



GLOSSARY

Using research to build better public policy for families

39th Wisconsin Family Impact Seminar

Beyond Healthcare Policy: Building the Foundation of Health for Wisconsin Families

January 13, 2021

Health: A state of physical, mental, and social well-being, not simply an absence of disease. Good health is created through the interaction of health behaviors; access to medical care; genetics and biology; and the social, economic, and physical environment.

Health behaviors: Actions taken by individuals that intentionally or unintentionally affect their own health or mortality or the health or mortality of others (e.g., parents' effects on their children).

Health disparities: Preventable differences in health status among distinct segments of the population. These differences can occur by race or ethnicity, sexual orientation, gender identity and expression, age, religion, education or income, disability, geographic location, and other factors. Health disparities are inequitable and are related to the historical and current unequal distribution of social, political, economic, and environmental resources. Health disparities are the metric used to measure progress toward achieving health equity. Public policies can increase or decrease health disparities. (See the issue brief entitled What Works for Health Wisconsin for examples of policies known to decrease health disparities.)

Health equity: The absence of health disparities between subgroups in the population, whether socially, economically, demographically, or geographically defined. Achieving racial health equity requires improving the social, economic, and environmental conditions of individuals who have experienced racism, discrimination, and historical injustices.

Health outcomes: Changes in the health of an individual, group, or population as the result of planned or unplanned interventions, including government policies, rather than simply changes over time.

Public health: The societal effort to create the conditions in which people can live long and healthy lives. This work includes promoting healthy lifestyles; researching disease and injury prevention; and detecting, preventing, and responding to infectious diseases.

Race: A social and political construct—with no underlying biological or genetic basis—through which people are divided into separate groups based on physical appearance (particularly skin color), nationality, and/or ethnicity. Members of non-White racial and ethnic groups experience discrimination (e.g., in healthcare settings) and violence because of their perceived race.

Racism: The systematic, differential treatment by society of certain subgroups of the population based on their perceived race or ethnicity. Racism is maintained by shifting resources, opportunities, and power from nondominant racial group(s) to the dominant racial group(s) through institutional structures, policies, cultural norms and values, and individual behaviors. Racism can persist in governmental and institutional policies in the absence of individuals who are explicitly racist. Research indicates that racism is a fundamental cause of racial health disparities.

Social determinants of health (SDH): The interrelated social, political, economic, and environmental conditions in which people live, work, learn, age, and play. SDH impact length and quality of life and can influence health inequities in positive and negative ways. SDH include poverty, employment and income, food insecurity, housing, access to quality education and child care, community safety, and access to transportation. Policies that invest in SDH can significantly influence the health of a population.

Socioeconomic status (SES): A combined measurement of education level, income, and/or occupational status that reflects a person’s social standing or class. Low SES is one of the strongest predictors of disease and early death.

Weathering: A phenomenon in which people of color, especially Black people, experience early health deterioration as a consequence of the cumulative impact of repeated experiences with racism, social and economic adversity, and political marginalization. Due to weathering, Black people may experience health conditions and death rates typical of White people who are significantly older. Weathering contributes to racial health disparities.



This glossary was written by Genevieve Caffrey, Project Assistant for the Wisconsin Family Impact Seminars, and accompanies the issue briefs for the 39th seminar, *Beyond Healthcare Policy: Building the Foundation of Health for Wisconsin Families*. The Family Impact Seminars are an initiative of the UW–Madison La Follette School of Public Affairs, with generous support from the UW–Madison Chancellor’s Office and Phyllis M. Northway Fund. Visit our website at wisfamilyimpact.org.