The glossary is intended to limit jargon, ensure consistency in our use of language as it relates to Center TRT activities, and to provide a reference for practitioners.

Adaptation – The process of modifying an intervention without contradicting its core elements or internal logic. An intervention is modified to fit the cultural context in which the intervention will take place and the unique circumstances of the agency and other stakeholders, but the core elements and internal logic are not changed.[1]

Adoption — The decision to use an intervention (policy or program) as the best course of action available.[2] Within the RE-AIM framework, adoption is measured as the absolute number, proportion, and representativeness of settings and/or intervention staff (people who implement a program or policy) who are willing to initiate a program or policy.[3]

Best Processes (Best Practices) – Activities that can be used to guide the development, implementation, and maintenance of an intervention or program that (1) follow from an articulated model or theory or (2) are indicated by systematically gathered evidence to be most effective or efficient (or both) among alternatives specific to a particular population, setting or outcome. Examples include a systematically developed and evaluated tool for assessing a school's nutritional environment or strategy for recruiting and retaining low income women's participation in an intervention.

Compatibility – The degree to which an innovation (e.g. new intervention or policy) is perceived as being consistent with the existing values, past experiences, and needs of potential stakeholders (adopters).[2]

Core Elements – The aspects of an intervention that are central to its theory and logic and that are thought to be responsible for the intervention's effectiveness. Core elements are critical features of the intervention's intent and design and should be kept intact when the intervention is implemented or adapted.[1]

Contributing Factors - 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.

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Dissemination – "Dissemination is the targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to spread knowledge and the associated evidence-based interventions."[5]

Effectiveness - The extent to which the intended effect or benefits that could be achieved under optimal conditions are also achieved in practice.[9]

Efficacy – The extent to which an intervention can be shown to be beneficial under optimal conditions.[9]

Emerging interventions –Interventions that have been developed and implemented in practice and show promise based on their underlying theory and logic, but lack data from an evaluation demonstrating effects on one or more obesity-related outcomes.

Evaluation – Iterative process of systematically collecting and assessing information about the activities, characteristics, and outcomes of a program or policy (i.e., intervention), which produces information to document the value of an intervention; guide intervention implementation and management; improve intervention effectiveness; and/or inform decisions about future intervention development, as well as contributing to the broader understanding of the intervention evaluated. (Definition adapted from CDC Evaluation Working Group.)

Evaluation plan – A document that guides the formative, process, and outcome evaluation of a program or policy and includes evaluation questions, indicators, data sources, and time frames. An evaluation plan may also describe plans for engaging stakeholders and disseminating findings.

Evidence – In its broadest sense, evidence is a body of facts or information that provides a level of certainty that a proposition is true or valid. Swinburn and colleagues have identified four types of evidence relevant to public health decision making:[6]
1. Observational: epidemiological and surveillance activities
2. Experimental: research studies and program/policy evaluations
3. Extrapolated: effectiveness analyses, economic analyses, and indirect evidence
4. Experience based: parallel evidence (e.g. evidence from studies on smoking prevention applied to obesity prevention), theory and program logic, and informed opinion

Evidence-based Practice – Program decisions or intervention selections are made on the strength of data on community needs and capacity, factors that contribute to the

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identified needs, the effectiveness of previously tested interventions and intervention strategies, and guidance from relevant theories.[9]

Evidence-informed Interventions – Interventions that were designed based on data relating to contributing factors, intervention strategies, or research-tested or practice-based interventions.

External validity - External validity is the degree to which the findings from one study can be generalized to other settings and populations. In the case of interventions, external validity addresses the question of the extent to which an intervention will achieve similar results when implemented with different populations and settings.

Fidelity – The degree to which program or policy implementation in practice is congruent with the original design of the program or policy. Fidelity has to do with the core components, dosage levels, and delivery quality of the program or policy and how these match what occurred in the original intervention. [7]

Gray Literature - Research reports that are not found in traditional peer-reviewed publications and may include publications such as government agency monographs, symposium proceedings, and unpublished company reports.

Health equity – The attainment of the highest level of health for all people. Achieving healthy equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.[15]

Health disparities – Particular types of health differences that are closely linked with social, economic and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status ; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. [16]

Health equity considerations – At the time an intervention or policy undergoes a Center TRT review, the demographic characteristics of the target audience reached are described. This demographic information includes a range of factors that may be associated with differences in health equity such as age, gender, race/ethnicity,

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socioeconomic status, and urban/rural residency. The type and specificity of health equity information provided varies according to the intent of the intervention/policy.

