for selecting the underlying cause of death from the reported conditions.

See “International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD-10)”.

**cause-of-death ranking** Cause-of-death ranking for adults is based on the *List of 72 Selected Causes of Death, HIV Infection, and Alzheimer's Disease*. The List was adapted from one of the special lists for mortality tabulations recommended for use with the International Classification of Diseases, ninth revision. Two group titles – “Major cardiovascular diseases” and “Symptoms, signs, and ill-defined conditions” – are not ranked based on the list of 72 selected causes. In addition, category titles that begin with the words “other” and “all other” are not ranked. The remaining category titles are ranked according to number of deaths to determine the leading causes of death. When one of the titles that represents a subtotal is ranked (for example, unintentional injuries), its component parts are not ranked (in this case, motor vehicle crashes and all other unintentional injuries).

**centenarian** A person who is 100 years or older.

**challenging behaviour** Behaviour which is difficult and complex to manage, even within a therapeutic environment. The behaviour may be related to organic or non-organic predisposing factors.

**chiropody** See “podiatry”.

**chiropractice** A system of medicine based on the theory that disease is caused by malfunction of the nervous system, and that normal function of the nervous system can be achieved by manipulation and other treatment of the structures of the body, primarily the spinal column. A practitioner is a chiropractor, Doctor of Chiropractic (DC).

**choice** Those seeking care have options between and within health care units, including opportunities for gaining specialist care and second opinions, or to deny care.

**chore service** Help with chores, such as home repairs, gardening and heavy house cleaning.

**chronic care** The ongoing provision of medical, functional, psychological, social, environmental and spiritual care services that enable people with serious and persistent health and/or mental conditions to optimize their functional independence and well-being, from the time of condition onset until problem resolution or death. Chronic care conditions are multidimensional, interdependent, complex and ongoing.

**chronic condition / disease** A disease which has one or more of the following characteristics: is permanent; leaves residual disability; is caused by non-reversible pathological alternation; requires special training of the patient for rehabilitation; or may be expected to require a long period of supervision, observation or care.

**chronic hospital** A facility that serves patients who do not need acute care or care in another kind of specialty hospital and whose needs for frequency of monitoring by a medical practitioner and for frequency and duration of nursing care exceed the requirements for care in a comprehensive care or extended care facility.

**classification of disease** Arrangement of diseases into groups having common characteristics. Useful in efforts to achieve standardization in the methods of presenting mortality and morbidity data from different sources and, therefore, in comparability. May include a systematic numerical notation for each disease entry. Examples include the International Statistical Classification of Diseases, Injuries and Causes of Death.

**client** A person who seeks or receives services or advice.

**client group** A category in a classification or typology of clients. Clients can be classified in various dimensions, e.g. by dependency level, by diagnosis.

**client quality** The outcome of care/service from an individual/user's point of view. It is how well the care service supports the client/user to improve his/her quality of life.

**clinic** A facility, or part of one, devoted to diagnosis and treatment or rehabilitation of outpatients.

See "outpatient services"; "ambulatory care".

**clinical care** Professional specialized or therapeutic care that requires ongoing assessment, planning, intervention and evaluation by health care professionals.

**clinical condition** A diagnosis (e.g. myocardial infarct) or a patient state that may be associated with more than one diagnosis (such as paraplegia) or that may be as yet undiagnosed (such as low back pain).

**clinical event** Services provided to patients (history-taking, physical examination, preventive care, tests, procedures, drugs, advice) or information on clinical condition or on patient state used as a patient outcome.

**clinical governance** A framework through which health organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care.

**clinical information system** An information system that collects, stores and transmits information that is used to support clinical applications (e.g. transmission of laboratory test results, radiology results, prescription drug orders). Electronic medical records are one method by which clinical information systems can be created.

**clinical observation** Clinical information, excluding information about treatment and intervention. Clinical information that does not record an intervention is by nature a clinical observation. The observer may be the patient or related person (information about symptoms, family history, occupation or lifestyle) or a health care professional (information about physical signs, measurements, properties observed or diagnoses). While information about the nature of a planned or performed treatment is excluded by the definition, clinical observations may be recorded on the results of a treatment, on progress during the course of a treatment, or on the result of a treatment.

**clinical pathway** A multidisciplinary set of daily prescriptions and outcome targets for managing the overall care of a specific type of patient, e.g. from pre-admission to post-discharge for patients receiving inpatient care. Clinical pathways are often intended to maintain or improve quality of care and decrease costs for patients in particular diagnosis-related groups.

**clinical performance measure** An instrument that estimates the extent to which a health care provider delivers clinical services that are appropriate for each patient's condition; provides them safely, competently and in an appropriate time-frame; and achieves desired outcomes in terms of those aspects of patient health and patient satisfaction that can be affected by clinical services.

**clinical practice guideline** A systematically developed statement to assist practitioner and patient decisions about appropriate health care for one or more specific clinical circumstances.

**clinical significance** A conclusion that an intervention has an effect that is of practical meaning to older persons and health care providers. Even though an intervention is found to have a statistically significant effect, this effect may not be clinically significant. In a trial with a large number of participants, a small difference between treatment and control groups may be statistically significant, but clinically unimportant. In a trial with few participants, an important clinical difference may be observed that does not achieve statistical significance. (A larger trial may be needed to confirm that this is a statistically significant difference).

**clinical trial** A controlled research study of the safety and effectiveness of drugs, devices or techniques that occurs in four phases, starting with the enrolment of a small number of people, to the later stages in which thousands of people are involved prior to approval by the licensing authorities (for example, the Food and Drug Administration).

**code of conduct** A formal statement of desirable behaviour that research workers or practitioners are expected to honour. There may be penalties for violation.

**cognitive testing** In surveys, studying the process of interpretation of questions and the formation and reporting of responses by respondents to learn how to make the questions more accurately obtain the data the questionnaire is seeking.

**cohort** A set of people born during a specific time period; also a set of people born during a historical era that creates different inter-cohort characteristics such as size, composition, experiences and values. The term "cohort" has been broadened to describe any designated group of persons who are followed or traced over a period of time.

**co-housing** A form of planned community in which people live together, each with his or her own dwelling or living space, but there are also some common areas and joint activities may be arranged.

**communal** **1** Belonging to, or used by, a group of people rather than a single person. For example, communal open space is useable public open space for recreation and relaxation of residents of a development that is under the control of a body corporate. **2** Of, or related to a commune, where all means of production and services are held in common. The collective unit takes responsibility for meeting the needs of its members.

**communal care** Assistance provided free of charge or at reduced rates to members of a group or society. Other members of the group or society generally provide care on a voluntary basis.

**community** A group of people, often living in a defined geographical area, who may share a common culture, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.

**community action for health** Collective efforts by communities which are directed towards increasing community control over the determinants of health and thereby improving health.

**community alarm** See “emergency alarm”.

**community-based care / community-based services / programmes** The blend of health and social services provided to an individual or family in his/her place of residence for the purpose of promoting, maintaining or restoring health or minimizing the effects of illness and disability. These services are usually designed to help older people remain independent and in their own homes. They can include senior centres, transportation, delivered meals or congregate meals sites, visiting nurses or home health aides, adult day care and homemaker services.

**community care** Services and support to help people with care needs to live as independently as possible in their communities.

**community empowerment** Involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their communities. Community empowerment is an important goal in community action for health.

**community equipment** See “aid”.

**community health** The combination of sciences, skills and beliefs directed towards the maintenance and improvement of the health of all the people through collective or social actions. The programmes, services and institutions involved emphasize the prevention of disease and the health needs of the population as a whole. Community health activities change with changing technology and social values, but the goals remain the same.

**community health care** Includes health services and integrates social care. It promotes self care, independence and family support networks.

**community health centre** An ambulatory health care programme, usually serving a catchment area which has scarce or non-existent health services or a population with special health needs. These centres attempt to coordinate federal, state and local resources in a single organization capable of delivering both health and related social services to a defined population.

**community health information network (CHIN)** An integrated collection of computer and telecommunication capabilities that permit multiple providers, payers, employers and related health care entities within a geographic area to share and communicate client, clinical and payment information.

**community health needs assessment** The ongoing process of evaluating the health needs of a community. Usually facilitates prioritization of needs and a strategy to address them.

**community health worker** A trained health worker who works with other health and development workers as a team. The community health worker provides the first contact between the individual and the health system. The types of community health worker vary between countries and communities according to their needs and the resources available to meet them. In many societies, these workers come from and are chosen by the community in which they work. In some countries they work as volunteers; normally those who work part-time or full-time are rewarded, in cash or in kind, by the community and the formal health services.

**community involvement** The active involvement of people living together in some form of social organization and cohesion in the planning, operation and control of primary health care, using local, national and other resources. In community involvement, individuals and families assume responsibility for their and their communities' health and welfare, and develop the capacity to contribute to their own and their communities' development.

**community medicine** The study of health and disease in the population of a defined community or group and the practice of medicine concerned with groups or populations rather than individual patients.

**community mental health centre** An entity which provides comprehensive mental health services (principally ambulatory), primarily to individuals residing or employed in a defined catchment area.

**community visitor scheme** A scheme utilizing volunteers to visit, spend time with and become friends with an older person in his/her place of residence.

**co-morbid condition** Conditions that exist at the same time as the primary condition in the same patient (e.g. hypertension is a co-morbidity of many conditions, such as diabetes, ischemic heart disease, end-stage renal disease, etc.). Two or more conditions may interact in such a way as to prolong a stay in hospital or hinder successful rehabilitation.

**compliance** A measure of the extent to which persons undergo an assigned treatment or regimen, e.g. taking drugs, undergoing a medical or surgical procedure, following an exercise regimen, or abstaining from smoking.

**comprehensive geriatric assessment (CGA)** A process which includes a multidimensional assessment of a person with increasing dependency, including medical, physical, cognitive, social and spiritual components. Can also include the use of standardized assessment instruments and an interdisciplinary team to support the process.

**comprehensive health care** Provision of a complete range of health services, from diagnosis to rehabilitation.

**comprehensive health system** A health system that includes all the elements required to meet all the health needs of the population.

**computer-assisted diagnosis** The use of information technology to assist health care professionals in diagnosis. This usually involves a dialogue between a computer system and a clinician. The systems are generally regarded as support systems for clinicians; the final responsibility for decision-making resides with the clinician.

**computer-assisted therapy** The application of computer technology to therapy.

**concurrent review** A review that occurs during the course of patient treatment. Concurrent review enables the medical practitioner or other health care provider to evaluate whether the course of treatment is consistent with expectations for the usual management of a clinical case. The review may also facilitate early identification of negative consequences of treatment (e.g. complications, failure to respond to therapy) that will affect the length of the care episode and outcomes.

**confidence** A sense of assurance, faith or trust in a person, thing or oneself.

**confidentiality** Privacy in the context of privileged communication (such as patient-doctor consultations) and medical records is safeguarded.

**congregate housing** Individual apartments in which residents may receive some services, such as a daily meal with other tenants. Buildings usually have some communal areas, such as a dining room and lounge, as well as additional safety measures such as an emergency call system.

**congregate meals programme** Delivery of meals and socialization activities to older adults in a designated location.

**consensus development** Various forms of group judgement in which a group (or panel) of experts interacts in assessing an intervention and formulating findings by vote or other informal or formal means, involving such techniques as the nominal group and Delphi techniques.

**consent** See "informed consent".

**consent form** A document used during the consent process which is the basis for explaining to people the risks and potential benefits of a study or care intervention and the rights and responsibilities of the parties involved.

**consultation** A technique of interaction where the opinions of several stakeholders are sought before a decision is made.

**consumer** One who may receive or is receiving services.

**continence management** The practice of promoting and maintaining continence and the assessment, evaluation and action taken to support this.

**continuing care** The provision of one or more elements of care (nursing, medical, health-related services, protection or supervision, or assistance with personal daily living activities) to an older person for the rest of his or her life.

**continuing care facility** A facility which provides continuing care.

**continuing care retirement community** A community which provides several levels of housing and services for older people, ranging from independent living units to nursing homes, on one site but generally in separate buildings.

**continuing education** Formal education obtained by a health professional after completing his/her degree and full-time postgraduate training.

**continuity of care** The provision of barrier-free access to the necessary range of health care services over any given period of time, with the level of care varying according to individual needs.

**continuum of care** The entire spectrum of specialized health, rehabilitative and residential services available to the frail and chronically ill. The services focus on the social, residential, rehabilitative and supportive needs of individuals, as well as needs that are essentially medical in nature.

**contraindication** A clinical symptom, circumstance, condition indicating that the use of an otherwise advisable intervention would be inappropriate. A contraindication may be absolute or relative. An absolute contraindication is a situation which makes a particular treatment or procedure absolutely inadvisable. A relative contraindication is a condition which makes a particular treatment or procedure somewhat inadvisable, but does not rule it out (for example, X-rays in pregnancy).

**conventional medicine** Medicine as practised by holders of a medical degree and their allied health professionals, some of whom may also practise complementary and alternative medicine.

See "alternative and complementary health care".

**coordinated care** A collaborative process that promotes quality care, continuity of care and cost-effective outcomes which enhance the physical, psychosocial and vocational health of individuals. It includes assessing, planning, implementing, coordinating, monitoring and evaluating health-related service options. It may also include advocating for the older person.

**coordination within the health sector** Organized collaboration, as necessary, among those providing the services at the same and different levels of the health system in order to make the most efficient use of resources, as well as within and among the various categories of health workers following agreement on the division of labour. It also means coordination of programmes or services to avoid duplication or inconsistency.

**coping** An adaptive or otherwise successful method of dealing with individual or environmental situations that involve psychological and physiological stress or threat.

**core activities** Activities which are essential for daily living, such as self care, mobility and communication.

**cost of illness** The personal cost of acute or chronic disease. The cost to the patient may be an economic, social or psychological cost or loss to himself, his family or community. The cost of illness may be reflected in absenteeism, productivity, response to treatment, peace of mind, quality of life, etc. It differs from health care costs in that this concept is restricted to the cost of providing services related to the delivery of health care, rather than the impact on the personal life of the patient.

See "burden of disease".

**counselling** Interaction offering an opportunity for a person to explore, discover and clarify ways of living with greater well-being, usually in a one-to-one discussion with a trained counsellor.

**country health programming** A managerial process dealing directly with the selection of priority health problems, specification of operational objectives and translation of these into activities, resource needs and organization.

**coverage** A measure of the extent to which the services rendered cover the potential need for those services in the community.

**critical pathway** A treatment protocol based on a consensus of clinicians that includes only those few vital components or items proved to affect patient outcomes, either by the omission or commission of the treatment or the timing of the intervention.

**cultural competence** A practitioner's or institution's understanding of, and sensitivity to, the cultural background and primary language of people in any component of service delivery, including patient education materials, questionnaires, office or health care organization setting, direct care and public health campaigns.

**culture** The learned, shared and transmitted values, beliefs, norms and lifetime practices of a particular group that guides thinking, decisions and actions in patterned ways.

**curative care** Medical treatment and care that cures a disease or relieves pain and promotes recovery.

**custodial care** Board, room and other personal assistance services generally provided on a long-term basis. It excludes regular medical care.

**customer** A service user.

## D

**day care centre** A facility, operated by a local authority, voluntary organization, geriatric centre or acute hospital, providing activities for older people. These activities, usually during the day for a determined period, are intended to promote independence and enhance living skills, and can include the provision of personal care and preparation of meals.

**day hospital** A facility, which may be attached to an acute hospital, geriatric centre or nursing home, providing non-residential care, such as medical care, nursing care, physiotherapy, occupational therapy, podiatry, speech therapy and counselling services, usually during the day.

**day surgical centre / clinic** A free-standing ambulatory surgery centre, independent of a hospital.

**day therapy centre** See "day care centre".

**decision analysis** An approach to decision-making that involves modelling the sequences or pathways of multiple possible strategies (e.g. of diagnosis and treatment for a particular clinical problem) to determine which is optimal. It is based upon available estimates (drawn from the literature or from experts) of the probabilities that certain events and outcomes will occur and the values of the outcomes that would result from each strategy.



**decision support system** See “decision analysis”.

**deinstitutionalization** A policy which calls for the provision of supportive care and treatment for medically and socially dependent individuals in the community rather than in an institutional setting.

**delayed discharge** A prolonged hospital stay due to non-medical conditions, such as a lack of, or delayed start of, community care arrangements.

**delivered meals** See “meals on wheels”.

**demand (for health services)** Willingness and/or ability to seek, use and, in some settings, pay for services. Sometimes further subdivided into expressed demand (equated with use) and potential demand or need.

**demography** The study of populations, especially with reference to size and density, fertility, mortality, growth, age distribution, migration and vital statistics, and the interaction of all of these with social and economic conditions.

**dependency** Reliance on others to provide physical, mental and/or social support.

**dependency ratio** An indicator used in population studies to measure the portion of the population which is economically dependent on active age groups. It is calculated as the sum of the 0-14 year-olds and the over 60 or 65 year-olds, depending on the working age limit considered, divided by the number of people aged between 15 and 59 or 64, respectively.

**developmental disability** A severe, chronic disability which is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains the age of 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self direction, capacity of independent living, economic self-sufficiency; and reflects the person's need for a combination and sequence of special, interdisciplinary or generic care treatments or services which are of lifelong or extended duration and are individually planned and coordinated.

**diagnosis** The process of determining health status and the factors responsible for producing it. It may be applied to an individual, family, group or community. The term is applied both to the process of determination and to its findings.

See also “principal diagnosis”.

**diagnosis-related group (DRG)** **1** Represents classes of hospital patients with similar clinical characteristics. DRGs form a clinical grouping system which describes hospital discharges according to medical condition. **2** A system used for payment under prospective payment systems. It classifies treatments by diagnosis, measuring the relative complexity of a hospital procedure and accounting for the resources used in the procedure. The system accounts for principal diagnosis, secondary diagnosis, surgical procedures, age, sex and presence of complications.

**dignity** The right of individuals to be treated with respect as persons in their own right.

**direct patient care** Any activities by a health professional involving direct interaction, treatment, administration of medications or other therapy or involvement with a patient.

**disability** Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner, or within the range, considered to be normal for a human being. The term disability reflects the consequences of impairment in terms of functional performance and activity by the individual. Disabilities thus represent disturbances at the level of the person.

See also “handicap”; “impairment”.

**disability-adjusted life expectancy** A modification of conventional life expectancy to account for time lived with disability. It is the number of healthy years of life that can be expected on average in a given population. It is generally calculated at birth, but estimates can also be prepared at other ages. It adjusts the expectation of years of life for the loss on account of disability, using explicit weights for different health states.

**disability-adjusted life years (DALYs)** The number of healthy years of life lost due to premature death and disability.

**disability postponement** Measures that can be initiated among those with a disease, usually a chronic disease, to lessen or delay the impact of disability from that disease, e.g. averting renal complications among those with diabetes.

**discharge** The release of a patient from a provider's care, usually referring to the date at which a patient checks out of a hospital.

**discharge planning** A process by which an admitted inpatient's needs on discharge are anticipated, planned for or arranged.

**disease** A failure of the adaptive mechanisms of an organism to counteract adequately, normally or appropriately to stimuli and stresses to which the organism is subjected, resulting in a disturbance in the function or structure of some part of the organism. This definition emphasizes that disease is multifactorial and may be prevented or treated by changing any or a combination of the factors. Disease is a very elusive and difficult concept to define, being largely socially defined. Thus, criminality and drug dependence are presently seen by some as diseases, when they were previously considered to be moral or legal problems.

**disease control** All the measures designed to prevent or reduce as much as possible the incidence, prevalence and consequences of disease, such as the control of disease vectors, the removal or reduction of the influence of predisposing factors in the environment, immunization and curative care.

