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Prepared for California Department of Health Care Access and Information
Hospital Equity Measures Advisory Committee

Glossary of Key Health Equity Terms

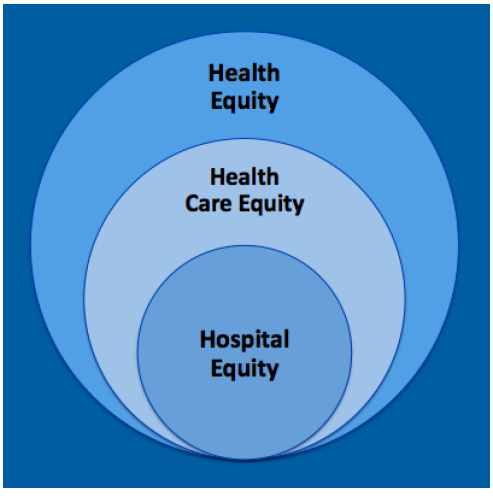
The vocabulary and terms used to describe health equity continue to evolve, with organizations using some terms interchangeably, or using the same terms with different meanings. Many of these health equity concepts are complementary, inter-related, and not mutually exclusive.

This glossary has been developed by the California Department of Health Care Access and Information (HCAI) Hospital Equity Measures Advisory Committee, and is intended to be a resource for hospitals that will be developing hospital equity reports, and more broadly for stakeholders interested in, and working to advance health equity. References to the terms in the glossary are provided in order to align with definitions used by the federal Center for Medicare & Medicaid Services (CMS) and national health care quality organizations.

The Advisory Committee encourages hospitals to use the glossary and references in drafting their hospital equity reports. The glossary also helps establish a common foundation for future Advisory Committee discussions about demographic data stratification, identification of health inequities, and health inequity reduction measures, interventions, and goals. Finally, this glossary can be a resource for HCAI as it continues its programmatic and internal work on advancing health equity.

Health equity is the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.
U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services, Health Equity Pillar, 2022
https://www.cms.gov/files/document/health-equity-fact-sheet.pdf

It may be useful to think about ***health equity*** in the broadest way, with health care systems having primary responsibility for advancing ***health care equity***, and hospitals having primary responsibility for advancing ***hospital equity*** within those health systems, but overlapping responsibilities for advancing health care equity and health equity more broadly.



What's the difference between "racial equity" and "health equity"?

A focus on ***structural racism*** is essential to advance ***health equity*** and improve population health; structural racism is the totality of ways in which societies foster racial discrimination, through mutually reinforcing inequitable systems (in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, and so on) that in turn reinforce discriminatory beliefs, values, and distribution of resources, which together affect the risk of adverse health outcomes. Without a vision of health equity and the commitment to tackle structural racism, ***health inequities*** will persist.

Bailey ZD, Krieger N, Agenor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: Evidence and interventions. Lancet. 2017;389(10077):1453-1463
https://depts.washington.edu/anesth/edi/_resources-docs/Bailey_Lancet_2017.pdf

Health disparities or ***health inequalities*** are differences in health that are closely linked with economic, social, or environmental disadvantage, adversely affecting groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion; ***health inequalities*** are unnecessary, avoidable, unfair, and unjust, and a result of social, economic, and other disadvantages.

Braverman P. What are health disparities and health equity? We need to be clear. Public Health Rep. 2014;129(Suppl 2):5-8
https://journals.sagepub.com/doi/pdf/10.1177/00333549141291S203
Braverman P. Health disparities and health equity: Concepts and measurement. Annu Rev Public Health. 2006;27:167–194
https://www.annualreviews.org/doi/pdf/10.1146/annurev.publhealth.27.021405.102103

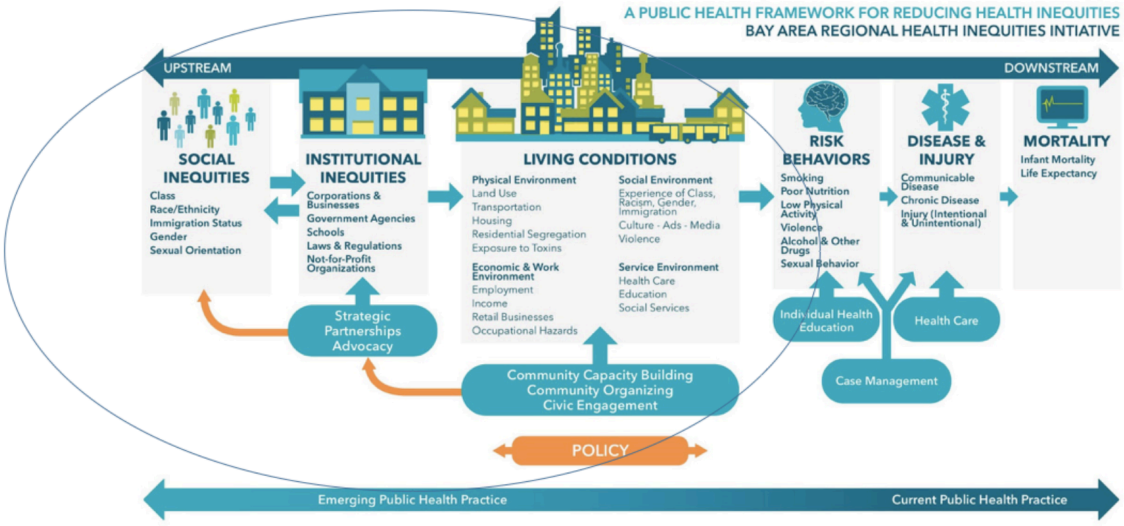
What's the difference between "health disparities", and "health inequities" or "health inequalities"?

