Glossary

The definitions in this glossary apply to words and phrases as used in the *Guide to Community Preventive Services.* A separate definition is provided for words that appear in italics in a given definition. For example, the definition of **Body of evidence** contains the two terms *qualifying studies* and *Community Guide,* both of which can also be found in this Glossary.

In addition to the economic terms listed in this Glossary, Chapter 11 contains its own glossary of economics terms used in that chapter.

Adapted/Adapting See *Tailoring* and *Targeting*

Aggregate/aggregated studies An approach to evaluating studies that consolidates a number of studies on the basis of similarities such as location, study population, the period of study, and data analyzed. Each aggregate study, although composed of two or more studies, is analyzed as if it were a single study.

Analytic framework (See also *Logic framework*) A diagram that shows hypothesized links between an intervention and related *intermediate outcomes, health outcomes,* and other *effects.* An analytic framework expands on a specific portion of a *logic framework,* and is used to plan evaluations of *interventions* and to guide the search for evidence.

Applicability A judgment about the populations and/or settings in which a recommended activity could be implemented successfully, based on the populations and settings represented in the studies reviewed and conceptual information about the intervention. The *Community Guide* provides information on applicability for all recommended activities. (See also *External validity.*)

Arm See *Intervention arm.*

Before-and-after studies In contrast to studies with an *intervention group* and a *comparison group,* before-and-after studies are conducted within a single group. Outcomes are measured before and after the intervention.

Benefit-to-cost ratio A measure, from a cost–benefit analysis, of the total benefits of an intervention divided by the total costs.

Body of evidence The complete set of *qualifying studies* in a *Community Guide* systematic review.

Clinical setting Setting in which the primary purpose is the delivery of medical care in a one-on-one provider-patient relationship. Can include private office practices, managed care facilities (e.g., HMOs, PPOs, community health centers), clinics, or hospitals. (See also *Community setting.*)

Community A group of individuals sharing one or more characteristics such as geographic location (e.g., a neighborhood), culture, age, or a particular risk factor. In the *Guide to Community Preventive Services,* for the purposes of evaluating whether interventions make communities healthier, we have chosen to apply the broadest possible use of *community.*

Community-based intervention An *intervention* conducted within and by members of a particular community (e.g., grassroots efforts, efforts by a local civic group). Can be done in conjunction with an outside group (e.g., nonprofit organization, research group).

Community Guide The *Guide to Community Preventive Services.*

Community Guide ***reference case*** A standard set of methodological practices for performing cost–effectiveness analyses , as recommended by the Panel on Cost-effectiveness in Health and Medicine (Gold MR, Siegel JE, Russel LB, Weinstein MC. Cost-effectiveness in health and medicine: report of the Panel on Cost-effectiveness in Health and Medicine. New York: Oxford University Press, 1996).

Community-oriented intervention An *intervention* meant to improve the *health* or reduce injury or impairment of people in a *community.* Community-oriented interventions include but are not limited to *community-based interventions.*

Community setting Setting for which the primary purpose is *not* medical care, for example, geographic communities, schools, churches, homeless shelters, worksites, libraries. (See also *Clinical setting.*)

Comparison group A group that is not exposed to a particular *intervention;* the control group, used to determine what would have happened if the intervention had not been carried out. The *intervention group* is exposed to the intervention.

Consultants, consultation team A group of 10–30 people, with special knowledge in the field under review, who work in consultation with the *systematic review development team,* providing opinion and expertise in support of a *systematic review.*

Coordination team See *Systematic review development team.*

Cost analysis The most basic type of *economic evaluation.* It is the systematic collection, categorization, and analysis of all of the costs associated with an intervention.

Cost–benefit analysis A type of *economic evaluation* that measures both costs and benefits (i.e., positive and negative consequences) associated with an *intervention* in dollar terms.

Cost–effectiveness analysis An analysis used to compare the cost of alternative *interventions* that produce a common *health effect* (e.g., cost per injury averted or *life-years saved*).

Cost-saving An *intervention, program,* or *policy* is said to be cost-saving if the costs averted by the intervention exceed the costs of the program.

Cost–utility analysis A type of *cost–effectiveness analysis* that uses *life-years saved* adjusted for quality of life during those years as a *health outcome* measure. These measures are called *quality-adjusted life-years* (*QALY*s).

