

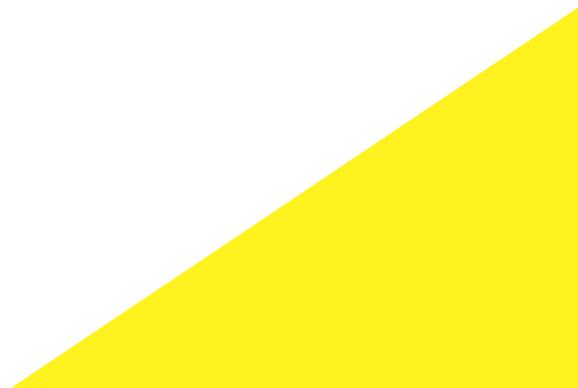
Language Use Guide



Word choice matters. The Health Department is committed to using inclusive language that elevates the voices of those most affected by health inequity.

This guide, along with the accompanying glossary, provides clarity on key and commonly used terms and concepts. In the past, agency staff and programs have had different definitions and best practices for how to use these terms. This language use guide helps all Health Department staff use these terms in a consistent way. This guide also includes tips for how to communicate about race, racism, racial equity and social justice within the Health Department’s work. Throughout this document there are a few terms that are part of the basic vocabulary of Race to Justice; these terms are social justice, race and racism. To find definitions for these terms and others, refer to the “Glossary” in this kit.

Language constantly evolves and varies between and within communities. This guide will be updated periodically. This guide will be updated periodically and an electronic version is available on SharePoint. While it may be challenging to stay up to date on the latest terms and how to use them, we encourage you to keep learning!



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1

Why be explicit about racism and inequity in our communications

1 ▶ **Why be explicit about racism and inequity in our communications**

Being explicit about race and racism helps us understand how racist policies, systems and structures cause unequal differences in health outcomes. For example, we can be explicit about race and racism by analyzing data by race and ethnicity and clearly stating whether the data shows unfair differences along racial or ethnic lines. The focus should be on exploring the historical roots and discriminatory practices that lead to unjust health outcomes. When naming race, remember that race and ethnicity are social constructs with no biological basis. Understanding the following key terms will help you communicate effectively about race, racism and racial equity.



2

Commonly used terms and concepts



2 ▶ **Commonly used terms and concepts**

To effectively address unequal and avoidable differences in health outcomes we must first form a common understanding of the terms equity, equality, disparity and inequity.



Equality and Equity

What does **equality** mean in health?

- ▶ Equality refers to the equal distribution of resources, opportunities and treatment.
- ▶ Equality can only work as a strategy for promoting wellness if everyone starts from the same place and needs the same things.
- ▶ Due to a history of racism in our city and country, we do not start or live our lives with the same opportunities or access to resources.
- ▶ Practicing equality by giving everyone the same thing, regardless of circumstance or need, reinforces unequal outcomes.

What does **equity** mean in health?

- ▶ Equity can be an outcome and a process.
 - ▶ As an outcome, equity is achieved when a person's social position or social identity no longer predicts their health, education and income.
 - ▶ Equity as a process requires valuing all people equally, recognizing historical injustice and providing resources according to need.¹ It also means including the expertise and leadership of people of color and other marginalized groups in the process.

Guidance on using these terms:

