

DIVERSITY EQUITY INCLUSION + BELONGING

Style Guide

Introduction

Advancing Expert Care through Diversity, Equity, Inclusion, and Belonging

The Hospice and Palliative Credentialing Center (HPCC) strives to create and sustain an equitable and inclusive environment for all staff and leadership. How we communicate with and speak to each other (and beyond) sets the standard for the inclusiveness we aspire to. We are committed to our vision: “To ensure every person living with serious illness receives equitable, comprehensive, and innovative hospice and palliative nursing care.”

Staff and leaders of HPCC from across the country have created this Diversity, Equity, Inclusion, and Belonging (DEIB) Style Guide, modeled after the Hospice and Palliative Nurses Association (HPNA) DEIB Style Guide and structured by the American Psychological Association (APA) Style Guide for Bias-Free Language. It attempts to answer common questions and provide thoughtful guidance on topics that may arise when creating or editing content for HPCC. This style guide will also serve as a guiding document for HPCC DEIB Task Force members when they are developing strategic plans to address the charter the HPCC Board of Directors puts forth. This style guide may not directly apply to clinical practice or hospice and palliative care research. HPCC encourages other credentialing bodies to utilize or adapt this guide to their needs.

Photographs and videos in our communications and print and electronic media should reflect our organization’s commitment to inclusivity, diversity, social mobility, and leadership.

Please note that HPCC recognizes that the categories covered herein are limiting and that this guide may unintentionally omit an individual or group. The guide will evolve as we learn and grow as an organization. HPCC is committed to providing an environment that appropriately represents the multicultural society in which we live, learn, and work. HPCC welcomes feedback on this style guide. Those using this guide are encouraged to ask questions, offer suggestions, and notify HPCC of unintentional omissions. Staff are encouraged to contact their direct supervisor with questions, concerns, and suggestions.

HPCC refers to the American Nurses Association (ANA) Position Statement on Discrimination to provide justification and guidance for the efforts required to uphold the ethical responsibility of hospice and palliative nurses to ensure an environment that is inclusive and free of bias and discrimination.

Position Statement on Discrimination from the American Nurses Association

ANA recognizes progress in most national efforts to eliminate discrimination associated with race, gender, and socioeconomic status through improving access to and attainment of health care and quality of health care. However, concerted efforts must continue for discrimination to be eliminated in all its forms. ANA recognizes impartiality begins at the level of the individual nurse and should occur within every healthcare organization. All nurses must recognize the potential impact of unconscious bias and practices contributing to discrimination and actively seek opportunities to promote the inclusion of all people in the provision of quality health care while eradicating disparities. ANA supports policy initiatives directed toward abolishing all forms of discrimination (ANA, 2019).

In 2020, HPNA conducted a voluntary survey of members that assessed gender, race, ethnicity, and age. HPNA compared its data to the 2017 National Nursing Workforce Survey data. Data from these surveys are referenced throughout this document.

We acknowledge that gender, race, ethnicity, and age alone do not provide a complete understanding of an individual or a group. This information serves as one mechanism to understand the population of HPNA members and HPCC certificants, and it should be considered within the context of intersectionality. The concept of intersectionality will be defined and discussed in the chapter titled “Essential Concepts.”

Bibliography

ANA. (2019). *The Nurse’s Role in Addressing Discrimination: Protecting and Promoting Inclusive Strategies in Practice Settings, Policy, and Advocacy* [position statement].

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Resources

- [American Psychological Association: Bias-Free Language](#): The guidelines for bias-free language contain both general guidelines for writing about people without bias across a range of topics and specific guidelines that address the individual characteristics of age, disability, gender, participation in research, racial and ethnic identity, sexual orientation, socioeconomic status, and intersectionality.
- [American Nurses Association Code of Ethics for Nurses](#): The Code of Ethics for Nurses with Interpretive Statements was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession.

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Essential Concepts

This guide was created with the understanding that many of the topics and sections will evolve, as will the guide itself. It is a fluid document intended to provide HPCC staff and leadership with guidance to enhance understanding of preferred language to promote inclusion and belonging in HPCC.

Language is a structure that reflects the characteristics of those who use it; therefore, it is a living organism subject to social, political, geographical, and generational contexts. ... One of the stigmas related to the proposal for inclusivity is the impression of degraded language. (Villafuerte, 2021)

As we work to develop a shared language and understanding, the HPCC DEIB Task Force has identified the essential concepts of intersectionality, subtle acts of aggression (SAEs), and allyship. These concepts are defined in this section and should be used to provide context and guidance in the interpretation and use of this style guide.

Intersectionality

The term intersectionality was coined by Kimberle Crenshaw, a prominent civil rights advocate, feminist, and legal scholar. Crenshaw (1989) created the term to explain the unique experiences Black women face with racism and sexism. The word has continued to evolve to include more identities. Intersectionality describes how social, economic, and historical context intersects with multiple forms of inquiry and identity (Volpe et al., 2019). For example, intersectionality helps us explore, explain, and understand the interconnectedness of race, ethnicity, class, gender, sexuality, age, and other identity-related factors that influence a person's life experiences and system-level factors contributing to oppression. In virtually every society, social advantages and disadvantages are influenced by the intersectionality of socioeconomic, gender, racial, ethnic, age, and other identity-related factors (Braveman, 2006).

Because people are unique, many identities are possible. As one example of a group with an intersectional identity, Black lesbian women may have similarities to and differences from other oppressed groups in the meanings that are assigned to their multiple positionalities. Black women may identify with the oppressive and discriminatory experiences of White women as well as with those of Black men. At the same time, Black lesbian women's experiences may not be equivalent to those of these other groups. They may experience discrimination as a response to their race, gender, and sexual orientation. Thus, their experience does not necessarily reflect the sum of oppressions of racism, sexism, and heteronormativity (i.e., race + sex + heterosexism) but rather their unique identities and social locations as Black lesbian women that are not based in or driven by the perspectives of White women or Black men. ... That is, for example, even though Black women and White women are both women and Black women

and Black men are both Black, this does not mean that the perspectives and experiences of the latter groups are the same as or related to those of Black lesbian women (American Psychological Association, 2019a).

Additionally, when writing, one needs to follow general principles to ensure that language is free of bias. Guidelines for discussing intersectionality with inclusivity and respect include being sensitive to how individuals are shaped by and identify with various cultural, structural, sociobiological, economic, and social contexts. Intersectionality addresses the multiple dimensions of identity and social systems as they intersect and relate to inequality, such as racism, genderism, heterosexism, ageism, and classism, among other variables (American Psychological Association, 2019b).

Subtle Acts of Exclusion

Subtle acts of exclusion (SAE) are minor slights, insults, or offensive behaviors toward marginalized groups, sometimes without conscious awareness. SAEs are also known as microaggressions. Our society, systems, policies, and processes have ingrained certain biases, and SAEs are an extension of one's conscious and unconscious biases. Marginalized groups deal daily with slights, insults, and offensive behaviors in their routine interactions. There appear to be consequences for SAEs, which have been shown to increase morbidity and mortality among certain racial minority groups as well as people of low socioeconomic status (Ehie et al., 2021). In addition, SAEs within healthcare settings may hamper the utilization of palliative care among Black people as they face end-of-life decision making (Brown et al., 2023).

Different types of SAEs include microassaults, microinsults, and microinvalidations (Ehie et al., 2021).

- Microassaults are often conscious behaviors involving name-calling; avoidant behavior; and purposeful, discriminatory acts. An example of a microassault is, "You people never listen."
- Microinsults are often unconscious remarks that convey rudeness or insensitivity or demean a person's social group, identity, heritage, or other characteristics. "You are a doctor? You look like a teenager," is an example of a microinsult.
- Microinvalidations are often unconscious behaviors that exclude or negate marginalized groups' psychological thoughts, feelings, or experiential reality. An example of this is saying, "All lives matter."

Allyship

An ally is a person of one social identity group who stands in support of members of

another group, typically a member of a dominant group who stands beside members of a marginalized group. An example of allyship in hospice and palliative nursing is a White female hospice nurse leader who invites a Black male early-career nurse to collaborate on a proposal for a conference submission.

