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Health Equity Style Guide for the COVID-19 Response: Principles and Preferred Terms for Non-Stigmatizing, Bias-Free Language

CDC's Health Equity Style Guide emphasizes the importance of addressing all people inclusively, with respect, including using non-stigmatizing, bias-free language. Avoid perpetuating negative stereotypes or blaming people for their own life circumstances or health status when reporting data or information about health disparities. As you create information resources, give presentations, engage with partners, and even develop and review internal communications, look for opportunities to apply the guidance below to your work in the response.

Using a health equity lens describes key considerations for framing information about health disparities and general public health implications.
Table 1 describes overarching principles to consider throughout public health response efforts, including written and oral dissemination of information.
Table 2 provides preferred terms for select population groups; the terms to avoid represent an ongoing shift toward non-stigmatizing language.
Table 3 provides considerations for developing community mitigation guidance and public health communications.
Table 4 provides links to references, other resources and style guides to avoid stigmatizing language used to develop this style guide.
Glossary includes definitions of key terms.

Using a health equity lens

Key health equity considerations to use when framing health disparities and discussing public health implications

When information is disseminated, several decisions are made regarding what to emphasize, how it is explained, and what is left unsaid. When communicating about disparities, be sure to emphasize the value of ensuring that everyone has an equal opportunity for health and that reducing disparities contributes to the common good and benefits all; explain that disparities can be prevented by equitable programs, policies, and services; and, importantly, recommend solutions (or the need to develop innovative solutions). Also consider the following as you disseminate information.

- Long-standing systemic health and social inequities, including some that have been introduced by federal, state, and local policies, have put some population groups at increased risk of getting sick from some illnesses, having overall poor health, and having worse outcomes when they do get sick.
    - Take every action possible to avoid implying that a person/community/population is responsible for increased risk of adverse outcomes.
    - Health disparities should be contextualized by social determinants of health.
    - State the situation or present the data objectively.
    - Review the content while specifically looking for unintentional stereotyping, stigmatization, or blame brought about through word choices, images, where the material is presented in relation to other content, or absence of contextualizing framing.
    - Some members of disproportionately affected groups don't have the resources to follow public health recommendations that are based on 'ideal world' scenarios. Resource allocation may not match need due to lack of an inclusive infrastructure.
    - Meeting an immediate health-related need may not solve problems that are structural in nature (i.e., the factors that caused or could have prevented the health-related need).

- Health equity is intersectional – Individuals may belong to several groups that historically have experienced discrimination, and therefore, may have layered health and social inequities. Such intersections must be further examined to better understand, interpret, and communicate health outcomes.
    - Population groups are not homogeneous in their health and living circumstances.
    - Race/ethnicity cannot serve as a proxy for socioeconomic status, and vice versa.
    - There is diversity within and across communities, with variations in history, culture, norms, attitudes, behaviors, lived experience, and many other factors. Be cautious in generalizing about a community (e.g., "the Hispanic community").
    - Use inclusive language to avoid unintentionally excluding certain groups (e.g., use gender-inclusive language if not referring to a specific sex or gender group – e.g., chairperson instead of chairman, avoid using pronouns or use they or he/she).

- Public health programs, policies, and practices must recognize and respect the diversity of the community they are trying to reach.
    - Community engagement efforts can help strengthen cross-sector partnerships, ensure culturally and linguistically appropriate practices, build trust within communities, promote social connection, and advance health equity.
    - Public health has an important role in addressing the social determinants of health in collaboration with multi-sector partners.
    - Response efforts should tailor interventions and communication based on the unique circumstances of different populations.
    - Consider a strengths-based framework for writing to ensure community strengths and solutions drive local public health response efforts while also being sensitive to areas where a community's capacity can be built.

Table 1. Overarching principles and preferred terms

Key principles	Terms to avoid	Preferred terms
Avoid use of the terms such as vulnerable, marginalized, and high-risk as adjectives. These terms can be stigmatizing. These terms are vague and imply that the condition is inherent to the group rather than the actual causal factors.	Vulnerable groups Marginalized groups High-risk groups At-risk groups High-burden groups Hard to reach groups Targeted population	Disproportionately affected Groups that have been economically/socially marginalized Groups that have been marginalized Groups placed at higher risk/put at higher risk of [outcome] Groups at higher risk of [outcome] Groups experiencing disadvantage Groups experiencing disproportionate impact Population of focus Under-resourced communities
Avoid dehumanizing language. Use person-first language instead. Describe people as having a condition or circumstance, not being a condition. A case is an instance of disease, not a person. Use patient to refer to someone receiving treatment.	*Examples:* Diabetics Diabetes patients The diabetes population COVID-19 cases The homeless Inmates Victims	 People with [disease] Patients with [disease] (if being treated) People experiencing [health outcome or life circumstance] People who are experiencing [condition] Survivors

