Public Health Ontario | Santé publique Ontario

Canadian Health Equity Related Glossaries

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Key Findings

- The breadth and volume of Canadian health equity glossaries uncovered through a review of published and grey literature highlight a strong interest in equity terminology and language across a wide range of settings, including health service organizations (e.g., public health units, hospitals), government agencies (municipal, provincial, federal), and educational institutions (e.g., school boards, universities).

- Despite the demonstrated importance of terminology and language in guiding the work of public health, a quality appraisal using an adapted MetaQAT Critical Appraisal Tool[1] found that the majority of glossaries identified in the review had low reliability and validity.

- Most glossaries did not provide sources for the terms or clarify methodology, with an absence of information on the role of community expertise in identifying and recommending terms.

- The gaps identified through the quality appraisal assessment raise concerns about the use of glossaries to inform public health work due to the potential to perpetuate harmful terminology and reinforce health inequities, if terms are not rooted in community preferences and priorities.

Note: Our research on 'health equity glossaries' encompassed a general health equity focus as well as related topics that are relevant to Public Health Ontario's work: general health equity, accessibility, housing, gender and sexual orientation, racialization, and substance use.

Scope

The purpose of this review was to synthesize the findings of a scan of Canadian health equity glossaries and to present a quality-appraised, short-list of glossaries across the following six health equity areas ('equity domains'): general health equity, accessibility, housing, gender and sexual orientation, racialization, and substance use.

The search focused on peer-reviewed and grey literature. Inclusion criteria were:

- Glossaries published within a Canadian context in order to maximize relevance;

- Glossaries written in English;

- Glossaries published between 2018-2022; and

- Glossaries published by governmental, non-profit, or non-governmental institutions.

The short-listing process was based on an assessment of health equity glossaries and terminology guides, through the adaptation of indicators from the dimensions of MetaQAT, a meta-framework that is used to appraise the quality of public health publications or reports sharing evidence and knowledge.[1]

Note: Our search scope included a focus on Indigeneity glossaries, however we recognize the need for the results to be guided by Indigenous approaches to sharing terminology and language. This is further discussed in the section on 'Centring Indigenous Ways of Knowing'.

Background

Health equity is created when all people (individuals, groups, and communities) have the fair opportunity to reach their fullest health potential. Achieving health equity requires reducing unnecessary and avoidable differences that are unfair and unjust. Many causes of health inequities relate to social, economic, and environmental factors including but not limited to income, social status, gender, sexuality, racialization, education and physical environment.[2]

Health equity is recognized as a core competency for public health in Canada[3] and a Foundational Standard and Guideline to support the implementation of the Ontario Public Health Standards.[4] Building knowledge and familiarity with health equity terms and language is a key strategy for strengthening the application of an equity lens in public health. It is therefore not surprising to find a wide interest in equity terms reflected in the extensive number of health equity-related glossaries that are available through websites, reports, and publications. In the peer-reviewed field, glossaries have also been characterized as essential tools to "build a strong conceptual basis (and a) robust theoretical base for public health".[5]

As illustrated in Figure 1 below, health equity and subsequently, equity-related terms, extend to multiple levels of "above the surface" experiences (e.g., the health outcomes we observe) and the "below the surface" factors that drive those outcomes. Familiarity with these terms has significant implications for how we consider the multiple layers of social and structural determinants of health, as well as how we frame inequities in access to health services, quality of services received, and experiences of service delivery.

Figure 1: Iceberg Model of Factors Influencing Health Outcomes

Although the importance of terminology and language is widely acknowledged in the realm of health equity, a clear approach for assessing the quality of available glossaries does not exist. This is a significant knowledge gap given both the importance of glossaries as an educational tool and the need to ensure that we are relying on valid, reliable, and safe sources of information to inform conversations and knowledge products on equity.

To address this gap, this document will share findings from an extensive scan of health-equity related glossaries in the Canadian grey and peer-reviewed literature, an appraisal tool for assessing the quality of those glossaries, and a list of the highest-ranked glossaries uncovered through a quality appraisal process. The findings and appraisal of the health equity glossaries can be used to:

- Support a shared understanding of key equity related terms across PHO and other health-focused organizations;

- Inform all stages of product development and evidence dissemination;

- Build equity competency and serve as a tool for self-education;

- Support opportunities for enhanced dialogue and framing of health terms and concepts; and

- Build knowledge on how to integrate equity and reduce (unintended) harms during project and product planning and implementation.

