DEFINITIONS

**Collaboration** is a “...process by which groups come together, establishing a formal commitment to work together to achieve common goals and objectives” through joint ownership of the work, risks, results, and rewards (National Association of County & City Health Officials, 2008, Section II: Building Collaboration, para. 2).

**Community** is a group of individuals organized into a unit or manifesting some unifying trait or common interest. Community need not be defined solely by geography. It can refer to a group that self-identifies by age, ethnicity, gender, sexual orientation, special interest, faith, life experience, disability, illness, or health condition; it can refer to a common interest or cause, a sense of identification or shared emotional connection, shared values or norms, mutual influence, common interest, or commitment to meeting a shared need (Centers for Disease Control and Prevention, 1997).

**Community Based Participatory Research (CBPR)** is a “collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process” (Israel, Schulz, Parker, & Becker, 1998, p. 177). “CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities” (W.K. Kellogg Foundation, 2009, para. 1).

**Community Capacity Building** is “an increase in community groups’ abilities to define, assess, analyze and act on health or any other concerns of importance to their members” (Labonte & Laverack, 2001, p. 114).

**Community Engaged Research (CEnR)** is “a process of inclusive participation that supports mutual respect of values, strategies, and actions for authentic partnership of people affiliated with or self-identified by geographic proximity, special interest, or similar situations to address issues affecting the well-being of the community or focus” (Ahmed & Palermo, 2010, p. 1383). It “is a core element of any research effort involving communities which requires academic members to become part of the community and community members to become part of the research team, thereby creating a unique working and learning environment before, during, and after the research” (Ahmed & Palermo, 2010, pp. 1383 - 1384).

**Community Engagement** is “collaboration between institutions of higher education and their larger communities (local, regional/state, national, global) for mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity” (Carnegie Classification for Community Engagement at Brown University Swearer Center for Public Service, n.d., para. 1).

**Community Outreach** is “the ways faculty, staff, and students collaborate with external groups in mutually beneficial partnerships that are grounded in scholarship and consistent with [the] role and mission” of their professional appointment (CU-Boulder Council of Deans, 2010, para. 1). Community Service Community Service is co-curricular or extracurricular service that is done apart from or in addition to academic or professional duties (Eastern Illinois University, n.d.).

**Health** is broadly defined as a “state of complete physical, mental, and social well-being, and not merely the absence of disease” (World Health Organization, 1948, para. 1). It is “a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities” (World Health Organization, 1986, Health Promotion section, para. 1).
Health Disparities refer to “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion” (U.S. Department of Health and Human Services, 2010, p. 28).

Health Equity “means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” “For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups” (Braveman, Arkin, Orleans, Proctor, & Plough, 2017, Executive Summary, p. 1).

Population Health is “the health outcomes of a group of individuals, including the distribution of such outcomes within the group” (Kindig & Stoddart, 2003, p. 380).

Public Health has the mission of “fulfilling society's interest in assuring conditions in which people can be healthy” (The Institute of Medicine, 1988, p. 7). “Public health promotes and protects the health of people and the communities where they live, learn, work and play” (American Public Health Association, n.d.a, para. 1). “Public health works to track disease outbreaks, prevent injuries and shed light on why some of us are more likely to suffer from poor health than others” (American Public Health Association, n.d.a, para. 3).

Social Determinants of Health are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems” (World Health Organization, n.d., para. 1).

Social Justice “is the view that everyone deserves equal rights and opportunities — this includes the right to good health” (American Public Health Association, n.d.b, para. 1).

Translational Science is “the field of investigation focused on understanding the scientific and operational principles underlying each step of the translational process” (U.S. Department of Health and Human Services, National Institutes of Health, National Center for Advancing Translational Sciences, 2015, Translational Science section).

Translational Science Spectrum “represents each stage of research along the path from the biological basis of health and disease to interventions that improve the health of individuals and the public. The spectrum is not linear or unidirectional; each stage builds upon and informs the others. At all stages of the spectrum, NCATS develops new approaches, demonstrates their usefulness and disseminates the findings. Patient involvement is a critical feature of all stages in translation” (U.S. Department of Health and Human Services, National Institutes of Health, National Center for Advancing Translational Sciences, 2015, para. 1).
The Community Engagement (CE) Components Practical Model