**disease management** The process of identifying and delivering, within selected populations (e.g. people with asthma or diabetes), the most efficient, effective combination of resources, interventions or pharmaceuticals for the treatment or prevention of a disease. Disease management could include team-based care, where medical practitioners and/or other health professionals participate in the delivery and management of care. It also includes the appropriate use of pharmaceuticals.

**disease prevention** See “prevention”.

**dissemination** Any process by which information is transmitted (made available or accessible) to intended audiences or target groups.

**do not resuscitate order** An advance directive based on the premise that a person may prefer to die than live when the quality of life available after cardiopulmonary resuscitation (CPR) is likely to be worse than before. In such circumstances, a patient has the right not to be resuscitated and to be allowed to die.

**domiciliary care** Care provided in an individual's own home.

**drug therapy** The use of drugs to treat a medical problem, to improve a person's condition or to otherwise produce a therapeutic effect.

**drug utilization review (DUR)** A formal programme for assessing drug prescription and use patterns. DURs typically examine patterns of drug misuse, monitor current therapies, and intervene when prescription or utilization patterns fall outside pre-established standards. DUR is usually retrospective, but can also be performed before drugs are dispensed.

**durable power of attorney (enduring power of attorney)** A written legal document in which a person appoints another individual to act as his/her agent for the purposes of health care decision-making in the event that he/she is unable or unwilling to make such decisions.

See also "advance directive".

**duty of care** A legal requirement that a person act towards others and the public with the watchfulness, attention, caution and prudence that a reasonable person would use in the circumstance. If a person's actions do not meet this standard of care, then the acts are considered negligent, and any damages resulting may be claimed in a lawsuit for negligence.

**dying well** Dying in a way the person prefers. Dying well may include pain relief, operating at the highest possible level of functioning, resolving long-standing conflicts and satisfying final wishes.

## E

**early intervention** Action at an early stage of a disease or social process.

**effect** The result of a cause.

**efficacy** The extent to which a specific intervention, procedure, regimen or service produces a beneficial result under ideal conditions.

**efficient / efficiency** The extent to which the specific resources used to provide a specific intervention, procedure, regimen or service of known efficacy and effectiveness are minimized.

**e-health** An emerging field in the intersection of medical informatics, public health and business, referring to health services and information delivered or enhanced through the Internet and related technologies.

**elder care** See "aged care".

**emergency** A sudden unexpected onset of illness or injury which requires immediate care.

**emergency alarm** A system allowing an older person to be linked for up to 24 hours a day to a central service which can offer help in an emergency.

**emergency service** Service provided in response to the perceived individual need for immediate treatment or care.

**emergent condition** A condition requiring immediate medical attention.

**empowerment for health** A process through which people gain greater control over decisions and actions affecting their lives. It is the process by which disadvantaged individuals or groups acquire the knowledge and skills needed to assert their rights.

**enabling** Taking action in partnership with individuals or groups to empower them, through the mobilization of human and material resources, to promote and protect their health.

**encounter** A contact between an individual and a care provider.

**end-of-life care** Care of older persons who are dying.

**endpoint** A measure or indicator chosen for determining an effect of an intervention.

**enduring power of attorney** See “durable power of attorney”.

**environment** All that which is external to the individual, including physical, biological, social, cultural and other factors.

**epidemic** A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, e.g. an epidemic of violence.

**epidemiology** The study of the various factors influencing the occurrence, distribution, prevention and control of disease, injury and other health-related events in a defined population. Epidemiology utilizes biology, clinical medicine, and statistics in an effort to understand the etiology (causes) and course of illness and/or disease. The ultimate goal of the epidemiologist is, not merely to identify underlying causes of a disease, but to apply findings to disease prevention and health promotion.

**episode** The period in which a health problem or illness exists, from its outset to its resolution.

**episode of care** The description and measurement of the various health care services and encounters rendered in connection with an identified injury or period of illness.

**equality** The principle by which all persons or things under consideration are treated in the same way.

**equipment** See “aid”.

**equity of care** Fair treatment of needs, regarding both the distribution of services and allocation of resources.

**escort services** Transportation for older adults to services and appointments. May use buses, taxis, volunteer drivers, or van services that can accommodate wheelchairs and persons with other special needs.

**essential drugs** Any of the therapeutic substances considered indispensable for the rational care of the vast majority of diseases in a given population.

**ethics (of care)** The basic evaluative principles which (should) guide “good” care. Principles typically refer to respect for, and the dignity of, human beings. Basic dimensions are “autonomy” (respect for self determination), “well-being” (respect for happiness, health and mental integrity) and “social justice” (justifiable distribution of scarce goods and services). More specifically, ethics of care refer to ethical standards developed for the care professions which are designed to implement ethical principles in the practice of care provision.

**ethics committee** A committee that can have a number of roles in relation to ethics. For example, it may develop policy relative to the use and limitation of treatment; serve as a resource for individuals and their families regarding options for terminal illness; or assess research projects with respect to the appropriate application of ethical principles.

**ethnicity** A social group within a cultural and social system that shares complex traits of religious, linguistic, ancestral and/or physical characteristics.

**etiology / etiologic** Causes or causality, usually applying to disease.

**euthanasia** A deliberate act undertaken by one person with the intention of either painlessly putting to death or failing to prevent death from natural causes in cases of terminal illness or irreversible coma of another person. The term comes from the Greek expression for “good death”.

**evidence-based care** The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individuals. This approach must balance the best external evidence with the desires of the individual and the clinical expertise of health care providers.

**evidence-based decision-making** In a policy context, evidence-based decision-making is the application of the best available scientific evidence to policy decisions about specific treatments or care, as well as changes in the delivery system.

**expectation of life** The average number of years an individual of a given age is expected to live if current mortality rates continue to apply.

See “life expectancy”.

**extended care facility (ECF)** A facility that offers sub-acute care, providing treatment services for people requiring inpatient care who do not currently require continuous acute care services, and admitting people who require convalescent or restorative services or rehabilitative services or people with terminal disease requiring maximal nursing care.

**extra care sheltered housing** Housing where there is additional support (such as the provision of meals and extra communal facilities) to that usually found in sheltered housing. Sometimes called ‘very sheltered housing’.

## F

**factual database** An indexed computer or printed source that provides information, in the form of guidelines for diagnosis, treatment and care indications, about older persons, or other authoritative information (for example, a computer database on drug indications, contraindications and interactions).

**family practice** A form of specialty practice in which medical practitioners provide continuing comprehensive primary care within the context of the family unit.

**formal assistance** Help provided to persons with one or more disability by organizations, or individuals representing organizations (whether profit-making or non-profit-making, government or private), or by other persons (excluding family, friends or neighbours as described in informal help) who provide assistance on a regular, paid basis and who are not associated with any organization.

**formal care** See “formal assistance”.

**formulary** A list of drugs, usually by their generic names, and indications for their use. A formulary is intended to include a sufficient range of medicines to enable medical practitioners, dentists and, as appropriate, other practitioners to prescribe all medically appropriate treatment for all reasonably common illnesses. In some health plans, providers are limited to prescribing only drugs listed on the plan's formulary.

**foster care** A form of assisted housing, usually provided in private homes owned and occupied by individuals or families, offering a place of residence, meals, housekeeping services, minimum supervision, and personal care for a fee to non-family members who do not require supervision by skilled medical personnel.

**frail older person** An older person in need of a substantial level of care and support.

**functional status** The extent to which an individual is able to perform activities that are associated with the routines of daily living.

See “activities of daily living”; and “instrumental activities of daily living”.

**functionally disabled** A person with a physical or mental impairment that limits the individual's capacity for independent living.

**futile medical treatment** Treatment that is usually considered unable to produce the desired benefit either because it cannot achieve its physiological aim or because the burdens of the treatment are considered to outweigh the benefits for the particular individual. There are necessary value judgements involved in coming to an assessment of futility. These judgements must consider the individual's, or proxy's, assessment of worthwhile outcome. They should also take into account the medical practitioner or other provider's perception of intent in treatment. They may also take into account community and institutional standards, which in turn may have used physiological or functional outcome measures.

## G

**gatekeeper** A health professional, who may be a medical practitioner, nurse or other professional, who has the first encounter with an individual and controls the individual's entry into the health care system.

**general hospital** A hospital providing a variety of services, including medicine and surgery, to meet the general medical needs of the community it serves.

**general practice** A form of practice in which medical practitioners provide a wide range of primary health care services to people.

**generation effect** Variations in health status that arise from the different causal factors to which each birth cohort in the population is exposed as the environment and society change. Each consecutive birth cohort is exposed to a unique environment that coincides with its life span.

**generic drug substitution** Generic drugs have been licensed as equivalent to brand name drugs. Generics are usually less expensive and they may be substituted by the dispenser.

**geriatric assessment** Multidimensional, interdisciplinary, diagnostic process used to quantify an older individual's medical, psychosocial and functional capabilities and problems, with the intention of arriving at a comprehensive plan for therapy and long-term follow-up.

**geriatric assessment team** See "aged care assessment team".

**geriatric care** Care of older persons that encompasses a wide range of treatments from intensive care to palliative care.

**geriatric centre** A facility specializing in services for older persons which include acute care, geriatric assessment, rehabilitation, medical and nursing services, therapy services and residential care.

**geriatric medicine** The branch of medicine specializing in the health and illnesses of old age and the appropriate care and services.

**gerontology** The multidisciplinary study of all aspects of ageing, including health, biological, sociological, psychological, economic, behavioural and environmental factors.

**goal** A general or specific objective towards which to strive. An ultimate desired state towards which actions and resources are directed.

**granny flat / annex** A permanent or temporary residence which adjoins a family home to enable older people to maintain independent living while remaining close to the family. May be newly built or converted.

**gray or grey literature** Research reports that are not found in traditional peer-reviewed publications, such as government agency monographs, symposium proceedings and unpublished reports.

**group home** A house in which people have their own rooms but there are communal facilities. Staff may live in to offer support.

**group practice** A formal association of three or more health practitioners or other health professionals providing health services. Income from the practice is pooled and redistributed to the members of the group according to some prearranged plan.

**group senior assisted housing** See "assisted living facility".

**guideline** A direction or principle representing current or future rules of policy and clinical practice. Generally a comprehensive guide to problems and approaches in any field of activity. Guidelines are more specific and more detailed than guiding principles, on which they are based.

**guiding principle** A general rule that can be used as a guide, for example, to develop and implement policies, to set up a managerial process or to organize primary health care in communities.

## H

**handicap** A disadvantage for a given individual, resulting from an impairment or a disability that limits or prevents the fulfilment of a role that is normal (depending on age, sex and social and cultural practice) for that individual. The term handicap thus reflects interaction with, and adaptation to, the individual's surroundings.

See also "disability"; "impairment".

**hazard (health)** A factor or exposure that may adversely affect health.

**health** The state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health has many dimensions (anatomical, physiological and mental) and is largely culturally defined.

**health behaviour** Any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that end.

**health care** Services provided to individuals or communities by health service providers for the purpose of promoting, maintaining, monitoring or restoring health.

**health care delivery system** See "health system".

**health care institution / facility** Any establishment that is engaged in direct patient care on site.

**health care team** A group comprising a variety of professionals (medical practitioners, nurses, physical and occupational therapists, social workers, pharmacists, spiritual counsellors), as well as family members, who are involved in providing coordinated and comprehensive care. There are three types of health care team, defined by the degree of interaction among members and the sharing of responsibility for care:

**multidisciplinary team:** Consists of members of different disciplines, involved in the same task (assessing people, setting goals and making care recommendations) and working along side each other, but functioning independently. Each member undertakes his or her own tasks without explicit regard to the interaction. These teams are traditionally led by the highest ranking team member.

**interdisciplinary team:** Consists of members who work together interdependently to develop goals and a common treatment plan, although they maintain distinct professional responsibilities and individual assignments. In contrast to multidisciplinary teams, leadership functions are shared.

**transdisciplinary team:** In this team, each member becomes so familiar with the roles and responsibilities of the other members that tasks and functions become interchangeable to some extent. This type of team is difficult to operationalize.

**health care technology assessment (HCTA)** The systematic evaluation of properties, effects and/or impacts of health care technology. It may address the direct, intended consequences of technologies as well as their indirect, unintended consequences.

**health centre** A centre that may carry out promotive, protective, preventive, diagnostic, curative and rehabilitative health care activities for ambulant people.



**health communication strategy** A communication strategy to inform the public or communities about health issues with the objective of reducing health risks and improving health status.

**health development** The process of continuous, progressive improvement of the health status of individuals and groups in a population.

**health education** Constructed communication of knowledge to improve health literacy and improve skills in order to advance individual and community health.

**health expectancy** A population-based measure of the proportion of the expected life span estimated to be healthful and fulfilling, or free of illness, disease and disability.

**health gain** A measure of improved health outcome following an intervention.

**health goal** An ultimate desired state of health towards which actions and resources are directed.

**health indicator / index** A characteristic of an individual, population or environment which is subjected to measurement and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time). A health index comprises a number of indicators.

**health information system** The generation and the use of appropriate health information to support decision-making, health care delivery and management of health services at national and subnational level.

**health literacy** The cognitive skills and motivation of an individual to gain access to, and use information to promote and maintain good health.

**health maintenance organization (HMO)** An organized system providing health care in a geographic area to an enrolled group of persons who pay a predetermined fixed, periodic prepayment made by, or on behalf of, each person or family unit enrolled, irrespective of actual service use.

**health needs assessment** A systematic procedure for determining the nature and extent of problems experienced by a specified population that affect their health, either directly or indirectly. Needs assessment makes use of epidemiological, sociodemographic and qualitative methods to describe health problems and their environmental, social, economic and behavioural determinants.

See also "geriatric assessment".

**health outcome** Changes in health status which result from the provision of health (or other) services.

**health personnel** All persons employed or contracted to provide health services.

**health planning** Planning for the improvement of the health of a population or community, for a particular population, type of health service, institution or health programme.

**health policy** A formal statement or procedure within an institution (notably government) which defines goals, priorities and the parameters for action in response to health needs, within the context of available resources.

**health programme** An organized series of activities directed towards the attainment of defined health objectives and targets.

**health-promoting hospital** A hospital which, not only provides high quality comprehensive medical and nursing services, but also develops a corporate identity that embraces the aims of health promotion; develops a health-promoting organizational structure and culture, including active, participatory roles for patients and all members of staff; develops itself into a health-promoting physical environment; and actively cooperates with its community.

**health promotion** Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health.

**health promotion evaluation** An assessment of the extent to which health promotion actions achieve a “valued” outcome.

**health promotion outcome** Assessment of changes to personal characteristics and skills, and/or social norms and actions, and/or organizational practices and public policies which are attributable to a health promotion activity.

**health resources** All the means available for the operation of the health system, including manpower, buildings, equipment, supplies, funds, knowledge and technology.

**health risk appraisal** The process of gathering, analysing and comparing an individual’s prognostic health characteristics with a standard age group, thereby predicting the likelihood that a person may develop a health problem.

**health risk factor** A chemical, psychological, physiological, social, environmental or genetic factor or conditions that predisposes an individual to the development of a disease or injury.

**health sector** The sector consisting of organized public and private health services (including health promotion, disease prevention, diagnostic, treatment and care services), the policies and activities of health departments and ministries, health-related nongovernmental organizations (NGOs) and community groups, and professional associations.

**health service** Service performed by health care professionals, or by others under their direction, for the purpose of promoting, maintaining or restoring health.

**health service area** A geographic area designated on the basis of such factors as geography, political boundaries, population and health resources, for the effective planning and development of health services.

**health situation** An overall picture of the health status of a region, community or population, which includes measures taken to improve health, the resources devoted to health, an appreciation of specific health problems that require particular attention, and the degree of people’s awareness about their health and ways of improving it.

**health status** The state of health of an individual, group or population. It may be measured by obtaining proxies, such as people's subjective assessments of their health; by one or more indicators of mortality and morbidity in the population, such as longevity; or by using the incidence or prevalence of major diseases (communicable, chronic or nutritional).

**health system** The people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities, the primary intent of which is to improve health. Health systems fulfil three main functions: health care delivery, fair treatment of all, and meeting non-health expectations of the population. These functions are performed in the pursuit of three goals: health, responsiveness and fair financing. A health system is usually organized at various levels, starting at the community level or the primary level of health care and proceeding through the intermediate (district, regional or provincial) to the central level.

**health system infrastructure** Services, facilities, institutions, personnel or establishments, organizations and those operating them for the delivery of a variety of health programmes.

**health target** A defined expected outcome generally based on specific and measurable changes.

**health team** A group of persons working together, where each member of the team contributes, in accordance with his or her competence and skill and in coordination with the functions of the others, in order to achieve the maximum benefit for the care recipient.

**health technology** The application of scientific knowledge to solving health problems. Health technologies include pharmaceuticals, medical devices, procedures or surgical techniques and management, communication and information systems innovations.

**health technology assessment (HTA)** The systematic evaluation of the properties, effects or other impacts of health care technology. HTA is intended to inform decision-makers about health technologies and may measure the direct or indirect consequences of a given technology or treatment.

**health trend** A picture of a health situation, referring also to what led up to it and to prospects for the future.

**health-related quality-of-life (HRQL) measure** Individual outcome measure that extends beyond traditional measures of mortality and morbidity to include such dimensions as physiology, function, social activity, cognition, emotion, sleep and rest, energy and vitality, health perception and general life satisfaction (some of these are also known as health status, functional status or quality-of-life measures).

**healthy ageing** An approach which recognizes that growing older is a part of living; recognizes the interdependence of generations; recognizes that everyone has a responsibility to be fair in their demands on other generations; fosters a positive attitude throughout life to growing older; eliminates age as a reason to exclude any person from participating fully in community life; promotes a commitment to activities which enhance well-being and health, choice and independence, and quality of life for all ages; encourages communities to value and listen to older people and to cater for the diverse preferences, motivations, characteristics and circumstances of older persons in a variety of ways.

**healthy city** A city that is continually creating and improving physical and social environments and expanding community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.

- healthy life expectancy** See “disability-adjusted life expectancy”.
- healthy public policy** Public policy characterized by an explicit concern for health and equity in all areas of policy and by an accountability for health impact.
- herbalism** A system of alternative medical treatment based on the use of herbs and plant materials to stimulate the body’s healing powers.
- high dependency care facility** An establishment primarily engaged in providing inpatient nursing and rehabilitative services to individuals requiring nursing care.
- holism** An approach based on the integration of a person’s mind, body and spirit, and which emphasizes the importance of perceiving the individual in a “whole” sense in the provision of health care to the person.
- home** Domicile of an individual.
- home adaptation** See “adaptation”.
- home and community-based services; home and community care programme** See “community-based care”.
- home for the aged** See “residential care”; “assisted living facility”; “high dependency care facility”.
- home-from-hospital / hospital after-care schemes** Schemes providing nursing care, personal care or practical help for older people who have returned home after a stay in hospital.
- home health agency (HHA) / home health care agency** A public or private organization that provides home health services supervised by a licensed health professional in a person’s home, either directly or through arrangements with other organizations.
- home health aide** A person who, under the supervision of a home health or social service agency, assists an older, ill or disabled person with household chores, bathing, personal care and other daily living needs.
- See also “community-based service”.
- home health care / home care** See “domiciliary care”.
- home help** A person or a service providing practical help in the home, such as household chores, to support an older person with disabilities to remain living in his/her own home.
- home improvement agency** An organization offering advice and practical assistance to older people who need to repair, improve or adapt their homes.
- home medical equipment** Equipment, such as hospital beds, wheelchairs and prosthetics, provided by an agency and used at home.
- home visits** Professional visits in the home.
- homebound / housebound** Generally unable to leave the house, or only for a short time.
- homemaker service** A home help service for meal preparation, shopping, light housekeeping, money management, personal hygiene and grooming, and laundry.

