

## Bureau of Community Partnerships and Health Equity (BCPHE) Glossary

## **Common Acronyms**

Health Equity Action Team (HEAT)

Culturally and Linguistically Appropriate Services (CLAS)

Community-Based Participatory Research (CBPR)

Equity Diversity Inclusion (EDI)

Review, Advise, and Inform Board (RAIB)

Louisiana Health Equity Consortium (LHEC)

## **Definitions**

**Accessibility** is the design, construction, development, and maintenance of facilities, information and communication technology, programs, and services so that all people, including people with disabilities, can fully and independently use them.

**Barriers** are factors that prevent an individual, population, and/or community from acquiring access to health services and/or achieving the best health.

**Belonging** is the feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group.

**Bias** is a preference in favor of, or against a person, group of people, or thing.

**Conscious bias** is a biased attitude about a group we are aware of.

**Cultural competence** is the ability of an individual to understand and respect values, attitudes, beliefs, and more that differ across cultures, and to consider and respond appropriately to these differences in planning, implementing, and evaluation and promotion programs and interventions.

**Cultural humility** is an attitude through which an individual learns about other cultures in conjunction with becoming more aware of one's own beliefs and identities, intended to result in greater mutual understanding, equity, honesty, and trustworthy relationships.

**Diversity** is the presence of differences that enrich our workplace. Some examples of diversity may include race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis) ability, age, religious commitment, or political perspective in our workplace. There are many more.

**Equity** is ensuring that access, resources, and opportunities are provided for all to succeed and grow, especially for those who are underrepresented and have been historically disadvantaged.

**Explicit bias** is a bias you are consciously aware of, and that you admit to yourself and potentially others.

**Health disparities** are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

**Health equity** means every person in a community has a fair and just opportunity to reach their full health potential. Examples of health equity activities include providing materials in multiple languages and accessible formats, training on diversity, equity and inclusion, encouraging equitable hiring practices, and much more.

**Health inequities** are systematic differences in the health status of different population groups.

**Implicit bias** is a bias or prejudice that is present but not consciously held or recognized.

**Inclusion** is a workplace culture that is welcoming to all people regardless of race, ethnicity, sex, gender identity, age, abilities, and religion and everyone is valued, respected and able to reach their full potential.

**Institutional bias** is a tendency for the procedures and practices of particular institutions to operate in ways which result in certain social groups being advantaged or favored and others being disadvantaged or devalued.

**Justice** is dismantling barriers to resources and opportunities in society so that all individuals and communities can live a full & dignified life.

**Microaggressions** are a comment or action that subtly and often unconsciously or unintentionally expresses a a prejudiced attitude toward a member of a marginalized group.

**Racism** is **s**ystemic prejudicial and discriminatory actions based on the idea that one race/ethnicity is superior and other racial/ethnic groups are inferior.

**Social determinants of health (SDOH)** are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

**Social-ecological model** considers the complex interplay between individual, relationship, community, and societal factors

**Unconscious bias** is a biased attitude operating outside your awareness and control, is difficult to access or be aware of, & influences your action more than conscious biases.