

Equitable Language Guide

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Introduction

Purpose of this Guide

The Equitable Language Guide is a tool created for Public Health – Seattle & King County (PHSKC) to make sure that the way we talk and write respects and represents people's experiences, using words they feel best describe them. In particular, this guide supports our staff in using equitable and inclusive language that resonates with and centers the diverse people we serve.

What do we mean by equitable and inclusive language?

Equitable and inclusive language:

- Makes thoughtful word choices that are accurate and specific to the issues and concerns of the people we serve, especially those who have been most impacted by systemic health disparities and discrimination, and who have been historically under-reached by Public Health.
- Requires us to question our [biases](#) when developing messages.
- Prioritizes inclusive representation that expresses the complexity and richness of our communities.
- Includes context that helps increase understanding of how the history and systems in King County have affected people.

Using equitable and inclusive language makes it easier for people to better understand each other, be seen, and feel heard and understood. It shows we are actively listening, and our care is genuine. It will also help us create more effective, credible communications.

In 2020, Public Health – Seattle & King County declared that [racism is a public health crisis](#) in King County. This declaration recognized how, historically and currently, Public Health has been complicit in maintaining and perpetuating racism and harmful practices. As an institution, moving forward, we must actively do the work needed to dismantle oppressive systems, including the language we use. Using this approach will help to establish and rebuild trust within all communities throughout King County.

A work in progress

Language is continually evolving, as are cultural practices, identities, and values. This guide is not comprehensive, and we recognize it is not perfect. We also acknowledge that there may be recommendations on language that will not resonate in all circumstances, and we encourage staff to be aware of the context for a particular communication. For example, what may be

appropriate and recommended language for a public-facing website may be different than language developed for a flyer distributed to reach a specific community group.

We encourage continued dialogue with Public Health staff and most importantly, continued conversations with residents and communities. The guide will need continual review and revision.

Nevertheless, our hope is that the following information helps each of our staff members and teams recognize language that causes and perpetuates harm. We try to offer effective examples, words, and tips that collectively guide us toward our goal to create an inclusive and respectful environment where everyone feels valued and understood.

For questions and suggestions, please contact the Communications Team at PHcomms@kingcounty.gov.

How to use this guide

This guide begins with best practices that are essential for Public Health communications, followed by sections selected for language consideration due to the historical stigma and harmful language that has been used in the public health field. Each section includes examples, resources, and links to further information.

- [Best Practices for Equitable Language](#)
- Language Considerations:
 - [The Criminal Legal System](#)
 - [Drug Use/Substance Use Disorder](#)
 - [Faith-Based Communities](#)
 - [Gender](#)
 - [Immigrants and Refugees](#)
 - [LGBTQIA+](#)
 - [People with Disabilities](#)
 - [People Experiencing Homelessness](#)
 - [People With Low Incomes](#)
 - [Race and Ethnicity](#)
 - [Weight Bias](#)
- [Additional Resources](#)
- [Glossary](#)

Note: this is not an exhaustive list. This guide will be a continual work-in-progress.

This guide is part of a suite of tools on SharePoint to assist Public Health staff with effective and equitable communications:

- [Plain Language and Health Literacy Manual](#)
- [Communications Hub](#): templates, consent forms, image bank (updated soon), and other resources
- [Language Access](#): landing page for requesting language access services, resources for preparing documents, language tiers, interpretation tips, and more
- Equitable Visuals Guide (coming soon!)

How we developed this guide

The Communications Team co-created this guide with considerable review and input from staff throughout the department and community partners. We relied heavily on the feedback from staff who work directly with diverse community members and partners, as well as from community members who work with our programs.

Much gratitude to our partners and staff from the following programs for the time and insight they gave to this project:

- Access and Outreach
- Adult and Juvenile Detention
- Chronic Disease and Injury Prevention
- Community Navigators
- Community Translators
- Equity, Inclusion and Belonging Officers
- Equity Response Team
- Fishing for Safe Seafood Program
- Healthcare for the Homeless Network
- HIV/STI/HCV Program
- Language Access
- Office of Equity and Community Partnerships
- PRR
- Regional Office of Gun Violence Prevention.

We also consulted multiple national references and resources for each topic area. See reference links in the document.

Best Practices – Equitable Language for Public Health Communications

1. Center the communities we serve.

Do More:

- **Learn about and address the specific concerns** of your intended audience.
- **Emphasize people over abstract concepts.** Focus on people when sharing data and findings, as well as the numbers. Example: “the number of people who needed to visit the hospital” rather than “the number of hospital visits.”
- **Use people-first language** when appropriate. Example: “people with low incomes” instead of “the poor.”
- **Be specific about who is involved**, rather than lumping groups and communities together. Example: If you’re talking about an issue that involves Black people, say so, instead of using “BIPOC.”
- **Choose words of belonging.** Use words that include everyone and avoid language that suggests that any group is on the outside. Can your intended audience see themselves included as part of “us” rather than “them?”

Do Less:

- Don’t focus solely on Public Health’s objectives without understanding the intended audience’s concerns.
- Don’t make assumptions about what is “the norm.” Try to learn about the perspectives of the intended audience and write in ways that resonate with their experiences and worldviews.
- Don’t share data without discussing its human impact and context.

2. Prioritize describing our communities by their strengths and assets, rather than deficits and weaknesses.

Do More:

- **Emphasize what’s going well**, not only what needs improvement.
- **Balance recognition** of historic and ongoing trauma and injustices with recognition of strengths and resilience.
- **Acknowledge how systems impact people.** Identify how Public Health, government, and systems have contributed to inequity and how these systems can help remedy injustices.

- **Seize opportunities to recognize people and groups working toward positive change,** and how to connect with their efforts.

Do Less:

- Avoid only describing the problems in a community, or phrasing survey questions in a way that only focuses on how things are going wrong.
- Don't name problems without discussing possible solutions, especially solutions identified by the community that is affected.
- Avoid words that can cause harm, including culturally insensitive, colonizer, or [militaristic](#) language. (See [UC Berkeley's Advancing Language for Racial Equity and Inclusion Playbook](#))
- Avoid implicitly assigning blame to people who are impacted by health issues, especially for results of systemic problems.

3. Build relationships with our community and regularly ask for feedback.

Do More:

- **Learn how to start working with community partners** on communications. Ask for help through an [equity technical assistance request](#) from the Office of Equity and Community Partnerships (OECPC).
- **Show humility and welcome input** from members of your intended audiences throughout the project. Be prepared to answer to communities' historical mistrust. If someone points out that a word might be hurtful, be open to understanding why and making changes. Some may also hesitate to speak up; encourage their valuable input.
- **Make it a practice to involve members of intended audiences**, including [co-creating](#) materials with them.
- **Make sure you have permission** to share other people's stories. Recognize that people might give consent for use of a story or photo and want to withdraw it later.
- **Plan together for distribution:** how will you make sure your intended audience receives the communication? How will this research/project reach the intended communities that helped with the co-creation?

Do Less:

- Don't rush content development at the expense of taking the time for community partner input and review.
- Don't use community feedback as a checkbox process.

4. Use [Plain Language practices](#), including simple words, short sentences, and active voice.

Do More:

- **Write for the intended audience:** what's most important to them? How can you make the message accessible and relevant?
- **Lead with the most urgent and actionable information.** Make it easy to find what's most important.
- **Plan for translation.** Make it easy to translate with familiar vocabulary and simple sentence structure.

Do Less:

- Don't write as if health professionals are the only audience.
- Avoid jargon and passive voice.

Refer to more best practices and guidance in the [Plain Language and Health Literacy Manual](#).

5. Continue to learn and grow.

Do More:

- **Develop cultural humility through learning.** Learn about different cultures, identities, and histories to understand the experiences of others.
- **Question your assumptions.** Acknowledge any [biases](#) you might have about certain groups of people. Challenge yourself to see beyond stereotypes.

