MARION COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT-WIDE SERVICE EQUITY ASSESSMENT 2021

Glossary of Key Terms

May 2021

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 answering Service Equity Assessment questions, we have provided the definitions below. The italicized sections contain examples that highlight the subtle differences between these terms.

Capacity

Capacity is the <u>sum</u> of the resources available to an organization, including skills, equipment, staff, information, and resources to do a project.

Classism

Classism is the belief that people from certain social or economic classes (rich or poor) are better than others. *Example: treating clients negatively based on knowledge of household income.*

Cultural Humility

Cultural humility is a lifelong process that ensures that professionals learn about other cultures and are sensitive to cultural differences. *Example: having a respectful attitude toward individuals and their culture.*

Diversity

Diversity refers to embracing differences among people with respect to age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job level and function, personality traits, etc.

Environmental, social, and economic conditions

This phrase refers to the circumstances that shape each person's opportunities and quality of life. *Examples: employment status, income, education, housing, transportation, class status, race, etc.*

Equity

Equity is the condition in which everyone has a fair and just opportunity to lead a healthy, independent, and dignified life. This requires removing obstacles to health, independence, and dignity, such as poverty, racism, sexism, and discrimination, as well as their consequences.

Gender Identity

Gender identity is one's innermost concept of self as male, female, a blend of both, or neither; how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Inclusion

Inclusion refers to how diversity is leveraged to create fair, equitable, healthy, and high-performing organizations or communities where all individuals are respected, feel engaged and motivated, and their contributions toward meeting organizational and societal goals are valued.¹

Inequities

Inequities are differences in health and social status across population groups that are systemic, avoidable, unfair, and unjust.² 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. Inequity differs from the term disparities (i.e. recognizable patterns of differences in health or quality of life outcomes for distinct population sub-groups). Uncovering and recognizing disparities is critical for health and human services work, but addressing inequities means looking for the root causes of differences in outcomes.³

Some examples of inequities in communities MCHHS Serves:

- Members of the Latinx community are more likely to contract and have serious illness from COVID-19 than those not in the Latinx community.
- Veterans are more likely to die by suicide than non-Veterans.
- American Indian/Alaska Natives are more likely to experience houselessness than their white peers.

An institution that addresses inequities targets the health, behavioral health, or quality of life 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.

For example:

An organization that addresses inequities intentionally examines practices that limit access, services and/or supports for specific populations while at the same time privileging other populations.

¹ Institute for community inclusion, <u>https://www.communityinclusion.org/article.php?article_id=213%C2%A0</u>

² Cambridge Dictionary, <u>https://dictionary.cambridge.org/us/dictionary/english/equity</u>.

³ World Health Organization, Concepts and Principles for Tackling Social! Inequities in Health, prepared by Margaret Whitehead and Goran Dahlgren, 2006.

Some examples of how inequities may be addressed:

- 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.
- In addition to providing BIPOC individuals with peer mentoring opportunities, a community mental health program works to educate policy makers on the trauma associated with experiences of racism.

MCHHS/Workplace Culture

MCHHS/Workplace culture is the character and personality of the organization; the sum of its values, traditions, beliefs, interactions, behaviors, and attitudes. For most people, MCHHS's culture is experienced through work you do in your Division or work unit.

Racism and Institutional or Structural Racism

Racism (valuing people differently based on their race or ethnicity) is a root cause of inequities. In the US, racism has led to a system of power that creates widespread historical and persistent barriers that keep people of color from having equal access to opportunities, 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.⁴

An example of this is the long-term (generational) effects of 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 white people. In the US, home ownership has been a primary method for creating personal wealth and expanding opportunities, such as affording college education, that increase the potential to secure higher paying jobs.

⁴ 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) :1 212-1215 .