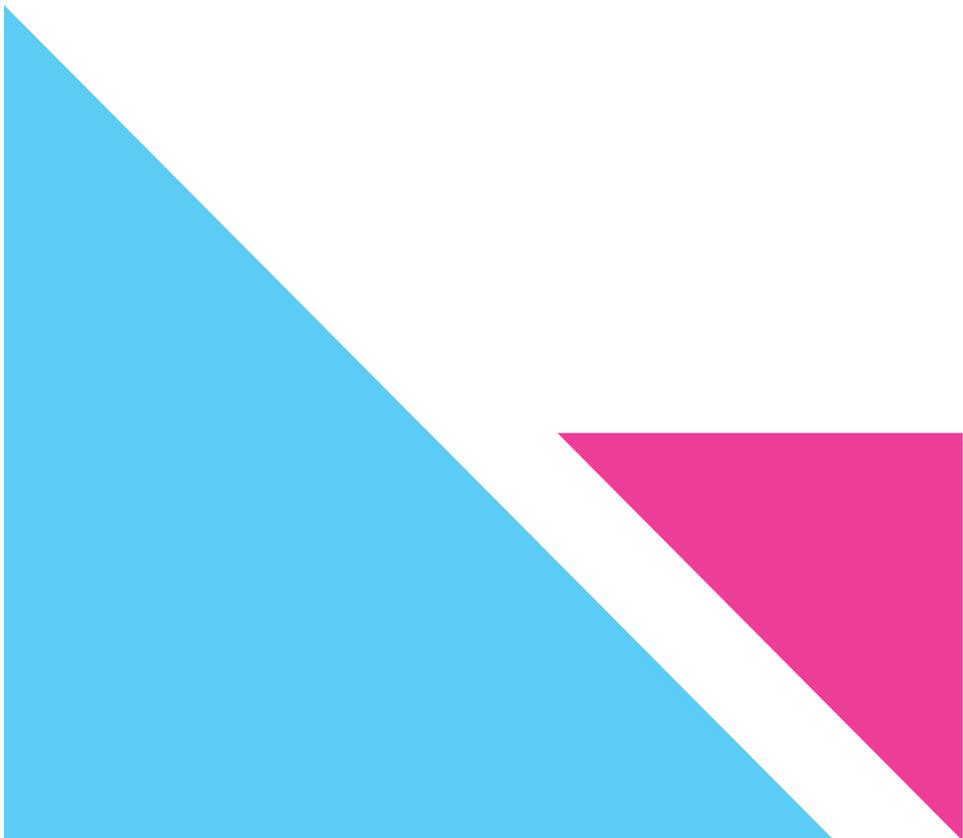
In the past, agency staff and programs have had different definitions and best practices for how to use these terms.

While equality refers to the equal distribution of resources, equity refers to the fair distribution of resources and opportunities based on what people need. Using the word "equity" recognizes that different communities experience different challenges, needs and histories.² As an agency we aim to consistently follow these definitions.

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Example: If a neighborhood does not have access to healthy food options for many generations and is experiencing worse health outcomes, an approach grounded in equality would invest the same resources in neighborhoods across the city. An equitable solution, on the other hand, would be to invest more resources in the neighborhood that needs it most. An equitable approach would also engage neighborhood residents and leaders to co-create the investment strategy in their neighborhood. Racial equity involves listening and co-designing solutions with communities of color and other marginalized groups.

- ▶ For guidelines on inclusive decision-making, see the Community Engagement Framework in this kit.



Disparity and Inequity

What is the difference between **disparities** and **inequities**?³

Health disparities: Population-based differences in health outcomes.

Health inequities: Differences in health outcomes and the opportunities groups have to achieve optimal health that are rooted in **avoidable, unjust and unfair** social and structural systems.

- ▶ For example: Asthma disproportionately affects children of color and those in low-income neighborhoods. These health inequities are likely due to differences in neighborhood housing quality, exposure to pests in the home, the social environment, and access to and quality of health care. Historical disinvestment in neighborhoods of color throughout New York City (NYC) drive these health inequities. In NYC in 2015, Latino children were three times as likely as White children to have been diagnosed with asthma (15% vs. 4%).⁵
- ▶ Analyzing health inequities does not mean simply collecting data on the differences across groups; it also means identifying and examining the social and structural causes of those differences.



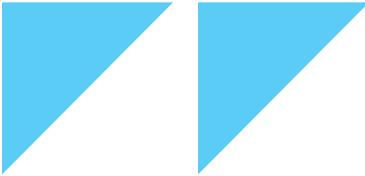
Not all disparities reflect an inequity. The Boston Public Health Commission provides the following example of a disparity versus an inequity:

- ▶ “Male babies are generally born at a heavier birth weight than female babies. This is a health disparity. We expect to see this difference in birth weight because it is rooted in genetics. Because this difference is unavoidable, it is considered a health disparity.”⁶
- ▶ On the other hand, studies have shown links between the stress from racism experienced by Black women and negative health outcomes. “Babies born to Black women are more likely to die in their first year of life than babies born to White women.”⁷ Because this is true regardless of income or level of education, it is considered an inequity. Racial discrimination in health care and the stress of racism negatively affect health.

