UNIVERSITY OF DELAWARE
COMMUNITY ENGAGEMENT INITIATIVE

GLOSSARY

This glossary is intended to facilitate our discussion at the April 17, 2019 policy academy, "Reducing Inequities in Health & Well-being by Addressing Structural Racism in the U.S.". It is not comprehensive, nor are the definitions the only way to explain the various terms. Rather, the definitions presented here reflect our understanding of key concepts related to racism, social determinants of health, health equity, and how art and culture contribute to a healthy community and provide community members with a means of communication and healing. This glossary provides a starting point for our conversation. We welcome your feedback.

Arts-based research: Promotes a deeper understanding and greater access to a topic by transforming the material into an artistic work or creative experience (Leavy, 2015).

Creative placemaking: When partners from public, private, non-profit, and community sectors strategically shape the physical and social character of a neighborhood, town, city, or region around arts and cultural activities (Markusen and Gadwa, 2010).

Health equity: The highest level of health for all people; achieving the conditions in which all people have the opportunity to reach their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstance (CDC).

Health inequity: A difference in health status between groups which is considered unnecessary, avoidable, unfair and unjust (Whitehead, 1992); a socially determined difference in health (WHO).

Healthy community: A place where all are free from discrimination and oppression and there is equitable access to the resources needed for optimal health. A healthy community goes beyond quality medical care and is reflected in the social and environmental factors that promote well-being (PHC).

Infant mortality rate: The number of deaths of children less than one year of age per 1,000 live births. Infant mortality is a widely used and important measure of the health of a community, in addition to that of mothers and babies. It is often used for comparisons across regions or communities, and over time. Changes in infant mortality can be attributed to a number of factors, including social determinants of health.

Intersectionality: A theory or framework for conceptualizing an individual or group as having overlapping identities and experiences that may be affected by different forms of discrimination and disadvantage. It is related to various forms of social stratification, such as race, class, gender, religion and disability status and recognizes that these identities do not exist independently (Crenshaw, 1989).

Life expectancy: The statistically predicted (average) number of years of life remaining at any given age; usually reported and understood as "life expectancy at birth" unless otherwise noted. Life expectancy is one of the most frequently used health status indicators, and gains in life expectancy can be attributed to a number of factors, including social determinants of health.

Residential segregation: The physical or spatial separation of two or more social groups within a geographic area; a foundation of structural racism (Bailey et al., 2017).

Social determinants of health (SDH): The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics (WHO). SDH are believed to be the primary, or most important, determinants of health and differences in SDH are believed to underlie health inequities.

Structural racism: The *totality* of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, healthcare and criminal justice (Bailey, et al. 2017). Alternately, may be defined as a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with 'whiteness' and disadvantages associated with 'color' to endure and adapt over time" (Aspen Institute, 2004). Structural racism includes both individual racism and institutional racism:

> **Individual racism:** Intentional or unintentional acts of commission or omission based on assumptions that one race is superior to another; can include internalized racism such that members of a stigmatized race accept negative messages about their own abilities and intrinsic worth (Jones, 2000).
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> **Institutional racism**: Differential access to the goods, services and opportunities of society by race, which is often codified in our institutions as customary practice or even law (Jones, 2000); may referred to as "systemic" racism.

White Privilege: A system of benefits, advantages, and opportunities experienced by White persons in our society simply because of their skin color (Donnelly et al., 2005). As described by McIntosh (1989), white privilege may also be conceived as "an invisible package of unearned assets that [a white person] can count on cashing in each day, but about which [they] were 'meant' to remain oblivious. White privilege is like an invisible weightless knapsack of special provisions, assurances, tools, maps, guides, codebooks, passports, visas, clothes, compass, emergency gear, and blank checks."

REFERENCES AND ADDITIONAL INFORMATION

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