January 2023

Hancock County Community Partnership
Guidelines for Prevention and Wellness Grant Program
Fiscal Year 2024 (July 1, 2023 – June 30, 2024)

The Hancock County Community Partnership (Partnership) is pleased to make available funds for local prevention and wellness initiatives. These funds may be used to support prevention and wellness initiatives that promote health, safety, and reduce the likelihood of or delaying the onset of health-related problems for people of all ages (e.g. harmful substance use, mental illness, suicide ideation, problem gambling/gaming, process addictions). Proposed initiatives must be congruent with the Partnership Prevention Model (see Attachment A).

In Hancock County, the average age of first use of alcohol and tobacco is 12.6 years old (2018 Hancock County Community Health Assessment). Research informs us that the longer we delay first use of substances, the likelihood of developing a substance use disorder is reduced (Grant, Dawson, 2018). Additionally, when there is a greater understanding of adolescent brain development (by both adults and youth) there is increased opportunity for resiliency (Youth Thrive, Center for the Study of Social Policy).

The Partnership is advocating for grant proposals that focus on delaying the onset of first use of substances (alcohol, tobacco, illicit drugs, etc.) and/or increases the understanding of adolescent brain development (see Attachment B). Funds may also be used for professional development with an emphasis on the understanding of adolescent brain development.

Proposals will be accepted for initiatives that serve populations of any age.

Eligibility: Hancock County non-profit, faith-based, and community-based organizations that serve Hancock County residents are eligible to submit proposals. Proposals that clearly illustrate benefits to the residents of Hancock County will be considered.

Proposals must follow the parameters set forth within this document. Faith-based organizations receiving grant funds from the Partnership retain their independence and do not lose or have to modify their religious identity to receive awards. Grant funds, however, may not be used to fund any inherently religious activity, such as prayer or worship. Inherently religious activity is permissible, although it cannot occur during an activity supported with grant funds; rather, such religious activity must be separate in time or place from the funded initiative. Participation in such activity by individuals must be voluntary. Initiatives funded by the Partnership are not permitted to discriminate against those who participate because of a beneficiary's religion.

Prevention and Wellness Grant Proposal Guidelines – See Page 3.

Available Funding: The Partnership has made available a total of $5,000.00 for the Prevention and Wellness Grant Program. Awarded funds may be used throughout Fiscal Year 2024 (July 1, 2023 – June 30, 2024).

Proposal Schedule:

Announcement Release	January 25, 2023
Proposals Due	March 1, 2023
Mini-Grants Awarded	May 16, 2023

Proposal Review: Proposals shall be reviewed by the Partnership Council and Staff.

Monitoring and Evaluation: All grants shall be monitored and evaluated by the Partnership.

General Expectations: The following guidelines shall be utilized when submitting a proposal:

- All proposals will be submitted online - **https://www.surveymonkey.com/r/8XYG6L9**
- Proposals must demonstrate the entirety of the requested funds will be expended by June 30, 2024
- Letters of support and/or endorsement are helpful but not required.
- Prevention and Wellness Grant Proposal Guidelines (Page 3) must be followed in the writing of the proposal.
- If awarded, grantees shall present an overview of the project to the Community Partnership Council upon completion of the initiative.

Proposals for consideration must be completed online by March 1, 2023
https://www.surveymonkey.com/r/8XYG6L9

Questions may be directed to Zach Thomas at zthomas@yourpathtohealth.org

Scan the QR Code to submit proposals.

Hancock County Community Partnership
Prevention and Wellness Grant Application Guidelines

Applicants submitting a proposal must include responses to the following:

Please be as concise as possible with all responses.

I. **Summary of Initiative** – Provide a thorough overview of the initiative, including evidence showing this initiative is necessary, specific goals of the initiative, and who will benefit from this initiative.

II. **Prevention Methods –** How will this initiative align with the Partnership Prevention Model (Attachment A, B)?

III. **Youth Thrive** – How will this initiative align with the Youth Thrive Framework (Attachment C), or https://cssp.org/our-work/project/youth-thrive/). This may not be applicable to all proposed initiatives.