Do Less:

- Don't be too hard on yourself. Changing language habits and building trust takes time. Be patient with yourself and others as you work in partnership together.

For specific examples, see the Language Considerations sections.

Language Consideration: The Criminal Legal System

Our department provides healthcare to people who are incarcerated and serves residents who interact with the criminal legal system. Our communications should extend compassion to our system-impacted community. Interacting with the criminal legal system is traumatizing for both the people who are directly involved, as well as their families, friends, and larger communities. The overwhelming majority of people in King County jails are held pretrial, meaning they have not been convicted.

We must show compassion and support for people who have experienced a crime; we must also respect and show the humanity of those who have been incarcerated.

WHAT WE DO

Understand the terms

- The criminal legal system includes incarceration systems such as state and federal prisons, jails, detention centers for immigrants and juveniles, military prisons, probation, parole, and more ([What is the Carceral State?](#)).
- The criminal legal system also includes other remedies such as fines, diversion programs, and treatment.

Use stigma-free language

- Terminology such as “criminal” or “felon” can feel derogatory, stigmatizing, and dehumanizing.
- Pay attention to the language people use to describe themselves. When unsure how someone identifies, ask them, and use their preferred terminology.

Exercise caution with imagery

- Always get written consent from people whose photos and stories you’re sharing. Make sure they understand where the story and photos may be seen, and that they have the right to say no.
- Be intentional about the imagery chosen. Black and brown people have been racialized by stereotypical images associating them with the criminal legal system. Use a variety of races, ethnicities, genders, and ages to depict people in custody or people impacted by crime. Or choose an image without people shown.

Prioritize the humanity of the person

- Describe the situation, do not label the person.
- Only include information about being system-impacted when necessary.

Less effective	More effective
Criminal justice system	Criminal legal system
Inmate, convict, convicted felon, prisoner ¹	Person in custody, detained person, incarcerated people
Juvenile Offender	Detained youth
Ex-convict, ex-felon, etc. ²	Formerly incarcerated person ²
Drug offenders, violent offenders, etc. ²	People convicted of... (drugs, violations, violent offenses, etc.) ²

WHY WE DO IT

- People who are incarcerated are excluded from social and economic resources that affect their health and well-being. Effective and humanizing language plays a key role in how we support their health, well-being, and access to health information and services.²
- The criminal legal system is traumatizing for people who are incarcerated as well as their communities. When we use humanizing language, we are acknowledging their humanity, rather than a period of time in their lives and actively working against systems that work to dehumanize them.

Additional Resources

The Marshall Project | [“I am not your inmate”](#) by Lawrence Bartley

The Marshall Project | [What Words We Use – and Avoid – When Covering People and Incarceration](#)

¹ Joshua Mason, Steven Czifra, Christina Ricks, Michael Cerda-Jara, Azadeh Zohrabi. [Language Guide for Communicating About Those Involved in the Carceral System](#). Berkeley, CA: Underground Scholars Initiative, UC Berkeley, 2019.

² Tran, N.T., Baggio, S., Dawson, A. et al. Words matter: a call for humanizing and respectful language to describe people who experience incarceration. BMC Int Health Hum Rights 18, 41 (2018). <https://doi.org/10.1186/s12914-018-0180-4>

Language Considerations: Drug Use/Substance Use Disorder

Use of substances like alcohol and other drugs can lead to substance use disorder (SUD), the recommended term for addiction. SUD is a chronic but treatable health condition. Not all substance use meets the criteria of a substance use disorder, and there may be many reasons why someone might use substances.

People who use criminalized drugs are at risk for overdose and death. People with substance use disorder experience additional health problems and greater personal and economic hardships. With help—such as harm reduction supplies and support, housing, medications, peer support, or inpatient or outpatient treatment—people with substance use disorder are more likely to recover and lead healthy lives.

Our language about substance use should consistently describe SUD as a treatable health condition, avoid any judgments or assumptions about people suffering from SUD, and guide people to resources whenever possible.

WHAT WE DO

Understand the basics of substance use.

According to the [Mayo Clinic](#), substance use disorder is a health condition that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medicine. Substances available for purchase such as alcohol, marijuana, and nicotine are considered drugs.

- Stigma, assumptions, and judgments associated with substance use can interfere with effective treatment.
 - Feeling stigmatized can make people who use substances [unwilling to seek help](#).
 - Stigma can also [negatively influence health care provider perceptions](#) of people with SUD and [impact their quality of care](#).
 - Stigma increases substance use³.
- Several factors may increase someone's risk of drug misuse and a resulting overdose, including limited access to health care services and housing, mental health disorders, and a history of [alcohol and substance use](#).

Use humanizing, person-first, and strengths-based language.

- Avoid using labels or stigmatizing language.
- Use people-first language to humanize subjects and lessen stigma. Focus on the illness and challenges in accessing treatment as the problems, not the person.

³ Ending Discrimination Against People with Mental and Substance Use Disorders. National Academies Press, 2016

Examples: people who use drugs, people with substance use disorder.

- Use strengths-based approaches to describe people. Focus on their efforts and options to treat SUD, not their symptoms and past struggles.

Keep language neutral and non-judgmental.

- Only mention substance use if it's necessary and relevant to the story.
- Allow people who use substances to choose how they are described.
- Avoid values-based language around substance use and sobriety, for example "failing treatment" or "doing well in treatment." Stick to measurable outcomes like "engaged in treatment," "taking medications as directed," or "reports reduced use."
- Be especially mindful of harmful slang terms that refer to drug use such as junkie.
- Review translated materials to ensure consistent use of neutral and judgment-free language.

Use the same sensitivity in conversations with colleagues as you would in public-facing content.

Many of us have been affected by loss related to substance use. Insensitivity in the way we talk to, or in front of, each other can cause pain. Considerate word choice helps to avoid harming people both within Public Health and in the community.

WHY WE DO IT

Sensitivity in how we talk about substance use and intentionally linking to available resources can build trust with people who need help, lower barriers to seeking and providing treatment, and help to save lives.

Words to avoid	Words to use
Drug habit	Substance use (to describe all substances, including alcohol and other drugs)
Drug addiction, drug addict	Substance use disorder, a person with substance use disorder (no need to use an article like "a" before the term)
Drug user	Person who uses drugs
Former addict	Person in remission or recovery from drug/substance use
Drug abuse	Drug use (for criminalized drugs) or misuse (for prescription drugs used other than as prescribed)

“Clean” or “dirty” referring to a toxicology screen or urine drug test	Negative test (substance not detected), positive test (substance detected)
“Clean” or “dirty” referring to syringes or supplies	Used syringes, unused syringes or sterile syringes
“Clean” referring to sobriety, sober, abstinent	Not using, no longer using, currently not using, in recovery
Alcoholic	Person with alcohol use disorder
Addicted baby	Prenatally exposed to [name substance]; baby with neonatal substance withdrawal
Opioid substitution therapy, medication assisted treatment	Medications for addiction treatment, medications for opioid use disorder, opioid agonist treatment, methadone, buprenorphine
Relapse, slip	Recurrence of symptoms, return to use
Opiate	Opioid
Detox	Withdrawal management
Rehab	Inpatient or residential treatment

Additional Resources:

[Drug addiction \(substance use disorder\) - Symptoms and causes - Mayo Clinic](#)

[Memo - Changing Federal Terminology Regarding Substance Use and Substance Use Disorders.pdf \(archives.gov\)](#)

[Words Matter: Preferred Language for Talking About Addiction | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

[Words Matter - Terms to Use and Avoid When Talking About Addiction | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

Language Consideration: Faith-Based Communities

We need to communicate about religion and faith-based communities in ways that make people feel seen, valued, and honored.

