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National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

ENGLISH GLOSSARY OF ESSENTIAL HEALTH EQUITY TERMS

PURPOSE AND CONTENTS OF THE GLOSSARY

We created the glossary to respond to practitioner requests to promote the use of clear and effective language—within public health and across sectors and regions in Canada—in order to enhance powerful communication and action on the social determinants of health and health equity.

We strove for simplicity and ease of understanding. The terms are organized under four categories:

- Health status
- Root causes
- Populations
- Interventions

Each definition is followed by an example sentence that uses the term with a particular audience.

This glossary is available online at **www.nccdh.ca/resources/glossary.**

HOW THE DEFINITIONS WERE DEVELOPED

These definitions were developed by the NCCDH team. We reviewed the literature, talked to key informants within public health, and focus-tested draft definitions with public health colleagues across Canada. Recognizing that essential terminology and the meaning of similar terms differ between French and English, we undertook separate development processes for the English and French glossaries. The two glossaries align in many ways, but they are not direct translations.

Please keep in mind that the definitions are not intended to replace academic/research definitions. We expect our definitions to change over time based on feedback from the public health community. We have noted sources only when our definition is closely related to a published definition.

WE'D LIKE TO HEAR FROM YOU

Does the definition, and the way we use the term in a sentence, make sense to you?

To send us feedback on a particular term, please use the comment boxes that are placed under each term on the website **www.nccdh.ca/resources/glossary**.

You can also e-mail comments to Karen Fish **(kfish@stfx.ca)**, coordinator of the Resource Library. The terms will be updated regularly on our website, based on your feedback, as well as on evolving usage in the public health community.

HEALTH STATUS

Health

Health is the physical, spiritual, mental, emotional, environmental, social, cultural and economic wellness of the individual, family, and community.*

When speaking with a **city councilor**, you could say:
*"The **health**—or well-being—of people in our city is influenced by our community assets, things like our community centre and the size and number of our parks. That's why we need to involve our recreation department in the health promotion committee."*

*Adapted from:
NCCAH (n/d). Culture and language as social determinants of First Nations, Inuit and Métis health. Available from: www.nccah-ccnsa.ca/docs/fact%20sheets/social%20determinates/NCCAH_fs_culture_language_EN.pdf

BC Ministry of Health (2002). The Health and Wellbeing of Aboriginal People in British Columbia, 2001. Victoria: BC Ministry of Health, Provincial Health Officer's Annual Report. Available from: www.health.gov.bc.ca/pho/pdf/phoannual2001.pdf

Health inequality

Health inequality refers to measureable differences in **health** between individuals, groups or communities. It is sometimes used interchangeably with the term 'health disparities'.

When speaking with a **public health colleague**, you could say:
*"We can see in this data on child measles rates that there are some significant **health inequalities** between children in the central school district compared to the suburban school district. This seems to parallel the difference in immunization rates between the two areas as well. Now we need to ask ourselves whether this is related to an educated parental choice, or a barrier that is preventing access."*

Health inequity/health equity

Health inequity is a sub-set of **health inequality** and refers to differences in health associated with social **disadvantages** that are modifiable, and considered unfair.

Health equity means all people (individuals, groups and communities) have a fair chance to reach their full health potential and are not **disadvantaged** by social, economic and environmental conditions.

When speaking with a **colleague in a chronic disease management program**, you could say:
*"The difference in diabetes rates between Aboriginal and non-Aboriginal women in our community is a clear **health inequity**. What can we do to start a conversation on how to collaborate to change the root causes of this inequity?"*

When speaking with a **community planner** at City Hall, you could say:
*"Thanks very much for asking us to provide feedback on the most recent draft of the official community plan. We think it is important to consider the **health equity** impact of the plan, across the range of population groups in order to ensure all residents have a chance to reach their full potential."*

ROOT CAUSES

Risk factors/risk conditions

Risk factors are individual characteristics and behaviours that increase the chance a person will get sick or injured, or die prematurely.

