Applying a Health Equity Lens in Principle and Practice:

STYLE GUIDE, PRACTICES, AND RESOURCES FOR BRINGING AN EQUITY FOCUS TO HPC WORK PRODUCTS

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MASSACHUSETTS
HEALTH POLICY COMMISSION

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HPC

I. GUIDING PRINCIPLES

As part of the Health Policy Commission's (HPC) work to apply an equity lens to all of its workstreams, it is important to develop a shared understanding of the context of racism and inequities affecting health and a common vocabulary for communicating about equity that avoids bias, encourages inclusion, and prompts reflection in all of our work. The purpose of this guide is to be a practical resource for all HPC staff: (1) to promote intentional and consistent use of language and terminology across the agency when possible and practical; (2) to encourage reflection among staff as they communicate about equity within their workstreams; and (3) to provide resources, tools (including preferred terms), and HPC-specific use cases that can support staff.

This guide was developed in a spirit of humility, recognizing:

- Communication practices and standards are constantly evolving, such that there is rarely a single "right" choice or that an accepted choice may evolve over time. As such, this guide will be treated as a "living document" that will be regularly reviewed and updated to reflect evolving practices.
- Any communication guide reflects the perspectives of the individuals who contribute to it and, as such, will be backed by an internal process that creates regular opportunities for HPC staff to raise questions, propose additions or changes, and/or seek guidance.
- The HPC exists within a broader context in which other stakeholders have their own perspectives on practices and standards for communicating about health equity. Opportunities to learn from, collaborate with, and coordinate with others will be leveraged (or utilized).
- While the HPC strives for consistency in use of language, terminology, and context, it must be acknowledged that every workstream or project will face practical constraints that may require flexibility. The goal is not to use this guide as an enforcement tool, but rather to prompt thoughtful consideration of the best feasible options.

The HPC has an opportunity through a variety of activities to advance health equity in the Commonwealth.

With that overarching goal in mind, this guide was developed to build upon the following principles and beliefs:

- We believe that the social and systemic context for our work is as important as the specific results and will seek to highlight both.
- We recognize there are many different forms of knowledge that can inform our work. We will strive to incorporate insights derived from lived experience of the conditions, systems, and circumstances that our work describes.
- We value clarity and specificity when we communicate about the experiences of people and populations. We avoid euphemisms and generalities when we have the option to use more accurate terms.
- We respect the right of individuals to define their own identities and, when given the opportunity, will defer to individual preferences for characterizing race, ethnicity, gender, and other personal characteristics.
- We value inclusivity and will be clear about who is and who is not represented in our data or other materials.
- We first recognize peoples' inherent humanity, not their circumstances or limitations.

As we work to put this guide into use:

- We hold ourselves and each other accountable for putting the guide to use by seeking to align with preferred language, terminology, and approaches.
- We respect each other's judgment and trust that each of us will do our best to respect the spirit of the guide, while recognizing that we may not always be able to follow it to the letter.
- We will utilize this guide as a living document and commit to continually evaluating its contents and realigning our work as needed to meet evolving practices.

As there is no single, definitive source for standard practices and recommendations, this guide relied on the *AP Style Manual,* supplemented by the *APA Style Manual* and a wide variety of other publicly available source/reference documents, many of which are listed in Section VI. When the source is other than the *AP Style Manual*, it is noted in the document. In all cases, the language from the source documents may be edited for brevity.

Sections labeled **FOR CONSIDERATION** are intended to capture potential exceptions to the general guidance or other nuances that users may wish to consider. These sections may also include links to relevant articles that provide additional relevant reading on a topic. The intention in sharing these links is not to suggest the author or article is the only relevant perspective, but rather to invite further exploration and consideration.

II. PREFERRED TERMS FOR COMMUNICATING ABOUT PEOPLE AND POPULATIONS

General Guidance

- Adopt a people-first language framework. Avoid using labels or adjectives to define a population or individual.

ORIGINAL	PREFERRED
The disabled	People with disabilities
Diabetics	People with diabetes
Felons	People with felony convictions
Non-English speakers	People with limited English proficiency

FOR CONSIDERATION: Preferences for person-first vs identity-first language may vary based on the individual (e.g., person who is blind vs. blind person). For some communities, identity-first language may be preferred on the whole. For example, when speaking about the Deaf community, the recommendation is to use “deaf people.” Use person-first language if the preference of an individual or community is not known. See Lurie Institute Guide or other resources in Section IV.

- When reflecting race or ethnicity, opt for adjectives over nouns where practical.

ORIGINAL	PREFERRED
Whites are more likely to ...	White patients are more likely to ...

- Be intentional with word choices and use the most specific language available. Try to avoid non-specific catch-all terms if clearer alternatives are available.

ORIGINAL	PREFERRED
Because of low socioeconomic status...	Because of lack of access to nutritious food...

