Advanced Certificate in Healthcare Case Management

Healthcare Access and Equity

A

Access to Care – The ability of individuals to obtain needed health services in a timely manner. Related terms: availability, affordability, geographic accessibility. Example: A rural resident who can travel to a telehealth-enabled clinic experiences improved access to care. Challenges include transportation barriers, limited provider networks, and insurance restrictions.

Adverse Selection – A market phenomenon where individuals with higher health risks are more likely to enroll in insurance plans, potentially driving up premiums. Related terms: risk pooling, moral hazard. Example: Employers offering only high-deductible plans may see a concentration of sicker employees, affecting equity.

Affordability – The degree to which the cost of health services is within an individual's financial means. Related terms: out-of-pocket costs, financial toxicity. Example: Sliding-scale fee structures aim to improve affordability for low-income patients.

Algorithmic Bias – Systematic and unfair discrimination that arises when computer algorithms produce outcomes that disadvantage certain groups. Related terms: machine learning fairness, data provenance. Example: A case-management triage algorithm that underestimates risk for minority patients can exacerbate inequities.

American Indian/Alaska Native (AI/AN) Health Disparities – Specific gaps in health outcomes experienced by AI/AN populations, often linked to historical trauma, limited provider availability, and jurisdictional complexities. Related terms: tribal health sovereignty, Indian Health Service (IHS).

Ambulatory Care Sensitive Conditions (ACSC) – Conditions for which effective outpatient care can reduce the need for hospitalization. Related terms: preventable admissions, primary care access. Example: Proper management of asthma in community clinics lowers ACSC rates among children.

Annual Health Equity Report – A systematic publication that tracks disparities in health outcomes, service utilization, and social determinants across a defined population. Related terms: performance metrics, benchmarking.

Application Programming Interface (API) – A set of rules that allows software applications to communicate with each other, often used to share health data across systems. Related terms: interoperability, FHIR.

Appointment No-Show Rate – The proportion of scheduled visits that are missed without prior cancellation. Related terms: patient engagement, access barriers. High no-show rates can indicate transportation or language obstacles that affect equity.

Area Deprivation Index (ADI) – A composite measure of neighborhood socioeconomic disadvantage based on factors such as income, education, employment, and housing quality. Related terms: social determinants of health (SDOH), geospatial analysis. Example: Higher ADI scores correlate with lower preventive service uptake.

Auditing for Equity – Systematic review of policies, practices, and outcomes to identify and correct inequitable patterns. Related terms: quality improvement, disparity analysis.

B

Barriers to Care – Any factor that impedes an individual's ability to obtain health services, including financial, cultural, linguistic, and systemic obstacles. Related terms: health literacy, transportation insecurity.

Beneficiary Travel Assistance (BTA) – Programs that provide transportation vouchers or services to patients who lack reliable means to reach care sites. Related terms: non-emergency medical transport (NEMT).

Bias Mitigation Strategies – Techniques used to reduce or eliminate bias in data collection, analysis, and decision-making. Examples: Re-weighting samples, algorithmic fairness constraints, diverse stakeholder engagement. Related terms: equity audits, inclusive design.

Binary Logistic Regression – A statistical method for modeling the relationship between a binary outcome (e.G., Insured vs. Uninsured) and multiple predictor variables. Related terms: odds ratio, confounding.

Bioethical Principles – Foundational concepts guiding ethical health care delivery: Autonomy, beneficence, non-maleficence, and justice. The principle of justice directly addresses equitable distribution of resources.

Broadband Access – Availability of high-speed internet, a critical determinant for telehealth utilization. Related terms: digital divide, rural connectivity.

C

Care Coordination – The deliberate organization of patient care activities among multiple providers to ensure appropriate and timely services. Related terms: case management, integrated care pathways. Effective coordination reduces duplication and improves equity for complex patients.

Case Mix Index (CMI) – A relative measure of the diversity, clinical complexity, and resource intensity of a patient population. Related terms: DRG weighting, risk adjustment.

Census Tract – Small, relatively permanent statistical subdivisions of a county used for detailed demographic analysis. Related terms: geocoding, neighborhood profiling.

