

Community Health Assessment

A – Asset Mapping, Assessment Framework

Asset mapping identifies existing community resources such as clinics, schools, and faith-based organizations. It helps planners locate strengths that can be leveraged to address gaps. Example: mapping free nutrition counseling sites in a low-income neighborhood. Challenge: data may be outdated or incomplete, requiring verification.

ABCD – Asset-Based Community Development

ABCD is a methodology that focuses on community assets rather than deficits. It guides health teams to partner with local leaders to co-design interventions. Practical use: forming a coalition of local businesses to sponsor health fairs. Difficulty: shifting stakeholder mindset from problem-centric to asset-centric.

Absenteeism – Workplace Health Indicator

Absenteeism measures days missed due to illness and reflects community health status. High rates may indicate infectious disease spread or chronic condition burden. Example: tracking sick leave in schools to detect flu outbreaks. Limitation: does not capture presenteeism where individuals work while ill.

Access to Care – Barriers, Utilization

Access to care evaluates how easily residents obtain needed services. Variables include geographic distance, insurance coverage, and cultural competence. Practical application: GIS analysis of travel time to nearest primary care clinic. Challenge: “access” may be perceived differently by diverse populations, requiring qualitative input.

Adverse Childhood Experiences (ACEs) – Risk Factors, Trauma

ACEs are stressful or traumatic events in childhood that increase later health risks. Community health assessments often include ACE prevalence surveys. Example: integrating ACE questions into school health screenings. Issue: respondents may under-report due to stigma, affecting data validity.

Advocacy – Policy Change, Community Mobilization

Advocacy translates assessment findings into policy or program action. Health professionals may draft briefs for local council based on identified gaps. Real-world use: lobbying for a mobile health unit in rural districts. Barrier: competing political priorities can delay implementation.

Age-Standardization – Statistical Adjustment, Population Comparisons

Age-standardization adjusts disease rates to a common age distribution, enabling fair comparisons across communities. Example: comparing hypertension prevalence between a youthful suburb and an aging town. Challenge: requires accurate age-specific data, which may be lacking in small populations.

Altruism – Volunteerism, Social Capital

Altruism reflects the willingness of community members to help others, influencing participation in health

initiatives. Assessments may gauge altruistic norms through focus groups. Example: high volunteer turnout for a community garden project. Limitation: altruistic intent does not always translate to sustained involvement.

Alcohol-Related Harm – Substance Use Indicator

Measures incidents such as binge drinking, injuries, and traffic accidents linked to alcohol. Health assessments often track emergency department visits for intoxication. Application: designing targeted brief intervention programs in high-risk neighborhoods. Challenge: self-report bias in surveys can underestimate true prevalence.

Allied Health Professionals – Interdisciplinary Teams, Collaboration

Allied health professionals include physiotherapists, dietitians, and community health workers who contribute expertise to assessments. Example: dietitians analyzing nutrition gaps in school meals. Issue: coordinating schedules across disciplines may be logistically complex.

Alternative Data Sources – Big Data, Social Media

Alternative data sources supplement traditional surveys with information from mobile phones, social media, or retail sales. Example: using geotagged tweets to detect emerging disease clusters. Benefit: real-time insight. Risk: privacy concerns and data quality variability.

American Community Survey (ACS) – Census Data, Demographics

The ACS provides annual estimates on income, education, and housing. It is a core data source for community health assessments. Practical use: extracting median household income to identify poverty pockets. Limitation: margins of error can be large for small geographic areas.

Anthropometric Measures – Body Mass Index, Waist Circumference

These measures assess nutritional status and risk for chronic disease. In community screenings, health workers may record BMI to track obesity trends. Example: school-based BMI percentile charts. Challenge: cultural sensitivity around body measurements can affect participation.

Application Programming Interface (API) – Data Integration, Automation

APIs allow health assessment platforms to pull data from external systems such as electronic health records. Example: using a public health API to retrieve vaccination rates. Advantage: reduces manual data entry. Barrier: differing data standards may require mapping.

Appropriate Use Criteria – Clinical Guidelines, Resource Allocation

Criteria define when specific services, like imaging, should be utilized. Incorporating these criteria into assessments helps identify over- or under-use of services. Example: evaluating low-value imaging in emergency departments. Difficulty: ensuring clinicians adhere to guidelines amidst patient expectations.

