Glossary

Supported by the Robert Wood Johnson Foundation, Raising the Bar provides an actionable framework for the entire healthcare sector to embed equity and excellence throughout its work. In this first part of the project the National Alliance to impact the Social Determinants of Health (NASDOH) convened extensive discussions with providers, hospitals, payers, and community leaders to develop foundational principles, essential roles, and concrete actions for the sector to help achieve optimal health for all. A second part, led by the National Partnership for Women & Families, is exploring more detailed guidance for maternal health.
Glossary

The *Raising the Bar* project was informed by many perspectives, and often different uses of terminology. To facilitate the co-creation process, and to clarify the use of terms for readers, the project uses the following definitions. For many terms, definitions were adopted from others, and have a reference below. For others, the project adapted or clarified definitions for use in this report and a specific source is not cited. For reference, this is how *Raising the Bar* uses the following words:

- **Antiracist**: A characteristic, mindset, and/or approach resulting from a conscious decision to make frequent, consistent, equitable choices daily that dismantle individual, interpersonal, institutional, and structural forms of racism.¹

- **Birth Equity**: The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.²

- **Co-Creation**: The collaborative development of a new framework made up of diverse, multidisciplinary perspectives grounded in listening, learning, and deference for expertise of both professional experience and lived experience, and meaningfully engaged in a joint process.

- **Community**: Community can refer to both:
  - Geographic place (e.g., neighborhood, local environment, geopolitical subdivision), where collective action to affect conditions and policies can be taken.
  - A group of people with a common characteristic (e.g., demographic background, shared interest, shared struggle), where respect and attention are particularly relevant in the design and delivery of care systems.

Both references are important to *Raising the Bar*, and an effort is made to use additional descriptive terms like “place” or “neighborhood” when focusing exclusively on community when a geographic definition is particularly relevant.

- **Culturally- and Linguistically-Congruent Care**: A set of behaviors, attitudes, and policies that come together in a care setting that enables effective work in cross-cultural situations.

- **Equity**: The just and fair inclusion into a society in which all can participate, prosper, and reach full potential.³

- **Fair Pay**: A state of reimbursement that addresses pay gaps and provides equal compensation for employees who have similar job duties and important characteristics such as experience, tenure, location, and job performance (often referred to as pay equity).

¹ Adapted from Kendi, Ibram X. How to be an antiracist. One world, 2019.
Health: A state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. *Raising the Bar* focuses on equity and on optimizing the health of individuals, families, and communities, all of which make them healthier.4

• **Health Equity:** A process and outcome where everyone has a fair and just opportunity to be as healthy as possible.5 Equity is not the same as equality. Those with the greatest needs and least resources require more or different effort and resources to equalize opportunities.

• **Healthcare organizations:** *Raising the Bar* takes a broad view of healthcare, including organizations and individuals that pay for, insure, purchase, organize, or deliver health services of all kinds. We recognize that “healthcare” exists in a broader ecosystem responsible for generating and maintaining health. This ecosystem includes those directly engaged in public health and social services, as well as many stakeholders in the community that influence economic and social well-being.

• **Lived Experience:** Personal knowledge and expertise about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people. In *Raising the Bar*, we use this term in relation to people with lived experience with health inequities.

• **Racism:** Prejudice, discrimination, or antagonism directed against a person or people on the basis of their membership in a particular racial or ethnic group, typically one that is marginalized. Racism involves one group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices.6 Racism occurs at multiple levels, including internalized, interpersonal, institutional, structural, and systemic. Racism in all its forms is harmful to health and well-being. More broadly, *discrimination* includes all forms of unjust or prejudicial treatment directed against a person or people based on their membership in a particular group, especially on grounds of race, ethnicity, preferred language, gender identity, sexual orientation, age, disability status, employment and income, and other factors.

• **Social Determinants of Health:** The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. This includes economic policies and systems, development agendas, social norms, social policies, and political systems.7 Everyone has social determinants of health, and their impact can be positive as well as negative. *Vital conditions* seek to capture this theme as well, defined as the properties of places and institutions that we all need all the time to reach our full potential, like food, humane housing, access to meaningful work, sufficient income, and a sense of belonging.8 Moreover, *root causes* encompass the same concept, defined as the underlying reasons that create the differences seen in health outcomes.

• **Social Needs:** An individual’s immediate non-medical needs (e.g., food and housing needs).

• **Social Risk Factors:** The specific adverse social conditions (e.g., food insecurity and housing instability) that are associated with poor health and outcomes. A person may have numerous risk factors but have fewer immediate social needs.

• **Structural Barriers:** Obstacles that collectively affect a group disproportionately and perpetuate disparities in processes and outcomes.

• **Systems/Systemic Change:** Change that involves adjustment/shifts to the policies, practices, power dynamics, and social norms that underlie a social or societal issue. It often requires a shift in mindset to shift beyond an individual-level lens and acknowledges and embraces complexity and interconnectedness. It is characterized as an intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions.

• **Well-being:** The sustained experience of health, happiness, and prosperity.

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4 World Health Organization. Health and wellbeing. Available at: [https://www.who.int/data/gho/data/major-themes/health-and-well-being](https://www.who.int/data/gho/data/major-themes/health-and-well-being)


6 Dismantling Racism Works (dRworks). What is Racism? Racism Defined. Available at: [https://www.dismantlingracism.org/racism-defined.html](https://www.dismantlingracism.org/racism-defined.html)

7 World Health Organization. Social Determinants of Health. Available at: [https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

8 Well Being in the Nation Network. Vital Conditions Primers. 2018. Available at: [https://winnetwork.org/vital-conditions](https://winnetwork.org/vital-conditions)