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.¹

**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.²

**Community-Academic Partnership** is a partnership that leverages the strengths of both community and academic partners to answer community health problems.³

**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.”⁴ “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.”⁵

**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.”⁶

**Community-Engaged Clinical Care** is a patient-centered healthcare approach situated within the broader context of family and community. This clinical care approach is sensitive to the particular needs of the populations served in order to improve credibility and trust among the community. This form of clinical care goes beyond the traditional patient–provider relationship, recognizing the importance of community dynamics in influencing health outcomes.⁷

**Community-Engaged Coursework** refers to courses that incorporate principles of community engagement, emphasizing the application of these principles in professional work. Students learn theoretical insights into community engagement and actively engage in practical exercises and projects that allow them to directly apply these principles. The coursework emphasizes the development of skills, competencies, and ethical considerations necessary for effective collaboration with communities.⁷

**Community-Engaged Dissemination** is a way to distribute and integrate research evidence and evidence-based practice within communities and service systems.⁸

**Community-Engaged Policy and Advocacy** involves collaboratively developing policy statements and recommendations to provide “policymakers and other state officials . . . insight into identifying values, ideas and recommendations of the communities that they serve.” This approach aims to foster community understanding of issues, leading to greater ownership of initiatives. Targeted actions intend to change policies, laws, budgets, and create new programs. It also involves educating leaders and administrators while promoting open dialogues with decision-makers to ensure community voices shape policy decisions.⁹

**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.” 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.”

**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.”

**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.

**Community Service** is co-curricular or extracurricular service that is done apart from or in addition to academic or professional duties.

**Health** is broadly defined as a “state of complete physical, mental, and social well-being, and not merely the absence of disease.” 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.”

**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.”

**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.

**Human-Centered Design** is “a problem-solving technique that puts real people at the center of the development process, enabling you to create products and services that resonate and are tailored to your audience’s needs.” Community-centered design sets the stage for shared governance and people-focused design consideration.

**Population Health** is “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”

**Pronouns** are words that “refer to either the people talking (“I” or “you”) or someone or something that is being talked about (like “she”, “it”, “them”, and “this”). Gender pronouns (he/she/they/ze etc.) specifically refer to the person you are referring to.” Asking and correctly using someone’s pronouns is one of the most basic ways to show your respect for their gender identity.

**Public Health** has the mission of “fulfilling society's interest in assuring conditions in which people can be healthy.” “Public health promotes and protects the health of all people and their communities.”
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.\textsuperscript{22}

**Service Learning** is a comprehensive educational approach that integrates a structured learning experience with community service, where students actively engage in addressing community-identified concerns. Students are immersed in real-world situations, fostering a reciprocal relationship between academic learning objectives and hands-on service activities.\textsuperscript{7}

**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.”\textsuperscript{23}

**Social Justice** is “the view that everyone deserves equal rights and opportunities — this includes the right to good health.”\textsuperscript{24}

**Translational Science** is “the field that generates scientific and operational innovations that overcome longstanding challenges along the translational research pipeline. These include scientific, operational, financial and administrative innovations that transform the way that research is done, making it faster, more efficient, and more impactful.”\textsuperscript{25}

**Translational Science Spectrum** is a continuum of “activities where critical insights are passed between research modalities so that biomedical discoveries can lead to tangible improvements in human health.” Basic science discoveries are “translated” to generate clinical insights which then are developed to inform implications for clinical practice which then lead to implications for population health. Levels of the spectrum are often identified by “T-levels”\textsuperscript{26} which correspond to the following:

- T0—Basic Scientific Discovery
- T1—Translation to Humans
- T2—Translation to Patients
- T3—Translation to Practice
- T4—Translation to Population Health
- T5—Improved Global Health
REFERENCES


