

Glossary of Key Terms

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, we have provided the definitions below. The *italicized* sections contain examples that highlight the subtle differences between these terms.

Health Disparities

Health disparities are “. . . differences in the . . . burden of diseases and other adverse health conditions . . . that exist among specific population groups in the United States.”⁶ The United States is perhaps the only country that uses the term health disparities. Its emphasis is on differences—it does not consider the relationship to patterns of social inequalities. The term health disparities will not be used in this survey.

A local health department that addresses health disparities focuses on specific diseases and populations, such as high asthma rates among African Americans. Interventions focusing on this would be culturally competent clinical care, health education and case management. This approach does not address the underlying causes of poor air quality and sub-standard housing conditions in neighborhoods. It also ignores the effect of the history of housing segregation by race in which people of color were forbidden from living in the same neighborhoods as whites and how being forced to live in lower income areas of the community also may have exposed children and community members to poor air quality and other neighborhood conditions that contributed to the community's high asthma rates.

Health Inequities

Health inequities are differences in health status and death rates across population groups that are systemic, avoidable, unfair, and unjust.⁷ 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. This is different from the term **health disparities**, which emphasizes that differences exist, but does not consider their relationship to patterns of social inequalities. The term **health inequities** will be used throughout this survey.

A local health department addressing health inequities targets the health issues facing the community it serves, while at the same time working to address the inequities in the social and environmental conditions that contribute to the differences in illness and injury. For example, in addition to providing individuals with WIC vouchers, a local health department also works with a coalition to advocate for equal access to affordable, healthy food in low-income neighborhoods.

Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age⁸ (e.g. air quality, schools, parks, job and housing conditions, etc.). This term does not address how or why these conditions are inequitably distributed throughout society.

A local health department can address the social determinants of health by collaborating with community partners and other public agencies to influence decisions governing land use, transportation, education, housing, employment and other social factors that affect health. An example of this would be to work with land use planners to create a new walking path. The path will provide an attractive opportunity to be physically active. However, if the underlying social conditions that have led to segregated neighborhoods or poverty are not addressed, this path may not be used by members of the community equally and health inequities could continue.

⁶ National Association of Chronic Disease Directors, <http://www.chronicdisease.org/i4a/pages/index.cfm?pageid=3447>).

⁷ World Health Organization, *Concepts and Principles for Tackling Social Inequities in Health*, prepared by Margaret Whitehead and Goran Dahlgren, 2006.

⁸ World Health Organization, Commission on Social Determinants of Health, *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health*, 2008.

Root Causes of Health Inequities

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

A local health department can address the root causes of health inequities by working to identify and change its own policies and practices that contribute to inequitable social and environmental conditions. It can also challenge other institutions to do the same by demonstrating how their policies and practices advantage or disadvantage particular populations. Examples of this include funding practices in public education and public transportation that unfairly advantage residents living in higher income neighborhoods. A local health department can also build the ability of its service population to challenge unfair institutional policies and practices.

Institutional or Structural Racism is a root cause of health inequities. It is a system of power that has created widespread historical and persistent barriers that keep people of color from having equal access to opportunity, information, resources, and power. This system is maintained and preserved by formal and informal practices and policies that benefit some groups of people while disadvantaging others.⁹

An example of this would be the long-term effects of racist institutional policies such as federal housing and bank-lending policies and practices that denied people of color homeownership opportunities while at the same time expanding them for lower income whites. In the US, home ownership has been a primary method for creating wealth and expanding opportunities, such as affording college education, that increase the potential to secure higher paying jobs. Institutions, policies and structures in society decrease the odds for people of color to have long, healthy lives. Local health departments can identify and address the ways they and other institutions may be maintaining institutionalized racism.

LHDs can ensure that people of color in the community they serve have the opportunity to influence the department's planning and decision-making. Local health departments can also recruit and retain staff with ethnic backgrounds representative of the communities they serve at all levels, and particularly in management positions.

Class refers to the level of wealth, power, 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 to resources important for good health as others, such as well-paying jobs, health insurance, safe and healthy home and work environments, quality housing, healthy food, and educational opportunities.

A local health department can intentionally recruit and retain staff from poorer class backgrounds. It can consider life experience as well as education level in the hiring process and support these staff to develop the professional qualifications that are needed to advance within the organization. It can work with community partners to advocate for employment with a living wage, benefits, and health insurance, and for universal health care coverage. It can also produce data that show the link between income and wealth on health status.

⁹ Camara Phyllis Jones MD, MPH, PhD, Levels of Racism: A Theoretic Framework and a Gardener's Tale, *American Journal of Public Health* Vol 90 (2000) :1212-1215.

Social Justice

Social Justice refers to social, economic, and democratic fairness and equality. All people are able to participate fully in society; have equal access to resources, public goods and life opportunities; and are free from discrimination on the basis of race, gender, class, sexual orientation, and other factors.

A local health department can address its own policies and practices that contribute to unfair social and environmental conditions as well as challenging other institutions to do the same. Local health departments can also prepare and share data that demonstrate unfairness in exposures and opportunities, which builds the case for needed change. They can also build the ability of the affected group to challenge unfair institutional policies and practices.

(These definitions of key terms and concepts should be distributed with each instrument.)