Equity Language Principles for Reflection

Understanding equity language and terms to use in public health contexts begins with self-guided learning, including exploring the wide range of materials that developed by communities.

When referring to the glossaries presented in this review, consider:

- **Language changes over time.** Terms and language used around equity topics are constantly evolving. It is important to engage in continued learning and identify strong support resources to keep up to date with current terminology and language.

- **Words Matter**. Certain words or the ways we shape narratives can exacerbate exclusion, stigmatization, stereotyping and other forms of harm toward people or groups we are working for and with. Understanding the context behind terms and words can minimize harms and build trust with communities marginalized by systems of oppression. This is a nuanced skill that requires ongoing learning, unlearning and engagement.

- **Use terms and language preferred by individuals.** Terminology and language are unique to an individual and communities. Using language that does not reflect the realities and preferences of individuals can reinforce mistrust and fear in the health system. Where possible, consult with impacted individuals and communities to determine their preferred terms and language and amplify these voices and perspectives.

- **Be critical and empathetic.** When using equity terminology, being critical and mindful of context, connotation, and tone is key. It is important that we do not let fear of using the "incorrect" words keep us from having important conversations about equity.

Centering Indigenous Ways of Knowing

This section is an update to our review after feedback that our document and presentation of glossaries would benefit by reflecting on and incorporating Indigenous ways of knowing and sharing knowledge.

We acknowledge that rapid reviews and pre-defined critical appraisal processes are only one form of capturing, sharing, and assessing knowledge, and are rooted in mainstream ways that often exclude and/or fail to reflect Indigenous ways in knowledge sharing. While Indigenous knowledge compilation and sharing can be described in a myriad of ways, communities have shared the importance of honouring and reflecting oral knowledge; prioritizing Indigenous ways of being, knowing, and doing; and recognizing knowledge, sacred knowledge, and wisdom.[6] It is important for us to reflect on how our mainstream focus on documented literature and critical appraisal can therefore raise barriers to the inclusion of Indigenous-led knowledge, as well as Indigenous partnerships and involvement.

While Indigenous-led/focused resources are not part of this review, we recognize the importance of reflecting Indigenous analyses in connected discussions on equity-focused language and terms. This includes engaging with and taking the lead from Indigenous communities on what meaningful and respectful language use and knowledge sharing looks like. In practice, we can draw on the multitude of ways that Indigenous communities have provided guidance and shared wisdom, including on the 'equity domains' related to the glossaries and terms covered.

Each 'equity domain' in this review has distinct meanings for Indigenous Peoples. One example is the mainstream perspectives and application of 'housing', which does not acknowledge the enduring relationship that exists between Indigenous Peoples and the land, including the many dimensions that extend beyond the 'conventional' definition of being unhoused. From an Indigenous worldview, 'homelessness' extends beyond the just the physical structure of a house and encompasses "individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities".[7]

We have consequently, integrated invitations to critically reflect on how the terms included in glossaries can be used to promote equity and reflect Indigenous perspectives. This guidance for reflection came up in past collaborations with Indigenous partners, when Knowledge Keepers emphasized the importance of pausing during the reading process to deepen our reflection, (un)learn, and listen.[8] We invite readers to reflect on two questions when reviewing this report and engaging in equity work:

1. How have you engaged community members to provide their perspectives on meaningful and respectful language use and terminology?

2. How does the language and terminology you've selected reflect partnership and collaboration with the communities you are working with and for?

Methods

Document Review

The search strategy and terms were informed through consultations with Library Services at Public Health Ontario (PHO) and included both published (peer-reviewed) literature and grey literature. The detailed search strategy, including specific search terms, is available upon request. The first phase of the search was completed in November 2022, with a search of the peer-reviewed literature in the Ovid MEDLINE database. The search was limited to MEDLINE due to time and resource constraints. The grey literature search was executed in December 2022 in NCCDH Library, NCCIH Library, Google Canada, and two custom search engines: Ontario Public Health Units and Canadian Health Departments and Agencies. The inclusion criteria were:

- Glossaries published within a Canadian context in order to maximize relevance (e.g., Canada and US have variations in commonly used Indigenous and race-based terms);

- Glossaries written in English;

- Glossaries published between 2018-2022; and

- Glossaries published by governmental, non-profit, or non-governmental institutions.

