August 25, 2021

Making it stick:
Where do we go from here?

Communication Resources in Support of CDC's Health Communication Guiding Principles.

Michelle Bonds - Director of CDC's Division of Public Affairs/OADC

National Conference on Health Communication, Marketing and Media

Advancing the Health Equity Guiding Principles (HEGP)

- Application of the language and concepts presented in the HEGP will require ongoing changes in the way we communicate.
- As noted in the model, change is an ongoing process. Some organizations may be steeped in health equity, whereas others are beginning and accelerating their efforts.

(Transtheoretical Model of Behavior Change – Prochaska and DiClemente)

Building organizational capacity

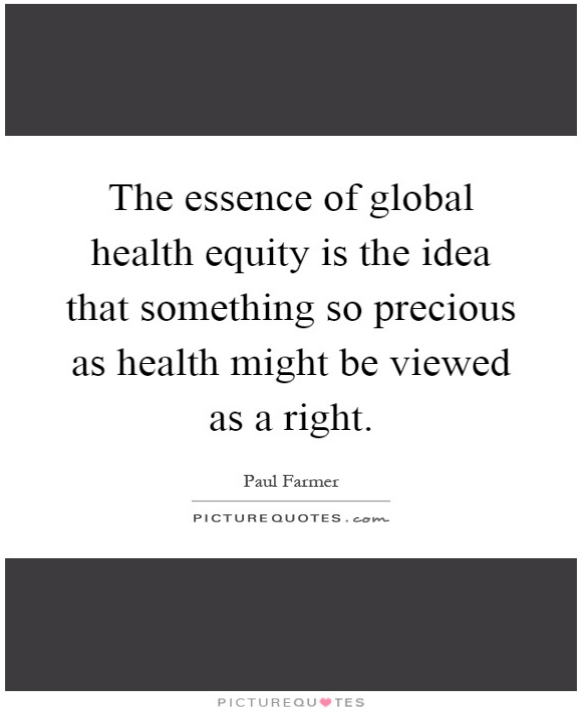
Considerations:

- How can you institutionalize the guiding principles in your organization?
  - What supportive systems and policies are needed?
  - How can you build a skilled and diverse workforce?
  - How can you establish connections/relationship with diverse communities to inform work?
  - How will you evaluate your efforts?

Moving forward

- CDC OADC will continue to develop and disseminate tools and resources to support application of HEGP.
- The HEGP will remain a living document that will evolve and expand over time.
- Much like *Health Literacy* and *Plain Language* efforts, creating new norms within organizations takes time.
- Application of these important principles begins with taking time to read, review and contextualize our language choices.
- To learn more, please remember to visit: https://www.cdc.gov/healthcommunication/Health_Equity.html

In closing…



Our ability to pursue this worthy aim is directly related to the manner in which we communicate clearly, accurately, inclusively, accessibly, and respectfully.

August 25, 2021

Words matter: What are we doing about it?

Renee Calanan, PhD

Health Equity Coordinator

National Center for Emerging and Zoonotic Infectious Diseases

Centers for Disease Control and Prevention

Health Equity Guiding Principles for Inclusive Communication

Table of Contents

Inclusive Communication Principles

Using a Health Equity Lens

Key Principles

Preferred Terms

Developing Inclusive Communications

Resources & References

To build a healthier America for all, we must confront the systems and policies that have resulted in the generational injustice that has given rise to health inequities. We at CDC want to lead in this effort—both in the work we do on behalf of the nation's health and the work we do internally as an organization.

Achieving health equity requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

CDC's ***Health Equity Guiding Principles for Inclusive Communication*** emphasize the importance of addressing all people inclusively and respectfully. These principles are intended to help public health professionals, particularly health communicators, within and outside of CDC ensure their communication products and strategies adapt to the specific cultural, linguistic, environmental, and historical situation of each population or audience of focus.

Reflections from the Development Process

1. Diversity and inclusion are essential.
2. We all have something to learn.
3. We don’t get to decide what is stigmatizing to someone else.
4. We need to shift as language and norms shift.
5. Preferred terms are not always definitive.
6. Recognize where your colleagues are.