Key principles	Terms to avoid	Preferred terms
Remember that there are many types of subpopulations.	Minorities Minority Ethnic groups Racial groups	Racial and ethnic groups Racial and ethnic minority groups Sexual/gender/linguistic/religious minority groups Political minority group (Note: American Indian and Alaska Natives are the only federally recognized political minority in the U.S. Tribes hold a unique Government-to-Government relationship with the U.S. [refer to OTASA Fact Sheet for more information])
Avoid saying target, tackle, combat, or other terms with violent connotation when referring to people, groups, or communities. **Stakeholder (Note: this term has a particularly violent connotation for tribes and urban Indian organizations)**	Tackle a community's health issue Target communities for interventions Stakeholder Stakeholder engagement	Engage Prioritize Consider the needs of/Tailor to the needs of Population of focus **Note**: Stakeholders are persons who may be affected by a course of action. Preferred terms include community members and persons affected by [policy/program/practice]. Also avoid using stakeholder to mean partner; related terms to use include partners, collaborators, allies, community engagement, tribal engagement, urban Indian conferment (contact OTASA for technical assistance).

Table 2. Preferred terms for select population groups and communities

Topic area/Population	Terms to avoid	Preferred terms
Corrections	Inmate; prisoner; convict; ex-convict; offender; criminal; parolee	People/persons who are incarcerated or detained; individuals/people/persons incarcerated or detained (often used for shorter jail stays; youth in detention facilities); incarcerated or detained persons; persons in pre-trial or with charge; justice-involved persons; formerly incarcerated persons; persons on parole or probation; non-US citizens (or immigrants) in immigration detention facilities.
Disability	Disabled; differently-abled; handicapped (also avoid using "vulnerable" when describing people with disabilities)	People with disabilities/a disability; people/persons who are deaf or hard of hearing or who are blind or have low vision; people/persons with an intellectual or developmental disability; people/persons who use a wheelchair. See Communicating With and About People with Disabilities. **Note**: CDC is aware that some individuals with disabilities prefer to use identity-first terminology, which means a disability or disability status is referred to first;

Topic area/Population	Terms to avoid	Preferred terms
		for the purposes of this guide, CDC is promoting person-first language but also acknowledges that personal preferences vary.
Drug/substance use	Drug-users; addicts; drug abusers; persons taking/prescribed medication assisted treatment (MAT); persons who relapsed	Persons who use drugs; people who inject drugs; persons with substance use disorder; persons with alcohol use disorder; persons in recovery from substance use/alcohol disorder; persons taking/prescribed medications for opioid use disorder (MOUD); persons who returned to use
Healthcare access	Underserved people; the underserved; hard to reach; the uninsured	People who are underserved; people who are medically underserved; people without health insurance; Note: "Underserved" relates to lack of access to services, including healthcare. Do not use "underserved" when you really mean "disproportionately affected." Use person-first language.
Homelessness	Homeless people; the homeless; transient population	People experiencing homelessness; persons experiencing unstable housing/housing insecurity; persons who are not securely housed
Lower socioeconomic status	Poverty-stricken; the poor; poor people	People with lower incomes; people/households with incomes below the federal poverty level; people with self-reported income in the lowest income bracket (if income brackets are defined); people experiencing poverty (do not use "underserved" when meaning low SES) **Note**: "People with lower levels of socioeconomic status" should only be used when SES is defined (e.g., when income, education, and occupation are used as a measure of SES).
Non-U.S.-born persons; immigration status	• Alien; illegals; illegal immigrant • Immigrant (not to be used to refer to undocumented immigrants specifically)	• People who are undocumented; undocumented immigrants; non-status immigrants; mixed-status households; unauthorized immigrants (for technical documents – otherwise, undocumented immigrants is preferred); asylee or refugee populations • Non-US-born persons; foreign-born persons; naturalized citizens; permanent residents; non-immigrants (persons with a temporary visa) **Note**: It is appropriate to use the term "immigrant" to refer only to those who are Lawful Permanent Residents (i.e., those with a "Green Card"), however, it should be clarified that the term is only referring to that population.
Sexual and gender minorities	Avoid referring to persons or communities as: • Homosexual • MSM (men who have sex with men)	Refer to persons or communities (e.g., transgender persons) as: • LGBTQ (or LGBTQIA or LGBTQ+); lesbian; gay; bisexual; queer; pansexual; asexual **Note:** Use LGBTQ community (and not, e.g., gay community) to reflect the diversity of the community unless a specific sub-group is meant to be referenced.