FOR CONSIDERATION: Terms like “vulnerable populations” or “marginalized groups” are in wide circulation and often represent a useful shorthand when referring to heterogeneous groups of people who share a common experience or characteristics. While it is preferable to be specific, in some circumstances it may be more practical to use this approach, particularly if the source information cannot be accessed. Ideally, use of this term would be accompanied by a footnote that provides explanation or context.

- When referring to specific groups of people defined by race and/or ethnicity, name them.

ORIGINAL	PREFERRED
People of color are promoted ...	Black men and Latinas are promoted ...

Preferred Terms for Racial and Ethnic Identities

Race and ethnicity

- Race and ethnicity are different concepts, though different sources and data sets may not all use the terms in the same way.
- When writing about race and/or ethnicity and/or working with specific data sets, it is important to be as clear as possible about how the terms are used and note any limitations that may result.

Note that many ethnicities may be grouped into a single racial category (e.g., Caribbean immigrants, African Americans, and African immigrants all grouped as "Black"). When possible, distinguish between these ethnicities.

STYLE GUIDANCE: RACE AND ETHNICITY	EXAMPLES
Groups describing race and ethnicity should generally be capitalized.	Black, White, Latino, Asian, Pacific Islander, Indigenous.

FOR CONSIDERATION: While major reference sources such as the AP style guidelines and APA style guidelines are aligned on most conventions, different conventions exist regarding whether to capitalize "White." The convention recommended here is taken from the APA style guidelines for racial and ethnic identity.

STYLE GUIDANCE: RACE AND ETHNICITY	EXAMPLES
People of color; racial minorities; Black, Indigenous, and people of color (BIPOC) are all generally accept-able terms to describe people of races other than White.	• Oversampling racial minorities is one survey technique that can improve the representativeness of data. • Among hospitalizations in June, 60% of patients were White, 30% of patients were people of color, and race and/or ethnicity data was missing for 10% of patients. • The goal of the new policy is to support economic opportunities for women, particularly for Black, Indigenous, and people of color (BIPOC) women. BIPOC women have historically faced significant challenges in accessing capital.
The term people of color is generally not capitalized and not abbreviated (i.e. avoid using POC).	
For Black, Indigenous, and people of color (BIPOC), follow the HPC convention of spelling the words of the acronym on first use.	
In general, it is preferable to be specific in describing race and ethnicity (See General Guidance).	Members of the Mashpee Wampanoag Tribe vs. Indigenous people Black and Asian women of Quincy vs. women of color
TERMS TO AVOID	
Avoid referring to an individual as "a minority."	
Avoid using "diverse" as a synonym for "non-White" when referring to an individual. Diverse means, "containing a variety of unlike qualities." A group can be diverse; an individual cannot be.	

FOR CONSIDERATION: While the considerations below may guide the choice between racial minorities, people of color, and BIPOC, all of these terms are generally acceptable.

- Conceptual and practical considerations may guide the choice between the terms people of color versus BIPOC:
  - **Intent:** Use the term BIPOC when the intention is to highlight that Black and Indigenous people continue to experience more systematic racism than other people of color.
  - **Usability:** "Entrepreneurs of color" may flow in a sentence better than "Black, Indigenous, and people of color who are entrepreneurs."
- The term "racial minorities" may be most appropriate in a technical context, such as when describing relative numbers or population shares of groups.

STYLE GUIDANCE: RACE AND ETHNICITY	EXAMPLES
Latino is the HPC's preferred noun or adjective for a person from, or whose ancestors were from, a Spanish-speaking land or culture or from Latin America. Latino is traditionally reserved for males while Latina is traditionally reserved for females. A group of Latina women is termed "Latinas", whereas a group of Latino men or a combination of Latino and Latina individuals are designated as "Latinos."	The Latino population of Winchendon has grown by 10% ... Latinas giving birth in Boston ...
Latinx is a gender-neutral term some individuals prefer. Use Latinx if it is an individual's or group's preference.	Jose, who identifies as Latinx, was appointed CEO in 2020...
Hispanic is also generally acceptable for those in the U.S. Hispanic is inclusive of people from Spain and is generally considered specific to Spanish speaking countries and therefore excludes people from Brazil.	

FOR CONSIDERATION: Latino / Latina / Latinx / Hispanic are all generally acceptable terms. For consistency in HPC written documents, Latino is the HPC's suggested term, but there are many cases where staff may prefer to use other terms. The conventions recommended here are taken from the AP style guidelines for racial and ethnic identity. To learn more, consider reading this article from *The Atlantic* regarding the use of Latinx.

STYLE GUIDANCE: RACE AND ETHNICITY	EXAMPLES
Indigenous people and *Native Americans* are terms that refer to those peoples with pre-existing sovereignty who were living together as a community prior to contact with settler populations such as the Europeans. Both are acceptable terms in general references for those in the U.S. when referring to two or more people of different tribal affiliations. (Source: UCLA)	Indigenous people celebrated the appointment of ...
For individuals, use the name of the particular community or nation of people whenever possible.	Jane is a member of the Massachusett tribe.