Assessment Cycle – Planning, Implementation, Evaluation

The assessment cycle outlines steps from initial scoping to final reporting. It ensures systematic data collection and feedback loops. Real-world case: a health department repeats the cycle every five years to monitor trends. Challenge: maintaining momentum between cycles.

Behavioral Surveillance – Risk Factor Monitoring, BRFSS

Surveillance of health-related behaviors such as smoking, diet, and physical activity. The Behavioral Risk Factor Surveillance System (BRFSS) is a national example. Example: local adaptation of BRFSS questions to capture vaping prevalence. Limitation: telephone surveys may miss households without landlines.

Benchmarking – Performance Comparison, Best Practices

Benchmarking compares a community's health metrics against peers or national standards. Example: comparing infant mortality rates to neighboring counties. Benefit: identifies areas where improvement is needed. Issue: differences in data collection methods can skew comparisons.

Beneficiary Feedback – Patient Satisfaction, Service Improvement

Collecting feedback from service users informs quality improvement. Methods include exit interviews and satisfaction surveys. Example: gathering patient input after a mobile clinic visit. Challenge: low response rates may limit representativeness.

Biostatistics – Statistical Analysis, Epidemiology

Biostatistics provides tools for analyzing health data, from descriptive statistics to multivariate modeling. Example: using logistic regression to identify predictors of diabetes. Difficulty: requires skilled analysts and appropriate software.

Big Data Analytics – Predictive Modeling, Machine Learning

Big data analytics processes large, complex datasets to uncover patterns. Example: applying clustering algorithms to emergency department visits to detect hotspots. Advantage: can reveal hidden trends. Concern: algorithmic bias may misclassify vulnerable groups.

Boundary Spanning – Cross-Sector Collaboration, Network Governance

Boundary spanning involves linking organizations across health, education, and housing sectors. Example: a health department partnering with the school board to address asthma triggers. Benefit: holistic solutions. Barrier: differing organizational cultures may impede coordination.

Burden of Disease – DALYs, YLL, YLD

Burden of disease quantifies health loss using Disability-Adjusted Life Years (DALYs), Years of Life Lost (YLL), and Years Lived with Disability (YLD). Example: calculating DALYs for cardiovascular disease in a city. Challenge: requires reliable morbidity and mortality data.

Capacity Building – Training, Infrastructure Development

Capacity building strengthens local ability to conduct assessments and implement interventions. Example: training community health workers in data collection techniques. Benefit: sustainable improvements. Issue: turnover can erode gains if not institutionalized.

Case Definition – Surveillance Standard, Diagnostic Criteria

A case definition specifies criteria for identifying disease cases in surveillance. Example: defining a COVID-19 case as a positive PCR test plus symptom onset within 14 days. Importance: ensures consistency across reporting sites. Pitfall: overly strict definitions may miss atypical presentations.

Cause-Specific Mortality – Vital Statistics, Mortality Registry

Tracks deaths attributed to specific causes, such as heart disease or overdose. Example: analyzing trends in opioid-related mortality. Application: prioritizing resources for high-mortality causes. Limitation: death certificates may contain inaccurate cause-of-death coding.

Community Asset Inventory – Resource Mapping, Service Directory

A systematic list of community assets, ranging from health facilities to social clubs. Example: compiling a directory of free mental health counseling services. Use: supports referral networks. Challenge: keeping the inventory current as organizations open or close.

Community Engagement – Participatory Approaches, Trust Building

Involves residents in planning, data collection, and decision-making. Example: holding town hall meetings to discuss assessment findings. Benefit: enhances relevance and acceptance. Barrier: community fatigue if engagement is tokenistic.

Community Health Index (CHI) – Composite Indicator, Scoring System

A CHI aggregates multiple health indicators into a single score to rank neighborhoods. Example: assigning scores based on diabetes prevalence, air quality, and access to parks. Advantage: simplifies communication to policymakers. Risk: oversimplification may mask specific issues.

Community Health Needs Assessment (CHNA) – Nonprofit Requirement, Strategic Planning

A CHNA is a mandated process for hospitals to identify community health priorities every three years. Example: a hospital's CHNA revealing high rates of hypertension in a nearby zip code. Outcome: development of an implementation plan. Challenge: aligning CHNA findings with limited resources.

Community Health Profile – Snapshot, Demographic Summary

A concise document summarizing key health metrics, demographics, and resources for a defined area. Example: a one-page profile for a city council meeting. Use: quick reference for decision-makers. Limitation: may lack depth for complex program design.

