Definitions Used by the Wisconsin Partnership Program

Health

A state of complete physical, mental, and social well-being; not just the absence of sickness or frailty.


The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health. Determinants of health fall under several broad categories:

- Policymaking
- Social factors
- Health services
- Individual behavior
- Biology and genetics

It is the interrelationships among these factors that determine individual and population health. Because of this, interventions that target multiple determinants of health are most likely to be effective. Determinants of health reach beyond the boundaries of traditional health care and public health sectors; sectors such as education, housing, transportation, agriculture, and environment can be important allies in improving population health.

Social determinants of health ([https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health)) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants.

Examples of social determinants include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
• Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
• Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
• Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
• Residential segregation
• Language/Literacy
• Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
• Culture

Examples of physical determinants include:
• Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
• Built environment, such as buildings, sidewalks, bike lanes, and roads
• Worksites, schools, and recreational settings
• Housing and community design
• Exposure to toxic substances and other physical hazards
• Physical barriers, especially for people with disabilities
• Aesthetic elements (e.g., good lighting, trees, and benches)

By working to establish policies that positively influence social and economic conditions and those that support changes in individual behavior, we can improve health for large numbers of people in ways that can be sustained over time. Improving the conditions in which we live, learn, work, and play and the quality of our relationships will create a healthier population, society, and workforce.


Differences in health or its key determinants (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity.

Although the term “disparities” is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual’s ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations.

Health Equity (https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html)

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
Health equity can be viewed both as a process (the process of reducing disparities in health and its determinants) and as an outcome (the ultimate goal: the elimination of social disparities in health and its determinants).

**Evidence-base**

An evidence-based intervention is one that integrates the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected in a manner that is compatible with the social, environmental, and organizational context.

**Evidence-informed**

Evidence informed practice is used to design health promoting programs and activities using information about what works. It means using evidence to identify the potential benefits, harms and costs of any intervention and also acknowledging that what works in one context may not be appropriate or feasible in another. Evidence informed practice brings together local experience and expertise with the best available evidence from research.

**Policy, Systems and Environmental Change**

Affecting policy, systems, and environmental (PSE) change is an approach to addressing complex challenges by focusing on changing the systems that affect the conditions where people work, learn, and live in to create long-term, sustainable impact.\(^1\) This approach “zooms out” from the work of addressing individual behavior change and examines the policies, systems, and environments that make social challenges possible and impact people’s health.

The policy, systems and environmental arenas each provide avenues that can be targeted to create positive social change and improve health. Efforts can target these arenas one at a time, or can target multiple arenas at once for greater impact.\(^2\) For instance, if addressing school-site nutrition, an initiative could simultaneously:

- work with a school district to change their policies on the foods sold in vending machines (policy change)
- encourage the adoption of a school wellness policy which requires that healthy foods be available through the cafeteria, and (policy change)
- adjust the layout of the lunch room to incentivize healthy eating by shifting fruits to the lane by the checkout, increasing the likelihood of students buying a piece of fruit as a snack (system, environmental change)

**Policy level efforts** target and shift laws, mandates, regulations, ordinances, or rules that can affect behavior, health, and contribute to social challenges.\(^3\) These can be made in the public, nonprofit, or commercial sectors. A range of approaches may be used in these policy level efforts, including advocacy, coalition building, and legislative action.

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business sectors. For instance, these could be policies made by branches of the government, both locally and nationally. They could also be organizational policies written into businesses or nonprofits that have an impact on the health of employees and customers. Policies that mandate changes that positively impact health and have support of lawmakers and local leaders are more likely to be sustainable long after the efforts to achieve their passage have succeeded.

**Examples**

- Mandating all university students receive a Meningitis vaccine prior to enrolling for college coursework
- Passing a law that requires landlords to test all properties built before 1980 for lead paint and remediate the property if lead is found
- Banning the use of toxic preservatives in household products and personal cosmetics

**Systems changes** often work hand in hand with policy changes. Changes to a system can mean changes in the procedures, structures, and activities within an organization, group of organizations, or institution. This resulting change can have impacts on both the people that group employs and the individuals that group serves. There are a lot of systems that people can work within to effect positive change. Some examples include food, healthcare, transportation, sanitation, education, housing, immigration, criminal justice, banking, or religious systems. These systems are often comprised of broad networks that touch the lives of many people in a community, demonstrating an opportunity to make changes that impact population health.

**Examples**

- Ensuring a business park campus goes smoke free
- Establishing a procedure that all state-sponsored municipal planning conducts a health impact assessment before allocating funds
- Adding a question to a healthcare delivery system intake form that screens patients for food and/or housing security and refers to community-based resources

**Environmental interventions** are most commonly thought of as changes to the built environment—like a new bike path or park space. Environmental interventions can also work within social, economic, and message environments as these also have a big impact on how people behave and shape how people move through their communities each day.

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**Examples**

- Availability of healthy food choices in restaurants or cafeterias
- Increase in acceptance of limiting candy as rewards in classrooms across a school district
- Ensuring a neighborhood is pedestrian-friendly by including sidewalks, street lights, and safe crosswalks


Theory of Change is a rigorous yet participatory process whereby groups and stakeholders identify the conditions they believe have to unfold for their long-term goals to be met. These conditions are modeled as outcomes or, more precisely, desired outcomes, arranged graphically in a causal framework. The framework provides a working model against which to test hypotheses and assumptions about what actions will best bring about the outcomes in the model.

A Theory of Change provides a clear and testable hypothesis about how change will occur and what it will look like. The theory describes the types of interventions (a single program or a comprehensive community initiative) needed to bring about the outcomes depicted in the causal pathway map. Each outcome in the causal pathway is tied to an intervention, revealing the often-complex web of activity needed to bring about change. As a roadmap, a Theory of Change identifies measurable indicators of success and keeps the process of implementation and evaluation transparent, so everyone knows what is happening and why.