Determinants Factors hypothesized to affect *outcomes,* such as demographic and population factors; environmental factors; or aspects of a particular social, economic, educational, healthcare, or cultural system.

Development team See *Systematic review development team.*

Econometric methods Applying statistical methods to the study of economic data.

Economic efficiency Achieving the greatest improvement in *health* using the available resources.

Economic evaluation An assessment of the economic impact of an *intervention, program,* or *policy.*

Effect The change in an *outcome* that results from an *intervention.*

Effect measure The measurement used to describe the *effect* and the *effect size.*

Effect size The magnitude of the *effect.*

Effectiveness The degree to which an *intervention* achieves a desired *outcome* in practice.

External validity The ability to generalize study results to populations and contexts beyond the particular ones included in the studies themselves. (See also *Applicability.*)

Guide to Clinical Preventive Services (*Clinical Guide*) The clinical counterpart to the *Guide to Community Preventive Services,* prepared and published by the *U.S. Preventive Services Task Force (USPSTF).* The *Clinical Guide,* widely used by primary care providers, health policy makers, and others, provides current and scientifically defensible information from published clinical research on the *effectiveness* of different preventive services and the quality of evidence upon which conclusions are based.

Guide to Community Preventive Services (*Community Guide*) The body of evidence and recommendations approved by the Task Force on Community Preventive Services, including this book; the website, www.thecommunityguide.org; and articles published in scientific journals. See the Introduction for a full explanation of the scope of the *Community Guide.*

Health Positive physical, mental, psychological, and social function and the absence of disease, injury, or impairment.

Health indicator A measure of the *health* of people in a *community,* such as infant mortality rates, rates of obesity, or incidence of diabetes.

Health outcome The change in *health* that is hypothesized to result from the intervention (e.g., reduced morbidity or mortality or increased physical, mental, or psychological function). In *Community Guide systematic reviews,* health outcomes to be measured are defined in the planning stages of the review.

Healthcare providers Individuals from any of several professional groups (e.g., physicians, nurses, and others) who provide direct healthcare services to individual clients or patients.

Healthcare systems Systems for delivering healthcare that may include, for example, hospitals, clinics, health maintenance organizations (HMOs), and community health centers.

Inclusion criteria Characteristics of a study that make it appropriate for inclusion in a particular *Community Guide systematic review.* A study that is included must also meet the *quality criteria* before it can become part of the *body of evidence.*

Insufficient evidence to determine effectiveness A *body of evidence* that does not provide enough information for the Task Force to determine whether or not an *intervention* is *effective.* A finding of “insufficient evidence” indicates the need for additional research into the effectiveness of the intervention; it does not mean that the intervention doesn’t work, but rather that we can’t tell yet if it works.

Intermediate outcome One in a series of *effects* that results from an *intervention* and may lead to a *health outcome.* For example, in an educational intervention designed to reduce skin cancer incidence, intermediate outcomes could be covering-up behavior or seeking shade. In a *Community Guide systematic review,* an intermediate outcome considered to have a strong and established link to a *health outcome* may serve as a *recommendation outcome.*

Internal validity Whether the intervention being evaluated really caused the effects or outcomes being measured.

Intervention In the *Community Guide,* an intervention is any kind of planned activity or group of activities (including programs, policies, and laws) designed to prevent disease or injury or promote *health* in a group of people.

Intervention arm In a study in which two or more groups are compared, each group that receives an *intervention* is an arm.

Intervention group A group of people exposed to an intervention. (See also *Comparison group.*)

Intervention, multicomponent An *intervention* that includes more than one activity. For example, mass media campaigns to motivate young people to remain tobacco-free can be combined or coordinated with additional intervention activities, such as increases in tobacco product excise taxes, school-based education, and other community-wide educational activities.

Life-years saved A measure of the improvement in *health* that results from an *intervention.*

Logic framework (See also *Analytic framework*) A diagram that illustrates the public health context in which a specific disease prevention or health promotion activity takes place. Logic frameworks show relationships between social, environmental, and biological *determinants* and *outcomes,* and strategic points at which action can be taken to change the *outcome.*

Multicomponent intervention (See *Intervention, multicomponent*)

Net benefit A measure from a *cost–benefit analysis,* calculated as the value of the benefits gained minus the costs (including, for example, *program* costs and harms).

Net cost The total *program* costs minus the cost of averted disease and the cost of averted productivity losses.

