

# Glossary of Key Terms

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**Accessibility** - is the ability for populations to “gain access” to services within reasonable reach (examples: expanding office hours, keeping service cost low to not harm people’s ability to pay, having interpreters, making sure that information given to people is available to all people to understand such as language, disability and literacy)

**Addressing** - to put attention, discussion or action on the topic.

**Barriers** - these are things that prevent a person to gain access to health services.

Examples:

**Physical barrier** - objects that prevent a person from getting where they must go. Such as wheelchair access in doorways or the front entrance.

**Psychological barrier** - affects the way a person thinks about a service. Such as being afraid of needles and not coming in to get vaccines, their iron checked, or worried about finding out something is wrong in their health.

**Financial barrier** - how much it might cost to access services. Such as transportation cost, child care costs, interpreter costs, or not being able to pay for the medicine they need.

**Geographical barrier** - how far health services are from where a person lives. Such as trying to find transportation to get to clinic or a health specialist.

**Cultural & Language barrier** - if information (brochures, handouts, posters) are in English only, this will prevent folks from coming to access service. Such as awareness of cultural health practices at home, no interpreters at visits, not having information in other languages.

**Resource barrier** - when clinics or services may not the funds or staff to provide a service. Such as a high demand for a vaccine, but the clinic not being able to afford the vaccine or not enough staff/funding available to expand services.

**Capacity** - the sum of the resources available to an organization such as if they have the resources, skills, equipment, staff and information to do a project.  
**Classism** - the belief that people from certain social or economic classes (rich and poor) are better than others. (Example: treating clients negatively different as the provider knows their household income).

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**“Closing the gap”** - involves bringing 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.

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**Coaching** - having a person privately teach or instruct you on a topic.

**Community based organizations-** nonprofit groups that work at a local level to improve life for residents. (Examples: schools, church groups, neighborhood associations, the state of Oregon, PTAs, head starts. etc.)

**Culturally appropriate** - conforming to a culture's acceptable expressions and standards of behavior and thoughts. (Example: designing health programs that involve people of that culture in the planning, development and pilot test or making sure that the care plan is respecting the family's cultural practice.)

**Culturally diverse** - the cultural differences that exist in the world, society, or organization. (Examples: Diversity can include age, gender, religion, language, sex, ethnicity, race, sexual orientation and social status.)

**Culturally competent** - the ability of providers and organizations to effectively (respectfully and responsive) provide health services that meet the social, cultural and language needs of patients. (Example: providing translators who speak the client's language or having knowledge of client's cultural practices)

**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.)

**“Culturally, Linguistic and literacy needs”-** needs from clients that involve cultural, language and their ability to read. (Examples: Brochures/ Handouts that represent the culture with images, written in the culture's primary language and is written to be understood at all reading levels.

**Culturally Sensitive** - being aware that cultural differences and similarities between people exist without assigning value—positive or negative, better or worse, right or wrong.

**Cultural understanding/cultural awareness** - the ability to stand back from ourselves and become aware of our cultural values, beliefs and views.

**Decision Makers** - important people in the community who make decisions about how they want the plan/project//funding/policy to go. (Example: County Commissioners, state leaders, state governor, department heads and leaders of other community based organizations.)

**Determinants of Health** - are circumstances that contributes to the end result of a person's health status and determine health differences or health inequities. (Example: natural, biological factors-- such as age, gender and ethnicity, behaviors and lifestyles-- such as smoking, alcohol consumption, diet and physical exercise, physical and social environment-- including housing quality, the workplace and the wider urban and rural environment, and access

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to health care).

**Disproportionately/Disadvantaged / Vulnerable / Marginalized groups** - These words are used to refer to groups of people who, due to factors usually considered outside their control, do not have the same opportunities as other, more fortunate groups in society. (Examples might include unemployed people, refugees, communities of color, people in low economic class, LGBTQQIA2S communities.)

**Diverse** - showing a great deal of variety, very different. Usually referring to people of cultural and ethnic backgrounds.

**Equity In Health** - is concerned with creating equal opportunities for health and with bringing health differences down to the lowest possible level between populations and communities. The goal of health equity-- for communities, for service systems and for practitioners in their work -- is to make sure no one experiences poor health and wellbeing because of such unfair and avoidable disadvantage. (Example: Cover all Kids, Oregon)

**Environmental Factors** - all the physical, chemical and biological factors outside of a person and all related behaviors. (Example: Exposure to hazardous substances in the air, water, soil, and food, natural and technological disasters, climate change, occupational hazards and built environment).