Community-Based Participatory Research (CBPR) – Co-Creation, Shared Governance

CBPR partners researchers with community members throughout the research cycle. Example: co-designing a survey on food insecurity with local advocacy groups. Strength: improves cultural relevance. Challenge: longer timelines due to consensus processes.

Community Indicator – Health Metric, Benchmark

A measurable sign of community health, such as infant mortality or vaccination coverage. Example: tracking the percentage of children receiving the measles vaccine. Use: monitoring progress toward health goals. Pitfall: indicators may be influenced by factors beyond local control.

Community Resilience – Adaptive Capacity, Disaster Preparedness

Resilience reflects a community's ability to withstand and recover from shocks. Assessment may include evaluating emergency response plans and social support networks. Example: measuring the time to restore water services after a flood. Challenge: quantifying intangible attributes like social cohesion.

Community Survey – Questionnaire, Data Collection Tool

A structured instrument to gather health-related information directly from residents. Example: a door-to-door survey on smoking habits. Benefit: captures perceptions not found in administrative data. Limitation: response bias and resource intensity.

Comparative Effectiveness Research (CER) – Intervention Evaluation, Evidence Synthesis

CER compares the outcomes of different health interventions in real-world settings. Example: evaluating the impact of a school nutrition program versus a community garden initiative on childhood obesity. Value: informs resource allocation. Difficulty: requires robust data infrastructure.

Composite Indicator – Weighted Index, Multi-Metric Score

Combines several individual indicators into a single measure, often using weighting schemes. Example: a “Healthy Neighborhood Score” that blends air quality, walkability, and chronic disease rates. Advantage: provides an overall picture. Risk: weighting decisions may be subjective.

Confounding Variable – Bias, Statistical Control

A factor that distorts the apparent relationship between exposure and outcome. Example: age confounding the link between physical activity and cardiovascular disease. Remedy: multivariate analysis to adjust for confounders. Challenge: unmeasured confounders can still bias results.

Congruence – Alignment, Stakeholder Agreement

Congruence refers to the degree to which assessment objectives match community priorities. Example: ensuring that a health department’s focus on diabetes aligns with residents’ concerns about food access. Benefit: fosters support. Issue: misalignment can lead to resistance.

Contact Tracing – Infectious Disease Control, Case Investigation

Identifies and notifies individuals who have been exposed to an infectious case. Example: using digital tools to trace COVID-19 contacts in a university campus. Effectiveness: reduces transmission chains. Limitation: privacy concerns and incomplete reporting.

Contextual Factors – Social Determinants, Environmental Influences

Elements such as housing, education, and employment that shape health outcomes. Assessment must capture these to explain disparities. Example: linking high asthma rates to substandard housing conditions. Challenge: data on contextual factors may be fragmented across agencies.

Controlled Vocabulary – Standardized Terminology, Coding Systems

A set of approved terms used to ensure consistency in data entry. Example: employing the International Classification of Diseases (ICD) codes for disease reporting. Benefit: facilitates data sharing. Issue: users may find strict vocabularies restrictive.

Cross-Sectional Study – Snapshot Design, Prevalence Estimate

Collects data at a single point in time to assess the prevalence of health outcomes. Example: a community health assessment survey measuring current hypertension rates. Advantage: quick and cost-effective. Limitation: cannot infer causality.

Data Governance – Policy, Stewardship, Security

Frameworks that dictate how data are collected, stored, accessed, and shared. Example: establishing a data use agreement between a health department and a university. Importance: protects privacy and ensures data quality. Challenge: navigating legal and ethical requirements.

Data Integration – Linkage, Interoperability

Combining datasets from multiple sources to create a richer picture. Example: linking school attendance records with health clinic visits to explore correlations. Benefit: deeper insights. Barrier: mismatched identifiers and differing data formats.

Data Quality Assurance – Validation, Error Checking

Procedures to ensure accuracy, completeness, and reliability of collected data. Example: double-entry verification for survey responses. Advantage: reduces bias. Difficulty: adds time and cost to the assessment process.

Data Visualization – Maps, Dashboards, Infographics

Transforms raw data into visual formats that are easier to interpret. Example: heat maps showing rates of opioid overdose across city districts. Benefit: facilitates rapid identification of hotspots. Risk: poor design can mislead viewers.

