

## Appendix B: Glossary

<b>Term</b>	<b>Definition</b>
<b>Adaptation</b>	Process or state of changing to fit new audiences or conditions.
<b>Baseline</b>	Benchmark for measuring or comparing. Data collected before intervention. Compared with information collected during and after program in order to measure change.
<b>Best Research Evidence or Best Practices</b>	From a clinical perspective this can mean best screening or treatment options; from a health education or communication perspective this can mean best methods for delivering messages to have the greatest impact.
<b>Birth Rate</b>	Number of births in a year per 1,000 population.
<b>Behavioral Objective</b>	The planners' desired change in audience behavior or action. It is also a statement of a desired outcome that states who is to demonstrate how much, of what action, and by when.
<b>Case Study</b>	A qualitative method to examine a social unit, such as family or household, a work place setting, a community, or any other kind of institution. It may be used to study a person's role within this social unit. During a case study, the research may use in-depth interviewing, observation, records, or reports. Information obtained through a single case may not be able to be applied to other settings and times. But it may allow the investigator to understand the dynamics of relationships and other factors that lead to decisions, attitudes, behaviors, and other measures of program performance.
<b>Clinical Expertise</b>	Ability to use (clinical) skills and past experience to quickly find out each patient's unique health issues, risks and benefits, and values and expectations.
<b>Death Rate</b>	Number of deaths in a year per 1,000 population.
<b>Direct Observation</b>	Watching individuals in a natural setting without interacting. An example would be observing shoppers in a grocery store to see if they are reading posted nutritional charts.

<b>Term</b>	<b>Definition</b>
<b>Elite Interviewing or Key Informant Interviewing</b>	Interviewing community leaders. These people are usually influential, prominent, and well-informed members of a community. The social, political, financial, or management position of the interviewees may provide program planners with access to information they could not otherwise obtain. For example, key informants may have a more objective opinion of a health issue because they are not personally affected by the issue. The research may need a second party, special instructions, or other help to make contact with these leaders.
<b>Evaluation</b>	Measuring the successes and failures of programs. See “Formative Evaluation,” “Impact Evaluation,” “Outcome Evaluation,” and “Process Evaluation.”
<b>Evidence-Based Intervention</b>	An intervention that has been conducted with a group and shown, through different kinds of evaluation, to be effective. Also referred to as “research-tested.” Evidence-based interventions available on the Cancer Control PLANET Web site ( <a href="http://cancercontrolplanet.cancer.gov">http://cancercontrolplanet.cancer.gov</a> ) have been reviewed by a panel of experts and published in a peer-reviewed journal. See “Peer-Reviewed Journal.”
<b>Focus Group</b>	A form of qualitative research in which information is collected from a small group that is sampled from a wider population. The focus group is set up so that the research can gather opinions and attitudes toward an issue or product during an open discussion. The focus group leader usually prompts the discussion with open-ended questions.
<b>Formative Evaluation</b>	Evaluation carried out during the program planning or delivery to identify see if there are any problems. It usually focuses on determining whether a program is working as planned, looking for any problems, and making needed corrections.
<b>Goal</b>	A simple, concise statement that describes who will be affected and what will change as a result of the program.
<b>Historical Analysis</b>	A review of accounts of past events. Along with the review, a historical analysis may have interpretations of events and how they affect current attitudes, values, and practices. Historical data may come from a variety of sources. This could include records, reports, newspaper accounts, diaries and memoirs, archival documents, folklore, fiction, songs, and art.

<b>Term</b>	<b>Definition</b>
<b>Impact Evaluation</b>	Assesses the immediate effect of an intervention on the behavior, knowledge, and attitudes of the target population.
<b>Implementation</b>	The act of putting program plans into practice.
<b>Intervention</b>	Any planned effort designed to create specific changes in attitudes, beliefs, or behaviors.
<b>In-Depth Interviewing</b>	Varies from brief, casual talks to formal and lengthy conversations with members of your audience. Data collected can help to give you a representative, detailed view of an issue. This kind of interviewing is affected by the interviewing skills of the researcher. This includes phrasing of questions and knowledge of the subject's culture or frame of reference. Responses gathered in an interview are assumed to be true.
<b>Learner Objective</b>	Describes the actual knowledge, attitude, or skill changes that result from the program. These changes must occur in order to achieve the behavioral objectives. They are the educational or learning tasks that must be achieved.
<b>Literature Review</b>	Summary of published information about a particular topic. It includes any research done on the topic. Any information that is particularly important to a program may be given extra attention in the review.
<b>Logic Model</b>	A model of how a program is understood and how it intends to achieve its desired outcomes. These models are usually shown as diagrams but can also be reported in narrative form.
<b>Morbidity Rate</b>	Proportion of patients with a particular disease in a year per unit of population.
<b>Mortality Rate</b>	Percentage of deaths associated with a disease or medical treatment in a year per unit of population.
<b>Needs Assessment (also known as an environmental scan)</b>	Collecting and assessing information about the health knowledge, perceptions, attitudes, motivations, and practices of a group. The information collected at this time can be used to design health programs uniquely tailored to the group's needs.

