

Key Principles

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Some overarching principles to consider, including written and oral dissemination of information:

Got a Question?

Please contact us with any questions or comments at HEGuidingPrinciples@cdc.gov

Avoid use of adjectives such as vulnerable, marginalized, and high-risk.

These terms are vague and imply that the condition is inherent to the group rather than the actual causal factors. Consider using terms and language that focus on the systems in place and explain why and/or how some groups are more affected than others. Also try to use language that explains the effect (i.e., words such as impact and burden are also vague and should be explained).

Instead of this...

- Vulnerable groups
- Marginalized groups
- Hard-to-reach communities
- Underserved communities
- Underprivileged communities
- Disadvantaged groups
- High-risk groups
- At-risk groups
- High-burden groups

Try this...

- Groups that have been economically/socially marginalized
- Groups that have been marginalized
- Communities that are underserved by/with limited access to [specific service/resource]
- Under-resourced communities
- Groups experiencing disadvantage because of [reason]
- Groups placed at increased risk/put at increased risk of [outcome]
- Groups with higher risk of [outcome]

For scientific publications:

- Disproportionately affected groups
- Groups experiencing disproportionate prevalence/rates of [condition]

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 healthcare. **Humanize those you are referring to by using *people* or *persons*.**

Instead of this...

- Diabetics
- Diabetes patients
- The diabetes population
- The obese or the morbidly obese
- COVID-19 cases
- The homeless
- Disabled person
- Handicapped
- Inmates
- Victims
- Cases or subjects (when referring to affected persons)
- Individuals

Try this...

- People/persons with [disease]
- Patients with [disease] (if referring to people who are receiving healthcare)
- People experiencing [health outcome or life circumstance]
- People with obesity; people with severe obesity
- Patients or persons with COVID-19
- People who are experiencing homelessness
- People who are experiencing [condition or disability type]
- Person with mobility disability
- Person with vision impairments
- People who are incarcerated
- Survivors

Remember that there are many types of subpopulations.

Use of the term minority/minorities should be limited, in general, and should be defined when used. Be as specific as possible about the group you are referring to (e.g., be specific about the type of disability if you are not referring to people with any disability type).

Instead of this...

- Minorities
- Minority
- Ethnic groups
- Racial groups

- Disability Groups

Try this...

- Specify the type of subpopulation:
 - (People from) racial and ethnic groups
 - (People from) racial and ethnic minority groups
 - (People from) sexual/gender/linguistic/religious minority groups
 - (People with/living with) mobility/cognitive/vision/hearing/independent living/self-care disabilities

Avoid saying target, tackle, combat, or other terms with violent connotation when referring to people, groups, or communities.

These terms should also be avoided, in general, when communicating about public health activities.

Instead of this...

- Target communities for interventions
- Target population
- Tackle issues within the community
- Aimed at communities
- Combat [disease]
- War against [disease]

Try this...

- Engage/prioritize/collaborate with/serve [population of focus]
- Consider the needs of/Tailor to the needs of [population of focus]
- Communities/populations of focus
- Intended audience
- Eliminate [issue/disease]

Avoid unintentional blaming.

Consider the context and the audience to determine if language used could potentially lead to negative assumptions, stereotyping, stigmatization, or blame. However, these terms may be appropriate in some instances. Do not assume that people are refusing or choosing not to participate in a behavior or access a service – access, acceptability, or other structural issues may play a role.

Instead of this...

- People who refuse [vaccination/specific behavior]
- Workers who do not use PPE
- People who do not seek healthcare

Try this...

- People who have yet to receive/do [vaccination/specific behavior]
- People with limited access to [specific service/resource]
- Workers under-resourced with [specific service/resource]