Understanding and accepting that each individual embodies multiple identities simultaneously, accepting that we are all susceptible to bias, embracing the qualities of an ally, and upholding the principles of non-discrimination set forth by ANA are the guiding principles for which this Style Guide should be used and the spirit in which feedback for improvement should be given.

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Resources

- [You've Been Called Out for a Microaggression. What Do You Do?](#): This article helps reframe issues around microaggressions and advises readers on responding to unconscious biases.
- [We Need to Retire the Term "Microaggressions"](#): This article discusses the inadequacy of the term microaggression in favor of subtle acts of exclusion. The perspective shared in this piece helps readers understand the importance of working toward addressing this problem.
- [An Antidote to Microaggressions? Microvalidations](#): In this article, the authors propose a counterstrategy to microaggressions by using microvalidations.

Ageism

In the 2020 HPNA membership survey, 17.3% of HPNA members were 60 years or older, compared to 28.3% in the 2017 National Nursing Workforce Survey (Smiley et al., 2018). Also, 3.8% of HPNA members were 30 years or younger compared to 9.7% in the 2017 National Nursing Workforce Survey (Smiley et al.). Understanding that ageism can impact workplace policies and culture is critical.

According to the U.S. Census Bureau, by 2060, nearly one in four Americans will be 65 years of age and the number of those 85-years-plus will triple (Regis College, 2021).

Ageism is a bias against people based on their age that causes stereotyping, prejudice, and discrimination (Centre for Ageing Better, 2021). Life spans are increasing, and the perception of what constitutes old age is changing. It is often characterized as a decline in physical and mental status. Ageism in health care can affect the quality of geriatric care; it can impact treatment options, screenings, and standardized tests based on a person's age (São José, 2019). It is essential to focus on a person-centered treatment plan.

Here are a few general guidelines when communicating about age-related topics. Avoid referring to someone's age unless it is relevant and be consistent with your practice. For example, when referring to benefits available to people of certain ages, you might mention "new housing for persons over age 55." Be specific as possible, for example, simply state, "Jane Doe, age 67," and avoid "positive" ageist phrases such as "67 years young" or "67 years old and wise."

It is important to remember ageism can also affect younger people seeking health care, as others may not take them seriously.

Avoid fatalistic statements about aging, such as, "Well, you are getting up there." Convey aging as a normal human experience. Clarify age ranges when talking about older adults. For example, do not say something is so simple that your mother can use it. Do not use the word "still" in front of a verb, for example, "still working." Try to avoid language that groups people of certain ages together as a way to portray age, for example "Boomers" or "Gen Z." These terms overgeneralize and can lead to negative stereotyping.

Terms to Avoid	Preferred Language
Elderly, elder, senior	Older person(s), older adult(s), person over the age of 65
Avoid calling someone in a long-term facility <i>patient</i> .	Instead, refer to them as resident.
Silver tsunami	Growth of the aging population

Senile person	Older adult with dementia
Weak, frail	Vulnerable

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Resources

- **National Center to Reframe Aging:** This organization supports inclusive language when writing about older persons.
- **AARP: When it Comes to Age, Words Matter:** The American Association of Retired Persons is a rich source of information, tools, education, and support.
- **Age-inclusive language: Are you using it in your writing and everyday speech?:** This article has several interesting links to data regarding stigmatization of persons based on age and poor health outcomes based on discrimination.
- **What is ageism and how does it affect health?:** This article reviews types and examples of ageism, its impact on health, and ways to end ageism.
- **Why Ageism in Healthcare Is a Growing Concern:** This infographic can be used for educational and informational purposes.

Religion, Faith, and Spirituality

Religion refers to a structured set of beliefs, practices, rituals, and moral codes that address the nature of existence, the universe, and often a higher power or powers, gods, or spirits (Durkheim, 1915; Pals, 2006; Smart, 1998). It involves devotional and ritual observances and provides a comprehensive narrative framework for understanding the human condition, life, and the universe. Religion can also serve as a cultural system, encompassing worldviews, texts, sanctified places, ethics, and social organizations that relate humanity to supernatural, transcendental, or spiritual elements.

Best practice: Do not make assumptions that a person's religion is based on their race or ethnicity. For example, not all Arabs are Muslim, and many ethnicities include numerous religious practices.

Faith is complete trust or confidence in someone or something. In religious contexts, it is often defined as a strong belief in the doctrines or teachings of a religion based on spiritual conviction rather than proof (James, 1896; Tillich, 1957). This belief is typically in a higher power or God, divine beings, or the metaphysical truths of a particular religious tradition. Faith has different definitions from various perspectives. In theology, it is commonly understood as belief in God or gods and the practices associated with that belief without needing empirical evidence (Fowler, 1981). Philosophically, the individual can view faith as accepting propositions or claims based on spiritual or internal confidence rather than empirical evidence, often discussed in the context of existential commitment (Tillich; Fowler). Psychologically, faith can be explored in terms of how beliefs and trust in these beliefs influence human behavior and thought processes, particularly in how individuals find meaning and cope with life's challenges (Tillich; Fowler).

Spirituality is a concept that refers to a sense of connection to something bigger than oneself. It can involve a search for meaning in life, a feeling of harmony with the universe, or the pursuit of existential questions about the nature of existence (Hill & Pargament, 2003; Pargament, 1999). Spirituality is distinct from religion, although the two can overlap (Sheldrake, 1999). Spirituality does not necessarily hinge on a structured belief systems, rituals, or institutional framework typical of religion (Hill & Pargament; Pargament; Sheldrake). From a general perspective, spirituality often encompasses personal growth, inner peace, and a deep sense of aliveness and interconnectedness with all things. It can be expressed through beliefs, values, practices, and experiences that transcend traditional religious frameworks (Hill & Pargament; Pargament; Sheldrake). From a psychological perspective, spirituality involves the exploration of the sacred and may include experiences of awe, the search for ultimate meaning, and personal transformation. From a cultural aspect, spirituality can be seen as a broader, more inclusive concept that can apply to diverse traditions, practices, and sacred rituals that help individuals understand their lives in a larger context.

Spirituality is a complex and multidimensional part of the human experience. It has cognitive, experiential, and behavioral aspects. The cognitive or philosophic aspects include the search for meaning, purpose and truth in life, and the beliefs and values by which an individual lives. The experiential and emotional aspects involve feelings of hope, love, connection, inner peace, comfort, and support. These are reflected in the quality of an individual's inner resources, the ability to give and receive spiritual love, and the types of relationships and connections that exist with self, the community, the environment and nature, and the transcendent (e.g., power greater than self, a value system, God, cosmic consciousness). The behavior aspects of spirituality involve the way a person externally manifests individual spiritual beliefs and inner spiritual state (Anandarajah & Hight, 2001, p. 83).

Spirituality has multifactorial definitions, including religious heritage, culture, generation, and nationality (Gall et al., 2011). Spirituality identified as a plural construct in a visual structure organization can guarantee an understanding of its complexity.

Spirituality can be analyzed through multiple dimensions, and identification may clarify how individuals interact with their spirituality and which aspects have a greater impact on health and treatment (Lunder & Furlan, 2011; MacDonald et al., 2015). In this way, relevant axes and constructs have been used to propose framework models in the literature.

Best practice: Inclusive language should be free of any reference to one's religious practices or beliefs. It should not be referenced unless relevant to the context. For example, if you are referencing a treatment plan to accommodate religious or spiritual beliefs and practices, note that both terms—religion and belief—are used. Both terms should be officially recognized, as an individual may practice a particular religion, but they also may have religious or philosophical beliefs.

Some people may use the terms religion and spirituality interchangeably, whereas others maintain a strict distinction between the two. And others may identify as neither religious nor spiritual. People can claim one, both, or no such terms as descriptive of their experiences, practices, and identities. When writing or communicating about issues that engage with the concepts of religion and spirituality, you might consider how framing a group or ritual as religious or spiritual will impact the dynamics of the issues you're exploring. The language that people and communities use for themselves should guide how groups and individuals are described.

Avoid using words, images, or situations that reinforce religious stereotypes. Inclusive language also refers to the avoidance of many phrases or statements that tend to stereotype various groups of individuals based on their religions or beliefs.