IV. **Diversity, Equity, Inclusion & Belonging –** How will this initiative be appropriately responsive to the cultural differences of the populations this initiative serves, as well as what health disparities are addressed by the initiative (Attachment D).

V. **Goals, Impact, and Sustainability**
- How will success be measured?
- Is the initiative likely to continue without Partnership funding?

VI. Applicant Status
- Provide a brief narrative of the applicant's organization (mission, goals, community relationship, etc.).
- Provide evidence that the applicant has the capacity to implement the proposed initiative, including history of previous prevention and/or wellness initiatives.

VII. **Budget –** Provide a budget for the initiative, including any other funding that may be used to support the initiative.

Hancock County Community Partnership
SPECIAL REQUESTS FOR FUNDING

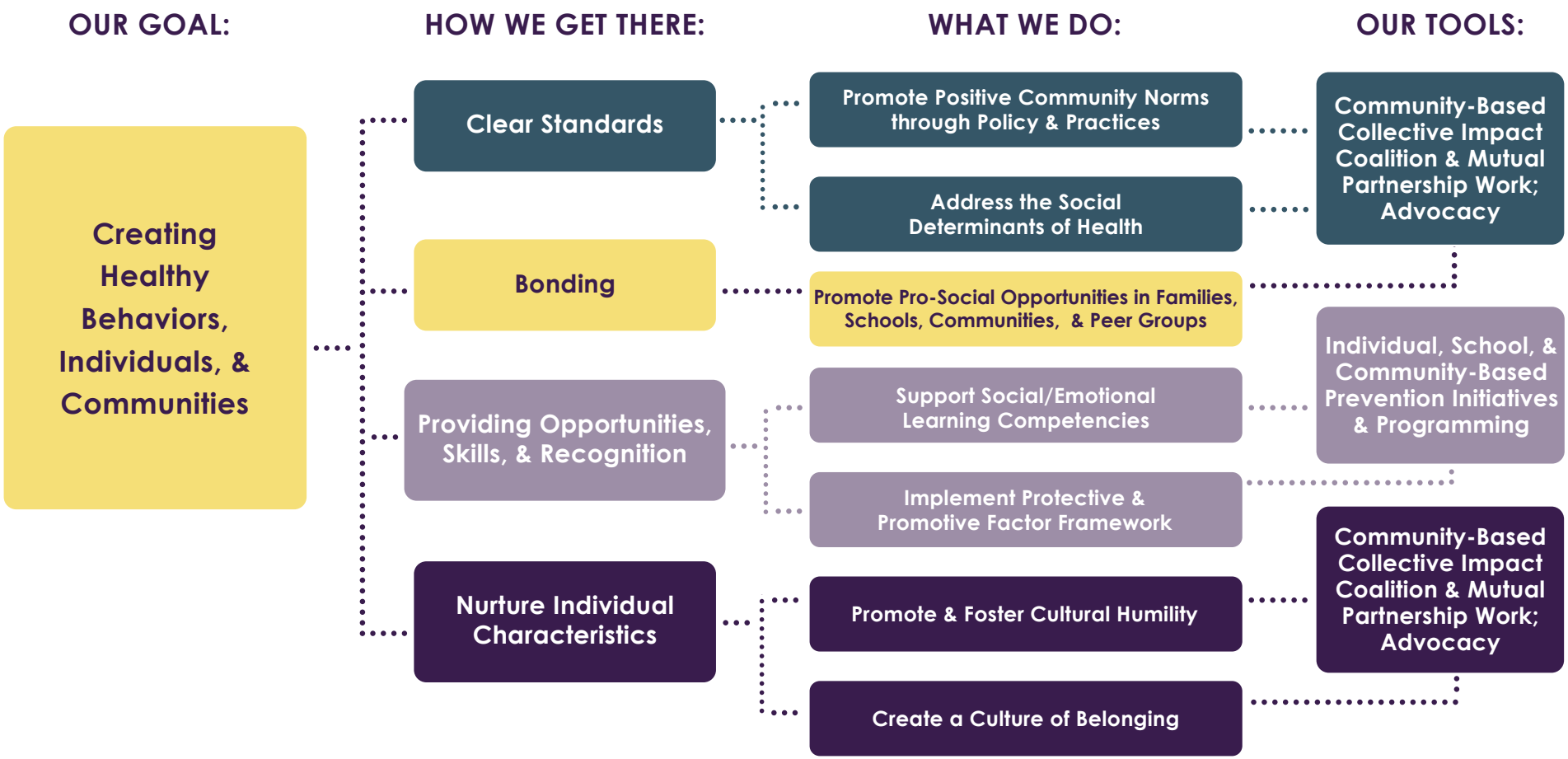
At times, funding needs may arise that fall outside the scope of the Prevention & Wellness Grant Program. In these circumstances, the Hancock County Community Partnership has made the following provisions:

