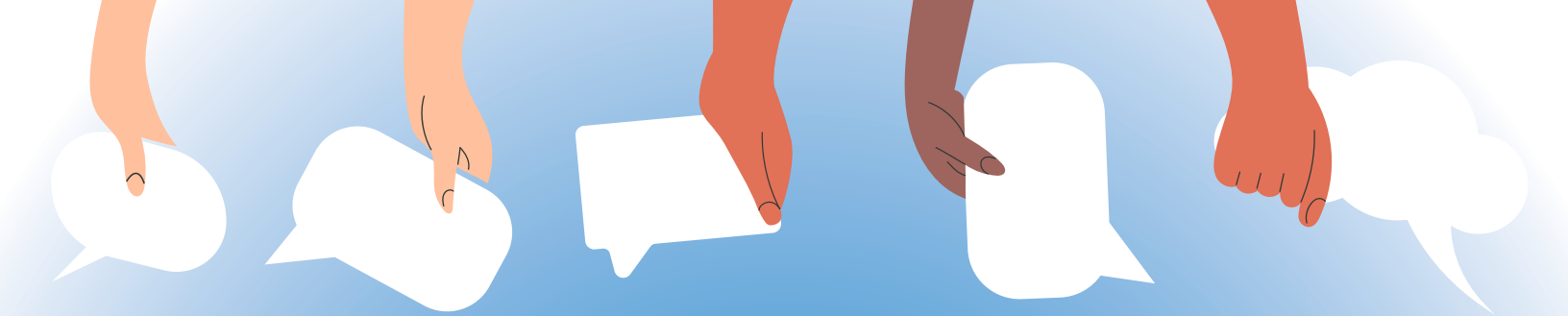
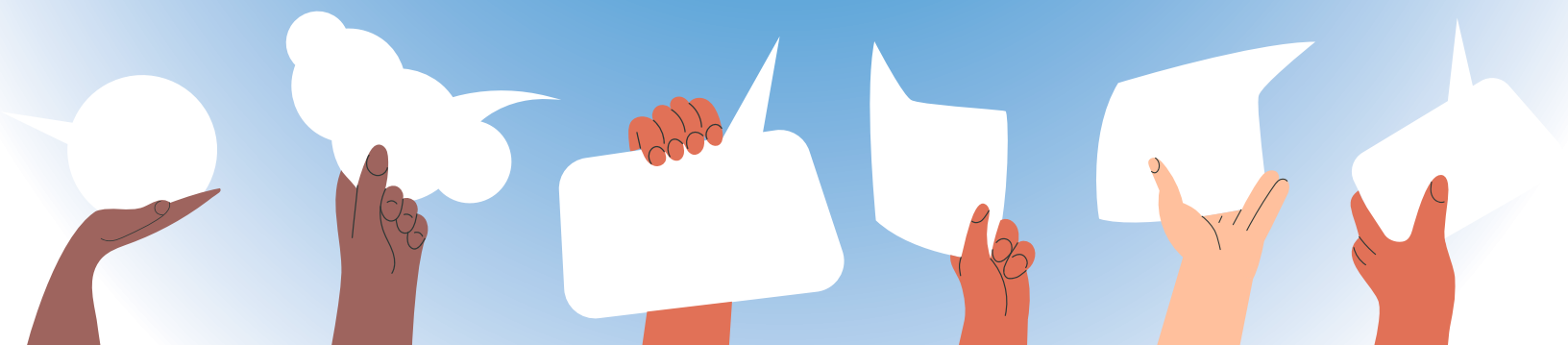


Minnesota Medical Association

INCLUSIVE COMMUNICATION GUIDE

For language that promotes equity



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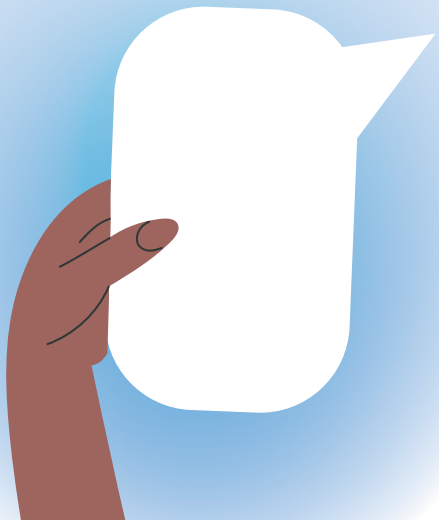


INTRODUCTION

Language is powerful. Our words matter.

The Minnesota Medical Association (MMA) is committed to improving health equity and promoting an anti-racist culture in medicine, including within the MMA. Language has power, and words can either promote a culture of respect and inclusion or perpetuate harm. The purpose of this document is to enable more inclusive communication by providing suggested language, guidance, and explanatory context.

This document provides definitions for commonly used words in health equity discourse, identifies harmful words and offers equity-centered alternatives, clarifies subtle differences between seemingly synonymous terms, and explains how certain words perpetuate racist narratives while others promote racial justice. It aims to raise awareness and encourage users to think critically about the words they use, the meaning conveyed, and the potential impact.