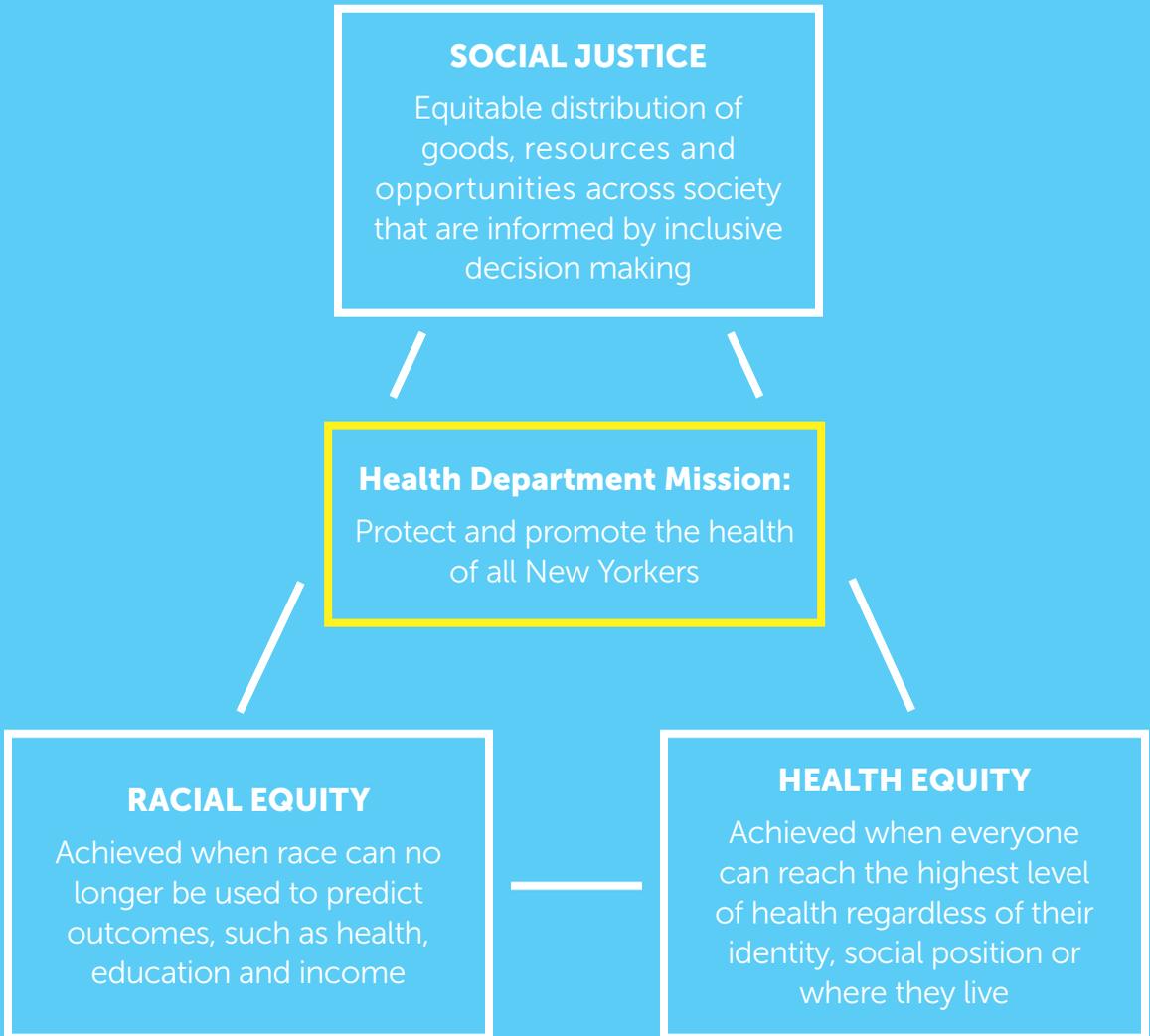
Guidance on using these terms:

In the past, agency staff and programs have had different definitions and best practices for how to use these terms.