**homeopathy** A system of medicine based on the theory that a disease should be combated by giving drugs which would produce symptoms of the disease in an otherwise healthy individual.

**homeshare** A scheme whereby a householder offers a bedroom and a share of the home's facilities and pays a small contribution to someone in exchange for services.

**hospice care** A cluster of comprehensive services that address the needs of dying persons and their families, including medical, spiritual, legal, financial and family support services.

**hospital** An institution the primary function of which is to provide inpatient diagnostic and therapeutic services for a variety of medical conditions, both surgical and nonsurgical. Most hospitals provide some outpatient services, particularly emergency care.

**hospital-at-home scheme** Home-based specialist medical care used to shorten hospital stays or prevent hospital admission.

**hospital discharge scheme** A scheme which ensures a smooth transition from hospital to home.

**host** A person or other living animal that affords subsistence or lodgement to an infectious agent under natural conditions; in an epidemiologic context, the host may be the population or group, or biological, social and behavioural characteristics of the group.

**hostel** An establishment which provides accommodation for older or disabled persons who cannot live independently but do not need nursing care, although some personal care may be provided.

**housebound** See "homebound".

**household** Occupants of a dwelling.

**housing association** Non-profit organization providing rented housing.

**housing with care** A range of housing schemes providing high levels of care.

**human capital** Human skills and capabilities generated by investments in education and health.

**Human Development Index (HDI)** A composite index that measures the overall achievements in a country in three basic dimensions of human development—longevity, knowledge and a decent standard of living. It is measured by life expectancy, educational attainment and adjusted income per capita in purchasing power parity (PPP) US dollars. The HDI is a summary, not a comprehensive measure of human development.

I

**iatrogenic illness (or injury)** Negative effect resulting from a medical treatment.

**illness** A person's own perceptions, experience and evaluation of a disease or condition, or how he or she feels. For example, an individual may feel pain, discomfort, weakness, depression or anxiety, but a disease may or may not be present.

**impact** The total, direct and indirect, effects of a programme, service or institution on health status and overall health and socioeconomic development.

See also “outcome”.

**impairment** Any loss or abnormality of psychological, physiological or anatomical structure or function. It is concerned with abnormalities of body structure and appearance, organ or system resulting from any cause. In principle, impairments represent disturbances at the organ level.

See also “handicap”; “disability”.

**in home health service** A service provided in the home by a home health agency or a residential services agency. It may be provided by personal care attendants or home health aides hired privately and informally, or through staff agencies or registries.

**incidence monitoring and reporting** The reporting and tracking of adverse incidents by care providers.

**incontinence** The loss of bladder and/or bowel control.

**independence** The ability to perform an activity with no or little help from others, including having control over any assistance required rather than the physical capacity to do everything oneself.

**independent living** Living at home without the need for continuous help and with a degree of self determination or control over one's activities.

**independent living facility** A rental unit in which services are not included as part of the rent, although services may be available on site and may be purchased by residents for an additional fee.

**independent sector** Umbrella term describing the private and voluntary sectors. The private sector consists of individuals or organizations that run services for a profit. The voluntary sector covers a range of not-for-profit organizations, such as charities, housing associations, some religious organizations and some self-help groups.

**indication** A clinical symptom or circumstance indicating that the use of a particular intervention would be appropriate.

**individual programme plan** See “care plan”.

**informal assistance** Help or supervision (usually unpaid) that is provided to persons with one or more disabilities by family, friends or neighbours (may or may not be living with them in a household).

**informal care** See “informal assistance”.

**information and referral service** A designated site or contact for locating needed services or care for older adults.

**information management** Decision processes oriented towards the creation or acquisition of information and knowledge, the design of information storage and flow, and the allocation and utilization of information in organizational work processes.

See also “health information system”.

**informed consent** A patient's/client's explicit agreement to the care and treatment to be provided, based on full information on his or her condition/diagnosis, the existing options for treatment and the possible beneficial and adverse effects of those options.

**inpatient** An individual who has been admitted to a hospital or other facility for diagnosis and/or treatment that requires at least an overnight stay.

**inspection** A process to check on standards.

**institution** A residential facility providing care.

**institutional (care) health services** Health services delivered on an inpatient basis in hospitals, nursing homes or other inpatient institutions. The term may also refer to services delivered on an outpatient basis by departments or other organizational units of such institutions, or sponsored by them.

**instrumental activities of daily living (IADL)** Activities with aspects of cognitive and social functioning, including shopping, cooking, doing housework, managing money and using the telephone.

See also "activities of daily living (ADLs)".

**intangible cost** The cost of pain and suffering resulting from a disease, condition or intervention.

**integrated care** The methods and strategies for linking and coordinating the various aspects of care delivered by different care systems, such as the work of general practitioners, primary and specialty care, preventive and curative services, and acute and long-term care, as well as physical and mental health services and social care, to meet the multiple needs/problems of an individual client or category of persons with similar needs/problems.

**integrated delivery system / integrated services network (ISN)** A network of organizations, usually including hospitals and medical practitioner groups, that provides or arranges to provide a coordinated continuum of services to a defined population and is held both clinically and financially accountable for the outcomes in the populations served.

**integration** A coherent set of methods and models, on the funding, administrative, organizational, service delivery and clinical levels, designed to create connectivity, alignment and collaboration within the health sector.

**intensive care** Advanced and highly specialized care provided to medical or surgical patients whose conditions are life-threatening and require comprehensive care and constant monitoring. It is usually administered in a specially equipped unit of a health care facility. It can also be administered at home under certain circumstances (dialysis, respirators, etc.).

**interdisciplinary team** See "health care team".

**intergenerational relations / contract** Links between generations which often involve exchanges of support.

**interim nursing home care** Care provided in geriatric centres and acute hospitals to older persons who are in need of limited medical care and who are awaiting nursing home placement.

**intermediate care** See "care".

**intermediate care facility (ICF)** An institution which is licensed to provide, on a regular basis, health-related care and services to individuals who do not require the degree of care or treatment which a hospital or skilled nursing facility is designed to provide.

**internal medicine** Generally, that branch of medicine concerned with diseases that do not require surgery, specifically the study and treatment of internal organs and body systems; it encompasses many subspecialties.

**International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD-10)** A list of diagnoses and identifying codes used by medical practitioners and other health care providers. The coding and terminology provide a uniform language that permits consistent communication on claim forms. Data from earlier time periods were coded using the appropriate revision of the ICD for that time period. Changes in classification of causes of death in successive revisions of the ICD may introduce discontinuities in cause of death statistics over time.

**International Classification of Functioning, Disability and Health (ICF)** A classification of health and health-related domains that describe body functions and structures, activities and participation. The domains are classified from body, individual and societal perspectives. Since an individual's functioning and disability occurs in a context, this classification includes a list of environmental factors.

**International Classification of Health Problems in Primary Care (ICHPPC)** A classification of diseases, conditions and other reasons for attendance for primary care. This classification is an adaptation of the ICD but makes allowance for the diagnostic uncertainty that prevails in primary care.

**International Classification of Impairments, Disabilities and Handicaps (ICIDH)**  
A systematic taxonomy of the consequences of injury and disease.

See “disability”; “handicap”; “impairment”.

**International Classification of Primary Care (ICPC)** The official classification of the World Organisation of Family Doctors. It includes three elements of the doctor-patient encounter: the reason for the encounter; the diagnosis; and the treatment or other action or intervention.

**internist** See “physician”.

**intersectoral action / multisectoral action** A recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone. For practical purposes, intersectoral action and multisectoral action are synonymous terms, the former perhaps emphasizing the element of coordination, the latter the contribution of a number of sectors.

**intervention / intervention strategy** An activity or set of activities aimed at modifying a process, course of action or sequence of events in order to change one or several of their characteristics, such as performance or expected outcome. For example, it is used in public health to describe a programme or policy designed to have an impact on an illness or disease.



## J

**Jakarta Declaration** In July 1997, participants at the Fourth International Conference on Health Promotion presented the Jakarta Declaration on Leading Health Promotion into the 21st Century. The Declaration identifies five priorities: promote social responsibility for health; increase investments for health development; consolidate and expand partnerships for health promotion; increase community capacity and empower the individual; and secure an infrastructure for health promotion.

## K

**key worker** A person with defined responsibility towards a specific service user, usually with responsibility for service provision and the monitoring of care. Usually the first point of contact for an individual.

## L

**laundry services** The provision of assistance with laundry tasks for someone in his or her own home, either through a central facility or by a home help in the home.

**lay assessor** A person with no direct or professional responsibility for service provision or service inspection who assists in the inspection of facilities.

**legal guardianship** Power, conferred by legal authority, to control an individual's affairs in relation to medical or other care.

**level of health** The quantified expression of health status.

**life course** See "life cycle".

**life cycle** **1** The entire course of a person's life – from infancy to old age. **2** The genetically prescribed course followed by all living organisms, including humans.

**life expectancy** The average number of years of life remaining to a person at a particular age based on a given set of age-specific death rates, generally the mortality conditions existing in the period mentioned.

**life satisfaction** See "well-being".

**life span** The longest period over which the life of any plant or animal organism or species may extend, according to the available biological knowledge concerning it.

**life-sustaining treatment** Drugs, medical devices, or procedures that can keep alive a person who would otherwise die within a foreseeable, though usually uncertain, time. Examples include cardiopulmonary resuscitation, mechanical ventilation, renal dialysis, nutritional support (i.e. tube or intravenous feeding) and provision of antibiotics to fight life-threatening infections.

**lifestyle** The set of habits and customs that is influenced, modified, encouraged or constrained by the lifelong process of socialization. These habits and customs include the use of substances, such as alcohol, tobacco, tea or coffee; dietary habits; and exercise. They have important implications for health and are often the subject of epidemiological investigation.

**lifetime home** Housing built to be adaptable to people's changing needs, thus avoiding the need for expensive and disruptive adaptations.

**living will** See "advance directive".

**long-term care (LTC) / long-term aged care** A range of health care, personal care and social services provided to individuals who, due to frailty or level of physical or intellectual disability, are no longer able to live independently. Services may be for varying periods of time and may be provided in a person's home, in the community or in residential facilities (e.g. nursing homes or assisted living facilities). These people have relatively stable medical conditions and are unlikely to greatly improve their level of functioning through medical intervention.

**long-term care facility** See "high dependency care facility".

**longevity** The duration of life.

**lunch club** Provision of a meal, usually on one to five days a week, to members of a seniors' centre at a nominal fee. The lunch club may offer other activities for members.

## M

**mainstream housing / general needs housing** Housing not specifically designed for a particular user group.

**maintenance rehabilitation** See "rehabilitation".

**maldistribution** Refers to either a surplus or a shortage of the type of health providers (typically medical practitioners) needed to maintain the health status of a given population at an optimum level. Maldistribution can occur both geographically and by specialty.

**malpractice** Professional misconduct or failure to apply ordinary skill in the performance of a professional act.

**managed care** A health care delivery system which entails interventions to control the price, volume, delivery site and intensity of health services provided, the goal of which is to maximize the value of health benefits and the coordination of health care management for a covered population.

**managed care plan** A health plan that uses managed care arrangements and has a defined system of selected providers who contract with the plan. Those enrolled have a financial incentive to use participating providers who agree to furnish a broad range of services to them. Providers may be paid on a pre-negotiated basis.

**management information system** A system of databases designed to process and exchange information to support decision-making as well as implementation, monitoring and evaluation of programmes, activities and projects.

See also "health information system".

**mandatory reporting** A system under which medical practitioners or other health professionals are required by law to inform health authorities when a specified event occurs (i.e. a medical error or the diagnosis of a certain disease).

See also "incidence monitoring and reporting".

**marginal benefit** The additional benefit (e.g. in units of health outcome) produced by an additional resource use (e.g. another health care intervention).

**meals on wheels** A service which provides nutritious meals at a nominal fee to people in their homes who are homebound and/or disabled or would otherwise be unable to maintain their dietary needs.

**medical audit** A detailed review and evaluation of selected clinical records by qualified professional personnel for the purpose of evaluating the quality of medical care.

**medical error** An error or omission in the medical care provided to an individual. Medical errors can occur in diagnosis, treatment, preventive monitoring or in the failure of a piece of medical equipment or another component of the medical system. Often, but not always, medical errors result in adverse events such as injury or death.

See also “malpractice”; and “incidence monitoring and reporting”.

**medical record** A file kept for each patient, maintained by the hospital (medical practitioners also maintain medical records in their own practices), which documents the patient's problems, diagnostic procedures, treatment and outcome. Related documents, such as written consent for surgery and other procedures, are also included in the record. In addition to facts about a patient's illness, medical records nearly always contain other information such as clinical, demographic, sociocultural, sociological, economic, administrative and behavioural data. The record may be on paper or computerized.

**medically indigent** Persons who cannot afford needed health care because of insufficient income and/or lack of adequate health insurance.

**medically necessary** A treatment or service that is appropriate and consistent with a person's diagnosis and which, in accordance with locally accepted standards of practice, cannot be omitted without adversely affecting the person's condition or the quality of care.

**mental health** The absence of psychiatric disorders or traits. It can be influenced by biological, environmental, emotional and cultural factors. This term is highly variable in definition, depending on time and place.

**mental health services** Comprehensive mental health services, as generally defined under some national (or state) laws and statutes, include: inpatient care, outpatient care, day care and other partial hospitalization and emergency services; specialized services for the mental health of the elderly; consultation and education services and specialized programmes for the prevention, treatment and rehabilitation of alcohol and drug abusers. They generally include a variety of services provided to people of all ages, including counselling, psychotherapy, psychiatric services, crisis intervention and support groups. Issues addressed include depression, grief, anxiety and stress, as well as severe mental illnesses.

**mental illness** All forms of illness in which psychological, emotional or behavioural disturbances are the dominating feature. The term is relative and variable in different cultures, schools of thought and definitions. It includes a wide range of types and severities.

**mental impairment** A disorder characterized by the display of an intellectual defect, as manifested by diminished cognitive, interpersonal, social and vocational effectiveness and quantitatively evaluated by psychological examination and assessment.

**minimum data set** A widely agreed upon and generally accepted set of terms and definitions constituting a core of data acquired for e.g. assessment purposes.

**minimum standard** A level of quality that all health plans and providers are required to meet in order to offer services to clients/consumers.

**minority ethnic group** People who share a cultural heritage which is different from the majority ethnic culture.

See also “ethnicity”; “culture”.

**mobility aid** Equipment item to help an individual to get around more easily, including wheelchairs, walking sticks and walking frames.

**model** A representation or description of something that aids in understanding or studying a set of assumptions about relationships used to study interactions.

**money management** Activities that support a person in keeping control over bank accounts, finances, etc.

**monitoring** Continuous process of observing and checking.

**morbidity** Any departure, subjective or objective, from a state of physiological or psychological well-being. In this sense, sickness, illness and morbid conditions are similarly defined and synonymous.

**mortality** Death. Used to describe the relation of deaths to the population in which they occur.

**multidisciplinary assessment** An assessment of people with health and social care needs by two or more professionals from different disciplines.

**multidisciplinary team** See “health care team”.

**multiple risk / causation** More than one risk factor for the development of a disease or other outcome is present and their combined presence results in an increased risk. The increased risk may be due to the additive effects of the risks associated with the separate risk factors, or to synergism.

**multipurpose service** A service delivery model that consists of a comprehensive range of services meeting the aged and health care needs of a community. Multipurpose centres could bring together existing health services and develop additional services from a single base.

**multisectoral action** See “intersectoral action”.

## N

**national health policy** See “health policy”.

**national plan of action** A broad intersectoral master plan for attaining national health goals through implementation of a strategy. It indicates what has to be done, who has to do it, during what time-frame, and with what resources. It is a framework leading to more detailed programming, budgeting, implementation and evaluation. It specifies, in operational terms, the steps to be taken in accordance with the strategy, keeping in mind the various objectives and targets to be attained and the programmes for attaining them.

**national strategy** Based on national health policy, a set of decisions that includes the broad lines of action required in all sectors involved to give effect to the national health policy and indicates the problems and ways of dealing with them.

**naturally occurring retirement communities** Geographic areas or multi-unit buildings that are not restricted to persons over a specified age, but which have evolved over time to include a significant number (typically, over 50%) of residents who are aged 60 and over.

**naturopathy** The system of medicine where only natural medicines/treatments are used. Examples include manual manipulation, nutrition-based treatments, hygiene and certain kinds of immunization.

**need responsiveness** The meeting of the care needs of the client.

**needs** This term has both a precise and an all but indefinable meaning in the context of public health. Needs are spoken of in precise numerical terms when referring to specific indicators of disease or premature death that require intervention because their level is above that generally accepted in the society or community in question. It must be explicitly stated that “needs” always reflect prevailing value judgements as well as the existing ability to control a particular public health problem.

**needs assessment** See “geriatric assessment”.

**needs-based planning** Planning processes which involve the allocation of resources on the basis of community need.

**neglect** The refusal or failure on the part of a person (or persons) in a caring role to fulfil a care-giving obligation, either consciously or unintentionally, which results in physical or emotional distress for an older person.

See also “abuse”.

**neighbourhood health centre** See “community health centre”.

**network** An affiliation of providers through formal and informal contracts and agreements. Networks may contract externally to obtain administrative and financial services. The term can also refer to an individual’s social network.

See “social network”.

**network adequacy** Standards for provider networks to maintain sufficient numbers and types of providers to ensure accessibility of services without unreasonable delays.

**night-sitting service** A service that enables a caregiver night rest (e.g. where night disturbances of the older person receiving care are frequent).

**nonagenarian** A person who is aged between 90 and 99 years.

**nongovernmental organization (NGO)** An independent, national or international organization. These organizations may be run either for profit or not for profit.

**nurse** An individual with advanced training in caring for the sick, aged or injured. A nurse may be defined as a professional qualified by education and authorized by law to practise nursing. There are many different types, specialties and grades of nurses. Those who specialize in care of older adults are often called geriatric or gerontological nurses.

**nurse assistant / aide** A staff member who has completed a specific requirement of coursework and clinical training and is responsible for lower levels of nursing care and assisting individuals with their daily living activities, such as bathing, toileting, eating and moving about.

**nursing facility** Licensed facility that provides skilled nursing care and rehabilitation services to functionally disabled, injured or sick individuals.

**nursing home** See “high dependency care facility”.

**nursing record** Data recorded by nurses concerning the nursing care given to the patient, including judgement of the patient’s progress.

**nutrition** **1** The process of nourishing or being nourished, especially the process by which a living organism assimilates food and uses it for growth and for replacement of tissues. **2** The science or study that deals with food and nourishment, especially in humans.

## O

**objective** A measurable state that is expected to exist at a predetermined place and time as a result of the application of procedures and resources.

**occupational health services** Health services concerned with the physical, mental and social well-being of an individual in relation to his/her working environment and with the adjustment of individuals to their work. The term applies to more than the safety of the workplace and includes health and job satisfaction.

**occupational therapy** Therapy designed to help individuals improve their independence in daily living activities through rehabilitation, exercises and the use of assistive devices. In addition, such therapy provides activities to promote growth, self-fulfilment and self-esteem.

**octogenarian** A person who is aged between 80 and 89 years.

**old people (old old)** Persons aged 75 to 84 years in a categorization of “young old” (60-74) and “oldest old” as 85 years and over.

**older person** A person who has reached a certain age that varies among countries but is often associated with the age of normal retirement.

**oldest old person** Persons aged 85 years and over in a categorization of “young old” (60-74) and “old old” (75-84).

**ombudsman** A person who investigates complaints and mediates fair settlements, especially between aggrieved parties, such as consumers, and an institution or organization.