Demographic Profile – Population Characteristics, Census Data

Describes age, gender, race/ethnicity, and socioeconomic attributes of a community. Example: a demographic profile revealing a growing Hispanic population in a suburb. Use: tailoring culturally appropriate interventions. Limitation: may not capture intra-group heterogeneity.

Determinants of Health – Social, Economic, Environmental

Factors that influence health status, including education, income, housing, and access to care. Example: assessing how food deserts contribute to obesity rates. Importance: guides multi-sectoral strategies. Challenge: addressing upstream determinants often requires policy change.

Disparities – Health Inequities, Gap Analysis

Differences in health outcomes that are closely linked to social, economic, or environmental disadvantage. Example: higher infant mortality among Black infants compared with White infants. Application: targeting resources to reduce gaps. Barrier: systemic factors may be resistant to short-term interventions.

Disease Surveillance – Monitoring, Early Warning

Systematic collection, analysis, and interpretation of health data to detect disease trends. Example: weekly reporting of influenza-like illness from sentinel clinics. Benefit: enables timely public health response. Issue: under-reporting can obscure true incidence.

Dissemination Plan – Communication Strategy, Stakeholder Outreach

Outlines how assessment findings will be shared with audiences. Example: presenting results at a community forum and publishing a brief for policymakers. Advantage: maximizes impact. Challenge: translating technical data into accessible language.

Distance Decay – Geographic Accessibility, Service Utilization

Phenomenon where service use declines as distance from the provider increases. Example: lower vaccination rates in neighborhoods farther from the nearest clinic. Application: planning mobile clinics to reduce travel barriers. Limitation: may be confounded by transportation options.

Doctor-Patient Ratio – Provider Density, Workforce Planning

Measures the number of physicians per population unit. Example: a ratio of 1:1,500 indicating a shortage of primary care doctors. Use: informs recruitment incentives. Challenge: does not reflect the full scope of allied health providers.

Economic Evaluation – Cost-Effectiveness, Cost-Benefit Analysis

Assesses the financial implications of health interventions relative to outcomes. Example: calculating the cost per quality-adjusted life year saved by a smoking cessation program. Benefit: supports efficient resource allocation. Difficulty: assigning monetary values to health outcomes can be contentious.

Ecological Study – Aggregate Data, Area-Level Analysis

Analyzes data at the group or community level rather than individuals. Example: correlating county-level obesity rates with average income. Advantage: useful for generating hypotheses. Limitation: ecological fallacy—assumptions about individuals based on group data may be incorrect.

Electronic Health Record (EHR) – Clinical Data Source, Interoperability

Digital version of a patient's chart, providing real-time health information. Example: extracting hypertension diagnoses from EHRs for a community prevalence estimate. Benefit: rich clinical data. Barrier: varying EHR systems and data privacy regulations.

Emerging Threats – Novel Pathogens, Climate-Related Risks

New or re-emerging health hazards that may impact a community. Example: monitoring for Zika virus spread after a local mosquito population surge. Importance: proactive assessment enables rapid response. Challenge: limited historical data for modeling.

Equity Lens – Fairness, Disparity Focus

Applying an equity perspective ensures that assessment processes consider the needs of marginalized groups. Example: stratifying data by income to reveal hidden disparities. Benefit: promotes socially just interventions. Risk: may require additional data collection resources.

Evaluation Framework – Logic Model, Outcome Measures

Provides structure for assessing program effectiveness, linking inputs, activities, outputs, and outcomes. Example: using the RE-AIM framework to evaluate a community fitness program. Advantage: clarifies causal pathways. Difficulty: selecting appropriate indicators can be complex.

Evidence-Based Practice – Research Integration, Best Practices

Incorporates the best available research findings into decision-making. Example: adopting CDC guidelines for hypertension management in community clinics. Benefit: improves health outcomes. Challenge: translating evidence into local context.

Explanatory Model – Conceptual Framework, Theory

A theoretical construct that explains how various factors interact to affect health. Example: the Social Ecological Model illustrating individual, interpersonal, community, and policy influences on obesity. Use: guides comprehensive assessment design. Limitation: may oversimplify complex interactions.

Exposure Assessment – Risk Factor Quantification, Environmental Monitoring

Determines the magnitude, frequency, and duration of contact with a hazard. Example: measuring air particulate levels in neighborhoods near a highway. Application: linking exposure levels to respiratory disease rates. Challenge: requires specialized equipment and expertise.

