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|  | **Healthy Communities Study - Glossary of Terms** |
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|  | **A** |
| Activity | Activities are actions or inputs that are facilitated by or occur within the community or system and related to its goals and objectives |
| ASA24 | The National Cancer Institute (NCI) Automated Self-Administered 24 hour Recall (ASA24) is a web-based software tool that enables automated and self-administered 24-hour dietary recalls. The ASA24 is a modified version of the U.S. Department of Agriculture’s (USDA), interviewer-administered [Automated Multiple Pass Method (AMPM)](http://www.ars.usda.gov/Services/docs.htm?docid=7710) 24-hour recall which utilizes multi-level food probes to obtain estimates of types and amounts of food consumed on the day prior to the visit.  |
| ASA24-Kids | The ASA24-Kids is a web-based 24-hour dietary recall tool based upon NCI’s ASA24 that has been adapted for use with children, and contains considerably fewer probes. The ASA24 must be accessed via high-speed internet. For the HCS the EMSI field interviewer will log on and enter the child’s ID, note the date and time the interview commences, and then turn over the computer to the primary respondent to enter the information prompted by the online mascot throughout the interview. The EMSI field interviewer will be trained to give a neutral introduction and clear instructions to the parent and child regarding who is to respond and to encourage interchange to obtain the most accurate information about the child's food intake on the previous day. For the HCS, the field interviewer will log on and enter the child’s ID, note the date and time the interview commences, and then turn over the computer to the primary respondent. The respondent will use the computer to enter the information prompted by the online mascot throughout the interview. The field interviewer will be trained to give a neutral introduction and clear instructions to the respondent and assist the respondent with any technical difficulties or difficulties in searching for or finding foods. |
|  | **B** |
| BMI trajectory |  A time series of BMI measurements collected on the same child based on combining direct assessments from within home data collection with information abstracted from the medical record |
|  | **C** |
| COCOMO | The strategies and measures from the Common Community Measures for Obesity Prevention project supported by the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, the Kellogg Foundation, Kaiser Permanente, and the CDC Foundation. Also referred to as the "Measures Project." A complete listing of these strategies and measures are available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>.  |
| Community | Any group sharing a common place, experience, or interest. Operationally defined for the HCS as a public high school catchment area. |
| Community Liaison | Battelle employee who travels from community to community to interview key informants, perform quality control by observing field interviewers during home visits, and conduct environmental observations within the schools. |
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|  | **E** |
| Enhanced Protocol | A Protocol that includes more detailed physical activity and nutrition measures collected of children (e.g., dietary recall and accelerometry). A randomly selected subsample of 9 children (1 in 9 or approximately 11%) will receive the Enhanced Protocol in Wave 2 of the study. |
| Ethnicity | A group of people whose members identify with each other, through a common heritage, often consisting of a common language, a common culture (often including a shared religion) and an ideology that stresses common ancestry |
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|  | **G** |
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|  | **H** |
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|  | **I** |
| Intensity Score |  The main independent predictor variables within the HCS that capture the intensity of program or policy implementation within a community by summarizing information collected via the key informant interviews, review of documents, and/or data compiled by the local community documenter. |
|  | **J** |
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|  | **K** |
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|  | **L** |
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|  | **M** |
| MAPPS Strategies | Refers to a set of intervention strategies identified by the Centers for Disease Control and Prevention to promote engagement in physical activity and healthy eating. MAPPS is an acronym for the actual strategies: Media, Access, Point of Decision Information, Price, and Social Support & Services. • Use Media to promote healthy foods/drinks and increase activity; restrict advertising and employ counter-advertising for tobacco and unhealthy foods/drinks.• Increase Access to healthy food/drink choices and safe locations to be active and improve the built environment; reduce the availability of tobacco and unhealthy food/drinks.• Use of Point of decision labeling/signage/placement to discourage consumption of tobacco, increase consumption of healthy foods/drinks, and prompt physical activity. • Use Price to discourage consumption of tobacco and to benefit consumption of healthy foods/drinks. • Use Social support/services to promote tobacco cessation, breastfeeding, and increased activity. A complete listing of MAPPS strategies is available at: <http://www.cdc.gov/chronicdisease/recovery/PDF/N_and_PA_MAPPS_strategies.pdf><http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/strategies/index.htm> These are the recommended strategies for the "Communities Putting Prevention to Work" program.  |