WHAT WE DO

Respect beliefs

- Be intentional and non-biased when talking about religious or spiritual practices or belief systems.
- Consult with faith leaders or organizations to listen and seek understanding when health recommendations seemingly conflict with religious beliefs. Often faith leaders can find a way to adapt the health recommendation or find guidance issued by religious institutions. The Office of Equity and Community Partnerships (OEC) may be able to help connect you to a faith-based organization.

Example: Muslim leaders have worked with public health officials to determine vaccine options that are consistent with halal practices when concerns were raised about porcine gelatin in some flu vaccines.

Debunk stereotypes

- Avoid assumptions about a person's or group's faith, or that they are religious, based on how they look or where they come from.
- Avoid using words, images, or situations that reinforce stereotypes (even ones that seem to be positive).⁴
- Avoid implying that certain religions are the norm.
- Don't use words like "all," "always," "never," "them," or "those people" to describe groups or individuals and their practices.

Be intentionally inclusive

- Partner with faith organizations to ensure that the health information is relevant and consistent with their religious practices and beliefs.
- When communicating about holidays, use imagery that represents various communities, or use words and images that are seasonal rather than religious. When announcing office or service closures, refer to the date rather than a religious holiday.

⁴ "Inclusive Language: Race, ethnicity, and religion," 18F Content Guide, accessed December 15, 2023, <https://guides.18f.gov/content-guide/our-style/inclusive-language/#race-ethnicity-and-religion>

WHY WE DO IT

- Faith organizations are respected leaders and key messengers for many King County residents.
- Faith and science are not mutually exclusive. Evidence suggests spirituality and religion can have a positive effect on our health.

Less effective	More effective
Church (used broadly as a term for a religious institution)	Faith community, faith-based organization
Images of Santa, Christmas trees in December	Images of snowflakes, wintery forests, and winter activities in December
We will be closed on Christmas Day.	We will be closed on December 25.

Additional Resources

Tanenbaum | [Religion at work](#)

EthnoMed | [Religion Cultural Profile](#)

Language Consideration: Gender

When it comes to sex and gender, a key consideration is that sex and gender aren't the same thing. Simply put, we shouldn't assume someone's sex defines their gender.

WHAT WE DO

Understand the terms

- Sex refers to things like a person's genitals at birth and hormones.
- Gender identity is the sense of who a person knows themselves to be: a woman, a man, both, neither.
- Gender expression is the way a person expresses their gender identity through clothing, hair styles, actions, and more. This can be masculine, feminine, both, or neither. Gender goes beyond two rigid categories of men and women. It's more than just a gender binary.

Use correct pronouns

- We use pronouns like "he/him," "she/her," and "they/them" (and other pronouns too, as requested) to refer to people the way they identify.
- Individuals may prefer different terms, and it's a good practice to ask people for their word choices. However, do not pressure a person for personal details about their actions, beliefs, or behaviors. Do ask for their pronouns and word choices. Do not ask invasive follow-up questions.
- Check out this [resource on pronouns](#), how to course correct after making a mistake with pronouns (called [misgendering](#)), and more.

Example: A person identifies as gender non-binary and uses they/them pronouns. They choose to dress with an outwardly feminine gender expression (called femme). They may choose to identify as non-binary or [two-spirit](#) and use they/them pronouns.

Use non-gendered language as much as possible

- Use gender-neutral terms, to avoid assumptions about anyone's gender.
- Use a suffix like "person" and avoid words that include the suffix "-ess" or "-man." This helps avoid creating an association between the role and a specific gender.

Examples: Non-gendered terms like councilmember, chair, and police officer are more inclusive.

Choose language that reflects the gender continuum

- Use words that are inclusive of trans, non-binary, and two-spirit people.

Examples: Women, transgender men, and non-binary people can have babies. Terms like “pregnant people,” “reproductive rights,” and “menstrual products” are more inclusive (and sometimes more precise).

WHY WE DO IT

When we use inclusive language, including non-gendered terms, we can help people feel included, seen, and safe.

- Gendered language can alienate people who do not identify with the gender binary. Trans and gender non-conforming people face violence and harm for their identities.
- Gendered language can cause discomfort and unease for people who are non-binary, and worsen feelings of [gender dysphoria](#), meaning a feeling of mismatch between a person’s sex and gender identity. Feelings of dysphoria can be intense and lead to depression or anxiety.

Less effective	More effective
Having access to affordable women’s hygiene products is important.	Having access to affordable menstrual products is important.
Breastfeeding has benefits that can protect both the mother and her baby.	Breastfeeding and chestfeeding have benefits that can protect both the parent and the baby. Or, “both you and your baby.”
The county councilman invited us to present.	The county councilmember (or councilperson) invited us to present.

Additional Resources

Western presence and colonization are largely responsible for presenting a binary for gender (man and woman). The history of gender is much older and is incredibly inclusive of a variety of different genders, including men, women, non-binary, two-spirit, and so much more. Check out this [map and article that demonstrates this variety of genders](#).

Language Consideration: Immigrants and Refugees

King County is home to a large number of vibrant and diverse immigrant and refugee communities. However, the language used in media and public forums to talk about immigration frequently stigmatizes people and is often racialized. We can counter that with the language we use.

WHAT WE DO

Understand the terms

Use the terms that are accurate and avoid discriminatory labels when describing citizenship and immigration status.

- **Immigrant** or **foreign-born** includes anyone who was not born in the United States. Adding “citizen” or “American” indicates those who have become U.S. citizens through naturalization.
- An **undocumented immigrant** refers to someone with no federal documentation to show they are entitled to visit, work, or live in the United States.
- A **naturalized citizen** is someone who acquired citizenship after meeting certain requirements at birth or after birth.
- A **refugee** is someone who fled their country of origin due to war, violence, conflict, or persecution and seek safety in another country.
- An **asylee** is someone who traveled to the U.S. and is waiting for their refugee status to be approved.
- Avoid the term “citizen” or “Americans” when referring generally to people who reside in King County or the U.S. Those terms exclude people who do not have citizenship. Instead, use “people who live in the U.S.” or “resident of King County.”

Be intentional when including someone’s immigration status

- Only mention immigration status if it is relevant to the specific situation or provides needed background information.
- Don’t focus on the origin of the immigrant. Instead, focus on the issue or situation involving that person or group.
- When providing Public Health services, do not ask people if they are documented/undocumented.
- When developing materials for events and clinics, it can be helpful to alert people ahead of time if they will be asked for ID (such as a utilities bill or driver’s license), while also assuring that proof of immigration status is not needed.

WHY WE DO IT

- Anti-immigrant rhetoric contributes to unequal access to Public Health resources. When people label and stereotype immigrants as “outsiders” or “foreigners,” this language can contribute to the discrimination that immigrants face.
- It’s important to understand the categories of immigration status because this often determines access to healthcare and state and local resources. Undocumented immigrant communities may avoid seeking care due to fear around immigration status.
 - In the United States, undocumented immigrants are not eligible to receive a vast majority of federally funded benefits. To help combat fear, it is important to be informed of changes that may benefit undocumented immigrants in accessing healthcare and local resources.
 - Documented permanent residents also face barriers in receiving health resources due to waiting periods before they qualify.
- Exclusionary immigration legislation based on race, religion, and labor has caused generations of harm, trauma, and continuing health disparities.
- We need to be aware of the context of immigration, especially to understand why King County residents who have emigrated may be fearful and distrustful of the government.

Less effective	More effective
Until now, illegal aliens have not been eligible to receive the benefit.	Until now, undocumented immigrants have not been eligible to receive the benefit.
The vaccine is available at no cost to all citizens.	The vaccine is free and available to everyone who lives in King County
Many Americans do not have access to health care insurance even though they are eligible for it.	Many people who live in the United States do not have access to health care insurance even though they are eligible for it.
As a foreigner, she faced additional challenges.	As an immigrant, she faced additional challenges.