Risk conditions are environmental and social factors that increase the chance an individual, group or community will have lower levels of health compared to the overall society.

When speaking with a **local politician**, you could say:
*"Obesity is a **risk factor** for heart disease, but risk factors don't tell you everything. When we look at both high and low income people who are overweight, we see that heart disease is more common in the low income group, so there must be something else going on."*

When speaking with a **colleague** from health inspection, you could say:
*"The dampness, poor ventilation and over-crowding in this apartment building are **risk conditions** for asthma and tuberculosis. Who do we need to work with to address the root issue of appropriate and affordable housing?"*

Advantage/disadvantage

Advantage and disadvantage refer to the social, political, economic and power resources available to an individual, group or community in relation to another.

Those with **advantage** over others can be described as "privileged", and those in positions of **disadvantage** are often identified as "underprivileged".

When speaking with a **public health colleague**, you could say:
*"Although not perfectly linear, there seems to be a step-by-step relationship between a person's level of economic **advantage** and his or her health. What can we do to ensure that families with lower levels of income still have access to conditions that support good health?"*

When speaking with a **colleague** working at the hospital, you could say:
*"This data shows that people in our region who experience socioeconomic **disadvantage** are less likely to use health services than those who are privileged. We need to review our services to consider how financial barriers are preventing use by certain groups of people in our community."*

Social determinants of health

The **social determinants of health** are the interrelated social, political and economic factors that create the conditions in which people live, learn, work and play.

The intersection of the **social determinants of health** causes these conditions to shift and change over time and across the life span, impacting the health of individuals, groups and communities in different ways.

The social determinants of health include the following:

- gender / gender identity
- race / racialization
- ethnicity
- indigeneity
- colonization
- religion
- migrant and refugee experiences
- culture
- discrimination / social exclusion / social inclusion
- education / literacy
- occupation/working conditions
- health literacy
- income / income security
- employment / job security
- early life experiences
- disability
- nutrition / food security
- housing / housing security
- natural and built environments
- social safety net / social protection
- access to health services

When speaking with a **colleague** in social services or education, you could say:
*"We can't help people make healthy lifestyle choices without also improving the **social determinants of health** like education and housing that create barriers to healthy choices."*

Social inclusion/social exclusion

Social inclusion/social exclusion refer to the dynamic and multi-dimensional social process at all levels (individual, group and community) that is driven by unequal power relationships across economic, political, social and cultural dimensions. Unequal access to resources, capacities and rights leads to **health inequities**.

When speaking with a **public health colleague**, you could say:
*"I am seeing so many people with mental health and intellectual disabilities who are prevented from fully participating in our community. They don't get involved in events sponsored by the school and community centre … I wonder what we can do to promote **social inclusion** and get them connected?"*

Assets/deficits

Assets are individual, group and community characteristics and resources that contribute to health and well-being, and support resilience.

Deficits are risk factors and **risk conditions** that increase the chance that an individual, group or community will have lower levels of health and well-being compared to the overall society.

When speaking with a **colleague in primary health care**, you could say:
*"This community health centre is a huge **asset** in our efforts to collectively build mental health and reduce the incidence of mental illness in our town. We have heard from a number of families that it really helps to be able to access a range of services and supports in one place."*

When speaking with a **city planner**, you could say:
*"In his book Last Child in the Woods, Richard Louv argues that fewer children experience the natural world, and that this **deficit** may partially explain increasing rates of obesity and depression among children."*

POPULATIONS

Marginalized populations

Marginalized populations are groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions.

When speaking with a **public health colleague**, you could say:
*"A mom at Baby Talk said her friend wanted to come but was not comfortable because she doesn't always understand everything and she feels like she doesn't fit in. She is a recent immigrant and this makes me wonder about whether we have evaluated our services in relation to **marginalized populations**."*

Vulnerable populations

Vulnerable populations are groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability.