Certified Community Health Worker (CCHW) – A workforce member trained to bridge cultural and linguistic gaps between health systems and communities. Related terms: peer support, community engagement.

Chronic Disease Management Programs – Structured interventions that provide education, monitoring, and support for patients with long-term conditions. Related terms: self-management, population health.

Civic Determinants of Health – Community-level factors such as civic participation, voting rights, and public policy that shape health outcomes. Related terms: social capital, policy advocacy.

Clinical Decision Support (CDS) – Integrated tools that provide clinicians with evidence-based recommendations at the point of care. Related terms: alert fatigue, evidence-based practice.

Community Health Needs Assessment (CHNA) – A systematic process for identifying health priorities within a defined community. Related terms: stakeholder mapping, gap analysis.

Community Health Worker (CHW) – A layperson who uses cultural knowledge and community ties to promote health education and linkage to services. Related terms: cultural competency, trust building.

Comparative Effectiveness Research (CER) – Studies that compare the outcomes, benefits, and harms of alternative interventions. Related terms: real-world evidence, patient-centered outcomes.

Comprehensive Health Equity Framework – An analytical model that integrates SDOH, health system factors, and policy levers to understand and address inequities. Related terms: multilevel analysis, systems thinking.

Consent Fatigue – Diminished attention or understanding when patients are asked to provide consent repeatedly, potentially compromising informed decision-making. Related terms: patient autonomy, ethical recruitment.

Coverage Gap (Donut Hole) – A period in prescription drug plans where beneficiaries must pay a larger share of medication costs after reaching a certain threshold. Related terms: medication adherence, cost sharing.

Cross-Sector Collaboration – Partnerships between health, education, housing, and employment agencies to address determinants that lie outside traditional health care. Related terms: integrated service delivery, collective impact.

D

Data Disaggregation – Breaking down aggregated data into sub-groups (e.G., Race, ethnicity, language) to reveal hidden disparities. Related terms: equity dashboards, granular reporting.

Digital Health Equity – Ensuring that all populations have equal access to, and benefit from, digital health technologies. Related terms: e-health literacy, tech accessibility.

Disability-Adjusted Life Years (DALYs) – A metric that combines years of life lost due to premature mortality and years lived with disability. Related terms: burden of disease, population health metrics.

Disparity – A measurable difference in health outcomes or access between groups that is avoidable and unjust. Related terms: inequity, gap analysis.

Disparity Index – A quantitative indicator that captures the magnitude of health differences across groups, often expressed as a ratio or percentage. Related terms: relative risk, inequality measures.

Distributional Cost-Effectiveness Analysis (DCEA) – An extension of cost-effectiveness analysis that explicitly evaluates how costs and benefits are distributed across population sub-groups. Related terms: equity weighting, social welfare function.

Door-to-Door Outreach – Direct engagement strategies where health workers visit homes or community spaces to provide information, screening, or linkage to care. Related terms: mobile health units, community penetration.

Dual Eligible Beneficiaries – Individuals who qualify for both Medicare and Medicaid, often representing high-need, low-income populations. Related terms: benefit coordination, care fragmentation.

E

Equitable Resource Allocation – Distribution of health resources based on need, potential impact, and fairness rather than solely on market forces. Related terms: needs-based budgeting, priority setting.

Equity Lens – A perspective applied throughout program design, implementation, and evaluation to identify and address disparities. Related terms: health equity impact assessment, justice-oriented planning.

Equity Impact Assessment (EqIA) – A systematic process that predicts how policies or programs will affect health equity, identifying unintended consequences. Related terms: policy analysis, scenario modeling.

Equity-Oriented Care – An approach that integrates cultural safety, trauma-informed practice, and structural competency to reduce inequities. Related terms: patient-centered care, social justice.

Evidence-Based Practice (EBP) – Clinical decision-making that integrates the best available research evidence with clinician expertise and patient values. Related terms: clinical guidelines, knowledge translation.

Explanatory Mixed-Methods Design – A research strategy that uses quantitative results to inform subsequent qualitative inquiry, often to unpack observed disparities. Related terms: sequential explanatory, triangulation.

