This glossary is a living document. We invite you to contact us at learning@aohc.org if there are terms you think need further explanation and/or should be included here.

Thank you.

**Anti-oppression**

The anti-oppression framework recognizes multiple, intersecting ideologies of exclusion and oppression, including racism, sexism, heterosexism, ageism, ableism, etc. It seeks to make explicit that these ideologies validate hierarchical relationships, reinforcing the power and privilege of dominant groups, while marginalizing, excluding, and oppressing others. The framework seeks to counter these oppressive ideologies by making their manifestations in everyday practices visible, and by inviting individuals to become aware of their privilege and to monitor their own beliefs and practices with a view to ending their own participation in oppression. One of the core components of the anti-oppression framework is its promotion of a shift from ‘power over’, which is based in the practices of control and coercion, to ‘power with’, which is based in the practices of consensus and collaboration.


**Cultural safety**

Cultural safety is a concept developed in New Zealand by nurses working with Māori that moves beyond the traditional concept of cultural sensitivity to analyzing power imbalances, institutional discrimination and relationships with colonizers. It develops the idea that to provide quality care for people from different ethnicities other than the mainstream, health care providers must embrace the skill of self-reflection as a means to advancing a therapeutic encounter and provide care congruent with the knowledge that cultural values and norms of the people are different from his/her own. A central principle of “Cultural Safety” is that peoples decide what is culturally safe or unsafe, shifting the power from professionals to people. The concept is spreading to other fields of human services and to other areas of the world, particularly in areas with strong minorities of indigenous people in former European colonies.

Definition adapted by the AHAC Executive Directors Circle from the work of Irihapeti Ramsden.

**Collaboration**

Interprofessional collaboration is a process for communication and decision making that enables the separate and shared knowledge and skills of care providers to synergistically influence the client care provided. A foundational component of collaborative practice is ‘equality’ within the team framework and not hierarchy.

**Equity**

Fairness or justice in the way people are treated.


In a services context, equity refers to treating people differently based on their needs, in order to ensure we have the same access to services as others who are not challenged by the same needs. This is different from treating people equally, which assumes that everyone has the same needs.

Competence Consultants & Associates, 2005

**Harm reduction**

Measures taken to address drug problems that are open to outcomes other than abstinence or cessation of use.

Canadian Centre on Substance Abuse. http://www.ccsa.ca/ENG/TOPICS/HARMREDUCTION/Pages/default.aspx

**Health**

A state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity.


**Health equity**

An approach that includes policies and interventions that address discrimination and oppression with a goal of eradicating social inequality and disadvantage for the purpose of reducing differences in health outcomes.


**Inclusion**

An inclusive society creates both the feeling and the reality of belonging, and helps each of us reach our full potential. The feeling of belonging comes through caring, cooperation, and trust. We build the feeling of belonging together. The reality of belonging comes through equity and fairness, social and economic justice, and cultural as well as spiritual respect. We make belonging real by ensuring that it is accepted and practiced by society.


**Indicators**

Indicators are specific measures indicating the point at which goals and/or objectives have been achieved.


**Logic model**

A program logic model is a diagram that
Oppression

Unjust or cruel exercise of authority or power.


Outcomes

Outcomes are a change that occurs as a result of a project or program and show the benefits or changes in people or groups participating in a program. Outcomes are often associated with impact evaluations. There are different levels of outcomes: short term, intermediate and long term.


Outcome (or impact) evaluation

Assesses what your project has achieved.


“___phobia”

“A learned dislike, fear and/or hatred of a particular group of people. It is expressed through beliefs and tactics that devalue, demean and terrorize people. Examples include: biphobia, homophobia, Islamophobia, transphobia, xenophobia...”
Population health

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.


Population health needs-based planning

Needs-based planning in the primary care setting takes into account the characteristics of the population served by the organizations in the practice area, such as gender, age, socio-economic status and health status. This demographic and epidemiologic data can help organizations assess the health needs of their community and plan services accordingly.

Canadian Institute for Health Information

Primary health care

Primary health care (PHC) as defined by the World Health Organization (1978) is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country’s health system of which it is the nucleus and of the overall social and economic development of the community. This differs from primary care, which is a person’s first point of contact with a health-care provider.

Process evaluation

Assesses what activities were implemented, the quality of implementation and the strengths and weaknesses of the implementation.


Racialized

The Ontario Human Rights Commission speaks to the term racialized and racialization accordingly: While biological notions of race have been discredited, the social construction of race remains a potent force in society. The process of social construction of race is termed “racialization.” The Report of the Commission on Systemic Racism in the Ontario Criminal Justice System defined “racialization “as the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life.” When it is necessary to describe people collectively, the term “racialized person” or “racialized group” is preferred over “racial minority”, “visible minority”, “person of colour” or “non-White” as it expresses race as a social construct rather than as a description based on perceived biological traits.
**Racism**

The belief that race accounts for differences in human character or ability and that a particular race is superior to others.


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**Scope of practice**

There are varying interpretations of what is included in a profession’s scope of practice. According to the Health Professions Regulatory Advisory Council, a profession’s scope of practice is defined by a number of elements including: The scope of practice statement; Controlled or authorized acts granted to the profession; The harm clause; Title protections; Exemptions or exceptions under the Regulated Health Professions Act that may apply to the profession; Other legislation that may affect the profession; Relevant regulations developed under the profession’s own profession-specific Act; and Standards of practice, guidelines, policies and by-laws developed by the regulatory College.


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**Social justice**

The distribution of the social and economic resources of society for the benefit of all people.


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**Trans**

An umbrella term for a person whose gender identity does not match society’s expectations of someone with their physical sex characteristics.