

# NCCDPHP Work Group on Translation

## K2A Framework Glossary

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### 1. Research phase:

**Discovery:** The original biomedical, behavioral, or epidemiologic factor or finding that stimulated development of an intervention.<sup>1</sup>

**Efficacy:** The extent to which the intended effect or benefits were achieved under optimal conditions.<sup>2</sup>

**Effectiveness:** The extent to which the intended effect or benefits that were achieved under optimal conditions are also achieved in real-world settings, and the understanding of the processes by which research findings are put into practice (implementation research).<sup>2</sup>

**Research supporting structures:** Inter-related elements that enhance the capacity of an organization to effectively plan, implement, evaluate, and sustain the research phase of the intervention process, including marketing, training, technical assistance, financial resources, and organizational capacity.<sup>3</sup>

### 2. Translation Phase:

**Translation:** The process and steps needed or taken to ensure effective and widespread use of science-based programs, practices, and policies; a term for entire process of putting research to practice. NOTE: The term “translation” has also been used more narrowly to describe the process of making materials in an intervention linguistically appropriate.

**Decision to translate:** The decision to create an actionable product based on existing science-based knowledge or the decision to propel an evidence-based program, practice, and policy into widespread use.

**Knowledge into products:** A systematic process of turning scientific evidence and audience research into programs, policies, interventions, guidelines, toolkits, strategies, and messages that will help audiences/users put science into practice.

**Dissemination:** A purposeful and facilitated process of distributing information and materials to organizations and individuals who can use them to improve health.<sup>2,4</sup>

**Engagement:** The active participation and collaboration of stakeholders who can mobilize resources and influence systems to change policies, programs, and practices.<sup>5,6</sup>

Decision to adopt: The decision at the organizational or community level to implement a program, policy, or practice.<sup>7,8</sup>

Practice: Performing the tangible tasks and action steps to achieve public health objectives.<sup>9</sup>

Translation supporting structures: Inter-related elements that enhance the capacity of each organization to effectively plan, implement, evaluate, or sustain the translation phase of the intervention process, including marketing, training, technical assistance, financial resources, and organizational capacity.<sup>3</sup>

### Interactions between Research and Translation Phases

Practice-based Discovery: Innovative field-based practices that lack data on their intended effects or benefits.

Practice-based Evidence: Data from field-based practices that demonstrate achievement of intended effects or benefits.

Diffusion: The process through which an innovation spreads via communication channels over time among the members of a social system.<sup>4,7</sup>

### 3. Institutionalization Phase:

Institutionalization: The maintenance of an intervention (program, policy, or practice) as an established activity or norm in an organization, community, or other social system.<sup>10</sup>

### 4. Evaluation: A systematic process for an organization to (1) improve and account for public health actions, and (2) get information on its activities, its impacts, and the effectiveness of its work to improve activities and describe accomplishments.<sup>11,12</sup>

## References

1. Brownson RC, Kreuter MW, Arrington BA, True WR. Translating science discoveries into public health action: How can Schools of Public Health move us forward? *Public Health Reports*. Jan-Feb 2006;121:97–103.
2. Flay BR, Biglan A, Boruch RF, Castro FG, Gottfredson D, Kellam S, Moscicki EK, Schinke S, Valentine JC, Jil P. Standards of Evidence: Criteria for Efficacy, Effectiveness and Dissemination. *Prevention Science*. September 2005;6:151–175.
3. Robinson KL, Driedger MS, Elliott SJ, Eyles J. Understanding facilitators of barriers to health promotion practice. *Health Promotion Practice*. October 2006;7:467–476.
4. Lomas J. Diffusion, dissemination, and implementation. *Annals of NY Academy of Sciences*. 1993;703:226–237.
5. CDC/ATSDR Committee on Community Engagement. Principles of Community Engagement. Atlanta, GA. Centers for Disease Control and Prevention, 1997.
6. Fawcett SB, Paine-Andrews A, Francisco VT, Schultz JA, Richter KP, Lewis RK, et al. Using Empowerment Theory in Collaborative Partnerships for Community Health and Development. *American Journal of Community Psychology*. 1995;23:677–697.
7. Rogers, EM. Diffusion of Innovations. 3<sup>rd</sup> Edition and 5<sup>th</sup> Edition. New York: Free Press, 1983, 2003.
8. Orlandi MA. Promoting health and preventing disease in health care settings: an analysis of barriers. *Preventive Medicine*. 1987;16:119–130.
9. Green LW, Kreuter MW. Health Program Planning: An Educational and Ecological Approach. 4<sup>th</sup> Edition, New York. McGraw-Hill, 2005.
10. Glanz K, Lewis FM; Rimer BK. Health Behavior and Health Education: Theory Research and Practice. 2nd ed., 1997. Jossey-Bass, San Francisco, CA. p. 298.
11. Centers for Disease Control and Prevention. Framework for program evaluation in public health. *MMWR*. 1999;48(No. RR-11):2.
12. Mattessich, PW. The manager's guide to program evaluation: planning, contracting, and managing for useful results. Saint Paul, MN: Amherst H. Wilder Foundation, 2003.