



Our Vocabulary

Recognizing that terminology in the health care sector (private and public) varies from organization to organization, the Foundation gathered the following terms and definitions that are most relevant to our work. We hope these definitions will provide clarity for our grantees and constituents as we work together to make Colorado the healthiest state in the nation.

adequate amounts of fruits and vegetables: This varies according to weight, age and gender, but for an average 2,000-calorie diet, people need 2.5 cups of vegetables and 2 cups of fruits per day. (USDA)

adequate health coverage: Having insurance that meets the needs of the patient; having insurance and reporting no problems because of cost (Centers for Disease Control and Prevention)

chronic disease: illnesses that are prolonged, do not resolve spontaneously and are rarely cured completely. (CDC)

chronic disease self-management: the systematic provision of education and supportive interventions by health care and other staff to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting and problem-solving support (Institute of Medicine).

coordinated care: The provision of a combination of health services and information that meets a patient's needs; coordination of care is a component of integrated care.

evidence-based care: The integration of best research evidence with clinical expertise and patient values. (Institute of Medicine)

- **best research evidence:** Clinically relevant research, primarily from patient-centered clinical research on the accuracy of diagnostic tests; the power of prognostic markers; and the efficacy and safety of therapeutic, rehabilitative and preventive regimens (Institute of Medicine).
- **clinical expertise:** the ability to use clinical skills and past experience to rapidly identify a patient's unique health state and diagnosis, individual risks and benefits of potential interventions, and personal values and expectations (Institute of Medicine).
- **patient values:** Preferences, concerns and expectations of each patient, which must be integrated into clinical decisions if they are to serve the patient (Institute of Medicine).

health information technology (HIT): Generally considered to be the use of computer hardware and software to store, protect, retrieve and transfer clinical, administrative and financial information electronically within health care settings.

healthy meals at school: Students need healthy food in order to meet their potential to learn and thrive. The USDA School Meals Initiative sets minimum nutrition standards that comply with the Dietary Guidelines for Americans. Other national entities, like the Alliance for a Healthier Generation, have established school meal guidelines that encourage more fresh fruits and vegetables; whole grains; food low in fat, sodium and sugar; and fewer processed and/or fried foods (Alliance for a Healthier Generation).

health professional shortage area (HPSA): urban or rural areas, population groups, or medical or other public facilities with shortages of primary medical care, dental or mental health providers. (Department of Health and Human Services)

healthy vending choices: Students need healthy food in order to meet their potential to learn and thrive. Vending machines in schools should offer beverage options including water without added sugar or artificial sweetener, 100% real fruit juice and fat-free or low-fat milk. Food options must be low in fat, sodium and sugar. These recommendations are aligned with specific guidelines developed for healthy vending by the Alliance for Healthier Generation and the Institute of Medicine.

integrated care: The provision of comprehensive, coordinated and continuous services that provide a seamless process of care (Institute of Medicine).

- **comprehensive care** addresses any health problem at any given stage of a patient's life cycle (Institute of Medicine).
- **coordinated care** is the provision of a combination of health services and information that meets a patient's needs (Institute of Medicine).
- **continuous care** is delivered over time by a single individual or a health care team and includes the effective and timely communication of health information (Institute of Medicine).

interdisciplinary: Members from different professions and occupations (e.g., primary care physician, psychologist, nurse practitioner) closely working together and communicating frequently to optimize care for the patient (Institute of Medicine).

medical home: A health care setting that provides patients with timely, well-organized care and enhanced access to providers (The Commonwealth Fund).

medically underserved area: A county or group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services. (Department of Health and Human Services)

necessary care: The care which, in the opinion of the treating physician, is reasonably needed to prevent the onset or worsening of an illness, condition, or disability; to establish a diagnosis; to provide palliative, curative, or restorative treatment for physical and/or mental health conditions; and help the individual achieve or maintain maximum functional capacity in performing daily activities (U.S. Department of Health and Human Services).

overweight/obesity: In those aged 6 to 19 years, overweight or obesity is defined as at or above the sex- and age-specific 95th percentile of body mass index (BMI) based on "CDC Growth Charts: United States." In adults, obesity is defined as a BMI of 30 kg/m² or more, and overweight is a BMI of 25 kg/m² or more. (CDC)

quality health care: The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. To achieve quality health care, the system must focus on six specific aims for improvement, built around the core need for health care to be safe, effective, patient-centered, timely, efficient and equitable (Institute of Medicine).

physical activity:

Recommendations for adults:

1. Cardio or aerobic activities: at least 30 minutes of moderate-intensity physical activity daily on most days of the week *or* at least 20 minutes of vigorous-intensity physical activity three days a week
2. Resistance, strength-building and weight-bearing activities, such as weight lifting two days a week, with the goal of completing six to eight exercises, with 8-12 repetitions per exercise.
 - **moderate-intensity aerobic activities:** produce a noticeable increase in heart rate, while still being able to talk comfortably. Examples include dancing, riding a stationary bike, mowing the lawn, walking at a brisk pace
 - **vigorous-intensity aerobic activities:** produce a substantial increase in heart rate, while breathing hard and fast. Examples include jogging, swimming laps, playing tennis (singles) and moving or pushing furniture. (CDC)
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Recommendations for children and adolescents: at least 60 minutes of moderate-intensity physical activity (such as brisk walking, playing tag, jumping rope or swimming) on most days of the week, preferably daily.

recreational exercise: Leisure-time physical activity, such as sports or hobbies, that are not associated with activities part of regular job duties, household chores or transportation. (CDC)

safety net: Those providers that organize and deliver a significant level of health care and other related services to the uninsured, Medicaid and other vulnerable patients (Institute of Medicine).

underinsurance: In general, people are considered underinsured if they cannot afford recommended care despite having insurance. The Commonwealth Fund defines an underinsured person as someone who has insurance all year but who has inadequate financial protection indicated by any one of the following:

- Annual out-of-pocket medical expenses total 10 percent or more of income
- For low-income adults (making less than 200 percent of the federal poverty level), out-of-pocket medical expenses total 5 percent or more of income
- Health plan deductibles are 5 percent or more of income

underserved: Insufficient health resources (manpower and/or facilities) to meet the medical needs of the individual.