

Health Equity Terms

ASTHO conducted an informal survey with its employees to understand which terms are used most frequently to discuss health disparities, health equity, and minority health. This list is not all-encompassing, nor does it capture all the nuances of the terms, some of which may be more politically or culturally sensitive. Some items (e.g., adverse childhood experiences) have precise definitions, while others (e.g., LGBT, minority) are fluid. This list can be used when developing RFPs or shared with potential contractors or grantees to assist them in writing their proposals.

Term	Definition	Additional Information
Adverse Childhood Experiences (ACEs)	Adverse childhood experiences (ACEs) are traumatic events, such as abuse or neglect, occurring in a person’s life before the age of 18.	ACEs have been linked to chronic health conditions, substance use disorders, social and behavioral problems, and early death. As the number of ACEs experienced by an individual increases, so does the risk for these outcomes.
National CLAS Standards	Culturally and Linguistically Appropriate Services (CLAS) are a set of 15 action steps “intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.” ⁵	Bidder’s Reference for Completing CLAS Section of the RFP (New Hampshire Department of Health and Human Services) Making CLAS Happen: Six Areas for Action (Massachusetts Department of Public Health)
Community-Based Participatory Research (CBPR)	“Community-based participatory research is an approach for conducting research to improve community health. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.” ⁶	Use when writing about meaningfully including communities as equal partners in public health research.
Culturally-Appropriate Care	A healthcare approach that understands the influence cultural values and beliefs (for the patient and provider) in health care delivery and provides care to address cultural needs.	Useful when describing health interventions, educational materials, etc.

Term	Definition	Additional Information
Culturally Competent Care	“Cultural competence in health care is broadly defined as the ability of providers and organizations to understand and integrate factors such as race, ethnicity, language, gender, socioeconomic status, physical and mental ability, sexual orientation, and occupation into the delivery and structure of the health care system.”	Use when referring to patient care and other health services.
Diversity	“The condition of having or being composed of differing elements, especially, the inclusion of different types of people (as people of different races or cultures) in a group or organization.” ⁷	Use when referencing the differences between cultures, races, or ethnicity.
Environmental Justice	“Environmental justice is the 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.” ⁸	Use when referring to programs or projects that deal with people and the natural or built environment.
Health Disparities	“A particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographical location; or other characteristics historically linked to discrimination or exclusion.” ⁹	Use when there are significant differences in health status or outcomes between two or more groups of people. Eliminating health disparities can be seen as one goal of health equity.
Health Impact Assessment (HIA)	“A health impact assessment is a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and	Used as a tool for providing health-based recommendations to decisionmakers in a variety of sectors, including

Term	Definition	Additional Information
	participatory techniques. HIA helps decision-makers make choices about alternatives and improvements to prevent disease/injury and to actively promote health.” ¹⁰	transportation, planning, housing, and energy.
Health in All Policies (HiAP)	Health in All Policies is “a collaborative approach that integrates and articulates health considerations into policymaking across sectors, and all levels, to improve the health of all communities and people.” ¹¹	Use when referring to an approach that looks at health in all sectors’ policies (e.g., transportation, zoning, agriculture, education).
Health Inequities/Health Inequalities	Differences in health determinants and health outcomes that are the result of social and structural imbalances and are thus avoidable and preventable.	Use when emphasizing that the health status or health situation of a group of people is unjust, unfair, and preventable.
Health Equity	The absence of health inequities. Health equity is achieved when every person has the opportunity to attain their full health potential without disadvantage because of social position or other socially determined circumstances. ¹²	Use when emphasizing why health disparities exist. Use when connecting disparities to the larger social and political context of people’s lives.
High-Risk Populations	Population groups that have a higher risk of a certain health outcome than the general population.	Use when the health outcome is specified. While risk factors do cluster in some populations, no population should be labeled as “high risk” in a general sense without specifying the actual risk.
Institutional Inequality	The manifestation of inequality and discrimination within institutions or societies; describes the uneven distribution of resources along divisions of societal difference, such as race, ethnicity, and gender.	Compare to Structural Inequality (see below)
LGBT (Lesbian, Gay, Bisexual, Transgender)	An acronym meant to encompass non-heterosexual identities that often experience greater health threats due to social and structural inequities.	Use when referring to the populations specified or when discussing Lesbian, gay, bisexual and transgender (LGBT) citizens.

Term	Definition	Additional Information
Medically Underserved Areas/Populations (MUA/MUP)	A designation indicating that the area or population experiences conditions that prevent access to healthcare.	The designation is calculated based on four criteria: “the population to provider ratio; the percent of the population below the federal poverty level; the percent of the population over age 65; and the infant mortality rate.” States can request an exception for populations that do not meet the aforementioned criteria to receive a MUP designation if they can demonstrate lack of access.
National Minority Health Month	During National Minority Health Month, led by the Office of Minority Health of the U. S. Department of Health and Human Services, health and health equity partners and stakeholders are encouraged to work across public and private sectors to collaborate on initiatives to reduce disparities, advance equity, and strengthen the health and well-being of all Americans.	This month is an opportunity for public health entities to raise awareness of health equity issues, engage their community and stakeholders around local and national campaigns, and promote the activities of state offices of minority health.
Person-First Language/ People-First Language	Phrasing that emphasizes the individual over their condition, e.g., “woman with diabetes,” rather than “diabetic woman.”	In general, public health entities should use person-first language whenever possible. However, not all individuals prefer person-first language; some communities, such as the deaf community, have formed around their shared identity, and some individuals within that community may prefer to emphasize that identity. Different communities and individuals have different standards and preferences.
Priority Populations	Population groups who are priorities for health interventions due to significant health disparities related to	Use when describing where efforts and resources should be concentrated for interventions or other programs.