**online** A database or other source of information available via a computer and the Internet.

**optimal ageing** See “healthy ageing”.

**optometry** **1** The profession concerned with the examination of the eyes and related structures to determine the presence of vision problems and eye disorders and with the prescription and adaptation of lenses and other optical aids or the use of visual training for maximum visual efficiency. **2** The use of an optometer.

**oral health** The optimal state of the mouth and normal functioning of the organs of the mouth without evidence of disease.

**organized delivery system** See “integrated delivery system”.

**osteopathy** A system of medicine that emphasizes the theory that the body can make its own remedies, given normal structural relationships, environmental conditions, and nutrition. It differs from allopathy primarily in its greater attention to body mechanics and manipulative methods in diagnosis and therapy.

**Ottawa Charter for Health Promotion** The Ottawa Charter for Health Promotion of 1986 identifies three basic strategies for health promotion. These are advocacy for health to create essential conditions for health; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health. These strategies are supported by five priority action areas: build health public policy; create supportive environments for health; strengthen community action for health; develop personal skills; and reorient health services.

**outcome** This term has many meanings depending on its applicability. Simply an outcome is a change in a situation resulting from an action. More specifically, in relation to health, an outcome is the possible results that may stem from exposure to a causal factor; or the result of preventive, medical, surgical or therapeutic interventions or non-intervention. An outcome can also be viewed as the end result obtained from utilizing the structure and processes of health care delivery. Outcomes are often viewed as the bottom-line measure of the effectiveness of the health care delivery system.

**outcome measurement** System used to track treatment or care and responses. The methods for measuring outcomes are quite varied among providers. Much disagreement exists regarding the best practice or tools to utilize to measure outcomes.

**outcome standard** The quality of care and quality of life objectives set by an authority which the service providers should strive to achieve for all people.

**outlier** Cases that differ substantially from the average case in a particular area. For example, a hospital admission requiring either substantially more expense or a much longer length of stay than average.

See also Statistical section for related definition.

**outpatient** A patient who is receiving ambulatory care at a hospital or other facility without being admitted to the facility.

**outpatient services** See “ambulatory care”.

**outreach** **1** Activities associated with promoting services and programmes to persons who may be eligible for them but be unaware of them. **2** Services provided outside the venue of the providing organization, usually in people’s homes.

## P

**pain** An unpleasant sensory or emotional experience that is derived from sensory stimuli and modified by individual memory, expectations and emotions.

**pain management programme** A set of strategies to address an individual's pain management requirements and supportive of the individual's pain control.

**palliative care** The active total care offered to a person and that person's family when it is recognized that the illness is no longer curable, in order to concentrate on the person's quality of life and the alleviation of distressing symptoms. The focus of palliative care is neither to hasten nor postpone death. It provides relief from pain and other distressing symptoms and integrates the psychological and spiritual aspects of care. It offers a support system to help relatives and friends cope during an individual's illness and with their bereavement.

**parity** Equality or comparability between two things. Parity legislation, usually applicable to mental health conditions like depression or schizophrenia, requires that health insurers adhere to a principle of equal treatment when making decisions regarding mental health benefits, comparable with medical benefits.

**partnership for health promotion** A voluntary agreement between two or more partners to work cooperatively towards a set of shared health outcomes.

**passive intervention** Health promotion and disease prevention initiatives which do not require the direct involvement of the individual (e.g. fluoridation programmes) are termed "passive".

**pathological** Indicative of, or caused by, a disease or condition.

**patient** A person in contact with the health system seeking attention for a health condition.

**patient assessment (resident)** Standardized tools to determine patient characteristics and abilities, what assistance they need and how they may be helped to improve or regain abilities. Patient assessment forms are completed using information gathered from medical records, interviews with the patient, other informants (e.g. family members) and direct observation.

**patient care planning** See "care plan".

**patient-centred care** An approach to care that consciously adopts a patient's perspective. This perspective can be characterized around dimensions such as respect for patients' values, preferences and expressed needs; coordination and integration of care; information, communication and education; physical comfort, emotional support and alleviation of fear and anxiety; involvement of family and friends; or transition and continuity.

**patients' rights** A set of rights, privileges, responsibilities and duties under which individuals seek and receive health care services. As patients' rights are often not explicit, the composition of the set varies from country to country and over time.

**peer counselling** Provision of support and advice to older persons by non-professional persons who are or have been in similar circumstances.

**peer review** Review by individuals from the same discipline and with essentially equal qualifications (peers).

**performance** The level of attainment of a goal in comparison to a given effort.

**performance criteria** Criteria to be used to measure/assess performance.

**performance measure or indicator** Methods or instruments to estimate or monitor the extent to which the actions of an individual practitioner or whole programme conform to practice standards of quality or allow comparisons between services.



**personal care** Assistance with those functions and activities normally associated with body hygiene, nutrition, elimination, rest and ambulation, which enables an individual to live at home or in the community.

**personal care plan** See “care plan”.

**pharmacy** 1 The art or practice of preparing and preserving drugs, and of compounding and dispensing medicines according to the prescriptions of medical practitioners. 2 A place where drugs are dispensed.

**physical activity** Any form of exercise or movement.

**physical therapy / physiotherapy** 1 Treatment of pain, disease or injury by physical means. 2 The profession concerned with promotion of health; prevention of physical disabilities; evaluation and rehabilitation of persons disabled by pain, disease or injury; and with treatment by physical therapeutic measures, as opposed to medical, surgical or radiologic measures.

**physician** Professional person qualified by education and authorised by law to practise medicine. In certain countries refers to a specialist in internal medicine.

**physician assistant** A health care professional who provides patient services ranging from taking medical histories and doing physical examinations to performing minor surgical procedures. Physicians' assistants work under the supervision of a physician.

**placebo** Any dummy medical treatment or intervention. Originally, a medicinal preparation having no specific pharmacological activity against the person's illness or complaint and given solely for the psychophysiological effects of the treatment. More recently, a dummy treatment administered to the control group in a controlled clinical trial in order that the specific and non-specific effects of the experimental treatment can be distinguished.

**placebo effect** The placebo effect (usually but not necessarily beneficial) is attributable to the expectation that the regimen will have an effect, i.e. the effect is due to the power of suggestion.

**placement** The act of finding a source of care, usually residential.

**plan of care** See “care plan”.

**pluralistic system** A system that is based on incorporating divergent provider modalities (e.g. public, private, non-profit, etc.).

**podiatry** The prevention, diagnosis, treatment and rehabilitation of medical and surgical conditions of the feet and lower limbs.

**policy formulation** The development of a policy.

**polypharmacy** 1 The administration of many drugs at the same time. 2 The administration of an excessive number of drugs.

**population** A group of individuals or items that share one or more characteristics from which data can be gathered and analysed.

**population ageing** The increase over time in the proportion of the population of a specified older age.

**population-based services** Health services targeted at populations with specific diseases or disorders.

**population dynamics** The study of changes in the number and composition of individuals in a population and the factors that influence those changes. Population dynamics involves five basic components of interest, to which all changes in populations can be related: birth, death, sex ratio, age structure and dispersal.

**positive ageing** See “healthy ageing”.

**positive health** A state of health beyond an asymptomatic state. It usually includes the quality of life and the potential of the human condition. It may also include self-fulfilment, vitality for living and creativity. It is concerned with thriving rather than merely coping.

See also “health”.

**post-acute care** See “transitional care”.

**potentially preventable adverse outcome** Complication of a condition which may be modified or prevented with appropriate treatment.

**poverty level / line** A minimum income level below which a person is officially considered to lack adequate subsistence and to be living in poverty. Poverty statistics are based on definitions developed by individual countries or constituencies.

**power of attorney** See “durable power of attorney”.

**practice guideline** Descriptive tool or standardized specification for care of an older person in a typical situation developed through a formal process that incorporates the best scientific evidence of effectiveness with expert opinion.

**pre-admission certification** A review of the medical necessity and appropriateness of a person’s admission to a hospital or other health care organization, conducted before, at or shortly after admission and to authorise a length of stay consistent with norms for the evaluation.

**pre-existing condition** A term normally used for a condition developed prior to applying for a health insurance policy. Some policies exclude coverage of such conditions for a period of time or indefinitely.

**prescription drugs** All those medications requiring written notification from a doctor to a pharmacist before they can be dispensed.

**prevention** This is aimed at promoting health, preserving health and restoring health when it is impaired and to minimize suffering and distress. There are various levels of prevention:

**primordial prevention:** Actions and measures that inhibit the emergence and establishment of environmental, economic, social and behavioural conditions, cultural patterns of living, etc., known to increase the risk of disease.

**primary prevention:** The protection of health by personal and community-wide effects. Primary prevention involves measures provided to individuals to prevent the onset of a targeted condition.

**secondary prevention:** Measures that identify and treat asymptomatic persons who have already developed risk factors or preclinical disease, but in whom the condition is not clinically apparent. These activities are focused on early case-finding of asymptomatic disease that occurs commonly and has significant risk for negative outcome without treatment.

**tertiary prevention:** A process aimed at limiting the negative effects of an established disease.

**preventive care** Care that has the aim of preventing disease or its consequences. It includes health care programmes aimed at warding off illnesses, early detection of disease, and inhibiting further deterioration of the body.

**preventive medicine** The branch of medicine dealing with the prevention of disease and the maintenance of good health practices.

**primary care** See “care”.

**primary prevention** See “prevention”.

**principal diagnosis** The medical condition that is ultimately determined to have caused a person’s need for medical care. The principal diagnosis is used to assign every person to a diagnosis-related group. This diagnosis may differ from the admitting and major diagnoses.

See also “diagnosis”.

**prioritization** Arranging or dealing with in order of importance.

**privacy** The state of being free from unsanctioned intrusion. For example, personal privacy in daily living activities (e.g. for clients in residential facilities) or confidential health records.

**process** A continuous and regular action or succession of actions taking place or being carried out in a definite manner and leading to the accomplishment of some results.

**professional accountability** Conduct in accordance with good practice as recognized and endorsed by a professional society.

**professional self-regulation** The enforcement of certain rules of conduct among its members by a professional community.

**profile analysis or profiling** Review and analysis of practice profiles to identify and assess patterns of health care services.

**programme** An organized aggregate of activities directed towards the attainment of defined objectives and targets which are progressively more specific than the goals to which they contribute.

See “health programme”; “care programme”.

**project** A unique endeavour with a beginning and an end to be completed by one or more people within the constraints of time, budget and quality; a problem scheduled for solution.

**prompt attention** The principle that those needing care are able to access it speedily.

**protocol** Standards or practices developed to assist health care providers and older persons to make and effect decisions about particular steps in the treatment process.

**provider** An individual health care professional, a group or an institution that delivers care services.

**psychiatry** The branch of medicine that deals with the diagnosis, treatment and prevention of mental and emotional disorders. Those who specialize in care of older adults are called geriatric psychiatrists, old-age psychiatrists, psychogeriatricians or geropsychiatrists.

**psychogeriatric facility** Institutions which provide a domestic setting for confused, older people who require 24-hour care, but whose behaviour makes them unsuitable for accommodation in a general purpose facility.

**psychology** Profession dealing with peoples' behaviour and cognition and their effects.

**psychotherapy** Psychological (as opposed to physical) methods of treatment for mental disorders and psychological problems.

**public good** A good or service whose benefits may be provided to a group at no more cost than that required to provide for one person. The benefits of the good are indivisible and individuals cannot be excluded. For example, a public health measure that eradicates smallpox protects all, not just those paying for the vaccination.

**public health** The approach to health that is concerned with the health of the community as a whole. The three core public health functions are: the assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities; the formulation of public policies designed to solve identified local and national health problems and priorities; and ensuring that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.

See "community health".

**public sector** See "statutory sector".

## Q

**quality of life** The product of the interplay between social, health, economic and environmental conditions which affect human and social development. It is a broad-ranging concept, incorporating a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment. As people age, their quality of life is largely determined by their ability to access needed resources and maintain autonomy and independence.

## R

**rationing** Limiting the availability of something (e.g. due to a shortage of the item itself or of resources with which to buy it).

**referral** The direction of people to an appropriate facility, institution or specialist in a health system, such as a health centre or a hospital, when health workers at a given level cannot diagnose or treat certain individuals by themselves, or face health or social problems they cannot solve by themselves.

**reform** A purposeful, dynamic process that involves systematic policy, structural and process changes and is aimed at achieving desired goals.

**rehabilitation** A proactive and goal-oriented activity to restore function and/or to maximize remaining function to bring about the highest possible level of independence, physically, psychologically, socially and economically. It involves combined and coordinated use of medical, nursing and allied health skills, along with social, educational and vocational services, to provide individual assessment, treatment, regular review, discharge planning and follow-up. Rehabilitation is concerned, not only with physical recovery, but also with psychological and social recovery and reintegration (or integration) of the person into the community.

**rehabilitation hospital** A hospital that specializes in providing restorative services to rehabilitate chronically ill and/or disabled individuals to a maximum level of functioning.

**rehabilitation service** A service designed to improve function and/or prevent deterioration of functioning. Such services may include physical therapy, occupational therapy, and/or speech therapy. They may be provided at home, in a hospital or in a long-term care facility.

**rehabilitative** A process of being assisted to regain a lost capacity, or to return to a previous level of living skills.

**reminiscence therapy** Treatment which aims to stimulate older people's memories by means of old films, pictures, objects, music etc. It allows an older person to remember his or her life's achievements and contribution and can enhance self-esteem.

**remote access** Access to a system or to information therein, typically by telephone or a communications network, by a user who is physically remote from the system.

See "e-health".

**re-orienting health services** Health services re-orientation is characterized by a more explicit concern for the achievement of population health outcomes in the ways in which the health system is organized and funded.

**resident** The recipient of care in a residential care facility.

**resident contribution** A contribution paid by residents toward the cost of their accommodation and care in a facility.

**residential aged care facility** See "residential care"; "assisted living facility".

**residential care** Provides accommodation and other care, such as domestic services (laundry, cleaning), help with performing daily tasks (moving around, dressing, personal hygiene, eating) and medical care (various levels of nursing care and therapy services). Residential care is for older people with physical, medical, psychological or social care needs which cannot be met in the community.

**residential care services** Accommodation and support for people who can no longer live at home.

**respiratory therapy** The diagnostic evaluation, management and treatment of the care of older persons with deficiencies and abnormalities of the cardiopulmonary (heart lung) system.

**respite care** Services provided in the home, at a day care centre or by temporary placement in a nursing home or residential home to functionally disabled or frail individuals to provide occasional or systematic relief to informal caregivers.

**restorative care** Services provided to older people on a short-term basis to restore their physical condition to a level which would allow them to return home with appropriate support.

See "rehabilitation".

**restraint** Any method used to restrict the movement of a resident or part of the resident 's body in order to protect the resident or others from injury.

**retirement** Period or life stage following termination of, and withdrawal from, regular employment.

**retirement village / retirement community** A community which provides several levels/types of housing and services for older people, ranging from independent living units to nursing homes, on one site but generally in separate buildings.

**ring-fencing** Reserving money to be spent for a particular service, such as grants to local authorities.

**rural** A part of the country that is not a metropolitan statistical area.

**rural health network** Any of a variety of organizational arrangements to link rural health care providers in a common purpose.

## S

**safety** A judgment of the acceptability of risk (a measure of the probability of an adverse outcome and its severity) associated with a given situation or setting.

**screening** The use of procedures and measures to identify and differentiate apparently well persons who have a disease or condition or a high risk thereof from those who probably do not have the disease or condition.

**second opinion** The practice of seeking the judgement of another medical practitioner or specialist regarding a health condition.

**secondary care** See "care".

**secondary prevention** See "prevention".

**self care** Health activities, including promotion, maintenance, treatment, care and health related decision-making, carried out by individuals and families.

**self-reliance / self-sufficiency / self-management** The capacity of individuals, communities or national authorities to take the initiative in assuming responsibility for their own health development and adopting adequate measures to maintain health that are understood by them and acceptable to them, knowing their own strengths and resources and how to use them and knowing when, and for what purpose, to turn to others for support and cooperation.

**senility** The generalized characterization of progressive decline in mental or physical functioning as a condition of the ageing process. Within geriatric medicine, this term has limited meaning and has generally been replaced by more specific terminology.

**senior apartment** An age-restricted apartment where the resident is expected to live with a high degree of independence. The age of eligibility varies and is often waived for the spouse of a resident.

**senior centre** A centre that provides a variety of onsite programmes (and sometimes outreach services) for older adults, including recreation, socialization, congregate meals, and some health services. Usually a good source of information about area programmes and services.

**senior citizen** Alternative term for an older person.

**sentinel event** An unexpected occurrence or variation involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The event is called “sentinel” because it signals a need for closer attention.

**service** A result of a provider’s actions aimed at meeting the needs of a consumer.

**service package** See “care package”.

**service plan** See “care plan”.

**settings for health** The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being.

**severity of illness** A risk prediction system to correlate the “seriousness” of a disease in a particular person with the statistically “expected” outcome.

**shared services** The coordinated, or otherwise explicitly agreed upon, sharing of responsibility for provision of medical or nonmedical services on the part of two or more otherwise independent hospitals or health programmes.

**sheltered housing** Purpose-built or adapted accommodation for older people with a warden and an emergency alarm system. Different kinds of sheltered housing provide different levels of care.

See “extra care sheltered housing”.

**short-term aged care** Involves care designed to improve the physical wellbeing and restore the health of older people to an optimum level following a serious illness.

**side-effect** An effect, other than the intended one, produced by a preventive, diagnostic or therapeutic procedure or regimen.

**single assessment process** The process whereby a person is assessed for care needs using one form/mechanism so that agencies do not duplicate each other’s assessment.

**single point of entry** A local or regional access point where older persons receive information, assessment of needs, care planning, referrals to health and social services and, in some systems, authorization of services for home care, community-based care or residential care facilities.

**sitting service** A service which involves a worker or volunteer going into an older person's home to provide care whilst the carer takes a break for up to six hours.

**skilled care** "Higher level" of care (such as injections, catheterization and dressing changes) provided by trained health professionals, including nurses, doctors and therapists.

**skilled nursing care** Daily nursing and rehabilitative care that can only be performed by, or under the supervision of, skilled nursing personnel.

**skilled nursing facility** Nursing homes that are certified to provide a fairly intensive level of care, including skilled nursing care.

**social capital** Kin and other sources of support available to an individual.

**social care service** Assistance with the activities of daily life (personal care, domestic maintenance, self-direction) delivered by a personal care helper, home helper or social worker and aimed at supporting older people who experience disabilities in functioning.

**social control** A process within society which both formally, through law, and informally, through customs, norms and mores, attempts to influence and order the actions of social groups and their members and thus maintain public order.

**social exclusion** A situation in which individuals are prevented from fully participating in society by factors such as age, poverty, disability or ethnicity.

**social group** Any set of persons within society with particular demographic, economic or social characteristics.

**social integration** The extent to which individuals are engaged with their families, friends, neighbours and communities.

**social isolation** A condition in which an individual has extremely limited social networks and supports.

**social network** An individual's web of kinship, friendship and community ties.

**social network care** See "informal care".

**social security benefits** Benefits that include income for eligible persons from social security, old age, disability, and survivors' pension schemes.

**social services** Services provided by government to improve the social welfare of those who need them.

**social support** Emotional, instrumental and financial assistance obtained from an individual's social network. Social support provided by family, friends and neighbours is referred to as 'informal support', whereas social support provided by formal service agencies is called 'formal support'.

**social work** An intervention designed to enhance an individual's physical, mental and social functioning through improved coping skills and use of social supports and community health care services. Those who practise social work are generally called social workers. There are many different types, specialties and grades of social worker. Those who specialize in care of older adults are often called geriatric or gerontological social workers.