RED END
OF NEE
Pigeon Forge
Glades
Ranger Station
Middle
Porters
Grotto Falls
Rainbow Falls
Mt. LeConte 6593 ft.
Little
Oconaluftee
Blanket Mtn. 4609 ft.
Newfound Gap 5048 ft.
Highest Pt. in Tenn. Clingmans Dome 6643 ft.
APPALACHIAN MOUNTAINS
GREAT SMOKY MOUNTAINS NATIONAL PARK
Smokemo
Visitor Ce

Using a Health Equity Lens

An intentional effort to understand and respond to diverse experiences and perspectives

Questions to ask as you look at your work through a health equity lens

1. How are social and health inequities at play?
2. How should planning/implementation of the activity be responsive to the inequities?
3. Will/does the activity perpetuate existing inequities?

1. How are social and health inequities at play?

Example considerations:

- ❑ Cultural, linguistic, economical, environmental, and historical contexts
- ❑ Inequity in policies, programs, and services
- ❑ Racism and other forms of discrimination and oppression
- ❑ Overlapping social identities (i.e., intersectionality)
- ❑ Your own assumptions and biases

2. How should planning/implementation of the activity be responsive to the inequities?

Example considerations:

- ❑ Need for community engagement & shared decision making
- ❑ Community needs and assets
- ❑ Diversity within and across communities
- ❑ Accessibility, acceptability, and appropriateness of the activity
- ❑ Literacy level of the population of focus
- ❑ Use of health equity framing/narrative

3. Will/does the activity perpetuate existing inequities?

Example considerations:

- ❑ Reach of the activity – who is included/excluded
- ❑ Impact of the activity – who benefits/is harmed
- ❑ Ability of audience to understand and follow recommendations
- ❑ Availability and quality of language translation
- ❑ What is left out or left unsaid – what context is missing

Guiding Principles & Preferred Terms

Best practices to address all people inclusively, accurately, and respectfully

Guiding Principles & Preferred Terms

- ↪ Mind your adjectives.
- ↪ Use person-first language.
- ↪ Avoid unintentional blaming.
- ↪ Avoid terms with violent connotation.

Instead of this…

high-risk groups

Try this…

groups with higher risk of [outcome]

Guiding Principles & Preferred Terms

- ↪ Mind your adjectives.
- ↪ Use person-first language.
- ↪ Avoid unintentional blaming.
- ↪ Avoid terms with violent connotation.

Instead of this…
the homeless

Try this…
people experiencing homelessness

Guiding Principles & Preferred Terms

- ↪ Mind your adjectives.
- ↪ Use person-first language.
- ↪ Avoid unintentional blaming.
- ↪ Avoid terms with violent connotation.

Instead of this…

workers who do not use PPE

Try this…

workers under-resourced with PPE

Guiding Principles & Preferred Terms

↪ Mind your adjectives.

↪ Use person-first language.

↪ Avoid unintentional blaming.

↪ Avoid terms with violent connotation.

Instead of this…

target populations for intervention

Try this…

populations of focus

What are we doing about it?

- ↪ Disseminate the *Guiding Principles*.
  - Conduct train the trainer sessions, presentations, and other outreach.
- ↪ Keep listening to understand cultural norms and preferred terms.
  - Engage and learn from communities and organizations that represent them.
- ↪ Continue the conversation.
  - Engage colleagues to discuss content and implementation.
- ↪ Incorporate the principles into all aspects of our work.
  - Create and review scientific, policy, and communication materials with an equity lens.
- ↪ Regularly review the *Guiding Principles*.
  - Revisit the website; CDC will continually review the content and revise as needed.

Thank you!

For more information contact CDC

1-800-CDC-INFO (232-4635)

TTY: 1-888-232-6348 www.cdc.gov

The ideas and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Operationalizing Racial Justice and Advancing Health Equity

National Conference on Health Communication, Marketing, & Media
August 2021

Aletha Maybank, MD, MPH
Chief Health Equity Officer, SVP
American Medical Association

Land and Labor Acknowledgement

We acknowledge that we are all living off the stolen ancestral lands of Indigenous peoples for thousands of years. We acknowledge the extraction of brilliance, energy and life for labor forced upon people of African descent for more than 400 years. We celebrate the resilience and strength that all Indigenous people and descendants of Africa have shown in this country and worldwide. We carry our ancestors in us, and we are continually called to be better as we lead this work.