Term	Definition	Additional Information
	demographic or environmental factors.	
Racial/Ethnic Minorities and Minority Populations	The U.S. Department of Health and Human Services defines racial and ethnic minorities as American Indian and Alaska Native, Asian, Black or African American, Hispanic or Latino, and Native Hawaiian and Other Pacific Islander. ¹³	Use when referring to the populations specified or when discussing populations other than Anglo-European, White, or Caucasian populations in the United States. “Minority” in public health often refers exclusively to racial/ethnic minorities and not to other minority groups, e.g., disabled, LGBT, low-income, etc.
Social Determinants of Health (SDOH)	“The Social Determinants of Health (SDOH) are the conditions in which people are born, grow, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces, including the physical environment, economics, social policies, resources, and politics.” ¹⁴	Use when discussing social, economic, and environmental factors that affect a person’s health and access to health care.
Social Gradient of Health	The social gradient of health describes the direct correlation between socioeconomic status and health; a patient of lower-socioeconomic status will have poorer health than an otherwise similar patient of higher socio-economic status.	Use when describing the socioeconomic impact on a person’s health.
Socioeconomic Status (SES)	Socioeconomic status is a measure of the relative influence wielded by an individual, family, or group as a result of their income, education, and occupation. ¹⁵	Socioeconomic status is linked to a wide range of health problems, including low birth weight, cardiovascular disease, hypertension, arthritis, diabetes, and cancer. ¹⁵
Structural Inequality	The systematic, pervasive, cumulative and persistent systems of inequality and discrimination within institutions and societies. Structural inequality operates through social norms, policies, rules, and governance.	Compare to Institutional Inequality (see above)

Term	Definition	Additional Information
Triple Aim of Health Equity	The Triple Aim of Health Equity is a three-part approach to advancing health equity that was first developed at the Minnesota Department of Health and is based on the Institute for Health Care Improvement Triple Aim. The three components are: (1) Implement Health in All Policies with Health Equity as the Goal; (2) Expand Our Understanding of What Creates Health; and (3) Strengthen the Capacity of Communities to Create Their Own Health Future.	State health agencies can click on each of the three components to get more information on related tools and guidance.
Underinsured Populations	“The underinsured have health insurance, but face significant cost sharing or limits on benefits that may affect its usefulness in accessing or paying for needed health services.” ¹⁶	The rate of underinsured populations varies by state. Underinsured populations face financial and health insecurity. ⁱ
Under-Resourced Populations	Under-resourced populations do not have sufficient access to socioeconomic resources and government social services.	Similar to “underserved,” but encompasses services and other resources. It does a better job of referring to the social determinants of health for this reason.
Vulnerable Populations	Populations who are at greater risk of experiencing poor health outcomes due to social and economic factors, such as place of residence, income, current health status, age, race/ethnicity, and distribution of wealth and resources.	Vulnerable populations are more susceptible during times of public health emergency and disaster.

⁵ Office of Minority Health (OMH). “CLAS Standards.” Available at <https://www.thinkculturalhealth.hhs.gov/clas/standards>. Accessed 12-23-16.

⁶ Community-Campus Partnerships for Health. “Community-Based Participatory Research.” Available at <https://depts.washington.edu/ccph/commbas.html>. Accessed 12-23-16.

⁷ Merriam-Webster Dictionary. “Diversity.” Available at <https://www.merriam-webster.com/dictionary/diversity>. Accessed 12-23-16.

⁸ Environmental Protection Agency (EPA). “Environmental Justice.” Available at <https://www.epa.gov/environmentaljustice>. Accessed 12-23-16.

⁹ Office of Disease Prevention and Health Promotion (ODPHP). “Disparities.” Available at <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>. Accessed 1-4-17.

¹⁰ World Health Organization (WHO). “Health Impact Assessment (HIA).” Available at <http://www.who.int/hia/en/>. Accessed 12-23-16.

¹¹ ASTHO. "Health in All Policies: Strategies to Promote Innovative Leadership." Available at <http://www.astho.org/Programs/Prevention/Implementing-the-National-Prevention-Strategy/HiAP-Toolkit/>.

Accessed 12-23-16.

¹² CDC. "Health Equity." Available at <https://www.cdc.gov/chronicdisease/healthequity/>. Accessed 12-23-16.

¹³ U.S. Census Bureau. "Race." Available at https://www.census.gov/quickfacts/meta/long_RHI205210.htm/. Accessed 12-23-16.

¹⁴ World Health Organization (WHO). "Social Determinants of Health." Available at http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/. Accessed 12-23-16.

¹⁵ Adler, Nancy E., and Katherine Newman. "Socioeconomic Disparities in Health: Pathways and Policies." *Health Affairs* [serial online]. 21(2):60-76. Available at <http://content.healthaffairs.org/content/21/2/60.full>. Accessed 12-23-16.

¹⁵ Ibid.

¹⁶ Kaiser Family Foundation. "Underinsured in America: Is Health Coverage Adequate?" Available at: <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/underinsured-in-america-is-health-coverage-adequate-fact-sheet.pdf>. Accessed 5-19-17.

¹ The Commonwealth Fund. "31 Million People Were Underinsured in 2014; Many Skipped Needed Health Care and Depleted Savings to Pay Medical Bills," Available at <http://www.commonwealthfund.org/publications/press-releases/2015/may/underinsurance-brief-release/>