Example	Rationale
Don't you wish you could just take your hijab off?	This phrase stereotypes Muslim women as being oppressed and unable to make the personal choice to wear (or not to wear) a hijab.
You're an atheist? So you don't believe in anything?	This implies that individuals who do not believe in God do not believe in anything. It fails to recognize the individual's personal belief choice and attempts to impose ideologies onto the person about what is right or ideal.
You're such a tech guru!	The word guru is an appropriation from Hindu and Buddhist religions; the term refers to a spiritual leader who is highly respected and esteemed. The nonchalant use of the term diminishes its importance and origins.

Source: Pratt Institute Libraries, 2023

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Resources

- **Diversity Style Guide:** This resource is an extensive glossary covering terminology and rationale across the spectrum of DEIB initiatives.

- [Defining Spirituality in Healthcare: A Systematic Review and Conceptual Framework](#): This article explores the concept of spirituality in healthcare.
- [Language, Please: Religion and Spirituality](#): This provides context on common terms associated with spirituality and religion in the United States to help storytellers approach these topics with nuance and avoid stereotypes and misunderstandings.
- [Pratt Institute: Inclusive Language, Religion](#): This resource provides guidance on inclusive language for communication about religion.

Immigration

The language used to describe immigration or citizenship status can reinforce stereotypes, dehumanize individuals and groups, render them invisible or hyper-visible, and marginalize their access to civil and human rights. Inclusive language can help reframe discussions about borders and national belonging and intervene in the larger meaning-making processes that construct and maintain an evolving and interconnected network of notions and assumptions about immigrants, refugees, and asylum seekers. These terms mean different things and are not interchangeable. Avoid referring to people's immigration status unless it is contextually relevant and essential. Avoid using inaccurate and demeaning terminology (Coalition for Diversity and Inclusion in Scholarly Communications, 2022). For preferred terminology when writing about immigration, see the Preferred Language section below. In addition, the Narrative Ecosystem model is an excellent resource for information about how language influences perception (American Medical Association, 2021).

General guidelines

When discussing someone, focus on their achievements, leadership, scholarship, and research, not their immigration status. Use “illegal” only to describe an action, not a person. It is important to be aware of the different categories that describe a person's citizenship and immigration status, such as nationality, country of origin, citizen, permanent resident, and undocumented. Only mention a person's immigration status if it is relevant and has been approved by the source. Use accurate legal terms and avoid politically or racially charged labels. Not all undocumented people have DACA (Deferred Action for Childhood Arrivals) status, so differentiate between those two experiences.

Preferred Language (Diversity Style Guide, 2024)

Undocumented immigrant/worker refers to people who do not have the federal documentation to show they are legally entitled to work in, visit, or live in the United States.

Mixed-status couple/family refers to couples or families with members who have different immigration statuses (*mixed-status* also can be used in the healthcare industry to describe a relationship in which one partner is HIV-positive and the other is HIV-negative).

Refugee refers to people who have been forced to leave their country of origin to escape war, persecution, or natural disaster. Refugee is a status granted by the receiving country and does not apply to all people who have been forced to leave. It is important to note the difference between people who are displaced and refugees.

Asylum seeker refers to people who are seeking international protection but whose claim for refugee status has not yet been determined.

Migrant refers to a person moving away from their usual place of residence for reasons other than conflict or persecution; it may be voluntary or forced. It is not synonymous with refugee.

DREAM Act or Dreamer: The DREAM (Development, Relief, and Education for Alien Minors) Act is congressional legislation that would allow young immigrants who are in the country illegally and were brought here as children to remain in the country if they meet certain criteria. The legislation has not been approved by Congress, despite various versions being introduced over the years. The DREAM Act is similar to, but not the same as, the DACA program. Many refer to immigrants who would benefit from either program as Dreamers. As often as possible, use other terms, such as immigrant or youth, or the person's name instead of Dreamer. If using the term Dreamer to describe a person, be sure that is the way they prefer to be described and that you have their explicit permission (Coalition for Diversity and Inclusion in Scholarly Communications, 2022).

Terms to Avoid	Preferred Language
Illegal immigrant, alien, illegal/s	Undocumented immigrant
Illegal worker	Undocumented worker
Expat	Expatriate
Chain-migration	Family-based migration
Ethnic, exotic, foreign	Name the country of origin instead.
Natural, naturalization	Except in reference to U.S. immigration law
Host country	Country of destination, destination country
Home country	Country of origin
Anchor baby	Child of undocumented immigrant

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Resources

- [Coalition for Diversity and Inclusion in Scholarly Communications](#): This addresses a growing need for more comprehensive and global guidelines to help authors, editors, and reviewers recognize the use of language and images that are inclusive and culturally sensitive.
- [‘Expat’ and the Fraught Language of Migration](#): The case of one word shows how context and associations can trump formal definition when it comes to talking about movement.
- [Global Press Style Guide](#): This promotes dignity and precision in the practice of international journalism.
- [‘Illegal immigrant’ no more](#): The AP Stylebook no longer sanctions the term “illegal immigrant” or the use of “illegal” to describe a person. Instead, it tells users that “illegal” should describe only an action, such as living in or immigrating to a country illegally.
- [Race Forward](#): This organization offers operational strategies that drive sustainable change toward racial justice at all levels of society.
- [The United Nations Refugee Agency](#): This agency protects people forced to flee conflict and persecution as well as those denied a nationality. Seeking asylum is a human right. Anyone fleeing persecution, conflict, or human-rights abuses has a right to seek protection in another country.

People with Disabilities

According to 2020 U.S. Census data, nearly 41 million people identified as having one or more disabilities (U.S. Census Bureau, 2022). The Americans with Disabilities Act (ADA) defines the term *disability* as a “physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such impairment; or being regarded as having such an impairment.” (Americans with Disabilities Act, 1990). The ADA provides a comprehensive national mandate for the elimination of discrimination against individuals with disabilities.

When writing about anyone with a disability—whether physical, intellectual, or psychological/emotional—always strive to adopt “person-first” language (American Medical Association, 2021). This means using words that put the person at the center of a description rather than a label, their status, or what the individual cannot do. Disabilities have been viewed as problems that exist in a person’s body. It is crucial to change the social narrative and to focus on how society sets systemic barriers and social exclusion.

Many disabled communities prefer identity-first language. You should ask the person their preference regarding how they are described as having a disability in general and their specific disability. For example, someone may prefer “a person with a disability” but also use “a deaf person,” in which case they use both person-first and identity-first language, depending on context (American Medical Association, 2021).

If the disability is not relevant to the content or conversation, then it is unnecessary to include it in the narrative. In the same manner, avoid sensationalizing a disability by using phrases such as *afflicted with*, *suffers from*, *wheelchair bound*, or *victim of*. Be sure the individual’s disclosure of this information was intentional and that they grant permission for it to be used.

An emerging concept and topic related to disability is neurodiversity. Neurodiversity describes the idea that people experience and interact with the world around them in a variety of ways and that there is no right way of thinking, learning, or behaving. Differences are not viewed as deficits. Neurodiversity includes a broad range of conditions such as autism spectrum disorders, attention-deficit/hyperactivity disorder, generalized anxiety disorder, dyslexia, and many others. Some neurodiverse conditions meet the criteria for disability as defined by the ADA, some do not, and some may require accommodation.

Best practice: People with disabilities are typically not suffering from a disease or illness; therefore, they should not be referred to as *patients*, unless in a healthcare setting. Many people with chronic illnesses identify as disabled, and the same guidance should be followed. To show inclusiveness and sensitivity, you may want to refer to them as *persons who are receiving services*, which may include physical or mental help, or *persons with disabilities*.

In contrast, don't refer to someone who does not have a disability as *able-bodied* or use the term *normal*. You can say they do not have a disability (or, if necessary, use *non-disabled* or *enabled*) when it's essential to distinguish that someone doesn't have a disability.

Preferred Language (Diversity Style Guide, 2024)

Confined to a wheelchair describes a person only in relationship to a piece of equipment designed to liberate rather than confine. Instead, refer to a person who uses a wheelchair or a wheelchair user.

Epileptic fit: The term *seizure* is preferred when referring to the brief manifestation of symptoms common among those with epilepsy.

Psychotic: Avoid using *psychotic* to describe a person; instead, refer to a person as having a psychotic condition or psychosis.