Two reviewers completed two levels of screening independently and met to resolve discrepancies. The list of glossaries and language guides that met the inclusion criteria were used to create an Excel database organized by six health equity domains: general equity, sexual orientation and gender identity, racialization, housing and income, accessibility, and substance use. Data extraction of each glossary was completed by one reviewer and validated by a second reviewer.

To further reduce the list of glossaries, an additional level of inclusion criteria was applied to identify glossaries for the next phase of quality appraisal. The criteria were:

- Glossaries that list at least ten terms, whether as a stand-alone or a separate section within a report/paper/product; and

- Glossaries did not include harmful or outdated language or terms.

The project team undertook a scoring exercise on the remaining glossaries process described below, in order to develop a short list of quality appraised equity glossaries.

MetaQAT Adaptation

The scoring and short-listing process was based on an assessment of glossaries and language guides drawing on indicators from the dimensions of MetaQAT Critical Appraisal Tool[1], a meta-framework that is used to appraise the quality of public health publications or reports sharing evidence and knowledge. Table 1 outlines the framework's adaptation to the assessment of glossaries and language guides, including the underlying questions it aims to answer in the appraisal process.

Two reviewers scored the remaining glossaries and language guides according to the MetaQAT indicators. Glossaries were provided with a score, based on each MetaQAT dimension, with a maximum total score across all dimensions being four. The reviewers scored independently and met to resolve or discuss any discrepancies in order to reach consensus. The highest-ranking glossaries were then shortlisted (up to three resources per equity domain).

Table 1. Adapted MetaQAT Indicators for Appraising the Quality of Glossaries/Language Guides

Dimension	Underlying questions	Indicator
Relevancy	Does it focus on equity-related terms and language? Was the glossary published within a Canadian context? Was the glossary published in the last 5 years?	Screening process ensured relevancy (Include / Exclude)
Reliability	Is the knowledge development process transparent? Are sources clear? Is the methodology specified?	Authors clarify methodology (Y/N) Authors include citations and sources (Y/N)
Validity	Do included terms reference the power analysis underlying issues of equity? Does the resource draw on knowledge and perspectives of communities with lived expertise?	Resource includes terms that speak to issues of power, privilege, and/or oppression? (Y/N) Resource demonstrates role of community partnerships or leadership in development (Y/N)
Applicability	Is the knowledge focused on health or transferable to public health field?	Applicable to public health field (Y/N)

Results

Our initial search yielded 1,773 results (17 from peer-reviewed literature and 1,756 from grey literature). The glossaries and language guides identified were developed by community organizations, provincial and federal government, public health units, post-secondary institutions, and others. Once the first two stages of screening were completed, an excel database was used to organize the remaining 219 glossaries (seven from peer-reviewed and 212 from grey literature) by equity domain. Following the application of additional level of inclusion criteria, the adapted quality assessment framework outlined above (MetaQAT) was applied to the remaining 86 glossaries (one from peer reviewed literature and 85 from grey literature) to identify the 'strongest' resources based on the indicators outlined above.

Any glossaries that scored less than two through the adapted MetaQAT process were excluded from the list, resulting in a total of 37 glossaries and language guides. The information on MetaQAT indicators these glossaries (N=37) is outlined in Table 2.

While all glossaries were considered relevant and applicable based on the initial screening process, the reliability of the glossaries varied. Of the 37 glossaries assessed for quality, only 11% (N=4) included a description of methods to develop the content. Further, only 64% (N=24) included citations or sources used to develop the glossaries. In terms of validity, while 90% (N=35) included terms that spoke to issues of power, privilege and/or oppression, only 32% (N=12) clarified the role of community partnerships or communities in the development of the glossary.