<b>Term</b>	<b>Definition</b>
<b>Objective</b>	More specific than goals, objectives state how much of the goal will be accomplished within a certain timeframe. Objectives should be SMART: Specific, Measurable, Achievable, Realistic, and Time-framed. See “Behavioral Objective,” “Learner Objective,” “Process or Administrative Objective,” and “Program or Outcome Objective.”
<b>Outcome Evaluation</b>	Finds out if the long-term program goals were met. Evaluation measures include changes in the morbidity, mortality, and health status of your population.
<b>Patient Values</b>	Refers to the unique preferences, concerns, and expectations that each patient brings to a visit with a health professional. These values must be acknowledged when making health care decisions for the patient.
<b>Peer-reviewed Journal</b>	A publication in which the articles were reviewed and edited by a panel of content matter experts. They almost always use specific criteria in the reviews.
<b>Phasing In</b>	Involves implementing a program in steps.
<b>Pilot Test</b>	Conducting a program with a small group of people from the target audience. This is done in order to see whether the program can be effective and find any problems with the intervention.
<b>Plain Language</b>	Communicating with the target audience in such a way that they can understand the meaning the first time they read or hear it (also called plain English). Plain language uses lay language.
<b>Primary Data</b>	Gathering data about the community directly from the community by the researcher. See “Qualitative Data Collection” and “Quantitative Data Collection.”
<b>Principal Investigator</b>	The main researcher or program developer on a given project.
<b>Process Evaluation</b>	Evaluation that looks at activities as they occur during program delivery. It provides a way to find problems in the early stages of a program. Usually done during a pilot test. See “Pilot Test.”
<b>Process or Administrative Objective</b>	Daily tasks and work plans that lead to achieving all other planned objectives. See “Behavioral Objective,” “Learner Objective,” and “Program or Outcome Objective.”

<b>Term</b>	<b>Definition</b>
<b>Program or Outcome Objective</b>	Statement of specific, measurable tasks to be achieved at a given time. They represent the change in health status that is the desired result of the program.
<b>Program Rationale</b>	A description of the purpose of a given program, including its goals, objectives, and critical elements.
<b>Qualitative Data Collection</b>	Uses open-ended questions that bring out discussion rather than one- or two-word responses. These data usually do not include numbers and cannot easily be summarized in a table or graph. Qualitative data are usually studied to find themes. Qualitative data can include nonverbal cues as well.
<b>Quantitative Data Collection</b>	Data that involves numbers or statistics or that can be summarized in a table or graph. These data are gathered by close-ended questions like multiple choice or those needing only a one- or two-word response.
<b>Questionnaire</b>	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.
<b>Randomization</b>	In evaluation, it is the process by which people of similar backgrounds or characteristics are broken up into groups. Each is given a certain piece of information or task. Each group has a name, such as experimental or control. The experimental group is usually given a new piece of information or task to test. The control group is not given any new information or tasks. These two groups are compared in order to see the effect the new information or task has on the audience.
<b>Readability</b>	A way to measure the grade level you need to have completed in order to be able to read the text.
<b>Research-Tested Intervention Programs (RTIPs)</b>	Programs listed on Step 4 of Cancer Control PLANET, <a href="http://cancercontrolplanet.cancer.gov">http://cancercontrolplanet.cancer.gov</a> . RTIPs have been conducted with an audience, and their outcome data have been published in a peer-reviewed journal. See “Outcome Evaluation” and “Peer-Reviewed Journal.”
<b>Secondary Data</b>	Data collected from other people’s research. Sources for secondary data are often journals, books, magazines, newspapers, and the Internet. Examples include the U.S. Census, hospital records, and morbidity/mortality reports.

<b>Term</b>	<b>Definition</b>
<b>Total Implementation</b>	When an entire program and all of its parts are started at the same time.