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## What's in your toolbox?

**Having spent his every working day listening to people talking 'health', Carl Bennett has decided that it is time for a new handbook for leisure managers looking to engage the health sector. Stand by for Bennett's Crucial Guide to Health Terms.**

Knowing a little about something is sometimes as useless as a Phillips-headed screwdriver when you really need a Pozidriv. A Phillips head is basically the same shape as a Pozidriv and simple knowledge tells you this. What experience tells you is the right-size Pozidriv will prevent the screw from camming out. You see, not understanding the subtle differences may affect the outcome. And this is important. You'll probably get away with the Phillips but if you want to ensure the job is done properly you really need the correct size of Pozidriv.

I use the analogy above because I see more of the above happening and that is causing me some concern; not screwdriver-related, of course, but health-related. I hear people talk 'health' all day, every day; that's my job, my life and I enjoy living it. It has become more evident to me in the course of my job that some choose to use various health terms without understanding them.

The bit that concerns me is this. Many in the sport and physical activity sector talk about such things as health, wellbeing and public health. They use these terms interchangeably, often with no regard to their meaning or the context in which they are being used. It is often the case that when people talk about health they generally talk about physiological and mental wellbeing and have little consideration for societal health (population) and the key determinants of health, the things that influence or affect health in the first place.

I hear people talk about individuals and the very individual changes that their service has helped them make. We all have stories about those that lost significant weight and those that now walk without a walking aid. We can no doubt identify people who have overcome their phobias and improved their mental health. Some of the stuff I read might as well cite miracles of biblical proportions. What I rarely read about is population change. The change interventions are achieving at the ward, neighbourhood and population levels. They very rarely talk about health promotion. They very rarely talk about public health.

I see many an article making snake-oil claims about the 'Power of Sport' and the 'Power of Physical Activity'. These were claims that some years ago I was making myself, fanning the flames of the sector and the potential it had to play its part, contributing lots of things good and great to extinguish numerous problems society faces. The times are a-changing, to quote a guy that is still mumbling away, and to simply make claims that what you do is good for health is generating a little less of a magnetic pull.

So, what can you do? Well, you can start by using the language of health more effectively.

Now, while I do not want to have a pea-shooter fight with one and all, and I am not expecting everyone to have a complete grasp of the unpublished dictionary of the terms of the health world, I do expect people to have a basic and common understanding of what the term 'health' means.

For those that would like some clarity here is a tour de termes of health terms and definitions. It is not a comprehensive guide and nor will it transform people into an expert overnight. That is not the point. It is a bit like those 'Minute Manager' things we all read when we did our NEBSS/DMS/ management degrees or the 80-minute MBA book some have on their desk or sneakily tucked away in their bookshelves (I've seen them...).

Let's call this brief overview Your Crucial Guide to Health Terms. As always, if

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you want to know more you can do a Google thing and I have provided a cheat for that later.

## Your Crucial Guide to Health Terms

### Health

'Health' is a term that means something different to each and every one of us. So ultimately it is difficult to define.

We can look at health from three broad viewpoints:

- health as 'absence of disease'
- health as 'wellbeing'
- health as a 'resource'.

These viewpoints must also be considered within the 'clinical' and 'social' dimensions.

The World Health Organisation (WHO) came up with a definition for health many years ago. It is an enduring definition that has been exposed to many a challenge since its agreement back in 1946. This definition of health (abridged) exists in the WHO constitution: "A state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity."

There was then an update to this original definition when WHO met to form the Ottawa Charter for Health Promotion in 1986: "Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities."

The debate still rages as to the ultimate definition, and there have been bolt-on addendums to the above from many an academic, lay and professional, but, as I have already said, health as a concept means something different to each and every one of us and we would all come up with a different definition if we were asked to write one. To add weight to this point, recently the debate has raised an extremely valid view on the definition: "The WHO definition of health as 'complete wellbeing' is no longer fit for purpose given the rise of chronic disease" (Huber, et al: 2011). An interesting view and one that will no doubt be debated in the ever challenging and evolving health environment in which chronic illness has become a societal expectation and norm.

The concepts and context of health is extremely broad and to have a basic understanding of the public health and health promotion vocabulary, which is no doubt often cited during your many meetings, will be a valuable currency for you.

### Public health

Public health is "the science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society" (reference: Adapted from the "Acheson Report", London 1988).

Public health is as much a social as it is a political concept. Its key aim is to improve health, prolong life and improve the quality of life among whole populations through health promotion and disease prevention interventions, that is education, clinical intervention and organisational/environmental policy change.