Topic area/Population	Terms to avoid	Preferred terms
	• Transgenders; transgendered; transsexual; biologically male/female; genetically male/female • Hermaphrodite **Note:** Avoid using the term sexual preference.	• Transgender; assigned male/female at birth; designated male/female at birth; gender non-conforming; non-binary; genderqueer • Intersex **Note**: Preferred terminology includes sexual orientation, gender identity, and gender expression.
Older adults	Elderly; senior; frail; fragile	Older adults (aged ≥ 65 years); numeric age groups (e.g., persons aged 55-64 years)
People who are at increased/higher risk	High-risk people; high-risk population; vulnerable population; priority populations	People who are at increased/higher risk for [condition]; people who live/work in settings that put them at increased/higher risk of becoming infected or exposed to hazards; populations/groups disproportionately affected by [condition]; populations/groups highly affected by [condition]
Pregnancy	Pregnant women; mothers-to-be; expectant mothers	Use terms that are inclusive of all gender identities: Pregnant people; parents-to-be; expectant parents
Race and ethnicity	• Referring to people as their race/ethnicity (e.g., Blacks, Hispanics, Latinos, Whites, etc.) • Indian (to refer to American Indian); Eskimo; Oriental; Afro-American; Negro; Caucasian • the [racial/ethnic] community (e.g., the Black community) • non-White (used with or without specifying non-Hispanic)	Preferred terms for specific racial/ethnic groups: • American Indian or Alaska Native persons Asian persons Black or African American persons Hispanic or Latino persons Native Hawaiian or other Pacific Islander persons White persons People who identify with more than one race/ethnicity; people of more than one race/ethnicity **Note**: Black and White should be capitalized. **Note**: "American Indian or Alaska Native" should only be used to describe persons with different tribal affiliations. Otherwise, identify persons or groups by their specific tribal affiliation. Preferred terms for groups including 2 or more racial/ethnic groups: • People from some racial and ethnic minority groups • People/communities of color Note: Only used to collectively refer to racial and ethnic groups other than non-Hispanic White; be mindful to refer to a specific racial/ethnic group(s) instead of this collective term when the burden and experience of disease is different across groups.

Topic area/Population	Terms to avoid	Preferred terms
		Note: The term "Indian Country" describes reservations, lands held within tribal jurisdictions, and areas with American Indian populations. • All other races; all other races/ethnicities; racial and ethnic minority groups (instead of non-White) See OMB standards. See AMA Manual of Style guidance on use of the words Tribe and Tribal. **Note**: It is critical to recognize the sovereignty of Alaska Native and American Indian tribes and tribal organizations. All related materials require tribal permission. All AIAN specific publications including abstracts, papers, ppts, require CSTLTS cross-clearance. See CDC/ATSDR Tribal Consultation Policy.
Rural	Rural people; frontier people	People who live in rural/frontier areas; residents/populations of rural areas; rural communities

Table 3. Health equity considerations for developing community mitigation guidance and public health communications

Topic area/Population	Health equity considerations
Overarching considerations	• Build a diverse workforce throughout levels, including leadership positions; consider the benefits of hiring people from the communities who are disproportionately impacted. • Work with community partners to identify priorities and strategies, including the need to build community awareness and acceptance. • Ensure information is written in plain language, culturally responsive, and available in languages that represent the communities.
Images used in communications	• Images for social media, websites, etc. should focus on movement toward health equity, empowerment, and a collective approach to resolving issues. Images of positive health-related activities and people working together would be more suitable. ○ People of color should be proportionately represented in appropriate images; however, images should avoid unintentionally messaging that the efforts to address disparities are the sole responsibility of the people experiencing the disparities. ○ For people with disabilities, consider using positive photos of people with disabilities in health communication materials including social media posts.

