

ASSESSMENT



**COLLECTING, ANALYZING, AND USING DATA
TO EDUCATE AND MOBILIZE COMMUNITIES,
DEVELOP PRIORITIES,
GARNER RESOURCES,
AND PLAN ACTIONS**

(Public Health Accreditation Board, 2011, p. 4)

CAPACITY

RESOURCES AND RELATIONSHIPS NECESSARY TO CARRY OUT CORE FUNCTIONS AND ESSENTIAL SERVICES

(Adapted from Public Health Accreditation Board, 2011, p. 6)

COALITION

**AN ORGANIZED GROUP
OF PEOPLE IN A COMMUNITY
WORKING TOWARD A COMMON GOAL**

COMMUNITY ENGAGEMENT



PROCESS OF WORKING COLLABORATIVELY WITH PEOPLE WITH RESPECT TO ISSUES AFFECTING THEIR WELL-BEING

(Adapted from Minnesota Department of Health, 2015, p. 4)



CULTURE

**PATTERNS OF HUMAN BEHAVIOR THAT
INCLUDE LANGUAGE, THOUGHTS,
COMMUNICATION, CUSTOMS, BELIEFS,
VALUES, AND INSTITUTIONS OF RACIAL,
ETHNIC, RELIGIOUS, OR SOCIAL GROUPS**

(Adapted from Centers for Disease Control and Prevention, n.d.
US Department of Health and Human Services)

EFNEP



**EXPANDED FOOD AND NUTRITION
EDUCATION PROGRAM,
A FEDERAL COMMUNITY OUTREACH PROGRAM
IN WHICH PEER EDUCATORS DELIVER LESSONS
TO LOW-INCOME FAMILIES**

(Adapted from USDA National Institute of Food and Agriculture, 2016)



ENVIRONMENT

PHYSICAL, SOCIAL, OR ECONOMIC FACTORS THAT INFLUENCE PEOPLE'S PRACTICES, SUCH AS THE PRESENCE OF HEALTHY CHOICES IN RESTAURANTS OR OF FINANCIAL INCENTIVES TO ENCOURAGE DESIRED BEHAVIOR

FOOD ACCESS

**CONDITIONS IN WHICH A PERSON OR GROUP
CAN OBTAIN HEALTHY FOOD, DEPENDING ON
FACTORS SUCH AS PHYSICAL ACCESS,
SEASONAL AVAILABILITY, AFFORDABILITY,
KNOWLEDGE, OR CULTURAL ATTITUDES**

HEALTH DISPARITY

**A DIFFERENCE IN POPULATION HEALTH STATUS
THAT IS AVOIDABLE AND CAN BE CHANGED;
THESE DIFFERENCES CAN RESULT FROM
ENVIRONMENTAL, SOCIAL AND/OR ECONOMIC
CONDITIONS, AS WELL AS PUBLIC POLICY**

HEALTH EQUITY



**CONDITIONS IN WHICH EVERYONE HAS
THE OPPORTUNITY TO ATTAIN
THEIR FULL HEALTH POTENTIAL,
REGARDLESS OF SOCIAL POSITION OR OTHER
SOCIALY-DETERMINED CIRCUMSTANCE**

(Adapted from Centers for Disease Control and Prevention, 2010, p. 107)



IMPLEMENTATION

**THE REALIZATION OF AN APPLICATION,
OR EXECUTION OF A PLAN, IDEA, OR MODEL**

INDICATOR

A MEASUREMENT THAT REFLECTS THE STATUS OR REVEALS THE DIRECTION OF A SYSTEM (A COMMUNITY, THE ECONOMY, THE ENVIRONMENT); SUCH AS WHETHER IT IS INCREASING OR DECREASING, IMPROVING OR DETERIORATING, OR STAYING THE SAME

(Adapted from Centers for Disease Control and Prevention,
National Public Health Performance Standards, n.d., p. 21)

POLICY

**A LAW, REGULATION, RULE, PROTOCOL, OR
PROCEDURE, DESIGNED TO GUIDE OR
INFLUENCE BEHAVIOR**

(Adapted from Centers for Disease Control and Prevention, 2010, p. 107)

POPULATION-BASED INTERVENTION



**ACTION TAKEN TO IMPROVE OR PROTECT
HEALTH STATUS OF ENTIRE POPULATIONS OR
COMMUNITIES (IN CONTRAST TO
INDIVIDUALS), CONSIDERING BROAD
DETERMINANTS OF HEALTH AND ALL LEVELS OF
PREVENTION**

(Adapted from Bethel University Department of Nursing, n.d.)



SECTOR

**A SEGMENT OF THE COMMUNITY, SUCH AS
BUSINESS, SCHOOLS, COMMUNITY
INSTITUTIONS, WORKPLACES, OR HEALTH CARE**

SNAP

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, A PROGRAM OF THAT OFFERS NUTRITION ASSISTANCE TO ELIGIBLE, LOW-INCOME INDIVIDUALS AND FAMILIES

(Adapted from USDA Food and Nutrition Service, 2016)

SPECTRUM OF PREVENTION



**A FRAMEWORK FOR EFFECTIVE PREVENTION
THAT PRESENTS A RANGE OF INTERVENTION
ACTIVITIES AT SIX DIFFERENT LEVELS**

(Adapted from Prevention Institute, n.d.)



STAKEHOLDER

**A PERSON OR ORGANIZATION WITH DIRECT
INTEREST, INVOLVEMENT, OR INVESTMENT IN
A COALITION OR ITS EFFORTS**

STRATEGY

**MEANS BY WHICH POLICY, PROGRAMS, AND
PRACTICES ARE PUT INTO EFFECT AS
POPULATION-BASED APPROACHES**

SYSTEM

**A COLLECTION OF PARTS OF COMPONENTS
THAT INTERACT WITH ONE ANOTHER TO
FUNCTION AS A WHOLE**

SYSTEMS CHANGE

**CHANGE THAT IMPACTS ALL ELEMENTS,
INCLUDING SOCIAL NORMS, OF AN
ORGANIZATION, INSTITUTION, OR SYSTEM;
MAY INCLUDE A POLICY OR
ENVIRONMENTAL CHANGE STRATEGY**

(Centers for Disease Control and Prevention, 2010, p. 109)