Additional Resources

Access and Outreach Program | [For undocumented residents in King County](#)

Medium | [Seven Things to Know about Mixed-Status Families](#)

Language Considerations: LGBTQIA+

Gender identity and sexual orientation are intimate details of a person’s lived experience. The term LGBTQIA+ comprises a diverse mix of lesbian, gay, bisexual, transgender, [queer](#) or [questioning](#), [intersex](#), and [asexual](#) identities. The plus sign (+) represents identities such as two-spirit and pansexual that are not already included in the LGBTQIA name (sometimes the acronym is shortened using LGBTQ+). When we appreciate and celebrate the full range of human existence, we help reduce stigma, bias, silencing, and discrimination.

WHAT WE DO

Differentiate between sex, gender, and sexual orientation

Sex, gender, and sexual orientation aren’t the same thing. Sex and gender connect to different public health needs. ([See the Gender section for more on gender.](#))

Recognize and celebrate the variation and fluidity of sexuality, gender, and relationships

- Use language that recognizes the diversity of relationships and the fluidity of sexuality and gender.
- Avoid language that treats people identifying with LGBTQIA+ groups as monolithic, or all the same. These identities may have different experiences of marginalization and discrimination and, therefore, different public health needs.
- When creating content, be specific about who the information relates to; don’t refer to the findings as relevant to “the gay or LGBTQIA+ community.”

Example: If the information only relates to gay men, say gay men.

Avoid language that is heteronormative

“Heteronormativity” is a concept that assumes gender is binary (only male or female) and that heterosexual relationships (sexual and marital relationships between men and women) are the norm, expected, and superior to other relationships. Avoid language that makes these harmful assumptions.

Honor the terms people use to describe their identity

- People who identify as LGBTQIA+ may choose to share their identity and pronouns when necessary for their health care. Some people may see themselves based on identity while others might see themselves based on behavior. Consider using various terms because LGBTQIA+ people are not all the same.
 - Use terms like gay, lesbian, and bisexual to describe identity.

- “Men who have sex with men (MSM)” and “women who have sex with women (WSW)” are public health terms that can be useful and an appropriate way to describe a behavior – regardless of a person’s identity. These terms are rarely used by individuals to identify themselves.
- Pay close attention to how the person narrates their own story and follow their lead when communicating.
- Mirror the terms people use to describe their significant other.

Example: If a person uses a word like “partner,” “spouse,” “wife,” or “husband,” use the same word.

WHY WE DO IT

- Heteronormativity is embedded in our language, legislation, politics, and social environments. This causes lasting damage through bias, silencing, stigma, and discrimination. The world is much more complex and varied than what heteronormativity considers “normal.”
- Learning and honoring the terms people use to describe their identity creates trust. This could motivate someone engaging with and trusting Public Health to connect them with necessary health resources. This is especially important in light of the historical mistrust of LGBTQIA+ communities and public health/healthcare systems.

Less effective	More effective
This question asks about sexual preference.	This question asks about sexual orientation.
The gay community is invited to participate in the survey.	We invite LGBTQIA+ community members to participate in the survey.

Additional Resources

GLAAD | [GLAAD Media Reference Guide – 11th Edition](#)

[Learn more about LGBTQIA+ history in this article](#) on key moments of the 20th century onward. Fluidity in sexuality and gender is not a new concept. Many cultures recognized and embraced gender and sexual fluidity well before colonization and the Westernization of the United States.

Language Considerations: People with Disabilities

As of 2021, [more than 360,000 adults in King County reported having disabilities](#), which is more than 19% of the population. Physical, intellectual, sensory, and psychiatric and behavioral health disabilities can affect a person's ability to move, feel, see, hear, communicate, and learn. Barriers faced by people with disabilities can make it harder to access health care while increasing the health risks that they face.

Many disabilities exist that are not always obvious or visible, including pain, fatigue, and mental illness. Forgetting the disabilities we can't see can lead to misunderstanding, false perceptions, and judgment. We should be proactive in designing communications for people with disabilities because traditional feedback systems may not represent their perspectives and needs.

WHAT WE DO

Refer to the person first and disability second (if at all)

- Do not mention someone's disability unless it is necessary and relevant for the story.
- When it is necessary to mention a disability, be intentional and specific with language choice and provide context. For example, "person with a ____ disability, who may face challenges in accessing ____." Focus the issue on the broader lack of accessibility.
- Ask for community input. If you are writing about a specific person who has a disability, ask them what they want to discuss and how/whether they want to describe their disability. Do not assume that someone is willing or unwilling to disclose their disability.

Focus on strengths and assets

- Highlight what a person can do and avoid language that portrays what the person with a disability may be lacking.
- Avoid language that diminishes someone's experience or refers to them as a victim or sufferer. Instead, focus on describing what steps are necessary to accommodate their needs.
- Avoid language that "heroizes" people for their disability – framing their daily lives as heroic or inspiring.

Example: Calling someone "brave" or "inspirational" because they use a wheelchair is an ableist point of view. It frames a disability as something that must be overcome. [Activist Stella Young has called this "inspiration porn"](#) – objectifying disabled people for the benefit of nondisabled people.

Make communications accessible

- Follow best practices for accessibility when producing materials, including:
 - Adding descriptive, clear, and proofread alt text with images
 - Design materials for use with screen readers

- For hyperlinks, use simple and descriptive language that is clear when read on its own. Example: Insert the link into a phrase that describes the content, rather than “click here.” [Learn more about accessible hyperlinks.](#)
- Highlight when physical services are ADA accessible, and if ASL interpretation is available.
- Share available services for people who may need mobility accommodation, like [Metro's Access Transportation program.](#)
- Include teletype (TTY) assistance options like [Washington 211](#) when sharing phone numbers.

Proofread for terms that may not apply to people with disabilities

- Many common terms may not be inclusive of people with disabilities. For example, instead of “walk-in appointments,” consider using “drop-in appointments.”

WHY WE DO IT

We center people with disabilities in our communications to help increase awareness, inclusion, and belonging. It also helps connect people who have disabilities with the services they need.

Less effective	More effective
Handicapped or disabled	People/person with a disability/disabilities
Able-bodied	People/person without disabilities
Learning disabled	Person with a learning disability
Birth defect	Congenital disability
Handicapped parking	Accessible parking
Developmentally delayed	Person with a developmental delay
The hearing impaired; the vision impaired; the blind	Deaf people; people who are deaf or hard of hearing; people with a vision impairment; blind people; people who are blind

Note: There are exceptions to these terms; always ask the person if you can.

Additional Resources

National Center on Disability and Journalism | [Disability Language Style Guide](#)

TED Talk | [Stella Young: I'm not your inspiration, thank you very much](#)

King County Community Health Indicator | [Behavioral Risk Factor Surveillance System](#)

Language Considerations: People Experiencing Homelessness

The language around homelessness has been evolving. Definitions range from official government definitions to terms that people use to describe themselves. There's one thing that doesn't change: the lack of a safe, stable, healthy place to sleep has a significant impact on a person's health and well-being at any age.

WHAT WE DO

Talk about homelessness as a situation, not a permanent condition or a characteristic

- Even while someone is experiencing it, homelessness does not define a person.
- Describe the situation, rather than labeling the person.

Always use humanizing language

- Speak with compassion and respect; avoid blaming language, stereotypes, and stigmatizing.
- Recognize that surviving outside is a hardship. But use care before talking about “resilience,” because that can feel patronizing.
- Focus on what a person needs. Avoid dwelling on a reason why they are or were unhoused. Recognize that our system needs to change so that we have adequate housing for everyone.
- Stereotypes about people can make their situation worse. Remember that people need help even if they have made choices that you might not relate to.

