Technical Notes and Glossary of Terms

What is health equity? What are health disparities? And how do they relate?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and 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.

Health disparities are differences in health or in the key determinants of health, such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups.

Health equity and health disparities are closely related to each other. Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities. Reducing and ultimately eliminating disparities in health and its determinants of health is how we measure progress toward health equity.

> *Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What is Health Equity? And What Difference Does a Definition Make? Robert Wood Johnson Foundation. May 2017*

Note: In this report, we use the terms disparities, differences, and gaps interchangeably.

How do we define racial/ethnic groups?

We recognize that "race" and "ethnicity" are social categories, meaning the way society may identify individuals based on their cultural ancestry, not a way of characterizing individuals based on biology or genetics. A strong and growing body of empirical research provides support for the notion that genetic factors are not responsible for racial differences in health factors and rarely for health outcomes.

Race and ethnicity categories can be but are not always exclusive. For instance, someone can identify as being of the Black race and Hispanic ethnicity. Our analyses by race/ethnicity use several different sources that are inconsistent in how data for those who identify as Hispanic are included or excluded from racial groups. For instance, race/ethnicity categories for data from the National Center for Health Statistics are exclusive where one person fits into only one category. Data from the American Community Survey, on the other hand, are only exclusive for non-Hispanic Whites. Other racial categories, such as Black or Asian, also include those who identify as Hispanic, which can lead to double counting in the Black or Asian categories and the Hispanic category. Our analyses also do not capture people reporting more than one race, as it was not available across all data sources.

"People of color" is a term used to unify racial and ethnic groups in solidarity with one another and describes people who would generally not be identified as White. The term is meant to be inclusive among people usually categorized as "racial minorities," emphasizing common experiences of racism. Minority, which means "less than half of the larger group," is becoming less and less statistically true in many places.

How did we select evidence-informed approaches?

Evidence-informed approaches included in this report represent those backed by strategies that have demonstrated consistently favorable results in robust studies or reflect recommendations by experts based on early research. To learn more about evidence analysis methods and evidence-informed strategies that can improve health and decrease disparities, visit What Works for Health: countyhealthrankings.org/whatworks.

We define low-income households in this report according to guidelines on the Federal Poverty Level (FPL) from the U.S. Department of Health and Human Services (DHHS) and on Area Median Family Income (AMFI) from Housing and Urban Development (HUD).

- *Federal Poverty Level (FPL): DHHS issues annual guidelines on the Federal Poverty Level for administrative purposes, including determining financial eligibility for certain federal programs. These guidelines vary by family size and for non-contiguous states. In 2017, a household of four at 150% of the FPL earned $36,900.*

- *Area Median Family Income (AMFI): HUD calculates median family income for each metropolitan area and non-metropolitan counties annually in order to determine Fair Market Rent and income limits for eligibility for HUD housing assistance programs. In 2017, the Area Median Family Income in Los Angeles county, CA was $64,300, while in Elk County, Kansas it was $49,700. A low-income household at <30% of the Area Median Family Income would earn less than $19,290 in LA county and $14,910 in Elk County, KS.*

We define levels of urbanization as: Rural (non-metropolitan counties with less than 50,000 people); Smaller Metro (counties within a metropolitan statistical area (MSA) with between 50,000 and 1 million people); Large Suburban Metro (non-central fringe counties within an MSA with more than 1 million people); Large Urban Metro (central urban core counties within an MSA with more than 1 million people).

We focused our analyses on the intersection of place, race, and health within smaller metro and large urban counties because these counties are more likely to have similar demographic profiles to the larger MSAs (the typical level of geography for examination of residential segregation) than large suburban metro and rural counties.

Analyses exploring the association between housing cost burden and community conditions was adjusted for county-level median household income and the percentage of the population living in a rural area. This allowed for a more "apples to apples" comparison of counties across the nation that range from high to low cost housing markets and have households with varying levels of incomes. The 10% increase in the share of households severely cost burdened refers to a 10 percentage point increase (e.g. 15% to 25%).