

August 2021

Overview

State Health and Value Strategies (SHVS) in partnership with Health Equity Solutions has created a series of tools to help state officials with the language they use to discuss and write about race and health equity. Included here are definitions and explanations of words and phrases, how to think about their usage, and examples of how they might be applied.

This is a living document that will continue to be updated to reflect and respond to evolving terminology. We also recognize that states may be engaged in defining these terms within their own state policy documents and hope that this can be a helpful, complementary resource.

General Recommendation #1

Use person-first language, i.e., “Black clients” or “Latino enrollees.” This is important because when general terms such as “Blacks” or “Latinos” are used, it reduces the person to their perceived or actual racial identity or proximity to power.

General Recommendation #2

Use person-first language, in the context of medical diagnoses. For example, using “people with diabetes” is preferred over “diabetics.” Leading with a diagnosis focuses on the medical condition first, rather than the person and can have negative connotations.

General Recommendation #3

Whenever possible, rely on self identification to avoid using a term the individual does not identify with and assumptions based on appearance.

i

HOW TO USE THIS DOCUMENT

Each definition is followed by:

1. “Further Context” to offer a more detailed explanation of the definition;
 2. “Terminology in Action,” which is an example of how to use the term in a sentence; and
 3. “Use these terms when,” which offers prompts for ensuring language choices are precise.
- The combined aim is to help users be precise and intentional in language choices.

Health equity means that everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, ability, gender identity, sexual orientation, socioeconomic status, geography or any other social barrier/factor. For more health equity terms, see [Talking about Anti-Racism and Health Equity: Discussing Racism](#) and [Talking about Anti-Racism and Health Equity: Addressing Bias](#).

Describing Lived Experiences, Identities, and Groups/Communities

PERSON-FIRST LANGUAGE^{1,2} refers to identifying someone as a person before and beyond a specific demographic characteristic or condition.

Further Context: This language originated in the disability rights movement as an alternative to defining someone based on a physical condition.

Terminology in Action: The department specified the use of *person-first language* in its communications guide so that messaging in reports and press would be consistently inclusive.

Use this term when: Intentionally acknowledging that people show up as whole, complex, and intersectional beings.

Consider: When discussing a specific population or populations, name them (e.g. Black residents of rural Texas; Black, Asian, Latino, and American Indian enrollees; or older adults, people with disabilities, and communities with limited English language proficiency).

The recommended terms below are examples of language that centers the person and does not imply blame. The terms to avoid are examples of stigmatizing language that pose inequities as innate to a group or reduces the person to one aspect of their identity or health status.

Recommended	Avoid
<ul style="list-style-type: none"> • Disproportionately affected • Groups that have been economically/socially marginalized • Communities that have been marginalized • Groups at higher risk of [outcome] • Groups experiencing disadvantage • Groups experiencing disproportionate impact • Population of focus • Under-resourced communities • Populations that have been disenfranchised 	<ul style="list-style-type: none"> • Vulnerable groups • Marginalized people • High-risk groups • At-risk population • High-burden communities • Hard-to-reach groups • Target population • Minorities • Underrepresented minorities • Underserved

SELF-IDENTIFICATION³ is the practice of asking a person to state their preferred way of describing their identity.

Further Context: Self-identification avoids using a term the individual does not identify with and/or assumptions based on appearance. While race and skin color are closely associated in the U.S., it is not possible to know a person's identity by appearance alone and important factors may be missed if people are not offered the opportunity to identify their own demographic characteristics. If it is not possible to ask how a person identifies, we might say that person "presents as" the identity we are assuming (i.e., "Of the four panelists, one presented as male and two presented as Latino.") This "presented as" construct should only be used as a last resort.

Terminology in Action: When certified application counselors asked patients to *self-identify* their race and ethnicity, far greater diversity was recorded than when demographic data were entered into electronic health records by nurses at the clinic during intake. The nurses were not trained to ask patients to *self-identify*.

Use this term when: Discussing characteristics that were selected by the impacted individual. If describing characteristics attributed to a group or individual by another person, be clear about how and why assumptions were made.

MINORITIZED POPULATION⁴ describes a group, irrespective of population size, that has been excluded from certain institutional and structural powers, resources, and opportunities.

MAJORITIZED POPULATION⁵ refers to a group, irrespective of population size, with structurally guaranteed access to institutional and structural power.

Further Context: Using minority-majority discourse⁶ (e.g., minority communities) inaccurately conflates population size with power and privilege, does not account for demographic changes, and reinforces the idea of socially-dominant groups (e.g., white, heterosexual, cis-gender, male, etc.) being both the default and larger group.

Terminology in Action: The organization made a commitment to contracting with organizations led by individuals from *minoritized* communities.

Use these terms when: The audience is familiar with health equity and/or has an academic background. Minoritized/majoritized are recommended terms, but these terms are relatively academic and may be less clear, widely understood, or appropriate for community audiences than other terms recommended above.

Referencing Racial and Ethnic Groups and Immigration Status

RACE^{7,8} is a social construct that separates people into groups based on physical characteristics—often skin color—and other factors like cultural affiliation or ancestral history.