SPECIAL REQUESTS

- Funding available for projects that develop outside of the HCCP Prevention & Wellness Grant Program.
- Examples include: Travel/conferences, special events, short-term initiatives.
- **Application process includes a submitting a Letter of Request to HCCP at least 45 days prior to use of funds. Letter of Request must include:**
    - **Information about applying organization**
    - **Purpose of funds**
    - **How funds will impact population served by the funds**
    - **Listing of anticipated expenses**
- Special Requests will be reviewed and approved/denied at the HCCP Council meeting following receipt of Letter of Request.
- If approved:
    - Funds approved for Special Requests will follow ADAMHS Office Procedures for Travel Guidelines and/or Non-Competitive Award Notice process.
    - Organizations awarded funds shall provide a written report to the HCCP Council no later than 30 following the use of the funds that provides an overview and outcomes of the Special Request.

For any Special Request, Letter of Request shall be submitted via email to:
Zach Thomas, OCPS
Director of Wellness & Education
zthomas@yourpathtohealth.org

Hancock County ADAMHS Board Prevention Model



adamhs
your path to health

June 2020

HANCOCK COUNTY ADAMHS BOARD PREVENTION MODEL

June 2020

In 1990, through the support of the Hancock County Board of Alcohol, Drug Addiction and Mental Health Services (the Board), and through a federal grant awarded by the United States Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), The Hancock County Community Partnership (the Partnership) was established to bring systems-based prevention initiatives to Hancock County. Since its inception, the Partnership has delivered innumerable awareness, education, and prevention programs to our community members. In 1995 when the federal grant program ended, the Board chose to make the Partnership a permanent standing committee of the Board, providing an annual allocation to support its endeavors, ensuring that prevention and early intervention are seen as equal to treatment and recovery. Since that time, the Partnership has changed its community role from delivering direct prevention services to serving as a consultative collective to the Board, offering science-driven and evidence-based recommendations for the implementation of the best prevention practices.

The Partnership has used several evidence-based prevention frameworks or models to guide its work, ensuring that any and all prevention initiatives appropriately deliver sound prevention practices. These include the *Risk and Protective Factor Framework* (Arthur, Hawkins, et. al., 1994; Hawkins, Catalano, Miller, 1992), the *Developmental Assets Framework* (Search Institute, 2005) and the *Lifestyle Risk Reduction Model* (PRI, 1983, 1987, 1998). More recently, two additional models, the *Social-Emotional Learning Framework* (CASEL, 2017) and the *Youth Thrive Framework* (Center for the Study of Social Policy, 2020), have been reviewed by the Partnership as critical components of prevention science to be included in supported prevention initiatives.

Although each framework and model is mutually supportive of each other, there was a need to develop a systems-based ecological model that would serve to encompass all working frameworks and models while at the same time demonstrate the true vision of the Board's and the Partnership's prevention investments. The *Social Development Strategy* (the *Strategy)* (Arthur, Hawkins, et. al., 1994; Hawkins, Catalano, Miller, 1992) is believed to serve in this capacity. The application of the *Strategy* is demonstrated below.