The use of inclusive language means not only avoiding certain harmful phrases, but also centering the voices, perspectives, and lived experiences of those who are marginalized. This means valuing the lived experiences of the people most impacted by the issues at hand, paying attention to whose points of views are included and whose are absent, whose voices are amplified and whose perspectives are subdued or othered.

This guide is a living document that will be periodically reviewed and updated to reflect evolving terminology. This is not an exhaustive list of "correct terms" or the "right ways" of using inclusive language. Language and cultural norms change over time. Context matters and, in some cases, there is no consensus on one correct term. It is our responsibility to stay up to date on best practices for equity-centered communication.

The MMA encourages all members, staff, and elected leaders to apply these guidelines across their internal and external communications, including when creating information or resources, giving presentations, developing promotional materials, and drafting and reviewing policies and procedures.

METHODOLOGY

This guide was drafted by the Minnesota Medical Association's health equity staff. A list of terms and topics was compiled based on the needs of the target audience. Each term was researched, consulting multiple sources representing a variety of perspectives, emphases, nuances, and considerations. With an understanding of each term from multiple perspectives, combined with prior and community knowledge, a definition was drafted using a health equity lens. Careful consideration was given to the words used, the meaning conveyed, and the potential impact. The guide was reviewed by a team of MMA leaders and physicians with experience and expertise in equity and endorsed by the Board of Trustees (Feb. 2024). While numerous resources provided inspiration for this document, some key sources include:

- The American Hospital Association Institute for Diversity and Health Equity (AHA, IFDHE)
- The American Heart Association (AHA)
- The Center for Disease Control and Prevention (CDC)
- The World Health Organization (WHO)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

The guide will undergo an annual review process to ensure it is kept up to date.

KEY PRINCIPLES FOR EQUITY-CENTERED COMMUNICATION

PRINCIPLE 1: Use person-centered language

Person-centered language avoids dehumanization and demonstrates respect for every person's humanity. Using person-centered language often means using person-first or identity-first language:

Person-first language: Places the person before a disability, disease, condition, or circumstance. This emphasizes that a person is not their condition or circumstance, they are an individual who has a condition or is experiencing a circumstance (e.g., person who is deaf).

Identity-first language: Refers to individuals in a way that emphasizes what they consider to be a core part of their identity, dispelling the notion that a certain identity is an unfortunate affliction or negative characteristic (e.g., Deaf person).

Person-centered language includes deferring to the terminology expressed by individuals with lived experience.

Avoid dehumanizing terms, demonstrate respect for every person's humanity, and defer to the terminology preferred by individuals with lived experience.

Instead of these terms…		*Use one of these terms…*	
Disabled *Differently abled* *Mentally/ Physically challenged* *Handicapped*	*Handi-capable* *Special needs* *Suffering with/ afflicted by/ victim of (disability)*	*People with disabilities/ a disability* *Disabled person (identity first*)* *People with an intellectual disability*	*Person with a developmental disability* *Person with a physical disability*
Mentally ill *Crazy* *Insane*	*Mental defect/defective* *Suffers from or is afflicted with (condition)* *Brain damaged*	*Person living with a mental illness* *Person with a mental health condition* *Person with a behavioral health disorder*	*Person with a diagnosis of a mental illness/ mental health disorder/ behavioral health disorder* *Person with a traumatic brain injury*
Asylum		*Psychiatric hospital/facility*	
Drug user		*Person who uses drugs*	
Addict/abuser		*Person with substance use disorder*	
Alcoholic		*Persons with alcohol use disorder*	
Persons taking medication assisted treatment (MAT)		*Persons taking medications for opioid use disorder (MOUD)*	
Relapsed		*Persons who returned to use*	
Smokers		*People who smoke*	
Recovering addict		*Persons in recovery from substance use*	
Homeless people *The homeless* *Transient populations*		*People experiencing homelessness* *People experiencing houselessness* *Persons experiencing unstable housing/housing insecurity*	*Persons who are not securely housed* *People experiencing unsheltered homelessness* *Person without housing*