| Mediator | A mediating variable is one that explains the mechanism by which an independent variable affects a dependent variable. Mediating variables, or mediators, are in the causal pathway between an independent and dependent variable. Examples in HCS include availability and access to healthful foods, parent support for healthy eating and physical activity; physical activity resources at home, parent rules about physical activity. |
| Moderator | A moderating variable is one that affects the relationship between an independent variable and a dependent variable such that the relationship varies depending on the moderator. Moderators are also referred to as interactions. Examples in HCS include community obesity coalitions, socio-demographics, community contextual factors, school environments. |
|  | **N** |
| NCCOR | The National Collaborative on Childhood Obesity Research (NCCOR) brings together four of the nation’s leading research funders – the Centers for Disease Control and Prevention, (CDC), the National Institutes of Health (NIH), the Robert Wood Johnson Foundation (RWJF) and the United States Department of Agriculture (USDA) – to address the problem of childhood obesity in America. NCCOR focuses on efforts that have the potential to benefit children, teens and their families, and the communities in which they live.  |
|  | **O** |
| Obesity | Defined for children: BMI percentile >95th percentile for age and sex; for adults: BMI > 30 kg/m2 |
| Overweight | Defined for children: BMI percentile >85th but <95th percentile for age and sex; for adults: BMI > 25 and <30 kg/m2 |
|  | **P** |
| PARA Instrument | Physical Activity Resource Assessment (PARA) Instrument is a brief, one-page instrument to systematically document and describe the type, features, amenities, quality and incivilities of a variety of physical activity resources. |
| Policies | "Policies" are defined as basic principles, declared objectives, broad guidelines, regulations or laws. Policies can be established by government at local, state, and federal levels, or by organizations, such as schools or worksites. Examples of policies relevant to HCS are at various levels and include requirements for restaurant calorie labeling, school-based BMI measurement and reporting, school food service guidelines, governmental provision of food commodities to schools, pre-school and daycare food and physical activity requirements, practices affecting youth exposure to unhealthy food advertising, school physical education requirements, zoning that allows establishment of physical activity opportunities like parks and trails, and many others. |
| Pre-Selection Activity rating of Community-Based Programs/Policies | Census tract level pre-selection scores (High, Moderate, and Low/None) developed to serve as the basis for stratification of Wave 2 communities. The score hierarchically integrates information across the different program and policy entries (occurring at different levels of geographic specificity), with higher scores assigned to census tracts that had multiple program and policy entries, higher numbers of recommendations from program/policy funders or sponsors or HCS steering committee members for their promising approaches, or were located in States that had strong policy initiatives with respect to childhood obesity. Scores were calculated for each U.S. census tract, and each census tract was assigned to a high-, moderate-, or low-score group based on this score, with the top 10% highest scoring counties assigned to the high-score group, the next 30% to the moderate score group, and the lowest 60% assigned to the low score group. |
| Program | A "program" is defined as a set of activities by governmental or other bodies intended to achieve a stated goal. Programs can include activities with multiple targets (e.g., child, family, environment) or processes (e.g., classes, media, counseling), and can combine multiple approaches. Programs relevant to this announcement include those that target energy balance in youth through diet and physical activity. Generally a program is named. Examples of programs include NIH's ***We Can!*** (Ways to Enhance Children's Activity and Nutrition)® program, the RWJF's Healthy Kids, Healthy Communities program, and the CDC Steps/REACH and State Nutrition, Physical Activity and Obesity (NPAO) programs. Programs also can be defined in terms of local and/or external resources provided to enable communities to engage in a set of activities or assessments, such as expert consultation, technical assistance, specific intervention tools or materials, and/or funding. |
| Promising program/ policy | A promising program or policy is defined as a known program or policy that is either evidence-based or is strong enough to reasonably expect to see an impact if studied. |
|  | **Q** |
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|  | **R** |
| Race | White, Black/African American, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Asian  |
|  | **S** |
| Snowball sample | A sampling methodology in which new respondents are identified by current respondents via referrals |
| Specific attributes of community programs and policies | Examples: duration, funding, targets |
| Standard Protocol | The Protocol containing less detailed measures collected of all children. |
| Stakeholder | Refers to people or organizations who have an interest in the issue or effort. |
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|  | **W** |
| Wave 1 | 4 communities visited in the first year of data collection to inform the protocol for Wave 2 of the study. |
| Wave 2 | 264 communities that will be visited during a 2.5 year period that will have an in-person assessment.  |
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|  | **Y** |
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|  | **Z** |
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