NATIONAL ASSOCIATION OF
Community Health Centers®

Investing in Health Center Pathways for Equitable Health and Well-Being Terms and Definitions – 2024

Disclaimer

Investing in Health Center Pathways for Equitable Health and Well-Being Terms and Definitions *(sponsored by the Robert Wood Johnson Foundation)* is designed to be a resource to ground readers in common definitions, concepts, and frameworks as they relate to health equity. This document is presented as a living document, fully acknowledging that we all come to equity and justice with potentially different life experiences and levels of understanding of the existing historical context, evidence, theory, and practice. This is not an exhaustive list but rather an introduction.

Originally developed by the National Association of Community Health Centers (NACHC) in collaboration with the Association of Asian Pacific Community Health Organizations (AAPCHO), the guide has been refined with input from numerous community health professionals. Recognizing the ever-evolving nature of norms and preferences, we present this guide as a living document, understanding that it is a work in progress rather than a rigid doctrine or policy.

Your feedback and suggestions are welcomed and will help inform future editions. The document will be annually reviewed and updated by the Social Drivers of Health (SDOH) Team at the National Association of Community Health Centers (NACHC), kindly email your comments, suggestions, and questions to Cydnee Parsley, CParsley@nachc.org.

Purpose

Below are key definitions that will be referred to throughout the "Investing in Health Center Pathways for Equitable Health and Well-Being" Learning Grant. Efforts planned and implemented as part of the learning grant will be grounded in these definitions. This compendium of definitions complements the "Guide to Person-Centered Communication", which was developed by the SDOH Team at NACHC. We invite you to review the guide as it provides an overview of the role and impact of inclusive language in health equity efforts.

Definitions are presented in alphabetical order. A full list of terms can be found in the Index.

Sources for definitions are linked but may have been edited to reflect feedback from the project's national advisory group and project team. We recognize that there are other useful and valid ways to explain the concepts that follow, and that language evolves over time. We encourage further investigation, engagement, and reflection to expand one's knowledge.

Ally: Someone who makes the commitment and effort to recognize their privilege (based on gender, class, race, sexual identity, etc.) and works in solidarity with oppressed groups in the struggle for justice. Allies understand that it is in their own interest to end all forms of oppression, even those from which they may benefit in concrete ways.

Anti-Racism: The active process of naming and confronting racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably. Per Ibram X. Kendi: "The opposite of racist isn't 'not racist.' It is 'antiracist.' What's the difference? One endorses either the idea of racial hierarchy as a racist, or racial equality as an antiracist. One either believes problems are rooted in groups of people, as a racist, or locates the roots of problems in power and policies, as an antiracist. One either allows racial inequities to persevere, as a racist, or confronts racial inequities, as an antiracist. There is no in-between safe space of 'not racist.' Anti-racism is a strategy to achieve racial justice. An antiracist is someone who is supporting an antiracist policy through their actions or expressing antiracist ideas.[1]

Bias: A form of prejudice in favor of or against one person or group compared with another usually in a way that's considered to be unfair to one group. Biases may be held by an individual, group, or institution and can have negative or positive consequences. Oftentimes biases are learned behaviors or habitual thoughts. Biases often emerge in relation to race and ethnicity, gender, socioeconomic status, ability status, LGBTQ+ identity, literacy, amongst other groupings. There are two main types of biases discussed in scholarly research and in medicine that inhibit progress towards multiculturalism and equity in our society:

1. Explicit— This refers to the attitudes and beliefs we have about a person or group on a conscious level. That is, we are aware and accepting of these beliefs, and they are usually expressed in the form of discrimination, hate speech or other overt expressions.

2. Implicit— This refers to the unconscious mental process that stimulates attitudes about people outside one's own 'in group'. For example, implicit racial bias leads to discrimination against people not of one's own group. Extensive research supports the notion that we all hold unconscious beliefs about various social and identity groups, and these biases stem from one's tendency to organize social worlds by categorizing and are influenced by power dynamics in a society.

Block Busting: The practice of persuading people in an area to sell their homes cheaply by making them afraid that their value is going to fall, for example by suggesting that new people from a different social group or race are moving into the area. Example: In Chicago, where she grew up, she witnessed "block busting" - a tactic used to get white homeowners to sell out of fear that their neighborhood is becoming integrated, and their homes are losing value.