Fidelity – Implementation Quality, Protocol Adherence

Degree to which an intervention is delivered as intended. Example: assessing whether community health workers follow the prescribed counseling script. Importance: high fidelity predicts better outcomes. Issue: strict fidelity may limit adaptation to local culture.

Focus Group – Qualitative Method, Group Discussion

Facilitated conversation among a small group to explore perceptions and attitudes. Example: conducting focus groups with seniors to understand barriers to flu vaccination. Benefit: rich, contextual data. Limitation: not statistically generalizable.

Geographic Information System (GIS) – Spatial Analysis, Mapping Tool

Software that captures, stores, analyzes, and visualizes geographic data. Example: creating a GIS layer showing locations of fast-food outlets relative to schools. Advantage: reveals spatial patterns. Challenge: requires technical skill and accurate geocoding.

Health Impact Assessment (HIA) – Policy Evaluation, Predictive Tool

A systematic process to evaluate the potential health effects of a policy, program, or project before implementation. Example: HIA of a new public transit line to assess changes in active travel. Benefit: informs decision-makers of health implications. Barrier: may be perceived as an added bureaucratic step.

Health Literacy – Understanding, Navigation

The capacity of individuals to obtain, process, and act on health information. Example: low health literacy may reduce uptake of preventive screenings. Assessment may involve brief literacy screens. Challenge: culturally appropriate materials are needed to improve comprehension.

Health Outcomes – Mortality, Morbidity, Quality of Life

Measures that reflect the effect of health interventions on individuals or populations. Example: reduction in diabetes-related hospital admissions after a lifestyle program. Use: ultimate gauge of program success. Limitation: outcomes may be influenced by external factors beyond program control.

Health Promotion – Education, Community Mobilization

Efforts to enable people to increase control over their health. Example: a community garden initiative encouraging fruit consumption. Benefit: preventive focus can reduce disease burden. Challenge: sustained behavior change often requires long-term support.

Health Services Utilization – Access, Demand, Capacity

Measures frequency of use of health services such as primary care visits, emergency department admissions, and preventive screenings. Example: tracking primary care visits per 1,000 residents. Application: identifying under-served areas. Issue: utilization may be driven by factors unrelated to need, such as insurance coverage.

Health Status – Self-Reported, Objective Measures

Overall condition of an individual's physical, mental, and social well-being. Example: using the SF-12 survey to gauge community mental health. Importance: baseline for monitoring change. Limitation: self-report bias can affect accuracy.

Health Equity Audits – Gap Identification, Policy Review

Systematic reviews that assess whether health policies and programs are delivering equitable outcomes. Example: auditing vaccination campaigns to see if they reach low-income neighborhoods. Benefit: highlights inequities for corrective action. Challenge: requires disaggregated data.

Health Informatics – Data Management, Decision Support

Application of information technology to health care delivery and public health. Example: deploying a dashboard that displays real-time vaccination rates. Advantage: facilitates rapid data-driven decisions. Risk: interoperability issues may limit data sharing.

Health Indicator – Metric, Benchmark

Quantifiable measure of health status, such as prevalence of hypertension or rate of teen pregnancies. Example: using the infant mortality rate as a key indicator for maternal-child health. Use: tracking progress toward health objectives. Limitation: single indicators may not capture the full picture.

Health Needs Assessment – Gap Analysis, Prioritization

Process of identifying health problems and the resources required to address them. Example: a municipal health department conducts a needs assessment to prioritize mental health services. Outcome: informs allocation of funding. Difficulty: balancing community desires with evidence-based priorities.

Health Promotion Theory – Behavior Change Models, Theory of Planned Behavior

Frameworks that explain how health behaviors can be changed. Example: applying the Transtheoretical Model to design a smoking cessation program. Benefit: guides intervention design. Challenge: theory may not fully account for structural barriers.

Health Risk Assessment (HRA) – Individual Screening, Preventive Counseling

Tool that evaluates an individual's risk for developing health problems based on lifestyle and medical history. Example: online HRA for cardiovascular risk. Use: personalize prevention messages. Limitation: self-reported data may be inaccurate.

Health Surveillance – Continuous Monitoring, Data Collection

Ongoing systematic collection, analysis, and interpretation of health data. Example: weekly influenza surveillance reports. Advantage: early detection of trends. Barrier: requires sustained funding and workforce.

