



# Part Five: Glossary





## Glossary

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**Activities** – Things that the program is doing. These can be processes, tools, events, and actions intended to be a part of program implementation.

**Advisor** – Individuals outside of the strategic planning workgroup with experience or expertise in strategic planning who observe the process and provide advice on discussions and products. An outside consultant from a private company or university could serve this role, but it is optional because your workgroup may not have ready access to these individuals or need their expertise.

**Assess** – A step in strategic planning in which the strategic planning workgroup reviews and analyzes program-related data so the program can allocate resources and services in the most strategic way. In the Assess step you determine where the program currently is. The product of the Assess step is an analysis of program strengths, weaknesses, opportunities, and threats (SWOTs) based on the data review.

**Communicate** – A step in strategic planning that involves sharing information about the strategic plan in ways that make the plan understandable and useful to stakeholders. The products of the Communicate step are the communication messages and products you disseminate each year about your strategic plan, including its creation, implementation, and evaluation.

**Communication channel** – A route of communication such as a news conference or posters.

**Communication format** – The actual layout of the communication you will use, such as reports, brochures,

one-page descriptions, newsletters, executive summaries, slides, and fact sheets.

**Convener** – The individual who schedules strategic planning meetings, sets the agenda, sends notification and reminders to participants, opens the meetings, holds participants accountable, and reports progress.

**Create** – A step in strategic planning in which you develop and write the five-year strategic plan. The strategic planning workgroup reviews the SWOT analysis and uses the findings to identify and prioritize strategies that the program intends to implement during the five-year cooperative agreement.

**DASH program evaluation expectations** – Expectations by DASH that, as a funded partner, you will: (1) describe, understand, and plan your program; (2) document what happened in your program; (3) improve your program; and (4) conduct more in-depth evaluation.

**Evaluate** – A step in strategic planning in which you evaluate your implementation of the strategic plan and your program activities. Your program develops evaluation questions and collects data to inform the annual workplan for the coming year.

**Evaluation** – The process of determining the merit, worth, and value of things. There are two parts to evaluation: (1) data gathering, and (2) collecting, clarifying, and verifying relevant values and standards.

**External data** – Data describing the population that your program serves and the environment in which your program operates.

# PROGRAM STRATEGIC PLANNING KIT EVALUATION for school health programs

**External partners** – Agencies, organizations, and groups outside your own agency with which you collaborate or associate to further the goals of your project.

**Facilitator** – The individual who monitors the progress of the strategic planning meetings, asks questions, and when applicable, provides pieces of information to move participants forward in the process.

**Implement** – The step in strategic planning in which strategies in your strategic plan are put into action as outlined in the strategic plan implementation timeline. The product of the Implement step is the completion of activities in annual workplans, as reflected in the achievement of SMART objectives.

**Implementation** – To put into effect or accomplish strategies, plans, policies, or activities related to DASH-funded programs.

**Implementation timeline** – A timeline indicating the year(s) of the cooperative agreement that your program will implement each strategy in your strategic plan.

**Indicators** – Data that are specific, observable, and measurable that quantify progress made toward a specific output or outcome (<http://www.cdc.gov/healthyouth/evaluation/indicators-facts.htm>).

**Indicators for School Health Programs** – A common set of measures for reporting annual progress and providing CDC/DASH with a common data set that can be used to report national program progress. The *Indicators* summarize process evaluation data that describe basic program activities such as distribution of materials and provision of professional development

and individualized technical assistance on policy, curricula, student assessment, and environmental initiatives.

**Inputs** – Resources available to operate a program including staff, organizations, communities, and finances.

**Internal data** – Data describing the current status of your DASH-funded program and how it operates. A major source of internal data is the DASH Program Inventory.

**Monitoring** – Tracking your program activities.

**Outcome evaluation** – Evaluation undertaken to determine if the effects of changes ascribed to a program (e.g., changes in systems, collaborations, policies, knowledge, attitudes, or behavior among administrators, teachers, school staff, community members, or youth) are associated with program activities.

**Outcomes** – Intended outcomes or specific changes that are direct results of program activities. These include changes in knowledge, attitudes, skills, and behaviors. These can be considered in three time blocks as short-, intermediate-, and long-term effects.

**Outputs** – The amount of product and/or service that the program intends to provide. These include specific types, levels, and targets of services to be delivered by the program.

**Overall program goal** – Overall mission or purpose of the program often expressed in terms of morbidity and mortality. The overall program goal is the goal indicated in the five-year program logic model.

# PROGRAM STRATEGIC PLANNING KIT EVALUATION for school health programs

**Partnerships** – A group of individuals or organizations working together to address common goals. Partnerships involve a relationship of mutual respect, coordination of administrative responsibility, establishment of reciprocal roles, shared participation in decision-making, mutual accountability, and transparency.

**Prepare** – The step in strategic planning in which you lay a foundation for the strategic planning process by establishing the purposes of the strategic plan; identifying stakeholders; determining what information, roles, and resources are necessary for the strategic planning process; and, developing the timeline for strategic planning through which a program lays a foundation for a strategic planning process.

**Process evaluation** – Collecting data on how well the program (and the strategic plan) has been implemented, including who, what, when, where, and how program activities were accomplished.