Expenditure per Capita – Average health spending per person in a defined population, used to compare resource intensity across regions. Related terms: cost analysis, budget impact.

F

Food Insecurity – Lack of consistent access to enough nutritious food for an active, healthy life. Related terms: nutrition security, social determinants of health.

Force-Multiplier – An intervention or policy that amplifies the impact of other health initiatives, often by addressing systemic barriers. Example: Expanding Medicaid eligibility acts as a force-multiplier for preventive care uptake.

Fraud, Waste, and Abuse (FWA) – Categories of improper use of health resources that can undermine equity by diverting funds from needed services. Related terms: compliance monitoring, auditing.

G

Geocoding – The process of converting street addresses into geographic coordinates for spatial analysis. Related terms: GIS mapping, location-based services.

Geographic Information System (GIS) – A technology platform that captures, stores, analyzes, and visualizes spatial data. Used to map provider deserts, transport routes, and health outcome clusters.

Global Burden of Disease (GBD) – A comprehensive research program that quantifies mortality and disability from diseases, injuries, and risk factors worldwide. Related terms: DALYs, comparative risk assessment.

Health Care Disparities Research (HCDR) – The field focused on identifying, measuring, and explaining differences in health outcomes among population groups. Related terms: equity science, social epidemiology.

Health Equity – The attainment of the highest possible standard of health for all people, achieved by eliminating avoidable disparities. Related terms: social justice, fair distribution.

Health Equity Metric – Quantitative indicator used to track progress toward equitable outcomes, such as the Gini coefficient for health, concentration index, or disparity ratios.

Health Impact Assessment (HIA) – A structured process that evaluates the potential health effects of a policy, program, or project on a population, including equity considerations.

Health Literacy – The capacity to obtain, process, and understand basic health information needed to make appropriate health decisions. Low health literacy is a major barrier to equitable access.

Health Policy – Decisions, plans, and actions undertaken by governments or institutions to achieve specific health care goals. Policies shape financing, delivery, and equity.

Health System Navigation – Assistance provided to patients to help them understand and move through complex health care structures, often through case managers or CHWs.

Health Technology Assessment (HTA) – Systematic evaluation of the properties, effects, and impacts of health technologies, incorporating equity dimensions.

Health-in-All-Policies (HiAP) – An approach that integrates health considerations into policymaking across sectors to improve population health and equity.

Hispanic/Latino Health Disparities – Gaps in outcomes such as diabetes control, maternal mortality, and insurance coverage that affect Hispanic populations, often linked to language barriers and immigration status.

Home-Based Primary Care (HBPC) – Delivery of comprehensive primary care services in a patient's residence, improving access for homebound or mobility-limited individuals.

I

Implicit Bias – Unconscious attitudes or stereotypes that affect understanding, actions, and decisions in health care delivery. Related terms: microaggressions, cultural humility.

Indigenous Health Sovereignty – The right of Indigenous peoples to self-determine health policies, services, and research that reflect cultural values and traditional knowledge.

Insurance churn – Frequent changes in insurance coverage status, often leading to gaps in care and increased administrative burden. Related terms: coverage instability, continuity of care.

Interoperability – The ability of different health information systems to exchange, interpret, and use data cohesively. Critical for coordinated care and equity monitoring.

Intersectionality – An analytical framework recognizing that individuals experience overlapping systems of oppression (e.G., Race, gender, disability) that shape health outcomes.

Institutional Review Board (IRB) – Committee that reviews research proposals to protect the rights and welfare of human participants, ensuring ethical standards in disparity studies.

Integrated Care Model – A delivery system that combines physical health, mental health, and social services to address comprehensive patient needs.

J

Job-Related Health Benefits – Employer-provided health coverage, which can create inequities when large segments of the workforce are employed in jobs without benefits.

K

Kaiser Family Foundation (KFF) Reports – Widely cited research and data resources on health policy, insurance coverage, and disparities.

L

Language Access Services – Interpretation, translation, and culturally appropriate communication tools that enable non-English speakers to receive equitable care.

Latent Class Analysis (LCA) – A statistical method for identifying unobserved sub-groups within a population based on response patterns, useful for uncovering hidden disparity clusters.