**solo practice** The practice of a health occupation as a self-employed individual.



- special care unit** A long-term care facility unit with services specifically for persons with particular diseases, disorders or injuries.
- specialized nursing care needs** Nursing care needs that require the advanced and specialized clinical skills and knowledge of a registered nurse.
- specialist** A health professional who is specially trained in a certain branch of his/her profession related to specific services or procedures.
- specialty hospital** A hospital that admits only certain types of patients or those with specified illnesses or conditions. Examples include psychiatric hospitals and rehabilitation hospitals for the older population.
- speech therapy** The treatment of speech and communication disorders.
- spirituality** The quality of being concerned with deeper, sometimes religious, feelings and beliefs.
- stakeholders (in aged care)** People or groups who have an involvement or interest in the aged care system, including beneficiaries, providers and funders.
- standard** A quality, measure or reference point established as a rule or model by authorities, custom or general consent, against which things can be evaluated or should conform.
- state medicine (health care systems)** Major government schemes to ensure adequate health services to substantial sectors of the community through direct provision of services.
- statutory sector** Umbrella term for bodies whose responsibilities are set out in law by the state.
- stewardship** A function of government or other body responsible for the welfare of the population and concerned with the trust and legitimacy with which its activities are viewed by the population.
- sub-acute care** Sub-acute care is a bridge between acute care and home care. It is medical and skilled nursing services provided to persons who are not in the acute phase of an illness but who require a level of care higher than that provided in a long-term care setting.
- support group** A group of people who share a common bond (e.g. caregivers, patients, families of patients) who come together on a regular basis to share problems and experiences or keep in contact in other ways (e.g. the Internet).
- supported accommodation** Accommodation providing varying levels of support for people with impaired functioning, ranging from residential care facilities to occasional assistance for people living independently.
- supported housing** Accommodation where there is a degree of daily living support for its residents to enable them to live independently.
- supported residential service** See “assisted living facility”.
- supportive environment for health** An environment that reduces risks to people’s health and promotes healthy living.
- sustainable development** A process of development that meets the needs of the present generation without compromising the ability of future generations to meet their own needs.

**symptom** A sign or indication of disorder or disease, especially when experienced by an individual as a change in normal function, sensation or appearance.

**system** A network of interdependent components that work together to attain the goals of the complex whole.

**systems approach** A school of thought evolving from earlier systems analysis theory and propounding that virtually all outcomes are the result of systems rather than individuals. In practice, the systems approach is characterized by attempts to improve the quality and/or efficiency of a process through improvements to the system.

## T

**targeting / target population / target group** The group of persons for whom an intervention is planned. For example, the targeting of services to particular user groups.

**teaching hospital** A hospital that provides education for students in the health professions.

**teamwork** The process whereby a group of people work together (often by dividing tasks among members, based on relative skills) to reach a common goal, to solve a particular problem, or to achieve a specified set of results.

**technology** The application of science to health care.

**technology assessment** A comprehensive form of policy research that examines the technical, economic and social consequences of technological applications.

**telemedicine / telehealth** The employment of communication technology to provide assistance in the diagnosis, treatment, care and management of health conditions in remote areas.

**telephone assurance** A voluntary daily phone call to an older person in the community who lives alone.

**terminal care** Medical and nursing care of persons in the terminal stage of an illness.

See also "palliative care".

**terminal illness** An illness for which there is no known cure.

**tertiary care** See "care".

**tertiary prevention** See "prevention".

**traditional medicine** A system of treatment modalities based on indigenous knowledge pertaining to healing.

See "alternative medical system".

**transdisciplinary team** See "health care team".

**transitional care** A type of short-term care provided by some long-term care facilities and hospitals, which may include rehabilitation services, specialized care for certain conditions (such as stroke and diabetes) and/or post-surgical care and other services associated with the transition between hospital and home.

**transportation service** A system operated to transfer a patient or client to or from a health care facility and place of residence.

**treatment** A process designed to achieve a desired health status for a patient or client.

## U

**underutilization** The use of a service or facility below its potential.

**universal access** The right and ability to receive comprehensive, affordable, appropriate and effective health and care services.

**urban area** A part of a country that is part of a metropolitan statistical area.

**urgent condition** A condition requiring medical attention within a few hours; a longer delay presents possible danger to the individual; and the disorder is acute but not necessarily severe.

**user empowerment** Strengthening the individual's capacity to participate in decision-making regarding his or her care.

**user involvement** The involvement of users in the decision-making and evaluation of issues, such as in the provision of community services.

**direct user involvement:** When service users, for example, are involved directly in decision-making.

**indirect user involvement:** This entails information gathering by professionals in order to inform service delivery and development.

**user quality** See "client quality".

**utility** The relative desirability or preference (usually from the perspective of the patient/client) for a specific health outcome or level of health status.

## V

**vector** In infectious disease epidemiology, an insect or any living carrier that transports an infectious agent from an infected individual or its wastes to a susceptible individual or its food or immediate surroundings.

**very old people** Persons aged 75 years and over.

**very sheltered housing** See "extra care sheltered housing".

**visiting service / visitor programme** Through volunteers or community workers, a service providing companionship and support for older people who may be lonely and isolated.

**vital signs** The pulse, respiration, temperature and blood pressure.

**voluntary reporting** A medical error reporting system where the reporter chooses to report an error in order to prevent similar errors from occurring in the future.

See also "medical error"; "malpractice"; "monitoring and incidence reporting".

**volunteer** A person who performs or offers to perform a service of his or her own free will, generally without payment.

## W

**warden** Person who will call an older person regularly in his or her own home to check on his or her well-being and summon help if necessary.

**welfare service** A type of social care service supported through public funding. Eligibility criteria vary from universal coverage to specialized requirements.

See “social care service”.

**well-being** A dynamic state of physical, mental and social wellness; a way of life which equips the individual to realize the full potential of his/her capabilities and to overcome and compensate for weaknesses; a lifestyle which recognizes the importance of nutrition, physical fitness, stress reduction, and self responsibility. Well-being has been viewed as the result of four key factors over which an individual has varying degrees of control: human biology, social and physical environment, health care organization (system), and lifestyle.

**wheelchair housing** Housing designed for wheelchair users.

**withholding / withdrawing medical treatment** See “futile medical treatment”; “advanced directive”.

## Y

**young old** Persons aged 60 to 74 years in a categorization of “old old” (75-84) and “oldest old” ( 85 years and over).

## ADMINISTRATIVE, MANAGEMENT AND FINANCIAL TERMS

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### A

**acceptable risk** A risk that has minimal detrimental effects or for which the benefits outweigh the potential hazards.

**accreditation** A process whereby a programme of study or an institution is recognized by an external body as meeting certain predetermined standards. Accreditation is often carried out by organizations created for the purpose of assuring the public of the quality of the accredited institution or programme. The state or federal governments can recognize accreditation in lieu of, or as the basis for licensure or other mandatory approvals. Public or private payment programmes often require accreditation as a condition of payment for covered services. Accreditation may either be permanent or may be given for a specified period of time.

See also “licence”.

**accreditation standard** A standard against which facilities or programmes are evaluated to determine if they will be accredited.

**administrative costs** Costs which are not attributable to the direct delivery of health services and are not direct clinical care or service costs.

**administrative record** A record concerned with administrative matters, such as length of stay, details of accommodation, or billing.

**admitting privileges** The authorization given by a health care organization’s governing body to medical practitioners and, in some cases, other professionals who request the privilege of admitting and/or treating patients. Privileges are based on a provider’s licence, training, experience and education.

**affiliation** An agreement (usually formal) between two or more otherwise independent entities or individuals, or an individual and an entity, which defines how they will relate to each other.

**all payer system** A system in which prices for health services and payment methods are the same, regardless of who is paying. For instance, in an all payer system, federal or state government, a private insurer, a self-insured employer plan, an individual, or any other payer could pay the same rates. The uniform fee bars health care providers from shifting costs from one payer to another.

See “cost shifting”.

**allocative tool** A means by which resources are allocated, which may be used in a number of ways. For example, an allocative tool may be a health policy in which there is a direct provision of income, services, or goods to groups of individuals who usually reap benefits in receiving them.

**allowance** **1** A sum granted as reimbursement for expenses. **2** An amount added or deducted on the basis of qualifying circumstances.

**amortization** The act or process of retiring a debt, usually by equal payments at regular intervals over a specific period of time.

**appointment scheduling system** A system for planning of appointments between resources such as clinicians and facilities and patients. It is used in order to minimize waiting times, prioritize appointments and optimize the utilization of resources.

**appraisal** The process of assessing the level of subsidy to be paid for a resident on the basis of his or her relative care needs.

**average cost** See “cost”.

**average daily census** The average number of hospital beds occupied per day. This measure provides an estimate of the number of inpatients receiving care each day at a hospital.

**average length of stay (ALOS)** A measure of how many days a patient, on average, spends in the hospital. Hence, this measure, when applied to individuals or specific groups of patients, may be an indicator of the severity of illness and resource use. It is often used as a comparison to assess efficiency of resource usage between hospitals.

**avoided cost** See “cost”.

## B

**balance billing** The practice of medical practitioners, dentists and other independent practitioners to seek payment from the patient for that portion of the patient’s bill not covered by the government or other third party payers.

**benchmark** A level of care set as a goal to be attained.

**internal benchmarks:** Goals derived from similar processes or services within an organization.

**competitive benchmarks:** Goal comparisons with the best external competitors in the field.

**generic benchmarks:** Goals drawn from the best performance of similar processes in other industries.

**beneficiary** An individual who receives benefits from or is covered by an insurance policy or other health care financing programme.

See “enrollee”.

**benefit in kind** Non-cash forms of payment or assistance.

**budgetary control** The set of actions taken to ensure that spending is in line with budgeted amounts and the regulations for spending them.

## C

**capital** Fixed or durable non-labour inputs or factors used in the production of goods and services, the value of such factors, or the money specifically allocated for their acquisition or development. Capital costs include, for example, the buildings, beds and equipment used in the provision of hospital services. Capital assets are usually thought of as permanent and durable, as distinguished from consumables, such as supplies.

**capital depreciation** The decline in value of capital assets (assets of a permanent or fixed nature, such as goods and plant) with use over time. The rate and amount of depreciation is calculated by a variety of different methods (e.g. straight line, sum of the digits, declining balance), which often give quite different results.

**capital expenditure** Expenditure for the acquisition, replacement, modernization or expansion of facilities or equipment which, under generally accepted accounting principles, is not properly chargeable as an expense of operation and maintenance.

**capitation** A method of payment for health care services in which an individual or institutional provider is paid a fixed amount for each person served in a set period of time, without regard to the actual number or nature of services provided to each person.

**care supply** The types and volumes of services available.

**carrier** An insurer; an underwriter of risk, who finances health care. Also refers to any organization which underwrites or administers life, health or other insurance programmes.

**case payment** Fixed cost for a case.

See also "fee for service".

**catastrophic health insurance** Health insurance which provides protection against the high cost of treating severe or lengthy illnesses or disabilities. Generally such policies cover all, or a specified percentage of medical expenses above an amount that is the responsibility of another insurance policy, up to a maximum limit of liability.

**certification** The process by which a government or nongovernmental agency or association evaluates and recognizes an individual, institution or educational programme as meeting predetermined standards. One so recognized is said to be "certified". It is essentially synonymous with accreditation, except that certification is usually applied to individuals and accreditation to institutions. Certification programmes are generally nongovernmental and do not exclude the uncertified from practice, as do licensure programmes.

**charge** In health care, a charge is the monetary amount that is billed to the user of a product or service by the provider.

**co-insurance** A cost-sharing requirement under a health insurance policy. It provides that the insured party will assume a portion or percentage of the costs of covered services.

**commercial insurance** In health care, usually any insurance for hospital or medical care which has the objective of making a profit.

**commissioning** The process of drawing up contracts with service providers to provide care.

**community rating** A method for the determination of health insurance premiums that spreads the risk among members of a large community and establishes premiums based on the utilization experience of the whole community. For a set of benefits, the same rate applies to everyone regardless of age, gender, occupation or any other indicator of health risk.

**competitive benchmark** See “benchmark”.

**consolidation** A concentration of control by a few organizations over other existing organizations through consolidation of facility assets that already exist. Acquisitions, mergers, alliances and formation of contractual networks are examples of consolidation.

**co-payment** The specified portion (cost amount or percentage) that health insurance, or a service programme, may require a person to pay towards his or her medical bills or services.

**cost** Actual expenses incurred to provide a health care product or service. Cost can be divided into a number of types including:

**average cost:** The average cost per unit; equals the total cost divided by the units of production.

**avoided cost:** Cost caused by a health problem that is avoided by a health care intervention.

**direct cost:** Cost borne by the health care system, the community and families, e.g. diagnosis and treatment costs. A cost that is identifiable directly with a particular activity, service or product.

**fixed cost:** Costs that, within a defined period, do not vary with the quantity produced, e.g. overhead costs of maintaining a building.

**incremental cost:** The difference between marginal costs of alternative interventions.

**indirect cost:** Cost which cannot be identified directly with a particular activity, service or product of the programme experiencing the cost. Indirect costs are usually apportioned among the programme's services in proportion to each service's share of direct costs.

**intangible cost:** The cost of pain and suffering resulting from a disease, condition or intervention.

**marginal cost:** The additional cost required to produce an additional unit of benefit (e.g. unit of health outcome).

**operating cost:** In the health field, the financial requirements necessary to operate an activity that provides health services. These costs normally include costs of personnel, materials, overheads, depreciation and interest.

**opportunity cost:** The benefit foregone, or value of opportunities lost, by engaging resources in a service. It is usually quantified by considering the benefit that would accrue by investing the same resources in the best alternative manner.

**recurrent cost:** An item of expenditure that recurs year after year, such as the remuneration of health workers and other staff; the cost of food and other goods and services; the cost of vaccines, medicines, appliances and other supplies; the replacement of equipment; and the maintenance of buildings and equipment.

**tangible cost:** Objective elements in the production of care, i.e. number of personnel, beds, consumables, technologies, staff qualifications.

**total cost:** The sum of all costs incurred in producing a set quantity of service.



**cost-benefit** The relationship between the cost of an activity and the benefit that accrues from it.

**cost-benefit analysis** The systematic comparison, in monetary terms, of all the costs and benefits of proposed alternative schemes with a view to determining: which scheme or combination of schemes will contribute most to the achievement of predetermined objectives at a fixed level of investment; or the magnitude of the benefit that can result from schemes requiring the minimum investment. The resources required per unit of benefit must be determined, account being taken of the fact that costs and benefits accrue with time. For example, the cost of establishing a home and community care programme might be compared with the total cost of building residential facilities. Cost-benefit analysis can also be applied to specific medical tests and treatments.

**cost centre** An accounting device whereby all related costs attributable to some "financial centre" within an organization, such as a department, centre or programme, are segregated for accounting or reimbursement purposes.

**cost containment** A set of steps to control or reduce inefficiencies in the consumption, allocation or production of health care services which contribute to higher than necessary costs.

**cost-effectiveness analysis** A form of analysis that seeks to determine the costs and effectiveness of a health intervention compared with similar alternative interventions to determine the relative degree to which they will obtain the desired health outcome(s).

**cost-efficiency** The extent to which financial resources are being used as well as possible.

**cost minimization analysis** A determination of the least costly among alternative interventions that are assumed to produce equivalent outcomes.

**cost-of-illness analysis** A determination of the economic impact of a disease or health condition, including treatment costs.

**cost-of-living adjustment (COLA)** Increase to a monthly long-term disability benefit, usually after the first year of payments. May be a flat percentage (e.g. 3%) or tied to changes in inflation.

**cost outlier** A case which is more costly to treat compared with other persons in a particular diagnosis-related group. Outliers also refer to any unusual occurrence of cost, cases which skew average costs or unusual procedures.

**cost sharing** Payment method whereby a person is required to pay some health costs in order to receive medical care. The general set of financing arrangements whereby the consumer must pay out-of-pocket to receive care, either at the time of initiating care or during the provision of health care services, or both. Cost sharing can also occur when an insured person pays a portion of the monthly premium for health care insurance.

**cost shifting** Recouping the cost of providing uncompensated care by increasing revenues from some payers to offset losses and lower net payments from other payers.

**costing** Methods and processes for calculating costs (actual and estimated) required to achieve certain goals, obtain certain products or carry out certain processes, or for maintenance of the health service.

**coverage** The guarantee against specific losses provided under the terms of an insurance policy. Coverage is sometimes used interchangeably with benefits or protection, and is also used to mean insurance or insurance contract.

**credentialing** The recognition of professional or technical competence. The credentialing process may include registration, certification, licensure, professional association membership or the award of a degree in the field.

**criterion** An attribute or rule that serves as a basis for evaluation, definition or classification of something; an evaluation standard.

## D

**deductible** The amount of loss or expense that must be incurred by an insured individual before an insurer will assume any liability for all or part of the remaining cost of covered services. Deductibles may be either fixed monetary amounts or the value of specified services (such as two days of hospital care or one medical practitioner visit). Deductibles are usually tied to some reference period over which they must be incurred.

**diagnosis-related group** A system used for payment under prospective payment systems. It classifies treatments by diagnosis, measuring the relative complexity of a hospital procedure and accounting for the resources used in the procedure. The system accounts for principal diagnosis, secondary diagnosis, surgical procedures, age, sex and presence of complications.

**direct cost** See "cost".

## E

**economic evaluation** A feasibility study which recognizes the interrelationship of capital cost, recurrent cost, investment and return, and lifecycle costs for individual facilities and services.

**economy of care** Costs are the measure of the economic function of care. Total costs and unit costs are the basic indicators.

**effective / effectiveness** The degree to which a treatment plan, programme or project has achieved its purpose within the limits set for reaching its objective. For example, an expression of the desired effect of a programme, service or institution in reducing a health problem or improving an unsatisfactory health situation.

**eligibility** Criteria for entitlement to services or benefits.

**enrollee** An individual enrolled in a health plan and, therefore, entitled to receive the health services the plan provides.

**evaluation** A process that attempts to determine, as systematically and objectively as possible, the relevance, effectiveness and impact of activities in the light of their objectives. Several varieties of evaluation can be distinguished, e.g. evaluation of structure, process and outcome.

**experience rating** A method of adjusting health plan premiums based on historical utilization data.

## F

**fair financing** Where members of society should pay the same share of their disposal income to cover their health costs.

**fee for service (FFS)** Method of billing for health services under which a medical practitioner or other practitioner charges separately for each patient encounter or service rendered. Under a fee-for-service payment system, expenditures increase if the fees themselves increase, if more units of service are provided, or if more expensive services are substituted for less expensive ones. This system contrasts with salary, per capita, or other prepayment systems, where the payment to the medical practitioner is not changed according to the number of services actually used.

**fee schedule** A listing of accepted fees or established allowances for specified medical or other professional procedures and services. As used in medical care plans, it usually represents the maximum amounts the programme will pay for the specified procedures.

**fiduciary** Relating to, or founded upon a trust or confidence. A fiduciary relationship exists where an individual or organization has an explicit or implicit obligation to act on behalf of another person's or organization's interests in matters which affect the other person or organization.

**financial feasibility** The projected ability of a provider to pay the capital and operating costs associated with the delivery of a proposed service.

**financing** Function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the care system.

**fixed cost** See "cost".

**for profit** Organization or company in which profits are distributed to shareholders or private owners.

## G

**gatekeeper** A health professional, who may be a medical practitioner, nurse or other professional, who has the first encounter with an individual and controls the individual's entry into the health care system.

**GDP** GDP, or gross domestic product, is the total value of goods and services produced in a country. It is an indicator of total economic production.

**general liability insurance** Insurance which covers the risk of loss for most accidents and injuries to third parties (the insured and its employees are not covered) which arise from the actions or negligence of the insured, and for which the insured may have legal liability, except those injuries directly related to the provision of professional health care services (the latter risks are covered by professional liability insurance).

