

Investing in Health Center Pathways for Equitable Health and Well-Being

Project Definitions: Below are a list of key definitions to be referred to throughout 2022 Design Sprints: Strengthening Local & Strategic Partnerships for Change and the Health Equity Community of Practice. This list is a living document that may be added to or edited over the project year. Sources for definitions are linked, but may have been edited to reflect feedback from the project's national advisory group and project team.

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

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

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 with building trust and shifting power dynamics.

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.

Social Risk Data: Data (both qualitative and quantitative) that illustrates the specific adverse social conditions that are associated with poor health and outcomes, such as food insecurity and housing instability. This data may be gathered through the use of 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.

Questions or feedback? Please contact us at prapare@nachc.org

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Equitable Patient-Centered Measurement: Health care measurement (i.e., any type of health, health status, or health care-related measurement) driven by patients' expressed preferences, needs, and values that informs 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.

Intersectionality: The concept of intersectionality describes the ways in which systems of inequality 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 reinforcing and must therefore be analyzed and addressed simultaneously to prevent one form of inequality from reinforcing another.

Diversity: Diversity encompasses the range of similarities and differences each individual brings to the workplace, including but not limited to national origin, language, race, color, disability, ethnicity, gender, age, religion, sexual orientation, gender identity, socioeconomic status, veteran status, and family structures.

Inclusion: Inclusion is a state of being valued, respected and supported. It's about focusing on the needs of every individual and ensuring the right conditions are in place for each person to achieve their full potential. Inclusion should be reflected in an organization's culture, practices, and relationships that are in place to support a diverse workforce. Inclusion is the process of creating a working culture and environment that recognizes, appreciates, and effectively utilizes the talents, skills, and perspectives of every employee; uses employee skills to achieve the organization's objectives and mission; connects each employee to the organization; and encourages collaboration, flexibility, and fairness.

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.

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