Public Health Language Guide

Guidelines for inclusive language for written and digital content

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BC Centre for Disease Control
Provincial Health Services Authority

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Introduction and Context

When we write or speak, our words have the power to respectfully represent people or acknowledge the context they are experiencing, which help foster and maintain good relations with others. Words describe and construct what we are trying to define/label and reflect the social, historical, and political context where we use them. It's important that we are aware of our language and the implicit meanings terms convey.

Reducing harm is a basic tenet when working in public health, and language matters because it has the ability to other, stigmatize, or include people. This means that while words can have a powerful impact in enhancing safety, they can also cause more harm than we might have intended.

Stigma is a driver of health inequities. Through the use of accessible, affirming, and inclusive language, we can continue to lessen people's experiences of stigma and discrimination when accessing health resources[1] and enhance equity-oriented efforts.[2] Health equity aims to support people in their unique experiences to have "full access to opportunities that enable them to lead healthy lives."[3]

This guide was originally created to address inconsistent and potentially stigmatizing language used in government, health care, and public health COVID-19 messaging, and aims to assist with future content development and revisions by using positive, acknowledging, and inclusive language.

The current version of the guide addresses feedback and issues raised since the original guide was published in June 2020. We did not do a comprehensive review or engagement process because COVID-19 required a quick response. Any future updates will be made in a new guide with a broader scope and purpose and will be co-created in a more collaborative model.

Purpose

The overall purpose of this document is to offer suggestions and share principles that support written and digital content development that is inclusive and equity-informed so that individuals might feel represented/included in, as well as open and receptive to, public health messaging. Inclusive language is essential for creating safer environments for employees and all community members we engage with.

Culturally safe, trauma- and violence-informed, and equitable language, composed of words, terms, and phrases, aims to address as many people as possible in a productive and respectful manner. These guidelines incorporate an equity lens and are informed by the Government of British Columbia's *Declaration on the Rights of Indigenous Peoples Act,* the provincial Commitment on Cultural Safety and Humility in Health Services, and the Provincial Health Services Authority (PHSA) Values.

Frameworks

World Health Organization

According to the [World Health Organization](#) and the [National Collaborating Centre for Determinants of Health's Let Talk Health Equity,](#)[4] the pursuit of health equity has become a worldwide public health objective. Health equity means that all people can reach their full health potential and should not be disadvantaged because of their race, ethnicity, religion, gender, age, sex, social class, socioeconomic status, or other socially determined circumstances. Health equity "involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill."[5] While striving to improve health outcomes for all population groups, the pursuit of health equity seeks to reduce the excess burden of ill health among socially and economically disadvantaged populations.

Declaration on the Rights of Indigenous Peoples Act

The government of British Columbia (B.C.) passed the *Declaration on the Rights of Indigenous Peoples Act* in November 2019, which aims to create a path forward that respects the human rights of Indigenous Peoples,[i] while introducing better transparency and predictability in the work we do together for true and lasting reconciliation with Indigenous Peoples living in British Columbia.

Declaration of Commitment

In March 2017, B.C. became the first province in Canada to pledge their commitment[6] to making their health system more culturally safe and effective for Indigenous Peoples. This was an important step toward embedding cultural safety and humility among those who are involved in the delivery of health services to Indigenous Peoples in British Columbia. This includes working with government, health authorities, and other healthcare system partners to support a system wide approach. This commitment reflects the high priority placed on cultural safety and humility as essential dimensions of quality and safety in reaching a shared objective of promoting the highest standard of health care with and for Indigenous populations in B.C.

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i   Throughout this document, the term Indigenous Peoples is reflective of distinctions-based approaches to honouring the diversity and unique needs for First Nations, Inuit, and Métis Peoples.

Provincial Health Service Authority's Values

These guidelines are consistent with PHSA's values[7] of respect people, be compassionate, dare to innovate, cultivate partnerships, and serve with purpose. To embody and live our collective values, our organization must be conscientious of the words, terms, or phrases used and habitually challenge the status quo.

This guide is based on the National Institute for Allergy and Infectious Diseases' (NIAID) HIV Language Guide, released February 2020.[8]

Scope

The scope of these guidelines is to support the creation and revision of new and existing public health content both written and digital, in an effort to make it more inclusive and non-stigmatizing. This includes both internal communications within British Columbia Centre for Disease Control (BCCDC) and external communication with and for users/partners.