Leverage Points – Strategic places within a system where a small change can produce large shifts in outcomes, often used in equity-focused system redesign.

Life Expectancy Gap – The difference in average years of life lived between advantaged and disadvantaged groups, a core indicator of health equity.

Logistic Regression – A predictive modeling technique for binary outcomes, frequently employed to assess the influence of demographic variables on access measures.

M

Medicaid Expansion – The optional broadening of eligibility under the Affordable Care Act, associated with reduced uninsured rates and narrowed disparities in many states.

Medical Home (Patient-Centered Medical Home, PCMH) – A model of primary care that emphasizes coordinated, accessible, and comprehensive services, shown to improve equity for chronic disease patients.

Medication Adherence – The extent to which patients take medications as prescribed; disparities arise from cost, health literacy, and pharmacy access.

Medicare Advantage (MA) Disparities – Differences in plan enrollment, quality scores, and out-of-pocket costs among racial/ethnic groups within MA.

Minority Health – The field focused on improving health outcomes for racial and ethnic minorities, guided by the Office of Minority Health.

Missing Data Imputation – Statistical techniques for estimating absent values, essential for accurate disparity analysis when data are incomplete for vulnerable groups.

Mobile Health (mHealth) – Health services and information delivered via mobile devices, offering potential to reach underserved populations but also risking digital exclusion.

Multimorbidity – The coexistence of two or more chronic conditions, disproportionately affecting low-income and minority groups, complicating care coordination.

Multivariate Regression – Analytical approach that assesses the relationship between multiple independent variables and an outcome, controlling for confounders in equity research.

N

Neighborhood Deprivation Index (NDI) – A composite score reflecting socioeconomic disadvantage at the census block level, used to explore geographic health inequities.

National Health Equity Strategy (NHES) – A coordinated plan by federal agencies to address systemic inequities through policy, data, and community partnership.

Non-Emergent Medical Transport (NEMT) – Services that provide rides to medical appointments for individuals lacking reliable transportation, a key lever to improve access.

Nutrition Security – The consistent availability of nutritious foods that support a healthy life, intersecting with food insecurity and health outcomes.

Obstetric Racism – The systemic mistreatment of pregnant people of color within maternity care, leading to higher maternal mortality and morbidity.

Odds Ratio (OR) – A measure of association between exposure and outcome, commonly reported in

disparity studies.

Out-of-Pocket (OOP) Costs – Direct expenses paid by patients, such as copayments, deductibles, and non-covered services, which can be prohibitive for low-income groups.

Overutilization – Excessive use of health services that does not improve outcomes and may reflect inequitable patterns such as unnecessary imaging in affluent populations.

P

Patient Navigation – Structured assistance that helps individuals overcome barriers to timely diagnosis and treatment, often delivered by trained navigators.

Patient-Reported Outcome Measures (PROMs) – Instruments that capture health status directly from patients, valuable for assessing equity in symptom burden and quality of life.

Pay-for-Performance (P4P) Disparities – Unintended equity impacts when financial incentives reward providers serving less complex, higher-income patients.

Penetration Rate – The proportion of a target population that adopts a particular health service or technology, used to gauge equity of diffusion.

Population Health Management (PHM) – Strategies that use data analytics to identify at-risk groups, stratify risk, and deliver targeted interventions, aiming to close equity gaps.

Precision Public Health – Application of genomics, big data, and tailored interventions to populations, with caution to avoid widening disparities through unequal access to precision tools.

Primary Care Deserts – Geographic areas lacking sufficient primary care providers, often rural or low-income urban neighborhoods, leading to delayed care.

Public Charge Rule – An immigration policy that can deter undocumented immigrants from seeking care, creating access inequities.

Quality Adjusted Life Years (QALYs) – A measure that combines length and quality of life, used in cost-effectiveness analysis; equity weighting may adjust QALYs for disadvantaged groups.

R

Racial Concordance – The matching of patient and provider race/ethnicity, associated with higher satisfaction and better communication for minority patients.

Randomized Controlled Trial (RCT) – Gold-standard study design; when applied to equity interventions, stratified randomization can ensure representation of vulnerable groups.