Schizophrenic: Use person-first language, stating that someone is a person with schizophrenia or a person diagnosed with schizophrenia rather than a person with schizophrenia or a schizophrenic person.

Speaks sign language/reads Braille: It is preferred to use *American Sign Language fluent* or *Braille reader* or *Braille user*. Also note that American Sign Language is one type of sign language, but there are others. Examples include Black American Sign Language and Japanese Sign Language.

Best practice: Use *accessible* when describing a space, location, or event that complies with the ADA of 1990, as in *accessible entrance*, *accessible classroom*, *accessible webinar*, etc.

Terms to Avoid	Preferred Language
Handicapped or disabled	Person with a disability/disabilities
Mute or dumb	Nonverbal
Dwarf or midget	Person of short stature
Emotionally disturbed	Person with a mental health disability
Suffers from, a victim of	Person with
Learning disabled	Person with a learning disability
Normal person	Non-disabled
Congenital disability	Person who has had a disability since birth.
Retarded	Person who has an intellectual disability
Handicapped parking	Accessible parking
Epileptic	Person with epilepsy
Quadriplegic, paraplegic	Person with quadriplegia/paraplegia
Mongoloid or Down's	Person with Down syndrome
Asperger's or Aspie	Autism spectrum disorder
Hearing impaired and not deaf	Person who is hard of hearing
Deaf and dumb/deaf-mute	Deaf individual; capitalizing <i>Deaf</i> indicates the person identifies with the Deaf/signing community

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Resources

- [Advancing Health Equity: A Guide to Language, Narrative and Concept](#): The American Medical Association and the Association of American Medical Colleges have developed specific norms that convey authenticity, precision, and meaning. This resource provides direction in providing health equity and improving language used in the medical setting.

- [Americans with Disabilities Act](#): This website is more than the text of the law. It contains several resources for accessing help and educating people about their rights.
- [Americans with Disabilities Act National Network: Guidelines for Writing About People with Disabilities](#): This organization provides concrete guidance on inclusive language, addressing various disability-related topics.
- [Harvard Health Publishing: What is neurodiversity?](#) This article provides definitions and guidance on inclusive, nonjudgmental language.
- [National Center on Disability and Journalism](#): This organization offers a Disability Language Style Guide and other tools on a range of topics related to persons with disability.
- [Suicide Prevention Resource Center Style Guide: Reporting on Mental Health](#): This resource provides a broad perspective of language to use when writing about mental health topics and is not solely focused on suicide.
- [National Association of the Deaf](#): This resource provides guidance on inclusive language for writing about this group and advocates nationally to promote inclusivity for Deaf persons.
- [Disability Studies Quarterly](#): This academic journal focuses on disability studies.

People with Substance Use Disorder

Although some language that may be considered stigmatizing is commonly used within social communities of people who struggle with substance use disorder (SUD), clinicians can show leadership in how language can destigmatize the disease of addiction.

Addiction is a neurobiological disease, according to the American Academy of Pain Medicine. Its development is influenced by environmental, cognitive, and genetic factors. Addiction can be characterized by “impaired control over drug use, compulsive use, continued use despite harm and/or craving.”

Preferred Language (Diversity Style Guide, 2024)

Drug abuse, substance abuse: According to the National Institute on Drug Abuse, the use of drugs becomes abuse “when people use illegal drugs or use legal drugs inappropriately.” This includes the repeated use of drugs to produce pleasure, alleviate stress, and/or alter or avoid reality.

Treatment/treatment center/rehab center/detox center: Treatment is defined by the American Society of Addiction Medicine as the use of any planned, intentional intervention in the health, behavior, personal, and/or family life of an individual suffering from alcoholism or another drug dependency designed to achieve and maintain sobriety, physical and mental health, and maximum functional ability.

Terms to Avoid	Preferred Language
Abuse, drug problem, drug habit	Substance use disorder, addiction (only if clinically accurate)
Addict, junkie, drug user or abuser	Person with substance use disorder, patient with substance use disorder (if in clinical setting)
Addicted to [X]	Has an [X] use disorder
Clean or stayed clean	Substance free, person in recovery/long-term recovery
Alcoholic	Person with alcohol use disorder
Dirty, failing drug test	Testing positive (on drug test)

For more terms, please visit the [National Institute on Drug Abuse](#).

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Resources

- [National Institute on Drug Abuse: Words Matter—Terms to Use and Avoid When Talking About Addiction](#): This resource offers background information and tips for providers to keep in mind while using person-first language, as well as terms to avoid to reduce stigma and negative bias when discussing addiction.
- [National Institute on Drug Abuse: Words Matter: Preferred Language for Talking About Addiction](#): This resource offers preferred language for talking about addiction and provides information to better understand drug use and addiction.
- [Ending Addiction Stigma: Change Your Addiction Language Guide](#): This resource provides research about language and its impact, recommended alternative language and phrases, and various resources to help implement language changes across organizations and systems.

Race and Ethnicity

In the 2020 HPNA membership survey, 9.1% of HPNA members identified as persons of color, compared to 19.2% in the 2017 National Nursing Workforce Survey (Smiley et al., 2018). Limitations of the race and ethnicity categories were observed in the HPNA membership survey. According to the Census Bureau, which models data collection on guidelines provided by the U.S. Office of Management and Budget, five minimum categories are required to self-report race: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander (U.S. Department of Commerce, n.d.). For this survey, only four race and ethnicity categories were offered, with an option not to disclose this information. Overall, 3.7% of HPNA members indicated they were of Hispanic or Latino origin, compared to 5.3% in the 2017 National Nursing Workforce Survey (Smiley et al.). Forty-two percent of HPNA members chose not to disclose whether they were of Hispanic or Latino origin.

Race and ethnicity are not the same. Race is a social construct historically used to classify human beings according to physical or biological characteristics (American Psychological Association, 2023). A person acquires or ascribes to an ethnicity, which refers to a shared culture, such as language, practices, and beliefs (University of Iowa Division of Diversity Equity and Inclusion, 2023). Consider carefully when deciding to identify a person by race. Often, it is an irrelevant factor, and drawing unnecessary attention to someone's race or ethnicity can be interpreted as bigotry. The APA Stylebook offers concrete guidance on when to include race in writing (American Psychological Association, 2020).

No racial or ethnic slur should ever be included in content you create for any reason. You may consider an exception if your content is about the slur (for example, a research study examining use of the word) or, possibly, if it is essential to your piece and is used in quotes. In such cases, ensure that its use is absolutely necessary, that your source has approved attribution of the slur(s) to them, and that you have approval from any supervisory or departmental authority overseeing your work. If explicit approval has been given to use a slur with these considerations, then add a content warning at the beginning of the piece and do not use the term in the title or headline; people from these communities should have the agency to decide whether they want to engage in harmful language before being forced to do so.

This style guide attempts to provide a basic understanding of how to address racial and ethnic categories in communications. In general, the following guidance should always be applied. Focus on the person—their achievements, leadership, scholarship, research, etc.—not their race or ethnicity. Ensure that headlines, images, captions, and graphics are fair and responsible in their depiction of people of color and coverage of issues. Use racial and ethnic identification when it is pertinent and use it fairly, identifying White individuals if people of other races or ethnicities are identified. Avoid stereotypes. If you are including a person's race in content, be sure it is necessary to mention, and ask the person how they prefer to be identified. Many BIPOC (Black, Indigenous, and people of

color) individuals are told that their names are too complicated or too difficult to pronounce. Use the name that the individual asks you to use, and do not ask to use a nickname instead. Also, be sure to include any accents or diacritics in the person's name rather than removing them to better align with English characters. For example: Use *señora* instead of *senora*, and *Nguyễn* instead of *Nguyen*.

More specific guidance is provided below and organized by racial and ethnic categories, though it is permissible to deviate from this list based on a person's preferred racial and ethnic identification. Given the complexity and evolving nature of this topic, HPCC will continually update this section, so it is as current, inclusive, and useful as possible. Please send questions and suggestions for additions and changes to HPCC or your direct supervisor.

All Race and Ethnicity Categories

Terms used for racial and ethnic identities are proper nouns and are capitalized. For example: African American, White, Hispanic, etc. You do not hyphenate terms related to race and ethnicity. For example: Asian-American is incorrect and should be written as Asian American (American Psychological Association, 2020).

