

PUTTING PUBLIC HEALTH EVIDENCE IN ACTION WORKSHOP GLOSSARY

This glossary defines terms as used within the context of the *Putting Public Health Evidence in Action* training curriculum. There are varied definitions throughout public health and other contexts not addressed here. The curriculum uses the term evidence-based approaches to cover programs, policies, and strategies.

References are provided for further information. Updates should be made as appropriate as the field and training needs evolve.

Adaptation

Changes or modifications to an evidence-based intervention so that it better fits the needs of a particular population and context. These changes can include additions, deletions, and substitutions. (Rabin, Brownson, Haire-Joshu, Kreuter, & Weaver, 2008)

See also Fidelity

Asset-mapping:

Assessing a community to identify the abilities and capacities that local residents and institutions can offer, rather than focusing on what might be needed or is lacking. (Beaulieu, 2002) *See also* Community Asset

Community Assessment:

Using quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. An ideal assessment includes information on risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services. (National Association of County and City Health Officials, 2010) *See also* Asset-mapping

Community Asset:

Existing resources in a population or group, including individuals, programs, facilities, and capital, that can be built on or enhanced. (Altschuld & Kumar, 2010)

Core Elements:

Required components that most likely make an evidence-based intervention or approach effective. These components might be based on theory, internal logic or key delivery steps. Core elements can include 1) Core Content Components, 2) Core Methods and 3) Core Delivery Mechanisms. (Eke, Neumann, Wilkes, & Jones, 2006) Core Elements are sometimes referred to as “Active Ingredients.” (Bartholomew, Parcel, Kok, Gottlieb, & Fernandez, 2011)

Core Content Components:

Key information being delivered or taught using an evidence-based approach (EBA). For example, for an EBA to increase knowledge of CRC screening among patients via small media, the core content components might include information about the different types of recommended screening tests. For an EBA to increase knowledge about HPV vaccination among adolescents, a core content component might be a video about HPV and how to complete HPV vaccination. (Centers for Disease Control and Prevention, 2010b)

Core Methods:

Theory-informed techniques or processes that influence changes in the determinants of behavioral and environmental conditions (Bartholomew et al., 2011). For example, for an EBA to increase hospital patients’ self-efficacy to engage in physical activity, core methods might include modeling and skill training. For an EBA to increase providers’ compliance with the 5A’s tobacco cessation practice, a core method at the organizational level might be audit and feedback.

Core Delivery Mechanisms:

Aspects of teaching or delivering an EBA to help ensure the EBA is effective. This can include the program setting, number and sequence of sessions, and ratio of participants to facilitators. (Centers for Disease Control and Prevention, 2010b)

Cultural Appropriateness:

The degree to which a program or intervention is sensitive to differences among ethnic, racial, linguistic and/or other identity groups. Culturally appropriate programs should include an awareness of how cultural background, socioeconomic status, beliefs, historical experiences, and traditions can affect what a community needs and how community members respond to a program. (U.S. Department of Health and Human Services, 2012)

Demographics:

Statistical characteristics, such as age, income, ethnicity, and education, which can be used to describe groups of people and identify target populations. (Merriam-Webster Dictionary)

Determinants of Behavior:

Factors which influence how an individual acts or behaves. These factors may be internal, including attitudes or biological characteristics, or external, including neighborhood characteristics. Many potential determinants are identified in behavioral science theories and models. (Oak Ridge Associated Universities, 2012)

Determinants of Health:

Factors influencing the degree to which an individual or population is predisposed to be diseased or healthy. These factors include genetic, biological, behavioral, environmental, cultural, political, social, and economic characteristics that affect predisposition to disease, disability, and mortality. (Institute of Medicine, 2003; Public Health Accreditation Board, 2011)

Efficacy:

The extent to which the intended effect or benefits were achieved under optimal conditions. (Wilson, Brady, & Lesesne, 2011)

Effectiveness:

The extent to which the intended effect or benefits that were achieved under optimal conditions are also achieved in real-world settings, and the understanding of the processes by which research findings are put into practice (implementation research). (Wilson et al., 2011)