[1] Kendi I. How to be an Antiracist. New York, NY: Random House; 2019

Climate Gentrification: The ways a changing climate causes shifts in the makeup of a community — with the potential displacement of disadvantaged residents who get priced out of their neighborhoods due to rising property values, taxes, rent and other economic factors.

Code Switching: The process of changing the way we speak and behave both consciously and unconsciously to be digestible to those around us to avoid confirming stereotypes.

Colonialism: The act of power and domination of one nation, by acquiring or maintaining full or partial political control over another sovereign nation. The land known as the Americas was not discovered; it was conquered and appropriated. This violent acquisition and genocide perpetuated by European settlers followed by centuries of ill-informed and harmful federal policy (e.g., boarding schools, urban relocation) by the U.S caused the destruction of many Indigenous peoples' culture and way of life.

"Colorblind" Racism: Term used to argue that we live in a world where racial privilege and racial discrimination no longer exists. The concept of colorblindness is often promoted by those who dismiss the importance of race in order to proclaim the end of racism. As an example, the statement: "I don't see color" denies acknowledgment or acceptance of structural arrangements that harm some people and privilege others. According to Eduardo Bonilla-Silva, colorblind racism operates as an ideology, with four underlying "frames" or guides for interpreting information. These are: (1) abstract liberalism (using ideas associated with political liberalism, like "equal opportunity," and economic liberalism, like "choice," and "individualism," to explain racial matters); (2) naturalization (explaining racial phenomena by suggesting they are natural occurrences); (3) cultural racism (relying on culturally-based arguments to explain the standing of minorities in society); and (4) minimization (suggesting that discrimination is no longer a central force affecting minorities' life opportunities today.)[2]

Colorism: Prejudice or discrimination by which those with lighter skin are treated with preference over those with darker skin. Typically, among people of the same racial or ethnic group. In the United States, colorism is a product of racism. However, colorism is not limited to the United States and is experienced in many communities around the world with connections to racism and classism.

Community-Based Participatory Research: Focusing on social, structural, and physical environmental inequities through active involvement of community members, organizational representatives, and researchers in all aspects of the research process. Partners contribute their expertise to enhance understanding of a given phenomenon and integrate the knowledge gained with action to benefit the community involved.

Community Voice: Active community engagement ensures that community members are heard and integrated throughout the design process and duration of a project/program (e.g., co-creation). Ensuring the respect of community voices includes providing equitable compensation for time and expertise and reducing barriers to participation. Meaningful partnership with community voices in the design of and decision-making for aligning efforts is deeply entwined

[2] Bonilla-Silva E. *Racism without Racists: Color-Blind Racism and the Persistence of Racial Inequality in America*. New York: Rowman & Littlefield; 2009

with building trust and shifting power dynamics. This could also include counter narratives which are strategies for bringing the stories and life experiences of those who are often on the outskirts of society with the purpose of critiquing traditionally accepted narratives.

Cultural Humility: is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when understanding another's experience. As defined by the National Institutes of Health, cultural humility is "a lifelong process of self-reflection and critique whereby the individual not only learns about another's culture, but one starts with an examination of [their] own beliefs and cultural identities."

Cultural Safety: is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in various systems by reflecting on cultural identities of others and safely meeting cultural needs or expectations. It results in an environment that is more inclusive and where people feel safe. Cultural safety goes beyond the basic notion of cultural sensitivity that characterizes cultural competence to focus on analyzing power imbalances, institutional discrimination, and colonial relationships as they manifest in health care. Cultural safety calls on medical professionals and health care institutions to create spaces for patients to receive care that is responsive to their social, political, linguistic, economic, and spiritual realities. Culturally unsafe practices, in contrast, are actions that diminish, demean, or disempower the cultural identity and well-being of patients.

Culture Dominance: A form of oppression that diminishes the experience, values, and goals of members of groups considered of lesser worth, in other words, devaluing cultural identity. It constrains the expression of peoples' identities and culture by stereotyping their needs, often rendering them publicly invisible. It can lead to harassment and intimidation, and marginalization.