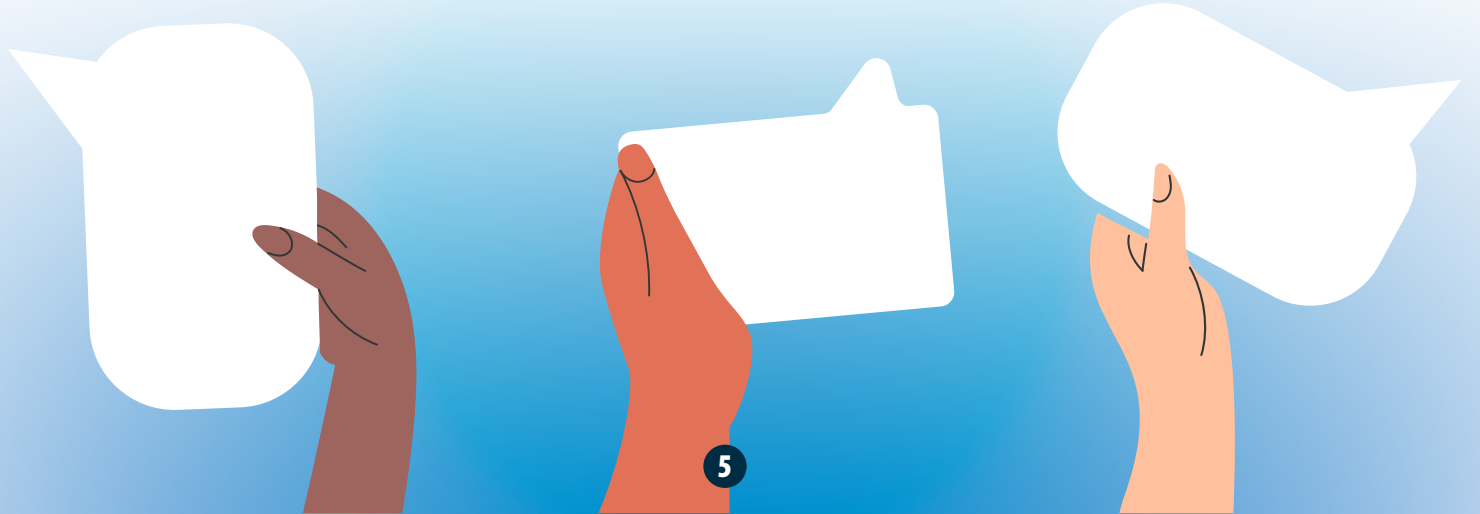
Prostitute		*Person who engages in sex work*	*Sex worker*
Inmate		*Formerly incarcerated*	
Prisoner		*Person with a history of incarceration*	
Convict/ex-con		*Person who is/has been incarcerated*	
Offender		*Person in pre-trial or with charge*	
Felon/Criminal		*Person who was formerly incarcerated*	
Parolee		*Person on parole or probation*	
Detainee		*Person detained by or under the custody of (specify agency)*	
Elderly/ the elderly *Seniors/ Senior citizens* *The aged*	*Aging dependents*	*Older adults* *Older people/individuals* *Persons aged [specific numeric age group]*	*Elders (when referring to older adults in specific cultural contexts)*
Frail		*Frail (when referring to older adults in a specific clinical context)*	
Geriatric pregnancy		*Advanced maternal age*	
Silver tsunami		*Age related population/demographic changes*	
Slave		*Person who is/was enslaved*	
Owner/Master		*Enslaver*	
Underweight		*Lower weight*	
Overweight		*Higher weight*	
Fat	*Obese/Morbidly obese*	*Larger-bodied* *Person living with obesity*	*Person living in a larger body* *Fat (used by Fat Acceptance and Fat Activist movements)*
The poor *Poor people*	*Poverty-stricken*	*People with lower incomes* *People whose incomes are below the federal poverty threshold*	*People experiencing poverty*
Low class/Lower class		*People who are of low SES/socioeconomic status*	
Committed suicide		*Died by suicide*	
Successful suicide		*Death by suicide*	
Failed suicide		*Survived a suicide attempt*	
Killed themselves		*Lost their life by suicide*	
Child prostitute		*Child who has been trafficked*	
Sex with an underage person		*Child who has been raped*	
Nonconsensual sex		*Rape*	
Date rape or acquaintance rape		*Rape or sexual assault*	
Illegals *Illegal immigrant/Migrant*	*Illegal aliens*	*Person(s) with undocumented status* *Person who is an undocumented noncitizen*	
Foreigner		*Immigrant* *Non-U.S.-born person* *Migrant*	*Person who is seeking asylum* *Refugee*

PRINCIPLE 2: Use strengths-based language

Stigmatizing language assigns negative labels, stereotypes, judgement, and/or blame to certain people or groups. Whether intentional or not, stigmatizing language implies that a condition, situation, or status is inherent to the person or group rather than caused by systems. Instead, use strengths-based language, which highlights inherent strengths and assets rather than weaknesses or vulnerabilities. If we must reference deficits in our communications, we should use language that focuses on causal factors and counterbalances with references to strengths. For example, instead of "disadvantaged groups" say "groups who are not equitably served by [system]" or "groups experiencing disadvantage because of [cause]."

Avoid stigmatizing language that assigns negative labels, stereotypes, judgement, and blame. Highlight inherent strengths. Avoid terms with violent connotation.