Consider the privacy risks for people without homes, especially children

- Always get the written consent of people whose photos and stories you're sharing. Make sure they understand where the story and photos may be seen and that they have the right to say no.
- Avoid mentioning a specific location outside where someone is sleeping. (This is similar to protecting personal information as required by HIPAA – the Health Insurance Portability and Accountability Act of 1996.) Living outside makes people more vulnerable to violence and harassment.
- Avoid using photos that identify people, and do not use photos of children's faces. Even with the parent's consent, identifying children can lead to bullying and other negative repercussions at school and elsewhere. We should also respect that people's wishes to share their story may change over time and think through any consequences that could arise later.

- People deserve credit for helping, but we should avoid framing others as being the heroes or saviors. Center the person who needs our services.

Understand the definitions, underlying causes, and effects

- Homelessness has specific definitions for different circumstances, as defined by the [U.S. Department of Housing and Urban Development](#) (HUD) and [U.S. Health Resources & Services Administration](#) (HRSA). These definitions relate to funding and program eligibility. Look into the definitions if there's a need to be precise.
- There are many different causes of homelessness. Examples include high costs of living, medical emergencies, and a lack of services for people in need. Misperceptions about causes – such as conflating drug use and homelessness – can lead to stigma and opposition to providing services.
- At a young age, homelessness can lead to long-term health impacts. There is a strong association between [Adverse Childhood Experiences \(ACEs\)](#) and homelessness.
- For young people and adults, homelessness can lead to serious health problems and premature death. Risk factors include exposure to extreme weather, inability to keep medications safe and to keep medical appointments, untreated chronic disease, and violence against people who are homeless.
- The rising fentanyl epidemic impacts people who are housed as well as people who are experiencing homelessness. Be aware of language that can perpetuate stigma for people experiencing homelessness.

WHY WE DO IT

To counter stigma and dehumanization, we use language that recognizes the dignity and humanity of all people living in King County.

- Using negative language about homelessness can lead to stigma, dehumanization, hate crimes, and violence.
- Stigma can limit the availability of services and resources and prevent people from accessing them.
- The vast majority of people without homes want homes, and people are healthier when they have a safe, stable home.

Less effective	More effective
Homeless person	Person experiencing homelessness
Homeless families are vulnerable to violence and harassment.	A family who is unhoused is vulnerable to violence and harassment.
Charlie Jones, a homeless man living in downtown Seattle, shared his story with us.	Charlie, who is currently experiencing homelessness in Seattle, shared his story with us.
Public Health has many homeless people accessing services.	At Public Health, we have many clients who are accessing homelessness services.

Additional Resources

Invisible People | [How to Use Respectful, Instead of Degrading, Language Around Homelessness](#)

ACEs Too High | [News and commentary about people integrating the science of positive and adverse childhood experiences](#)

Public Health – Seattle & King County | [Public Health's Role at the Intersection of Health and Homelessness](#)

National Health Care for the Homeless Council | [National Consumer Advisory Board](#)

Language Considerations: People with Low Incomes

Income level can affect a person's or family's access to healthcare, food, housing, and other services, while raising the risks that they face from a variety of health issues. Many government programs, including the Supplemental Nutrition Assistance Program (SNAP), determine eligibility based on income.

When it is necessary and relevant to discuss income in our communications, be specific about income thresholds, recognize the societal context around a given issue, focus on the strengths of the people and communities being discussed, and consistently express compassion in our writing.

WHAT WE DO

Be specific

- Include details about eligibility thresholds when discussing programs and services tied to income, and if/how someone needs to show proof of income. The threshold for what is considered a low income can change by year, location, family size, and other factors.
- When referencing how a health issue may disproportionately impact people with low incomes, include information about monthly income and family size for reference.
- Note that given relatively high rents and prices in King County, the threshold for what is considered a "low income" is higher than in many other areas.

Recognize context

- Someone may have a relatively low income for many reasons. When writing about people with low incomes, acknowledge the need for living wages and fair housing. Recognize that systemic discrimination and oppression (historical and current) on the basis of race, ethnicity, gender, and disability intersect with income level.
- Avoid placing blame on individuals for having low income. Beware of associations (implicit or explicit) between having a low income and "bad" habits or choices, and associations between having a high income with "good" habits or choices.
- Avoid alluding to ideas that there are "deserving poor" and "undeserving poor," and making judgments about the reasons someone is poor. An example of this kind of framing is in the false assumption that people who have a low income and buy a new car, or have a low income and suffer from chemical dependency, are less deserving of services and support than people who are working but underpaid.
- Help connect people to available income restricted resources and services when appropriate, including the [Community Health Access Program \(CHAP\)](#).

Focus on strengths and assets

- Celebrate successes, strengths, and contributions. Avoid a focus on deficits.

- Avoid words that diminish a person. For example, use “may be challenged to...”, instead of “may struggle to...”.

WHY WE DO IT

Our approach to discussing income and health can impact whether a reader feels included or excluded. By taking a compassionate and deliberate approach with our language and the information we provide, we can:

- Help to connect people with services, resources, and health information, while encouraging people to share information with their community and networks.
- Address and reduce stigma around income levels.
- Inform people about the intersecting social issues that can influence income levels in King County and beyond.
- Work from a community-based approach, rejecting individualistic approaches that only value people based on their ability to climb up the social/income ladder.

Less effective	More effective
The poor usually have less access to healthy food than people in more affluent neighborhoods. (Or “the impoverished,” “the underprivileged”)	People with low incomes or no incomes usually live in neighborhoods that have less access to healthy food than people in more affluent neighborhoods have.
Low-income workers are not likely to get health insurance through their jobs.	People who receive low wages are not likely to get health insurance through their jobs.
Poor people are at higher risk of dying from cardiovascular disease.	Low socioeconomic status is associated with higher risk of developing and dying from cardiovascular disease. (See glossary for more information on socioeconomic status .)
Low-income people may be at higher risk.	People with low incomes may be at higher risk. For reference, in King County in 2023 , this would include the members of a family of four with a combined income of \$100,900 or less.

Additional Resources

[Find current income thresholds for King County](#) defined by the U.S. Department of Housing and Urban Development (HUD), or select geography on the U.S. Department of Housing and Urban Development’s (HUD) [Fair Market Rents Documentation System](#).

United States Government | [Government benefits](#)

Public Health – Seattle & King County | [Community Health Access Program \(CHAP\)](#)

Language Consideration: Race and Ethnicity

Spreading harmful ideas about race and ethnicity causes lasting harm and breaks trust with our King County communities. When we build more inclusive and safe spaces for our communities, people are more likely to interact, feel celebrated, and engage in important public health topics.

WHAT WE DO

Understand the terms

- Race and ethnicity are not the same thing. Both are parts of a person's identity used to describe them, but they focus on different aspects of who we an individual is.
 - **Race** is a made-up social concept. It's used to put people in groups based on physical appearance and traits (like skin color, hair texture, and facial features), which can come from their ancestors' backgrounds, like African, Asian, European, and more.
 - **Ethnicity** is about a person's cultural and social background. It is based on things like language, traditions, customs, and where their family originates from in the world.

Honor the terms people use to describe their identities

- Terms for racial groups change over time. Some terms are widely considered offensive, but other terms are not as clear cut. Individuals within a racial group may also not agree on what term they prefer, depending on generational differences, ethnicity, or other preferences. **As much as possible, seek input from members of the audience you are trying to reach or that you are communicating about.** Examples:
 - Some individuals may identify as Latinx, while others may feel that the term was imposed on them by white culture or a different generation. They may prefer Hispanic, Latine, Latino or Latina.
 - Some use API (Asian Pacific Islander) and AAPI (Asian American and Pacific Islander), but others may prefer to identify as Pasifika, APA (Asian Pacific American), APIDA (Asian Pacific Islander Desi American), or APIMEDA (Asian, Pacific Islander, Middle Eastern and Desi American). And others may prefer not to be grouped together with other ethnicities.
 - Members of Indigenous groups may prefer Native, Native American, Indian, or American Indian. Others may prefer identification with a specific locality (Alaskan Native) or their specific tribal/nation identity (Snoqualmie).