**Environmental Justice** - is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, action and enforcement of environmental laws, regulations and policies. (Example: not having access to healthy foods— communities lacking supermarkets, many communities—particularly lower income and communities of color housing units are near industrial plants or waste disposal sites, Flint Water crisis.)

**“Environmental, social and economic conditions”** - this phrase refers to the circumstances that individuals are in that result in their quality of life. (Example: employment status, income, education, housing, transportation, class status, race status...etc.)

**Food security** - this is when all people, at all times have physical, social and economic access to enough, safe and nutritious foods that meet their dietary needs.

**Health Equity** - is concerned with creating equal opportunities for health and with bringing health differences down to the lowest possible level between populations and communities. The goal of health equity – for communities, for service systems and for practitioners in their work – is to make sure no one experiences poor health and wellbeing because of such unfair and avoidable disadvantage. Equity in health means that ideally everyone should have a fair opportunity to attain their full health potential and, more logically, that no one should be disadvantaged from achieving this potential if it can be avoided.

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**Health Inequity/Inequities** – are differences in health status and death rates across populations groups that are systemic, avoidable, unfair and unjust. These differences follow a larger pattern patterns of inequities that exist in society. As opposed to inequality (not equal) – inequity has moral and ethical measures, resulting from avoidable and unjust differences in health status.

**Health impact/ Effect Health** - A health impact can be positive or negative. A positive health impact is an effect which helps to good health or to improving health. (Example: having a sense of control over one’s life and having choices is known to have a beneficial effect on mental health and well-being, making people feel “healthier”. A negative health impact has the opposite effect, causing or making a person ill. For example, working in unhygienic or unsafe conditions or spending a lot of time in an area with poor air quality is likely to have an adverse effect on physical health status.)

**Health Outcomes** - are changes in health that are from measures or specific health care investments or interventions. (Example: health insurance, health status, using health care, family factors, social support, health care system, genetic factors, health behaviors.)

**Health Status** - the level of health (good or bad) of a person, group or population in a particular area or by objective measures. (Examples: life expectancy, healthy life expectancy, limitation of activity. occurrences of chronic disease)

**Inequity/Inequities** - as opposed to inequality (not equal) – inequity has moral and ethical measures, resulting from avoidable and unjust differences in health status. Equity in health means that ideally everyone should have a fair opportunity to attain their full health potential and, more logically, that no one should be disadvantaged from achieving this potential if it can be avoided.

**Institutionalized Racism** - is the root cause of health inequities. It is a system of power that has created widespread historical and persistent barriers that keep people of color from having equal access to opportunity, information, resources and power. This system is maintained and preserved by formal and informal practices and policies that benefit some groups of people while putting others at disadvantaged. (Example: slavery in the United States, Tuskegee study of African American Men diagnosed with syphilis, medicine testing on communities of color, Plessy vs. Ferguson—segregation of public facilities)

**Mentoring** - a trained person who helps advise/guide a less experienced coworker.

**Partnership** - a group of people or organizations brought together with a common purpose such as project, referrals, funding opportunities and outreach. (Example: WIC and home visiting for referral of services, PCPH and Marion Co Public Health for grant opportunities, PCPH and the Service Integration Team for outreach/ creating partnerships opportunities)

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**MCHHS** - abbreviation for Marion County Health & Human Services.

**Privilege** - a special right, advantage or immunity granted or available to only a particular person or group of people. (Example: higher education, right to join specific clubs, access to health care, information provided in English)

**Public Health** - the health of the population as a whole. Public Health promotes and protects the health of people and the communities where they live, learn, work and play. (Example: WIC, breastfeeding promotion, vaccination, CD monitoring and surveillance, health information promotion, emergency preparedness)

**Public Policy** - a term used to describe a collection of laws, mandates or regulations established through a political process. (Example: Policies do affect health outcomes such as policies that remove the right to vote for felons.)

**Racial Justice** - means equal and fair treatment for all races. This means having policies, beliefs, practices, attitudes and actions that promote equal opportunity and treatment for all races.

**Racism** - prejudice, discrimination directed against someone of a different race based on the belief that one's own race is superior.

**Stakeholder** - a person or organization with an interest in something or can be affected by a program, organization policy or action. (Example: community partners, funding organizations, management, coalitions and the community at large)

**Social factors** - these are things that affect lifestyle, these can change over time. (Examples: religion, family, wealth, education, income)

**Transparency** - the condition of being clear, strong communication, openness and responsibility.

**Under-served populations** - populations who historically don't have many resources available to them. Most of these populations are based on race, ethnicity, geography, income, disabilities, age and barriers.