Health System Strengthening – Capacity Building, Governance

Efforts to improve the performance of health systems, including service delivery, financing, and workforce. Example: training health managers in data-driven decision-making. Benefit: enhances overall public health capacity. Challenge: systemic reforms often encounter political resistance.

Health Technology Assessment (HTA) – Cost-Effectiveness, Clinical Efficacy

Evaluation of medical technologies, pharmaceuticals, and interventions to inform policy. Example: HTA of a new diabetes monitoring device before procurement. Advantage: ensures value for money. Difficulty: requires multidisciplinary expertise.

Health Workforce – Provider Availability, Distribution

The total number and types of health professionals serving a population. Example: mapping nurse practitioner locations to identify underserved areas. Use: informs recruitment and training strategies. Limitation: workforce data may lag behind real-time needs.

Heat Map – Spatial Visualization, Hotspot Identification

A colored map that displays intensity of a variable across a geographic area. Example: a heat map of COVID-19 incidence by census tract. Benefit: quickly reveals clusters. Risk: may oversimplify complex causality.

Holistic Assessment – Whole-Person Approach, Multi-Domain

Considers physical, mental, social, and environmental factors together. Example: integrating housing stability questions into a health survey. Advantage: provides a fuller picture of determinants. Challenge: longer surveys may increase respondent burden.

Human Development Index (HDI) – Composite Measure, Socioeconomic Indicator

Combines life expectancy, education, and per-capita income to rank development. Example: using HDI to compare health outcomes across regions. Use: contextualizes health data within broader development levels. Limitation: may mask intra-regional disparities.

Illness Perception – Cognitive Representation, Health Beliefs

How individuals interpret symptoms and disease. Example: cultural beliefs influencing acceptance of mental health treatment. Assessment may involve structured questionnaires. Benefit: informs culturally sensitive communication. Difficulty: diverse beliefs require nuanced understanding.

Implementation Science – Translation, Fidelity

Study of methods to promote uptake of evidence-based interventions into routine practice. Example: evaluating barriers to adopting a new vaccination protocol in community clinics. Advantage: bridges gap between research and practice. Challenge: complex real-world contexts can hinder standardization.

Indicator Dashboard – Interactive Display, Real-Time Monitoring

Digital interface that shows key health metrics at a glance. Example: a city health department dashboard displaying rates of asthma exacerbations. Benefit: facilitates rapid decision-making. Risk: data overload if too many indicators are displayed.

Infectious Disease Modeling – Predictive Analytics, Transmission Dynamics

Mathematical simulations that forecast disease spread. Example: SEIR model projecting COVID-19 cases under different mitigation scenarios. Use: informs resource allocation and policy. Limitation: model accuracy depends on quality of input data.

Infrastructure Assessment – Facility Audit, Capacity Review

Evaluates physical resources such as clinics, laboratories, and transportation. Example: assessing availability of cold-chain storage for vaccine distribution. Benefit: identifies gaps for investment. Challenge: infrastructure data may be outdated.

Input-Output Analysis – Economic Modeling, Resource Allocation

Examines relationships between health sector inputs (e.g., funding) and outputs (e.g., services delivered). Example: estimating how increased funding for community health workers translates into reduced emergency visits. Advantage: quantifies impact of resource changes. Difficulty: requires detailed cost data.

Intervention Mapping – Program Planning, Logic Model

Systematic process that links identified determinants to specific intervention components. Example: mapping determinants of low immunization rates to targeted education, reminder systems, and provider incentives. Benefit: ensures interventions address root causes. Barrier: time-intensive planning phase.

Intersectionality – Multiple Identities, Compounded Disadvantage

Analytical framework recognizing that individuals may experience overlapping forms of discrimination (e.g., race, gender, disability). Example: examining how Black women with low income face greater barriers to prenatal care. Use: deepens understanding of health inequities. Challenge: data collection must capture multiple identity dimensions.

Key Informant Interviews – Qualitative Insight, Expert Opinion

Structured conversations with individuals who have specialized knowledge about the community. Example: interviewing a school principal about student nutrition trends. Benefit: yields context-rich information. Limitation: may reflect personal biases rather than broader community views.

KPI (Key Performance Indicator) – Metric, Monitoring

Specific, measurable value used to evaluate success of an organization or program. Example: percentage of eligible residents screened for hypertension. Advantage: focuses attention on priority outcomes. Risk: over-emphasis on a few KPIs may neglect other important aspects.