Topic area/Population	Health equity considerations

Considerations to improve cultural responsiveness	• Insufficient consideration of culture in developing materials may unintentionally result in misinformation, errors, confusion, or loss of credibility. Please check materials for the following:
	  ○ Are there words, phrases, or images that could be offensive or stereotypic of the cultural or religious traditions, practices, or beliefs of the intended audience?
	  ○ Are there words, phrases, or images that may be confusing, misleading, or have a different meaning for the intended audience (e.g., if abstract images are used, will the audience interpret them as intended)?
	  ○ Are there images that do not reflect the look or lifestyle of the intended audience, or the places where they live, work, or worship?
	  ○ Are there health recommendations that may be inappropriate for the social, economic, cultural, or religious context of the intended audience?
	  ○ Are the toll-free numbers or reference web pages, when applicable, included in the document in the language of the intended audience?
	• These considerations and others should be reviewed again when material is translated.

Considerations of ability to follow guidelines	• Ability to isolate or quarantine varies by household characteristics and congregate facility configuration; it is more difficult as the numbers of affected individuals (or cohorts) increases. • Self-isolation or self-quarantine is not an option for all persons. • Ability to isolate or quarantine at home may not be possible, especially for persons experiencing homelessness or crowded housing. • Overcrowding and congregate housing settings makes social distancing difficult or infeasible. • Access to hand washing supplies, including running water, and masks can vary. • Not everyone has a regular healthcare provider. Additionally, not everyone trusts medical professionals, so guidance to have and talk with a regular PCP might not be accepted. • Access to medical and mental health care and needed services (e.g., social services, preventive screenings, syringe service programs) might be limited. Access during an epidemic might further reduce access, and some clinics may be closed or have limited hours or alternate services available. • Wearing masks is not possible for many persons. Children younger than 2 years old, anyone who has trouble breathing, and anyone who is unable to remove the mask without assistance should not wear a mask. Wearing a mask precludes the ability to read lips and facial expressions for people with sensory, cognitive, or behavioral limitations.
Disability	• People with disabilities comprise 26% of the U.S. adult population, so considerations should be included in most guidance. • Information should be made available in accessible formats (e.g., meet 508 compliance standards, large print, Braille, American Sign Language, close captioning, audio descriptions, plain language) for people with vision, hearing, cognitive, and learning disabilities. Many of these communication formats also benefit individuals without disabilities. • Ensure equal access to public health services for people with disabilities and operation of disability services before, during, and after public health emergencies.

Topic area/Population	Health equity considerations
Older adults	• Age and associated risk are often a continuum. • Risk for severe COVID-19 outcomes increases with age, with increasing risk among middle-aged adults, and older adults being at highest risk. • Guidance should be tailored to specific setting of interest within this age group (e.g., community dwelling; those living in multigenerational homes; those living in long-term care facilities or nursing homes; those living in retirement homes). • COVID-19 signs and symptoms may sometimes be atypical, delayed, or attenuated in older adults. • Consider risks to caregivers of older adults as well; caregivers themselves are often older adults or may have other risk factors.

Table 4. Resources and style guides for framing health equity and avoiding stigmatizing language

Source	Link	Summary
American Medical Association (AMA)	Use of the words Tribe and Tribal	Considerations for using/capitalizing the terms Tribe and Tribal
American Psychological Association (APA)	Bias-Free Language	10 sections, including age, disability, gender, racial and ethnic identity, sexual orientation, and socioeconomic status
American Public Health Association	Health Equity	APHA Health Equity Fact Sheets
Build Healthy Places; RWJF	Terms that Often Arise in Discussions of Health Equity	Brief to stimulate discussion and promote greater consensus about the meaning of health equity and the implications for action within the RWJF Culture of Health Action Framework
CDC/NCBDDD	Communicating With and About People with Disabilities	Preferred (person-first) terms for person/people with a disability
CDC/NCIPC	Commonly Used Terms	Definition of terms related to drug/substance use; preferred terms
FrameWorks Institute	Talking About Disparities: The Effect of Frame Choices on Support for Race-Based Policies	Description of framing strategies that do and do not work to improve support for policies related to race/ethnicity
GLAAD	GLAAD Media Reference Guide	Definition of LGBTQ terminology and terms to avoid
HHS 508 compliance	Accessibility @ HHS	HHS' role in accessibility – Includes compliance checklist, Office of the Secretary Accessibility Program, and other resources
Office of Management and Budget	OMB standards	Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity
Robert Wood Johnson Foundation	A New Way to Talk About the Social Determinants of Health	Guidance on framing the issues related to social determinants of health
Emerging Infectious Diseases Journal	Preferred usage	Preferred usage for terms and group descriptions
University of New Hampshire - University Center on Disability	Person first Language	A partial glossary of disability terms

Glossary

While there are variations on health equity definitions, CDC's Office of Minority Health and Health Equity (OMHHE) defines **health equity** as the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.[1] Specifically, it requires prioritizing addressing obstacles to health, such as poverty, discrimination, and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.[2] For the purposes of measurement, OMHHE recognizes that health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect groups that have been excluded or marginalized, and that these groups are not static over time.[2] Below we briefly define other select terms based on various resources.