However, as an agency, we will consistently use the term “health inequities” when describing unjust and avoidable differences in health outcomes by race, ethnicity, gender identity, sexual orientation, socioeconomic status and religion. The term “inequity” more accurately and explicitly draws attention to the injustice of the difference.



The relationship between health equity, racial equity and social justice:





3

How to be explicit about racism and inequity in our communications

3 ▶ **How to be explicit about racism and inequity in our communications**

When we look at our communications through a racial equity and social justice lens, we are better able to address and improve health outcomes. (To read more on how racism affects our work, read “The Impacts of Racism on Health” in this kit.) Before you begin your communications, keep the following considerations in mind. While you may not be able to include all these points in shorter communication materials, they are still helpful in planning and framing the overall goals of the material.

What are you trying to communicate?

- ▶ Identify the health issue you are trying to address.
- ▶ Name the specific racial or ethnic populations affected by the health issue you are prioritizing or highlighting. If your strategy or program seeks to reach a particular community — such as undocumented immigrants or Black New Yorkers — provide data about the community as it relates to the health issue. Naming a specific community does not mean you are excluding other communities. It means you are deliberately focusing your strategies and resources to ensure that you are reaching those most affected.

Who are you trying to reach?

- ▶ Who is the intended audience of your memo, publication, presentation, report, press release or other material? What is their level of understanding of equity? Define terms, concepts and acronyms that may be less clear to your audience especially around race, racism and social justice.
- ▶ Depending on your audience, you may also want to include the goals of a particular program or initiative before providing an explanation of the differences in health outcomes.

Why is this topic important to the community and to the agency?

- ▶ Identify how this topic helps communities meet their needs and the agency meet its goals.

How do you introduce these concepts in your communications?

- ▶ If your communication describes a difference in health outcomes, consider whether it is a health inequity (avoidable, unjust and unfair differences). Any difference based on race, ethnicity, gender identity or other social construct is an inequity.
- ▶ Consider the NYC-specific data on health inequities. Some of our greatest tools are the systems and processes we use to monitor the health of New Yorkers. Keep in mind that data is never bias free, but we can take steps to reduce the bias in data. The Health Department is creating standards to help reduce data bias across the agency.
- ▶ Use an equity lens. If there is an inequity, consider the social, institutional or structural systems that maintain inequities over time. Provide background information on these systems. For example, it may be helpful to include a brief history of segregation or inequitable funding, information on related laws and policies, or an explanation of how historical injustices affect people today. Including this background information can help to counter the idea that there are individual and/or biological reasons for health inequities. Avoid showing outcomes without explaining the potential structural and historical root causes. When including information on root causes, expect some racial anxiety, which is the brain's stress response before or during interracial interactions.



- ▶ Use the “r” word: racism, racial equity or racial inequity. Often other topics, such as class, ethnicity or place, are used as a shorthand for race. But race involves a distinct and powerful dynamic that requires dedicated attention to dismantle. When we fail to name the problem accurately, we fail to develop solutions that truly address the root causes. If race is a significant factor in the health issue you are addressing, it needs to be a significant part of the program goals, conversations, solutions and strategies.
- ▶ Focus on solutions and/or a community’s strengths, as these are more likely to inspire hope, urgency and action. If you lead with a description of the differences in health behaviors or outcomes between groups, it may have the unintended result of re-stereotyping and dehumanizing a particular group.

Example from the Epi Data Brief “Inequitable Social Environments Faced by New York City Children”

The following example shows how to effectively discuss inequities in health materials:

Supportive and equitable social environments are important for all children. Unfortunately, among NYC children ages 3 through 12, one in three (33%) did not have sufficient food in the previous 12 months. Even at the same level of household poverty, Black and Latino children fared worse than their White peers in some experiences, such as food insufficiency and living in supportive neighborhoods. Such experiences jeopardize children’s chances of thriving socially and emotionally. The findings that Black and Latino children were disproportionately exposed to less advantageous social environments, at times regardless of poverty level, when compared with White children, suggests that racism may play a role and is an important call for action.³