The terminology used to discuss health equity is important because it sets the tone for how an organization understands, interprets and then acts on its analysis. For example, "***disparities***" typically refer to differences. In contrast, "***inequities***," are explicitly defined as health differences that are avoidable, unnecessary, unfair and unjust. The term "***disparities***" also ignores the historical context, political processes and unjust nature of some health outcomes, diminishing the organization's ability to consider the structural and systemic causes of differences in health outcomes. Using the term "***inequities***" changes the narrative about health equity by moving the context of social justice from the margins to the center of focus.

National Committee for Quality Assurance, Proposed Updates for Health Equity Accreditation 2023, July 22, 2022
https://www.ncqa.org/programs/health-equity-accreditation/

Social determinants of health are 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, including economic policies and systems, development agendas, social norms, social policies, and political systems.
World Health Organization, Social determinants of health
https://www.who.int/health-topics/social-determinants-of-health

The Bay Area Regional Health Inequities Initiative has developed this conceptual framework to illustrate the connection between social and institutional inequities; physical (or built), social, economic and work, and service environments; and health:



https://www.barhii.org/barhii-framework

Health-related social needs are individual level, adverse social conditions that negatively impact a person's health or health care. Examples include food insecurity, housing instability, and lack of access to transportation. Health-related social needs are distinguished from ***social determinants of health***, the structural and contextual factors that shape everyone's lives for better or worse, and can be identified by the health care system and addressed in partnership with community resources.
U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services, A Guide to Using the Accountable Health Communities Health-Related Social Needs Screening Tool, Updated August 2022
https://innovation.cms.gov/media/document/ahcm-screeningtool-companion

What's the difference between "health-related social needs", and "social determinants" of health" or "social risks"?

Social needs are the non-clinical needs individuals identify as essential to their well-being. An individual's social needs are related to the ***social risks*** they experience and to their intersectional identities or characteristics, such as race, ethnicity, preferred language, gender identity, sexual orientation and aspect of disability. Two individuals who experience the same social risks may have different social needs. Interventions address social needs at the individual level.
National Committee for Quality Assurance, Health Equity Accreditation Plus Standards, 2022
Standard 1, Element C: Collecting Individual Social Needs Data
https://www.ncqa.org/programs/health-equity-accreditation/

Social risk factors are specific, adverse social conditions (e.g., social isolation, housing instability, poverty) associated with poor health outcomes. A community's social risks may be exacerbated by structural factors, (e.g., policies on economics, housing, education and transportation) if the factors are fundamentally affected by racism, classism, sexism, ableism and other biases that perpetuate ***inequities***.
National Committee for Quality Assurance, Health Equity Accreditation Plus Standards, 2022
Standard 1, Element B: Acquiring Communities' Social Risk Data
https://www.ncqa.org/programs/health-equity-accreditation/

Why are some organizations using "social drivers of health" rather than "social determinants of health"?[1]

The health care sector often conflates the terms **social determinants of health** (the underlying social and economic factors that affect the health of everyone in a community), **social needs** (an individual's need for food, housing, transportation, or other resources), and **social risk factors** (the adverse social conditions associated with poor health, such as food insecurity and housing instability). Patients, health plan members, and consumers find the language of both social determinants of health and social needs confusing, alienating, and even demeaning. Voter focus groups objected to the term determinants, asserting that it stripped them of their agency to manage their own health and well-being, as though their struggles to access food or housing were pre-determined, and thus unalterable. A growing number of organizations and thought leaders are using the term **social drivers of health**; and distinguishing between individual drivers of health and community drivers of health.
Lumpkin JR, Perla R, Onie R, Seligson R. What we need to be healthy – and how to talk about it. Health Affairs Forefront, May 3, 2021
https://www.healthaffairs.org/do/10.1377/forefront.20210429.335599/

[1] Note that in the CMS Inpatient Prospective Payment Program, the Hospital Commitment to Health Equity measure refers to "social determinants of health" but the screening measures refer to "social drivers of health". Centers for Medicare & Medicaid Services, Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long- Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2023 Rates, 87 Fed. Reg. 48780-49499, August 10, 2022,
https://www.govinfo.gov/content/pkg/FR-2022-08-10/pdf/2022-16472.pdf