Latent Variable – Unobserved Construct, Factor Analysis

A variable that is not directly measured but inferred from related observed variables. Example: “social cohesion” inferred from survey items on trust and community participation. Use: captures complex constructs. Challenge: requires advanced statistical techniques.

Life-Course Approach – Longitudinal Perspective, Early Intervention

Considers how exposures at different life stages affect health trajectories. Example: linking childhood nutrition data to adult chronic disease risk. Benefit: informs preventive strategies early in life. Limitation: requires long-term data collection.

Linkage Disequilibrium – Genetic Association, Population Genetics

Non-random association of alleles at different loci. Though more common in genetics research, it can inform community health when assessing genetic predisposition to disease clusters. Example: studying allele frequencies in a geographically isolated community. Challenge: ethical considerations in public health genetics.

Logistic Regression – Statistical Model, Binary Outcome

Used to estimate odds of an outcome based on predictor variables. Example: modeling odds of diabetes based on BMI, age, and socioeconomic status. Advantage: interpretable coefficients. Limitation: assumes linear relationship on log-odds scale.

Longitudinal Cohort – Follow-Up Study, Temporal Trends

Group of individuals tracked over time to assess incidence of health outcomes. Example: following a cohort of adolescents to monitor onset of mental health disorders. Benefit: can infer causality. Challenge: attrition can bias results.

Machine Learning – Algorithmic Prediction, Classification

Computational methods that learn patterns from data to make predictions. Example: using random forests to predict which neighborhoods are at highest risk for lead poisoning. Advantage: handles large, complex datasets. Risk: “black-box” models may lack transparency.

Maternal Mortality Ratio (MMR) – Indicator, Global Health

Number of maternal deaths per 100,000 live births. Example: assessing MMR to gauge quality of obstetric care. Use: benchmark for international health goals. Limitation: under-reporting in low-resource settings.

Media Monitoring – Public Sentiment, Risk Communication

Tracking news and social media coverage of health topics. Example: analyzing sentiment around a new vaccination campaign. Benefit: informs communication strategies. Challenge: volume of data can be overwhelming.

Microdata – Individual-Level Records, Confidentiality

Detailed data on each respondent, as opposed to aggregated summaries. Example: using microdata from a health survey to examine income gradients in asthma prevalence. Advantage: enables fine-grained analysis. Risk: requires strict privacy safeguards.

Mixed-Methods Research – Quantitative + Qualitative, Complementarity

Combines statistical analysis with narrative inquiry to provide a fuller picture. Example: pairing survey data on physical activity with focus groups exploring barriers. Benefit: triangulation strengthens findings. Difficulty: integrating disparate data types can be methodologically demanding.

Modifiable Risk Factor – Behavioral, Environmental

A risk factor that can be changed through intervention. Example: smoking is a modifiable risk factor for lung disease. Use: targets for health promotion. Challenge: behavior change often requires sustained effort.

Monitoring and Evaluation (M&E) – Performance Tracking, Impact Assessment

Systematic process to assess program implementation and outcomes. Example: M&E of a community nutrition program measuring changes in fruit intake. Benefit: informs continuous improvement. Barrier: limited resources may constrain thorough evaluation.

Multilevel Modeling – Hierarchical Analysis, Contextual Effects

Statistical technique that accounts for data nested within higher-level units (e.g., individuals within neighborhoods). Example: assessing how neighborhood poverty modifies the effect of individual smoking on health. Advantage: captures both individual and contextual influences. Complexity: requires specialized software.

National Health Interview Survey (NHIS) – Population Survey, Federal Data Source

Annual survey collecting health information from a nationally representative sample. Example: using NHIS data to benchmark local obesity rates against national averages. Benefit: high quality, standardized data. Limitation: may lack granularity for small subpopulations.

Needs Prioritization – Scoring, Stakeholder Consensus

Process of ranking identified health needs based on criteria such as severity, feasibility, and community preference. Example: using a weighted scoring matrix to select top three priorities for action. Advantage: transparent decision-making. Challenge: differing stakeholder values may cause disagreement.

Network Analysis – Social Connections, Collaboration Mapping

Examines relationships among individuals or organizations. Example: mapping referral patterns between primary care clinics and specialty services. Benefit: identifies central actors and