Instead of this…	*Use one of these…*
Disadvantaged *Under-resourced* *Under-served* *Under-privileged* *Needy*	*Groups experiencing disadvantage because of (reason)* *Historically and intentionally excluded* *Disinvested* *Oppressed* *Groups that have been economically/socially marginalized* *Groups struggling against economic marginalization*
Vulnerable	*Made Vulnerable* *Vulnerable (when used as a legal or clinical term)*
At-risk *High-risk* *High burden*	*Groups put at increased risk of (outcome)* *Groups with a higher risk of (outcome)*
Non-compliant	*Unable to adhere because of (reason)*
Failed treatment	*Did not respond to treatment*
Target (communities, population)	*Engage, collaborate*
Tackle (issues in the community)	*Prioritize, Serve, Consider the needs of*
Aimed at (community)	*Communities of focus*
Fight/Combat/War against (issue)	*Eliminate/prevent/control (issue)*



PRINCIPLE 3: Be specific

When describing groups of people, be as specific as possible. Avoid terms that lump multiple communities together, erase important differences between groups, or center whiteness as the norm.

Some terms to avoid include:

Non-white: This term is not favorable. It is white-centric and exclusionary (i.e., it makes white people the norm and everyone else a deviation from that norm).

Minority: This term is not favorable. It minimizes people of color and connotates that they are minor, less than, or inferior.

BIPOC (Black, Indigenous, People of Color): This term is not favorable. While it acknowledges that Black and Indigenous peoples are more severely impacted by racism than other people of color, BIPOC always centers Black and Indigenous people, even when the issue does not pertain to them. If BIPOC is used, it should pertain to Black, Indigenous, and People of Color. For example, if referring to an issue specific to the Latino/a/x community, BIPOC would not be the appropriate term.

No one categorization of people will ever be perfect, but when it is necessary to refer to people in broad groups, here are some terms to consider:

People of Color/Communities of Color: A generally acceptable term. Note, people of color should not be used interchangeably when referring to a specific group. For example, do not say "police brutality against people of color," if you mean "police brutality against Black people."

Historically Marginalized: A generally accepted term which acknowledges that certain communities have been pushed to the margins of society through systematic denial of access to services, resources, power, and participation in economic, political, and cultural activities.

Minoritized: A generally accepted term that directs attention to the active power dynamics that devalue and marginalize certain groups and individuals.

When discussing specific groups, keep in mind that even within a group, there are different ways to refer to that group and individuals within the group.

HISPANIC/LATINO/ LATINA/LATINX

A variety of terms are used to describe people who come from, or whose heritage is from, Spanish-speaking countries and countries in Latin America. At the most basic and technical level, these terms include:

Latino/Latina: a person with origins in Latin America (Mexico, Central America, South America, and the Caribbean).

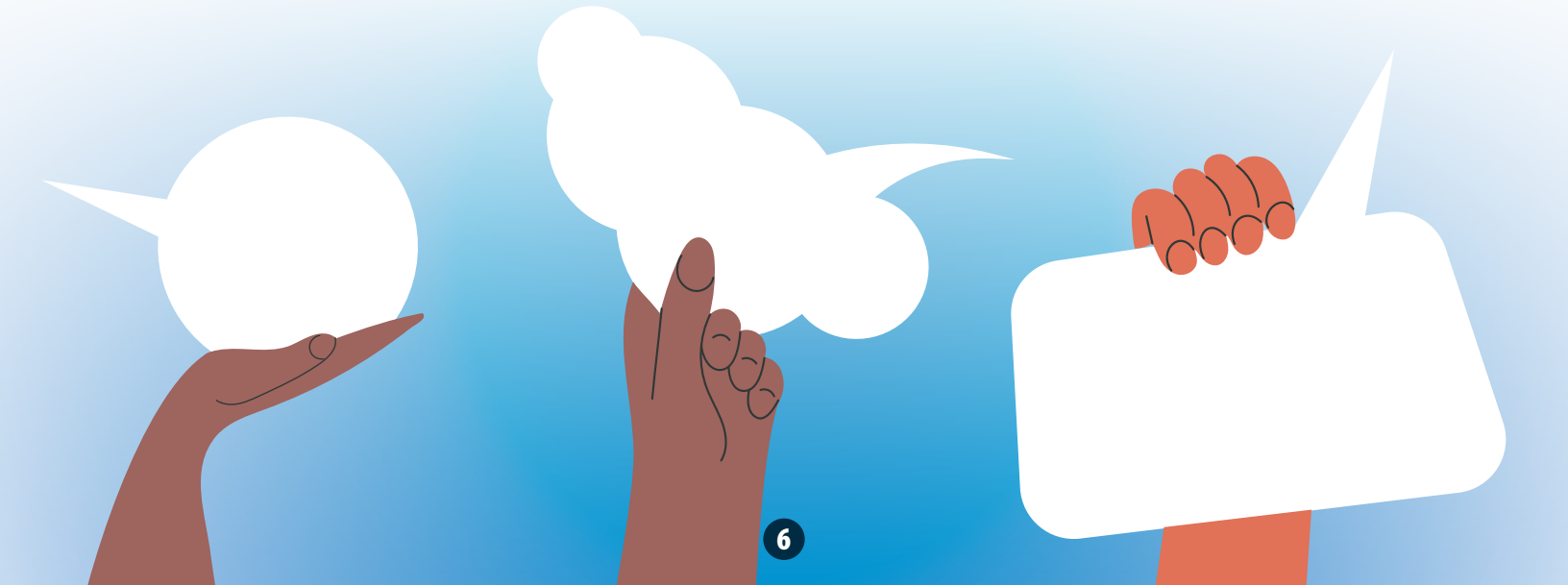
Latinx: a gender-neutral term. Spanish, as a gendered language, only offers the masculine term "Latino" or the feminine term "Latina," leaving no option for individuals who are non-binary. Latinx is intended to be used only when a gender-neutral term is needed, not as a blanket term to describe people with Latin American heritage.

