Glossary: Wisconsin Partnership Program

**Academic Partner** – A representative of a UW System campus who partners with the applicant organization (the community partner) for purposes of the grant application. Academic partners must have Principle Investigator (PI) status with their Institutional Review Board for human subjects protection. Eligible academic partners include faculty (full-time, part-time or volunteer) and academic staff from the UW School of Medicine and Public Health; and faculty from other UW schools and colleges, including all UW System and Extension faculty.

**Academic Partner Engagement** – Varies by project and may include project design, survey development, measurement and evaluation design and data analyses. Faculty engagement may also include participation on advisory committees and consulting with project partners. Roles and responsibilities of the faculty should be delineated in advance of submitting a full proposal, and should match expectations of the community partners.

**Advocacy** – Encompasses any activity that an individual or organization undertakes to create or effect change or influence policies or systems. Advocacy efforts can take many forms, including education, media, direct action and lobbying. WPP funds may not be used for direct or grassroots lobbying (See Lobbying).

**Applicant Organization** – Eligible community partners are state, tribal or local governmental agencies and publicly sponsored charitable organizations that are tax-exempt under Section 501(c) (3) of the Internal Revenue Code. Applicant organizations must be located in Wisconsin and serve Wisconsin communities.

**Best Practice** – An umbrella term that includes a broad range of interventions that consistently produce positive results and achieve desired outcomes.

**Capacity** – The organizational structure, management and staff skills, technical resources and operating methods of an organization that determine its ability to solve problems, create and sustain its operations and generate resources and support.

**Capacity Building** – A continuous and intentional process of assessment, goal refinement and growth at the individual, organizational and system levels that contributes to sustained ways of addressing critical problems.

**Cash Contribution** – Financial (monetary) gifts from an applicant or collaborating organization. Commitments of cash contributions should be identified in the project budget and nonsupplanting questionnaire. Cash contribution spending should be reported in the financial status report.

**Coalition** – An organized group in a community working toward a common goal and targeting efforts at larger system, policy and environmental change.

**Coalition Building** – The process by which a collective of organizations engage in assessment and learning to improve the ability of the group to work together and achieve desired outcomes.
Collaboration – A mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals, a jointly defined structure and shared responsibility, mutual authority and accountability for success, and shared resources and rewards.

Collaborative – An alliance of organizations and communities of interest formed to address change through systematic and coordinated action that no individual actor could effect on his or her own. In general, collaboratives have a jointly defined structure and shared responsibility, mutual authority and accountability for success, and shared resources and rewards.

Community Engagement – Refers to the process by which community organizations, academic partners and individuals build ongoing, permanent relationships for the purpose of applying a collective vision for the benefit of a community.

Community Partner – See Applicant Organization.

Collaborating Partner(s) – Partnering organizations or individuals working with the applicant organization on a project.

Data Collection Method – Describes the approach to capture information so that observations can be made about an intervention. Data collection methods include: survey (email, paper or phone), key informant interviews, focus groups, observation, data or document review and tests.

Development Grant – Money awarded to an organization to facilitate the planning of a project, development grants support feasibility, seed or capacity building initiatives; the development of partnerships or promotion of collaborations or initiatives; and pilot or demonstration projects to determine if they warrant further development.

Dissemination Plan – Planned, systematic efforts designed to make information about a program more widely available to a target audience or members of a social system. Dissemination plans should involve how health-promotion interventions can be effectively created, packaged, transmitted and adopted.

Environmental Strategy – Strategies aimed at altering the immediate cultural, social, physical and economic environments in which people make their choices. Some public health challenges can be solved at the community level. However, since poor health is often the result of factors that are beyond the community’s control, other challenges require policy and regulatory solutions that are best implemented by exploring institutional or policy change – even at school or community levels.

Evaluation Plan – A detailed description of how success will be measured, including what data will be gathered, research methods and resources available for implementing the plan.

Evidence-Based Practices – Approaches to prevention, intervention or treatment that are based in theory and have undergone scientific evaluation.

Financial Status Report – A report that tracks grant expenditures according to the project budget, including cash advances, invoicing and reporting requirements. The grantee must complete and submit financial status reports quarterly, or as frequently as monthly if desired.
**Goal(s)** – The big picture vision, describing the project’s intended actions and outcomes. Goals should be significant but feasible. Objectives are the specific measures used to determine whether or not the project was successful in achieving the goals.

**Health Disparities** – Significant differences in health status or health outcomes among specific populations or sub-populations compared to the general population.

**Health Inequality and Inequity** – Significant differences in health status or in the distribution of health determinants between different population groups. Some health inequalities are attributable to biological variations (for example, inheriting a gene that encodes sickle cell trait in the body may lead to developing sickle cell disease) or free choice (for example, the decision to use tobacco products) and others are attributable to the external environment and conditions (for example, exposure to racism or sexism).

**Implementation Grant** – Funding provided to applicants to implement evidence-based or best practice models to solving critical health issues in Wisconsin.

**Infant Mortality** – The death of an infant before his or her first birthday.

**Institutional Review Board** – Commonly known as the IRB, this board is formally designated to approve, monitor and review biomedical, social and behavioral research. All WPP projects undergo preliminary review to ensure protection of human subjects.

**In-Kind Contributions** – Contributed goods or services from an applicant or collaborating organization, such as volunteer time or shared administrative resources.

**Letter of Commitment** – Evidence of active participation in the project, a letter of commitment is expected from the academic partner, who outlines engagement activities and responsibilities. Applicants should also include letters of commitment from organizations that contribute cash or in-kind contributions. A letter of commitment differs from a letter of support (see following).