FOR CONSIDERATION: The term Indian is used in legal contexts as that term is used in federal Indian law. The term American Indian is used by the U.S. Office of Management and Budget's Census Bureau. Generally, Indigenous people or Native Americans are preferred over the term American Indians.

Preferred Terms for Gender Identity and Sexual Orientation

- Gender identity is how a person self-identifies (e.g., male, female, nonbinary, genderqueer, etc.).
- Sexual orientation refers to romantic or sexual attractions toward other people (e.g., heterosexual, straight, bisexual, pansexual, gay or lesbian, asexual, queer, etc.).
- Transgender is a broad term that incorporates differences in gender identity in which an individual's internally felt identity does not match their assigned sex at birth.
- Cisgender, or "cis", is a term that describes someone whose gender identity matches the sex they were assigned at birth. It comes from the Latin prefix "cis", which means "on the same side as."

STYLE GUIDANCE: GENDER IDENTITY AND SEXUAL ORIENTATION	EXAMPLES
When referring to the broader queer community, the HPC's preferred abbreviation is LGBTQIA+. (Source: Fenway Health) It stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual +, where + denotes everything on the gender and sexuality spectrum that the previous words may not have covered.	The LGBTQIA+ community rallied around ... Note that because of length and general awareness of the acronym, it does not need to be spelled out before it is used as an acronym.

FOR CONSIDERATION: When utilizing data collected through questions about gender identity, consider that "male," "female," and "transgender" may not be mutually exclusive identities. A transgender man may identify as both male and transgender, for example. See Sections V and VI for more information on transgender identity. To learn more about terms for gender identity and sexual orientation, consider reading this piece from Them. "9 LGBTQ+ People Explain How They Love, Hate, and Understand the Word "Queer."

STYLE GUIDANCE: GENDER IDENTITY AND SEXUAL ORIENTATION	EXAMPLES
In the case of general statements, or if there is no specific knowledge of an individual's preferred gender identity or sexual orientation, use inclusive pronouns.	Use plural construction: "When patients go to their doctors..." or Use "they" as a gender-neutral singular pronoun: "When a patient goes to their doctor..."
If directly quoting or describing an individual person who has stated a preference for a specific pronoun, honor that request and reference the preference in a footnote if possible.	Carrie, who uses the gender pronoun ze, testified at the committee meeting. Ze spoke to the committee about...

FOR CONSIDERATION: Some languages, including English, do not have a gender neutral or third gender pronoun available. In many instances, writers, speakers, etc. use "he/his" when referring to a generic individual in the third person, however, the choice of "he and she" does not leave room for other gender identities, which can be challenging to transgender and genderqueer people. People who are limited by languages which do not include gender neutral pronouns have attempted to create them. (Source: University of Wisconsin – Milwaukee LGBTQ+ Resource Center).

Preferred Terms for Mental Health

The preferred language surrounding mental health is person-first in order to decrease stigma. Media coverage and societal views of mental health exacerbate gaps in access to and utilization of mental health treatment. (Source: Massachusetts Association for Mental Health).

STYLE GUIDANCE: SUBSTANCE USE	EXAMPLES
Use person-first language.	• Person living with depression • Someone experiencing PTSD • People being treated for schizophrenia • People with mental health conditions
Specify a person's mental health diagnosis. (Sources: Lurie Institute for Disability Policy, Mental Health America)	Specify that a person was "diagnosed with bipolar disorder" instead of saying they are "mentally ill."
TERMS TO AVOID	**EXAMPLES**
Language that elicits fault	• Committed suicide. Use "died by" suicide instead.
Language that portrays stigma (Sources: Everymind, Health Partners)	• Mental disease • Suffering from • Afflicted / affected with • Psychotic • Victim of

FOR CONSIDERATION: The term "mental illness" is widely used, especially with medical and psychiatric professionals. Some professionals and advocates prefer terms such as "psychiatric disability," "person diagnosed with a psychiatric disorder," or "person with a mental health history" as umbrella terms.

Preferred Terms for Substance Use

Addiction is not a personal choice. It is a treatable chronic illness. More information can be found on the Commonwealth's #StateWithoutStigMA information page.

STYLE GUIDANCE: SUBSTANCE USE	EXAMPLES
Use person-first language.	• Person living with a substance use disorder (SUD) • Person in recovery from opioid use disorder (OUD)
When discussing SUD, utilize the terms "use" and "misuse". (Source: Revising the Language of Addiction)	• Person who misuses opioids • Person who uses heroin • Person who uses marijuana
TERMS TO AVOID	**EXAMPLES**
Avoid language that elicits negativity and stigma surrounding drug use, and defines a person by their drug use. (Source: Words Matter)	• An addict • User • Junkie • Abuse • Clean/dirty from drugs

FOR CONSIDERATION:

- The terms MOUD (Medication for Opioid Use Disorder) and MAT (Medication for Addiction Treatment) are both used to describe pharmacological treatment for opioid use disorder, though MOUD is becoming more common. MAT is also an abbreviation for Medication-Assisted Treatment, but that term is no longer preferred because it could imply medication is not a key, evidence-based component of treatment for opioid use disorder.
- Since some people with substance use disorder may refer to themselves as addicts, it may be appropriate to use that language if it is taken from survey responses, interview quotes, or the like.