Hispanic: a person from a primarily Spanish-speaking country.

Per these definitions, a person from Brazil is considered Latina/o/x and not Hispanic. A person from Spain is considered Hispanic and not Latino/a/x. A person from Mexico or Ecuador may be both - or neither if, for example, they are Indigenous and do not identify with a term that assumes a connection with Spain. Still others might identify with their country of origin, such as Colombian or Dominican.

There is no "best" or "correct" term to use. Which terms individuals prefer can vary from person to person depending on where they grew up, which language(s) they speak, their family heritage, and other factors. In deciding which term to use, some things to consider:

- Which term is more relevant to the topic at hand? If language is the more important factor, consider using Hispanic. If where they come from is more important, consider using Latino/a/x.



- Would specific language be more accurate or provide more context? Consider including the country or region of the group or individual you are referring to. For example, rather than saying "African patients," say "Patients from Somalia," or "Patients from the region of Eastern African."
- Are you describing an individual person? If so, what term do they prefer?
- Err on the side of inclusivity. Consider using "Hispanic and Latino/a/x" or "Latino/a/x or Hispanic."
- Is the term necessary to use at all? If not, leave it out.

INDIGENOUS/ NATIVE AMERICAN/ AMERICAN INDIAN

In the United States, many terms are used to describe peoples who are indigenous to the United States. American Indian, Indian, Native American, and Native are often used interchangeably. However, understanding the different connotations of each may help you choose the best term to use.

American Indian/Indian: these terms are derived from colonizers mistakenly believing they had arrived in the Indies. Although they are widely used, including by the U.S. Government, these terms represent a colonizers' world view and may be a painful reminder of the violence committed against Indigenous peoples.

Native American/Native: these terms grew out of political movements of the 1960s as a more appropriate alternative to "Indian." This term is widely accepted and considered by many to be a safe term. However, it is criticized for centering the dominance of the United States of America. Many Indigenous people do not consider themselves native to America, because they are members of their own tribal nation.

Indigenous/Indigenous peoples: a more contemporary term which emphasizes that Indigenous peoples were the first and original people of the area today known as the United States. This is an umbrella term that includes more than 500 distinct tribal nations. Using the plural Indigenous peoples expresses that you are referring to multiple distinct groups.

Many Indigenous peoples identify with their specific tribal nation, for example Anishinaabe, Dakota, or Diné. Whenever possible, be specific, referring to an individual or group by their tribe. The best term is always what an individual person or tribal community uses to describe themselves. Replicate the terminology they use or ask what terms they prefer.

BLACK/AFRICAN AMERICAN

Both Black and African American are accepted terms so long as they are used correctly. These terms are often, incorrectly, used interchangeably.

Black is a term that historically denoted a racial identification based on skin color, and contemporarily denotes an identity. Black identity is not tied to a specific skin tone, as Black people have a wide range of skin tones. Black is capitalized to convey that we are referring to people who are part of a shared identity. Black is an identity, not a color.

African American is a term that refers to Americans with ancestry from one of Africa's Black racial groups. African American is not hyphenated, as the hyphen connotes otherness and centers Americanness. Removing it places both identities equally. Hyphenating recalls the derogatory term "hyphenated-Americans," an insult used to describe Americans of foreign birth or ancestry.

Not all Black people in America identify as African or as American, and not all people with African heritage are Black. For example, people of African descent with roots in Latin American or the Caribbean (i.e., Afro Latino or Caribbean American), people who identify specifically as African or their nation of origin (i.e., Ghanaian, Kenyan), and white Africans of European ancestry.

LGBTQ+

LGBTQ+ stands for lesbian, gay, bi, trans, queer or questioning, plus. The "+" is intended to leave rooms for individuals with identities and orientations not included in the acronym. People who identify as LGBTQ+ use a variety of terms to describe themselves. Just as with race and ethnicity, using the wrong terminology with regard to gender identity and sexual orientation can have a harmful impact on the individual and promote heteronormativity. Whenever possible, use the individual's preferred pronouns and gender identity. We recommend referring to the Glossary of Terms created by Rainbow Health in their LGBTQ+ Standards of Inclusion or the Human Rights Campaigns' Glossary of Terms.

Avoid terms that lump multiple communities together or erase important differences between groups. Specify the sub-population or group title whenever possible.