**Letter of Support** – A statement about the value of a proposed project, including potential local, regional or statewide impacts, which allows an applicant to show support for the project from respected organizations or residents.

**Leveraged Funds** – Monies received as a result of a grant from the Wisconsin Partnership Program, leveraged funds should be identified in the project budget and non-supplanting questionnaire.

**Lifecourse Perspective** – A longitudinal perspective of the interplay of biological, behavioral, psychological and social protective and risk factors.

**Lobbying** – WPP Funds cannot be used for direct or grassroots lobbying. According to IRS Reg. 56.4911-2(b)(1)(ii), direct and grassroots lobbying are defined as follows:

*Direct lobbying* is when an organization attempts to “influence legislation” through communication that is directed to a legislator or employee of a legislative body, refers to specific legislation and reflects a view on that legislation.
Grassroots lobbying occurs when the communication is directed to the general public, refers to specific legislation, reflects a view on the legislation AND “encourages the recipient ... to take action with respect to the legislation.”

Logic Model/Program Logic Model – The sequence of actions that describe what the program is and will do – and how investments link to results. The logic model is used for planning, implementation, evaluation and communication. Often used in program development, a logic model is equally useful for describing group projects, community-based collaboratives and other complex organizational processes.

Medical Home - A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience, and optimal health throughout their lifetimes.

Memorandum of Agreement (MOA) – An agreement developed to formalize the exchange of resources between two or more collaborating agencies.

Memorandum of Understanding and Grant Agreement – A formal agreement or contract between the Board of Regents of the University of Wisconsin System, the WPP, the applicant organization and academic partner, which must be signed by all parties prior to the project start date. The MOU specifies the conditions that a grantee and the WPP must meet in order for the grantee to receive payment of an approved award.

Needs Assessment – Describes the needs of the project’s target population. A needs assessment may include consulting with the target population, local citizens, community organizations, service providers and local government officials as a way to identify and prioritize community needs.

Notice of Intent/Letter of Interest – Provides the funding agency with a “snapshot” of what a project intends to do, including how it will be implemented and evaluated. Pay close attention to the requirements in the funding application.

Objectives – More specific than goals, objectives describe the activities or strategies to accomplish the goals, including what will change as a result of project activities, how many people will be served and in what timeframe. Objectives can be powerful statements on behalf of a proposal. SMART objectives are specific, measurable, attainable, relevant and timely.

Outcome – The result of project activities, often expressed in terms of changes in behavior, norms, decision-making, knowledge, attitudes, capacities, motivations, skills or conditions on individual, family, organizational, community or system levels. Together, the full set of project outcomes should achieve the overall project goal.

Outcome Evaluation – A method of evaluation using techniques that provide evidence of whether or not the program or intervention accomplished the intended outcomes.

Outcome Indicator – These are observable and measurable “milestones” toward an outcome. For example, the number and percentage of teen participants who quit smoking immediately following the
completion of a six-month smoking cessation program could be an indicator of how many teens will quit a year after completing the program.

**Process Evaluation** – In contrast to outcome evaluations, which assess the impact of the program, process evaluations verify what the program is and whether it is being implemented as designed. In other words, process evaluations ask “what” and outcome evaluations ask, “so what.”

**Project Revenue** – Money that is generated by the project during grant funding. For example, if the proposal includes training sessions for providers, the session fees would be considered project revenues.

**Promising Approaches /Practices** – Interventions that achieve desired results on a small scale, i.e., the research or evidence is too limited to make scientific claims about the effectiveness of the approach.

**Request for Application (RFA)** – A solicitation announcing that grant funding is available for a specific purpose. An RFA indicates guidelines and limitations of the project, how much money is available and the scope of the project. RFA application guidelines and deadlines are published on the WPP website.

**Request for Partnerships (RFP)** – An announcement of an open and competitive grant opportunity for qualifying organizations. RFP application guidelines and deadlines are published on the WPP website.

**Rural** – According to the Census Bureau, “rural” encompasses all population, housing and territory not included within an urban area (see Urban).

**Social Determinants of Health** – Conditions in which people are born, grow, live, work and age. These circumstances are in turn shaped by a wider set of forces: economics, social policies and politics. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between populations.

**Social Ecological Model (SEM)** – A change theory that integrates individual, family, organizational and community-level factors as they influence health outcomes.

**Supplanting** – To take the place of and serve as a substitute for other funds. The Insurance Commissioner’s Order to the Wisconsin Partnership Program prohibits any funds from being awarded that will supplant funds or resources available to applicants from other sources for the proposed project. Therefore, for supplanting to occur, funds expended would need to replace other funds available to the applicant for the proposed project.

**Sustainability** – A set of durable activities and resources aimed at program-related objectives. To achieve a sustainable program, an organization may need to redefine its scope of services, align services with organizational goals, adjust staffing or allocate resources to create demand for services.

**Systems Change** – Defines how communities and related organizations can be influenced to promote healthy behaviors, environment and policies critical to the elimination of health disparities.

**Target Area** – The geographic area served by the applicant.
**Target Population** – A group of people whose health status is expected to be directly improved as a result of the project.

**Underserved Population** – A group of people who for a variety of reasons do not have equal access to services.

**Urban** – The Census Bureau identifies two types of urban areas: urbanized areas of 50,000 or more people and urban clusters of at least 2,500 and less than 50,000 people.

**Vulnerable Population** – A group of people at greater risk for poor health than the general public. Some characteristics that place groups in vulnerable positions include age, culture, disability, education, ethnicity, and health insurance, housing status, income, mental health and race.

**Work Plan** – A detailed description of activities, dates and team members responsible for getting the work done. The work plan should align with the logic model and evaluation activities.

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