

Bias in Health Disparities Selected Glossary and Resources (Glossary excerpted from the Univ of Washington Medicine's Journey to Healthcare Equity)

Bias — Inclination or prejudice for or against one person or group, especially in a way considered to be unfair.
(<https://en.oxforddictionaries.com/definition/bias>)

Cultural humility — Cultural humility in healthcare comprises three principles:

- Cultural humility is a commitment and active engagement in a lifelong learning and critical self-reflection process whereby an individual not only learns about another's culture, but starts with an examination of her/his own beliefs and cultural identities.
- Cultural humility requires recognizing and challenging power imbalances inherent in clinician-patient or service provider-community relationships.
- The healthcare institution itself must model the first two principles of cultural humility.

([https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3834043/Vivian Chavez, "Cultural Humility: People, Principles, and Practices"](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3834043/Vivian_Chavez,_%20Cultural_Humility:_People,_Principles,_and_Practices%20))

Determinants of health — Factors that contribute to a person's current state of health. Scientists generally recognize five determinants of health of a population: biology and genetics (sex and age), individual behavior (alcohol use, injection drug use, unprotected sex and smoking), social environment (discrimination, income and gender), physical environment (where a person lives and crowding conditions), and health services (access to quality health care/having or not having health insurance).

(<https://www.cdc.gov/nchhstp/socialdeterminants/faq.html>)

Disparity threshold — We acknowledge that differences or disparities exist in care but since we are not able to act on every disparity, we need to identify a threshold to guide what we will act on. For example, what is the threshold for the difference, gap or disparity in care or health metrics that will result in our action?

(<https://www.ahrq.gov/research/findings/nhqrdr/nhdr13/chap11.html>)

Diversity — Understanding that each individual is unique, and recognizing our individual differences. These differences can be along the dimensions of race, ethnicity, religion, gender, sexuality, socio-economic status, nationality and citizenship, parental status, body size and ability, age and experience.

(<http://www.inclusive.vcu.edu/media/inclusive-excellence/DiversityandInclusionDictionary.pdf>)

Ethnicity — Refers to shared cultural practices, perspectives, and distinctions that set one group of people apart from another.

(<http://www.inclusive.vcu.edu/media/inclusive-excellence/DiversityandInclusionDictionary.pdf>)

Health disparities — Health disparities indicate the difference in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exists among specific population groups. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497467/pdf/12500958.pdf>)

Health equity — A condition when all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.

(<https://www.cdc.gov/nchhstp/socialdeterminants/faq.html>)

Health inequity — A difference or disparity in health outcomes that is systematic, avoidable and unjust.

(<https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>)

Implicit Association Test (IAT) — Measures the strength of associations between concepts (e.g., black people, gay people) and evaluations (e.g., good, bad) or stereotypes (e.g., athletic, clumsy). Measures attitudes and beliefs that people may be unwilling or unable to report.

(<https://implicit.harvard.edu/implicit/faqs.html>)

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Implicit bias — An unconsciously triggered belief in the inferiority of, or negative attitude toward, a group(s). Implicit biases can impact expectations and actions; unconscious negative beliefs and feelings about racial groups may not appear on a survey but may be revealed in everyday interpersonal interactions.

(https://scholar.harvard.edu/files/matthewclair/files/sociology_of_racism_clairandenis_2015.pdf)

Inclusion/Inclusive environment — An environment in which all individuals are treated fairly and respectfully, have equal access to opportunities and resources and can contribute fully to the organization's success.

(<http://www.inclusive.vcu.edu/media/inclusive-excellence/DiversityandInclusionDictionary.pdf>)

Institutional racism — Refers to particular and general instances of racial discrimination, inequality, exploitation and domination in organizational or institutional contexts. While institutional racism can be overt, it is more often used to explain cases of disparate impact, where organizations or societies distribute more resources to one group than another without overtly racist intent. The rules, processes and opportunity structures that enable such disparate impacts are what constitute institutional racism (and variants such as 'structural racism', 'systemic racism', etc.).

(https://scholar.harvard.edu/files/matthewclair/files/sociology_of_racism_clairandenis_2015.pdf)

Intersectionality — The interconnected nature of social categorizations such as race, age, health, ethnicity, class and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

(<http://www.inclusive.vcu.edu/media/inclusive-excellence/DiversityandInclusionDictionary.pdf>)

REAL data — Refers to Race, Ethnicity, and Language data. Real data categories include: Hispanic ethnicity, race, granular ethnicity, spoken English language proficiency and spoken language preferred for healthcare. Collecting and using REAL data in decision making can help insure that care provided is tailored to the individual needs of patients.

(<https://www.ahrq.gov/research/findings/final-reports/iomracereport/index.html>)

University of Washington Resources

[UW Medicine Center for Diversity and Inclusion \(CEDI\)](#) — A department within UW Medicine whose mission is to build individual and institutional capacity to achieve excellence, foster innovation, and further health equity in our state and region by advancing diversity and inclusiveness throughout the UW School of Medicine's teaching, patient care and research programs.

(http://depts.washington.edu/cedi/wp_cedi/)

[Implicit Bias in Clinical Care and the Learning Environment](#)

(<http://www.uwmedicine.org/education/Documents/wwami/faculty-development-workshop/3-Janice-Sabin-Implicit-Bias-in-Clinical-Care-and-the-Learning-Environment.pdf>)

[UW Race & Equity Resources](#)

(<https://www.washington.edu/raceequity/resources/>)

[EthnoMed](#) — Harborview Medical Center's ethnic medicine website containing medical and cultural information about immigrant and refugee groups. Information is specific to groups in the Seattle area, but much of the cultural and health information is of interest and applicable in other geographic areas. EthnoMed is joint program of the UW Health Sciences Libraries and Harborview Medical Center's Interpreter Services Department/Community House Calls Program.

(<https://ethnomed.org/>)

Other Resources

[The Disparities Solutions Center](#)

The DSC is dedicated to the development and implementation of strategies that advance policy and practice to eliminate racial and ethnic disparities in health care.

(<https://mghdisparitiessolutions.org/>)