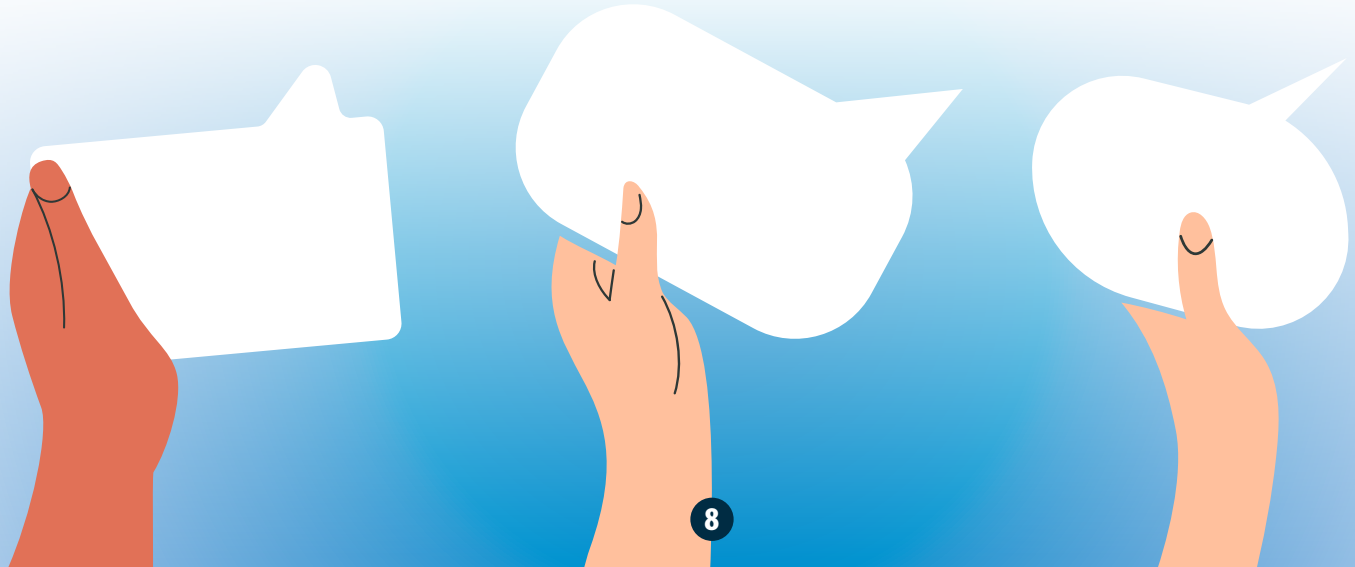
Instead of this…		*Use one of these…*	
Minority/Minorities	*Racial groups*	*Black physicians*	*Asian American patients*
Ethnic groups	*Racial and ethnic minorities*	*Indigenous students*	
		Latino/a/x respondents	
Disability groups		*People with a physical disability*	

PRINCIPLE 4: Highlight causes, not outcomes

Data are a powerful tool to provide evidence of health inequities. However, data descriptions can also trigger biases and perpetuate harmful narratives, depending on how data are presented. When presenting data, begin with structural causes rather than outcomes and consequences. Use data to back up your statement about root causes, not as the main point. In Figure 1 below, the first column leads with data and can perpetuate the myth that poorer health outcomes are caused by poor choices. The second column leads with known structural determinants of health and highlights the need to fix systems, not people.

Use data strategically. Share data points that emphasize the need to fix systems, not people.

Avoid leading with data…	*Lead with known structural determinants of health*
Compared to their straight peers, twice as many young people who are LGBTQ+ have smoked a cigarette before the age of 13. The rates are even higher for young LGBTQ+ people of color	*Young people who are LGBTQ+ report high levels of stress from discrimination. The link between stress and smoking helps to explain why, when compared to straight peers, twice as many LGBTQ+ youth have tried a cigarette before the age of 13.*
Native Americans have the highest prevalence of cigarette smoking, have more difficulty quitting smoking, and have lower utilization of cessation treatments such as counseling and medication.	*There is a lack of culturally appropriate smoking cessation programs for Native American people. Few programs have been funded, implemented, and evaluated for specific tribal cultures. This helps explain why Native Americans have more difficulty quitting smoking and have lower utilization of cessation treatments.*
The prevalence of obesity is higher in Hispanic or Latino/a/x children than it is for white children.	*The places where Hispanic/Latino/a/x children live are less likely to offer access to healthy foods and safe places to exercise. This helps explain why the prevalence of obesity is higher in Hispanic or Latino/a/x children that it is for white children*
African American women are two to three times more likely to experience premature birth and three times more likely to give birth to a low-birth-weight infant, even after controlling for socioeconomic factors.	*Research suggests that racism likely serves as a source of chronic stress, negatively affecting the body's hormonal levels, which can increase the likelihood of premature birth and low birth weights. This helps explain why African American women are two to three times more likely to experience premature birth and three times more likely to give birth to a low birth weight infant.*



GLOSSARY OF TERMS

ALLY
Someone who actively works to advance equity and justice and to end all forms of oppression. An ally is committed to recognizing their own privilege, understanding the struggle of others, and working in solidarity with oppressed group(s) of which they are not a member. Genuine allyship requires effective action, not just a show of moral support.

