



Glossary: Health Equity

For decades, researchers have observed pervasive health disparities among racial and ethnic minority populations and other socially disadvantaged groups, including lower quality of care and poorer health outcomes. Progress on addressing the health needs of people who are inadequately served by our broken health system will be facilitated by a shared understanding of commonly used terms. This glossary lists terms that may be frequently encountered in health equity discussions.

| Term | Acronym | Definition |
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| Anti-Racism | | A person, an action, an idea or a system that actively opposes racism by advocating for changes in political, economic and social life to reduce racial inequity. Anti-racism tends to be an individualized approach and set up in opposition to individual racist behaviors and impacts. ^{1,2} |
| BIPOC | | An acronym that stands for Black, Indigenous and people of color. The term is used to describe people who are non-white or of non-European descent. The term distinguishes Black and Indigenous to be inclusive of their distinct experiences in North America and to account for a history of erasure of their voices. ³ |
| Community Health Needs Assessment | CHNA, CHA | A state, tribal, local or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. Also known as a community health assessment. ⁴ |
| Community Health Workers | CHW | Trained public health workers who are trusted members of or have an unusually deep understanding of the communities in which they work. CHWs serve as a bridge between communities and social/healthcare systems to facilitate access to services and improve the quality and cultural competence of service delivery. ^{5,6} |
| Community-Based Organization | CBO | A nonprofit organization that works at the local level to support and advocate for a community's needs. |
| Community-Driven Health Equity Action Plans | | A plan developed by a community that lays the groundwork for the community to take action on a health equity agenda. ⁷ |

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| Coverage Parity | | Policies or laws that require insurers to provide a benefit that is comparable or equal to the other benefits offered. For example, requiring insurers to provide the same mental health benefits as it does for general physical health or reimbursing for telehealth visits at the same rate as an in-person visit. These policies improve access to care for needed medical services for all patients, particularly for those who may have difficulty affording the services without coverage or face a barrier(s) to obtaining in-person care. In addition, it incentivizes providers to participate in an insurer's network and offer the services that receive parity, as they know they will receive appropriate compensation. |
| Covert Racism | | Concealed or subtle harmful attitudes or behaviors towards an individual or group because of the color of their skin. ⁸ |
| Critical Race Theory | CRT | A framework developed to understand the relationship between race (and later, other marginalized identities) and law. It has been expanded to apply to many other sectors of society and is used to assess societal institutions through a lens of systemic racism. ^{9, 10, 11, 12} |
| Cultural Competency | | The ability to understand and value different cultures and to be able to interact appropriately and effectively with people of different cultures. ^{13, 14} |
| Cultural Humility | | The ability to maintain an interpersonal stance that is open and other-oriented in relation to aspects of cultural identity that are important to another person, beginning with a reflection of one's own biases and values. ^{15, 16} |
| Diversity, Equity and Inclusion Strategic Plan | DEI | A plan, typically compiled by companies and universities, of initiatives, strategies and/or actions that support and provide fair treatment, access, opportunity and advancement for all within the community. ¹⁷ |
| Food Desert | | A low-income area with poor access (measured by distance to the nearest supermarket) to healthy and affordable food. ^{18, 19} |

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| Food Insecurity | | A lack of consistent access to the food required for an active, healthy life due to a lack of financial or other resources. ^{20, 21} |
| Government Alliance on Race & Equity | GARE | A national network of local and regional government jurisdictions working to achieve racial equity and advance opportunities for all. ²² |
| Health Disparity | | Preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are closely linked with social, economic and/or environmental disadvantage. Populations that disproportionately experience health disparities can be defined by factors such as race or ethnicity, gender, socioeconomic status, religion, disability, geographic location, sexual orientation or gender identity. ²³ |
| Health Enterprise Zone | HEZ | A program established by the state of Maryland in which geographic areas with measurable and documented economic disadvantage and poor health outcomes received targeted state resources, such as income tax credits, loan assistance repayment and grant funding, to reduce health disparities, improve health outcomes and reduce health costs and hospital admissions and readmissions in those zones. ²⁴ <i>Similar to health equity zone and promise zone.</i> |
| Health Equity | | A state of being in which everyone has equal opportunity to achieve optimal levels of health and well-being. Achieving this state requires removing and preventing obstacles to health and factors that cause health disparities such as poverty, discrimination and their consequences, including powerlessness, lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare. ^{25, 26} |
| Health Equity Impact Assessment | HEIA | A specialized form of a health impact assessment that evaluates the potential impacts of a policy or system on health disparities and/or disadvantaged populations. ²⁷ |

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| Health Equity Zone | HEZ | <p>A collaborative, community-led process in Rhode Island in which economically disadvantaged geographic areas with documented health risks conduct a needs assessment and implement a data-driven plan of action to address the unique social, economic and environmental factors preventing people from being as healthy as possible.^{28, 29}</p> <p><i>Similar to health enterprise zone and promise zone.</i></p> |
| Health Impact Assessment | HIA | <p>A process that evaluates the potential health effects of a proposed policy, project or program on a population, particularly disadvantaged groups. The process includes screening, scoping, appraisal, recommendations, reporting and monitoring. Recommendations aim to maximize the proposal's positive health effects and minimize its negative health effects.^{30, 31, 32}</p> |
| Health Improvement Plan | HIP | <p>A long-term, systematic effort based on community health assessments or feedback from community stakeholders to establish and maintain policies to address health problems in a community.^{33, 34, 35}</p> <p><i>Sometimes referred to as a Community Health Improvement Plan (CHIP).</i></p> |
| Health in All Policies | HiAP | <p>A collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people.³⁶</p> |
| Health Indicators | | <p>A measurable characteristic designed to summarize information about a given topic in population health or health system performance.^{37, 38}</p> |
| Health Inequity | | <p>Avoidable inequalities in health between groups of people that arise from insufficient or discriminatory policies and practices.³⁹</p> |