Culture Appropriation: Adoption of elements of a culture that has been subordinated in social, political, or economic status by a different cultural group. It may rely on offensive stereotypes and is insensitive to how the culture of a group has been exploited by the culture in power, often for profit.[3]

Discrimination: Treatment of an individual or group based on their actual or perceived membership in a social category, usually used to describe unjust or prejudicial treatment on the grounds of race, age, sex, gender, ability, socioeconomic class, immigration status, national origin, or religion. Discrimination by default positions some groups to have more advantages, opportunities, resources, protections than others based on a given social characteristic or combination of social characteristics that are differentially valued.[4]

Diversity: Diversity includes all the ways in which people differ, and it encompasses all the different characteristics that make one individual or group different from another. A broad definition includes not only race, ethnicity, and gender—the groups that most often come to mind when the term "diversity" is used—but also age, national origin, religion, disability, sexual

[3] *Race Reporting Guide*. New York: Race Forward; 2015

[4] *Race Reporting Guide*. New York: Race Forward; 2015

orientation, socioeconomic status, education, marital status, language, and physical appearance. It also involves different ideas, perspectives, and values.

Environmental Justice: Fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation and enforcement of environmental laws, regulations, and policies.

Equality: Providing the same amounts and types of resources and opportunities across populations.

Equity: Absence of unfair and avoidable or remediable differences in health among social groups (WHO). Whereas equality means to provide the same to all, equity means meeting communities where they are and allocating resources and opportunities as needed to create equal outcomes for all community members.

Equitable Patient-Centered Measurement: Health care measurement includes any type of health, health status, or health care-related measurement. For health care measurements to be equitable and inclusive, measurements should be driven by patients' expressed preferences, needs, and values to inform progress toward better health, better care, and lower costs. This involves partnering with patients to decide what we measure, how we measure it, how we report the information, and how we use the results of measurement.

Ethnicity: A socially constructed way of grouping that emphasizes national origin, language, culture, religion, food, geography and/or family origin.

Exploitation: Systematic transfer of the power of some persons or groups to others. With respect to the working class, it occurs through the social division of labor, specifically "the transfer of the labor of one social group to benefit another … Exploitation enacts a structural relation between social groups. Social rules about what work is, who does what for whom, how work is compensated, and the social process by which the results of work are appropriated operate to enact relations of power and inequity."[5]

Health Disparities: Refer to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. In some uses, including in Healthy People 2020, the term is explicitly linked to economic, social, or environmental disadvantage but in many cases the term is used to refer to simple mathematical differences (and as such, has fallen out of use in contemporary health equity discourse). Health "inequities," in contrast, are explicitly defined as health differences that are avoidable, unnecessary, unfair and unjust. As used in public health and medicine, the term health disparities often ignores the historical context, political processes and unjust nature of some health outcomes, thereby preventing a structural analysis of root causes.[6]

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[5] Young IM. *Justice and the Politics of Difference*. Princeton: Princeton University Press; 1990

[6] Braveman P. What are health disparities and health equity? We need to be clear. Public Health Rep. 2014;129 Suppl 2:5-

Food Desert: Geographic areas where residents' access to affordable, healthy food options (especially fresh fruits and vegetables) is restricted or nonexistent due to the absence of grocery stores within convenient traveling distance. It can also be referred to as a nutrition desert.

Health Equity: Health equity ensures everyone has equal opportunity to be as healthy as possible. This is accomplished through elimination of inequities in health outcomes, negative drivers of health, as well as removal of structural barriers to achieving both (e.g., racial inequity, structural racism, etc.).

Health Literacy: Used to describe the ability of individuals to locate, understand, interpret, and apply health information to guide their decisions and behavior. For the past three decades, the term has been used as an individual-level characteristic, an attribute of a person—someone has low/high levels of health literacy. A variety of research instruments are available to measure health literacy in this way. This term has received substantial criticism in recent years for its undue and harmful focus on individuals, neglecting the complex system of communication that occurs in all aspects of health care. The U.S. Department of Health and Human Services has proposed to refine health literacy as a systems level characteristic: "Health literacy occurs when a society provides accurate health information and services that people can easily find, understand, and use to inform their decisions and actions." This new definition acknowledges that literacy is not a skill that a person has or does not have, but rather, is the outcome of an effective system. Additionally, Ivelyse Andino has developed an updated term, "healthcare fluency," which offers an equity-focused alternative to health literacy. Health care fluency includes literacy, but also acknowledges the importance of scientific knowledge (i.e., capacity to give true informed consent), cultural perception (i.e., community-level trust in medical system), and confidence (i.e., personal trust in medical system and ability to advocate for self in the medical encounter).