Environmental Change:

An alteration or adjustment to the physical, socio-cultural, economic, and political surroundings/environment. Changes to the environment can improve health in a community by increasing access to and quality of healthy choices like sidewalks and drinking water. (Centers for Disease Control and Prevention, 2011; Swinburn, Egger, & Raza, 1999)

Evidence-based Approach

A program, policy or strategy that is based in theory and has been critically evaluated. A public health program, policy, or strategy (PPS) that has been proven through scientific research and/or outcome evaluation to effectively improve health promoting behaviors, environmental conditions, and/ or health outcomes in the population sample and setting. (Brownson, Baker, Leet, & Gillespie, 2003; Green & Kreuter, 2005; Guyatt & Rennie, 2002; Jenicek, 1997; Rabin et al., 2008; Rychetnik, Hawe, Waters, Barratt, & Frommer, 2004; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996)

See also Research-tested, Practice-based Evidence, Program, Policy, and Strategy

Fidelity (within the context of adaptation):

The degree to which an evidence-based intervention is implemented as originally intended. (Rabin et al., 2008) Adaptation of an evidence-based approach affects fidelity; fidelity refers to how much is retained of the original program, policy or strategy.

Fit:

Compatibility between an evidence-based approach and community characteristics such as the health problem/behavior, population characteristics, environment and the organization and its resources. (Centers for Disease Control and Prevention, 2010b)

Focus Group:

A form of qualitative research in which information is collected in a facilitated discussion from a small group that is sampled from a wider population (National Cancer Institute. Cancer Control and Population Sciences, 2011). Participants often have shared characteristics and share their perceptions and opinions about a specific topic, issue, or product. The goal of the focus group may be to evaluate a program, discover possible interpretations for other data, collect background information, or generate new ideas. (Chinman, Imm, & Wandersman, 2004)

Goal:

A clear statement of whom a program hopes to affect and what a program intends to change. (National Cancer Institute, 2012)

Incidence

The number of people who have developed or acquired a disease or health-related condition during a specific period of time. This includes new cases within a population, but excludes people with pre-existing cases of the disease or condition. (Chinman et al., 2004)

Intervention:

A planned set of activities aimed to affect the determinants of health promoting behaviors and environmental conditions, and ultimately health outcomes in a population group. (McMaster University, 2014)

Interview:

A data collection method that involves a conversation between two people. An interview can consist of questions from a structured survey instrument (i.e., quantitative data collection) or a more flexible interview guide with open questions (i.e., qualitative data collection), depending on the type and goal of the research. (Leonard, 2003)

Logic Model of Change:

A visual display (i.e., diagram) and/ or narrative description of what change is needed in the determinants of health promoting behaviors and/ or environmental conditions to address the health problem; and strategic points at which action can be taken to change the outcome. (Center for Training and Research Translation, 2013; Community Preventive Services Task Force, 2011; NCI, 2011)

Meta-analysis

A quantitative approach in which individual study findings addressing a common problem are statistically integrated and analyzed to determine the effectiveness of interventions. (Community Preventive Services Task Force, 2011)

Morbidity:

Disease, illness, or disability that affects health and reduces quality of life. (Agency for Toxic Substances and Disease Registry (ATSDR), 2009)

Mortality:

Death. Researchers usually study mortality that is related to a specific cause or condition. (Agency for Toxic Substances and Disease Registry (ATSDR), 2009)

Non-probability Sampling:

A method of selecting participants for a study in which potential participants are chosen based on convenience or the researcher’s judgment. Unlike with probability sampling, every person in a population does not have an equal or measurable chance of being selected to participate, so the sample may not be representative of the general population. Non-probability sampling, also called “convenience sampling” is often used to save time or money. (Britannica Digital Learning Editorial Board, 2013a)

Objectives:

More specific than goals, objectives state how much of the goal (e.g., behavior, environmental change) will be accomplished within a certain timeframe. In the SMART approach, objective statements should be specific, measurable, achievable, relevant, and time-bound. (Centers for Disease Control and Prevention, 2013; NCI, 2011; Oak Ridge Associated Universities, 2012)