The overarching goal of the prevention work of the Board and the Partnership, and likewise the *Strategy*, is to ***create healthy behaviors, individuals, and communities***. In order to accomplish this goal, the *Strategy* informs us that we must communicate ***clear standards*** and expectations for health and healthy behaviors. Clear standards and expectations are supported through ***bonding*** with families, schools, communities and peer groups. Bonding creates trust and allows relationships to develop which reinforce clear standards and expectations. The *Strategy* requires significant community investment in providing ***opportunities, skills, and recognition*** that allow for the expansion of social-emotional learning. Finally, the *Strategy* insists that the community ***nurtures individual characteristics*** and that each community member is provided an opportunity to have a sense of belonging.

The Board and the Partnership have a number of active initiatives to achieve the goal of the *Strategy*:

1. To develop and reinforce clear standards and expectations, the Board and Partnership ensures ***positive community norms are promoted through policies and practices*** that are informed by science. Additionally, ***addressing social determinants of health*** affords an opportunity to

determine root causes of inequity that lead to unjust policies and practices, and contribute to health disparities within the community.

2. To support bonding, the Board and the Partnership invests in activities that ***promote pro-social opportunities in families, schools, communities, and peer groups.*** Pro-social opportunities build trust and belonging through interpersonal relationships and support activities which provide healthy alternatives to behaviors that may encourage poor decision-making. Pro-social opportunities are critical vehicles to reinforcing positive community norms, standards, and expectations.
3. To provide opportunities, skills, and recognition, the Board and the Partnership shall support ***social-emotional learning competencies*** and implement the ***protective and promotive factor framework***. Both seek to establish a strong foundation for healthy outcomes, emphasize building resiliency, are age-appropriate, and strive accomplish the following:
    a. **Social-Emotional Learning Competencies** (early childhood)
        i. *Self-Management* – manage emotions and behaviors to achieve one's goals
        ii. *Self-Awareness* – recognize one's emotions and values as well as one's strengths and challenges
        iii. *Responsible Decision Making* – make ethical, constructive choices about personal and social behavior
        iv. *Relationship Skills* – form positive relationships, work in teams, and deal effectively with conflict
        v. *Social-Awareness* – show understanding and empathy for others
    b. **Protective and Promotive Factor Framework** (late childhood-adolescence/young adult)
        i. *Youth Resilience* – manage stress and function well when faced with stress, challenges, or adversity
        ii. *Social Connections* – have healthy, sustained relationships with people, places, communities, and a force greater than oneself that promotes a sense of trust, belonging, and that one matters
        iii. *Knowledge of Adolescent Development* – understanding the unique challenges and assets of adolescence and implementing policies that reflect a deep understanding of development
        iv. *Concrete Support in Time of Need* – making sure youth receive quality, equitable, respectful services that meet their basic needs (healthcare, housing, education, nutrition, income)
        v. *Cognitive and social emotional competence* – acquiring skills and attitudes that are essential for forming an independent positive identity and having a productive and satisfying adulthood
4. To nurture individual characteristics, the Board and the Partnership will ***foster and promote cultural humility***. Cultural humility elevates above cultural awareness and cultural competency in that it requires recognizing that there are limitations in the understanding of each other. Cultural humility insists that all initiatives are sensitive to the unique personal and cultural histories each person carries with them that influences how they perceive the world, and in turn influences how they respond to others. Embracing culture humility enables a community to ***create a culture of belonging*** in which all people have value and an empowered voice in the creation of community norms, policies, and practices.

The Board and the Partnership have a wealth of human knowledge capital which is engaged at all stages of initiative development. Using SAMHSA's Strategic Prevention Framework (SPF) five-step process, community stakeholders and partners are actively engaged in assessment, capacity building, strategic design, implementation, and evaluation of all system-wide programmatic elements. ***Community-based/collective impact coalition work and advocacy*** is the archetype for all work of the Board and the Partnership.