African American, Black

African American and Black are not synonymous. A person may identify as Afro-Latino or Afro-Caribbean, for instance, or Haitian American or Jamaican American. A person also may identify specifically as African rather than African American, such as Ghanaian or Congolese (American Psychological Association, 2020). Never use the word colored or Negro as a descriptor. Likewise, Afro-American is an archaic descriptor and should not be used unless it is identified as a chosen identity. In the body of a piece, use Black people, not Blacks, to refer to a group. Do not use Black as a singular noun, such as "a Black."

Best practice: When possible, specify the region or nation of origin to avoid the impression that all people have the same cultural background, family history, or family experiences. For example, instead of using African or Asian, use Nigerian, Japanese, Egyptian, Thai, etc. Only refer to people living in the United States as Asian American or African American. For example, grouping Asians and Asian Americans reinforces the idea of separateness from other American people.

Asian American, Asian

When writing about an individual or a group, it typically makes sense contextually to use specific terms rather than a collective proper noun. For example: Japanese, Korean, Thai, Chinese, Indonesian, or Filipino instead of Asian or Asian American. When you use a categorical term for this population, Asian and Pacific Islander American (APIA) is the preferred term, versus Asian American and Pacific Islander (AAPI) or Asian Americans and Pacific Americans. The latter is considered correct, but for consistency's sake, HPCC and HPNA recommend our preferred term, AAPI. The collective term South Asian refers to people from Pakistan, most of India, Bangladesh, Afghanistan, Bhutan, Maldives, Nepal,

and Sri Lanka (American Psychological Association, 2020; University of Iowa Division of Diversity Equity and Inclusion, 2023). Additionally, Desi American is a term commonly used by people from India, but not by all South Asians (University of Iowa Division of Diversity Equity and Inclusion).

American Indian, Alaska Native, Hawaiian Native, Native American, native people, indigenous people

American Indians and Alaska Natives/Hawaiian Natives have a distinct political and cultural identification constructed in and through treaties and executive orders (University of Iowa Division of Diversity Equity and Inclusion, 2023). American Indians' and Alaska Native/Hawaiian Natives' cultural identification is place-based, diverse, and informed by the practices of their culture (e.g., language, singing, dancing, ceremonies) (American Psychological Association, 2020). You may see the following terms: First People(s), First Nations, Tribal Peoples, and Tribal Communities. Individuals and groups may prefer that you refer to them by their tribal-specific nation.

Hispanic, Latino/a, Latinx, Latin@, Latine, Chicano/a

Hispanic refers to an ethnicity, not a race; Hispanic and Latino individuals can be of any race. Latinx/o/a is increasingly used and is the standard descriptor, unless the individual or group prefers another term. Although it is common to see Hispanic and Latinx/o/a used interchangeably, they are not synonymous (American Psychological Association, 2020). Hispanic generally refers to people with origins in Spanish-speaking countries. Latinx/o/a generally refers to people with origins in Latin America and the Caribbean. In some cases, Hispanic people also identify as Latinx/o/a and vice versa. Generally, people from Brazil or Haiti do not identify as Hispanic but may identify as Latinx/o/a.

Best practice: Practice extreme caution when using Chicano/a. A better term for Americans of Mexican ancestry is simply Mexican American. Be sure to ask the individual or group how they prefer to be identified.

Chicano/a is a term that refers to Americans of Mexican ancestry (University of Iowa Division of Diversity Equity and Inclusion, 2023). The Chicano Movement includes a focus on being of Mexican ancestry and having Indigenous roots. The legitimacy of this identity is contested, as many people who identify as Chicano/a claim to have Indigenous roots but cannot name their family's tribe/nation and are not connected to or affiliated with the tribe/nation. It's also important to note that Chicano/a isn't merely a term—it's a sociopolitical identity, so it shouldn't be placed on people without them claiming it first.

Best practice: In general, refer to a group as a "people" or "nation" rather than as a "tribe."

Latina(s) is appropriate for individuals who identify as a woman or women, unless they prefer Latinx, Latin@, or Latine, which are considered gender-inclusive and neutral. Latino(s) is appropriate for individuals who identify as a man or men, unless they prefer a

gender-inclusive term. Similarly, Chicano is appropriate for men and Chicana is appropriate for women; however, follow the preference of the person or people in all cases (American Psychological Association, 2020; University of Iowa Division of Diversity Equity and Inclusion, 2023).

Biracial, Multiracial, and Mixed

The terms biracial and multiracial are acceptable, when clearly relevant, to describe people with more than one racial heritage, per AP style. Note that multiracial can encompass people of any combination of races. Be as specific as possible when describing a person's heritage. Avoid mixed-race, which can carry negative connotations, unless the individual prefers the term. Be sure to ask the individual or group how they prefer to be identified (University of Iowa Division of Diversity Equity and Inclusion, 2023).

Best practice: *BIPOC* is an emerging acronym that stands for Black, Indigenous, and people of color. Some feel the term is more appropriate than people of color because it acknowledges the varying levels of injustice experienced by different groups. In these instances, be sure to ask the individual or group how they prefer to be identified. However, if you are talking about a specific racial or ethnic group, name that specific group rather than generalizing to all people of color. This is especially important when discussing Black people.

Terms to Avoid	Try Instead
Colored people	People of color
Blacks	Black people or descendants of enslaved Africans
Tribe	People, nation
Mixed race	Multiracial, biracial
Oriental	Asian American, Asian
Latin	Latin American

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Resources

- [Asian American Journalists Association's Guide to Covering Asian America](#): This is a comprehensive guide to writing about Asian American individuals and groups.
- [Journal of the American Medical Association: Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals](#): This article provides guidance on how to report race and ethnicity to promote fairness and equity.
- [National Association of Black Journalists Style Guide](#): This is a comprehensive guide to writing about African American and Black individuals and groups.
- [Native American Journalists Association's Reporting and Indigenous Terminology Guide](#): This is a comprehensive guide to writing about Native American individuals and groups.
- [Wikipedia: List of Ethnic Slurs](#): Though comprehensive, Wikipedia files are easily corrupted. Use caution and a secondary source when possible.

Sex and Gender

In 2020, HPNA members participated in a survey that aimed to assess the intersectional characteristics of its members. However, members noted that gender options presented to participants for selection were limited. They included male, female, transgender, and an option for no response. At that time, 4.1% of members identified as male compared to 9% in national data (Smiley et al., 2018). Collecting accurate and inclusive data enriches understanding of how sex and gender influence health care and policy. For a more inclusive method of surveying sexual orientation and gender identity minorities, the Williams Institute provides guidance on several validated approaches that expand on the 2020 HPNA survey (Conron et al., 2014).

At issue is the interchangeable application of language used to describe sex and gender, which are not synonymous, though frequently conflated. APA states, “Gender refers to the attitudes, feelings, and behaviors that a given culture associates with a person’s biological sex” (American Psychological Association, 2020). Attitudes, feelings, and behaviors are all subjective and serve as social constructs, whereas sex refers to biological characteristics traditionally assigned at birth based on genitalia (Alpert et al., 2021). This approach is falling out of favor in Western practice as we embrace a nuanced perspective instead of propping up the false narrative of a biological binary (García-Acero et al., 2020).

There are several reasons why surveying sex assigned at birth carries a risk to persons who identify as transgender. Imagine, for example, you are a trans woman who has previously disclosed their sex assigned at birth as male, and legislatively, you are then confined in a sex-segregated facility for males or prevented from receiving medical therapies that affirm your gender identity. These two examples illustrate why including sex and gender questions on surveys and reporting them needs to be carefully considered; before doing so, ask yourself, “Is this critical to my purpose?”

Best practice: When interviewing or referring to someone, ask them how they want to be described (e.g., male, female, man, woman, transgender, gender fluid, nonbinary). Ask the individual for the reference pronouns they want used when referring to them (e.g., he/him/his, she/her/hers, they/them/theirs). Ask, too, if there are any terms they prefer not to be used about them and in what cases.

It is well documented in health care, including hospice and palliative care, that gender minorities—in particular, transgender individuals—experience significant discrimination in healthcare settings and that some face barriers to receiving appropriate care due to their gender identity (Baptiste-Roberts et al., 2017; Fish et al., 2021; van Klinken & van Leeuwenhoek, 2023). With this in mind, it is crucial to continue to work toward inclusivity and equity for all people.