Historical Trauma: Collective and complex trauma inflicted on a group who share a specific identity or affiliation. It reflects past treatment of certain racial and ethnic groups, especially Native Peoples, including their consignment to reservations with limited resources, and the cumulative harm caused by traumatic experiences and policies. This is another form of structural (i.e., systemic) racism that continues to shape the opportunities, risks, and health outcomes of these populations today. While thinking tends to focus on past treatment, there are modern occurrences that are experienced as collective traumas. The compounding of old and new traumatic experiences impacts health status and social position today and in the future.[7]

Inclusion: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people. It's important to note that while an inclusive group is by definition diverse, a diverse group isn't always inclusive. Increasingly, recognition of unconscious or "implicit bias" helps organizations to be deliberate about addressing issues of inclusivity.

[7] Gee GC, Ford CL. Structural Racism and Health Inequities: Old Issues, New Directions. Du Bois Rev. 2011;8(1):115-132

Institutional Racism: Discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts within organizations and institutions, based on race. Individuals within institutions take on the power of the institution when they act in ways that advantage and disadvantage people, based on race.

Internalized Racism: Acceptance by members of stigmatized races of negative messages about their own abilities and intrinsic worth.

Interpersonal Racism: The expression of racism shows up as bias and prejudice between individuals. These are interactions occurring between individuals that often take place in the form of harassment, racial slurs, or racial jokes.

Intersectionality: The concept of intersectionality describes the ways in which systems of inequity based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, and other forms of discrimination “intersect” to create unique dynamics and effects. All forms of inequality are mutually reinforced and must therefore be analyzed and addressed simultaneously to prevent one form of inequality from reinforcing another. The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, is regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

Justice: A state where the dismantling of structural and systemic inequities is achieved, and new structures and systems are instituted that deliberately promote equity.

Labor Acknowledgement: A labor acknowledgement is a statement that recognizes that much of the economic progress and development in a geographic area or industry resulted from the unpaid labor and forced servitude of People of Color - specifically enslaved African labor.

Land Acknowledgement: A formal statement that recognizes and respects Indigenous Peoples as traditional stewards of this land and the enduring relationship that exists between Indigenous Peoples and their traditional territories.

Medical Gaslighting: A behavior in which medical professionals or someone in power dismisses and or downplays a patient’s symptoms.

Meritocracy: Social system where social advancement is based on one’s capabilities and merits rather than family, wealth, or social background and connections. It is also associated with the commonly heard phrase of “pulling yourself up by your bootstraps.”

Microaggression: A comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority).

Non-white: Term previously used in the U.S. Census and still heard today to describe people of color. It centers race on whiteness as a norm and implies that those not white are “other.” “The moment you say non-white, you have made white people the norm and everyone else a deviation, mutation, or variation of white people and the characteristics associated with whiteness.”

Oppressed Populations: A term to be used in lieu of using "vulnerable populations." Recognizes injustice in the everyday practices of institutions and the systemic constraints resulting from traditions, laws, and rules.

People of color: Term used mostly, but not exclusively, in the U.S. to describe people not considered "white." The term emphasizes shared experiences of structural racism and opposes reference to people as "non-white" or "minority." In recent years, the related term BIPOC (Black, Indigenous, and People of Color) has also been used. Not to be confused with the pejorative "colored people". Per Race Forward: "While 'people of color' can be a politically useful term and describes people with their own attributes (as opposed to what they are not, e.g.: "non-White"), it is also important whenever possible to identify people through their own racial/ethnic group, as each has its own distinct experience and meaning and may be more appropriate."[8]

Population Health: the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Prejudice: An unfavorable opinion or feeling formed irrationally and without knowledge or reason which leads individuals or groups to view members of other social groups as threatening adversaries who are inherently inferior or are actively pursuing immoral objectives. Also, sequential steps by which an individual behaves negatively toward members of another group: verbal antagonism, avoidance, segregation, physical attack, and extermination.

Race: A socially constructed way of grouping people, based on skin color and other apparent physical differences.

Racial Justice: The systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all. Racial justice—or racial equity—goes beyond "anti-racism." It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to achieve and sustain racial equity through proactive and preventative measures.[9]

Racism: As defined by Dr. Camara Jones, "racism is a system of structuring opportunity and assigning value based on phenotype ('race'), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and undermines realization of the full potential of the whole society through the waste of human resources."