Outcome Evaluation:

Assessment of a program’s effects based on measurement of short-term outcomes, such as consumption of fruits and vegetables or adoption of a policy, and long-term changes in targeted outcomes such as morbidity, mortality, and quality of life. (Brownson et al., 2003)

Policy:

Collectively accepted or adopted laws, regulations, and rules that guide the behavior of individuals and societies. (Brownson et al., 2003)

Practice-based Interventions

Practitioner-developed interventions that show promise based on their underlying theory, approach, and potential for public health impact based on findings from an evaluation suggesting they improved one or more outcomes. These interventions have been evaluated in practice but have not been tested using more formal research methods (Center for Training and Research Translation, 2013).

PRECEDE/PROCEED

A diagnostic and planning and evaluation model. PRECEDE represents predisposing, reinforcing and enabling constructs in ecological diagnosis and evaluation. PROCEED stands for policy, regulatory, and organizational constructs in education and environmental development. (Green & Kreuter, 2005)

Prevalence:

The total number of people in a population with a disease or health condition at a given point in time. (Agency for Toxic Substances and Disease Registry (ATSDR), 2009)

Primary Data Collection:

Data gathered directly from the community by the researcher or organization, instead of from other people's research. (National Cancer Institute, 2012)

Priority Population: (or Target Population At-risk group, or Population of interest):

The population or community to which a given intervention is directed. The defined population group that has a health problem or that is at risk for acquiring a health problem due to risk behaviors or environmental risk. (Community Preventive Services Task Force, 2012)

Probability Sampling:

A method of selecting participants for a study in which researchers can determine how likely it is for a person to be chosen. For instance, each person in a population might have an equal chance of being chosen. This allows researchers to attempt to obtain a sample that represents the population being studied, so that their results can be generalized to the larger population. (Britannica Digital Learning Editorial Board, 2013b)

Process Evaluation:

A type of evaluation used to monitor and document implementation. It can aid in understanding the relationship between specific intervention elements and outcomes. (Saunders, Evans, & Joshi, 2005) A process evaluation may consider fidelity, dose, reach, recruitment, context, and challenges or barriers encountered during intervention delivery. (Rychetnik et al., 2004)

Program

An organized plan of action to accomplish a specific public health goal. (Brownson et al., 2003)

Qualitative Data:

Information gathered in a nonnumeric form, including interviews, observations, and focus groups. Qualitative data cannot be analyzed with statistics, but can help explain and enrich understanding of why things happen. (Brownson et al., 2003)

Quantitative Data:

Information gathered in numeric form, including survey or census data. Quantitative data is often analyzed with statistics to test hypotheses and determine whether results are significant. (Chinman et al., 2004)

RE-AIM:

A model for evaluating public health interventions that assesses five domains (reach, efficacy, adoption, implementation, maintenance) and multiple levels (individual, setting). Considering RE-AIM domains may help researchers and practitioners more rigorously consider how feasible it will be to implement and disseminate a program. (Glasgow, Vogt, & Boles, 1999)

Reach:

An assessment of the individuals within a population reached by a program, including absolute number of participants, participation rate, and degree to which participants represent or reflect the target population. (Center of Excellence for Training and Research Translation, 2007)

Efficacy:

An assessment of both positive and negative outcomes of a program, including any social, behavioral, and physiological effects. (Glasgow et al., 1999)

Adoption:

An assessment of the organizations and individuals willing to initiate or implement a program, including the absolute number, proportion, and degree to which these organizations or individuals are representative of the larger population. (Rabin et al., 2008)

Implementation:

The fidelity of the program as delivered, or the degree to which the program is delivered as described in the original protocol. (Glasgow et al., 1999)

Maintenance:

The degree to which an individual continues to perform a behavior or an institution continues to offer and support a program. (Glasgow et al., 1999)

Reliable:

A property of a measure that refers to its precision, or the degree to which multiple observations of a given phenomenon yield identical results. (Center for Health Statistics & New Jersey Department of Public Health)

