

# GLOSSARY

**collaboration** — a process through which parties with diverse concerns about a problem can constructively explore their differences and search for solutions that go beyond their own limited visions of what is possible.

**coordination** — to function harmoniously and assure the timeliness, appropriateness, continuity, and completeness of care.

**community-based** — looking to the community for the identification of needs; drawing from the community to address these needs; and providing services within the home community where the needs were identified.

**cost benefit** — an approach to evaluation that converts outcomes to monetary terms (dollars) so that both costs and outcomes are expressed in economic terms.

**cost effectiveness** — an approach to evaluation that takes into account both costs and outcomes of two or more alternative methods of intervention for a specific purpose.

**CQI (continuous quality improvement)** — evaluation of the process and outcomes of care.

**culturally competent/appropriate** — organizing systems to be sensitive to culture, competent to serve culturally diverse groups, and to ensure the incorporation of these values at the levels of policymaking, administration, and practice.

**environment** — rules and regulations that affect the physical surroundings and conditions and the social conditions to which people are exposed; examples related to nutrition include amount of nutrition information available in print media, number of high-fat snack food advertisements during prime time, and lunches available at the work site.

**evaluation** — the systematic measurement of results by comparing the data collected with pre-established standards or controls.

**Gantt chart** — a bar chart which reflects activities and their start and completion dates. Activities are listed in the left column and their start and end dates and duration are drawn with horizontal bars at the right.

**goals** — guiding dream, ideal, or vision to which the program aspires to or strives for in the future.

**integrated delivery systems** — see integrated service systems.

**integrated service systems** — public/private partnerships of health-related and other relevant community organizations and individuals working collaboratively to use community resources to address community-identified health problems.

**monitoring** — ongoing assessment and evaluation of an intervention that provides continuous feedback on performance.

**nutrition education** — the process by which nutrition information and beliefs, attitudes, and environmental influences about food lead to practices that are scientifically sound, practical, and consistent with individual needs and food resources.

**nutrition screening** — the process of discovering characteristics known to be associated with dietary or nutritional problems; its purpose is to identify individuals who are at high risk for nutritional problems or who have unrecognized malnutrition.

**objectives** — measurable commitments to action that clearly specify the magnitude and results the program promises to accomplish.

**organizational capacity** — internal review of a department's basic administrative and programmatic ability to undertake a task.

**outcome objectives** — benefits or changes in attitude, knowledge, behavior, or nutritional or health status of an individual or a community.

**priorities** — options or alternatives ranked according to effectiveness or value/importance or both.

**primary prevention** — intervention that targets healthy individuals seeking to decrease the probability of developing a disease or disability.

**process objective** — practices or procedures carried out by health and nutrition workers.

**public health nutrition** — the nutrition program conducted by a state, county, city, or other governmental agency that has the responsibility for the health of persons living in the area over which it has jurisdiction.

**quality assessment** — an act of comparing present program structure, process, and outcomes with stated criteria for performance.

**quality assurance** — a systematic program for assuring excellence in health care; includes definition of indicators or criteria and thresholds or standards, devising methods for determining the degree to which standards are met, and mechanisms to identify and correct deficiencies.

**secondary prevention** — detection, diagnosis, and intervention early in the disease process to minimize detrimental and disabling effects.

**structure objectives** — number, qualification, and scheduling of staff, budget, space, and equipment necessary to carry out the process.

**tertiary prevention** — medical treatment once a defect or disability is fixed, stabilized, or irreversible.

**TQM (total quality management)** — a management philosophy that believes quality must start at the top and have the total and continuing commitment of management; organization focus on meeting customer needs.

**U.S. Department of Agriculture** — the lead agency in the federal government for food and agricultural sciences, including human nutrition; USDA has responsibility for food and agricultural programs.

**U.S. Department of Health and Human Services** — responsible for studying the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments in people; DHHS administers the majority of public health and nutrition programs.



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