- Capitalize “Black,” “White,” “Native,” and “Indigenous” when referring to a person or group’s identity or culture. Capitalizing these words shows that the group has a shared culture and history. Capitalizing White makes it explicit that White people are not “raceless”; they are a powerful racial group that wields economic, social, cultural, and political power. By naming White as identity and culture, it calls for recognition of the shared culture, history, and systems that uphold this power dynamic. However, use lowercase for “white supremacy” to avoid giving credence to this ideology. The term “brown” should not be capitalized because it does not reference a cohesive racial group with a shared experience⁵.
- Use “White” rather than Caucasian (an outdated term from an inaccurate understanding of race)⁶.
- Don’t hyphenate “African American,” “Asian American,” and so on, to avoid implying that people of color are not fully American. The heritage is an adjective, and American is the noun⁷.

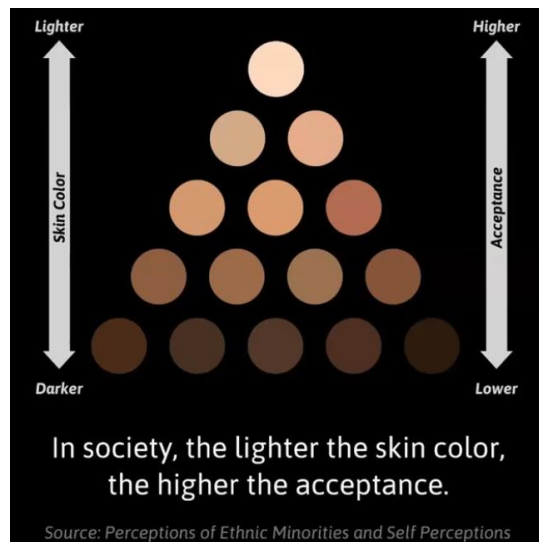
Celebrate the diversity of skin color

- Colorism is a form of discrimination that upholds and values white standards of beauty. Colorism includes favoring lighter skin tones, and other differences such as straight hair and thin lips and noses.
- In visual communications, include images of people with a range of skin tones and facial features. Include darker-skinned people in the full range of professions, families, and everyday activities.

⁵ Center for Equity, Gender and Leadership at the Haas School of Business. [Advancing Language for Racial Equity and Inclusion: An Equity Fluent Leadership Playbook](#). University of California, Berkeley

⁶ “Equitable Language Guide,” University of Washington Brand, accessed December 15, 2023, <https://www.washington.edu/brand/editorial-elements/equity-lens/equitable-language-guide/>

⁷ “Drop the Hyphen in *Asian American*,” Conscious Style Guide, accessed December 15, 2023, <https://consciousstyleguide.com/drop-hyphen-asian-american/>



Focus on strengths and assets

- Avoid only highlighting the deficits in a community.
- Take an asset-based approach to writing by celebrating and spotlighting wins and contributions, and strengths and successes.
- Focus on communities' positive visions for the future and their resilience in the face of systemic and institutional inequities.

Be direct in addressing racism

- Discuss racism and other structural inequities and their impacts directly.
- Do not use ambiguous terms like “a certain proclivity toward one race,” “racially charged” or “disagreement in perspective” when it is racism.
- Avoid making issues of oppression against one specific race to be about all races.

Example: if addressing discrimination against Black people, talk about it as anti-Blackness.

- If an issue disproportionately affects Black or Native communities, name those communities specifically. Using “BIPOC” or “people of color” dilutes the impact to Black and Native communities by including all other communities of color.

Recognize the intersectionality between racism and other forms of oppression or discrimination

- The concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, and other forms of discrimination “intersect” to create unique dynamics and effects.⁸
- Do not engage in “[Oppression Olympics](#),” a term that describes comparing one oppression to another. One oppression is not worse than another. All oppression is harmful, traumatizing, and dehumanizing.

WHY WE DO IT

- Naming racism when it occurs is an act of disrupting racism. In 2020, [King County named racism as a public health crisis](#). This continuation of that acknowledgment by PHSKC is a fundamental piece of anti-racism.
- We must challenge stereotypes about Black, Indigenous, and People of Color (BIPOC). Beware of narratives that rely on describing deficits in the communities we serve and framing negative outcomes as inevitable without intervention. This framing is rooted in racism and undermines the power of communities and grassroots movements to impact change for themselves. That’s why we should avoid focusing on deficits to justify our need for providing services.
- Asset-based language emphasizes and highlights strengths, abilities, and positive qualities rather than focusing on limitations or deficits. It's a way of describing individuals and communities in a positive light, recognizing their potential and contributions.
- Historically, government and public health institutions have supported and upheld racist systems, practices, and policies built in and maintained by [white supremacy](#). Our collective success is dependent on acknowledging the ways in which bias, racism, injustice, and inequity have profound impacts on everyone and continue to inflict undue harm and trauma.

⁸ “What is Intersectionality,” Center for Intersectional Justice, accessed December 15, 2023, <https://www.intersectionaljustice.org/what-is-intersectionality>

Less effective	More effective
We're focusing on vulnerable communities. ["vulnerable" is vague and can obscure the people you're talking about; it can also imply that the problem lies with the communities ⁹]	We're focusing on communities hit hardest by health disparities. [acknowledge the source or cause of oppression] We're focusing on Black, Latinx, and Native communities. [specify race/ethnicity] We've identified Black people as a priority audience because structural racism and centuries of disinvestment in Black communities have damaged Black people's health.
We are doing outreach to disenfranchised minority groups.	We aim to include under-reached racial and ethnic groups.
Black and brown people have more vaccine hesitancy.	In Black and Native communities, historical and personal experiences with racism in the health system have led to higher rates of distrust of vaccination.
We conducted interviews in three nonwhite communities.	We conducted interviews among Vietnamese American, Black, and Latinx residents in King County.
Native groups will manage the planning for distribution of PPE.	The Muckleshoot and Snoqualmie tribes will manage planning for distribution of PPE.

Additional Resources

[Center for Intersectional Justice](#)

Communicate Health | [It's Time to Retire "Vulnerable Communities"](#)

TIME | [She Coined the Term "Intersectionality" Over 30 Years Ago. Here's What it Means to Her Today](#)

University of Washington Brand | [Equitable Language Guide](#)

University of California, Berkeley: Center For Equity, Gender & Leadership | [Advancing Language for Racial Equity and Inclusion](#)

⁹ "It's Time to Retire *Vulnerable Communities*," CommunicateHealth, accessed December 15, 2023, <https://communicatehealth.com/wehearthealthliteracy/its-time-to-retire-vulnerable-communities/>

Language Considerations: Weight Bias

People with a higher body weight face false stereotypes. These can lead to overt and covert bullying, bias, and discrimination. Fatphobia, also known as weight bias or weight stigma, is harmful. It contributes to immediate and long-term consequences for emotional and physical health and reduces quality of life.

WHAT WE DO

Understand the terms

- The [terms “overweight” and “obesity”](#) refer to excessive fat accumulation that may present a risk to a person’s health.
- Many fat acceptance activists are reclaiming the word “fat” and working to decrease its stigma. The Fat Acceptance Movement is working on challenging fat bias and ending systemic discrimination against fat people. In this guide, we will use the word fat to describe people who are labeled as obese or overweight.
- Body Mass Index (BMI) is a formula that uses height and weight to group people into weight categories such as “normal” and “obese.”