Other effects Outcomes or effects other than those anticipated as a possible result of the *intervention.* These can be positive (beneficial) effects (e.g., smoking bans and restrictions might reduce cleaning costs or fire risks as well as improving health) or negative (harmful) effects (e.g., programs to reduce the costs of vaccines have been hypothesized to reduce the impetus to develop new vaccines).

Outcome (See also *Health outcome, Intermediate outcome,* and *Recommendation outcome*) The desired result of implementing an *intervention.*

% A change expressed with the percent (%) symbol represents a relative difference. For example, if 50% of participants had already quit smoking at the beginning of the study, a 10% improvement over this baseline would result in a total of 55% who had quit (the 50% baseline plus 10% of that baseline, which is 5%).

Percentage point A percentage point change represents an absolute difference. For example, if 50% of participants had already quit smoking at the beginning of the study, an increase of 10 percentage points would mean that a total of 60% had quit at the end of the study (because 50% + 10 percentage points = 60%).

Policy A set of organizational rules (including but not limited to laws) intended to promote health or prevent disease.

Program An institutionalized system of *intervention* activities.

QALY or quality-adjusted life year An effort to take into account measures of both illness and (premature) death. For example, a year lived in perfect health may count as 1 QALY, whereas a year spent living with a serious illness might count as only 0.6 QALY.

Qualifying studies In a *Community Guide systematic review,* all studies that meet the *in-*

clusion criteria are then rated on the quality of the study design and execution. Studies that meet these *quality criteria* become the qualifying studies for that review.

Quality criteria Characteristics used by a *systematic review development team* to establish the likely validity of the results by assessing how well a study was performed.

Recommendation outcome An *outcome* on which the *Task Force* will base a recommendation, usually either a *health outcome* or a well-established proxy for a health outcome. Decisions about which outcomes will be recommendation outcomes are made at the beginning of a review by members of the *systematic review development team* and the *Task Force on Community Preventive Services.*

Strategy A larger category under which a group of related interventions is organized. For example, the strategy of increasing child safety seat use includes child safety seat laws, community-wide information and enhanced enforcement campaigns, distribution and education programs, incentive and education programs, and education programs when used alone.

Strong evidence of effectiveness A body of evidence that meets the requirements for strong evidence set forth in Table 10–1 of Chapter 10, Methods Used for Reviewing Evidence and Linking Evidence to Recommendations.

Sufficient evidence of effectiveness A body of evidence that meets the requirements for sufficient but not strong evidence set forth in Table 10–1 of Chapter 10, Methods Used for Reviewing Evidence and Linking Evidence to Recommendations.

Systematic review A process by which a body of literature is reviewed and assessed using systematic methods that are intended to reduce bias in the review process and improve understandability.

Systematic review development team The group of 6–10 people that directs the *Community Guide systematic review.* Also referred to as the coordination team, review team, or development team. These teams typically include subject matter experts, a Task Force member, an economist, a research assistant, and others with special knowledge of the subject.

Tailoring (see also *Targeting*) An intervention or program is tailored when it is adapted to address characteristics of individuals. For example, tailoring a health behavior change program means adapting that program to address the individual needs of each participant.

Target population The population or community to which a given intervention is directed.

Targeting (see also *Tailoring*) An intervention or program is targeted when it is adapted to address characteristics of groups. For example, point-of-decision prompts (signs placed near elevators that encourage people to take the stairs to increase their physical activity or to lose weight) can be more effective when they address the needs of the people likely to see them.

Task Force on Community Preventive Services, the Task Force (See also *U.S. Preventive Services Task Force*) A 15-member non-federal panel initiated in 1996 by the Director, Centers for Disease Control and Prevention (CDC), under the auspices of the U.S. Public Health Service. The mission of this task force is to carry out systematic reviews of prevention interventions that can be carried out in *communities* and to develop recommendations based on the findings of these reviews. The Task Force findings are presented in the *Guide to Community Preventive Services* (the *Community Guide*).

Team See *Systematic review development team.*

U.S. Preventive Services Task Force (USPSTF) (See also *Task Force on Community Preventive Services*) A non-federal panel, commissioned by the U.S. Public Health Service in 1984 and 1990, charged with developing recommendations for clinicians on the appropriate use of preventive interventions, based on systematic reviews of evidence of clinical effectiveness. The USPSTF findings are presented in the *Guide to Clinical Preventive Services* (the *Clinical Guide*).