

DEFINITIONS

Anti-Racist Institution is an institution that has committed to identifying and changing its role in the systemic accumulation of disadvantages for one group(s) to the advantage of another group(s), based on persisting racist beliefs, with a sustained focus on racism that impacts Black Indigenous People of Color (BIPOC).¹

Black Indigenous People of Color (BIPOC) is a phrase used to identify people who are Black, Latinx, Asian and Indigenous peoples (see the definition for People of Color—POC). “Two letters, for Black and Indigenous, were included in the acronym to account for the erasure of Black people with darker skin and Native American people,” according to Cynthia Frisby, a professor of strategic communication at the University of Missouri School of Journalism.² Its use is still evolving and contested by some activists.¹

Collaboration is a “...process by which groups come together, establishing a formal commitment to work together to achieve common goals and objectives” through joint ownership of the work, risks, results, and rewards.³

Community is a group of individuals organized into a unit or manifesting some unifying trait or common interest. Community need not be defined solely by geography. It can refer to a group that self-identifies by age, ethnicity, gender, sexual orientation, special interest, faith, life experience, disability, illness, or health condition; it can refer to a common interest or cause, a sense of identification or shared emotional connection, shared values or norms, mutual influence, common interest, or commitment to meeting a shared need.⁴

Community-Academic Partnership is partnership that leverages the strengths of both community and academic partners to answer community health problems.⁵

Community Based Participatory Research (CBPR) is a “collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process.”⁶ “CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.”⁷

Community Capacity Building is “an increase in community groups’ abilities to define, assess, analyze, and act on health or any other concerns of importance to their members.”⁸

Community-Engaged Dissemination is a way to distribute and integrate research evidence and evidence-based practice within communities and service systems.⁹

Community-Engaged Research (CErR) is “a process of inclusive participation that supports mutual respect of values, strategies, and actions for authentic partnership of people affiliated with or self-identified by geographic proximity, special interest, or similar situations to address issues affecting the well-being of the community or focus.”¹⁰ It “is a core element of any research effort involving communities which requires academic members to become part of the community and community members to become part of the research team, thereby creating a unique working and learning environment before, during, and after the research.”¹⁰

Community Engagement is “collaboration between institutions of higher education and their larger communities (local, regional, state, national, global) for mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity.”¹¹

Community Outreach is “the ways faculty, staff, and students collaborate with external groups in mutually beneficial partnerships that are grounded in scholarship and consistent with [the] role and mission” of their professional appointment.¹²

Community Service is co-curricular or extracurricular service that is done apart from or in addition to academic or professional duties.¹³

Culture is the shared attitudes, values, beliefs, practices, goals, aesthetic standards, linguistic expression, patterns of thinking, behavioral norms and styles of communication which a group of people has developed to assure its survival in a particular environment and characterize a group.¹

Cultural Competence is the capacity to function effectively with various cultures and successfully navigate a multicultural, global society. On an organizational level, it assumes the capacity to creatively utilize a diverse workforce for meeting business goals, achieving the mission, and enhancing performance.¹

Cultural Humility is the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.” Cultural humility is different from other culturally based training ideals because it focuses on self-humility rather than achieving a state of knowledge or awareness.¹

Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents.¹

Equity is the assurance of conditions for optimal access and opportunity for all people, with particular focus on promoting policies, practices, and cultural messages that eliminate differential negative outcomes for people from historically subordinated groups.¹

Health is broadly defined as a “state of complete physical, mental, and social well-being, and not merely the absence of disease.”¹⁴ It is “a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”¹⁵

Health Disparities refer to “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. 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.”¹⁶

Health Equity means that “everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” “For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.”¹⁷

Human-Centered Design is “a problem-solving technique that puts real people at the center of the development process, enabling you to create products and services that resonate and are tailored to your audience’s needs.” Community-centered design set the stage for shared governance and people-focused design consideration.¹⁸

Inclusion (organizational inclusion) is the co-creation and continual nurturing of a culture in which all people experience respect, belonging, access to opportunity, and influence through the integration of many cultural backgrounds, ideas, perspectives, and approaches to the work. An inclusive culture can produce learning, innovation, excellence, and mutual benefit throughout the missions of MCW and the communities we serve.¹

People of Color (POC) is a phrase used to identify people who are Black, Latinx, Asian, and Indigenous peoples – not to be confused with “colored” (a pejorative because of its historical context); the phrase now frequently is used instead of “minority”.^{1, 19}

Population Health is “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”²⁰

Pronouns are words that “refers to either the people talking (“I” or “you”) or someone or something that is being talked about (like “she”, “it”, “them”, and “this”). Gender pronouns (he/she/they/ze etc.) specifically refer to the person you are referring to.” “Asking and correctly using someone’s pronouns is one of the most basic ways to show your respect for their gender identity.”²¹

Public Health has the mission of “fulfilling society’s interest in assuring conditions in which people can be healthy.”²² “Public health promotes and protects the health of people and the communities where they live, learn, work, and play.”²¹ “Public health works to track disease outbreaks, prevent injuries, and shed light on why some of us are more likely to suffer from poor health than others.”²³

Racial Equity is having full participation and access to the benefits and institutions of society free from discrimination for all people. These include health care, education, safe and affordable neighborhoods, sustainable employment, and the right to vote.¹

Racial Inequity is when two or more racial groups are not standing on approximately equal footing.²⁴