Table 2. Proportion of screened resources (N = 37) that provided information on MetaQAT indicators

Dimension	Indicator	N/%
Relevancy	Screening process ensured relevancy (Include/Exclude)	100% (N=37)
Reliability	Authors clarify methodology (Y/N)	11% (N=4)
	Authors include citations or sources (Y/N)	64% (N=24)
Validity	Resource includes terms that speak to issues of power, privilege, and/or oppression (Y/N)	95% (N=35)
	Resource clarifies role of community partnerships or leadership in development? (Y/N)	32% (N=12)
Applicability	Is the knowledge focused on health or transferable to public health field?	100% (N=37)

The resulting appraised glossaries were consequently used to develop a user-friendly list that highlights up to three of the highest-ranking glossaries within each equity domain (N=16). The quality appraised short-list of glossaries is organized by equity domain. The first set of glossaries on 'general equity' are intended to ground this work in health equity principles, which is then followed by additional equity domains in alphabetical order.

A few things to note about equity domains:

- Each equity domain alphabetically lists up to three glossaries based on quality appraisal scores.

- Where relevant, educational resources for further learning have also been included.

- Appendix A provides an overview of the scores assigned to the short-listed glossaries (N=16) through the MetaQAT quality appraisal process.

- A supplementary and searchable Excel database which provides a complete list of all the glossaries that met the inclusion criteria and scored at least 'two' through the MetaQAT quality appraisal is available upon request at hpcdip@oahpp.ca.

Feedback from End Users

To obtain feedback on the proposed design and format of the results of the review, including usability, accessibility, and functionality, a brief consultation was conducted with staff representatives across PHO departments, with lived/living experience and/or content expertise. A total of six consultations were conducted by two members of the project team, with one member of the project team leading the consultations and the other taking notes. The feedback received was organized according to a Feasibility Matrix to understand the impact and effort of implementing the proposed changes.

Majority of the feedback was integrated into an updated version of the review. Feedback was received on how to simplify the review's content and layout, including changes to the language, adding instructions on how to use the review, providing more details on the quality appraisal process, and being more explicit on how the review was designed and organized.

Some of the feedback which was not incorporated at this time included adding additional equity domains (i.e., mental health, sexual health), mapping out definitions from each glossary so users can easily select the most relevant glossary, and creating a summarized version of the glossaries that includes definitions of terms. These directions may be considered for an updated product in the future.

Glossaries

The following is a list of the highest scoring glossaries (N=16) through the quality appraisal process.

Equity

The resources outlined below provide key terminology and language related to (health) equity, diversity, and inclusion.

- National Collaborating Centre for Determinants of Health: Glossary of Essential Health Equity Terms (equity terms are organized in four groups: Core Concepts, Roots of Health, Relative Influences, and Interventions and Strategies)[9]. Related peer-reviewed literature:
  - Glossary of Health Equity Concepts for Public Health Action in the Canadian Context[10]
  - Glossary of Health Equity in the Context of Environmental Public Health Practice[11]
- University of British Columbia: Equity & Inclusion Glossary of Terms (key terms related to equity and inclusion with specific examples on context and usage)[12]
- University of New Brunswick: Glossary Project (key terms related to discussing equity and equity- deserving groups)[13]

Additional Learning

- British Columbia Centre for Disease Control: COVID-19 Language Guide (guidelines for inclusive language in written and digital content across public health content areas, including infectious disease, racialization, substance use, and others)[14]
- Ministry of Health and Long-Term Care: Health Equity Guideline [glossary of health equity terms (p. 12) to support the implementation of *Ontario Public Health Standards (OPHS) Health Equity Standard and Guideline, 2018.* While considered a foundation document for the implementation of the Health Equity Guideline, 2018, some concepts are considered outdated (e.g., referencing 'race' as a determinant of health, rather than 'racism')][15]
- York Region: Language Guide (language guide to support the use of inclusive language in writing and conversation across a variety of equity topics: age, citizenship and immigration status, gender identity, sexual orientation, and others)[16]

Accessibility

The resources outlined below provide key terminology and language related to accessibility, ableism, and services for persons with disabilities.

- Government of Canada: Accessibility Glossary (contains English and French equivalents to 342 terms and concepts on accessibility)[17]
- University of Guelph: Glossary of Terms (glossary and inclusive language guide on access and inclusion)[18]

Additional Learning

- Government of Canada: A Way with Words and Images (general language guidelines on current and appropriate accessibility terminology)[19]

Gender Identity and Sexual Orientation

The resources outlined below provide key terminology and language guides related to 2SLGBTQ+ (Two Spirit, Lesbian, Gay, Bisexual, and Queer) communities.