Racism can operate at different levels: structural, institutional, interpersonal, and internalized. These are each defined in the glossary as well.

Redlining: Is a discriminatory practice that puts services (financial and otherwise) out of reach for residents of certain areas based on race, ethnicity, and income. It can be seen in the systematic denial of mortgages, insurance, loans, and other financial services based on location (and that area's default history) rather than on an individual's qualifications and creditworthiness, and in

[8] Race Reporting Guide. New York: Race Forward; 2015
[9] Race Reporting Guide. New York: Race Forward; 2015

the creation of food deserts or denial of healthcare. Notably, the policy of redlining is felt the most by residents of non-white racial and ethnic neighborhoods.

Root Causes: Underlying systems and structures of social injustice that generate health inequity over time, including white supremacy, patriarchy, and class oppression. They interact with each other to produce social exclusion, marginalization, and exploitation.

Sacrifice Zones: Are often “fence line communities” of low-income and people of color, or “hot spots” of chemical pollution where residents live immediately adjacent to heavily polluted industries or military bases.

Social Drivers of Health (SDOH): The conditions in which people are born, grow, live, work, and age. These conditions are shaped by the distribution of money, power, and resources.

Social Needs: Patient's role in identifying and prioritizing social interventions.

Social Risk Factors: Specific adverse social conditions that are associated with poor health.

Social Risk Data: Data (both qualitative and quantitative) illustrating the specific adverse social conditions associated with poor health and outcomes, such as food insecurity and housing instability. Data may be gathered using social risk screening tools and is most reflective of individual and community needs when using tools that are co-created with community partners, patients, and families. Those collecting social risk data should be explicit about who will collect this data and how it will be used and identify any possible biases.

Structural Competency: The trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases (e.g., depression, hypertension, obesity, smoking, medication “non-compliance,” trauma, psychosis) also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health." (Metzl & Hansen, 2014)

Structural Racism & Discrimination (SRD): Refers to macro-level conditions (e.g., residential segregation and institutional policies) that limit opportunities, resources, power, and well-being of individuals and populations based on race/ethnicity and other statuses, including but not limited to:

- Gender
- Age
- Sexual orientation
- Gender identity
- Disability status
- Social class or socioeconomic status
- Religion
- National origin
- Immigration status
- Limited English proficiency
- Physical characteristics or health conditions

As defined by Zinzi Bailey et al, structural racism “refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.”

Weathering Effect/Hypothesis: Health deterioration that is caused by chronic exposure to experiences of social and economic disadvantages, political adversity, stress, racism, and discrimination.

Welcoming & Belonging (In Provision of Care & Services): Treating everyone with dignity and actively working to ensure all feel respected and heard, and working to remove systemic barriers to health care, optimal health, and well-being. This includes the provision of culturally and linguistically congruent care/services, co-creating care plans with an individual’s support network(s), and building and maintaining trust through open communication.

White fragility: According to Robin DiAngelo, “White fragility is a state in which even a minimum amount of racial stress becomes intolerable, triggering a range of defensive moves. These moves include the outward display of emotions such as anger, fear and guilt, and behaviors such as argumentation, silence and leaving the stress-inducing situation. These behaviors, in turn, function to reinstate white racial equilibrium. Racial stress results from an interruption to what is racially familiar.” For Katy Waldman, it is “the disbelieving defensiveness that white people exhibit when their ideas about race and racism are challenged—and particularly when they feel implicated in white supremacy.”

Whiteness: It is important to differentiate “white” (a category of racial classification with no scientific basis) and “whiteness” (reflecting the power and privileges that people who are defined as white receive). Whiteness, in this way, is both cultural and socioeconomic power and privilege. Whiteness, according to sociologist Ruth Frankenberg, is “dominant cultural space with enormous political significance, with the purpose to keep others on the margin. ... white people are not required to explain to others how ‘white’ culture works, because ‘white’ culture is the dominant culture that sets the norms. Everybody else is then compared to that norm.” It is a complex and debated term, full of paradox, as exemplified in Jonathan Metzl’s Dying of Whiteness.

White Privilege: White privilege, or “historically accumulated white privilege,” as we have come to call it, refers to white peoples’ historical and contemporary advantages in access to quality education, decent jobs and livable wages, homeownership, retirement benefits, wealth and so on.

For more information or to provide feedback, please contact CydneeParsley@nachc.org.

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