Preferred Terms for Age

STYLE GUIDANCE: AGE	EXAMPLES
When possible and relevant, be specific about age.	David is a 72 year-old Chinese-American man ...
If specific information is not available, the preferred terms are *older adults* or *older persons*.	Older adults are five times more likely to experience...
TERMS TO AVOID	
Avoid vague terms like "senior" or "elderly".	
Avoid terms like "old" that are pejorative.	
Avoid euphemisms like "senior citizens," "mature," and "golden years".	

FOR CONSIDERATION: Language for speaking about age continues to evolve as societal perceptions evolve. Consider reading this article from *The Atlantic* that explores when someone becomes "old."

Preferred Terms for Weight

STYLE GUIDANCE: WEIGHT	EXAMPLES
Use person-first language.	• People with elevated body mass index (BMI) are at higher risks for developing cardiovascular conditions... • People with higher weight face significant discrimination due to their weight...
Specify a person's diagnosis when appropriate. (Source: MedPageToday)	Commercial members prescribed Wegovy and Saxenda were more likely to be female and have a diagnosis of overweight/obesity...
TERMS TO AVOID	**EXAMPLES**
Stigmatizing language that defines a person by their condition (Source: Lurie Institute for Disability Policy)	• Obese • Morbidly obese

FOR CONSIDERATION:

- Individuals may have different preferences for describing themselves. For example, many people with higher weight are reclaiming the word "fat" as a neutral descriptor (Sources: Within Health; Gordon 2023), while others may dislike use of the word (Source: Pearl et al. 2018).
- The term "obesity" continues to be widely used within the medical field to describe the condition of having a higher body mass index. Many people find use of the term stigmatizing (Source: Volger et al. 2012). Weight and BMI can be seen as more neutral terms, and using variations of these terms may be preferable. When describing a diagnosis of obesity, person-first terms like "person diagnosed with obesity" or "people with overweight and obesity" may be used.
- Weight-related stigma is embedded in the medical system and can lead to both defining a person by and blaming them for their weight. Negative language and perceptions surrounding weight, especially from medical professionals, can lead to unhealthy eating and exercise habits, negative personal perceptions, and reduced use of health services/avoidance of care. These negative attitudes are sometimes referred to as "fatphobia" or "anti-fat bias," and often intersect with racism, classism, and other forms of marginalization (Sources: Sabin et al. 2012; Lurie Institute for Disability Policy). Learn more: Harvard Health Blog; American Diabetes Association; NJEM; Public Health Post.
- While BMI is still a widely used scale, it is increasingly critized for being an inaccurate predictor of health and rooted in bias. For example, in 2023 the American Medical Association (AMA) adapted a new policy recommending doctors avoid solely relying on BMI to diagnose obesity. (Source: American Medical Association).

NEW

Preferred Terms for Neurodiversity

Neurodiversity is the concept that neurological differences in how individual brains develop, perceive, and interact with the world are part of normal variations of the human experience. Neurodiversity is an umbrella term for conditions such as ADHD, autism, dyslexia, Down Syndrome, Tourette's Syndrome, and more. (Source: ADHD Aware)

STYLE GUIDANCE: NEURODIVERSITY	EXAMPLES
Always default to person-first language if preferences are unknown. Use identity-first language if known as the community's preference.	• Person with Down Syndrome • Autistic people
Specify the individual's condition, if possible. (Source: WGU Labs Inclusive Language Guide)	• Say "she is autistic and has ADHD" rather than "she is neurodivergent."
TERMS TO AVOID	**EXAMPLES**
Avoid outdated terms and names for neurodivergent conditions.	• Asperger's Syndrome • High/low functioning
Avoid language that elicits stigma or suggests otherness.	• Special needs • Challenged
Avoid language that suggests a neurodivergent condition is an illness or a disease.	• Person who deals with ADHD • Person suffering from autism
Avoid language that downplays the effects neurodivergence has on one's life.	• Referring to "superpowers" or "quirks" • Calling neurodiverse people "savants"

FOR CONSIDERATION:

- Preferences for person-first vs. identity-first language can vary by community. Autistic communities widely prefer identity-first language, as most individuals feel their autism is a core part of their identity. Similarly, "neurodivergent people" is more common than "people with neurodiversity." (Source: Autistic Self Advocacy Network)
- Neurodivergent individuals may or may not identify as disabled and may vary in considering their condition to be beneficial or positive. Therefore, using words like "superpower" or "gift" can be harmful.