This guide is not specifically designed to inform best practices for interactions between individuals. It was developed with government communications/BCCDC content and reports in mind and may not reflect other contexts such as schools or workplaces.

Limitations

We recognize that terminology is continually changing, and this guide is not all encompassing. We acknowledge the inherent issues that come with a language guide sponsored by a government-funded organization. This guide is not meant to be prescriptive, and we recognize differences in language across communities, generations, and individuals based on history, context, and setting.

This guide is only offered in English and is not offered in any other language as it focuses on words, terms, and phrases in the English language. Finally, this guide does not address graphics and/ or images that often accompany text or social media posts.

Guiding Principles

The following guiding principles were initially developed by an existing Language Matters Working Group with members from BCCDC's Clinical Prevention Services and Trans Care BC. Further input was provided by the BC Ministry of Health, BCCDC's Chee Mamuk Indigenous Health Program, TransFocus, and the BCCDC Hepatitis and Harm Reduction Services.

To practice inclusive language, incorporate the following principles:

Language matters. Use inclusive and equitable terms that are relevant to your audience. Consider who may be missed when using certain terms to identify what inclusive and affirming words may be relevant to your unique setting and context.[9,10]

Practice the Platinum Rule. "Treat others as they wish to be treated" rather than the golden rule of "Treat others as you wish to be treated."

Language evolves. Be flexible, revisit regularly, and adapt when needed.

Cultural humility.[11] Reflect on oneself and one's positionality or social location[12,13] to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience; this may be accomplished by the centring of the voices of the people with lived and living experiences when presenting information and key messages.

Use "people/person first" language. Focus on the person as an individual first. For example, "person/people with a disability" versus "physically disabled," "crippled," or "lame." Note, if you are writing about a person use their preferred terms — these options are also included in this guide.

Choice. Provide all options in a resource to respect people's autonomy and agency in decision making.

Trauma and violence informed care (TVIC). Use language that incorporates EQUIP Health Care's Principles of TVIC to create safer environments through organizational strategies and personal practices.[14] A progression of Trauma-Informed-Practice, TVIC "aims to minimize re-traumatization for people who have previously experienced violence, support people currently experiencing violence and draw attention to structural violence." [15]

Harm reduction.[16] Work to use action- and-strengths-based language that will work to minimize harm and does not take a prohibitive approach. For example, instead of saying don't drive a motorcycle, offer recommendations to make driving a motorcycle safer (e.g., wear a helmet, drive the speed limit, and don't drive when using psychoactive substances). Harm reduction also includes challenging stigma and promoting social justice and human rights. Each person and every situation are unique so creativity and flexibility may be required for implementation in your unique setting and context.

Self-reflection. Become aware of our own positions of power, privilege, values, and beliefs. This will help create understanding for the ways our positions impact people who access our resources. Aim to see beyond established ways of thinking. Work to understand the larger patterns, dynamics, and systems at play when reflecting on health disparities and inequities.

Awareness of assumptions and judgement. Through self-reflexivity, we learn that it is impossible not to have assumptions and judgements. It is the awareness of our assumptions and judgements and knowing how they show up in our writing that will have the biggest impact on how relevant our work is to diverse lived experiences.

Plain language. Everyone benefits from simple, concise writing that is easy to understand.[17]

Engage with community.[18] Engage meaningfully[19] with a diverse range of people who have lived experiences related to areas of work. Give them decision-making power in the design and delivery of resources;[20] and pay them for their time and expertise.[21]

Accessibility and inclusion.[22] Aim to have language be relevant to as many people as possible. If your work is more specialized, aim to include language that is relevant to the diverse experiences people have. Explain new terms clearly and concisely. Avoid having people try and remember acronyms that are not common, this is especially challenging for people who are neurodiverse or have reading or cognitive issues/disabilities. Ensure materials meet accessibility standards for design and writing, including supporting screen readers, large font, plain design, and alt text.

Be affirming of people's lived and living experiences. Use affirming language that clearly signals respect for diverse identities, bodies, and relationships. Once you know the words, terms, names, and pronouns people use when describing themselves and their bodies, use their words in a professional and respectful manner. Mirroring language can be a helpful tool in creating affirming environments for a diverse range of people.