It is important to note:

- Throughout the *Strategy,* there is emphasis on addressing health inequity through prevention. It recognizes and reinforces the importance of developing and providing services to disparate populations. It acknowledges that universal prevention is beneficial, but true health equity occurs when we support the most vulnerable.
- By recognizing that there is a greater impact on creating health equity by using selective and indicated prevention strategies, the *Strategy* aligns with the models presented in *Advancing Comprehensive School Mental Health Systems* (Hoover, Lever, Sachdev, Bravo, Acosta Price, Sheriff, & Cashman, 2019) where community systems focus on providing the most intense supports; community and schools collectively work to address selective strategies; and schools shoulder the larger burden of universal strategies.

By embracing the *Strategy*, the community is ensured that any and all ***individual, school, and community-based prevention initiatives and programming*** are of sound prevention science, and are only presented in an effort to lead toward the creation of healthy behaviors, individuals, and communities.

Zachary Thomas, OCPS, June 2020

REFERENCES:

1. *Risk and Protective Factor Framework/Social Development Strategy,* Arthur, Hawkins et. al, 1994, Hawkins, Catalano, Miller, 1992
2. *Forty Developmental Assets,* Search Institute, 2005
3. *Understanding the Lifestyle Risk Reduction Model,* PRI, 1983, 1987, 1998
4. *Social Emotional Learning Competencies*, CASEL (The Collaborative for Academic, Social, and Emotional Learning), 2017)
5. *Ohio's K-12 Social and Emotional Learning Standards,* Ohio Department of Education, June 2019
6. *Youth Thrive,* Center for the Study of Social Policy, https://cssp.org/our-work/project/youth-thrive/
7. *Using the Social Development Strategy to Unleash the Power of Prevention,* Haggerty & McCowen, Winter 2018, Journal of the Society for Social Work and Research
8. *Unleashing the Power of Prevention,* Hawkins, Catalano, et.al, April 2015, American Academy of Social Work and Social Welfare
9. *Investing in Your Community's Youth: An Introduction to the Communities that Care System,* Catalano, Hawkins, 2005
10. *A Guide to SAMHSA's Strategic Prevention Framework,* June 2019
11. *Seven Strategies for Community Change,* Community Anti-Drug Coalitions of America
12. *Advancing Comprehensive School Mental Health Systems,* Hoover, Lever, Sachdev, Bravo, Acosta Price, Sheriff, Cashman, University of Maryland School of Medicine, 2019
13. *National Partnership for Action to End Health Disparities Toolkit for Community Action*, National Partnership for Action to End Health Disparities, 2011
14. *HHS Action Plan to Reduce Racial and Ethnic Health Disparities A Nation Free of Disparities in Health and Health Care*, 2011
15. *Prevention Taxonomy,* Ohio Department of Mental Health and Addiction Services Office of Prevention and Wellness, September 2015

June 1, 2022
Attachment B

HANCOCK COUNTY COMMUNITY PARTNERSHIP
LOGIC MODEL – *Delay the Onset*
Fiscal Years 2023-2028 (July 1, 2023 – June 30, 2028)

THEORY OF CHANGE (*If we do X, we can expect Y)*:

If we reinforce the importance of and provide tools for delaying the onset of first use of substances among youth, then we can expect our youth to adopt healthy behaviors which will reduce the likelihood of substance use disorders, build resilience, and create wellness.

PROBLEM STATEMENT (*What is the issue you want to address in order to achieve your Theory of Change?)*:

We know that the average age for first use of substances (alcohol and tobacco) is 12.6 years old[1]; the earlier someone uses substances, the more likely they are to develop a substance use disorder and/or psychosocial problem later in life.[2,3,4] However, for every year onset of drug use was delayed, the likelihood of lifetime drug use and dependence is reduced by 5%[2]
(In 2011, the majority of substance use treatment admissions aged 18-30 began substance use at the age of 17 or younger; 10.2 percent initiated use at the age of 11 or younger.)[3]