Avoid references to BMI in health-related communications when possible

- The [American Medical Association \(AMA\) advises against using BMI as a measure of individual health](#) because it does not account for body composition differences across race/ethnic groups, sexes, genders, and age span. BMI is also problematic because it was [developed based on the bodies of white cisgender men](#) generations ago.
- The AMA has also recognized the historical harm caused by the use of BMI for racist exclusion.

Avoid stereotypes

- Avoid making assumptions about the health status or ability of a person based on their body size.
- Do not assume a fat person sees their fatness as a problem to be solved.
- Dismantle beliefs that fatness/being overweight is a sign of moral weakness or a lack of will power ([StopWeightBias.com](#)).

Use language and terminology appropriate for the context

- Context and intended audience matter when writing about weight. Consider avoiding the terms “overweight” and “obese,” and instead use terms such as “larger-bodied,” “fat people,” or “people labeled as obese.”
- In health care settings and interactions with medical professionals, use straightforward references to weight.
- Use terms the community prefers.

Promote balanced and accurate understanding of obesity

- Accurately describe the complexity of obesity and its causes, including sleep routine, genetics, effects of medications, and environmental influences like neighborhood characteristics, food affordability, peer influence, and marketing.
- Focus discussions on how to make positive behavior changes instead of emphasizing weight loss. Emphasize the benefits of maintaining healthy habits (such as having more energy) as well as improving biomarkers of health (such as lowering blood sugar and cholesterol levels), whether or not the patient loses weight.
- Conversations about fatness should incorporate the impact of structural racism and the history of inequitable and insufficient care BIPOC communities have and continue to experience. This can include recognizing the impacts of poverty, exposure to environmental toxins, access barriers to physical activity, and other systemic factors.
- Fat studies scholars and activists have pointed out that the association of obesity with Native, Black, and brown communities is part of [a long tradition of marking marginalized populations as diseased](#).

Select pictures and images of fat individuals that do not reinforce stereotypes

- Fatness doesn't have one look. Use a diverse set of images that doesn't only show marginalized groups as being affected by obesity.
- Include larger-bodied people when illustrating examples of healthy living.

WHY WE DO IT

- Even medical professionals hold false beliefs and may perpetuate an inequity of care due to the insidiousness of anti-fat stigma. Public Health plays an integral role in leading discussions related to weight while integrating fact-based information about an individual's social, environmental, and biological factors.
- Fat people receive poorer quality and quantity of care. This discrepancy is magnified when intersected with other areas of marginalization.

Less effective	More effective
Obese individuals have a higher risk of type 2 diabetes.	Reducing excess weight can significantly decrease the risk of type 2 diabetes.
In interactions with patients, avoid using this language: morbidly obese, chubby, extra-large	In interactions with patients: ask them how they would describe their body size if needed, or consider avoiding labeling their body size and instead focus on their individual health goals and risks: "Let's discuss strategies to incorporate more movement into your daily routine."
Obese	Fat or larger-bodied, depending on context

Additional Resources

University of Connecticut | [Rudd Center for Food Policy and Health](#)

[StopWeightBias.com](#)

Rudd Center for Food Policy and Health | [Guidelines for Media Portrayals of Individuals Affected by Obesity](#) (Note: this resource reflects the variety of perspectives around reference to BMI and usage of the term “fat.” As always, consult with community and use your best judgment in developing materials for your intended audience).

[National Association to Advance Fat Acceptance](#)

Canadian Medical Association Journal | [Fat acceptance as social justice](#)

Additional Resources for Equitable Language

King County Resources:

[Community Engagement & Co-Creation](#)

[King County: Equity and Social Justice Strategic Plan](#)

[Plain Language and Health Literacy Manual](#)

[Language Access Resources](#)

[Equity Technical Assistance Requests](#) for:

- document review and feedback
- planning for community engagement
- centering language access and/or health literacy

Outside Resources:

UC Berkeley's *Advancing Language for Racial Equity and Inclusion: An Equity Fluent Leadership Playbook* (haas.berkeley.edu/wp-content/uploads/UCB-EGAL_Playbook_Language.pdf)

Race Reporting Guide: A Race Forward Media Reference by The Center for Racial Justice Innovation (www.raceforward.org/resources/toolkits/race-reporting-guide)

GLAAD Media Reference Guide offers guidance on telling LGBTQ+ stories and includes an extensive glossary: (GLAAD.org/reference)

Disability Language Style Guide by the National Center on Disability and Journalism: (ncdj.org/style-guide)

The University of Minnesota's Center for Practice Transformation created a tool for Person-Centered Language to help move from deficit-based language to strengths based language: (<https://practicetransformation.umn.edu/practice-tools/person-centered-language/>)

Glossary

ableism: The discrimination and social prejudice against people with disabilities based on the belief that typical abilities are superior.

ADA: The [Americans with Disabilities Act](#) is federal civil rights legislation that was signed into law in 1990 to address discrimination on the basis of disability in employment, public accommodations, transportation and telecommunications as well as state and local government services ([Disability Language Style Guide](#), National Center on Disability and Journalism).

anti-racism: An active and consistent process of change to eliminate individual, institutional, and systemic racism. This process involves examining and challenging societal structures and individual biases and beliefs that uphold racism and its power imbalances ([Calgary Anti-Racism Education](#)).

asset-framing approach: Created by [Trabian Shorters and Benjamin Evans](#), asset-framing defines communities by their aspirations and contributions, rather than their challenges and deficits. This approach also recognizes that community members may have strengths and opportunity areas that Public Health may lack.

asexual: describes a person who does not experience sexual attraction ([Glossary of Terms: LGBTQ | GLAAD](#)).

asylee: Individuals who travel to the U. S. who are waiting for their refugee status to be approved.

bias: prejudice against a person or group of people when compared to others. These biases are usually based on prior attitudes, first impressions, or socially constructed stereotypes.

- **implicit bias** – unconscious acts or thoughts based on stereotypes
- **explicit bias** – intentional acts or thoughts based on stereotypes ([Implicit Bias, Explicit Bias, and Preferences](#) – PowerPoint, 714 KB)

Black, Indigenous, and People of Color (BIPOC): A term referring to “Black and/or Indigenous People of Color.” While “POC” or People of Color is often used as well, BIPOC explicitly leads with Black and Indigenous identities, which helps to counter anti-Black racism and invisibilization of Native communities.

cisgender: A term that refers to someone whose assigned sex at birth matches their gender identity ([UK National Health Service](#)).

co-creation: Co-creation is a mindset and approach. It's about working together with the community to tackle specific challenges. Co-creation uses an active and ongoing participatory process. It assumes shared power, responsibility, accountability, and decision-making with community members. We center on those most harmed by inequality.