Gender Identity

Gender identity refers to one's innermost concept of self or how individuals perceive themselves and what they call themselves (American Medical Association, 2021; American Psychological Association, 2020). An individual's gender identity can be the same or different from the sex assigned at birth.

Historically, many non-Western cultures, especially Indigenous cultures, include genders that fall outside the male/female binary or genders that differ from assigned sex at birth (Epple, 1998; Estrada, 2011; Robertson, 1989). Examples of this include Native Hawaiian people who are mahu, Zapotec people who are muxe, and Diné (Navajo) people who are nádleehí. Two-spirit is an Indigenous-created word for traditionally recognized identities (Indian Health Service, n.d.). It means different things in each nation and to everyone who holds that identity. Furthermore, two-spirit is a culturally specific identity, meaning that it belongs to Indigenous peoples and cannot refer to non-Indigenous individuals. Refrain from assuming two-spirited people identify as trans or nonbinary, as those terms may not encompass or accurately describe their identities. Instead, ask the person how they would like to be described and honor that.

Best practice: Assessing gender identity by appearance is never appropriate.

Pronouns

Some people use a combination of pronouns that best describe them, such as both she/her and they/them, xe/xim, and he/him. Some people are also comfortable with any pronouns. Ask which pronouns to use, in which circumstances to use them, and if the individual has a preferred frequency for using each set of pronouns. However, do not disclose an individual's gender identity without their permission. You may also introduce yourself with your reference pronouns, which communicates inclusivity and provides a safe space for people to reveal this information.

General Guidance

Avoid presuming maleness in constructing a sentence. If you can reword a sentence to avoid gender, that's ideal. If that's not possible, you may opt to use they/their/them to indicate that the gender of the individual referenced is either not known or the reference applies to any gender. When discussing examples that certain groups may experience, consider how transgender and non-binary people fit into this. For example, instead of saying pregnant women, say pregnant people. Instead of women's health rights, use reproductive rights. Instead of feminine hygiene products, try referring to them as menstrual products.

Use the suffix "-person" to avoid presuming maleness (e.g., spokesperson instead of spokesman). Be aware of words that use "-ess" suffixes denoting femaleness, such as

stewardess or hostess. Choose a gender-neutral term, such as flight attendant or host. Use chair or chairperson in place of chairman or chairwoman. There are many examples of androcentric phrases supporting the superiority of masculine traits. Always be cautious to avoid this. Below are common phrases provided as examples.

Phrases to Avoid	Preferred Language
"She throws/runs/fights like a girl."	These are blatantly discriminatory. Statements like this should never be used.
"In a manly way . . ."	
"That's women's work."	
"Men just do not understand."	
"Guests are cordially invited to attend with their wives."	"Guests are cordially invited to attend with their partners."
"Thank you to the ladies for making the room more beautiful."	"Thank you to everyone who made the room more beautiful."

Preferred Language (Diversity Style Guide, 2024)

Below are several terms and their associated meanings provided as a primer for language surrounding sex and gender. This list is far from comprehensive, and we encourage you to explore this topic further with the resources provided in this style guide.

Agender refers to a person who identifies as neither male nor female. It is best to ask people who identify as agender which pronouns they prefer.

Cisgender is a term used by some to describe people who are not transgender. "Cis-" is a Latin prefix meaning "on the same side as," and is therefore an antonym of "trans-." A more widely understood way to describe people who are not transgender is simply to say non-transgender people.

Gender identity refers to one's internal, deeply held sense of one's gender. For transgender people, their own internal gender identity does not match the sex they were assigned at birth. Most people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those two choices. Unlike gender expression, gender identity is not visible to others.

Intersex is an umbrella term describing people born with reproductive or sexual anatomy and/or a chromosome pattern that can't be classified as typically male or female. Those variations are also sometimes referred to as differences of sex development. Avoid the outdated and derogatory term "hermaphrodite." Although some people can have an intersex condition and also identify as transgender, the two are separate and should not be conflated.

Nonbinary is an umbrella term for people who experience their gender identity and/or gender expression as falling outside the binary of man and woman. Although nonbinary

(sometimes written with a hyphen, non-binary) is considered a trans identity, some people who identify as nonbinary do not consider themselves transgender. When possible, consult your source. Some people define their gender as falling somewhere on a spectrum between man and woman, some may see their gender as fluid, and others may define gender in different terms altogether. Some Indigenous communities and other cultures have other words to describe gender variance, including two-spirit and third gender. People who identify as nonbinary often don't feel comfortable being referred to by conventional pronouns such as he and she; when possible, ask which pronouns they use.

Transgender is an adjective (modifying man or woman—as in transgender man or transgender woman) in Western cultures that refers to someone whose assigned sex at birth does not match their gender identity. Do not use transgender as a noun or use the term “a transgender.” Additionally, transgender is not a verb, as in something that is done to a person; do not use phrases such as “they are transgendered.”

Terms to Avoid	Preferred Language
Normal or norm	Cisgender, cisman, ciswoman
Sex change	Gender affirmation, sex reassignment, gender transition
Tranny	Transgender, trans
Transsexual	Transgender, trans, trans-man, trans-woman
Transvestite	Cross-dresser
Mankind	Humankind, human race, humanity
Man-made	Human-made, artificial, human-caused

Best practice: Do not disclose a person's status. It is the individual's choice to reveal their own identities. Only include that they are a transgender individual if they give explicit permission.

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Resources

- **Students and Gender Identity Guide for Schools:** This resource from the University of South Carolina–Rossier provides guidance and tools on how to communicate with parents and other staff about gender. It also provides advice on how to create an inclusive environment in classrooms.
- **Publication Manual of the American Psychological Association 2020: The Official Guide to APA Style (7th edition) Style (7th Edition):** This resource is cited many times in this style guide. If you do not own a copy, it can be purchased in several formats and is an essential resource for writers of all kinds.
- **Advancing Health Equity: Guide on Language, Narrative, and Concepts:** As above, the American Medical Association guide has concrete suggestions supported by literature regarding a wide range of diversity issues, including gender.

Sexuality

LGBTQIA2S+ stands for lesbian, gay, bisexual, transgender, queer or questioning, intersex, aromantic or asexual or ally, and two-spirit. HPCC recognizes that this acronym (LGBTQIA2S+) is incomplete, as indicated by the “+” sign. The choices about which identities are represented by a letter are challenging and ever-changing; identities not included in this preferred acronym are still entirely valid. The LGBTQIA2S+ acronym includes two letters specifically referring to sex and gender: transgender and intersex. Although sex and gender relate to sexual orientation conceptually, they are not synonymous. This style guide separates the Sexuality and Sex and Gender sections to clarify and emphasize their distinct natures.