ETHNICITY^{9,10} specifies shared social characteristics (e.g. language, geographic background, religion, food, etc.) and manifests through traditions and language.

Further Context: Race and ethnicity are often conflated. The key difference is that racial distinctions were created by groups with privilege who imposed these categories on others. Ethnicities are often self-identified and formed by those belonging to the group.

Terminology in Action: The department implemented expanded/granular *race* and *ethnicity* categories to increase the likelihood that respondents will “see” themselves in the question and choose to answer.

Use these terms when: Focusing on factors related to race or ethnicity. If considering both race and ethnicity or the distinction is not clear, use “race and ethnicity.”

Consider: The list below includes common terms used in the U.S. to talk about racial and ethnic identities. This list is not exhaustive. The preferred terms for referring to a specific racial or ethnic group may vary between individuals and/or subsets of the population; for example, see our discussions of BIPOC, Latinx, and American Indian. When self-identification isn’t possible and one cannot be sure how the group would identify, note why a specific term was chosen. It is best to be as specific as possible, reserving broader terms only for situations in which identifying specific populations is not feasible.

Term	Context
People or communities of color (POC) ¹¹	A general term for any non-white group of people that is preferred when generalizing. Avoid colored people, which is outdated and considered racist. Also avoid non-white because it reinforces white as the norm and dominant group. ¹²
BIPOC ¹³	BIPOC stands for Black, Indigenous, and people of color and was created to emphasize the colonized history of Black and Indigenous communities. This term seeks to combat the erasure of these specific identities in the inclusiveness of POC. ¹⁴ It elevates Black and Indigenous communities to acknowledge the histories of enslavement and genocide that, while distinct, are shared between these communities. BIPOC is not universally accepted by people of color and is relatively new, so using this term may warrant an explanation about why it was chosen and what it means.
Black and brown people *	<i>A broad term for communities of color.</i> This term is considered acceptable, but not preferred because it risks erasing the distinct experiences of different racial and ethnic groups, and particularly those groups who have been called, sometimes as a slur, by other colors (i.e., red or yellow). ¹⁵
African-American vs. Black ¹⁶	Black includes some people who do not identify as American (e.g., people who identify as Afro-Latino or Black and European) and/or as African. African-American refers to people of African descent in the U.S. Many immigrant communities of African ancestry do not identify as African-American.

Term	Context
American Indian vs. Native American ^{17,18}	People should be identified by their tribal affiliation first. If a group includes multiple tribal affiliations, it is appropriate to use American Indian/Alaska Native. In general, American Indian is the preferred term; however, individuals may prefer Native American. Provide a write in option for tribal affiliation when collecting race and ethnicity data.
Hispanic vs. Latino vs. Latinx ^{19,20}	Hispanic refers to someone from a Spanish-speaking country. Latino/a or Latin American refers to someone with Latin American ancestry and includes people who speak other languages (e.g., Portuguese). Latinx is the gender-neutral term and has gained popularity; yet, it is not accepted or well-known ²¹ by many individuals/groups with Latin American ancestry. Latinx is controversial in part because of the complexity of pronouncing the term in Spanish and because it does not account for the gendered nature of the Spanish language.
Immigrant vs. Undocumented Immigrant ²²	<p>Undocumented immigrants, people who are undocumented/without documents, non-status immigrants, and mixed-status households are all preferred terms to use when specifically referring to immigrants who do not hold a visa or other legal permission to reside in the U.S. Immigrant is a term for anyone—including citizens, permanent residents, and undocumented immigrants—who has moved to the U.S. from another country.</p> <p>Avoid illegal immigrant or illegal alien because these imply the person rather than their immigration process is illegal and these are not person-first terms.</p>
Arab American vs. Middle Eastern and North African ²³	<p>Arab American refers to people who have a cultural, linguistic, or ethnic affiliation with an Arabic-speaking country in the Middle East or North Africa. Middle Eastern and North African (MENA) encompasses individuals with an affiliation with these geographic areas who may or may not identify as Arab American. For example, many people of Iranian descent identify as Persian.</p> <p>Note: White is often considered to be inclusive of these identities (on the Census, for example). Further, these identities are often conflated with the religious identity of Muslim. Yet, the majority of Muslim Americans do not identify as MENA.²⁴</p>

Support for this brief was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 45 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://twitter.com/rwjf) or on Facebook at [www.rwjf.org/facebook](https://www.facebook.com/rwjf).

ABOUT STATE HEALTH AND VALUE STRATEGIES—PRINCETON UNIVERSITY SCHOOL OF PUBLIC AND INTERNATIONAL AFFAIRS

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies and brings together states with experts in the field. Learn more at www.shvs.org.

ABOUT HEALTH EQUITY SOLUTIONS

This guide was prepared by Tekisha Dwan Everette, Dashni Sathasivam, and Karen Siegel. Health Equity Solutions (HES) promotes policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people regardless of race or income. HES works with State Health and Value Strategies (SHVS) to guide the program's health equity work generally while also providing targeted technical assistance to states. HES is based in Hartford, Connecticut and focuses its work outside of the support it provides to SHVS on achieving health equity in Connecticut.

ACKNOWLEDGMENTS

The authors thank GMMB for reviewing and offering insightful feedback on this guide.

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