Preferred Terms for Disability Status

STYLE GUIDANCE: DISABILITY STATUS	EXAMPLES	
Always default to person-first language if preferences are unknown. Use identity-first language if it is known as the community's preference. In some cases both are widely accepted, as shown in the examples.	• Person with disabilities/Disabled person • Person without disabilities/Non-disabled person • Person who uses a wheelchair/wheelchair user	• Person who is blind/Blind person • Deaf person • Person with a congenital condition or congenital disability • Person with a facial difference
TERMS TO AVOID	**EXAMPLES**	
Avoid terms with negative connotations that imply people with disabilities should be pitied or that portray stigma.	• Wheelchair-bound • Suffering from blindness • Handicapped • Able-bodied • Birth defect • Crippled	• Disfigurement/Deformity • The disabled (or the deaf/the blind) • The burden of having a disabled child • Special needs/differently abled
Avoid terms that position disability as a metaphor.	• Being "blind" to a problem	• Falling on "deaf" ears

FOR CONSIDERATION:

- Individuals may have different preferences on use of "people with disabilities" versus "disabled people" (but not "the disabled"). Many of the conventions recommended here are sourced from the Disability Policy Consortium and the Lurie Institute for Disability Policy and may have been edited for brevity.
- While some disabilities may be considered impairments, those that have an associated community or culture (e.g., Deaf and Blind communities) may not want their disabilities called "impairments." In these cases, the terms "person who is hard of hearing/has hearing loss" or "person with low vision" would be preferred.

Preferred Terms to Reflect Socio-Economic Status

STYLE GUIDANCE: SOCIOECONOMIC STATUS	EXAMPLES
Use socioeconomic status when referring to an individual or a group of people's income and/or education levels.	Rate of smoking is correlated with socioeconomic status.
Use specific, person-first terms that acknowledge individuality amid circumstances that may be temporary.	• People experiencing financial instability • People without a college degree • People experiencing homelessness
TERMS TO AVOID	**EXAMPLES**
Language that labels people by their material conditions.	• The poor/poor people • The disadvantaged • The needy • The homeless • At-risk

(Source: Sum of Us: Progressive Style Guide, edited for brevity)

FOR CONSIDERATION: The term "at risk" is widely used and is likely to appear in source material from within and outside the agency. While it is preferable to be specific, in some circumstances it may be more practical to maintain the terminology from pre-existing material. Ideally include a footnote or other reference to indicate exactly who is included in the definition and/or why the group is "at risk."

Preferred Terms for Residency, Citizenship, and Immigration Status

STYLE GUIDANCE: IMMIGRATION	EXAMPLES
Use "resident" over "citizen" when referring generally to all people or a population of people living in the Commonwealth whose immigration statuses may be unknown.	All residents over age 18 became eligible to receive COVID-19 vaccines as of April 20, 2021.
When a person or population's immigration or citizenship status is relevant to the work, specific terms such as "non-U.S. citizens" and "foreign-born residents" are appropriate.	Massachusetts foreign-born residents, particularly non-U.S. citizens, are less likely to have continuous health insurance coverage.
TERMS TO AVOID	
Avoid referring to a person as illegal.	
Avoid racially or politically-charged terminology.	
Do not specify a person's immigration or citizenship status unless it is relevant and approved/validated by the source.	

FOR CONSIDERATION: There are a range of categories to describe a person's citizenship and immigration status, e.g., nationality, country of origin, citizenship, residency, documentation status. Depending on the circumstance, the following terms may be appropriate: immigrant, refugee, person seeking asylum, permanent resident, undocumented worker. Style guides from The University of Iowa and Race Forward include additional information.

Preferred Terms for Birthing People

STYLE GUIDANCE: BIRTHING PEOPLE	EXAMPLES
Birthing people or person is the preferred term for a person who gives birth. This includes but is not limited to cis-women, transgender men, and non-binary people.	Black birthing people benefit from support from doulas …
Use specific terms to describe health care and related services during pregnancy, labor and delivery, and postpartum, rather than defaulting to "maternity" as the descriptor.	• Birth classes • Labor and delivery hospital stays • Pregnancy, delivery, and postpartum care • Birthing episodes

FOR CONSIDERATION: The terms mother and/or women and maternity are in wide use and are likely to appear in source material from within and outside the agency. In such instances, it is worth considering any context that may impact the choice of language. For example, gender-specific language may be relevant when discussing pregnancy and birth outcome disparities that are specifically related to misogyny and sexism. While it is preferable to use the standard terminology listed above, in cases when it may be preferable to retain the terminology from pre-existing material, ideally include a footnote or other reference. For example, "For the purposes of this [document] the terms "woman/en" and "mother" were independently defined by XX. The HPC recognizes that birthing people can include cis-women, trans-men, and nonbinary people, as well as surrogates/gestational carriers , and that the term "mother" does not always identify the birthing parent."

III. PRACTICES FOR BRINGING AN EQUITY FOCUS INTO WORK PRODUCTS

As the HPC seeks to bring a health equity lens to all of its work, there are opportunities to consider not only how equity-related issues are addressed through language choices (see section II), but also what equity-related themes are elevated.

