# GLOSSARY OF TERMS

**CULTURAL COMPETENCE (CC) CONTINUUM:**

*Cultural Incapacity* – This next position on the continuum is one at which the system or agencies do not intentionally seek to be culturally destructive but rather lack the capacity to help minority clients or communities. The system/agency remains racially biased, believes in the racial superiority of the dominant group, and assumes a paternal posture towards "lesser" races or social groups.

*Cultural Blindness* – Cultural blindness is at the mid-point of the continuum. "The system and its agencies provide services with the express philosophy of being unbiased. They function with the belief that color, culture or social groups make no difference and that all people are the same."

*Cultural Pre-competence* – This term implies movement. Agencies or systems at this point of the continuum recognize their weakness in offering services to minorities and attempt to improve some aspect of their services to specific populations. They usually try experiments, hire minority staff, explore different ways to reach people of color in their service area, initiate cultural sensitivity training for their workers, recruit minorities to serve at the board of directors and advisory levels and enter into needs assessments concerning minorities.

*Culturally Competent* – At this point agencies are characterized by acceptance and respect for differences, continuing self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources and a variety of adaptations to service models in order to better meet the needs of minority populations.

*Cultural Proficiency* – This is the most positive end of the scale and is sometimes referred to as advanced cultural and linguistic competence or proficiency. This point is characterized by holding culture in high esteem. Culturally proficient agencies seek to add to the knowledge base of culturally competent practice by conducting research, developing new therapeutic approaches based on culture, and publishing and disseminating the results of demonstration projects.

# SELF-ASSESSMENT TOOL TERMS

***Bilingual Staff*** - Staff members who have language capacity in both English and the specific non-English languages used by cultural groups in the target community.

***Community*** – Is defined by the organization completing this Assessment tool. The "Community" is identified by who is in the organization's service population, can be defined by geographic location/place or by cultural group (e.g. gender, ethnicity, health diagnosis, population – Veterans, Hard of Hearing, LGBT…).

***Cultural Competence (CC)*** - Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. *(Cross et al)*

***Cultural Group*** - A subgroup that is from the major racial ethnic groups of African American, Hispanic, Asian American/Pacific Islander, American Indian/Alaskan Native or from a recent immigrant or refugee population. Subgroups can be identified by distinct languages (e.g., Mandarin-speaking Chinese among Asian Americans), or locales of origin (e.g., Dominicans among Hispanics);
OR
A subgroup that is identified by the agency as requiring special attention since features of its "culture" limit the ability of its members to appropriately access or participate in mainstream service delivery systems. Such subgroups might include, but are not limited to, gay and lesbian communities, people with hearing impairments, rural and "mountain folk," migratory workers, etc.

***Dedicated Budget*** - Funds needed for conducting CC activities are available, although not necessarily explicitly identified as a budget line item.

***Educational Activities*** - These include continuing medical/professional education courses, grand rounds, guest lectures.

***Educational Materials*** - Books, newspapers, magazines, journals, pamphlets, posters, and videos, intended to provide up-to-date information to service users, family members and the target population about particular illnesses and treatment options.

***English Proficiency*** - Level at which a person can understand English and respond in English to explain their healthcare problems, express their treatment preferences and understand the treatment plan.

***Formats*** - Print media using illustrations, diagrams, large print; video or film media with an avoidance of technical terms and jargon.

***Gender Identity*** - The sense of "being" male, female, genderqueer, agender, etc. For some people, gender identity is in accord with physical anatomy. For transgender people, gender identity may differ from physical anatomy or expected social roles. It is important to note that gender identity, biological sex, and sexual orientation are separate and that you cannot assume how someone identifies in one category based on how they identify in another category.

***Health Equity*** – The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical

and contemporary injustices, and the elimination of health and health care disparities. *(Healthy People 2020).* Such goals aren't unfamiliar to public health practitioners—the field has a long and storied tradition of serving the most vulnerable and bringing life-saving care to communities that would have otherwise gone without. *(Retrieved from: http://www.apha.org/~/media/files/pdf/topics/equity/equity_stories.ashx)*

**_Health Literacy (HL)_** – The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

> **_Organizational Health Literacy_**
>
> Organizational health literacy is what organizations and professionals do to help people.
> - Find
> - Process
> - Understand
> - Decide on health information and services. Organizations that remove health literacy barriers are health literate.

(*Centers for Disease Control and Prevention*)

**_Immigrant_** - Someone who chooses to resettle to another country. The United States has a legal process for that immigrant to seek legal residency and eventually citizenship. Many immigrants, however, don't have such legal status and are thus undocumented. As such, they are subject to "removal" or deportation from the United States. There are 11 million undocumented immigrants in the United States.

**_Interpreters_** -Individuals with specific language skills and knowledge of health care terminology who are trained to communicate effectively with persons with limited proficiency with the English language

**_Interpreter Services_** - Methods in place to assist persons with limited English proficiency. This includes telephone interpreter services ("language lines"), interpreters obtained from a central listing maintained by the organization or other source, trained volunteers from target community with identified language skills.

**_Language Needs_** - special accommodation such as interpreters and translated material to ensure that the person's civil rights are being respected and clear recognition of culture-specific meanings attributed to terms describing mental illness.

**_Limited English Proficiency (LEP)_** - A diminished level of English language skills that calls into question the person's ability to understand and respond to issues related to their treatment.