ROOT CAUSE (*What proves this is a real issue?)*:

- The vast majority of people who were past year initiates of cigarette smoking or alcohol use tried cigarettes or alcohol for the first time before age 26.[5]
- Only about one fourth of people aged 12 or older in 2020 (27.4%) perceived great risk of harm from smoking marijuana once or twice a week.
- Young adults aged 18-25 were less likely than adolescents ages 12-17 or adults aged 26 or older to perceive great risk of harm from smoking marijuana weekly.
- The human brain is still developing during adolescent years; substance use during this time can compromise healthy brain development.[6,7]

LOCAL CONDITION (*Why is this a real issue in your community?)*:

RISK FACTORS

- In Hancock County, the average age of first use of tobacco and alcohol is 12.6 years old.[1]
- In Hancock County, 4% of youth (age 12-18) use tobacco, alcohol, or other illegal drugs to cope[1]
- 49% of youth reported (age 12-18) parents/guardians talked to them about healthy choices; 24% reported parents/guardians talked about drugs or alcohol[1]
- 10% of youth (ages 12-18) reported parents/guardians did not talk to them about drugs or alcohol use[1]

PROTECTIVE FACTORS

- 79% of youth (age 12-18) indicated parents as the biggest influencer for not using drugs.[1]
- 82% of your (age 12-18) disapprove of smoking; 72% disapprove of electronic cigarettes; 73% disapprove of alcohol use; 79% disapprove of marijuana use.[1]
- 89% of youth (age 12-18) participated in extracurricular activities.[1]
- Children of parents who talk to their teens about drugs are 50% less likely to use[8]

STRATEGIES (*What will you do?)*:

Hancock County ADAMHS Board Strategic Plan – Approved October 22, 2019
Priorities for Fiscal Year 2020-2024 (July 1, 2019 – June 30, 2024)

Promotion of Population and Community Health with a Focus on Prevention and Early Intervention

- Conduct a public awareness campaign aimed at involving the community and to promote prevention messages.
- Develop adult prevention services, including a focus on the importance of connection.
- Restructure the delivery of school-based services; create access to universal screening (streamline with System of Care Grant changes).
- Advance the discussion of a whole health model including the importance of mind/body connection.

Hancock County Community Partnership Workplan – Fiscal Years 2023-2028

The Hancock County Community Partnership has made a commitment to advancing the Youth Thrive Protective and Promotive Factor Model. This model emphasizes the importance of understanding adolescent brain development; building strong social connections; providing concrete supports in times of need; increasing social, emotional, and cognitive competence, and strengthening youth resilience. All strategies employed and or supported by the Partnership are evaluated through the Model to ensure the protective and promotive factors are continuously reinforced.

Strategic Imperative	Tactics	Anticipated Outcomes	Target Audience
Creating Connections Between Youth and Trusted Adults	• Prevention & Wellness Program • Community-Based Toolkit	*Youth Thrive PPF:* *-Concrete Supports* *-Social Connections* *-Youth Resilience*	• Youth • Adults
Promotion of Positive, Healthy, Alternative Activities	• Provide scholarships to attend activities • HIPS – Include meals • Community Dinners/Millstream Café/Family Dinner Vouchers • Strengthening Families	*Youth Thrive PPF:* *-Social Connections* *-Youth Resilience* *-Cognitive and Social-Emotional Competence*	• Youth • Families
Altering Your Mind Can Change Your Life	• Community-based education opportunities • CSSP/Youth Thrive • Video about adolescent brain development • Presentations at school sports/PTO/open house meetings • HIPS – Include education regarding adolescent brain development	*Youth Thrive PPF:* *-Knowledge of Adolescent Brain -Development* *-Cognitive and Social-Emotional Competence* • Increased awareness and understanding of adolescent brain development	• Youth • Families • School-based groups (coaches/teachers)
Data Collection	• Implement OHYES Survey	• Increased youth-based data accessible to HCCP for planning purposes	• Youth

OUTCOMES (*What do you expect to accomplish through your strategy?)*:

OBSERVABLE AND MEASURABLE CHANGES IN KNOWLEDGE, ATTITUDES, BEHAVIORS, AND STATUS
To be accomplished by June 30, 2028

Demonstrated change in Local Condition

- 50% of Hancock County youth (age 12-18) will report that a trusted adult talked to them about drugs and/or alcohol.