The purpose of this section is to capture some practical questions to consider as work products are developed. This is an evolving section of the guide, which is designed to expand over time.

Has the issue been named accurately?

In speaking to observed disparities or inequities in data or other findings, it is important to be clear that the source of those disparities is often not race (or gender, place of origin, etc.), it's racism (or sexism, xenophobia, etc.) and other structural forces.

Whose voices are being elevated?

Is there an opportunity to amplify the voices of people with lived experience, allowing them to speak to their own situations, in their own words? Ideally, those perspectives would be gathered through surveys, focus groups, or other mechanisms that allow people to speak for themselves. When that is not practical or possible, look to trusted intermediaries to provide that perspective.

Can valuable context be provided?

Many inequities are rooted in historical policies or beliefs. Is there an opportunity to provide some of that context in the material? For example, when writing about Black people experiencing housing insecurity, is there an opportunity to provide relevant context about restrictive housing policies? If the topic is addressing stigma and bias related to opioid use disorder, has the impact of zero-tolerance drug policies been explained?

IV. SAMPLE HPC USE CASES

Due to the wide variety of the HPC's work, staff encounter different opportunities and challenges when applying an equity lens. The purpose of this section is to highlight specific HPC use cases for integrating equity into outputs. This section, in addition to others within this guide, can and will be expanded and updated over time to reflect a broader array of use cases.

Use Case: Data Categorization and Labeling

While the HPC strives for consistency in use of terms, it is not always possible to do so with pre-collected data. The following considerations can guide practice:

- Be thoughtful about whether to rename categories used in the underlying data. In most cases, original category labels should be used.

EXAMPLE

If a survey category label is "Hispanic," do not change to the label to "Latino."

The data was collected using the term Hispanic, which could have a different meaning to respondents and could therefore mischaracterize the data.

EXCEPTION

Change survey categories of "White and non-White" to "White and people of color."

If the change in the category label does not risk changing the meaning and is an accurate reflection of the underlying data, you may wish to change to align with HPC conventions.

- When a source uses a label that is not preferred, or when it is necessary to cite multiple sources that use different categories/labels (e.g., one data source cited uses "Hispanic" and another data source cited uses "Latino"), consider adding an explanation to the "Data Sources" section of a publication when choosing not to reconcile inconsistent categories.

EXAMPLE

"The HPC used terminologies for racial and ethnic groups as they appeared in the data sources, which are inconsistent in their categorization and language."

- When creating groups from pre-collected data, consider implications of the categories and add a note to explain the reasoning behind grouping.

EXAMPLE

"Asian, Indigenous people, and Pacific Islanders are grouped into one "other race / ethnicity" category due to sample size considerations."

- Where appropriate, note the reason when certain groups are excluded from an analysis.

EXAMPLE

"Due to small numbers, this graph does not examine opioid-related hospitalizations among Massachusetts Asian residents." OR "This graphic only examines opioid-related hospitalizations among listed race/ethnicities because there was a sufficient sample size in these populations."

- For certain variables such as gender and race and ethnicity, it may be appropriate to cite how the data was collected, if known.

EXAMPLE

Gender data was self-reported by patients. OR Gender data was hospital-identified based on patient appearance.

Use Case: Geographic Location/Rural Population

Residents living in rural areas within the state of Massachusetts may be excluded from or underrepresented in data collection and studies (Source: Urban Institute). Be thoughtful about representing regions with low population density in findings and research questions, and specify the area represented. Additionally, approach rural communities as a population with unique health inequities and disparities, not just a geographic area (Source: MA Department of Public Health).

Information on how to use and report on data involving rural regions can be found here and information on Rural Health Research nationwide can be found here. The DPH State Office of Rural Health website contains Massachusetts specific information, including a state definition of "rural."

EXAMPLE

This survey data is representative of Western Massachusetts and the Metro Boston area.

Rural communities include many different populations (e.g., seasonal workers, Tribal members, elders, LGBTQ+ people, immigrants). Rural isolation can maximize the inequities these populations face.

Use Case: Addressing Cultural Sensitivity in Health Care Delivery

In written materials (generally related to health care delivery), there is often a reason to address the general topic of an organization's sensitivity to the needs of particular patient populations. There are a number of different terms in use that could apply in this context (Note: source documents have been edited for brevity).

EXAMPLE

Culturally appropriate care: An approach to care delivery wherein providers understand the influence of a patient's cultural values and beliefs on their health and provide care that responds to a patient's cultural needs. (Source: AHRQ)

Culturally competent care: An approach to care delivery through which providers and organizations effectively treat patients while meeting their patients' social, cultural, and linguistic needs. (Source: Georgetown Health Policy Institute)

Cultural humility: Cultural humility is a process of reflection to gain a deeper understanding of cultural differences in order to improve the way populations facing structural inequities are treated and researched. Cultural humility does not focus on competence or confidence and recognizes that the more you are exposed to cultures different from your own, the greater ability you have to realize how much you don't know about others. (Source: Yeager et al)

- When referring to external sources, align with the terminology in those sources.