**_Limited Reading Skills_** - While difficult to measure consistently, in general textual materials must be understandable to persons reading at a 6th grade level. Other formats may make material more understandable to service users and family members not fully comfortable with the English language at that level.

**_Migrant_** (i.e. Migrant Worker) - Individual who is required to be absent from a permanent place of residence for the purpose of seeking employment in agricultural work. Migrant farmworkers are also called migratory agricultural workers. Seasonal farmworkers are individuals who are employed in temporary farm work but do not move from their permanent residence to seek farm work; they may also have other sources of employment.
There are between 1 and 2.5 million hired farmworkers in the US. About a half million of those are under the age of 18. Seventy-eight percent are male, and 22 percent are female. On average, hired farmworkers are young and predominantly Latino, have limited formal education, are foreign-born, and speak limited to no English. About half have authorization to work in the United States.
*(Retrieved from: http://www.migrantclinician.org/issues/migrant-info/migrant.html)*

***Needs Assessment*** - A process used by organizations to determine priorities, make organizational improvements, or allocate resources. It involves determining the needs, or gaps, between where the organization envisions itself in the future and the organization's current state. You then develop a plan of action to address the needs (or closing the gaps) to bring the organization closer to its desired future state. *(Retrieved from: http://study.com/academy/lesson/what-is-needs-assessment-definition-examples-quiz.html)* The needs assessment should include (not an all-inclusive list): cultural profile reports about the target service community, lists of consumers/patients and users of services, reports on complementary resources in the target area.

***Objectives*** **-** Statements of what is to be achieved with respect to CC and HL.

***Organizational Policies*** - A formal document describing the organization's position on a particular aspect of compliance with regulations, standards, and guidelines.

The organizational policies should include (not an all-inclusive list): biographies of governing board members to ascertain inclusion of cultural representatives, overall organization CCHL plan with an implementation timetable translated into the language(s), if applicable, with distribution to staff, review procedures for monitoring the CC plan; periodic review of the policy statement that all new policies be culturally competent; schedules and attendance records of ongoing meetings relevant to CC; mechanisms for identifying natural helpers and alternative community resources; availability and distribution of a plan resource directory listing a comprehensive provider network that includes natural helpers and alternative community resources

***Place*** – The patterns of social engagement and sense of security and wellbeing for those who occupy that space. Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health. *(Retrieved from: http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health)*

***Point of First Contact*** - Initial telephone inquiry (switchboard operator or automated telephone menu) or first visit to agency (receptionist/intake interviewer).

***Refugee*** - Someone who has been forced to flee his or her home country. As such, refugees can apply for asylum in the United States, a process that could take years. Getting refugee status isn't easy.  The applicants have to prove that if they return to their home country, they'll be injured because of their race, religion, nationality, membership in a particular social group or their political opinion.

***Service Population*** **-** The population the organization designates as its intention to serve. This can cover a geographic area or a specifically targeted population. In the latter case, if the target population is geographically dispersed, the county in which the agency resides is used to represent the target community, (although, it is recognized that some potential service users may not reside in the county).

***Sexual Orientation*** - The type of sexual, romantic, and/or physical attraction someone feels toward others. Often labeled based on the gender identity/expression of the person and who they are attracted to. Common labels: lesbian, gay, bisexual, pansexual, etc.

***Social Determinants*** - Are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place."**5** In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population

health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Examples of *social determinants* include:
- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

*(Retrieved from: http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health)*

## STAFF

**Administrative Staff -** Staff who hold decision making and leadership roles but do not necessarily have direct contact with consumers/patients of the organization. *(e.g. President, Chief, Executive, Administrator, Director, Officer…)*

**Management Level Staff –** Staff who can effectuate change either by the authority given to the position they hold by the organization president/chief executive or executive board, or who has direct line communication with organization's decision makers. *(e.g. Senior, Manager, Supervisor, Shift Lead…)*

**Support Level Staff –** Staff who provide administrative and secretarial support, and participates in ensuring the smooth functioning of the organization's operations. They act as resource person for policies and procedures, are responsible for documents and files of the unit and they maintain the computerized information systems. *(e.g. Receptionist, Office Manager, Secretary, Transcriptionist, Assistant, Coordinator…)*

**Direct Service Staff -** Staff who provide clinical and non-clinical services. As part of their duties, they have direct and consistent contact with the consumer/patients as services are provided. *(e.g. Specialist, Nurse, Technician, Aide, Technologist, Assistant, Educator, Attendant, Trainer, Consultant, Counselor, Therapist, Practitioner, Worker…)*

**Transgender Male –** person who was assigned female at birth but whose gender identity is that of a man.

**Transgender Female -** person who was assigned female at birth but whose gender identity is that of a female.

**Target Community -** The population the organization designates as its intention to serve. This can cover a population area (such as a geographically or politically defined service area) or a specifically targeted population (such as persons needing a specific type of intervention, persons in a certain age group, persons speaking a specific language). If the target population is geographically dispersed, the county in which the agency resides is used to represent the target community, (although, it is recognized that some potential service users may not reside in the county).

***Vulnerable Populations*** – Population as defined by socio-economic status, geography, gender, age, disability status, risk status related to sex and gender, and among other populations identified to be at-risk for health disparities (*Centers for Disease Control and Prevention*).  Includes the degree to which a population, individual, or organization is unable to anticipate, cope with, resist and recover from the impacts of trauma/illness/ disasters.  *(Adapted from: Environmental health in emergencies and disasters: A practical guide, World Health Organization, 2002).*