**generic benchmark** See "benchmark".

**global budgeting** A limit on total health care spending for a given unit of population, taking into account all sources of funds.

**governance** The exercise of political, economic and administrative authority in the management of an organization's affairs at all levels.

**grace period** A period past the due date of an insurance premium, during which coverage may not be cancelled.

## H

**health insurance** Financial protection against the health care costs arising from disease or accidental bodily injury. Such insurance usually covers all or part of the costs of treating the disease or injury. Insurance may be obtained on either an individual or a group basis.

**horizontal integration** Merging of two or more firms at the same level of production in some formal, legal relationship. In hospital networks, this may refer to the grouping of several hospitals, the grouping of outpatient clinics with the hospital, or a geographic network of various health care services. Integrated systems seek to integrate both vertically with some organizations and horizontally with others.

See “vertical integration”.

## I

**incremental cost** See “cost”.

**indemnity** Health insurance benefits provided in the form of cash payments rather than services. An indemnity insurance contract usually defines the maximum amounts which will be paid for covered services.

**indemnity plan** Provides reimbursement to the insured without regard to the expenses actually incurred.

**indirect cost** See “cost”.

**internal benchmark** See “benchmark”.

**inventory** A list of quantities and locations of different kinds of facilities, major equipment, and personnel that are available in a geographic area and the amount, type and distribution of services those resources can support. An inventory system is the set of policies and controls that monitor the levels of inventory and determines what levels should be maintained, replaced and ordered.

## L

**licence/licensure** A permission granted to an individual or organization by a competent authority, usually public, to engage lawfully in a practice, occupation or activity. Licensure is the process by which the licence is granted. It is usually granted on the basis of examination and/or proof of education rather than on measures of performance. A licence is usually permanent, but may be conditional on annual payment of a fee, proof of continuing education, or proof of competence.

See also “accreditation”.

**life insurance** Insurance providing for payment of a stipulated sum to a designated beneficiary upon death of the insured.

**long-term care insurance** Insurance policies which pay for long-term care services (such as nursing home and home care) that are generally not covered by other health insurance.

## M

**management** The sum of the measures taken to plan, organize, operate and evaluate all the many interrelated elements of a system. Such measures are required to translate policies into strategies and strategies into plans of action for determining the action required to define and operate health programmes and ensure that the health system infrastructure is built up to deliver them efficiently and effectively.

**marginal benefit** The additional benefit (e.g. in units of health outcome) produced by an additional resource use (e.g. another health care intervention).

**marginal cost** See “cost”.

**means test** The determination of eligibility for a publicly financed programme on the basis of an applicant's income and assets (means).

**member** See “enrollee”.

**minimum standard** A level of quality that all health plans and providers are required to meet in order to offer services to clients/customers.

**mobilization** One of the functions in the financing of health systems which aims at identifying and acquiring the money required to meet the health needs of the people, individually and collectively, in a given health system.

## N

**national health accounts** Information, usually in the form of indicators, a country may collect on its health expenditures. Indicators may include total health expenditure, public expenditure, private expenditure, out-of-pocket expenditure, tax-funded and other public expenditure, and social security expenditure.

**non-profit / not-for-profit organization** An incorporated organization from which its shareholders or trustees do not benefit financially.

## O

**operating cost** See “cost”.

**opportunity cost** See “cost”.

**out-of-pocket payment** A fee paid by the consumer of health services directly to the provider at the time of delivery.

**overheads** The general costs of operating an entity that are allocated to all the revenue-producing operations of the entity, but which are not directly attributable to a single activity. For example, overhead costs normally include maintenance of plant, occupancy costs, housekeeping, administration and others.

## P

**per diem** Reimbursement where payment is based on a per day set fee schedule.

**planning ratio** Service provision targets established by an authority on a population basis.

**portability** Requirement in benefit plans that allow benefit rights to be transferred without waiting periods for persons moving between plans, regions or countries.

**premium** The amount paid or payable, often in instalments, by an insured person or policy holder to an insurer or third party payer for insurance coverage under an insurance policy. Premiums are paid for coverage whether benefits are used or not.

**prepayment** Fee paid by a potential consumer of services in anticipation of services that may be required.

**prior authorization** A requirement imposed by a third party payer under many systems of utilization review in which a provider must justify, before a peer review committee, insurance company representative or state agent, the need to deliver a particular service to a person before actually providing the service in order to receive reimbursement.

**private health insurance** Privately organized health insurance that is based on estimation of probable population risks, and that provides either total or partial indemnity of medical expenses.

**productivity** The ratio of the quantity and quality of units produced per unit of time.

**professional liability Insurance** Liability insurance to protect professionals for loss or expense resulting from claims arising from mistakes, errors or omissions committed or alleged to have been committed by the insured in his professional activities.

**programme budgeting** The process of making resources available to attain the objectives of programmes. Programme budgeting differs from ordinary budgeting in that the emphasis is on the results to be achieved rather than on unconnected budgetary items. The objectives and targets of the programme are defined clearly and, in order to attain them, the resources required are grouped together, those who will receive them specified, and their sources determined.

**programme evaluation / review** The systematic assessment of the relevance, adequacy, progress, efficiency, effectiveness and impact of a programme.

**programme management** A system of management which involves the integration of planning, resourcing and evaluation processes to achieve stated outcomes.

**prospective payment system** A system whereby reimbursement rates are set for a given period of time prior to the circumstances giving rise to actual reimbursement claims.

## Q

**quality assessment and performance improvement programme (QAPI)** QAPI establishes strategies for promoting high quality health care. First, each organization must meet certain required levels of performance when providing specific health care and related services. Second, organizations must conduct performance improvement projects that are outcome-oriented and that achieve demonstrable and sustained improvement in care and services. It is expected that an organization will continuously monitor its own performance on a variety of dimensions of care and services, identify its own areas for potential improvement, carry out individual projects to undertake system interventions to improve care, and monitor the effectiveness of those interventions.

**quality assurance (QA)** Standardized procedures, methods or philosophy for collecting, processing or analysing data, which is performed on an ongoing basis and aimed at maintaining or improving the appropriateness and reliability of health care services.

**quality circle** An instrument for quality enhancement and quality assurance which uses groups of peers to assess and discuss the quality of their own work and develop strategies for improvement.

**quality control (QC)** The sum of all the activities which prevent unwanted change in quality. In the health care setting, quality control requires a repeated series of feedback loops which monitor and evaluate the care of the individual (and other elements in the health care process). These feedback loops involve checking the care being delivered against standards of care, identification of any problems or opportunities for improvement, and prompt corrective action, so that the quality is maintained.

**quality improvement / continuous quality improvement** The sum of all the activities which create desired change in quality. In the health care setting, quality improvement requires a feedback loop which involves the identification of patterns of the care of individuals (or of the performance of other systems involved in care), the analysis of those patterns in order to identify opportunities for improvement (or instances of departure from standards of care), and then action to improve the quality of care for future patients. An effective quality improvement system results in step-by-step increases in quality of care.

**quality of basic amenities** The quality of non-clinical attributes of health care units, such as cleanliness of the facility, adequacy of the furniture and quality of the food.

**quality of care** The degree to which delivered health services meet established professional standards and are judged to be of value to the consumer. Quality may also be seen as the degree to which actions taken or not taken maximize the probability of beneficial health outcomes and minimize risk and other outcomes, given the existing state of medical science and art.

## R

**rate review** Review by a government or private agency of a hospital's or health service's budget and financial data, performed for the purpose of determining if the rates are reasonable of the rates and evaluating proposed rate increases.

**rate setting** A method of paying health care providers in which the government establishes payment rates for all payers for various categories of health service.

**readmission** The re-entry of a person to a hospital or other health facility within a specified interval after discharge with the same diagnosis.

**readmission rate** The proportion of a hospital's patients (or a subset, such as those with asthma) who are readmitted to the hospital following discharge with the same diagnosis. It is used as a performance measure where a higher rate indicates lower quality of care.

**recurrent cost** See "cost".



**reimbursement** 1 The process by which health care providers receive payment for their services. Because of the nature of the health care environment, providers are often reimbursed by third parties who insure and represent patients/clients.  
2 The process whereby patients/clients receive payment for services used, most often through health insurance.

**reinsurance** A mechanism whereby an insurer can cover high-risk losses through insurance from another insurer.

**resident classification instrument** An instrument which assesses recipient's care needs. It has a number of classification levels, ranging from high to low care. These classification levels are sometimes used for placement, staffing level and reimbursement purposes.

**resource management** The process of trying to attain the most rational use of manpower, knowledge, facilities and funds to achieve the intended purposes with the greatest effect with the least outlay.

**revenue** The gross amount of earnings received by an entity for the operation of a specific activity. It does not include any deductions for such items as expenses, bad debts or contractual allowances.

**risk approach** An approach consisting of identifying and devoting more care to individuals or groups who, for biological, environmental or socioeconomic reasons, are at special risk of having their health impaired, contracting a specific disease, or having inadequate attention paid to their health problems.

**risk assessment** The qualitative or quantitative estimation of the likelihood of adverse effects that may result from exposure to specified health hazards or from the absence of beneficial influences.

**risk management** The function of identifying and assessing problems that could occur and bring about losses legally, clinically or financially.

**risk pooling** The practice of bringing several risks together for insurance purposes in order to balance the consequences of the realization of each individual risk.

**risk rating** Risk rating means that high-risk individuals will pay more than the average premium price.

**risk selection** The practice of singling out or disaggregating a particular risk from a pool of insured risks.

**risk sharing** The distribution of financial risk among parties furnishing a service. For example, if a hospital and a group of medical practitioners form a corporation to provide health care at a fixed price, a risk-sharing arrangement would entail both the hospital and the group being held liable if expenses were to exceed revenues.

**root-cause analysis** A process for identifying the basic or causal factor(s) that underlie variations in performance, including the occurrence or possible occurrence of an error.

## S

**subscriber** See "enrollee".



## T

**total quality management (TQM)** TQM is synonymous with continuous quality improvement (CQI). It is an integrative management concept of continuously improving the quality of delivered goods and services through the participation of all level and functions of the organization to meet the needs and expectations of the customer.

**treatment episode** The period of treatment between admission and discharge from a facility, such as inpatient, residential, partial hospitalization and outpatient, or the period of time between the first procedure and last procedure on an outpatient basis for a given diagnosis. Many health care statistics and profiles use this unit as a base for comparisons.

**trending** Method of estimating future costs of health services by reviewing past trends in cost and utilization of those services.

## U

**underwriting** In insurance, the process of selecting, classifying, evaluating and assuming risks according to their insurability. Its purpose is to make sure that the insured group or individual has the same probability of loss and probable amount of loss, within reasonable limits, as the universe on which premium rates are based. Since premium rates are based on an expectation of loss, the underwriting process must classify risks into groups with about the same expectation of loss.

**utilization** Use of services and supplies. Utilization is commonly examined in terms of patterns or rates of use of a single service or type of service, such as hospital care, medical practitioner visits or prescription drugs. Measurement of utilization of all medical services in combination is usually done in terms of economic costs. Use is expressed in rates per unit of population at risk for a given period, such as the number of admissions to hospital per 1000 persons over age 65 per year, or the number of visits to a medical practitioner per person per year.

**utilization review** Evaluation of the necessity, appropriateness and efficiency of the use of health care services, procedures and facilities. In a hospital, this includes review of the appropriateness of admissions, services ordered and provided, length of a stay, and discharge practices, both on a concurrent and retrospective basis. Utilization review can be done by a peer review group or a public agency.

## V

**vertical integration** The organization of production whereby one entity controls or owns all stages of the production and distribution of goods or services. In health care, vertical integration can take many forms, but generally implies that medical practitioners, hospitals and health plans have combined their organizations or processes in some manner to increase efficiencies, increase competitive strength, or improve quality of care. Integrated delivery systems or health care networks are generally vertically integrated.

See "horizontal integration".

## W

**working capital** The sum of the institution's short-term or current assets, including cash, marketable (short-term) securities, accounts receivable and inventories. Net working capital is defined as the excess of total current assets over total current liabilities.

## STATISTICAL / RESEARCH TERMS IN COMMUNITY HEALTH CARE

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### A

**absolute risk** The probability of an event in a population as contrasted with relative risk.

See “relative risk”.

**absolute risk reduction** A measure of treatment effect that compares the probability (or mean) of a type of outcome in the control group with that of a treatment group.

**abstract** A brief summary or digest of a study and its results. It should include the problem investigated, the subjects and instruments involved, the design and procedures and the major conclusions.

**accuracy** The degree to which a measurement (e.g. the mean estimate of a treatment effect) is true or correct. An estimate can be accurate, yet not be precise, if it is based upon an unbiased method that provides observations having great variation (i.e. not close in magnitude to each other).

**action research** A family of research methodologies which pursue action (or change) and research (or understanding) at the same time.

**alpha ( $\alpha$ ) error** See “Type I error”.

**alpha ( $\alpha$ ) statistic** A statistic commonly used to reflect the reliability of a measurement scale.

See “reliability”.

**analytic study** A study designed to examine associations, commonly putative or hypothesized causal relationships. An analytic study is usually concerned with identifying or measuring the effect of risk factors, or is concerned with the health effects of specific exposure(s).

**anecdotal evidence** Evidence derived from descriptions of cases or events rather than systematically collected data that can be submitted to statistical tests.

**arithmetic mean** See “mean”.

**association** A term signifying a relationship between two or more events or variables. Events are said to be associated when they occur more frequently together than one would expect by chance. Association does not necessarily imply a causal relationship. Statistical significance testing enables a researcher to determine the likelihood of observing the sample relationship by chance if in fact no association exists in the population that was sampled. The terms “association” and “relationship” are often used interchangeably.

**attributable risk** In a total population, the proportion of disease incidence, or risk of the disease, that can be attributed to exposure to a specific risk factor; the difference between the risk in the total population and the risk in the unexposed group.

## B

**baseline** An observation or value that represents the background level of a measurable quantity.

**beta ( $\beta$ ) error** See “Type II error”.

**bias** In general, any factor that distorts the true nature of an event or observation. In clinical observations, a bias is any systematic factor other than the intervention of interest that affects the magnitude of an observed difference (i.e. trends to increase or decrease) in the outcomes of a treatment group and control group. Bias diminishes the accuracy (though not necessarily the precision) of an observation. Randomization is a technique used to decrease this form of bias. Bias also refers to a prejudiced or partial viewpoint that would affect someone’s interpretation of a problem. Double-blinding is a technique used to decrease this type of bias.

See “blinding”.

**bibliographic database** An indexed computer or printed source of citations of journal articles and other reports in the literature. Bibliographic citations typically include author, title, source, abstract and/or related information (including full text in some cases).

**blinding** The concealment of group assignment (to either the treatment or control group) from the knowledge of participants and/or investigators in a clinical trial. Blinding eliminates the possibility that knowledge of assignment may affect individual response to treatment or investigator behaviours that may affect outcomes. Blinding is not always practical (e.g. when comparing surgery to drug treatment) but it should be used whenever it is possible and compatible with optimal care. There are various kinds of blinding:

**single-blind trial:** one in which knowledge of group assignment is withheld only from participants

**double-blind trial:** one in which the knowledge is withheld from participants and investigators

**triple-blind trial:** one in which the knowledge is withheld from participants, investigators and those assessing outcomes of the assignment.

## C

**case control study** A study that starts with the identification of persons with the disease (or other outcome variable) of interest, and a suitable control (comparison, reference) group of persons without the disease. The relationship of an attribute to the disease is examined by comparing the diseased and non-diseased with regard to how frequently the attribute is present or, if quantitative, the level of the attribute, in each of the groups.

**case study** An in-depth study of an individual, group, institution, organization or programme. The advantage of the case study method is that it allows more intensive analyses of specific empirical details. However, it is difficult to use the results to generalize to other cases.

**causality** Relating causes to the effects they produce.

**census** The enumeration of an entire population, usually with details being recorded on residence, age, sex, occupation, ethnic group, marital status, birth history and relationship to head of household.

**citation** The record of an article, book or other report in a bibliographic database that includes summary descriptive information, e.g. author, title, abstract, source and indexing terms.

**class** The total number of observations of a particular variable may be grouped according to convenient divisions of the variable range. A group so determined is called a class.

**class interval** The difference between the lower and upper limits of a class.

**classification** Assignment to predesignated classes on the basis of perceived common characteristics. A means of giving order to a group of disconnected facts.

**cluster** An aggregation of cases of a disease or other health-related condition which are closely grouped in time and place. The number of cases may or may not exceed the expected number; frequently the expected number is not known.

**cohort study** An observational study in which outcomes in a group of participants that received an intervention are compared with outcomes in a similar group (i.e. the cohort) of participants, either contemporary or historical, that did not receive the intervention. In an adjusted (or matched) cohort study, investigators identify (or make statistical adjustments to provide) a cohort group that has characteristics (e.g. age, gender, disease severity) that are as similar as possible to the group that experienced the intervention.

**concurrent nonrandomized control** A control group that is observed by investigators at the same time as the treatment group but that was not established using random assignment of participants to control and treatment groups. Differences in the composition of the treatment and control groups may result.

**confidence interval** A range of values for a variable of interest, e.g. a rate, constructed so that this range has a specified probability of including the true value of the variable. The specified probability is called the confidence level, and the end points of the confidence interval are called the confidence limits.

**confidence limit** The minimum and maximum value of a confidence interval.

**confounding variable** A variable or fact that confuses a result. A confounder distorts the ability to attribute cause to a treatment, for example, because it is likely something else is confusing the result.

**consensus development** Various forms of group judgement in which a group (or panel) of experts interacts in assessing an intervention and formulating findings by vote or other process of reaching an agreement. These processes may be informal or formal, involving such techniques as the nominal group and Delphi techniques.

**consent** The granting of permission, agreement, assent or approval. In any research on human beings, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study, and the discomfort it may entail. The subject should be informed of the right to abstain from participation in the study or to withdraw consent to participate at any time without reprisal. After ensuring the subject has understood the information, the researcher should then obtain the subject's freely given informed consent, preferably in writing. If the consent cannot be obtained in writing, the non-written consent must be formally documented and witnessed.

**construct validity** See "validity".

**contamination** Occurs when the treatment assigned to people in one study group is also used by some or all members of another group.

**content analysis** A systematic analysis of the content rather than the structure of a communication, such as a written work, speech or film, including the study of thematic and symbolic elements to determine the objective or meaning of the communication.

**content validity** See "validity".

**continuous data (variable)** See "data".

**control group** A group of participants that serves as the basis of comparison when assessing the effects of the intervention of interest that is given to the participants in the treatment group. Depending upon the circumstances of the trial, a control group may receive no treatment, a 'usual' or 'standard' treatment, or a placebo. To make the comparison valid, the composition of the control group should resemble that of the treatment group as closely as possible.

**convenience sample** A population being studied because they are conveniently accessible (for example, all the people at a certain hospital or attending a particular support centre). As they are not a random sample of the whole population, they may be unrepresentative.

**correlation** Most generally, the degree to which one phenomenon or random variable is associated with, or can be predicted from, another. In statistics, correlation usually refers to the degree to which a linear predictive relationship exists between random variables, as measured by a correlation coefficient (q.v.). Correlation may be positive (but never larger than 1), i.e. both variables increase or decrease together; negative or inverse (but never smaller than -1), i.e. one variable increases when the other decreases; or zero, i.e. a change in one variable does not affect the other.

**criterion validity** See "validity".

**critical appraisal** The process of assessing and interpreting evidence by systematically considering its validity, results and relevance.

**crossover bias** Occurs when some participants who are assigned to the treatment group in a clinical study do not receive the intervention or receive another intervention, or when some participants in the control group receive the intervention (e.g. outside the trial). If these crossover participants are analysed with their original groups, this type of bias can "dilute" (diminish) the observed treatment effect.