ANTI-RACISM
Actively fighting against racism, in all its forms. This includes challenging and changing racist systems, structures, policies, practices, and attitudes through actions and expressing ideas. Anti-racism is not the same as "not-racist."

ASSET-BASED APPROACH
An approach that focuses on the assets and strengths of individuals and communities. This is in direct opposition to a deficit-based approach which focuses on the perceived problems of individuals and communities and designing solutions to overcome them. This approach builds on the assets and protective factors that are already found in the community and recognizes that the people can drive the process of developing community-based solutions.

BELONGING
Belonging is the goal of Diversity, Equity, and Inclusion (DEI) efforts. It is the experience of being wholly accepted, included, heard, and seen within a group. When one feels belonging, they feel psychological safety, comfortable, and connected with the group.

COLORBLIND RACISM
An ideology that dismisses the importance of race. It posits that racial privilege and discrimination no longer exist and that all people should be treated equally, without regard to race. "I don't see color," "race doesn't matter," and "I treat everyone the same" are examples of colorblind racism. This dismisses the lived experiences of people of color and is a way to avoid conversations on racism. If one claims to not see race, then they cannot see the racial disparities and inequities in society.

CONSIDERING CULTURE

Cultural Awareness: Acknowledging that cultural differences exist.

Cultural Sensitivity: Respecting the culture of each person.

Culturally Responsive: Putting cultural awareness and sensitivity into action

Cultural Competence: The ability of a clinician to understand cultural information about individuals and communities and integrate it into delivery of care. While the intention is to provide enhanced care and services for diverse populations, this term has been criticized for many reasons, including: it presents an overly simplistic view of culture, it potentially stereotypes groups of people, it normalizes dominant white culture, it focuses on knowledge acquisition, and it does not focus on social justice issues. Further, it assumes a (nonexistent) endpoint where one becomes "culturally competent."

Cultural Humility: A lifelong process of self-reflection and self-critique. Self-awareness is central to cultural humility, as one's own beliefs, identities, and assumptions determine how they view others. Cultural humility holds that a clinician can never achieve full cultural competence, because culture is evolving, complex, and dynamic. Instead, it involves an ongoing commitment to learning about and understanding cultures, respecting other views, engaging with new perspectives, and recognizing the power and privilege imbalances that exist between groups.

DIVERSITY
Diversity is the range of identities that people carry including, but not limited to, race, ethnicity, gender identity, sexual orientation, physical or cognitive abilities, religion, national origin, education, or any other dimension that can differentiate people from one another. To value diversity means recognizing the differences between people as valued assets.

EQUALITY
Everyone is given the same amounts and types of resources and opportunities. Equality is insufficient because attempting to treat everyone "the same" ignores the disinvestment in, and marginalization of, certain groups and communities. The equality framework fails to account for the systematic oppression that has led to limited opportunities for marginalized and minoritized communities. Equality ≠ Equity.

EQUITY
Recognizes that each person has different circumstances and allocates resources and opportunities as needed to reach an equal outcome. Equity is fair and just in that it levels the playing field by identifying and correcting for inequities that cause disparities.

HEALTH DISPARITIES
Health disparities are the differences in health among groups of people, such as higher burdens of disease, injury, violence, disability, and mortality. This term is incomplete in that it ignores the unjust nature of these differences. An equity focused alternative is "health inequities," which explicitly defines these health differences as avoidable, unnecessary, unfair and unjust. Health differences are called health disparities.

Health disparities that are deemed unjust are called health inequities.

HEALTH EQUITY

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Health equity is achieved when all people can attain their highest level of health and wellbeing. This requires the absence of health inequities.

HEALTH INEQUITIES

Health inequities – health differences that are avoidable, unnecessary, unfair, and unjust. In contrast with heath disparities, this term calls for consideration of the root causes of health disparities, such as the social, economic, and environmental disadvantages experienced by certain groups of people. Health differences are called health disparities. Health disparities that are avoidable and unjust are called health inequities.

HEALTH-RELATED SOCIAL NEEDS (HRSN)

The social and economic needs that affect individuals' ability to maintain good health, including housing stability and quality, food security and quality, employment, safety, transportation, and more. HRSN is often used interchangeably with Social Determinants of Health (SDOH) but is more accurately described as the result of SDOH. For example, efforts to provide healthy foods to people who cannot afford it address a HRSN but do not address the systemic issue that is causing food insecurity. It is important to distinguish whether you are addressing a community's underlying social and economic conditions (SDOH) or mitigating the health-related social (HRSN) needs of individuals.

HISTORICAL TRAUMA

Historical trauma is multigenerational trauma experienced collectively by a group of people. Slavery, the Holocaust, and the colonization and forced migration of Indigenous peoples are examples of historical trauma. Atrocities inflicted on groups of people result in cumulative psychological and emotional wounds that are felt by the whole community and its descendants. These events significantly impact and disrupt this community's way of life, tradition, culture, and identity. Not to be confused with intergenerational trauma.

