

Appendix I: Glossary of Key Terms and Definitions

Many of these terms represent related ideas. The terms are often used interchangeably and it can be difficult to know when to use each one. To assist you in completing the survey, the Toolkit provides definitions below.¹ Some definitions are accompanied by examples (*in italics*) to highlight the subtle differences among terms. A brief version of each definition (for quick reference) is **bolded**.

Class

Class refers to the level of wealth, position, and status of a person or group. A root cause of health inequities is the persistent inequality between different classes. Some people do not have the same access as others to resources important for good health. These resources include a living wage job, health insurance, safe and healthy home and work environments, safe and affordable housing, healthy food, and educational opportunities.

A state health department can intentionally recruit and retain staff from poorer class backgrounds. It can consider life experiences as well as education in the hiring practices and support these staff to develop the professional qualifications needed to advance within the organization.

Cultural Competence

Culture is the blended patterns of human behavior that includes: language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. **Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations.**

The state health department implements the enhanced CLAS Standards to insure its services are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse clients.

Cultural Humility

Cultural humility acknowledges that someone's culture can only be appreciated by learning from that person. Attributing traits or attitudes to members of a certain group may not be accurate or helpful in understanding them. Those who practice

¹ Based on definitions developed by the Centers for Disease Control and Prevention, the World Health Organization, and the Department of Health and Human Services *Healthy People 2020*

cultural humility work to increase self-awareness and engage in life-long self-reflection about how to put aside personal biases and perceptions and learn from others.²

The state health department implements staff training on effective communication skills —open-ended questions and reflective listening—to explore community concerns, thoughts, and ideas and avoid providing advice or direction as though staff members were the experts in their lives.

Diversity

Diversity is the state or quality of being different or varied. In the context of health equity, **diversity is very broad and includes: race and ethnicity, income, education, gender, age, sexual orientation and gender identity, physical and mental abilities, physical appearance, cognitive style, religion, country of origin, political affiliation, marital status, immigration status, and veteran status.**

Health Disparities

Health disparities are the differences in health status and death rates across population groups. The definition indicates that differences exist but does not consider their relationship to patterns of social inequalities. The term health disparities is often used in place of health inequities or the two terms may be used interchangeably. However, for purposes of the surveys, focus groups and interviews use the term health disparity only when referring to differences. Use the definition for **health inequities** when differences are systematic, avoidable, unfair, and unjust.

A state health department that addresses health disparities focuses on specific diseases and populations. An example is high asthma rates among African Americans. Interventions would include clinical care, health education, and case management. This approach does not address the underlying causes of conditions that aggravate asthma like poor air quality, sub-standard housing conditions, and a history of housing segregation that forced people to live in lower income neighborhoods.

Health Equity

Health equity exists when all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.

² Summary definition developed by Melanie Tervalon, MD, MPH

The state health department applies a “health equity lens” when reviewing proposed policies and program plans to make sure certain populations are not unintentionally negatively impacted by department decisions. This involves working with community partners to advocate for policies and practices that insure living wage employment, paid sick leave, fair and nondiscriminatory housing, strong public transportation systems, etc.

Health Inequities

Health inequities are the differences in health status and death rates across population groups that are systematic, avoidable, unfair, and unjust. These differences are sustained over time and generations and are beyond the control of individuals. These differences follow the larger patterns of inequality that exist in society. The term health inequities is different from **health disparities**, which indicate that differences exist but does not consider their relationship to patterns of social inequalities.

The state health department addresses the health issues facing the communities served, and at the same time works to address inequities in the social and economic conditions that contribute to differences in health. For example, in addition to providing WIC vouchers, the department works with community partners to advocate for equal access to farmers’ markets and grocery stores in low-income neighborhoods.

Institutional or Structural Racism

At the root of health inequities lies institutional or structural racism. **This form of racism is a system of power that has created widespread historical and persistent barriers that keep people of color from having equal access to opportunities, information, resources and power.** This system is maintained and preserved by formal and informal practices and policies that benefit some groups of people while putting others at a disadvantage. Individual racism consists of overt acts by individuals that cause death, injury, destruction of property, or denial of services or opportunity. Institutional racism is more subtle but no less destructive. Institutional racism involves policies, practices, and procedures of institutions that have a disproportionately negative effect on racial minorities’ access to and quality of goods, services, and opportunities.

An example is the long-term effects of racist institutional policies such as federal housing and bank-lending policies and practices that deny people of color homeownership, while expanding opportunities for low-income whites. The state health department can ensure that people of color have the opportunity to

influence the department's planning and decision-making. The department can also recruit, retain, and promote staff from the ethnic and racial backgrounds representing the communities served by the department.

Root Causes of Health Inequities

The root causes of health inequities are the underlying social inequalities that create different living conditions. Discrimination based on gender, age, class, race and ethnicity, immigration status, sexual orientation, physical or mental disability influence the distribution of resources and power. Past discrimination is reinforced in the policies and practices of institutions that define our daily lives. This in turn creates an unequal distribution of beneficial opportunities and negative exposures, resulting in health inequities.

A state health department can address root causes of health inequities by working to identify and change policies and practices that contribute to inequitable social and environmental conditions. Examples include challenging funding practices in public education and public transportation that unfairly advantage residents living in higher income neighborhoods at the expense of those in lower income neighborhoods.

Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These social structures and economic systems greatly contribute to health inequities. **They include (but are not limited to) education, income, race and ethnicity, housing, social position, sexual orientation and gender identity. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.**

The state health department can address the social determinants of health by working with community partners and other public agencies to influence decisions on governing land use, transportation, education, housing, employment, and other social factors that affect health.

Social Justice

Social justice refers to social, economic, and democratic fairness and equality. In a just society, all people are able to participate fully, have equal access to resources,

public goods, and life opportunities. All people are free from discrimination on the basis of race, gender, class, sexual orientation, and other factors.

A state health department can address its own policies and practices that contribute to unfair social and environmental conditions as well as challenge other institutions to do the same. Departments can prepare and share data that demonstrate unfairness in exposures and opportunities to build a case for needed changes. They can strengthen the ability of the affected communities to challenge unfair institutional policies and practices.

Socioeconomic Status

Socioeconomic status is a measure that typically incorporates economic, social, and work status. Economic status is measured by income. Social status is measured by education, and work status is measured by occupation. Each status is considered an indicator. These three indicators are related but do not overlap.