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| Implicit Bias | | The attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. They can be both favorable and unfavorable assessments and are activated involuntarily, without an individual's awareness or intentional control. ⁴⁰ |
| Inclusivity | | An environment in which all people, regardless of their abilities, personal characteristics or healthcare needs, are regarded as valuable members of their communities and where they are authentically brought into processes, activities and decision-making in a way that shares power. ^{41, 42} |
| Institutional Racism | | Laws, policies and practices that permeate a society and its institutions that benefit white people while oppressing, discriminating against, disadvantaging, excluding or neglecting other racial and ethnic groups. ^{43, 44} |
| Intersectionality | | Coined by Kimberlé Williams Crenshaw, this term refers to the different social categories, such as race, gender and socioeconomic status, that interact and overlap to create different forms of challenges related to discrimination and oppression. Originally applied to the experiences of racism and sexism that Black women face, this framework challenges the notion that exclusion and discrimination is unidirectional or uniform. ⁴⁵ |
| Medicaid Presumptive Eligibility | | States can authorize certain entities, such as hospitals, community health centers and schools, to temporarily extend Medicaid and/or Children's Health Insurance Program (CHIP) coverage to certain individuals until a full eligibility determination can be made. ⁴⁶ This process enables people who are not currently receiving Medicaid coverage, but appear to be eligible based on basic demographic information, to have immediate access to coverage and care. ⁴⁷ |

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| Medically Underserved Area or Population | | Geographic areas or populations that have a scarcity of primary care providers, high infant mortality, high poverty and/or a high proportion of elderly individuals. ⁴⁸ |
| Overt Racism | | Intentional and/or obvious harmful attitudes or behaviors towards an individual or group because of the color of their skin. ⁴⁹ |
| Participatory Budgeting | | A democratic process in which community members decide how to spend part of a public budget. ⁵⁰ |
| Population Health | | The health outcomes of a group of individuals, including the overall outcomes of the group and the distribution of such outcomes within the group. ⁵¹ |
| Pro-Equity | | A person, organization, policy or system that actively works to dismantle deeply entrenched systems of privilege and oppression that have led to inequitable decision-making processes and the uneven distribution of benefits and burdens in their communities. This framework is used to guide the creation of policies, practices and norms that produce a more equitable society for all. ⁵² |
| Promise Zone | | High poverty communities in which the federal government has partnered with local leaders to increase economic activity, improve educational opportunities, leverage private investment, reduce violent crime, enhance public health and address other priorities identified by the community. ⁵³ <i>Similar to health equity zone and health enterprise zone.</i> |
| Public Charge Rule | | An immigration rule wherein a person is prevented from immigrating to the United States if they are considered likely to become a “public charge,” that is, one who receives a public benefit such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), etc., for a period of 12 months during a 36-month period. ^{54, 55} Changes in the government’s interpretation of “public charge” can affect immigrants’ enrollment in public assistance programs, and thus, their health outcomes. |

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| Racial Equity Impact Assessment | | A systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision. ⁵⁶ These assessments can help leaders understand the racial equity implications of an existing or proposed policy, program or institutional practice, and to determine if it will improve or worsen existing economic and social inequities. ⁵⁷ |
| Rural-Urban Geographic Disparities | | Differential access to healthcare services and providers due to the geographic setting in which a person resides. Rural areas typically have fewer healthcare providers than urban areas, which can contribute to disparities in health status. ⁵⁸ |
| Social Determinants of Health | SDoH | Non-medical factors that affect health outcomes, present in the environments in which people are born, grow, live, work and age. ⁵⁹ |
| Social Exclusion | | A state in which particular groups of people are prevented or blocked from engaging fully in economic, social, political and cultural life. ⁶⁰ |
| Social Inclusion | | Conditions under which individuals and groups, particularly those who are disadvantaged, actively take part in society through enhanced opportunities, access to resources, voice and respected rights. ⁶¹ |
| Socially Disadvantaged Populations | | Individuals or groups who have been subjected to prejudice or cultural bias within American society because of their identities as members of a particular group (for example, gender, immigration generation, race/ethnicity, socioeconomic status or religion ⁶²) and without regard to their individual qualities. The social disadvantage stems from circumstances beyond their control. ⁶³ |
| Structural Racism | | A system in which law and policies, institutional practices, cultural representations and other societal norms work in various, often reinforcing, ways to perpetuate inequity across racial groups. |

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| Systemic Inequities | | Opportunities, experiences and/or treatments that are significantly biased against one or more groups of people (traditionally, BIPOC and low-income communities) that are pervasive in our society. |
| Targeted Universalism | | The process of developing a goal that benefits a large group of people and using targeted approaches to achieve that goal, recognizing that sub-groups may be differently impacted by structures, culture and across geographies. Targeted approaches are tailored to the needs of the different sub-groups; as a result, some may receive benefits that others do not. ⁶⁴ |
| Undocumented Immigrant | | A person residing in a country without legal documentation. ⁶⁵ |
| Vulnerable Population | | Individuals and/or their communities at greater risk for poor health status as a result of barriers to economic, social, environmental and political resources, as well as limitations due to disability or illness. |

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Notes

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