Real-World Evidence (RWE) – Data derived from routine clinical practice (e.G., EHRs, claims) that can illuminate disparities not captured in controlled trials.

Redlining – Historical practice of denying services (including mortgages) to residents of certain neighborhoods, resulting in lasting health inequities linked to built environment.

Referral Loop – The process from primary care referral to specialist appointment; breakpoints in the loop often occur for uninsured or language-limited patients.

Remote Patient Monitoring (RPM) – Technology that captures health data outside traditional settings, beneficial for chronic disease management but dependent on broadband access.

Resource Allocation Model – Quantitative framework (e.G., Linear programming) used to distribute limited health resources, incorporating equity constraints.

Risk Adjustment – Statistical technique that accounts for patient health status when comparing outcomes across providers, essential to avoid penalizing safety-net hospitals.

Rural Health Disparities – Gaps in access to specialty care, mental health services, and emergency care that affect rural populations, often exacerbated by provider shortages.

S

Social Determinants of Health (SDOH) – Conditions in the environments where people are born, live, learn, work, and age that affect health outcomes. Examples: Housing, education, income, transportation.

Social Vulnerability Index (SVI) – A CDC-derived metric that ranks communities based on socioeconomic status, household composition, minority status, and housing type to identify vulnerable areas.

Social Prescribing – Referral by clinicians to non-clinical services (e.G., Exercise groups, nutrition counseling) to address SDOH and improve health equity.

Social Risk Screening – Systematic assessment of patients' socioeconomic challenges (food insecurity, housing instability) to inform care plans.

Stigma – Negative attitudes and discrimination towards a condition or group, such as mental illness or HIV, that hinder access to appropriate care.

Structural Competency – The ability of health professionals to recognize and respond to social, economic, and political structures that shape health outcomes.

Supply-Side Barriers – Limitations related to the health system itself, such as provider shortages, limited clinic hours, or insufficient insurance networks.

Telehealth Equity – Ensuring that remote care technologies are accessible, affordable, and culturally appropriate for all patients, with attention to broadband gaps and device ownership.

Transportation Equity – Strategies that ensure all individuals have reliable means to reach health services, including public transit improvements and NEMT programs.

Triple Aim – Framework that simultaneously pursues improved patient experience, better population health, and lower costs; an equity lens adds a fourth aim of fairness.

Trustworthiness – The perception that health institutions act in patients' best interests, a critical factor for engaging historically marginalized communities.

U

Uninsured Rate – Percentage of a population without any form of health insurance; higher rates are typically observed among low-income, immigrant, and minority groups.

Universal Health Coverage (UHC) – The goal that all individuals receive the health services they need without financial hardship, a cornerstone of global equity initiatives.

V

Value-Based Purchasing (VBP) – Payment model linking reimbursement to quality metrics; without equity adjustments, VBP can unintentionally penalize providers serving high-need populations.

Virtual Care Modalities – Synchronous (video, phone) and asynchronous (secure messaging, e-consults) digital interactions, each with distinct equity considerations.

Vulnerable Populations – Groups at increased risk of poor health outcomes due to socioeconomic, cultural, or medical factors, including children, elderly, refugees, and people with disabilities.

W

Waiver Programs – State-level Medicaid demonstrations that allow flexibility in service delivery; equity impact depends on design features such as outreach and enrollment simplification.

Weighted Least Squares (WLS) – Regression technique that assigns weights to observations, useful when variance differs across sub-groups in disparity analyses.

Workforce Diversity – Representation of varied racial, ethnic, gender, and linguistic backgrounds among health professionals, linked to improved cultural competence and patient satisfaction.

X

X-ray Utilization Disparities – Differences in imaging rates that may reflect overuse in affluent groups and underuse in underserved populations, indicating inequitable diagnostic pathways.

Y

Yield Gap – The difference between potential health outcomes (if all barriers were removed) and actual observed outcomes, used to quantify the magnitude of inequity.

Z

Z-Score Standardization – Statistical method that transforms variables to a common scale, facilitating comparison of disparity metrics across diverse indicators.