Racism is a marriage of racist policies (any measures that produce or sustain racial inequity between racial groups) and racist ideas (any ideas that suggest one racial group is inferior or superior to another racial group in any way) that produces and normalizes racial inequities.²⁴

Social Determinants of Health are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.”²⁵

Social Justice is “the view that everyone deserves equal rights and opportunities — this includes the right to good health.”²² Elimination of oppression and the “isms” to create a full and equal participation of all groups in a society where the distribution of resources is equitable and all members are physically and emotionally safe and secure.¹

Translational Science is “the field of investigation focused on understanding the scientific and operational principles underlying each step of the translational process.”^{26, 27}

Translational Science Spectrum is a continuum of “activities where critical insights are passed between research modalities so that biomedical discoveries can lead to tangible improvements in human health.” Basic science discoveries are “translated” to generate clinical insights which then are developed to inform implications for clinical practice which then lead to implications for population health. Levels of the spectrum are often identified by “T-levels”²⁸ which correspond to the following:

- T0—Basic Scientific Discovery
- T1—Translation to Humans
- T2—Translation to Patients
- T3—Translation to Practice
- T4—Translation to Population Health
- T5—Improved Global Health

REFERENCES

1. Medical College of Wisconsin. MCW Anti-Racism, Equity, Diversity, and Inclusion Glossary [Available from: <https://www.mcw.edu/departments/office-of-diversity-and-inclusion/resources/anti-racism-equity-diversity-and-inclusion-glossary>].
2. The New York Times. Where Did BIPOC Come From? 2020 [Available from: <https://www.nytimes.com/article/what-is-bipoc.html>].
3. National Association of County and City Health Officials. Pulling Together: A Guide to Building Collaboration at Hazardous Waste Sites 2008 [Available from: <https://www.naccho.org/programs/environmental-health/hazards/pulling-together>].
4. Centers for Disease Control and Prevention. Principles of Community Engagement (1st ed.). Atlanta, GA: CDC/ATSDR Committee on Community Engagement; 1997.
5. Ahmed S, Maurana CA, Nelson D, Meister T, Neu Young S, Lucey P. Opening the Black Box: Conceptualizing community engagement from 109 community-academic partnership programs. Prog Community Health Partnersh. 2016;10(1):51-61.
6. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health. Annual review of public health. 1998;19(1):173-202.
7. W. K. Kellogg Foundation. An effective approach to understanding communities 2009 [Available from: <https://www.wkkf.org/news-and-media/article/2009/01/an-effective-approach-to-understanding-communities>].
8. Labonte R, Laverack G. Capacity building in health promotion, Part 1: For whom? And for what purpose? Critical Public Health. 2001;11(2):111-27.
9. Holt CL, Chambers DA. Opportunities and challenges in conducting community-engaged dissemination/implementation research. Translational Behavioral Medicine. 2017;7(3):389-92.
10. Ahmed SM, Palermo AG. Community engagement in research: frameworks for education and peer review. Am J Public Health. 2010;100(8):1380-7.
11. American Council on Education. The 2024 Elective Classification for Community Engagement. <https://carnegieelectiveclassifications.org/the-2024-elective-classification-for-community-engagement/>. Accessed June 26, 2022.
12. CU Boulder Council of Deans. Outreach and engagement campus definition 2010 [Available from: <https://outreach.colorado.edu/about/definition>].
13. Eastern Illinois University. Info for EIU faculty/staff [Available from: https://www.eiu.edu/volunteer/faculty_staff.php].
14. World Health Organization. Constitution of WHO Principles 1948 [Available from: <https://www.who.int/about/governance/constitution>].
15. World Health Organization. The 1st International Conference on Health Promotion 1986 [Available from: <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>].
16. U.S. Department of Health and Human Services. Health Equity in Healthy People 2030 [Available from: <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>].
17. Braveman P AE, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ; 2017.
18. Landry L. What is Human-Centered Design? Harvard Business School Business Insights Blog 2020. [Available from: <https://online.hbs.edu/blog/post/what-is-human-centered-design>].
19. NPR. The Journey From 'Colored' To 'Minorities' To 'People of Color' 2014 [Available from: <https://www.npr.org/sections/codeswitch/2014/03/30/295931070/thejourney-from-colored-to-minorities-to-people-of-color>].
20. Kindig D, Stoddart G. What Is Population Health? American Journal of Public Health. 2003;93(3):380-3.
21. University of Wisconsin-Milwaukee. Gender Pronouns. [Available from: <https://uwm.edu/lgbtrc/support/gender-pronouns/>].
22. Walker B. "The Future of Public Health": The Institute of Medicine's 1988 Report. Journal of Public Health Policy. 1989;10(1):19-31.
23. American Public Health Association. What is Public Health? [Available from: <https://www.apha.org/what-is-public-health>].
24. Kendi IX. How to be an Antiracist. First Edition. One World: New York, NY; 2019.
25. World Health Organization. A Conceptual Framework for Action on the Social Determinants of Health 2010 [Available from: <https://www.who.int/publications/i/item/9789241500852>].
26. U.S. Department of Health and Human Services. Creating Partnerships, Improving Health: The role of community based participatory research. Agency for Healthcare Research and Quality. 2003.
27. National Center for Advancing Translational Sciences. Transforming Translational Science 2019 [Available from: <https://ncats.nih.gov/files/translation-factsheet.pdf>].
28. Harvard Catalyst. Clinical and Translational Research Spectrum [Available from: <https://catalyst.harvard.edu/pathfinder/>].