Health Literacy - The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make health decisions.[8]

Implementation — The act of putting an intervention into practice at the level of the organization, community or policy.[9] In RE-AIM, implementation is measured in terms of the consistency of delivery as intended and the time and cost of the intervention.[3]

Innovation – An idea, practice, or object that is perceived as new by an individual or other unit of adoption.[2]

Intent –An intervention's intent refers to the general aim of the intervention activities and the outcomes the intervention is designed to achieve.[1]

Internal Logic – The internal logic of an intervention is the explanation of the relationships among intervention activities and the outcomes of the intervention.[1]

Internal Validity – Internal validity addresses the question of whether the design of the study was sufficiently rigorous to ensure that the intervention – as opposed to other factors - caused observed changes in policies, environments, health behaviors and/or health outcomes.

Intervention materials – Tools and resources created by the intervention developer and posted with the intervention template on the Center TRT website as part of the dissemination package for each intervention reviewed by Center TRT.

Intervention or Intervention Program – A defined set of activities that have to do with changing environments, developing or implementing policies, or developing or implementing public health programs (at the individual, group or population level) intended to prevent disease or promote health.

Intervention Strategy – Broad guidance on interventions that have been identified as potentially effective via systematic reviews of the literature and/or expert consensus.

Intervention Portfolio – A mix of interventions designed to address a particular public health problem within specified resource limits. The notion of a portfolio recognizes the

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merits of balancing investment in tried and tested interventions for which there is evidence of effect, with prudent investment in 'high risk' but potentially high-gain interventions. The strategies or programs comprising a portfolio can have differing target groups. [11]

Logic model – A logic model is a visual display of the necessary steps and elements to implementing an intervention (program or policy) and what will happen if everything is done as planned.

Maintenance — The effects of interventions need to be maintained at multiple levels of the socio-ecologic model, including the level of the organization implementing the intervention and the level of the individual who has achieved positive outcomes. At the level of the organization, maintenance refers to the extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies.[3] At the level of the individual, maintenance refers to the effects of an intervention on individual outcomes over time.

Packaging an intervention – Packaging involves thoroughly detailing an intervention in plain language, identifying the intervention's core elements, providing guidance on appropriate adaptations, and compiling materials in a user-friendly format.[12]

Policy - Laws, regulations, formal, and informal rules and understandings that are adopted on a collective basis to guide individual and collective behavior.[13] Formal policies are developed by governing bodies and take the form of legislation and regulation, e.g. seat belt laws. Organizations also develop formal policies to specify appropriate behavior within the confines of the organization, e.g. prohibitions against smoking.

Policy, systems and environmental change interventions (PSE) – Policies take several forms; e.g., laws, ordinances, regulations, rules and can be either formal or informal. Systems interventions are changes that impact all areas of an organization, institution or community, not just policies. Environmental interventions involve changes to the economic, social, or physical environment. Policy, systems, and environmental change interventions have the greatest population impact to improve a community's health by addressing socioeconomic factors and by making healthy choices more accessible, easier and the default choice through changing all three of the elements described above.[17]

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Practice-based evidence – Evidence derived from or describing the contexts, experiences, and practices of healthcare providers working in real-world practice settings. [18]

Practice-based Interventions – Interventions that have been developed based on an evidence-based strategy, implemented and evaluated in practice, but have not been tested in a more formal, research study. Center TRT categorizes practice-based interventions as "practice-tested" (see below) or "emerging" (see above).

Practice-tested interventions – Practice-based interventions (see above) that Center TRT has reviewed to assess the methodology used 1) to develop the intervention and 2) to evaluate its effects on targeted outcomes. If review criteria are met satisfactorily, Center TRT disseminates the intervention as practice-tested.

Public Health Impact – The effect of an intervention on the health of a population as measured across five dimensions: (1) the proportion of settings that adopt the intervention, (2) the extent to which these settings implement the intervention as intended and (3) maintain it over time, (4) the proportion of the priority population that the intervention reaches, and (5) its effectiveness in improving outcomes. [3]

Reach – The absolute number, proportion, and representativeness of individuals who participate in a given initiative, intervention, or program. [3]

RE-AIM – A model for evaluating public health interventions that assesses five dimensions: reach, efficacy/effectiveness, adoption, implementation, and maintenance. These dimensions occur at multiple levels (e.g., individual, clinic or organization, community) and interact to determine the public health or population-based impact of a program or policy. [3]

Research-tested Interventions - Interventions for which effectiveness/efficacy has been tested in one or more research studies.

Socio-ecological Approach– Emphasizes change at multiple levels including individual behavior, the family environment, community institutions such as schools and workplaces, the physical and social environment and public policy.

Sustainability – The durability of the intervention or program considering several organizational and contextual factors as: the internal support and resources needed to effectively manage operations; the cultivating of partnerships with stakeholders; the

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degree of environmental or structural change; the level of ongoing funding support needed.

Sustainability Capacity – The ability to maintain programming and its benefits over time. [19]

Tailoring – The use of information about individuals to shape the message or other qualities of a communication or other intervention so that it has the best possible fit with the factors predisposing, enabling, and reinforcing that person's behavior.[9]

Translation – The process of moving from basic research, to clinical and public health research, to widespread dissemination of the results of research to practice.[14]

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