

Glossary

CAST-5 Second Edition

A collaborative project of the Association of Maternal and Child Health Programs and the Johns Hopkins Women's and Children's Health Policy Center

This supplement to Capacity Assessment for State Title V (CAST-5) defines terms and concepts that appear in the CAST-5 tools. For more information about CAST-5, visit www.amchp.org/cast5.

Agency: The overarching organizational entity, akin to the Department of Health.

Analytic Skills: Being able to define a problem; determine appropriate use of data and statistical methods for problem identification and resolution and program planning, implementation and evaluation; select and define variables relevant to defined public health problems; evaluate the integrity and comparability of data and identify gaps in data sources; understand how the data illuminate ethical, political, scientific, economic and overall public health issues; and make relevant inferences from data. (The Public Health Workforce, 1997, Appendix E)

Assessment: “Regularly and systematically collecting, analyzing and making available information on the health of a community, including statistics on health status, community health needs, and epidemiology and other studies of health problems.” (Turnock 1997)

Assurance: “Verifying that services necessary to achieve agreed-upon goals are provided to constituents. Encouraging actions on the part of others, and requiring action through regulation or by providing services directly.” (Turnock 1997)

APEX-PH: Assessment Protocol for Excellence in Public Health. A voluntary process for organizational and community self-assessment, planned improvements, and continuing evaluation and reassessment. APEX-PH focuses on a health department’s administrative capacity, its basic structure and role in its community, and the community’s actual and perceived problems. It offers an opportunity for the local health department to assess its relationships with local government agencies and with community, state and federal health agencies. (based on Turnock 1997)

BRFSS: Behavioral Risk Factors Surveillance System.

Capacity: The capability to carry out the core functions of public health (assessment, policy development and assurance). (based on Turnock 1997)

Community: “A group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other common bonds. Ideally there should be collective discussion, decision making and action.” (Turnock 1997) “A group of individuals living as a smaller social unit within the confines of a larger one due to common geographic boundaries, cultural identity, a common work environment, common interests, etc.” (MCHB 2000)

Community advisory structure: Group of individuals from community-based organizations who provide their feedback and perspectives on maternal and child health programs and activities on a formal or informal but regular basis.

Community diagnosis: Also referred to as community analysis, community needs assessment, health education planning, and mapping, community diagnosis is the “process of assessing and defining needs, opportunities, and resources involved in initiating community health action programs.” (Haglund, Weisbrod and Bracht, 1990)

Constituents: The people involved in or served by an organization.

Constituency building skills: The ability to develop alliances and convince people that an individual or organization represents their interests with regard to the matter at hand.

Contextual factors: Environmental, political, social, economic, and other external influences.

Core data set: (Also minimum data set) Principal repositories of information on program constituents held by various entities, e.g., WIC, Medicaid, Department of Education, etc.

Facilitation and consultation skills: Listening; sorting through health and political issues; providing salient information; facilitating problem-solving.

Geocoded data: Information that is able to be identified with and sorted by the address of the person or entity.

Major Purchasers of Insurance: Employers and the government (through Medicaid, Medicare, for example).

Management Information System: An organized assembly of resources and procedures required to collect, process, and distribute data for use in decision making, often set up on computers and shared by collaborating organizations.

MAPP: Mobilizing for Action through Planning and Partnerships. A tool developed by the National Association of City and County Health Officials in collaboration with the Centers for Disease Control and Prevention. MAPP is a community-wide strategic planning tool for improving community health. Facilitated by public health leadership, this tool helps communities prioritize public health issues and identify resources for addressing them.

MCH Leadership Skills Training Institute: Offers continuing education and training to increase leadership skills for key management personnel in State Title V Maternal and Child Health and Children with Special Health Care Needs programs.

Opinion leaders: Respected community members who can be viewed as spokespersons and authorities.

Oversight: Regulatory and/or administrative supervision.

PRAMS: Pregnancy Risk Assessment Monitoring System.

Program: Organizational entity focusing on a specific topic (e.g., the Title V Program).

Public Health Problem Solving Process: Defining the problem; measuring its magnitude; developing a conceptual framework for the key determinants of the problem, including the biologic, epidemiologic, sociocultural, economic and political determinants; identifying and developing intervention and prevention strategies, setting priorities among strategies and recommended policies; and implementing and evaluating programs. (Guyer 1997)

Relationship: Interactions between or among individuals or organizational entities. The purpose of the “relationship” must be kept in mind, and should be defined in context with regard to the specific activity or output.

Stakeholder: Any and all individuals who hold a large interest in the standing or outcome of the issue at hand.

Surveillance: Public health surveillance has been described as the collection, analysis, and dissemination of outcome-specific data to describe and monitor health events, with the explicit provision that these activities be ongoing, systematic and timely, and, most importantly, that they be linked to public health practices such as intervention and prevention programs. (Thacker and Stroup 1994, Thacker and Berkelman 1992)

“Understanding of”: Understanding of the communities in the state, including social and political contexts and other characteristics: “‘Knowing’ the community and its constituents is more than an epidemiological assessment. It involves coordinating and directing activities necessary to identify constituent groups, analyzing group characteristics and factors that generate constituent involvement, and assessing current and potential assets (including fiscal, physical, informational, and human resources) that constituents and their organizations can direct toward resolving community health issues. The tasks involved in constituent identification and analysis of group characteristics include demographic groupings; individual and organizational beliefs, values, missions, and goals; and organizational and leadership structures of constituent groups as well as their history of working with others.” (Nicola and Hatcher 2000)

YRBSS: Youth Risk Behavior Surveillance System.

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