Co-creation involves engaging with community members on strategy at the earliest possible moment. We rely on their experience and expertise to identify and frame problems. Residents inform work plans and policies to create solutions ([King County: Community Engagement & Co-Creation](#)).

colorism: First defined by Alice Walker as “prejudicial or preferential treatment of same-race people based solely on the color of their skin.”

dehumanization: Depriving someone of human qualities, personality, or dignity ([Merriam-Webster](#)).

disability: Any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

equity: The full and equal access to opportunities, power, and resources so that all people achieve their full potential and thrive. Equity is an ardent journey toward well-being as defined by those most negatively affected ([King County Equity and Social Justice Strategic Plan](#)).

gender dysphoria: A sense of unease that a person may have because of a mismatch between their assigned sex and their gender identity. This sense of unease or dissatisfaction may be so intense it can lead to depression and anxiety and have a harmful impact on daily life ([United Kingdom National Health Service](#)).

heteronormativity: The assumption that heterosexuality is the standard for defining normal sexual behavior and that male-female differences and gender roles are the natural and immutable essentials in normal human relations ([American Psychological Association Dictionary of Psychology](#)).

intersectionality: First defined by Kimberlé Crenshaw, the concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, and other forms of discrimination “intersect” to create unique dynamics and effects. This often creates compounding experiences of oppression for people who hold multiple marginalized identities ([Center for Intersectional Justice](#)).

intersex: Someone with one or more innate sex characteristics, including genitals, internal reproductive organs, and chromosomes, that fall outside of traditional conceptions of male or female bodies ([GLAAD Media Reference Guide](#)).

invisibilization: The act of making something invisible. This includes building the discussion around a topic or group of people so that they are not mentioned or seen, or intentionally misrepresenting those people. The lack of discussion and/or misrepresentation makes the problems these groups face either become invisible or wrongfully appear to be their own fault. Invisibilization makes it easier to force people into situations they may not otherwise be in (Categorism.com).

militaristic language: Warfare language that is used to explain the urgency and seriousness of a situation and to make people aware of the need for special control measures. Example: “dealing with the pandemic is a war” vs. “dealing with the pandemic is a struggle” ([International Journal of Psychology, 2021](#)).

misgendering: The intentional or unintentional act of using the incorrect pronouns or nouns when labeling or referring to someone. This most often happens to people who are transgender or non-binary.

mixed-status household: Couples or families who have different immigration status.

naturalized citizen: People who acquired citizenship after meeting certain requirements at birth or after birth.

non-binary: An umbrella term used by people who experience their gender identity and/or gender expression as falling outside the binary gender categories of “man” and “woman” ().

non-immigrants: People with a temporary visa (such as U visa, T visa, student visa, visitor visa, temporary worker visa).

othering: A phenomenon in which some individuals or groups are defined and labeled as not fitting in within the norms of a social group. It is an effect that influences how people perceive and treat those who are viewed as being part of the in-group versus those who are seen as being part of the out-group.

pansexual: Sexual, romantic, or emotional attraction toward people of any sex or gender identity.

permanent resident: Non-citizens who are lawfully authorized to live permanently within the United States.

queer: An adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual (for example, queer person, queer woman). Typically, for those who identify as queer, the terms lesbian, gay, and bisexual are perceived to be too limiting and/or fraught with cultural connotations ([Glossary of Terms: LGBTQ | GLAAD](#)).

questioning: This describes someone who is in the process of exploring their sexual orientation and/or gender identity ([Glossary of Terms: LGBTQ | GLAAD](#)).

race: The concept of dividing people into groups on the basis of various sets of physical characteristics and the process of ascribing social meanings to those groups ([Washington University in St. Louis | Race and Ethnicity Self-Study Guide](#)).

racism: A way of representing or describing race that creates or reproduces structures of domination based on racial categories. In other words, racism is racial prejudice plus power. In the United States, it is grounded in the creation of a white dominant culture that reinforces the use of power to create privilege for white people while marginalizing people of color, whether intentional or not.

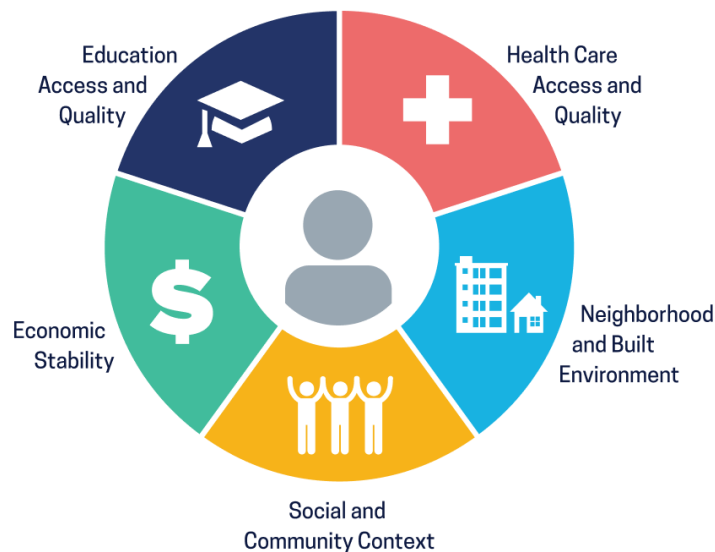
It is perpetuated in many forms of racism that include:

- **individual racism** – An individual’s beliefs, attitudes, and actions that perpetuate racism.
- **interpersonal racism** – When individuals express their beliefs and attitudes with another person in a way that perpetuates racism.
- **internalized racism** – When people of color, knowingly or unknowingly, accept and integrate negative racist images, beliefs, and identities to their detriment.
- **institutional racism** – Intentional or unintentional, laws, organizational practices, policies, and programs that work to the benefit of white people and to the detriment of people of color.
- **structural racism** – The interplay of laws, practices, policies, programs, and institutions of multiple systems, which leads to adverse outcomes and conditions for communities of color compared to white communities, that occurs within the context of racialized historical and cultural conditions ([King County: Racial Justice](#)).
- **systemic racism:** The way an entire system collectively contributes to racial inequities. This includes the health, environmental, education, justice, government, economic, financial, transportation, and political systems.

refugee: Individuals who fled their country of origin due to war, violence, conflict, or persecution and seek safety in another country.

social determinants of health (SDOH): The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes. There are five SDOH domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context ([Healthy People 2030](#)).

Social Determinants of Health



Social Determinants of Health
Copyright-free

Healthy People 2030

socioeconomic status: The absolute or relative levels of economic resources, power, and prestige closely associated with wealth of an individual, community, or country. Socioeconomic status is a multidimensional construct comprising multiple factors, such as income, education, employment status, and other factors ([Centers for Disease Control](#)).

stigma: A discrimination against an identifiable group of people, a place, or a nation. For example, stigma about people with substance use disorder might include inaccurate or unfounded thoughts, including that they might be dangerous, incapable of managing treatment, or at fault for their condition. ([National Institute on Drug Abuse](#))

systemic oppression: A combination of prejudice and institutional power that creates a system that regularly and severely discriminates against some groups and benefits other groups. A person of the non-dominant group can experience oppression in the form of limitations, disadvantages, or disapproval. They may even suffer abuse from individuals, institutions, or cultural practices ([Smithsonian National Museum of African American History & Culture](#)).

trauma: Experiences that can cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that may have lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being. Trauma may involve either natural events such as earthquake or hurricane, or man-made events such as sexual abuse or witnessing violence (U.S. Substance Abuse and Mental Health Administration).

- **historical trauma** – Multigenerational trauma experienced by a specific cultural, racial, or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans.
- **sanctuary trauma** – First defined by Dr. Steven Silver, this occurs when an individual who has experienced a traumatic event goes somewhere they expect to be supportive and healing, only to discover more trauma and stress ([Center for the Application of Substance Abuse Technologies \[CASAT\], 2023](#)).

two-spirit: Refers to Native American LGBTQIA+ communities to honor their heritage and provide an alternative to western LGBTQIA+ labels ([People of Color Against AIDS Network, 1996](#)). First coined by Elder Myra Laramee in 1990 in Winnipeg, Canada, two-spirit people have both male and female spirit within them and are blessed by their Creator to see life through the eyes of both genders. Two-spirit should not be used to describe people who are not Native and should only be used if a Native person uses it to describe themselves.

undocumented immigrant: People with no federal documentation to show they are entitled to visit, work in, or live in the United States.

violent language: Use of terms that have aggressive or weapon-related origins, such as bullet points, target, “take your best shot,” tackle, and so on. These terms can needlessly conjure violence or stress, especially to communities who have experienced war, gun violence, genocide, and other violence.

white supremacy: The ideology and social/political/economic/other structures that create and support a racial hierarchy where Whites are superior to nonwhites ([UC Berkeley's Advancing Language for Racial Equity and Inclusion: An Equity Fluent Leadership Playbook](#)).