

**\*\*Revised 4/3/2018\*\***

## **Attachment I: Definition and Terms**

**Please note that some of the definitions below follow Federal guidelines which will also be utilized for the MOTA Grant.**

1. **Minority:** The Department of Health and Human Services and its agencies follow the racial categories developed by the Office of Management and Budget and used by the U.S. census. These categories generally reflect a social definition of race recognized in this country and are not an attempt to define race biologically, anthropologically, or genetically. People may choose to report more than one race to indicate their racial mixture, such as "American Indian and White." People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
2. **Race:** The Department of Health and Human Services and its agencies follow the racial categories developed by the Office of Management and Budget and used by the U.S. census.

### **Race Categories:**

- **White:** refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicated their race(s) as "White" or reported entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.
- **Black or African American:** refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicated their race(s) as "Black or African Am." or reported entries such as African American, Kenyan, Nigerian, or Haitian.
- **American Indian or Alaska Native:** refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. This category includes people who indicated their race(s) as "American Indian or Alaska Native" or reported their enrolled or principal tribe, such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.
- **Asian:** refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes people who indicated their race(s) as "Asian" or reported entries such as Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, and Other Asian or provided other detailed Asian responses.
- **Native Hawaiian or Other Pacific Islander:** refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicated their race(s) as "Pacific Islander" or reported entries such as Native Hawaiian, Guamanian or Chamorro, Samoan, and Other Pacific Islander or provided other detailed Pacific Islander responses.

- ***Some Other Race:*** includes all other responses not included in the White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander race categories described above. Respondents reporting entries such as multiracial, mixed, interracial, or a Hispanic or Latino group (for example, Mexican, Puerto Rican, Cuban, or Spanish) in response to the race question are included in this category.
3. **Ethnicity:** The Office of Management and Budget requires federal agencies to use a minimum of two ethnicities: Hispanic or Latino and Not Hispanic or Latino. Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.  
  
"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
  4. **Sex:** The Department of Health and Human Services and its agencies follow the sex categories developed by the Office of Management and Budget and used by the U.S. census. The census operationalizes sex as "male" or "female." The census question regarding sex remains unchanged from the previous census. Information on the sex of individuals is one of the few items obtained in the original 1790 census and in every census since.  
  
It is important to note that sex differs from the concepts of gender, gender identity, and gender expression.
  5. **Age:** the length of time that a person has lived. The categories we use at MHHD for data collection are: 0 – 24, 25 – 44, 45 – 64, 65 and over.
  6. **Health:** the state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.
  7. **Public Health:** the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases.
  8. **Health Disparity:** a health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location or other characteristics historically linked to discrimination or exclusion.
  9. **Health Equity:** 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.

10. **Health Inequality:** Difference in health status or in the distribution of health determinants among different population groups. It is important to distinguish between a health inequality and a health inequity. Some health inequalities are attributable to biological variations or free choice, while others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case, it may be impossible or ethically or ideologically unacceptable to change the health determinants, and so the resultant health inequality is unavoidable. In the second case, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair so that the resulting health inequalities also lead to an inequity in health.
11. **Health Inequity:** Differences in health status or in the distribution of health determinants among different population groups that is unnecessary, avoidable, unjust, and unfair
12. **Morbidity:** a measure of disease incidence (rate of newly diagnosed cases of the disease. It is generally reported as the number of new cases occurring within a period) or prevalence (proportion of cases in the population at a given time rather than rate of occurrence of new cases) in a given population, location or other grouping of interest.
13. **Mortality:** a measure of deaths in a given population, location or other grouping of interest.
14. **Meeting:** a gathering of a body of people to address a common issue.
15. **Health Status Indicators:** measurements of the state of health of a specific individual, group or population.
16. **Baseline:** is information found at the beginning of a program or which is compared at interval times to ascertain if an intervention works or has a benefit.
17. **Health Education:** any combination of learning opportunities designed to facilitate voluntary adaptations of behavior (in individuals, groups or communities) conducive to health.
18. **Health Promotion:** any combination of health education and related organizational, political and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health.
19. **Health Education Materials:** medical or health education approved messages on the improvement of health status.
20. **Health Event:** a social gathering that takes place at a designated time and has a focus on health or a social determinant of health (may include a program, group presentation, health fair, expo, workshop).
21. **Workshop:** a gathering or training session which may be several days in length. It emphasizes problem-solving, hands-on training, and requires the involvement of the participants.
22. **Health Presentation:** to provide health information to participants.