© 2021 American Medical Association. All rights reserved.

“We will be really misled if we think we can change society without changing ourselves.”

Alice Walker

2018 National Women’s Studies Association

© 2021 American Medical Association. All rights reserved.

Blacks, Latinx, and Native Americans are more likely to have and die from 'underlying con

Higher rates of

- Diabetes
- Obesity
- Hypertension
- Heart Disease

Not a sufficient explanation…

"Race is not a risk factor…Racism is." @DrJoiaCrearPerry

higher poverty
higher household crowding
higher racialized economic segregation

© 2021 American Medical Association. All rights reserved.

Dominant narratives, embedded in our institutions and culture, represent voices reinforcing social relations that generate social, political, and economic inequality and racial injustice marginalizing or silencing the voices of social groups with limited power. These narratives shape consciousness, meaning, and explanations of events.

Narrative

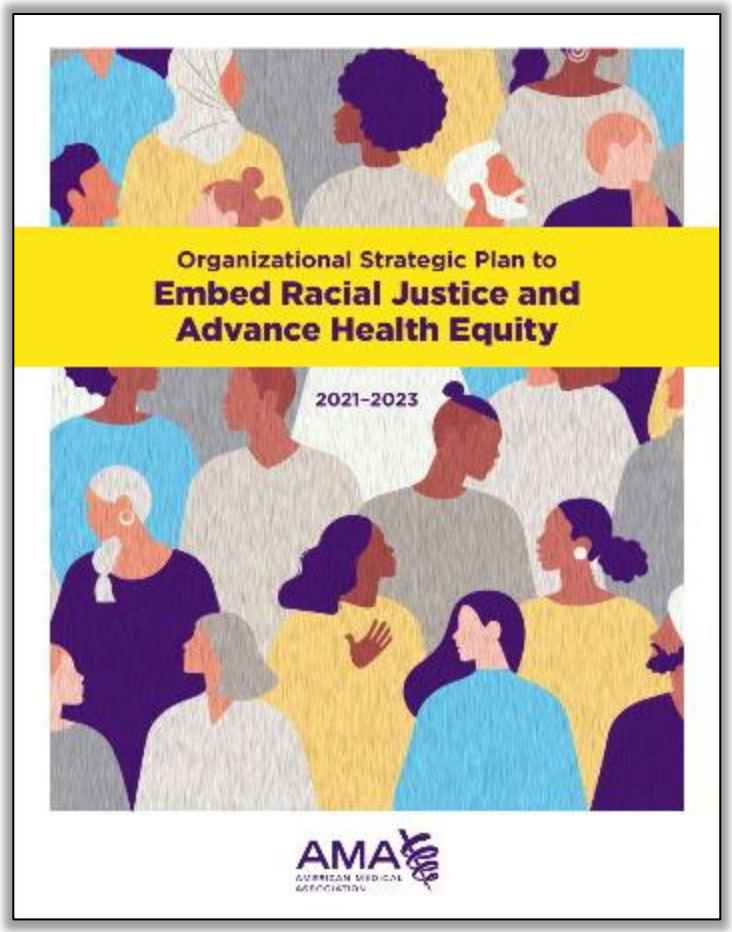
Their effect is to **obscure power (and responsibility)**, divide populations with common concerns, enforce compliance, and ensure that opposing visions of society's future do not become reality.