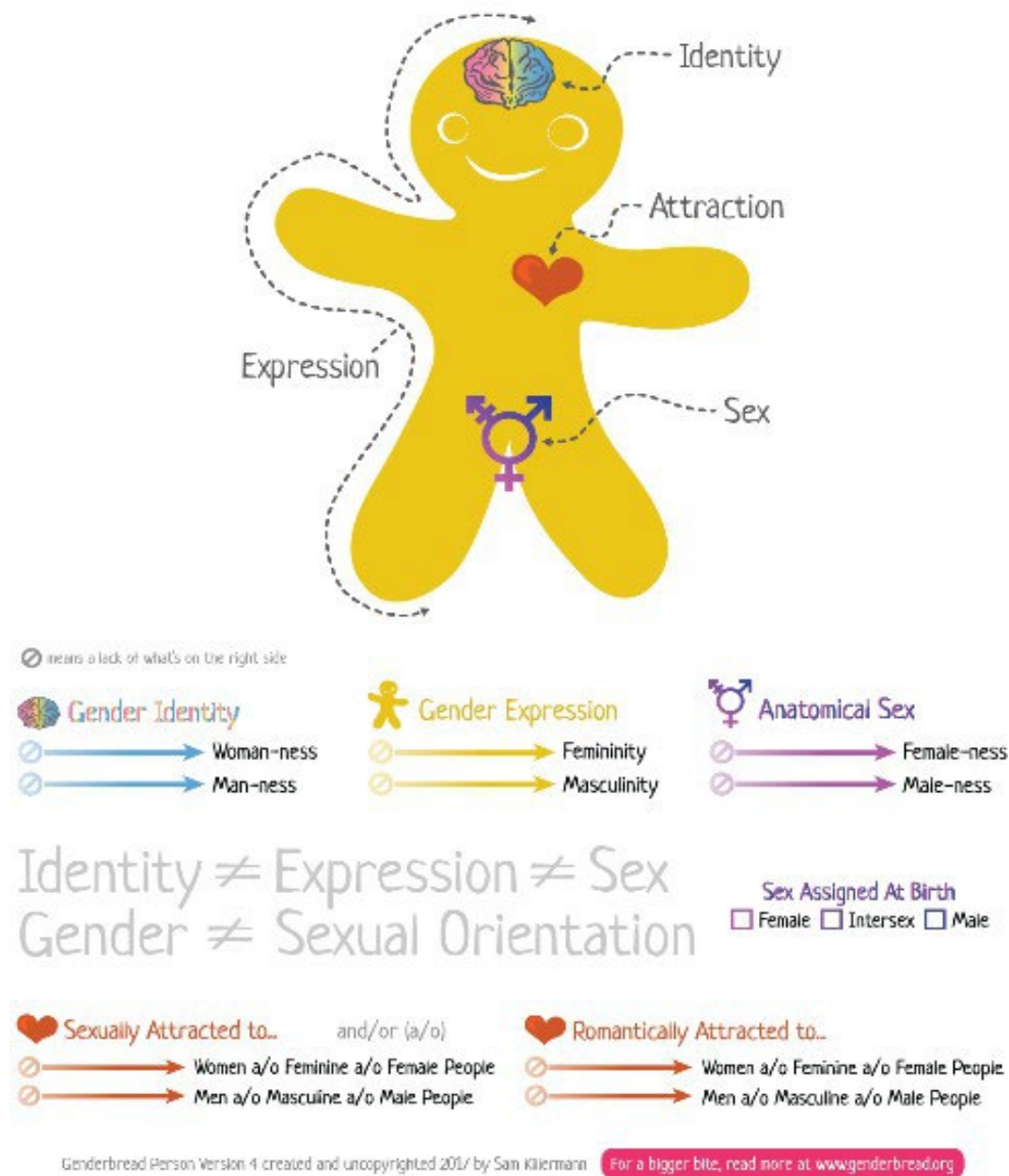
Best practice: When using an acronym to describe sexual orientation and gender identity minority persons, name the components of the acronym and then use it in subsequent mentions.

Human sexuality is the interaction between three phenomena: attraction, behavior, and identity (Ron-Li Liaw & Janssen, 2019). Attraction refers to the romantic and/or erotic desires of the individual; behavior refers to how individuals experience and express their sexuality; and identity refers to a person’s concept of self. Though frequently combined by researchers to achieve statistical power, they should not stand as proxies for one another. Evidence suggests that isolating these three phenomena when analyzing data renders an increasingly nuanced understanding that may promote improved outcomes for LGBTQIA2S+ persons (Matthews et al., 2014; Salomaa & Matsick, 2019).

Ambiguity when using labels risks inaccurate assumptions by authors/speakers and readers/listeners. For example, a cisgender male who identifies as heterosexual (straight) and engages in sexual activity with other cisgender males may not recognize themselves in health messaging referring to either gay or bisexual cisgender males. In the 1990s, HIV/AIDS workers leveraged this knowledge (CDC AIDS Community Demonstration Projects Research Group, 1999). They utilized behavior-change theory and strategies to reach men who have sex with men (MSM), the behavior phenomenon of sexuality, rather than mutable identity labels. The takeaway from this is that individuals experience the component phenomena of sexuality on a spectrum. See the “Genderbread Person” below for an excellent depiction of this concept (Killermann, 2017).

Best practice: Avoid comparisons that reflect a heteronormative bias—in other words, heterosexual/cisgender as normal or the norm.

The Genderbread Person v4 *by its pronounced METROsexual name*



When speaking or writing to, about, or for LGBTQIA2S+ persons, speakers and authors need to understand the purpose of the communication and be as inclusive and specific as warranted. For example, when the intended audience is lesbians, the acronym LGBTQIA2S+ is too broad. The speaker or writer must also recognize that labeling their population of interest lesbian implies persons who identify as such, regardless of an individual's attractions or sexual behaviors. The APA and AMA support this "person-first" and "identity-first" language (American Medical Association, 2021; American Psychological Association, 2023). The guidance from both professional organizations is to

default to person-first language and defer to an individual's wishes regarding how they are referred to. This approach was adopted from the approach used for people living with a disability.

Some terms should be avoided or used sparingly and only in specific situations. An example of this is the term queer. The word queer has historically been considered a slur, and its use should be limited to quotations, names of organizations, and instances when an individual indicates they would prefer it to be used about themselves. Many LGBTQIA2S+ people have reclaimed this word to describe themselves, especially those from younger generations. However, it is not a universally accepted term, even within the LGBTQIA2S+ community. Queer also can be used in academic circles related to domain (e.g., queer studies) and a range of post-structuralist theories that deal with the construction or reconstruction of sexuality and gender identity, known as Queer Theory. Other variants, such as Quare Theory, consider the intersection of identities, such as race.

Terms to Avoid	Preferred Language
Closeted	Not out
Gay community	LGBTQIA2S+
Homosexual	Gay or lesbian
Openly gay	Out
Lesbian women	Lesbian or gay women
Sexual preference	Sexual orientation

Preferred Language (National Institutes of Health, n.d.)

For up-to-date guidance on LGBTQIA2S+ labels and their accepted definitions, the National Institute of Health (NIH) maintains a comprehensive repository concerning sexual and gender minorities. NIH routinely reviews this resource to ensure it reflects current understanding and usage.

LGBTQIA2S+: An acronym that collectively refers to individuals who are lesbian, gay, bisexual, transgender, or queer, sometimes stated as LGBT (lesbian, gay, bisexual, and transgender) or, historically, GLBT (gay, lesbian, bisexual, and transgender). The addition of the Q for queer is a more recently preferred version of the acronym, as cultural opinions of the term queer focus increasingly on its positive, reclaimed definition (see *Queer*). The Q can also stand for questioning, referring to those who are still exploring their own sexuality and/or gender. The I stands for intersex, the A stands for asexual, the 2S stands for two spirits and the "+" represents those who are part of the community but for whom LGBTQIA2S+ does not accurately capture or reflect their identity.

Ally: A term relating generally to individuals who support marginalized groups. In the LGBTQIA2S+ community, this term is used to describe someone who is supportive of LGBTQIA2S+ individuals and the community, either personally or as an advocate. Allies include both heterosexual and cisgender people who advocate for equality in partnership

with LGBTQIA2S+ people, as well as people within the LGBTQIA2S+ community who advocate for others in the community. “Ally” is not an identity, and allyship is an ongoing process of learning that includes action.

Asexual: Sometimes abbreviated as *ace*, the term refers to an individual who does not experience sexual attraction. Each asexual person experiences relationships, attraction, and arousal differently. Asexuality is distinct from chosen behavior such as celibacy or sexual abstinence; asexuality is a sexual orientation that does not necessarily entail specific chosen behaviors. Asexual people exist on a spectrum of sexual attraction and can use terms such as *gray asexual* or *gray ace* to describe themselves.

Bisexual: Commonly referred to as *bi* or *bi+*. According to bi+ educator and advocate Robyn Ochs, the term refers to a person who acknowledges in themselves the potential to be attracted—romantically, emotionally and/or sexually—to people of more than one gender, not necessarily at the same time, in the same way, or in the same degree. The “bi” in bisexual can refer to attraction to genders similar to and different from one’s own. People who identify as bisexual need not have had equal sexual or romantic experience—or equal levels of attraction—with people across genders, nor any experience at all; attraction and self-identification determine orientation. Avoid assuming that bisexual people are attracted to everyone or are polygamous/not monogamous. This is no more true than for people of other sexual orientations.