Discrimination: The unjust or prejudicial treatment of different groups of people, including by age, disability, ethnicity, gender, national origin, race, religion, sexual orientation, or other characteristics. Discrimination exists in systems meant to protect well-being or health, such as health care, housing, education, criminal justice, and finance. Discrimination can lead to chronic and toxic stress and shapes social and economic factors that put some people at increased risk for adverse health outcomes. Types of discrimination include ableism, ageism, homophobia, racism, and sexism.

Diversity: An appreciation and respect for the many differences and similarities in our work. This includes varied perspectives, approaches, and competencies of coworkers, partners, and populations we serve.

Health disparity: A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage other characteristics historically linked to discrimination or exclusion. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; or geographic location.

Health inequity: A health difference or disparity that is unfair, unjust, and avoidable.[3,4]

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[1] U.S. Department of Health and Human Services, Office of Minority Health. National Partnership for Action to End Health Disparities. The National Plan for Action Draft as of February 17, 2010 [Internet]. Chapter 1: Introduction. Available from: http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?&lvl=2&lvlid=34.
[2] Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What is Health Equity? And What Differences Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.
[3] Braveman P. Health disparities and health equity: concepts and measurement. Annu Rev Public Health. 2006;27:167-94. Review. PubMed PMID: 16533114.
[4] Braveman P, Gruskin S. Defining equity in health. J Epidemiol Community Health. 2003 Apr;57(4):254-8. Review. PubMed PMID: 12646539; PubMed Central PMCID: PMC1732430.

Inclusion/Inclusivity: A set of behaviors that authentically encourages individuals to feel valued for their unique qualities and experience a sense of belonging and shared power. **Inclusive diversity** is a set of behaviors that promote collaboration within a diverse group.

Intersectionality: The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.[5]

Privilege: Unearned advantage, immunity, and social power held by members of a dominant group.

Racism: A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and undermines realization of the full potential of our whole society through the waste of human resources. Racism can be expressed on three levels:[6]

> **Interpersonal/personally-mediated racism:** Prejudice and discrimination, where prejudice is differential assumptions about the abilities, motives, and intents of others by "race," and discrimination is differential actions towards others by "race." These can be either intentional or unintentional.
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> **Systemic/institutionalized/structural racism:** Structures, policies, practices, and norms resulting in differential access to the goods, services, and opportunities of society by "race" (e.g., how major systems– the economy, politics, education, criminal justice, health, etc. – perpetuate unfair advantage).
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> **Internalized racism:** Acceptance by members of the stigmatized "races" of negative messages about their own abilities and intrinsic worth.

Social determinants of health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[7]

Social exclusion or marginalization: A complex, multi-dimensional (economic, political, social, and cultural) process when certain social groups have barriers to full participation in society that prevent them from sharing the benefits of participation, affecting equity and social cohesion; places where they live often have health-damaging lack of opportunities, access to resources, voice, or respect for rights (e.g., lack of access to jobs and inadequate schools).[8]

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[5] Oxford Dictionary. https://www.lexico.com/en/definition/intersectionality

[6] Jones CP (2002). Confronting institutionalized racism. Phylon (1960-), 7-22.

[7] Healthy People 2020 Social Determinants of Health. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

[8] UN. Leaving No One Behind. Chapter 1: Identifying social inclusion and exclusion. https://www.un.org/esa/socdev/rwss/2016/chapter1.pdf

Stigma: Stigma is discrimination against an identifiable group of people, a place, or a nation. Stigma is associated with a lack of knowledge, a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths.[9]

Stigmatizing language: Language that implicitly contains a negative judgement about the character of a person or a group of people. It also may blame people for circumstances beyond their control. Such language often contributes to disapproving views of, or discrimination against, a group of people.

[9] CDC. Reducing Stigma. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html