Research-tested:

An intervention that was tested in a peer reviewed and funded research study. A program may not be as effective once it leaves the research setting if there are changes in parts of the program used, the environment, or the population served. However, the program serves as a good starting place. Research-tested programs can be found on Step 4 of

Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>). (National Cancer Institute & Research-Tested Intervention Programs, 2013)

Risk Factors (Condition Determinant, Predisposing Factor):

Lifestyle and health behaviors, specific health conditions, and policy and environmental factors that directly or indirectly increase or decrease the risk of developing a particular disease. (Center for Training and Research Translation, 2013) *See also* Determinants of Behavior, Determinants of Health

Secondary Data:

Data collected from other people’s research. Sources for secondary data are often journals, books, magazines, newspapers, and the Internet. Examples also include the U.S. Census, hospital records, and morbidity/mortality reports. (National Cancer Institute, 2012)

Socio-ecological Model:

A systems model with multiple bands of influence. At the core of the model is the individual, surrounded by four bands of influence representing the interpersonal, organizational, community, and policy levels. Health behavior is viewed as being determined by the following:

- (a) **Intrapersonal/individual factors** – characteristics of the individual such as knowledge, attitudes, behavior, self-concept, skills, etc. This includes the developmental history of the individual.
- (b) **Interpersonal processes and primary groups** – formal and informal social network and social support systems, including the family, work group, and friendship networks.
- (c) **Institutional/organizational factors** – social institutions with organizational characteristics, and formal (and informal) rules and regulations for operation.
- (d) **Community factors** – relationships among organizations, institutions, and informal networks within defined boundaries.
- (e) **Public policy** – local, state, and national laws and policies. (McLeroy, Bibeau, Steckler, & Glanz, 1988)

Strategy:

An activity that has been identified via systematic reviews of the literature and/ or expert consensus to promote health or prevent disease or injury. In this training, the term “strategy” is often used to refer to types of interventions mentioned in The Community Guide. Means by which policy, programs, and practices are put into effect as population-based approaches (e.g., offering healthy food and beverage options in vending machines at schools, implementing activity breaks for meetings longer than one hour) versus individual-based approaches (e.g., organizing health fairs, implementing cooking classes, disseminating brochures). (Centers for Disease Control and Prevention, 2010a) *See also* **Systematic Review**. Recommendations from systematic reviews are the source of many evidence-based strategies.

Surveys:

A set of written questions that a person completes. It often is accessed through a media channel, such as the Internet or a magazine, though it can be carried out by another person. (NCI, 2011)

Sustainability:

The extent to which an evidence based approach can deliver its intended benefits over an extended period of time after external support from the donor agency ends. Three operational indicators of sustainability are (a) maintenance of a program's initial health benefits, (b) institutionalization of the program in a setting or community, and c) capacity building in the recipient setting or community. (Rabin et al., 2008)

Systematic Review:

These reviews provide a summary of individual research studies that have investigated a phenomenon or question. This scientific technique uses explicit criteria for retrieval, assessment, and synthesis of evidence from individual studies and other research methods. (Forrest & Miller, 2002)

Target Population (or At-risk group, Priority Population or Population of interest):

The population or community to which a given intervention is directed. The defined population group that has a health problem or that is at risk for acquiring a health problem due to risk behaviors or environmental risk. (Community Preventive Services Task Force, 2011)

Theory:

“A set of interrelated concepts, definitions, and propositions that present a systematic view of events or situations by specifying relations among variables in order to explain and predict the events of the situations.” (Cottrell, Girvan, & McKenzie, 1999)
Program planners use theory to investigate answers to the questions of “why,” “what,” and “how” health problems should be addressed. Theory guides the search for reasons why people engage in certain behaviors. Theory also helps suggest change methods and identify which indicators should be monitored and measured during program evaluation. Therefore, theory can provide a road map for studying problems, developing appropriate interventions, and evaluating their successes. (National Institutes of Health, 2005)

Valid:

Valid is well-grounded or justifiable; being at once relevant and meaningful. (Public Health Accreditation Board, 2011)

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