During the 19th century public health was mainly concerned with the Sanitation Phase, a period characterised by environmental issues such as housing, working conditions, supply of clean water and safe disposal of waste. For the leisure industry this was a key growth period with the building of public swimming baths, wash houses and laundries. Key focus was the reduction in

infectious disease.

During the early 20th century a second phase of public health concerned with personal hygiene became the focus. There was a big push for health education, 'prevention better than cure' ideals and collaborative interventions crossing the matrix of systems and organisations now responsible for improving health.

### **Health promotion**

Health promotion is "the process of enabling people to increase control over their health and its determinants, and thereby improve their health" (reference: Bangkok Charter for Health Promotion in a Globalized World, 2005).

Health promotion requires a comprehensive social and political process that also requires the engagement and ownership of interventions at the community level. It embraces actions directed at strengthening the skills and capabilities of individuals (communities) and also directs action towards changing social, environmental and economic conditions to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. A fully engaged scenario is crucial to maintain sustainable improvements and the achievement of outcomes.

The growth in health promotion during the 1980s, it could be argued, was the third phase of the public health movement. Now embedded as a vehicle to raise the profile of key health issues via media-based activity, community development and organisational knowledge/responsibility, health promotion has become a core feature within any encompassing public health vision.

### **Determinants of health**

'Determinants of health' refers to "the range of personal, social, economic and environmental factors which determine the health status of individuals or populations".

The factors that influence health are multiple and interactive. Health promotion is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those that are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services and the physical environments. These, in combination, create different living conditions that impact on health. Achieving change in the lifestyles and living conditions that determine health status are considered to be intermediate health outcomes. (Reference: Health Promotion Glossary, WHO 1998)

### **Inequalities**

If you search for a definition of 'inequality' you will find that it means 'unequal'. From a health perspective unequal means: the differences in health status, or distribution of health determinants, between different population groups.

When looking at inequality we must also consider deprivation. In 1987 Professor Peter Townsend told us deprivation is "a state of... observable and demonstrable disadvantage relative to the local community or wider society or nation to which an individual, family or group belong".

Understanding your local inequalities is crucial if you are ever going to improve public health and give health promotion a chance to work.

### **Wellbeing**

Within the concepts so far presented we have not really touched on the latest trend, which is to attach 'wellbeing' to everything health-related. Wellbeing is a concept. It is therefore difficult to pin a true definition to this oft-used term. However, there are common features that many attribute to the concept:

"Wellbeing generally refers to the quality of life experienced at the individual level. Wellbeing can be understood as how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole. To break this down, how people feel refers to emotions such as happiness or anxiety. How people function refers to things such as their sense of competence or their sense of being connected to those around them. How people evaluate their life as a whole is captured in their satisfaction with their

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lives, or how they rate their lives in comparison with the best possible life”  
(Reference: New Economics Foundation – Measuring Well-being, July 2012).

Putting the above concepts into action, if we are to successfully use the powerful terms of health, public health and health promotion within our vocabulary we must use them in the correct context. You will be aware that the health landscape is changing. If I can take one positive from the recent Health and Social Care Act (and that is no mean feat in itself) it would be the fact that public health is moving back into the local authority structures. Not since the local government reorganisation in 1974 has public health had a footing within the local government armoury. The reasons for this move are wide and detailed but one thing stands out for me: the concept that local authorities must become, once again, public health organisations. So in this brave new world language will be crucial. A common language for us all will mean greater understanding, effectiveness and efficiency.

I hope this encourages you to seek more information on the concepts discussed and that they then inform your language and future work. One thing is clear: they do not mean the same thing and in the correct context the words and phrases can be a powerful tool to help you achieve great things with your resources.

Open the lid on your toolbox and take the time to find that Pozidriv. The effort will be worth it.

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Some web links to aid further reading:

[http://www.who.int/bulletin/archives/80\(12\)981.pdf](http://www.who.int/bulletin/archives/80(12)981.pdf)

<http://www.who.int/healthpromotion/about/HP%20Glossary%20in%20HPI.pdf>

[http://whqlibdoc.who.int/hq/1998/WHO\\_HPR\\_HEP\\_98.1.pdf](http://whqlibdoc.who.int/hq/1998/WHO_HPR_HEP_98.1.pdf)

[http://en.wikipedia.org/wiki/List\\_of\\_screw\\_drives](http://en.wikipedia.org/wiki/List_of_screw_drives)

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