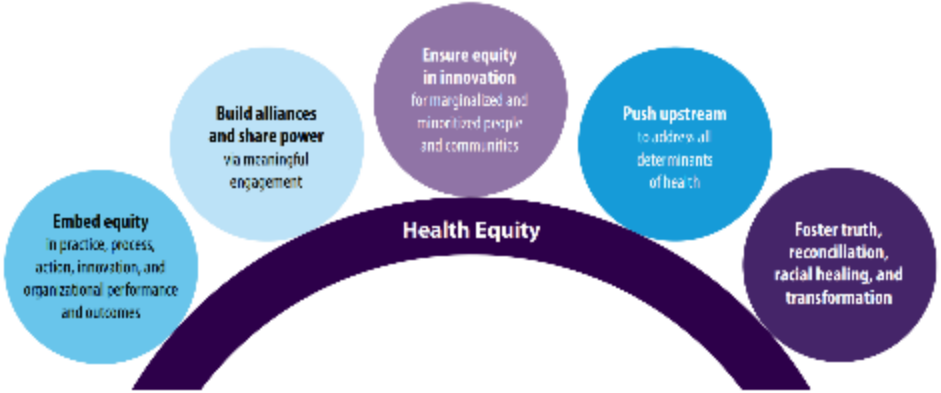
© 2020 American Medical Association. All rights reserved.

Narrative shapes beliefs and actions …dominant/malignant narratives (myths) undermine health equity

- Racial and class inequities are “unfortunate, but not necessarily unjust”
- Self-determining individuals make right or wrong “lifestyle” choice - rendering political, structural, and social determinants of health inequities invisible (individualism)
- Cultures of oppressed and marginalized racial and ethnic groups are responsible for and blamed their own poorer health outcomes (“Othering”)
- Pick ourselves by our bootstraps (meritocracy)
- American exceptionalism
- “If you gain, I lose” (zero-sum game)
- Hierarchy of human value based on skin color (white supremacy)

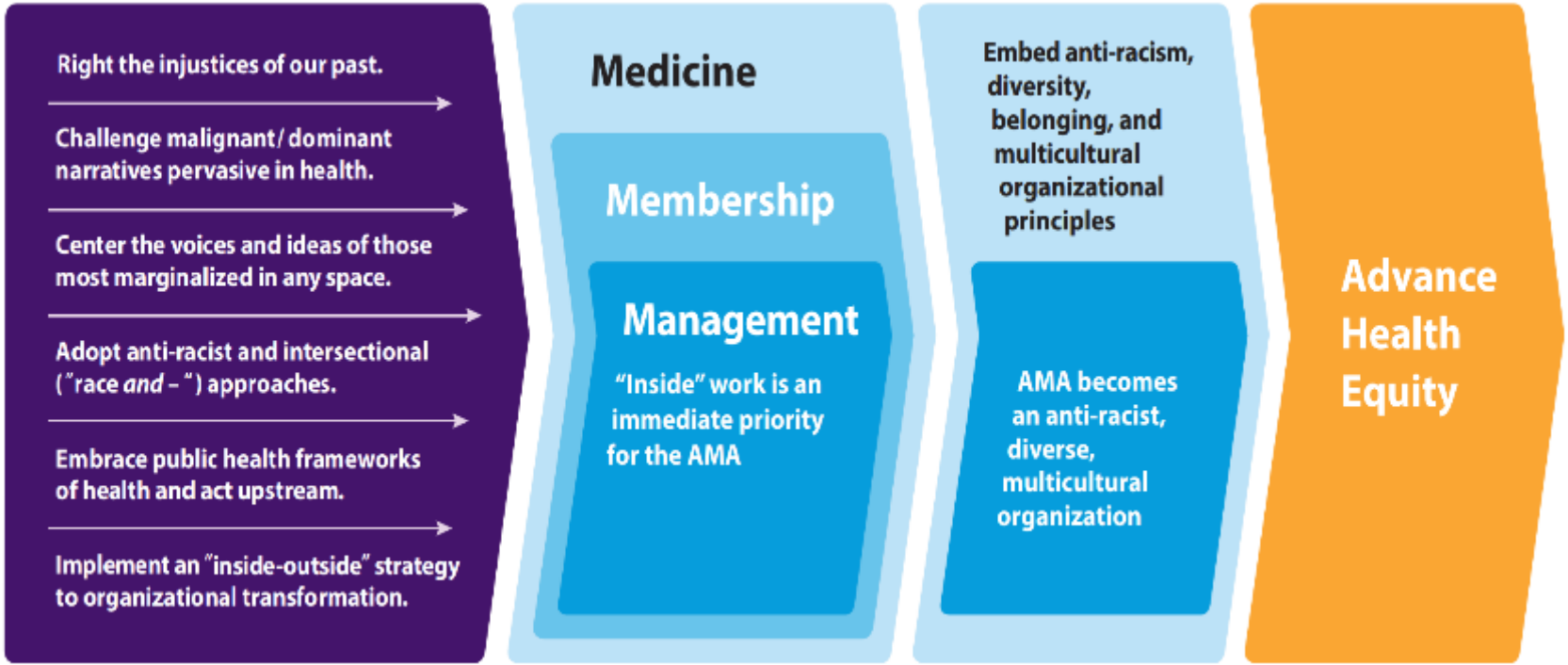
© 2020 American Medical Association. All rights reserved.