EXAMPLE

XYZ hospital reported on its plans to train all staff to deliver culturally appropriate care.

- When asserting an independent point of view (e.g., in crafting expectations in an RFP), it is preferable to use cultural humility as the stated objective.

EXAMPLE

Providers should demonstrate cultural humility and pursue authentic community engagement to better understand the needs of their patient population.

V. USEFUL TERMS AND CONCEPTS REGARDING RACISM AND EQUITY

The purpose of this section is to curate a set of terms and concepts that can be helpful in considering how, when, and why to address health equity in work products. This content is not exhaustive and can and should be expanded and adapted over time. Definitions are sourced from the Massachusetts Department of Public Health Glossary (April 2018), unless otherwise noted. In all cases, the language from the source documents may be edited for brevity.

BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC): The construct "BIPOC" highlights that Black and Indigenous people continue to experience more systematic racism than other people of color. (also see: *People of color*)

ETHNICITY: Ethnicity is most commonly used as a social–political construct, referring to the sharing of a common culture, including shared origin, shared psychological characteristics and attitudes, shared language, religion, and cultural traditions (Sheldon and Parker 1992; Chaturedi and McKeigue 1994; LaVeist 1994; Senior and Bhopal 1994; Beutler et al. 1996; Freeman 1998). Ethnicity refers to cultural identification, which is fluid and may change over time. (Source: Conceptualizing and Categorizing Race and Ethnicity in Health Services Research)

HEALTH-RELATED SOCIAL NEEDS (HRSN): The immediate daily necessities that support health and well-being. These needs include basic resources like stable housing, public safety, healthy food, physical and mental health care, income support, transportation, emergency services, and environments free of life-threatening toxins.

HEALTH EQUITY: The opportunity for everyone to attain their full health potential. In a condition of health equity, no one is disadvantaged from achieving this potential because of their social position or socially assigned circumstance (e.g., race, gender or gender identity, ethnicity, religion, sexual orientation, geography, disability, class, socioeconomic status, etc.).

HEALTH DISPARITIES: Differences between the health of one population and another in measures of who gets diseases, who has disease, who dies from disease, and other adverse health conditions that exist among specific population groups in an area, such as Massachusetts and the U.S.

HEALTH INEQUITIES: Differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust. These differences are rooted in social and economic injustice, and are attributable to social, economic and environmental conditions in which people are born, grow, live, work and age.

PEOPLE OF COLOR: A political and social construct to describe people who would generally not be categorized as White.

PERSON-FIRST LANGUAGE: Person-first language is the accepted standard for discussing people with disabilities and/or chronic medical conditions. Examples of person-first language include "person with a substance use disorder" or "person with an alcohol use disorder" rather than "addict" or "alcoholic", respectively. Person-first language emphasizes individuals over conditions. (Source: ASTHO)

RACE: A socially constructed way of grouping people, based on skin color and other apparent physical differences, which has no genetic or scientific basis. This social construct was created and used to justify social and economic oppression of people of color by White people. (Source: *Race: The Power of an Illusion.*)

RACIAL JUSTICE: The creation and proactive reinforcement of policies, practices, attitudes, and actions that produce equitable power, access, opportunities, treatment and outcomes for all people, regardless of race.

RACISM: Racism is a system of advantage based on race; a system of oppression based on race; social and institutional power PLUS racial prejudice. (Source: Project READY, UNC-Chapel Hill)

INTERNALIZED RACISM*: The set of private beliefs, prejudices, and ideas that individuals have about the superiority of Whites and the inferiority of people of color. Among people of color, it manifests as internalized racial oppression. Among White people, it manifests as internalized racial superiority.

INTERPERSONAL RACISM*: The expression of racism between individuals. These are interactions occurring between individuals that often take place in the form of harassing, racial slurs, or telling of racial jokes. Note: Also includes less overt instances of interpersonal racism, such as implicit bias that affects health care delivery, making decisions based on stereotypes, microaggressions, etc.

INSTITUTIONAL RACISM*: Discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts within organizations and institutions, based on race.

STRUCTURAL RACISM*: Racial bias across institutions and society over time. It is the cumulative and compounded effects of an array of factors such as public policies, institutional practices, cultural representations, and other norms that work in various, often reinforcing, ways to perpetuate racial inequity.

WHITE SUPREMACY: A term used to characterize various belief systems with one or more of the following tenets: White people and their ideas, thoughts, beliefs, and actions are superior to those of their BIPOC counterparts; they should have dominance over people of other backgrounds; they should live in a Whites-only society; they have their own "culture" that is superior to other cultures; they are genetically superior. (Source: Anti-Defamation League) The term is not limited to those who participate in hate groups. (See: Newkirk VN. "The Language of White Supremacy." The Atlantic)

RESILIENCE: The capacity for successful adaptation, positive functioning and competence in the face of adversity, chronic stress, and change.