- Queer Events Canada: Queer Dictionary (searchable glossary with 'official definitions', 'human definitions', and 'everyday use' of terms on sexual orientation and gender identity)[20]

- Rainbow Health Ontario: Glossary (searchable glossary with key terms and vocabulary on sexual orientation and gender identity)[21]

- Native Women's Association of Canada: Sex and Gender Inclusive Terminology (definitions for key terms on 2SLGBTQ+ communities and providing trauma-informed care)[22]

Additional Learning

- Government of Canada: Introduction to Gender-Based Analysis (GBA) Plus Course (GBA plus is an analytical process that provides a method for the assessment of systemic inequalities, as well a means to assess how diverse groups of women, men, and gender diverse people may experience policies, programs, and initiatives)[23]

Housing

The resources outlined below provide key terminology and language guides related to housing, unhoused, and underhoused populations.

- Canadian Observatory on Homelessness: Homelessness Glossary (definitions for key terms on homelessness with direct links to resources embedded within terms)[24]

- Edmonton Social Planning Council: Housing and homelessness: Terminology and word choices (definitions for key terms on the realm of housing, shelters, and homelessness)[25]

- Homeward Trust Edmonton: Glossary (terms and definitions commonly used within Edmonton's homeless-serving system with embedded resources and options to suggest feedback or suggestions to glossary)[26]

Racialization, Discrimination, Anti-Racism

The resources outlined below provide key terminology and language guides related to dismantling racism and discrimination.

- Canadian Race Relations Foundation: CCRF Glossary of Terms (key terms relevant to racialization, anti-racism and equity discourse)[27]

- Government of Canada: Collaboration Lexicon of Some Important Terms to Know About Racism (GCWik, a public wiki hosted by the Government of Canada to facilitate knowledge sharing, highlights key terms and resources related to racism and discrimination)[28]

- Nanaimo Ladysmith Public Schools Learners: Building Vocabulary around Anti-Racism (key terms related to multi-level racism and discrimination, guidance on how to reflect on power and privilege in language use and anti-racism resources for further learning)[29]

Additional Learning

- Delta Learns: Building Vocabulary around Anti-Racism (resources, i.e. videos, documentaries, audiobooks, podcasts, on addressing anti-racism that meet one or more of the following criteria: 1) created by or centre on Indigenous, Black and People of Colour (IBPOC), 2) feature Canadian contexts, and 3) inspire further action)[30]

- Ontario. Anti-Racism Directorate: Glossary: Data Standards for Identification and Monitoring of Systemic Racism (key terms related to addressing and preventing systemic racism in government policy, legislation, programs and services which links to Ontario Anti-Racism Standards: a guide for race-based data collection in the public sector)[31]

Substance Use

The resources outlined below provide key terminology and language guides related to substance use, overdose prevention and response.

- Government of British Columbia: Overdose Prevention and Response Glossary (definitions of key terms and phrases. Cross-references and links between related terms throughout glossary)[32]

- Government of Canada: Communicating about Substance Use in Compassionate, Safe And Non-Stigmatizing Ways (language guide for Canadian health professionals and health professional organizations to facilitate safer, more compassionate and non-stigmatizing language related to substance use. Related language-focused resources available for a more general audience)[33]

Additional Learning

- Canadian Public Health Association: Language Matters (guide for using respectful language in relation to sexual health, substance use, sexually transmitted blood borne infections (STBBIs) and intersecting sources of stigma. Guiding principles for respectful language. Links to sources used to adapt definitions and language)[34]

Discussion and Conclusion

The work uncovered in this review highlights that the public health sector in Canada recognizes the importance of language and narratives, particularly when approaching the health and wellbeing of communities living with marginalization and disinvestment. This is reflected in the wide range of health equity language guides and glossaries that have been published by a number of health-focused organizations and bodies. However, a gap remains in terms of what constitutes a reliable, relevant, and valid health equity glossary, which has consequences in terms of informing the health equity language and narratives we use and promote.