## 23. Types of Events/Workshops/Presentation

- *Series*: a number of events of a similar kind or related nature coming one after another. Can also be called a “cohort” or “longitudinal” program.  
**This can be in a group or individual format.** It features repeated contacts with a set of enrolled participants with a goal of producing a measurable improvement in some health-related characteristic or behavior among those participants. **This is the preferred program type for the MOTA grant.**
- *One and done*: this includes in person contact with one or more participants at least once (though may be one or more times without any specific intervals required) during the program. **However, intensive follow up is required at least 3 times per participant up till the six-month follow up period to ascertain linkage and/or continued utilization of services to which participant has been referred.**
- *Home visits*: a visit to a person’s home especially one made by a health care professional or social worker. This is also a type of series (Please see definition for Series)

24. **Cultural Competency**: A developmental process in which individuals or institutions achieve increasing levels of awareness, knowledge, and skills along a cultural competence continuum. Cultural competence involves valuing diversity, conducting self-assessments, avoiding stereotypes, managing the dynamics of difference, acquiring and institutionalizing cultural knowledge, and adapting to diversity and cultural contexts in communities.

25. **Social Determinants of Health**: The conditions in which people are born, grow, live, work, and age, including the health system. Social determinants of health influence health status and determine health differentials or health inequalities.

26. **Capacity Building**: development of sustainable skills, organizational structures, resources and commitment to health improvement in health and other sectors. This can be done through in person staff trainings, educational webinars as well as conferences which enable staff to develop a certain skill or competence which helps improve performance.

27. **Outcome(s)**: a change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions

28. **Technical Assistance**: aid provided to entities, organizations, which do not have a specified knowledge or understanding of an area/expertise.

*One-on-One*: (Phone or In-Person): to provide guidance on how to implement/use a certain skill or practice.

*Workshop*: within a group setting provide guidance on the implementation of a skill or practice.

29. **Goal**: are high level statements that provide overall context i.e. a broad primary outcome.

30. **Objective**: a set of steps/processes a person takes to achieve a desired goal. Objectives are SMART (specific, measurable, attainable, realistic and time sensitive).

31. **Performance Measure:** A quantifiable indicator used to assess how well an organization is achieving its desired objectives. Performance measures help in ascertaining if an organization is on target for accomplishing planned tasks /activities.
32. **Prevention:** Policies and actions to eliminate a disease or minimize its effect; to reduce the incidence or prevalence of a disease, disability, premature death, or disease risk factors in the population; to slow the progression of an incurable disease.
- **Primary prevention:** Interventions that prevent the initial occurrence of disease and maintain physiological equilibrium; altering the susceptibility of disease or reducing the exposure for susceptible individuals.
  - **Secondary prevention:** Use of interventions or tools to detect disease early and prevent disease progression.
  - **Tertiary prevention:** Interventions that alleviate disability that results from disease and attempts to restore effective functioning.
33. **Partnership:** a collaborative relationship between two or more parties based on trust, equality and mutual understanding for the achievement of a specified goal.
34. **Consultant:** is a professional, hired by the Grantee to provide expert advice/service in a particular area.
35. **Community Health Worker (CHW):** a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.
36. **Referral:** an act of directing someone or a participant to another place or person for consultation, review, or further action.
37. **Screening:** the use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.
38. **Sustainability:** is defined as the capacity to maintain program services at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial, and technical assistance from an external donor. It should be integrated as a part of program planning and implementation. Implementation and sustainability are concomitant.
39. **Dual Control:** A verification process that require two individuals to look and validate the existence of a number, signature, etc. Both parties are required to sign/initial indicating their review supports/validates what is written within the document.
40. **A Memorandum of Understanding (MOU):** a nonbinding agreement between two or more parties outlining the terms and details of an understanding, including each parties' requirements and responsibilities. An **MOU** is often the first stage in the formation of a formal contract.