Talking about Anti-Racism and Health Equity:
Addressing Bias

STATE
Health & Value
STRATEGIES

Driving Innovation
Across States

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Overview

State Health and Value Strategies (SHVS) in partnership with Health Equity Solutions has created a series of tools to help state officials with the language they use to discuss and write about race and health equity. Included here are definitions and explanations of words and phrases, how to think about their usage, and examples of how they might be applied.

This is a living document that will continue to be updated to reflect and respond to evolving terminology. We also recognize that states may be engaged in defining these terms within their own state policy documents and hope that this can be a helpful, complementary resource.

General Recommendation #1	General Recommendation #2	General Recommendation #3
Use person-first language, i.e., "Black clients" or "Latino enrollees." This is important because when general terms such as "Blacks" or "Latinos" are used, it reduces the person to their perceived or actual racial identity or proximity to power.	Use person-first language, in the context of medical diagnoses. For example, using "people with diabetes" is preferred over "diabetics." Leading with a diagnosis focuses on the medical condition first, rather than the person and can have negative connotations.	Whenever possible, rely on self identification to avoid using a term the individual does not identify with and assumptions based on appearance.

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HOW TO USE THIS DOCUMENT

Each definition is followed by:

1. **"Further Context" to offer a more detailed explanation of the definition;**

2. **"Terminology in Action," which is an example of how to use the term in a sentence; and**

3. **"Use these terms when," which offers prompts for ensuring language choices are precise. The combined aim is to help users be precise and intentional in language choices.**

Health equity means that everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, ability, gender identity, sexual orientation, socioeconomic status, geography or any other social barrier/factor. For more health equity terms, see *Talking about Anti-Racism and Health Equity: Discussing Racism* and *Talking about Anti-Racism and Health Equity: Describing Identities and Experiences*.

ANTI-RACIST[1,2,3] refers to people, organizations, or actions actively seeking to dismantle racism.

Further Context: Anti-racism forces us to acknowledge that all people and institutions exhibit racism at some point or on some level and urges us to commit to fight racism whenever and wherever it shows up.

Terminology in Action: This department is committed to *anti-racist* policies and utilizes racial impact assessments as a tool to embed equity in its decision-making processes.

Use this term when: Intentionally addressing racism.[4]

SOCIAL JUSTICE[5] refers to equitable access to resources, power, and opportunity and implies actively addressing inequities.

RACIAL JUSTICE[6] specifically refers to addressing inequities resulting from racism.

Further Context: Social justice is a broader umbrella term describing equity across identities that are stigmatized or oppressed while *racial justice* focuses on equity across races.

Terminology in Action: Our department sees *social justice* as being at the core of health equity. *Racial justice* is central to our strategic goals because of the clear and pervasive relationship between racial injustice and health.

Use these terms when: Use social justice when describing injustices caused by social factors in addition to race. When centering race as a driving factor of inequities or describing contexts in which racial justice may play a role, use racial justice.

INTERSECTIONALITY[1,7] describes the complexity of an individual's multifaceted identity and the multiple power and privilege dynamics operating in ways that interact, overlap, and produce macro systems of oppression.

Further Context: Intersectionality acknowledges the variation within communities and the complex identities of many individuals without conflating various power differentials (e.g., considering how racism and sexism interact and are compounded in the experiences of women of color rather than considering race and gender separately).[8]

Terminology in Action: The contractor planned a consumer engagement session specifically for Black parents who identified as LGBTQIA+. The *intersectionality* of race, sexual orientation, and gender identity was reflected in the concerns raised by participants at this session, that had not been evident at sessions for all Black parents.

Use this term when: Looking at both the intersection of multiple demographic and social factors as well as individual demographic factors to deepen an understanding of health disparities.

CULTURAL COMPETENCE AND CULTURAL HUMILITY[1,9] describe services, practices, and processes responsive to diverse practices, assets, needs, beliefs, and languages. Cultural competence focuses on understanding cultural differences to improve the effectiveness of care. Cultural humility approaches learning about and interacting with other cultures as a lifelong process.