Demonstrated change in Root Cause

- Targeted audiences will demonstrate an increase in the understanding of adolescent brain development (how will this be measured?).

Demonstrated change in Problem Statement

- Average age of first use increased by one year (14 years old).

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[1]2018 Hancock County Community Health Assessment
[2] Grant, B.F., & Dawson, D.A. (2018) Age of onset of drug use and its association with DSM-IV drug use and dependence: results from the National Longitudinal Alcohol Epidemiologic Survey. Journal of substance abuse, 10(2), 163-173
[3] The TEDS Report, SAMHSA, July 17, 2014
[4] Poudel, A, & Gautam S (2016) Age of onset of substance use and psychosocial problems among individuals with substance use disorders. BMC Psychiatry, 17:10
[5] 2020 National Survey on Drug Use and Health
[6] Winters, K.C., & Arria, Amelia (2012) Adolescent brain development and drugs. HHS Public Access
[7] Youth Thrive Protective and Promotive Factors for Healthy Development. Center for the Study of Social Policy.
[8] Start Talking! Building a Healthier Ohio, www.starttalking.ohio.gov

Center for the Study of Social Policy

YOUTHRIVE™

PROTECTIVE & PROMOTIVE FACTORS FOR HEALTHY DEVELOPMENT AND WELL-BEING

PROTECTIVE & PROMOTIVE FACTORS

Protective & Promotive Factors Constructs	Core Meanings
Youth Resilience	a. managing the stressors of daily life and functioning well when faced with challenges, adversity, and trauma b. calling forth one's inner strength to proactively meet personal challenges, manage adversities, and heal the effects of trauma c. having a positive attitude about life and oneself d. believing that one's life is important and meaningful e. becoming more self-confident and self-efficacious f. having faith; feeling hopeful and optimistic g. envisioning positive future possibilities h. believing that one can make and achieve goals i. working with purpose to achieve goals j. facing challenges and making productive decisions about addressing challenges k. seeking help when needed l. thinking about and being accountable for one's actions and the consequences of one's actions m. managing anger, anxiety, sadness, feelings of loneliness, and other negative feelings n. learning from failure
Social Connections	a. Building a trusting relationship with at least one caring and competent adult who: • listens in a non-judgmental manner • is dependable/can be counted on • provides well-informed guidance, advice, and help in solving problems • promotes high expectations • sets developmentally appropriate limits, rules, and monitoring • provides emotional support (e.g., affirming good problem-solving skills) • provides instrumental support/concrete assistance (e.g., transportation) • provides informational support (e.g., post-secondary educational opportunities) • provides spiritual support (e.g., hope and encouragement) • provides an opportunity to engage with others in a positive manner • helps buffer youth from stressors • helps reduce feelings of isolation • promotes meaningful interactions in a context of mutual trust, respect, and appreciation b. Being constructively engaged in social institutions (e.g., school, religious communities, recreational facilities) that are safe, stable, and equitable c. Building a trusting relationship with positive, optimistic, mutually respectful peers who have similar values d. Having a sense of connectedness that enables youth to feel loved, secure, confident, valued, and empowered to "give back" to others