Most glossaries did not have a detailed description of methods for development. Despite evidence generation and reporting in the public health sector being known for its rigor and reliability, these methods did not translate to the development and use of glossaries and language. We recognize that documenting rigorous methodology does not necessarily inform reliability in health equity work and that informal methods for glossary development are an important means of ensuring that language reflects community needs and priorities. However, areas of evidence synthesis that can be applied to language use and considerations include clear methodological explanation such as a rational for inclusion of terms, methods of development, and sourcing. To strengthen this approach further, leveraging resources and tools that are inclusive of Indigenous ways of knowing and sharing knowledge, such as Indigenous-focused critical appraisal tools, provide perspectives on Indigenous voices and epistemologies, while also offering guidance on assessing validity or contextual relevance.[35] In our search, we also learned that there remains significant variation in terms of how terms are decided and by whom in the public health space, which can result in challenges with inconsistent guidance, contradicting definitions or use of language that is not appropriate and potentially problematic. This calls to attention the importance of centring community perspectives in language development since their expertise is at the core of this work and has demonstrated more often than not, as left unacknowledged.

From a public health perspective, there is room to be more intentional, critical, and consistent with how glossaries and language guides are developed and used in evidence development and dissemination. We believe that glossary and terminology guides should be guided by similar questions on relevancy, reliability, validity, and applicability to ensure transparency in knowledge development, the centring perspectives communities with lived experiences, and acknowledgement of communities' leadership in language development. While not all organizations or researchers can fully engage community to develop language resources, a secondary option is to rely on those that have been developed with a community-engaged approach.

Lastly, we acknowledge that health equity terminology and language is always evolving and that context always matters. As such, we are mindful of the challenges with staying up to date with content due to rapid advancement in this space. The short-list included in this review may be updated periodically to ensure any changes or updates to glossaries are reflected.

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Appendix A: Quality Appraisal Scores for Short-Listed Glossaries

Source, Title, and Year	Equity Domain	Total Score (Max: 4)	Relevancy Score (0-1)	Reliability Score (0-1)	Validity Score (0-1)	Applicability Score (0-1)
National Collaborating for Determinants of Health. (2022). Glossary of Essential Health Equity Terms[9]	General Equity	3.5	1	1	0.5	1
University of New Brunswick. (NR). Glossary Project: Equity, Diversity, and Inclusion Essential Terms[13]	General Equity	3	1	1	0.5	0.5
University of British Columbia Equity and Inclusion Office. (2023). Equity and Inclusion Glossary of Terms[12]	General Equity	2.5	1	0.5	0.5	0.5
University of Guelph. (NR). Glossary of Terms[18]	Accessibility	2.5	1	0.5	0.5	0.5
Government of Canada. (2018). Accessibility Glossary[17]	Accessibility	2.5	1	0.5	0.5	0.5
Rainbow Health Ontario. (NR). Glossary[21]	Gender Identity and Sexual Orientation	3.5	1	0.5	1	1
Native Women's Association of Canada. (NR). Sex and Gender Inclusive Terminology[22]	Gender Identity and Sexual Orientation	3	1	0.5	0.5	1
Queer Events. (2021). Queer Events Dictionary[20]	Gender Identity and Sexual Orientation	2.5	1	0.5	0.5	0.5

Source, Title, and Year	Equity Domain	Total Score (Max: 4)	Relevancy Score (0-1)	Reliability Score (0-1)	Validity Score (0-1)	Applicability Score (0-1)
Canadian Observatory on Homelessness, Homeless Hub. (2021). Homelessness Glossary[24]	Housing	3	1	0.5	0.5	1
Edmonton Social Planning. (2022). Housing and Homelessness: Terminology and Word Choices Glossary[25]	Housing	3	1	0.5	0.5	1
Homeward Trust Edmonton. (2022). Glossary[26]	Housing	2.5	1	0.5	0.5	0.5
Canadian Race Relations Foundation. (2019). Glossary of Terms[27]	Racialization, Discrimination, and Anti-Racism	2.5	1	0.5	0.5	0.5
Government of Canada Public Wiki. (NR). Lexicon of Some Important Terms to Know about Racism[28]	Racialization, Discrimination, and Anti-Racism	2.5	1	0.5	0.5	0.5
NLPS Learns, British Columbia. (NR). Building Vocabulary Around Anti-racism[29]	Racialization, Discrimination, and Anti-Racism	2.5	1	0.5	0.5	0.5
Government of Canada. (2019). Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways[33]	Substance Use	4	1	1	1	1
BC Government. (NR). Overdose Prevention and Response Glossary[32]	Substance Use	2.5	1	0	0.5	1

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