16.5: XVI Glossary

**Community diagnosis**: A summary statement resulting from analysis of the data collected from a community health needs assessment.

**Community health needs assessment**: A systematic process to identify and analyze community health needs and assets in order to prioritize these needs, plan, and act upon significant unmet community health needs.

**Focus groups**: A systematic way of collecting data through small group discussion. Focus group participants are chosen to represent a larger group of people.

**Health disparities**: Health differences that are linked with social, economic, and/or environmental disadvantages.

**Health equity**: A goal of everyone having a fair and just opportunity to be as healthy as possible.

**Health inequities**: Avoidable differences in health status seen within and between communities.

**Healthy community**: A community in which local groups from all parts of the community work together to prevent disease and make healthy living options accessible.

**Indicated prevention**: Interventions that target individuals who have a high probability of developing disease.

**Interviews**: Structured conversations with specific individuals who have experience, knowledge, or understanding about a topic or issue.

**Key informant interviews**: Interviews are conducted with select people who are in key positions and have specific areas of knowledge and experience.
**Leading health indicators (LHIs):** A subset of high-priority Healthy People 2030 objectives to drive action toward improving health and well-being.

**Primary data collection:** Data collected to better understand the community’s needs and/or study who may be affected by actions taken for the community. Primary data collection includes tools such as public forums, focus groups, interviews, windshield surveys, surveys, and participant observation.[1]

**Primary prevention:** Interventions aimed at susceptible populations or individuals to prevent disease from occurring. Immunizations are an example of primary prevention.

**Primordial prevention:** Risk factor reduction strategies focused on social and environmental conditions targeted for vulnerable populations.

**Public forms:** Public gatherings where citizens discuss important issues at well-publicized locations and times.

**Public health nurses:** Public health nurses work across various settings in the community such as government agencies, community-based centers, shelters, and vaccine distribution sites.[2]

**Quaternary prevention:** Actions taken to protect individuals from medical interventions that are likely to cause more harm than good and to suggest interventions that are ethically acceptable.

**Secondary analysis:** Analyzing previously collected data and research about the community to determine community needs.

**Secondary prevention:** Interventions that emphasize early detection of disease and target healthy-appearing individuals with subclinical forms of disease.

**Selected prevention:** Interventions that target individuals or groups with greater risk factors for illness (and perhaps fewer protective factors) than the broader population.

**Social determinants of health (SDOH):** The conditions in which people are born, grow, work, live, and age.

**Surveys:** Standardized questions that are relatively easy to analyze and are beneficial for collecting information across a large geographic area, hear from as many people as possible, and explore sensitive topics.

**Tertiary prevention:** Interventions implemented for symptomatic clients to reduce the severity of the disease and potential long-term complications.

**Universal prevention:** Interventions designed to reach entire groups or populations such as schools, whole communities, or workplaces.

**Windshield survey:** A form of direct observation of community needs while driving and literally looking through the windshield.

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