**crossover trial** A trial in which each of the groups involved will receive each of the treatments, but in a randomized order: that is, they will start in one arm of the trial, but will deliberately 'cross over' to the other arm(s) in turn.

**cross-sectional study** A study that measures the prevalence of health outcomes or determinants of health, or both and other variables of interest in a population at a point in time or over a short period.

**cross-utility analysis** A form of cost-effectiveness analysis of alternative interventions in which costs are measured in monetary units and outcomes are measured in terms of their utility, usually to the individual, e.g. using QALYs.

## D

**data** Items of information.

**continuous data:** Data with a potentially infinite number of possible values along a continuum (e.g. height, weight).

**discrete data:** Data that can be arranged into naturally occurring or arbitrarily groups or sets of values.

**individual data:** Data that have not been put into a frequency distribution or rank ordered.

**database (or register)** Any of a wide variety of repositories (often computerized) for observations and related information about a group of individuals, a disease, an intervention or other events or characteristics, typically organized for easy search and retrieval.

**death rate** The proportion of deaths in a specified population. The death rate is calculated by dividing the number of deaths in a population in a year by the midyear resident population. Death rates are often expressed as the number of deaths per 100 000 persons. The rate may be restricted to deaths in specific age, race, sex, or geographic groups or deaths from specific causes of death (specific rate), or it may be related to the entire population (crude rate).

**Delphi technique** An iterative group judgment technique in which a central source forwards surveys or questionnaires to isolated, anonymous (to each other) participants whose responses are collated/summarized and recirculated to the participants in multiple rounds for further modification/critique, producing a final group response (sometimes statistical).

**denominator** **1** The lower portion of a fraction used to calculate a rate or ratio. In a rate, the denominator is usually the population at risk. **2** For a performance measure, the sample of cases that will be observed (e.g. the number of patients discharged alive with a confirmed diagnosis of acute myocardial infarction, excluding patients with bleeding or other specified conditions).

See "numerator".

**dependent variable** In a statistical analysis, the outcome variable(s) or the variable(s) whose values are a function of, or dependent on the effect of other variable(s) (called independent variables) in the relationship under study.

**descriptive study** A study concerned with and designed only to describe the existing distribution of variables, without regard to causal or other hypotheses.

**determinant** Any factor, whether event, characteristic or other definable entity, that brings about change in a health condition or other defined characteristic.

**dichotomous scale** See “measurement scale”.

**discrete data** See “data”.

**discussion** In a research paper/study, a discussion connects the various aspects of the data analysis, shows the commonality across groups, uniqueness, inconsistencies, etc., and identifies the limits to the study resulting from the design and data analysis.

**distribution** The frequency and pattern of health-related characteristics and events in a population.

**double-blind trial** See “blinding”.

## E

**economic evaluation** A feasibility study which recognizes the interrelationship of capital cost, recurrent cost, investment and return, and life-cycle costs for individual facilities and services.

**eligibility criteria** An explicit statement of the conditions under which persons are admitted to a study.

**empirical** Based directly on experience, e.g. observation or experiment, rather than on reasoning alone.

**empirical methods** Research based on critical evaluation through observation or experimentation, not opinion or speculation.

**endpoint** A measure or indicator chosen to determine an effect of an intervention.

**ethnographic research** The collection of extensive narrative data on many variables over an extended period of time in a naturalistic setting in order to gain insights not possible using other types of research. For this type of research, observations are undertaken at particular points of time. Data would include observations, recordings and interpretations of what is seen.

**experimental study** A study in which conditions are under the direct control of the investigator.

**explanatory study** A study where the main objective is to explain, rather than merely describe, a situation by isolating the effects of specific variables and understanding the mechanisms of action.

**external validity** See “validity”.

## F

**face validity** See “validity”.

**factual database** An indexed computer or printed source that provides information in the form of guidelines for diagnosis and treatment, patient indications, or other authoritative information. Examples are *PDQ*, a computer database on cancer management, and *DRUGLINE*, a computer database on drug indications, contraindications and interactions.



**feasibility study** Preliminary study to determine the practicability of a proposed health programme or procedure, or of a larger study, and to appraise the factors that may influence its practicability.

**focus group** A type of group discussion that is designed to elicit information about the wants, needs, viewpoints, beliefs and experiences of the intended audience. Focus groups can aid in better understanding the expressions and terminology commonly used by people in the audience, as well as their attitudes and beliefs about health care. They are useful for helping uncover the reasons behind people's responses.

**follow-up study** A study in which individuals or populations, selected on the basis of whether they have been exposed to risk, have received a specified preventive or therapeutic procedure, or possess a certain characteristic, are followed to assess the outcome of exposure, the procedure or the effect of the characteristic, e.g. occurrence of disease.

**frequency** See "occurrence".

**frequency distribution** A complete summary of the frequencies of the values or categories of a variable. Often displayed in a two-column table: the left column lists the individual values or categories, the right column indicates the number of observations in each category.

## G

**graph** A way to show quantitative data visually, using a system of coordinates.

## H

**handsearching** Looking for articles, not by searching electronic databases, but by systematically going through journals.

**health research** Research on all aspects of health, the factors affecting it, and ways of promoting, protecting and improving it. It is an essential part of national health development. It includes medical and biomedical research relating to a wide variety of medical matters and involving various life sciences, such as molecular biology and biophysics; clinical research, which is based on the observation and treatment of patients or volunteers; epidemiological research, which is concerned with the study and control of diseases and of situations that are suspected of being harmful to health; and socioeconomic and behavioural research, which investigates the social, economic, psychological and cultural determinants of health and disease with a view to promoting health and preventing disease. Often a multidisciplinary combination of the above kinds of research is needed to solve a health problem.

**health services research** The multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and ultimately health and well-being. Its research domains are individuals, families, organizations, institutions, communities and populations.

**health survey** A survey designed to provide information on the health status of a population. It may be descriptive, exploratory or explanatory.

**health systems research** Research dealing with the entire health system or only part of it, the object being to ensure that the system is optimally planned and organized and that programmes are carried out by the health system infrastructure efficiently and effectively and with appropriate technology.

**histogram** A graphic representation of the frequency distribution of a variable. Rectangles are drawn in such a way that their bases lie on a linear scale, representing different intervals, and their heights are proportional to the frequencies of the values within each of the intervals.

**human-factor research** The study of the interrelationships between humans, the tools they use, and the environment in which they live and work.

**hypothesis** A supposition that appears to explain a group of phenomena and is advanced as a basis for further investigation; a proposition that is subject to proof or to an experimental or statistical test. Studies are often framed to test a 'null' hypothesis (for example "subjects will experience no change in blood pressure as a result of administration of a test product") to rule out every possibility except the one the researcher is trying to prove, an assumption about a research population that may or may not be rejected as a result of testing. A null hypothesis is used because most statistical methods are less able to prove something true than to provide strong evidence it is false.

See also "theory"; "null hypothesis".

I

**incidence** The number of cases of disease, infection or some other event having their onset during a prescribed period of time. It is often expressed as a rate (for example, the incidence of cardiovascular disease per 1000 population aged 65-74 years during a specified year). Incidence is a measure of morbidity or other events that occur within a specified period of time.

See also "prevalence".

**independence** In statistical terms, two events are said to be independent if the occurrence of one is in no way predictable from the occurrence of the other. Independence is the antonym of association.

**independent variable** A variable that precedes, influences or predicts the dependent variable.

**index** In epidemiology and related sciences, this word usually means a rating scale, e.g. a set of numbers derived from a series of observations of specified variables.

**indicator** A variable, with characteristics of quality, quantity and time, used to measure, directly or indirectly, changes in a situation and to appreciate the progress made in addressing it. It also provides a basis for developing adequate plans for improvement. It is a variable that helps to measure changes in a health situation directly or indirectly and to assess the extent to which the objectives and targets of a programme are being attained.

**individual data** See "data".

**inference** The process of passing from observations and axioms to generalizations. In statistics, the development of generalizations from sample data, usually with calculated degrees of uncertainty.

**integrative study** See "synthetic study".

**internal validity** See “validity”.

**interquartile range** The central portion of a distribution, calculated as the difference between the third quartile and the first quartile; this range includes about one half of the observations in the set, leaving one quarter of the observations on each side.

**interval scale** See “measurement scale”.

**interview schedule** The precisely designed set of questions used in an interview.

## K

**key informant** A person chosen to answer a survey on the grounds of a better knowledge and understanding of the issues under consideration.

**knowledge** Knowledge may be regarded as the distillation of information that has been collected, classified, organized, integrated, abstracted and value added. Knowledge is at a level of abstraction higher than the data and information on which it is based and can be used to deduce new information and new knowledge. When considering knowledge, it is usually within the context of human expertise used in solving problems.

## L

**length of stay (LOS)** The number of days between a patient's admission and discharge. This abbreviation is often misused when the intent is to refer to average length of stay (ALOS).

**Likert scale** An ordinal scale of responses to a question or statement ordered in a hierarchical sequence, such as from “strongly agree” through “no opinion” to “strongly disagree”.

**literature review** A summary and interpretation of research findings reported in the literature. It may include unstructured qualitative reviews by single authors as well as various systematic and quantitative procedures, such as meta-analysis.

## M

**mean, arithmetic** A measure of central tendency. The sum of all the values in a set of measurements divided by the number of values in the set.

**mean, geometric** A measure of central tendency. The average of a set of data measured on a logarithmic scale.

**measurement** The procedure of applying a standard scale to a variable or to a set of values.

**measurement scale** The complete range of possible values for a measurement (e.g. the set of possible responses to a question, the physically possible range for a set of body weights). Measurement scales are sometimes classified into five major types, according to the quantitative character of the scale:

**dichotomous scale:** One that arranges items into either of two mutually exclusive categories.

**nominal scale:** Classification into unordered qualitative categories, such as race, religion, and country of birth, as measurements of individual attributes are purely nominal scales, as there is no inherent order to their categories.

**ordinal scale:** Classification into ordered qualitative categories, such as social class, where the values have a distinct order, but their categories are qualitative in that there is no natural (numerical) distance between their possible values.

**interval scale:** An (equal) interval involving assignment of values with a natural distance between them, so that a particular distance (interval) between two values in one region of the scale meaningfully represents the same distance between two values in another region of the scale. An example is date of birth.

**ratio scale:** A ratio is an interval scale with a true zero point, so that ratios between values are meaningfully defined. Examples are weight, height, blood count and income, as in each case it is meaningful to speak of one value as being so many times greater or less than another.

**median** A measure of central tendency. The median is found by arranging the values in order and then selecting the one in the middle. If the total number of values is even, then the median is the mean of the two middle numbers. The median is useful where the distribution has extreme values which otherwise skew the data.

**meta-analysis** A statistical procedure to combine results from different studies on a similar topic. The combination of results from multiple studies may produce a stronger conclusion than can be provided by any singular study. Meta-analysis is generally most appropriate when there are no definitive studies on a topic and non-definitive studies are in some disagreement.

**methodology** The scientific study of methods.

**midrange** The halfway point or midpoint in a set of observations. For most types of data, it is calculated as the sum of the smallest observation and the largest observation, divided by two. For age data, one is added to the numerator. The midrange is usually calculated as an intermediate step in determining other measures.

**missing data** Information not available for a subject (or case) about whom other information is available.

**mode** A measure of central tendency. The most frequently occurring value in a set of observations.

**mortality rate** See "death rate".

**multivariate analysis** A set of techniques used when the variation in several variables has to be studied simultaneously. In statistics, any analytic method that allows the simultaneous study of two or more independent variables.

## N

**nominal group technique** A face-to-face group judgement technique in which participants generate silently, in writing, responses to a given question/problem; responses are collected and posted, but not identified by author, for all to see; responses are openly clarified, often in a round robin format; further iterations may follow; and a final set of responses is established by voting/ranking.

**nominal scale** See “measurement scale”.

**nonparametric statistics** Statistical techniques designed to be used when the data being analysed depart from the distribution that can be analysed with parametric statistics.

**normal curve** A bell shaped curve that results when a normal distribution is graphed.

**normal distribution** The symmetrical clustering of values around a central location. The properties of a normal distribution include: (1) it is a continuous, symmetrical distribution: both tails extend to infinity; (2) the arithmetic mean, mode and median are identical; and (3) its shape is completely determined by the mean and standard deviation.

**null hypothesis** The statistical hypothesis that one variable has no association with another variable or set of variables, or that two or more population distributions do not differ from one another. In simplest terms, the null hypothesis states that the results observed in a study, experiment or test are no different from what might have occurred by chance alone.

**numerator** **1** The upper portion of a fraction used to calculate a rate or ratio. **2** For a performance measure, the cases in the denominator group that experience events specified in a review criterion.

See “denominator”.

## O

**observational study** A study in which the investigators do not manipulate the use of an intervention (e.g. do not randomize people to treatment and control groups) but only observe people who are (and sometimes people who are not) exposed to the intervention, and interpret the results.

**occupancy rate** A measure of the use of facilities, most often inpatient health facility use, determined by dividing the number of patient days by the number of bed days (or places) available, on average, per unit of time, multiplied by 100.

**occurrence** In epidemiology, a general term describing the frequency of a disease or other attribute or event in a population, without distinguishing between incidence and prevalence.

**odds ratio** **1** A measure of association which quantifies the relationship between an exposure and outcome from a comparative study; also known as the cross-product ratio. **2** Comparison of the presence of a risk factor in a sample.

**ordinal scale** See “measurement scale”.

**outcome** A possible result that may stem from exposure to a causal factor, or from preventive or therapeutic interventions.

**outcome research** Research on measures of changes in outcomes, that is, health status and satisfaction, resulting from specific interventions.

**outlier** Observation differing widely from the rest of the data.

## P

**parametric statistics** Statistical techniques designed for use when data have certain characteristics.

**P value** See “probability”.

**parity** Data parity is a term used by researchers to describe the degree to which different data measures are equivalent.

**participant observation** A qualitative data collection technique in which the researcher participates in activities in a setting to observe and record (or simply study) actors' behaviour. Not all participant observation requires the researcher to conceal his/her identity (thus participate as a member of the group).

**participatory research** A process in which the researcher facilitates analysis by a range of stakeholder groups of the themes being investigated.

**patient-origin study** A study, generally undertaken by an individual health programme or health planning agency to determine the geographic distribution of the residences of the patients served by one or more health programmes. Such studies help define catchment and medical trade areas and are useful in locating and planning the development of new services.

**peer review (in research)** The process by which manuscripts submitted to a publisher or research applications are evaluated by experts in appropriate fields (usually anonymous to the authors) to ensure quality.

**percentage** The proportion multiplied by 100.

See “proportion”.

**percentile** The set of numbers from 0 to 100 that divide a distribution into 100 parts of equal area, or divide a set of ranked data into 100 class intervals, with each interval containing 1/100 of the observations. For example, the 5<sup>th</sup> percentile, is a cut point with 5% of the observations below it and the remaining 95% of the observations above it.

**pilot study** A small-scale test of the methods and procedures to be used on a larger scale if the pilot study demonstrates that these methods and procedures can work.

**population pyramid** A graphic presentation of the age and sex composition of the population.

**precision** **1** The quality of being sharply defined or stated. One measure of precision is the number of distinguishable alternatives from which a measurement was selected, sometimes indicated by the number of significant digits in the measurement. Another measure of precision is the standard error of measurement, the standard deviation of a series of replicate determinations of the same quantity. Precision does not imply accuracy. **2** In statistics, precision is defined as the inverse of the variance of a measurement or estimate.

**predictive value** **1** The statistic generated by dividing the number of true positives by the sum of the true positives and false positives. For example, the number of cases with truly good care divided by the sum of the cases with truly good care plus those cases classified with good care who did not receive it i.e. the likelihood that a person classified as the recipient of good care actually received good care. **2** In screening and diagnostic tests, the probability that a person with a positive test result is a true positive (i.e. does have the disease) is referred to as the “predictive value of a positive test”. The predictive value of a negative test is the probability that a person with a negative test does not have the condition or disease. The predictive value of a screening test is determined by the sensitivity and specificity of the test, and by the prevalence of the condition for which the test is used.

**prevalence** The number of events, such as instances of a given disease, condition or other attribute, present at a particular time. Sometimes used to mean prevalence rate. When used without qualification, the term usually refers to the situation at a specified point in time (point prevalence).

**annual prevalence:** The total number of persons with a given disease or attribute at any time during a year.

**lifetime prevalence:** The total number of persons known to have had a given disease or attribute for at least part of their lives.

**period prevalence:** The total number of persons known to have had a given disease or attribute at any time during a specified period.

**point prevalence:** The total number of persons with a given disease or attribute at a specified point in time.

See also “incidence”.

**prevalence study** See “cross-sectional study”.

**primary study** An investigation that collects original (primary) data from subjects, e.g. randomized controlled trials, observational studies, series of cases, etc.

See “secondary data analysis”.

**probability (P value)** The likelihood that an event will occur. When looking at differences between data samples, statistical techniques are used to determine if the differences are likely to reflect real differences in the whole group from which the sample is drawn, or if they are simply the result of random variation in the samples. It is the probability that a test statistic would be as extreme as, or more extreme than that observed if the null hypothesis were true. The letter P, followed by the abbreviation n.s. (not significant) or by the symbol < (less than) and a decimal notation such as 0.01, 0.05, is a statement of the probability that the difference observed could have occurred by chance, if the groups are really alike, i.e. under the null hypothesis. Although investigators may choose their own significance levels in most studies, a result whose probability value is less than 5% ( $P < 0.05$ ) or 1% ( $P < 0.01$ ) is considered sufficiently unlikely to have occurred by chance to justify the designation “statistically significant”. For example, a probability (or P value) of 1% indicates that the differences observed would have occurred by chance in one out of a hundred samples drawn from the same data.

**proportion** A number ranging between 0 and 1 calculated by dividing the number of subjects having a certain characteristic by the total number of subjects.

See also “percentage”.

**prospective study** See “cohort study”.

**publication bias** Unrepresentative publication of research reports that is not due to the quality of the research but to other characteristics, e.g. tendencies of investigators to submit, and publishers to accept, positive research reports (i.e. ones with results showing a beneficial treatment effect of a new intervention).

## Q

**qualitative research** Involves the use of non-numerical data, such as those collected in unstructured and in-depth interviews, focus group discussions, participant observation, participatory research, and the study of documents.

**quality-adjusted life years (QALYs)** Years of life saved by a medical technology or service, adjusted according to the quality of those years (as determined by some evaluative measure). QALYs are the most commonly used unit to express the results in some types of cost-effectiveness analysis.

**quantitative research** Involves the use of data in numerical quantities such as continuous measurements or counts.

**quartile** Division of the total cases or observations in a study into four groups of equal size.

**questionnaire** A predetermined set of questions used to collect data – clinical data, socioeconomic status etc. The instrument is either administered by an interviewer in an interview situation or is self-administered (by a subject).

## R

**random / random sample** A sample that is arrived at by selecting sample units such that each possible unit has a fixed and determined probability of selection.

**random variation / random error** The tendency for the estimated magnitude of a parameter (e.g. based upon the average of a sample of observations of a treatment or intervention effect) to deviate randomly from the true magnitude of that parameter. Random variation is independent of the effects of systematic biases. In general, the larger the sample size, the lower the random variation of the estimate of a parameter. As random variation decreases, precision increases.

**randomization** A technique of assigning subjects to intervention and control groups that is based only on chance distribution. It is used to diminish selection bias.

**range** In statistics, the difference between the largest and smallest values in a distribution. In common use, the span of values from smallest to biggest.