"We envision a nation in which all people live in thriving communities where resources work well; systems are equitable and create no harm nor exacerbate existing harms; where everyone has the power, conditions, resources and opportunities to achieve optimal health; and all physicians are equipped with the consciousness, tools and resources to confront inequities and dismantle white supremacy, racism, and other forms of exclusion and structured oppression, as well as embed racial justice and advance equity within and across all aspects of health systems."

© 2021 American Medical Association. All rights reserved.



© 2020 American Medical Association. All rights reserved.

"When we identify where **our privilege intersects with somebody else's oppression**, we'll find our opportunities to make real **change**."

Ijeoma Oluo, *So You Want to Talk About Race*

© 2020 American Medical Association. All rights reserved.

Embed racial and social justice throughout the AMA Enterprise culture, systems, policies, and practices

- Build the AMA's capacity to understand and operationalize anti-racism equity strategies via training and tool development
- Ensure equitable structures, processes and accountability in the AMA's workforce, contracts and budgeting, communications and publishing
- Integrate trauma – informed lens and approaches
- Assess organizational change (culture, policy, process) over time

© 2021 American Medical Association. All rights reserved.

Build alliances and share power with historically marginalized and minoritized physicians and other stakeholders

- Develop structures and processes to consistently center the experiences and ideas of historically marginalized (women, LGBTQ+, people with disabilities, International Medical Graduates) and minoritized (Black, Indigenous, Latinx, Asian, and other people of color) physicians
- Establish a coalition of multidisciplinary, multisectoral equity experts in health care and public health to collectively advocate for justice in health

© 2021 American Medical Association. All rights reserved.

Foster pathways for truth, racial healing, reconciliation, and transformation for the AMA's past

- Amplify and integrate often "invisible-ized" narratives of historically marginalized physicians and patients in all that we do
- Quantify the effects of AMA's policy and process decisions that excluded, discriminated, and harmed
- Repair and cultivate a healing journey for those harms

Repairing those wrongs is also a vital part of healing

- *Address material and personal losses inflicted on the people experiencing prejudice and injustice*
- *Focus on ways for all of us to heal from the wounds of the past, to build mutually respectful relationships and trust*
- *Send a strong signal that the organization is committed to righting historical wrongs*

© 2021 American Medical Association. All rights reserved.

“ We share this document with humility. We recognize that language evolves, and we are mindful that context always matters. This Guide is not and cannot be a check list of correct answers. Instead, we hope that this Guide will stimulate critical thinking about language, narrative, and concepts – helping readers to identify harmful phrasing in their own work and providing alternatives that move us toward racial justice and health equity.

In Part 1, we offer a guidance on language for promoting health equity, contrasting traditional/outdated terms with equity-focused alternatives. In Part 2, we explore how narratives (the power behind words) matter. Lastly, in Part 3, we provide a glossary of key terms, defining key concepts, and whenever possible acknowledging debates over definitions and usage.”

Draft Language from Upcoming Communication and Narrative Guide from AMA

© 2020 American Medical Association. All rights reserved.

Narrative Power

A presence that forces changes in decision making and the status quo in value added ways.

Provides meaningful direction to learn different truths, expose what has been made invisible, and add a sense of humanity to the existing scientific evidence base.

- How can we disrupt the narratives that perpetuate racism and other forms of oppression?

- What counternarratives and stories need to be told to shift cultural consciousness?

© 2020 American Medical Association. All rights reserved.

Physicians' powerful ally in patient care