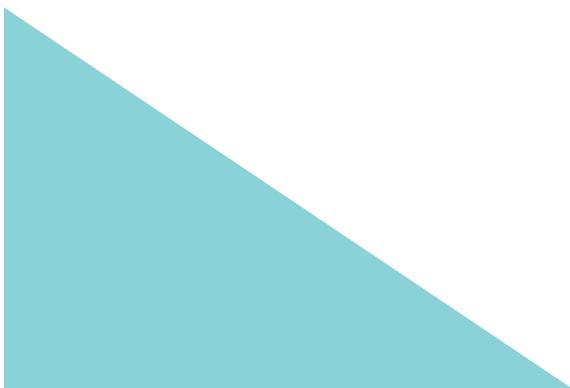
4

Communication Tips



4 ▶ **Communication Tips**

- ▶ **Be explicit about racism and other forms of oppression, such as sexism, cissexism, classism, ableism, nativism or heterosexism.** See the “Glossary” for definitions of these different types of oppression.
- ▶ **Avoid stereotypes or generalizations about a person or group.**
- ▶ **Listen to communities and use language that acknowledges their strengths.** Communities are best positioned to define themselves, so ask. Prioritize the voice, expertise and leadership of people of color and other marginalized groups in your communications.
- ▶ **Use “people-first” language.** An individual has multiple identities, and it is unlikely that any one identity entirely describes the person. “People-first language aims to make personhood the essential characteristic of every person. People-first language views other descriptive social identities that people may hold as secondary and non-essential.” This language use guide provides a few examples, but for a more comprehensive resource, visit [SharePoint](#) and download “Sum of Us: A Progressive’s Style Guide.”



Instead of	Use
Disabled people	People with disabilities People who have ...
Mentally ill person	Person with mental illness
Diabetic person	Person with diabetes
Incarcerated people	People with (criminal) justice involvement

- ▶ **Be as specific as possible when referring to groups, communities or neighborhoods.** The following table provides guidance on which words to use and avoid in communications about health inequities.

For example:

Instead of	Use
At-risk	Excluded from opportunity and resources
Disadvantaged	Priority
Vulnerable or poor	Low-income neighborhoods/ communities, or individuals living in low-income neighborhoods





Instead of	Use
<p>Underserved</p>	<p>Communities with denied access to x, y or z (Include any environmental or structural systemic factors that affect access; avoid implying that a lack of access is a reflection of the communities' behavior or actions.)</p>
<p>Oppressed (as a way of describing individuals, but you can use "oppression" to describe unjust systems and structures)</p>	<p>Communities historically or structurally marginalized</p>
<p>Targeted</p>	<p>Intended audience, priority community, burdened, tailored or focused intervention/program Those most affected/impacted by our decisions or programs</p>
<p>Minority</p>	<p>Name the specific community, for example, people of color or LGBTQ community.</p>
<p>Illegal immigrant or Unauthorized</p>	<p>All residents regardless of immigration status Undocumented immigrant</p>



- ▶ **Avoid referring to socially dominant groups first.** Instead of saying “Whites and people of color,” name the specific groups, if possible, and re-sequence the information by data or alphabetically.
- ▶ **Use gender inclusive language when possible. This helps to create environments where all people feel welcome and included.**

For example, instead of saying the Health Department offers “important health guidance for men and women,” say:

- ▶ Important health guidance for *all New Yorkers*.
- ▶ Important health guidance for *everyone*.
- ▶ Important health guidance for *people of all gender identities*.
- ▶ **“People of color”** is often used as an inclusive and unifying term to address common racial and ethnic inequities across different racial groups who not white.
- ▶ **Capitalize** racial identities such as “Black” and “White” (avoid using “Caucasian”) when referring to people.
- ▶ **Be representative and inclusive in your communications:**
 - ▶ Are you using images? If so, who might be missing from the images? Is the image affirming of the key population’s identities?
 - ▶ Explore what kind of biases or assumptions you may have that could inform the way you communicate about the topic.
- ▶ **Describe issues from a systemic perspective.** Consider whether there is a policy or practice at work that has race-based consequences instead of looking at a situation from an individual perspective.⁹
- ▶ **Name the type of racism (structural, institutional, interpersonal) that contributes to the inequity and how it affects health.**
- ▶ **Communicate health information to patients in a welcoming, respectful, clear and simple way.** Reference the “Using Effective Communication to Improve Health Outcomes” City Health Information for further tips.¹⁰

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