Key Terms and Definitions - ICTR Pilot Award Program
Community-Based and Health Services Research RFAs

*In addition to the definitions below, you may refer to the definitions used by the **Wisconsin Partnership Program** per this link:* https://www.med.wisc.edu/media/medwiscedu/documents/service/wisconsin-partnership-program/grant-materials/wpp-definitions.pdf

Adopter is the decision-maker from an organization (community or health system or other) that could take up an intervention and implement it to benefit its target group (e.g. community members, patients). Decision-makers of adopter organizations typically include administrative leadership, e.g., directors, who determine priorities for projects or programs that an organization will take on, and identify the resoruces needed to make them successful.

Community (as defined by NIH for PA-08-077, Community Participation in Research R01) "refers to target populations that may be defined by: geography; race; ethnicity; gender; sexual orientation; disability, illness, or other health condition; or to groups that have a common interest or cause, such as health or service agencies and organizations, health care or public health practitioners or providers, policy makers, or lay public groups with public health concerns."

Community-based organizations (as defined by NIH for PA-08-077, Community Participation in Research R01) refer to organizations that may be involved in the research process as members or representatives of the community. Possible community partners include, but are not limited to, Tribal governments and colleges, state or local governments, independent living centers, other educational institutions such as junior colleges, advocacy organizations, health delivery organizations (e.g., clinics, hospitals, and networks), health professional associations, non-governmental organizations, and Federally-qualified health centers."

Comparative Effectiveness Research (CER). (1) "Generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care." IOM (2009) (2) "The conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in 'real world' settings." (Federal Coordinating Council for Comparative Effectiveness Research: Report to the President and the Congress, June 30, 2009). (3) CER improves health outcomes by developing and dissemination evidence-based information to patients, clinicians and other decision-makers, responding to their expressed needs, about which interventions are most effective for which patients under specific circumstances."

Determinants of Health (www.healthypeople.gov/2020/ about/foundation-health-measures/Determinants-of- Health): The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health. Determinants of health fall under several broad categories: (1) policymaking, (2) social factors, (3) health services, (4) individual behavior, (5) biology and genetics.

Dissemination, for the purposes of this RFA, is the targeted distribution of information and intervention materials to a specific audience (i.e., public health or clinical practice). The intent is to spread knowledge regarding an associated evidence-based intervention.

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Dissemination Research is the scientific study of targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to understand how best to spread and sustain knowledge and the associated evidence-based interventions.

End-user is the ultimate consumer of a finished innovation.

Engagement (in research). A bi-directional relationship between stakeholders and researcher resulting in informed decision-making about selection, conduct and use of research. Principles of engagement include: balanced representation among all groups; stakeholder understanding and acceptance of role; neutral, expert facilitations of discussions; connection among stakeholders; sustained stakeholder engagement. (Concannon. A new taxonomy for stakeholder engagement in patient-centered outcomes research. JGIM (2012); 27(8): 895-91.)

Evidence-based practices are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This includes findings established through controlled clinical studies, but other methods of establishing evidence are valid as well: registries of evidence-based interventions such as AHRQ, Cochran review, Guide to Community Preventive Services, Guide to Clinical Preventive Services; reported in peer-reviewed journals etc.

Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed programs and practices should be responsive to cultural backgrounds, community values, and individual preferences. *Adapted from: https://www.childwelfare.gov/topics/management/practice-improvement/evidence/ebp/definitions/*

Health: A state of complete physical, mental, and socialwell-being; not just the absence of sickness or frailty. *World Health Organization*

Health Disparities (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222512/) represent differences in the incidence, prevalence, mortality, burden of disease, and other adverse health conditions or outcomes that exist between population groups based on gender, age, race, ethnicity, socioeconomic status, geography, sexual orientation and identification, disability or special health-care needs, or other categories. Most health disparities are also considered to be health inequities – disparities that are avoidable, unfair or unjust and(or) are the result of social or economic conditions or policies that occur among groups who have persistently experienced historical trauma, social disadvantage or discrimination, and systematically experience worse health or greater health risks than more advantaged social groups. A health disparity is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

National Institute on Minority Health and Health Disparities Definitions:
- Health Disparity Populations: https://www.nimhd.nih.gov/about/overview/
- Health Disparity Definition: https://www.nimhd.nih.gov/about/strategic-plan/nih-strategic-plan-definitions-and-parameters.html

Health Equity (www .rwjf .org/en/library/ research/2017/05/what-is-health-equity- .html): Health equity means that everyone has a fair and just opportunity to be as healthy as possible.This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fairpay, quality education and housing, safe environments, and health care. Health equity can be viewed both as a process (the process of reducing disparities in health and

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its determinants) and as an outcome (the ultimate goal: the elimination of social disparities in health and its determinants).

Health Inequity refers to differences in health outcomes of a population or group that are systemic, patterned, and unnecessary, avoidable, unfair or unjust. Therefore, because they are socially determined circumstances, they are also actionable.

Implementation is the use of strategies to adopt and integrate evidence-based health interventions and change practice patterns within specific settings.

Implementation Research is the scientific study of the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings in order to improve patient outcomes and benefit population health.

Implementer refers to those who implement the innovation within an organization.

Lifespan Research Translational research must study not only aggregate populations, but also focus on subpopulations with distinct characteristics, including the young and old, to uncover the interrelationships of disease phenotype with genomics, environmental exposures, health-related behaviors, and social factors across the lifespan. Significant evidence gaps remain in our understanding of childhood diseases, and of the effect of treatments on children. As a result, clinicians must often take action based on data from adults. Applicants should describe efforts to include children as a focus of translational research. With the "graying" of the US population, investigators must recognize and adapt to population longevity and the questions so driven and increase efforts to include older patients in research.

Patient-Centered Outcomes Research helps people and their caregivers communicate and make informed health care decisions, allowing their voices to be heard in assessing the value of health care options. See here to learn more about patient-centered research questions and methods: https://www.pcori.org/research-results/about-our-research/patient-centered-outcomes-research

Policy generally refers to a course or method of action that expresses guiding principles and objectives which are formulated by an organization to direct its actions in pursuit of goals. Policies are embodied in legislation, guidelines, regulations, or customary practice. Public policy refers to policies made by governmental entities at all levels. Organizations in both the public and private sectors are also managed via policies.

Purveyor is an organization that spreads an innovation through marketing and training others to adopt and implement that innovation. The purveyor provides technical assistance to maximize high-fidelity implementation and sustainability.

Science of Community Engagement refers to research to identify the most effective approaches to community engagement and best practices in an experimental, data-driven fashion. The science of community engagement recognizes that we have yet to define optimal ways to involve relevant communities in each stage of the translational process.

Social determinants of health (www .healthypeople . gov/2020/topics-objectives/topic/social-determinants- of-health) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, andquality-of-life outcomes and risks . Conditions (e .g ., social, economic, and physical) in these various environments and settings (e .g ., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more

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material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins, etc.

Stakeholder refers to an individual or group who is responsible for or affected by health- and health-related decisions that can be informed by research evidence. Stakeholders are appropriate partners, investigators, consultants, and key personnel. Types of stakeholders can include: patients; nonprofessional caregivers; clinicians (e.g., physicians, nurses, pharmacists, counselors, and other providers of care and support services); patient-advocacy/parent groups; community groups; researchers; health-related associations; policy makers; and institutions, including organizational providers, purchasers, payers, and industry for whom the results of the research will be relevant.

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