## Appendix 3 -DP-24-004 NOFO Glossary

**CAB capacity** - The infrastructure, knowledge, skills, relationships, and motivation of CAB members (organizations and individuals) to support and drive prevention research to address community public health problems.

**Capacity building –** Any activities (e.g., training, technical assistance, identification of alternative resources, building internal assets) that build durable resources and enable the recipient setting or community to continue the delivery of an evidence-based intervention after the external support from the donor agency is terminated.

**Center communication products** - Any tool, resource, material, or other outputs that are developed with the primary purpose of promoting the center, including skills, knowledge, expertise, or products.

**Center communication** - Promotion of center skills, knowledge, areas of expertise, or products through various communication channels to multiple audiences.

**Collective impact approach** - An intentional way of working together and sharing information for the purpose of solving a complex problem. For the PRC Network, that means the intentional collaboration of PRC Network members to use their combined influence and expertise to advance health-equity-focused public health prevention research, policy, and practice that reduces or eliminates disparities in chronic disease outcomes in the U.S. population

**Collective impact** - The outcome that an impact network seeks by undertaking a collective impact approach, i.e. a public health, social, or environmental change. Collective impact initiatives typically implement five conditions that are associated with their relative success. Among other activities, impact networks seeking collective impact adopt a network mindset, clarify purpose and principles, and build trust.

**Common agenda** - Establishing a common agenda is one of five conditions of Collective Impact. Defined as: For the PRC Network the Common Agenda should outline long-term collective impact goals and prioritize feasible strategic objectives to be pursued during this NOFO's five-year funding cycle.

**Communication channel(s)** - The systems of methods used for communicating messages with target audiences. Communication channels can refer to the methods used to communicate as well as the specific tools used in the communication process.

**Communication(s)** - The process of sending and receiving messages and/or information through verbal or nonverbal means, including speech, or oral communication; writing and graphical representations (such as infographics, maps, and charts); and signs, signals, and behavior to inform individuals about health care facts and best practices, with the aim of improving health outcomes and enriching personal and community behaviors and public health practices.

**Community** - A group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action.

**Community Advisory Board (CAB)** - "Community Advisory Boards (CABs) comprise community members who share an identity, geography, history, language, culture, or other characteristic or experience and convene to contribute community voice to an initiative, program, policy, or project. CABs are part of a larger project team that includes internal and external members of the defined community" (Arnos, Kroll, Jaromin, Daly, & Falkenburger, 2021).

**Community-based participatory research (CBPR)** - a collaborative approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute unique strengths and shared responsibilities to enhance understanding of a given phenomenon and the social and cultural dynamics of the community and integrate the knowledge gained with action to improve the health and well-being of communities.

**Community capacity** - The assets that enable a community's ability to identify, mobilize, and address social and public health problems (i.e., public health problems that PRCs and CABs are addressing in the current cycle). Assets include, but are not limited to, infrastructure, institutions, jobs, and funds; relationships, trust, and social connectedness; and knowledge, skills, and motivation.

**Community engaged research -** a process that incorporates input from people who the research outcomes will impact and involves such people or groups as equal partners throughout the research process. This involvement may include co-designing research questions to solve problems, making decisions, influencing policies, and creating programs and interventions that affect their own lives.

**Community engagement** - Community engagement (CE) works collaboratively through the bidirectional exchange of information and expertise between researchers and community members. Community engagement is grounded in the principles of community organization: fairness, justice, empowerment, participation, and self-determination. Community Engagement is fundamental to the success and relevance of the core research project (CRP) and Center activities outlined in this NOFO. PRC will use the Community Engagement approach to identify and address critical gaps in public health science, health equity, and health disparities in underserved communities.

**Community health assessment** - An assessment that identifies key health needs and issues of a community through systematic, comprehensive data collection and analysis, which includes community voices through qualitative and other methods of engagement.

**Community Health Workers (CHWs)** - A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

**Community of focus** - The specific community among the priority population who the PRC project will engage in their core research and center projects. A community of focus will typically, but not always, be bound to a specific geographical location, close to the PRC in question. Any one PRC may have more than one community of focus.

**Cross-Sector Partnerships** - Formal and informal partnerships where parties from the government, nongovernmental, private, nonprofit and/or for-profit sectors are collaborating toward a common goal and aiming to maximize the impact of available resources.

**Determinants of health** - Factors which influence the health status of an individual and/or a population are called determinants of health. They may be categorized in several groups such as the genetic or biological causes and predisposition of disease, mortality, or disability; the behavioral aspects of disease and illness (choices, lifestyle, etc.); the cultural, political, economic, and social aspects of disease and illness; the environmental aspects of disease and illness; the policy aspects of disease and illness; and the individual and response to all of the above.

**Dissemination and translation plan** - A detailed approach which describes the anticipated strategies and activities undertaken to put research findings and translation products into public health practice.

**Dissemination products** - Any tool, resource, material, or other outputs that are developed with the primary purpose of sharing scientific findings or research results with community, practice, and academic audiences.

**Dissemination research -** the systematic study of processes and factors that lead to widespread use of an evidence-based intervention by the target population. Its focus is to identify the best methods that enhance the uptake and utilization of the intervention

**Dissemination** - A purposeful and facilitated process of distributing research findings, information, and tools to community, practice, and academic audiences, organizations and individuals who can use them to improve health.

**Dissemination and implementation (D&I) science -** the study of the processes and factors that are associated with the successful integration of EBIs within various settings.

**Drivers of health** - The conditions in which people live, work, play, and pray that can be health promoting or health deleterious.