**Professional development event** – A set of skill-building processes and activities designed to assist targeted groups of participants in mastering specific learning objectives. Such events are delivered in an adequate time span (at least 3 hours) and may include curriculum and other training, workshops, and on-line or distance learning courses.

**Program** – A multifaceted approach to decrease health risk behaviors that may include a combination of strategies such as one-on-one interventions, policy and climate changes, advocacy, peer interventions, mentoring programs, youth asset development, and outreach.

**Program goal** – A broad statement of program purpose that describes the expected long-term effects of a program. Goals should address the program's effect in reducing a health problem (e.g., HIV, obesity, tobacco-use prevention) and identify the target population to be affected (e.g., middle school students, school districts, health education teachers).

**Program Inventory** - A tool that provides a snapshot of what your program currently is doing related to four program components: (1) program management and staffing, (2) program planning and monitoring, (3) professional development and technical assistance, and (4) partnerships.

**Program management** – The qualifications and skills of program staff to conduct activities under the cooperative agreement.

**Program opportunities** – Aspects of the external environment in which your school health program operates that facilitate reaching program goals. Opportunities are not just positive aspects of the environment but can also be the chance to address program gaps and initiate new activities.

**Program planning** – The process of choosing activities and identifying appropriate individuals to involve in your activities.

**Program staffing** – The establishment of positions required under the cooperative agreement.

**Program strengths** – Elements internal to your school health program that facilitate reaching your program goals.

# PROGRAM STRATEGIC PLANNING KIT EVALUATION for school health programs

**Program threats** – Aspects of the external environment in which your school health program operates that are barriers to reaching program goals.

**Program weaknesses** – Elements internal to your school health program that are barriers to reaching your program goals.

**Protocol** – The procedure for conducting a particular task.

**Reviewer** – Individuals outside of the strategic planning workgroup who can review and edit the strategic plan and provide feedback.

**School Health Profiles** – A biennial survey conducted by state and local education and health agencies among middle/junior and senior high school principals and lead health education teachers. Profiles monitors the current status of: school health education requirements and content; physical education requirements; asthma management activities; food service; competitive foods practices and policies; family and community involvement in school health programs; school health policies on HIV and AIDS prevention, tobacco-use prevention, violence prevention, and physical activity.

**School level impact measure (SLIM)** – SLIMs were developed by DASH, based on CDC scientific guidance documents, to measure the percentage of schools in a state or community that are implementing CDC's recommended practices to address critical health problems faced by children and adolescents.

**SMART objectives** – Objectives are statements that describe program results to be achieved and how they will be achieved. *Specific* objectives include *who* will be targeted and *what* will be accomplished. *Measurable* objectives include *how much* change is expected, specifically enough that achievement of the objective can be measured through counting or documenting change. *Achievable* objectives can be realistically accomplished given your program's existing resources and constraints. *Realistic* objectives address the scope of the health problem and propose reasonable programmatic steps. *Time-phased* objectives provide a timeline indicating when the objective will be met.

**Stakeholder** – Stakeholders are individuals or organizations that are invested in the program and the results of program activities, and have a stake in what will be done with the results.

**Strategic plan** – A document that describes a program's strengths, weaknesses, opportunities, and threats, and outlines strategies and directions for the five years of the cooperative agreement. It is a program-planning tool that provides a blueprint to strengthen program activities, address areas for improvement, and move the program forward to new accomplishments.

**Strategic planning** – A process that results in decisions and actions to guide what your program is, what it does, and why it does it.

**Strategic planning workgroup** – Program stakeholders who choose to participate in a group process to create the program's strategic plan.

# PROGRAM STRATEGIC PLANNING KIT EVALUATION for school health programs

**Strategy** – The means or broad approach by which a program will achieve its goals.

**SWOT analysis** – A scan of the internal and external environment of a program identifying strengths and weaknesses that are internal to your program and opportunities and threats external to your program in the environment in which it operates.

**Target population(s)** – Group of individuals with specific characteristics that will receive the program or intervention.

**Technical assistance** – Tailored guidance to meet the specific needs of a site or sites through collaborative communication between a specialist and the site(s). Assistance takes into account site-specific circumstances and culture and can be provided through phone, mail, email, Internet, or in-person meetings.

**Workplan** – The CDC/DASH workplan provides a concise, easy-to-read overview of your goals, objectives, measures, activities, timeline, and those responsible for making the program happen. It is usually developed every fiscal year.

**Workplan objective** – A statement describing the results to be achieved and the manner in which these results will be achieved. Objectives should be SMART.

**Writer** – The individual who synthesizes ideas generated in meetings and writes each section of the strategic plan document.

**Youth disproportionately affected** – Populations of youth for whom the incidence, prevalence, mortality, and burden of disease and other related adverse health conditions, many of which result from health-related behaviors that are established during childhood and adolescence, are greater than in a comparison population. Populations can be defined by race or ethnicity, gender, education or income, disability, geographic location (i.e., rural or urban), or sexual orientation.

**Youth Risk Behavior Survey (YRBS)** – Monitors six categories of priority health risk behaviors among youth and young adults, including behavior that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV; unhealthy dietary behavior; and physical inactivity. In addition, the YRBS measures general health status and the prevalence of overweight and asthma that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. YRBSs are conducted by state, territorial, and local health and education agencies.