**rate** A measure of the frequency of a phenomenon. In epidemiology, demography and vital statistics, a rate is an expression of the frequency with which an event occurs in a defined population. Rates are usually expressed using a standard denominator such as 1000 or 100 000 persons. Rates may also be expressed as percentages. The use of rates rather than raw numbers is essential for comparison of experience between populations at different times or in different places, or among different classes of persons.

**ratio** The value obtained by dividing one quantity by another: a general term of which rate, proportion, percentage, etc. are subsets. A ratio is an expression of the relationship between a numerator and a denominator where the two usually are separate and distinct quantities, neither being included in the other.



**ratio scale** See “measurement scale”.

**raw data** The entire set of information that has been collected, before any cleaning, editing or statistical manipulation begins.

**reference population** The base population from which a sample is drawn at the time of initial sampling. The standard against which a population that is being studied can be compared.

See “population”.

**register** See “database”.

**regression analysis** A tool to estimate the relationships among a dependent variable Y and one (or many) independent variable(s) X. The purpose of regression analysis is to find the “best fit” data points from a straight line drawn on an XY graph.

**relative risk** The ratio of the risk of disease or death among the exposed to the risk among the unexposed; this usage is synonymous with risk ratio.

**reliability** The degree of stability exhibited when a measurement is repeated under identical conditions. Reliability refers to the degree to which the results obtained by a measurement procedure can be replicated. Lack of reliability may arise from divergences between observers or instruments of measurement, or instability of the attribute being measured.

**replication** Research that attempts to reproduce the findings of previous investigators so as to increase confidence in (or refute) those findings.

**representative sample** The term “representative”, as it is commonly used, is undefined in the statistical or mathematical sense; it means simply that the sample resembles the population in some way. The use of probability sampling will not ensure that any single sample will be “representative” of the population in all possible aspects. A common fallacy lies in the unwarranted assumption that, if the sample resembles the population closely on those factors that have been checked, it is “totally representative” and no differences exist between the sample and the universal or reference population.

**research design** The procedures and methods, including ethical considerations, predetermined by an investigator, to be adhered to in conducting a research project.

**response rate** The number of completed or returned survey instruments (questionnaires, interviews, etc) divided by the total number of persons who would have been surveyed if all had participated. Usually expressed as a percentage.

**retrospective study** A research design used to test hypotheses in which inferences about exposure to the putative causal factor(s) are derived from data relating to characteristics of the persons under study or to events or experiences in their past. The essential feature is that some of the persons under study have the disease or other outcome condition of interest, and their characteristics and past experiences are compared with those of other, unaffected persons.

**risk** The probability that an event will occur.

**risk-benefit analysis** The process of analysing and comparing, on a single scale, the expected positive (benefits) and negative (risks, costs) results of an action, or lack of an action.

**risk factor** An aspect of personal behaviour or lifestyle, an environmental exposure, or an inborn or inherited characteristic, which, on the basis of scientific evidence, is known to be associated with health-related condition(s) considered important to prevent.

## S

**sample** A select subset of a population. A sample may be random or non-random and may be representative or non-representative. There are several types of samples.

See “representative sample”; “random sample”.

**sampling** The procedure of selecting a number of subjects from all the subjects in a particular group or “universe”.

**scale** A set of numbers or other symbols used to designate characteristics of a variable that is used in measurement. A system for measuring equal portions.

**scatter diagram** A graph in which each dot represents paired values for two continuous variables, with the X axis representing one variable and the Y axis representing the other; used to display the relationship between two variables; also called a scattergram.

**search engine** An online service that compares search criteria with its database of information on the Internet and displays the results.

**secondary data analysis** This type of analysis utilizes existing data sources either through synthesis or integration; meta-analysis is an example of secondary data analysis.

**secular trend** Changes over a long period of time, generally years or decades. Examples include the decline of tuberculosis mortality and the rise, followed by a decline, in coronary heart disease mortality in Western countries.

**selection** See “sampling”.

**selection bias** Error due to systematic differences in characteristics between those who take part in a study and those who do not. Selection bias invalidates conclusions and generalizations that might otherwise be drawn from such studies.

**self-rated health status / perceived health status** Health status is usually obtained from survey data by asking the respondent if his/her health is excellent, very good, good, fair or poor (or similar questions).

**sensitivity** A high rate of detection of “true positives”, for example, the fraction of subjects who actually received good care who are classified as recipients of good care. For medical screening tests, sensitivity is the proportion of truly diseased persons in the screened population who are identified as diseased by the screening test. Sensitivity is a measure of the probability of correctly diagnosing a case, or the probability that any given case will be identified by the test (synonymous with ‘true positive rate’).

**sex ratio** The ratio of one sex to another. Usually defined as the ratio of males to females.

**single-blind trial** See “blinding”.

**skewed** A distribution that is asymmetrical.

**specificity** A high rate of detection of “true negatives”, for example, the fraction of subjects who actually received bad care who are classified as recipients of bad care. For medical screening tests, the proportion of truly non-diseased persons who are so identified by the screening test. It is a measure of the probability of correctly identifying a non-diseased person with a screening test (synonymous with ‘true negative rate’).

**standard deviation** A measure of the amount by which each value deviates from the mean; equal to the square root of the variance, i.e. the square root of the average of the squared deviations from the mean. It is the most commonly used measure of dispersion of statistical data.

**standard error** In statistics, the standard error is defined as the standard deviation of an estimate. That is, multiple measurements of a given value will generally group around the mean (or average) value in a normal distribution. The shape of this distribution is known as the standard error.

**standard population** A population in which the age and sex composition is known precisely, as a result of a census. A standard population is used as a comparison group in the procedure for standardizing mortality rates.

**standardization** A set of techniques used to remove, as far as possible, the effects of differences in age or other confounding variables when comparing two or more populations. The common method uses weighted averaging of rates specific for age, sex, or some other potential confounding variable(s) according to some specified distribution of those variables. The two main methods are direct and indirect standardization.

**statistical significance** See “probability”.

**statistical test** A mathematical formula (or function) that is used to determine if the difference between outcomes of a treatment or intervention and a control group is great enough to conclude that the difference is statistically significant. Statistical tests generate a value that is associated with a particular P value. Among the variety of common statistical tests are: F, t, Z, and chi-square. The choice of a test depends upon the conditions of the study, e.g. what type of outcome variable is used, whether or not the subjects are randomly selected from a larger population, and whether it can be assumed that the outcome values of the population have a normal distribution or other type of distribution.

**statistics** The science and art of collecting, summarizing and analysing data that are subject to random variation. The term is also applied to data themselves and to summarizations of data.

**stratification** The process or result of separating a sample into sub-samples according to specified criteria, such as age or occupational group.

**surrogate measure** The substitution of one measure for one that cannot be measured in the course of a study.

**survey / survey instrument** An investigation in which information is systematically collected but in which the experimental method is not used. A population survey may be conducted by face-to-face inquiry, by self-completed questionnaires, by telephone, by postal service, or in some other way. Each method has its advantages and disadvantages. The ability to generalize from the results depends upon the extent to which those surveyed are representative of the entire population.

**synthetic study** A study that does not generate primary data but that involves the qualitative or quantitative consolidation of findings from multiple primary studies. Examples are literature review, meta-analysis, decision analysis and consensus development.

**systematic review** A review of studies in which evidence has been systematically searched for, studied, assessed and summarized according to predetermined criteria.

**systems error** An error that is not the result of an individual's actions, but the predictable outcome of a series of actions and factors that comprise a diagnostic or treatment process.

## T

**targeting / target population / target group** The collection of individuals, items, measurements, etc., about which one wants to make inferences. The term is sometimes used to indicate the population from which a sample is drawn and sometimes to denote any "reference" population about which inferences are required.

**temporal trend** See "secular trend".

**theory** In science, an explanation for some phenomenon which is based on observation, experimentation and reasoning. In popular use, a theory is often assumed to imply mere speculation, but in science, something is not called a theory until it has been confirmed over the course of many independent experiments. Theories are more certain than hypotheses, but less certain than laws.

**treatment effect** The effect of a treatment (intervention) on outcomes, i.e. attributable only to the effect of the intervention. Investigators seek to estimate the true treatment effect using the difference between the observed outcomes of a treatment group and a control group.

**trend** A long-term movement in an ordered series, such as a time series. An essential feature is that movement, while possibly irregular in the short term, shows movement consistently in the same direction over a longer term. The term is also used loosely to refer to an association which is consistent in several samples or strata, but is not statistically significant.

**triple-blind trial** See "blinding".

**Type I error** Also known as "false positive" or "alpha ( $\alpha$ ) error". An incorrect judgment or conclusion that occurs when an association is found between variables where, in fact, no association exists. In an experiment, for example, if the experimental procedure does not really have any effect, chance or random error may cause the researcher to conclude that the experimental procedure did have an effect. The error of rejecting a true null hypothesis.

**Type II error** Also known as “false negative” or “beta ( $\beta$ ) error”. An incorrect judgement or conclusion that occurs when no association is found between variables where an association does, in fact, exist. In a medical screening, for example, a negative test result may occur by chance in a subject who possesses the attribute for which the test is conducted. The error of failing to reject a false null hypothesis.

## U

**unit (of analysis)** The unit to which a performance measure is applied (e.g. subjects, patients, clinicians, group of professionals).

**univariate** Studying the distribution of cases of one variable only.

## V

**validity** The extent to which a measurement, test or study measures what it purports to measure. There are various types of validity:

**construct validity:** The degree to which an instrument measures the characteristic being investigated; the extent to which the conceptual definition matches the operational definition.

**content validity:** Verification that the method of measurement actually measures what it is expected to measure, covering all areas under investigation reasonably and thoroughly.

**criterion validity:** Verification that the instrument correlates with external criteria of the phenomenon under study, either concurrently or predictively.

**external validity:** The extent to which study results can be generalized beyond the sample used in the study.

**face validity:** A type of content validity, determining the suitability of a given instrument as a source of data on the subject under investigation, using commonsense criteria.

**internal validity:** the extent to which the effects detected in a study are truly caused by the treatment or exposure in the study sample, rather than being due to other biasing effects of extraneous variables.

**variable** Any quantity that varies. Any attribute, phenomenon or event that can have different values.

**variance** A measure of the variation shown by a set of observations, defined by the sum of the squares of deviations from the mean, divided by the number of degrees of freedom in the set of observations.

**vital statistics** Systematically tabulated information concerning births, marriages, divorces, separations and deaths, based on registrations of those vital events.

## W

**weighted data** Any information given different weights in calculation or data in which values for some cases have been adjusted to reflect differences in the number of population units that each case represents.

## Z

**Z score** Score expressed as a deviation from the mean value, in standard deviation units.

## REFERENCES

---

- Academy Health. *Glossary of terms commonly used in health care*. Academy Publications (<http://www.ahsrhp.org/publications/glossary.htm>).
- Active ageing: A policy framework*. A contribution of the WHO to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002. Geneva, World Health Organization, 2002. (<http://www.who.int/hpr/ageing/ActiveAgeingPolicyFrame.pdf>).
- Adams S., Porteus J. *Having our say: A housing action kit for older people, care and repair*. Nottingham, England, 2003.
- Age Concern England. *Word wise*. London, ACE, 2001.
- Aged care terminology and acronyms*, Department of Human Services, Victoria State Government, Australia. ([http://www.dhs.vic.gov.au/acmh/aged/termin/index\\_termin.htm](http://www.dhs.vic.gov.au/acmh/aged/termin/index_termin.htm)).
- Alabama Hospital Association. *Health care terminology*. (<http://www.alaha.org/terms.html>).
- American heritage dictionary of the English language*, 4 ed. Houghton Mifflin Company, 2000. (<http://dictionary.reference.com>).
- Australian Society for Geriatric Medicine. *Geriatric assessment and community practice*. Position Statement No 8. (<http://www.asgm.org.au/posstate.htm>).
- Barley V. *et al*. *Good practice for user involvement*. (<http://www.healthinpartnership.org/studies/barley.html>).
- Blakeslee A. *Health care accounting terminology*. Broome Community College, State University of New York. ([http://www.sunybroome.edu/~blakeslee\\_a/H193/h193term2.htm](http://www.sunybroome.edu/~blakeslee_a/H193/h193term2.htm)).
- British Medical Association. *Withholding and withdrawing life prolonging medical treatment: Guidance for decision making*, 2 ed. England, BMJ Books, 2001. ([http://www.bmj.com/withwith/chapters/2\\_4.htm](http://www.bmj.com/withwith/chapters/2_4.htm)).
- Cancerweb Project. (<http://Cancerweb.ncl.ac.uk/cgi-bin/omd?theory>).
- Council on Ethical and Judicial Affairs. Report 1996, Medical futility in end-of-life-care, *CEJA Opinion 2.037*. Medical futility in end-of-life-care. *Journal of the American Medical Association*, 1999, 281: 937-941. (<http://www.ama-assn.org/ama/pub/printcat/8390.html>).
- Definition of palliative care*. Edmonton, Canada, Edmonton Palliative Care Programme, 1997. (<http://www.palliative.org/PC/GeneralPublic/PalliativeCare/PCIdx.html>).
- Dorland's illustrated medical dictionary*. ([http://www.mercksource.com/pp/us/cns/cns\\_hl\\_dorlands.jsipz](http://www.mercksource.com/pp/us/cns/cns_hl_dorlands.jsipz)).
- Easterbrook L. *Working with older people*, London, Age Concern England, 2003.
- Eysenbach G. What is e-health? *Journal of medical internet research*, 2001, 3(2):e20.
- Ferrell B. R. The family. In: Doyle D., Hanks G. W. C., MacDonald N., eds. *Oxford textbook of palliative medicine*, 2 ed. Oxford, Oxford University Press, 1998: pp 909-917.

- Ferrell B. A., Ferrell B. R., Osterwell D. Pain in the nursing home, *Journal of the American Geriatric Society*, 1990, 38, 409-414.
- Fisher R., Ross M. M., MacLean M. J., eds. *A guide to end-of-life care for seniors*. Regional Geriatric Programme of Toronto, University of Toronto and University of Ottawa, 2000. (<http://rgp.toronto.on.ca/article.pl?sid=02/03/04/0121211>).
- Glossary of terms in managed health care*. Pam Pohly Associates. (<http://www.pohly.com/terms.html>).
- Gunckel V. F. *Your grief – The first painful days*. Toronto, Vernon, F., Gunckel, Toronto, 1997.
- Harris D. *Sociology of ageing*. New York, Harper and Rowe, 1990.
- Health and aged care thesaurus*. Department of Health and Aged Care, Australia. (<http://www.health.gov.au/thesaurus.htm>).
- Health information systems*. World Health Organization Regional Office for Africa. (<http://www.afro.who.int/his/index.html>).
- Higginson L. Needs assessment and audit in palliative care. In: Faull C., Carter Y., Woof R., eds. *Handbook of palliative care*. Malden, MA Blackwell Science Ltd., 1998: pp 44-54.
- Home and community care training support materials, glossary*, Faculty of Education, Language and Community Services, RMIT University, Victoria, Australia. (<http://hacc.eu.rmit.edu.au/CD2/resource/glossary.htm>).
- Ingham J., Porenoy R. K. The measurement of pain and other symptoms. In: Doyle D., Hanks G. W. C., MacDonald N., eds. *Oxford textbook of palliative medicine*, 2 ed. Oxford, Oxford University Press, 1998: pp 203-219.
- International classification of functioning, disability and health*. Geneva, World Health Organization. (<http://www3.who.int/icf/icftemplate.cfm?myurl=introduction.html%20&mytitle=Introduction>).
- International Federation on Ageing. *International glossary of social gerontology*. New York, Van Nostrand Reinhold Co., 1985.
- Last J. M., ed. *A dictionary of epidemiology*, 2 ed. New York, Oxford University Press, 1988.
- Last J. M., *et al*, eds. *A dictionary of epidemiology*, 4 ed. New York, International Epidemiological Association, Oxford University Press, 2000.
- Latimer E., Lundy M., 1993, The care of the dying, multicultural influences. In: Masi R., McLeod K. A., Mensah, L. L., eds. *Health and culture: Vol II programs, services and care*. New York, Mosaic Press, 1993: pp 41-57.
- Law.com dictionary*. American Lawyer Media. (<http://dictionary.law.com>).
- McKee D. D., Chappel J. N. Spirituality and medical practice. *The Journal of family practice*, 1992, 352, pp 201-208.
- Microsoft 2004, Encarta® World English Dictionary, North American Edition, Developed for Microsoft by Bloomsbury Publishing Plc, (<http://encarta.msn.com/encnet/features/dictionary/dictionaryhome.aspx>).



Mullan J. T., Pearlin L. J., Skaff M. M. The bereavement process: Loss, grief and recovery. In: Corless I. B., Gemino B. B., Pittman M. A., eds. *A challenge for living*. Boston, Jones and Bartlett Publishers, 1995, pp 221-240.

National Center for Complementary and Alternative Medicine, *Expanding horizons of healthcare: Five year strategic plan 2001-2005*. Bethesda, Maryland, U.S.A., NCCAM.

*National service framework for older people*. London, United Kingdom, Department of Health, 2001.

*Nursing online resources terminology*. Departments of Training Design and Health, Social and Community Studies Wodonga Institute of TAFE, Victoria, Australia. (<http://www.wodonga.tafe.edu.au/nursing/aged/resource/rs002.htm>).

Office for the Aging, New York State, *A consumer's introduction, retirement housing options*. (<http://hiicap.state.ny.us/ltc/kc/consumer02c.htm>).

*Preparing older people's strategies: Linking housing to health, social care and other local strategies*. London, Department of Health, 2003.

*Primary health care: Report of the International Conference on Primary Health Care, Alma-Ata, USSR., September 1978*. Geneva, World Health Organization, 1978. "Health for All" Series, No 1.

Putman R. *Bowling alone: the collapse and revival of American community*. Riverside, NJ, Simon and Schuster, 2003.

*Of life and death*. Senate of Canada, Ottawa, 1995.

Specter R. E. *Cultural diversity in health and illness*, 4 ed. Stamford, CT., Appleton and Lange, 1991. Chapter 7: Healing, magicoreligious traditions.

Swedish Standards Institute. *European standardization of health informatics*. CEN/TC 251. (<http://www.centc251.org>).

US Preventive Services Task Force. *Guide to clinical preventive services*, 2 ed. Lippincott, Williams and Wilkins, 1996.

Techinsurance. *Glossary*. (<http://www.techinsurance.com/glossary.asp>).

United States Agency for International Development. *Glossary*. (<http://www.usaid.gov/pubs/sourcebook/usgov/glos.html>).

Victoria Auditor-General's Office (Australia). *Aged care. Appendix A: Glossary of terms*. (<http://home.vicnet.net.au/~vicaud1/sr25/ags2507.htm>).

Vogt W. P. *Dictionary of statistics and methodology. A nontechnical guide for the social sciences*, Second Edition, London, Sage Publications, 1999.

Weeks D. *A glossary of sociological concepts*. London, Open University Press, 1972.

WHOTERM, the WHO Terminology Information System: *Quantum Satis, A Quick Reference Compendium of Selected Key Terms used in The World Health Report 2000*. Geneva, World Health Organization. ([http://www.who.int/terminology/ter/PDF\\_documents/World\\_Health\\_Report\\_Glossary-DL.pdf](http://www.who.int/terminology/ter/PDF_documents/World_Health_Report_Glossary-DL.pdf)).

WHOTERM, the WHO Terminology Information System: Health for All, Geneva, World Health Organization. (<http://www.who.int/terminology/ter/wtd00012.html>).

WHOTERM, the WHO Terminology Information System: Health Promotion, Geneva, World Health Organization. (<http://www.who.int/terminology/ter/wt001.html>).

WHOTERM, the WHO Terminology Information System: Programme Development and Management, Geneva, World Health Organization. (<http://www.who.int/terminology/ter/pdmfinal.html>).

## APPENDIX A

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## APPENDIX B

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