Gay: A term used to describe people who are emotionally, romantically, and/or physically attracted to people of the same gender (e.g., gay man, gay people). In contemporary contexts, lesbian is often a preferred term for women, though many women use the term gay to describe themselves. People who are gay need not have had any sexual experience. Attraction and self-identification determine sexual orientation, not the gender or sexual orientation of one’s partner. The term should not be used as an umbrella term for LGBTQIA2S+ people (e.g. “the gay community”) because it excludes other sexual orientations and genders. Avoid using gay in a disparaging manner (e.g. “that’s so gay”) as a synonym for bad.

Heterosexual: Refers to a person who is emotionally, romantically, and/or physically attracted to a person of a different gender. Also referred to as straight.

Homosexual: A term to describe gay, lesbian, or queer people, which may be offensive depending on the speaker. Originally used as a scientific or clinical term to describe LGBTQIA2S+ people, the word has been reclaimed by the LGBTQIA2S+ community and may be colloquially used by an LGBTQIA2S+ person to reference themselves or another member of the community. Non-LGBTQIA2S+ people should avoid using the term.

Lesbian: Refers to a woman who is emotionally, romantically, and/or physically attracted to other women. People who are lesbians need not have had any sexual experience. Attraction and self-identification determine orientation, not the gender or sexual

orientation of one's partner. As an adjective, it is used to refer to female same-sex attraction and sexual behavior; as a noun, it is used as a sexual orientation identity label by women whose sexual attractions and behaviors are exclusively or mainly directed to other women.

MSM (men who have sex with men): Reports on sexually transmitted infections and public health commonly use this term, although those who identify as MSM might or might not identify as members of the LGBTQIA2S+ community. This designation often allows discrimination against GBTQ+ men, for example in blood donation.

Queer: A term used by some LGBTQIA2S+ people to describe themselves and/or their community. Reclaimed from its earlier negative use—and valued by some for its defiance—the term is also considered by some to be inclusive of the entire community, and by others who find it to be an appropriate term to describe their more fluid identities. Traditionally a negative or pejorative term for people who are LGBTQIA2S+ , some people within the community dislike the term. Due to its varying meanings, use this word only when self-identifying or quoting someone who self-identifies as queer (e.g., “My cousin identifies as queer” or “My cousin is a queer person”).

Questioning: Describes those who are in a process of discovery and exploration about their sexual orientation, gender identity, gender expression, or a combination thereof. Questioning people can be any age. Questioning is a profoundly important process, and one that does not imply that someone is choosing to be lesbian, gay, bisexual, transgender, and/or queer.

Sexual orientation: Emotional, romantic, or sexual feelings toward other people or no people (see *Asexual*). Although sexual activity involves choices one makes regarding behaviors, one's sexual activity does not define one's sexual orientation. Sexual orientation is part of the human condition, and all people have one. Typically, it is attraction that helps determine orientation. It also may refer to a person's choice of whether or not to engage in sexual relationships and practices.

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Resources

- **American Psychological Association: Bias-Free Language:** This is HPCC's preferred resource for using inclusive language and avoiding bias.
- **Fenway Institute:** The mission of the Fenway Institute is to optimize health and well-being for sexual and gender minorities and those affected by HIV. This resource provides a treasure trove of research, educational activities, and support for various medical specialties.
- **GLMA: Health Professionals Advancing LGBTQ Equality:** This is the oldest association for sexual and gender minority interprofessional medical providers. Its foci are research, advocacy, and education.
- **Genderbread Person (version 4):** This resource depicts gender and sexuality, and it is both financially and copyright free. From this site, you may download lots of educational materials.
- **GLAAD Media Reference Guide (11th edition):** The Gay and Lesbian Alliance Against Defamation (GLAAD) inclusive language guide is intended to be used by journalists reporting for mainstream media outlets and media creators who want to tell the stories of LGBTQIA2S+ people fairly and accurately.
- **Human Rights Campaign:** The Human Rights Campaign "envisions a world where every member of the LGBTQIA2S+ family has the freedom to live their truth without fear and with equality under the law."
- **National LGBTQIA+ Health Education Center:** This website contains hundreds of hours of continuing education and continuing medical education concerning sexual and gender minority healthcare issues. This is a free resource provided as a component of the Fenway Institute.
- **Not by Convention: Working with People on the Sexual and Gender Continuum (Second Edition):** This is a chapter in a book series, *Current Clinical Psychiatry*, which has an abundance of information about working with the LGBTQIA2S+ community. It provides practical advice that goes beyond the practice of psychiatry and mental health care.
- **Parents, Families, and Friends of Lesbians and Gays (PFLAG):** Founded in 1973, PFLAG is the first and largest organization dedicated to supporting, educating, and advocating for LGBTQIA2S+ people and their families.
- **The Trevor Project:** The Trevor Project is the leading suicide-prevention and crisis-intervention nonprofit organization for LGBTQIA2S+ young people.

Socioeconomic Status

When describing people's economic level, it can also allude to their educational attainment and financial security; socioeconomic status (SES) refers to factors related to social class and the perception of social status and class (American Psychological Association, 2020).

SES deficit language shows structural and systemic barriers and can create negative content and biases toward a group of people. Deficit-based language focuses on what people lack and not what they possess. It is important not to equate being low-income with struggling for basic needs; they are not synonymous. The ways in which we talk and create content about SES should convey compassion, inclusion, and sensitivity. Per AMA, there should be "avoidance in use of adjectives that can be stigmatizing or terms that can imply the condition is inherent to the group rather than actual causal factors" (for example, referring to people receiving assistance as "welfare moms") (American Medical Association, 2021).

It is important to add specific details to the SES factor being addressed. Instead of saying "low- class," the preferred practice would be "a person whose household income is below the poverty level" or "a person who is receiving temporary assistance for needy families" (American Medical Association, 2021). Other terms to avoid include at-risk, disadvantaged, low/high class, and rich/poor.

Best practice: Listen carefully to how a person or another source tells their story and use similar or the same language. Watch for assumptions and biases in your writing about the reasons for their income status, stereotypes, etc.

Terms to Avoid	Preferred Language
Poor, impoverished, underprivileged, or disadvantaged	Household income below poverty, persons experiencing poverty
Welfare mother	Mothers whose main income is from TANF (temporary assistance for needy families) benefits
Achievement gap	Opportunity gap
Vulnerable group	Group that has been economically marginalized

There are two other terms at times used simultaneously when referring to SES: *underserved* and *underrepresented*. Do not use these terms if referring to SES only. Underserved per the NIH "designates medically underserved areas/populations as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly." Underserved people are defined as those who do not receive equitable resources compared to others. Typically, these groups include low-income individuals and

people of color. The term underrepresented people refers to racial and ethnic populations that are represented at disproportionately low levels. Underrepresented is not the same as *marginalized*.

Marginalized means that people have been historically left out of conversations or excluded from opportunities—and not by their own choice (National Center for Advanced Translational Sciences, 2024).

We must also address the preferred practice of addressing those who are unhoused in our communities. Unhoused is defined by Housing and Urban Development as persons who lack a fixed, regular, and adequate nighttime residence. Referring to the individual as homeless takes the focus away that it is an issue of housing. Examples of preferred phrases are unhoused, person experiencing homelessness, or person experiencing housing insecurity (HUD Exchange, n.d.).

It is important to acknowledge that SES is also impacted by the environment, access to health, education, and economy of communities. This is called social determinants of health (SDOH). The U.S Department of Health and Human Services defines SDOH as “the conditions in the environment where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Healthy People 2030, n.d.). There are five domains of SDOH: economic stability, educational access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. It is important how words are framed when addressing SDOH to make a positive impact across the board within all communities. When SDOH is communicated, certain terms cause negative reactions and should be avoided. Examples include any variation of equal, equality, or equalizing and similar terms such as “leveling the playing field” or “creating a balance.” Other terms to avoid are immoral, unconscionable, outrage, and unjust/injustice (Robert Wood Johnson Foundation, 2010).

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Resources

- [Is it okay to use the word 'homeless' or should you say 'unhoused'?](#): This is an article that is part of a series in the *Guardian* focusing on housing affordability in the United States.
- [Reporting Poverty: A guide for media professionals](#): This is an excellent resource to guide language when reporting about SES characteristics coming from the United Kingdom. The concepts and guidance provided are universal.