Protective & Promotive Factors Constructs	Core Meanings
Knowledge of Adolescent Development	a. Encouraging parents, adults who work with youth, and youth themselves to increase their knowledge and understanding about adolescent development b. Seeking, acquiring, and using accurate information about: • adolescent brain development • physical and emotional changes that occur during puberty • one's culture • societal rules, demands, expectations, and threats • one's personal developmental history and needs, including one's trauma history • sexual behavior, responsibility, choices, and consequences • essential life skills (e.g., managing money) • developing abstract thinking and improved problem-solving skills • developing a belief system and sense of morality • engaging in positive risk-taking and avoiding negative risk-taking • forging a personally satisfying identity • identifying productive interests, realistic goals, and steps to achieve goals • developing mature values and behavioral controls used to assess acceptable and unacceptable behaviors • building and sustaining healthy relationships with peers and adults • gaining independence from parents and other adults while maintaining strong connections with them
Concrete Support in Times of Need	a. being able to identify, find, and receive the basic necessities everyone deserves, as well as specialized services (e.g., medical, mental health, social, educational, or legal) b. being resourceful c. understanding one's rights in accessing eligible services d. navigating through service systems e. seeking help when needed f. being treated respectfully and with dignity when seeking and receiving services
Cognitive and Social-Emotional Competence	a. developing executive function skills (e.g., considering potential consequences; seeing alternate solutions to problems) b. engaging in self-regulating behaviors (e.g., control of thinking and feelings; staying on task in the face of distractions) c. developing character strengths (e.g., persistence, gratitude, integrity) d. experiencing positive emotions (e.g., joy, optimism, faith, compassion for others) e. taking responsibility for one's self and one's decisions f. developing self-awareness, self-esteem, self-efficacy, and self-compassion g. committing to and preparing to achieve productive goals h. having both positive images of the person one wants to become and negative images of the person one wants to avoid becoming, as well as plans to achieve the possible selves

Attachment D

Hancock County Cultural Humility & Health Equity Delegation
GLOSSARY OF TERMS
June 2020

BELONGING – The practice of being respected at a basic level that includes the right to both co-create and make demands on society. Belonging means more than just being seen. Belonging entails having a meaningful voice and the opportunity to participate in the design of social and cultural structures. Belonging means having the right to contribute to, and make demands on, society and political institutions. Belonging is more than just feeling included. In a legitimate democracy, belonging means that your well-being is considered and your ability to design and give meaning to its structures and institutions is realized.

CULTURAL HUMILITY - The ability to maintain an interpersonal relationship that is person-oriented in relation to aspects of cultural identity that are most important to the person. Cultural humility is different from other culturally-based training ideals because it focuses on self-humility rather than achieving a state of knowledge or awareness.

CULTURAL COMPETENCE – A continuous learning process that build knowledge, awareness, skills, and capacity to identify, understand, and respect the unique beliefs, values, customs, languages, abilities, and traditions of others in order to develop policies to promote effective programs and services.

DIVERSITY – Differences in racial and ethnic, socioeconomic, geographic, and academic/professional backgrounds. People with different opinions, backgrounds (degrees and social experience), religious beliefs, political beliefs, sexual orientations, heritage, and life experience.

EQUALITY VS. EQUITY – Equality requires the same level of resources to each person. Equity requires distribution of resources proportionately to each person, in relationship to corresponding disparity and need, in order to reach the same outcomes for all.

HEALTH DISPARITY – 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 and/or ethic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical ability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

HEALTH CARE DISPARITY – Differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of interventions. These differences would include the role of bias; discrimination; and stereotyping at the individual (provider and patient), institutional, and health system levels.

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.

HEALTH INEQUALITY – The difference in health status or in the distribution of health determinants between different population groups.

INCLUSION/INCLUSIVITY – The practice of including individuals or groups who might otherwise be excluded or marginalized.

OTHERING/EXCLUSION – The practice of denying someone's full humanity based on them being less than and/or a threat to the favorite group.

SOCIAL DETERMINANTS OF HEALTH – Non-medical factors shaped by social policies, including economic stability; social and community context; neighborhood and built environments; health care; and education, that influence health.

Source Credit:
Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ, Robert Wood Johnson Foundation, 2017.
A Business Case for Promoting Equity in the Behavioral Health Care System Through Cultural and Linguistic Competency, Ohio Department of Mental Health and Addiction Services, 2015.
The Othering & Belonging Institute, University of California, Berkeley, 2018.