**Effectiveness research –** Research to determine the extent to which a specific intervention, when deployed in real-world settings, achieves the intended effects or outcomes.

**Efficacy Research –** Research to determine whether an intervention produces the expected result under ideal circumstances.

**Etiological Research –** A study that aims to determine a causal relationship.

**Evaluation plan** - A dynamic document based on the CDC Evaluation Framework that describes the purpose, use, and users of the recipient's process and outcome evaluation of the core research project CAB. In addition to evaluation questions and methods, it describes the community engagement approach (i.e., the "program" being evaluated) stakeholder engagement, and dissemination and use of evaluation findings.

**Health disparity** - A known difference in health outcomes or drivers of health between groups of people

**Health equity** - The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

**Health inequity** - A health disparity that is systematic, unfair, and avoidable. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to power, opportunities, resources, and/or medical care, treatment, and medicines.

**Implementation –** The process of putting to use or integrating EBIs in a setting.

**Implementation outcomes -** The effects of deliberate and purposive actions to implement new interventions (programs, practices, policies) and are distinct from program and participant outcomes.

**Implementation research -** The scientific study of the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings to improve individual health outcomes and benefit population health.

**Implementation science –** The study of methods to promote the adoption and integration of evidence-based practices, interventions, and policies into routine healthcare and public health settings to improve our impact on population health.

**Implementation strategy** - The processes or methods, techniques, activities, and resources that support the adoption, integration, and sustainment of EBIs into usual settings.

**Institutional, structural, or systematic racism** - The practices, policies, and laws that perpetuate racial/ethnic disparities, uphold, and privilege dominant groups, and serve to the cumulative detriment and harm of persons of color, keeping them in negative cycles of disadvantage while creating advantages for those in the dominant culture. Racism additionally occurs on individual and interpersonal levels that are also important to address. However, PRC research projects focusing on racial/ethnic disparities should privilege solutions to its structural manifestations since the goal of race/ethnicity entailed research is “to expose the harmful impacts of structural racism on health and assess the beneficial impacts of anti-racist” research, practices, and policies.

**Intersectionality -** The interconnected structures and systems that create inequality among people and populations based on social categories of difference (such as race, class, and gender).

**People with disabilities** - The term disability represents a diverse group of individuals who share the experience of living life with significant limitations in cognition, mobility, hearing, vision, communication, or mental/emotional functioning. Anyone, children, women, and men of all ages, races and ethnicities, can experience disability at any time in their lives.

**Practice tools** - A device, instrument, or product that aids the strategic application of public health skills and expertise in the delivery of public health services and other activities geared towards improving and promoting the health of the population.

**PRC capacity** - The infrastructure, funding, resources and knowledge, experience, skills, motivation, and abilities required to engage communities in applied prevention research and to provide training, technical assistance, and mentorship within the PRC and community.

**PRC Network members** - The group of individual academic research centers (recipients) funded under this NOFO. Additionally, CDC as the funding agency is included as members of the PRC Network.

**PRC Network** - The collection of PRC Network members who collaborate to achieve collective impact in health-equity-focused public health prevention research, policy and practice. The PRC Network is intended to operate as an impact network, which is defined as a web of relationships connecting people and/or things that seeks to address public health, social, or environmental issues. This type of network brings individuals and organizations together for learning and coordinated action, based on a shared purpose, such as collective impact, in a transformational way of working together across boundaries through a collaborative infrastructure for a more equitable, interdependent world. Cross-PRC collaborations and relationships (and those between PRC and CDC members) that drive collective activities, outcomes and impact health-equity-focused public health prevention research, policy and practice.

**Priority Population** - The group experiencing the disparities in drivers of health or health outcomes being addressed by the PRC's core research project.

**Program evaluation** - The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development

**Program Evaluation Reporting System (PERS) -** A system to collect and analyze recipient activity, output, and outcome data for PRCs and the PRC Network for the purposes of program monitoring and evaluation.

**Program monitoring -** The collection of information on inputs, activities, and outputs as outlined in the NOFO to support program management, accountability, and improvement efforts

**Racism** - Systemic prejudicial and discriminatory actions based on the idea that one race/ethnicity is superior and other racial/ethnic groups are inferior. It includes the systematic subjugation and oppression of members of certain racial/ethnic groups who have traditionally held less socio-political power to uphold the racial/ethnic majority group's norms and ideals.

**Root causes of health disparities** - The fundamental causes of the disparities in the drivers of health and health outcomes between groups.

**Scalability** - The ability of a health intervention shown to be efficacious on a small scale and/or under controlled conditions to be expanded under real world conditions to reach a greater proportion of the eligible population, while retaining effectiveness.

**Social determinants of health** - Determinants of health 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.

**Technical assistance** - Technical assistance is an array of supports including advice, recommendations, information, demonstrations, and materials provided to assist the workforce or organizations in improving public health services.

**Training** - Training for the public health workforce includes the provision of information through a variety of formal, regular, planned means for the purpose of supporting the public health workforce in maintaining the skills, competencies, and knowledge needed to perform their duties, successfully.

**Translation framework** - A basic conceptual structure that describes and depicts the high-level processes necessary to move from discovery into action through translation of evidence-based programs, practices, or policies that is used to guide planning for translation activities (e.g., Knowledge into Action Framework).

**Translation products** - Any tool, resource, material, or other outputs, including research and practice tools, that are developed with the primary purpose of enabling public health practitioners to adopt, implement, or scale-up EBIs

**Translation** - The process and steps needed or taken to ensure effective and widespread use of science-based programs, practices, and policies.