I was excited while reading the editorial ‘Warning! Changing rhetoric ahead!’ (de Leeuw, 2010). The reason for my enthusiasm is that I think this title so eloquently describes what I, as a junior researcher in a Danish setting, perceive as one of the greatest challenges in the field of providing evidence-based and systematic public health work.

The author touches upon the fact that rhetoric used in the political arena of public health and health promotion is tricky and not always as clear as in research. Nevertheless, activities in Public Health and Health Promotion are often controlled by politicians and managed by public administrators and practitioners. These persons do not necessarily have any experience within research and academic discussions of the content of different terms within public health. Therefore, I believe that we as researchers are committed to facilitate a clear discourse in this arena.

When starting to read the editorial, I was thus hoping to find suggestions for actions to promote a clearer discourse. Unfortunately, this was not mentioned in the article. I am tempted to ask the question, are we as researchers able to strictly define what we mean by, for example, Health Promotion and Disease Prevention, and all agree on it?

Bauer et al. (2006) have developed the European Community Health Promotion Indicator Development Model (EUHPID model), which outlines four different types of public health work; health promotion, disease prevention, health protection, and health care. When discussing this model with fellow researchers, my experience has been that we lack clarity on the content of the different terms. This especially applies when the different types of public health work are compared with one another, as, for example, in the EUHPID model. When trying to apply the EUHPID model in research-practice collaboration projects, I experience the content of these terms become even less clear. Unfortunately, I also recognize the tendency to describe every public health effort as prevention—not even as disease prevention—which further neglects Health Promotion strategies.

Reflections mentioned in this letter have been a starting point for a concept analysis of the four different types of public health work used in the EUHPID model. The concept analysis consists of a literature review, questionnaire, and interviews among key informants in research, policy, and practice fields. I believe that clarification of terminology used in the EUPHID model would be useful for both research and practice. It will help us to outline the differences among, for example, health promotion and primary, secondary and tertiary disease prevention. Thus, I hope that this analysis will help to clarify our general understanding and use of the mentioned public health terms. This will hopefully provide a solid basis for action to transferring the understanding to our colleagues in the policy and practice field as well.

REFERENCES