SOCIAL DETERMINANTS OF HEALTH (SDOH): The circumstances in which people are born, grow, live, work, play, and age that influence access to resources and opportunities that promote health. Key areas of social determinants of health include health care access and quality, education access and quality, social and community context (e.g., community cohesion, civic participation, discrimination), economic stability, and neighborhood and built environment (e.g., quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence). (Source: CDC)

TRANSGENDER: Transgender describes a person whose gender identity and sex assigned at birth do not correspond based on traditional expectations; for example, a person assigned female sex at birth who identifies as a man; or a person assigned male sex at birth who identifies as a woman. Transgender can also include people with gender identities outside the girl/woman and boy/man gender binary structure; for example, people who are gender fluid or non-binary. (Source: Fenway Health)

*Such manifestations apply to other types of prejudice/discrimination as well, e.g., structural ableism, internalized homophobia, institutional classism, interpersonal sexism, etc.

VI. RESOURCES FOR CONTEXT AND ADDITIONAL LEARNING

Staff are encouraged to learn from resources on inclusive language in specific subject matter areas (e.g., disability, gender). Below is a collection of links that may be helpful:

- Massachusetts Department of Public Health "Racial Equity Data Road Map: Data as a Tool Towards Ending Structural Racism." https://www.mass.gov/service-details/racial-equity-data-road-map
- University of Washington, "Using Equitable Language." https://s3-us-west-2.amazonaws.com/uw-s3-cdn/wp-content/uploads/sites/98/2020/04/20111848/UMAC-Equitable-Language-Guide-v.1.pdf
- Sum of Us, "Progressive Style Guide." https://s3.amazonaws.com/s3.sumofus.org/images/SUMOFUS_PROGRESSIVE-STYLEGUIDE.pdf
- GLAAD, "An Ally's Guide to Terminology." https://www.glaad.org/sites/default/files/allys-guide-to-terminology_1.pdf
- National Center on Disability and Journalism, "Disability Language Style Guide." https://ncdj.org/style-guide/
- Lurie Institute for Disability Policy. "Inclusive Language Usage Guide." https://www.brandeis.edu/heller/heller/lurie/pdfs/inclusive-language.pdf
- American Psychological Association, "Racial and Ethnic Identity." https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/racial-ethnic-minorities
- Yeager KA and Bauer-Wu S. "Cultural humility: Essential foundation for clinical researchers." Applied Nursing Research, 2013. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3834043/
- Massachusetts General Hospital. "Webinar: Developing an Anti-Racist Recovery Movement–Deconstructing and Challenging Current Policies and Practices." https://www.youtube.com/watch?v=pycQ2ZJwA7A&feature=youtu.be
- These are resources that were used when considering how to select a term among Latino, Hispanic, and Latinx:
  - Disparities Solutions Center uses both Hispanic/Latino: https://5536401f-20a1-4e61-a28e-914fb5dcef51.filesusr.com/ugd/888d39_6b0f9ebc637443abbb54207cf8dec427.pdf
  - MassLeague uses "Latinx" unless specifically presenting stats for males (Latino) and females (Latina): https://www.massleague.org/
  - Boston Indicators uses "Latino population" or "Latinos": https://www.bostonindicators.org/reports/report-website-pages/latinos-in-greater-boston
  - Census: "Hispanic or Latino": https://www.census.gov/topics/population/hispanic-origin/about.html
- Fenway Institute. "A guide for collecting data on sexual orientation and gender identity." https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/03/TFIE-47_Updates-2020-to-Ready-Set-Go-publication_6.29.20.pdf
- ACE DisAbility Network. "The Language of Disability". https://www.acedisability.org.au/information-for-providers/language-disability.php#:~:text=Blind%20(the)%2C%20visually%20impaired,or%20is%20a%20%22wheelchair%20user%22
- National Family Support Technical Assistance Center. "Reframing language guide: Why changing our thinking, our actions and our language matters." https://acrobat.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A55f49bd0-bb6b-351b-905e-3ed0e51e06eb&viewer%21megaVerb=group-discover
- Government of British Columbia. "Writing Guide for Indigenous Content." https://www2.gov.bc.ca/gov/content/governments/services-for-government/service-experience-digital-delivery/web-content-development-guides/web-style-guide/writing-guide-for-indigenous-content/terminology

- National Institutes of Health. “NIH Style Guide.” https://www.nih.gov/nih-style-guide
- WGU Labs. “Inclusive Language Guide.” https://www.wgulabs.org/inclusive-language-guide/inclusive-language-guide
- Dwyer P. “The Neurodiversity Approach(es): What Are They and What Do They Mean for Researchers?” https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9261839/
- Healy M., et al. “How to Reduce Stigma and Bias in Clinical Communication: a Narrative Review.” J Gen Intern Med., 2022. https://pmc.ncbi.nlm.nih.gov/articles/PMC9360372/.