When speaking with a **colleague in community care**, you could say:
*"Even though our wound care services are open to all seniors, we know there are **vulnerable populations** that are not using the program at all. How can we address the barriers and ensure that they are getting the services they need?"*

INTERVENTIONS

Targeting within universalism

Targeting within universalism is an approach to providing programs and services that makes them available to all (universal) and reaches out to **vulnerable** and **marginalized populations** so that they get supports and services that meet their needs (targeted).

When speaking with a **public health colleague**, you could say:
*"Due to budget cuts we won't be able to provide home baby visits to everyone after discharge any more. Is there some way we can still use a **targeting within universal** approach where we provide programs tailored for vulnerable families, and still provide some support to all new moms?"*

Asset/Strength-Based Approach

An **asset-based approach** promotes capacity and connectedness by making visible and valuing the skills, knowledge, connections and potential in an individual, group or community.

When speaking with a **city planner**, you could say:
*"It's great that the city is considering how the community plan could address some of the problems associated with vulnerable families in our downtown core. But instead of looking at what's wrong, I wonder if we could take an **asset-based approach** and think about how we can strengthen what is currently supporting these families. For example, the library program is well attended … could we ask the participants how we could make it even better?"*

Leveling Up

Leveling up is a policy strategy focused on the fair distribution of resources to individuals and groups at all social and economic levels with the intent of improving the overall health of the population. The end result is equitable access to the resources needed for health, especially for the most **disadvantaged**.

When speaking with a **family doctor**, you could say:
*"I agree that it is important to provide services to the most **disadvantaged** people in our community, but we also need to help everyone access the resources they are entitled to so that we can **level up** the health status of the entire population. I have heard that some family doctors working with **marginalized populations** are helping patients with their taxes so they get all the social service funding they are entitled to."*

Closing the gap

Closing the gap involves targeting programs and services to **disadvantaged** individuals, groups and communities so that the health of less advantaged populations improves and the difference between the most and least **advantaged** decreases.

When speaking with a **senior executive** in the health sector, you could say:
*"We need to recognize that more educated and affluent families are better able to access our healthy living programs, compared to those at the bottom. We need to dedicate specific resources to **closing the gap** between them."*

Upstream / Downstream

Upstream interventions and strategies focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential.

Downstream interventions and strategies focus on providing equitable access to care and services to mitigate the negative impacts of disadvantage on health.

When speaking with a member of a service club like Rotary, you could say:
*"It is very important that we provide services to everyone, but if we don't also work **upstream** we will never get at the root causes. How can public health help you to invest in the social structures that make it possible for everyone to reach their full potential? "*

RELATED GLOSSARY RESOURCES

- Let's talk series – National Collaborating Centre for Determinants of Health (http://nccdh.ca/resources/lets-talk)
- SDOH fact sheet – National Collaborating Centres for Public Health (http://nccdh.ca/resources/entry/SDH-factsheet)
- Towards an understanding of health equity: annotated glossary - Alberta Health Services (www.albertahealthservices.ca/poph/hi-poph-surv-shsa-tpgwg-annotated-glossary.pdf)
- Promoting health equity: operational glossary - Winnipeg Health Region (www.wrha.mb.ca/about/healthequity/files/HealthEquityGlossary.pdf)
- A practitioner's guide for advancing health equity: community strategies for preventing chronic disease – Centers for Disease Control and Prevention (www.cdc.gov/NCCDPHP/dch/health-equity-guide/index.htm)
- Social determinants of health: key concepts – World Health Organization (www.who.int/social_determinants/en/)

RELATED COMMUNICATION RESOURCES

- Communicating the social determinants of health common messaging guidelines – CCSDH http://nccdh.ca/resources/entry/communicating-the-social-determinants-of-health-common-messaging-guidelines
- A new way to talk about the social determinants of health — RWJF http://nccdh.ca/resources/entry/a-new-way-to-talk
- Communicating about the Social Determinants of Health: Income inequality and health NCCDH & CPHA http://nccdh.ca/resources/entry/income-inequality-and-health

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