INCLUSION

Actively and intentionally ensuring that people with marginalized identities feel welcomed, valued, supported, and able to fully participate as their authentic selves. Note that diversity does not equal inclusion. Diversity is the presence of people from different backgrounds, whereas inclusion is how their contributions and perspectives are received, valued, and integrated.

INTERSECTIONALITY

Intersectionality is a framework for understanding how systems of oppression overlap and affect the experiences of people who hold multiple identities. Intersectionality acknowledges that sexism, racism, classism, and ableism interact and create compounding disadvantage for individuals with multiple marginalized identities.

INTERGENERATIONAL TRAUMA

Trauma that is passed down to the children of those who directly experienced and survived traumatic events or incidents. Intergenerational trauma may originate from a trauma affecting an individual, a family, or a certain group or population (historical trauma).

IMPLICIT BIAS

The unconscious stereotypes and attitudes that we develop toward certain groups of people. The mental process that stimulates implicit biases occurs automatically and often outside of our conscious awareness. Although unintentional, they affect perceptions, judgments, decisions, and behaviors and can lead to discrimination against people not in one's own group.

MARGINALIZED

A person, community, or group that is treated as insignificant, pushed to the margins of society, and prevented from participating in societal processes. Marginalization is a barrier that results in unequal and inadequate access to power, opportunities, and resources.

MICROAGGRESSION

Slights, insults, snubs, invalidations, putdowns, and other words or behaviors which convey negative, offensive, derogatory, or demeaning messages to individuals from marginalized groups. Microaggressions, whether intentional or not, are thinly veiled instances of racism, sexism, homophobia, ageism, ableism, classism, and more. While they are so common that they may seem trivial, the cumulative effects on individuals can cause extreme harm.

OTHERING

The opposite of belonging. Treating individuals or groups as though they are different from, or inferior to, the dominant group. Othering attributes negative characteristics to the othered group and implies that the dominant group is the norm. It is a way of thinking that can contribute to prejudice, bias, dehumanization, discrimination, and oppression.

PERFORMATIVE ALLYSHIP

A common pitfall in diversity, equity, and inclusion (DEI) spaces, performative allyship is showing support and solidarity without taking any meaningful action. Performative allyship may be done to make oneself feel better, to prove that one is not racist, to create a perception of oneself for others, as a means of virtue signaling, or even to be trendy. An example is #blackouttuesday where social media users posted images of black squares in supposed protest against racism and police brutality. Although possibly well-intentioned, intentions without action are considered performative and may cause more harm than good.

RACE

A system used to categorize people into a hierarchy, to privilege some groups and oppress others. These groupings are often based on physical characteristics, such as skin color. Race is a social construct, with no genetic or scientific basis, that is used to legitimize dominance over people of color.

RACISM

Racism is a system that assigns value to people based on their phenotype, systematically disadvantaging some groups while unfairly advantaging others. Racism occurs at all levels of society:

Internalized racism: occurs within individuals

Interpersonal racism: occurs between individuals

Institutional racism: occurs within institutions

Structural/systemic racism: occurs across systems of power and throughout society

RACIAL JUSTICE

The presence of systems that treat people of all races fairly, sustain racial equity, and eliminate racial inequities.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Nonmedical factors and conditions that affect health outcomes including, but not limited to: housing, neighborhood and physical environment, transportation, education, job opportunities, workplace conditions, income, wealth gaps, racism and discrimination, healthcare access and use, language and literacy, access to nutritious food, and air quality. SDOH affect everyone, resulting in health benefits for certain populations and disparities for others. They are not inherently positive or negative, rather, it is the unequal distribution of these determinants that contributes to health inequities. This term is not preferred because "determinants" conveys a sense of finality and suggests that outcomes are predetermined, therefore nothing can be done. This takes away the agency of individuals and minimizes accountability of those in power. See "social drivers of health" for an equity focused alternative. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

SOCIAL DRIVERS OF HEALTH

An alternative to "Social Determinants of Health," this is another umbrella term that refers to social causes of health inequities. While the term "determinants" suggests finality, Social Drivers of Health reflects the ability of those in power to affect change on the social factors that negatively impact health for certain groups and emphasizes the agency of individuals and communities.

SOCIAL GRADIENT OF HEALTH

Refers to the direct relationship between socioeconomic status and health. Income and health follow a social gradient whereby the lower an individual's socioeconomic position, the worse their health. In general, as socioeconomic status increases, health status increases. This is another term used to describe the impact of social factors on health.

STRUCTURAL DETERMINANTS OF HEALTH (ROOT CAUSES)

Societal structures that affect the unequal distribution of resources that are necessary for health, including social norms, policies, rules, and governance. Structural Determinants of Health shape the quality of the Social Determinants of Health, which in term determine Health Related Social Needs.