Further Context: While both terms connote appreciation and respect for cultural differences, cultural humility is preferred because there is no finite set of skills for responding appropriately to all individuals. Some cultural competence trainings focus on a discrete set of cultural differences rather than acknowledging the full complexity of culture and the intersections of culture, gender, religion, and other facets of identity.

Terminology in Action: As part of efforts to ensure health services and systems respond and adapt to the differing needs and norms of the people they serve, *cultural humility* was a required area of continuing education for physicians.

Use these terms when: Use cultural competence when emphasizing skill-building that focuses on gaining competence in one or more cultures. Use cultural humility when the goal is to engage in ongoing dialogue and learning to achieve and sustain inclusive organizations and systems that are culturally and linguistically appropriate.

DIVERSITY, EQUITY, AND INCLUSION (DEI)[3,10] Diversity means the demographics of a workforce or patient population are heterogenous and are representative of the larger community. Equity means that everyone has a fair and just opportunity regardless of race, ethnicity, disability, gender identity, sexual orientation, socioeconomic status, geography or any other social barrier/factor. Inclusion means creating systems and circumstances open to, and respectful of, the assets and needs of diverse people or groups and in which those people feel valued, leveraged, and that they belong.

Further Context: DEI has become a popular catchall for efforts to increase diversity and identify and address inequities in an organization's processes, programs, and practices. In using DEI as a catchall, one runs the risk of conflating the meaning of these three distinct concepts with each other.

Terminology in Action: Ensuring the consumer advisory board's participants reflect the demographics of the Medicaid population would require appointing three new members who identify as Black, at least one of whom identifies as female, and would increase the board's *diversity*. Ensuring there is a unisex or women's restroom available near the meeting room and that all workgroup members have the opportunity to ask questions and comment would improve *equity*. The chairperson aims to create an *inclusive* board and recommends changes to the meeting structure and climate to address any power differential and ensure all contributions are treated with respect.

Use this term when: Deliberately employing an umbrella term. If it would be more accurate, focus on a specific domain (diversity, equity, OR inclusion). If the exclusive emphasis is on race and ethnicity, consider whether anti-racist or health equity would be more accurate.

ENDNOTES

1. Jiang, S., Postovit, L., Cattaneo, A., Binder, B. & Aitchison, K. (2019) Epigenetic Modifications in Stress Response Genes Associated with Childhood Trauma. Front. Psychiatry. Retrieved from: https://doi.org/10.3389/fpsyt.2019.00808.

2. Kendi, I. X. (2019). How to be an antiracist. One world.

3. CSSP (2019). "Key Equity Terms and Concepts: A Glossary for Shared Understanding." Washington, DC: Center for the Study of Social Policy. Available at: https://cssp.org/wp-content/uploads/2019/09/Key-Equity-Terms-and-Concepts-vol1.pdf.

4. For definitions of types of racism, see: https://www.shvs.org/wp-content/uploads/2021/08/Talking-about-Anti-Racism-Health-Equity-1-of-3.pdf.

5. Voices for Healthy Kids. (2017) Messaging Guide for Policy Advocates. https://voicesforhealthykids.org/assets/resources/health-equity-messaging-guide-1600967742.pdf.

6. The Annie A. Casey Foundation. (2020, August 24). Equity vs. Equality and Other Racial Justice Definitions. *The Annie E. Casey Foundation*. https://www.aecf.org/blog/racial-justice-definitions/.

7. Crenshaw, Kimberle (1989) "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," University of Chicago Legal Forum: Vol. 1989: Iss. 1, Article 8. Available at: http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8.

8. Bowleg L. (2012). The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health. American journal of public health, 102(7), 1267–1273. https://doi.org/10.2105/AJPH.2012.300750.

9. Greene-Moton, E., & Minkler, M. (2020). Cultural Competence or Cultural Humility? Moving Beyond the Debate. *Health Promotion Practice*, 21(1), 142–145. https://doi.org/10.1177/1524839919884912.

10. YWCA. "Our Shared Language: Social Justice Glossary." https://www.ywboston.org/wp-content/uploads/2016/02/MISS_VIT_BLD-SUPP-FOR-MISS_TRN-AND-DEVEL_SJ-GLOSSARY_MARCH_2016.pdf.