How to Use These Guidelines

The document begins with guiding principles followed by some selected examples. It is intended to highlight a broader language base and be a starting point to incorporate the principles of why language matters and how we can work together to create safer, more inclusive, and affirming resources. Consider the intended audience(s) when developing content or applying the examples used in this guide. Terms that are appropriate for health care provider content may not be understood by community members or others. Where possible, consult with your intended audience(s) and consider the above guiding principles.

Content developers should have an operational understanding of these guiding principles and the following selected examples, with their suggested alternatives, of commonly used words, terms, or phrases. The guide does not capture all potentially stigmatizing language, so content developers should work to ensure their language meets or exceeds the spirit of the listed guiding principles.

Contributors

The BCCDC is grateful for the hard work and countless hours that staff and partners provided to develop this BCCDC Public Health Language Guide.

Contact

If you have any comments, suggested edits, or to offer any observations and reflections, contact knowledge.translation@bcccdc.ca

CDC

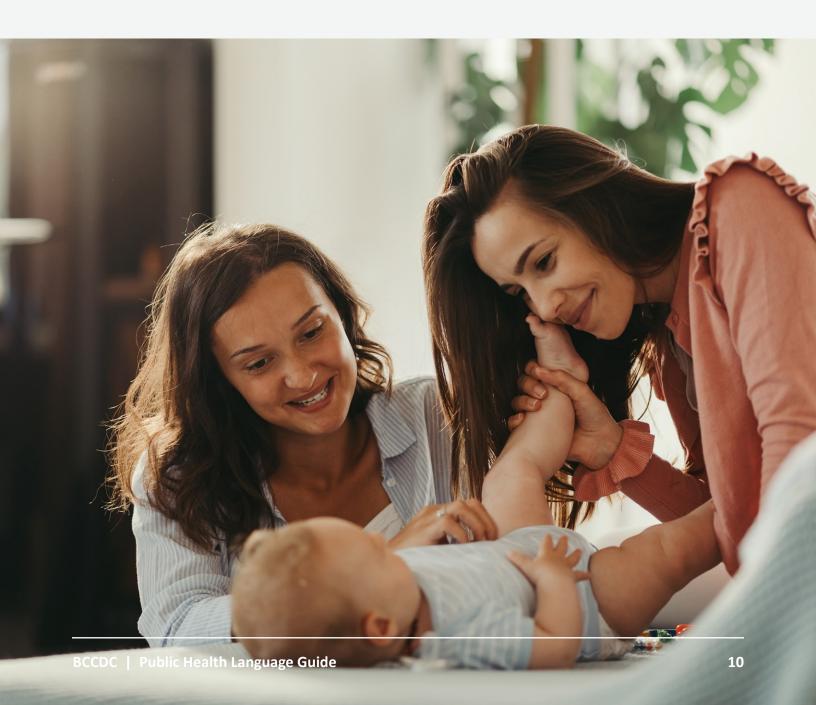**BC Centre for Disease Control**
Provincial Health Services Authority

Disease Basics

The table below offers language considerations for describing infections.

Try This…	Instead of this…	Because…
Transmit virus Virus responsible for	Infect/infecting	"Infection" carries the stigma of being contagious, a threat, or unclean. This recommendation was offered by HIV advocates who frequently highlight the damaging consequences of this word choice. Decrease fear by using descriptors or descriptive language of what a virus is or how it is spread.
People/person with [name of infection] Person/people > who tested positive for the virus > with mild symptoms of the virus > with severe illness from the virus > who need hospital support People/person without [name of illness] Person with… > illness caused by [name of virus] virus	[name of infection]-infected people [name of illness] positive people People infected with [name of illness] Uninfected people Super-spreader	Person-first language emphasizes humanity. Decrease fear by using descriptors or descriptive language of what the illness is or how it is spread.

Try This...	Instead of this...	Because...
Community member Individual accessing service(s) Participant Person	Patient Client Subject	When describing a person engaging with the health care system, "individual accessing service(s)" and/or "community member" is considered acknowledging and inclusive. "Client" and "clinician" words may affirm a power structure/dynamic.
Engage a population Priority population/group Key population/group	Target a population Vulnerable population (see below) Target(ed) population/group	These preferred terms emphasize community-oriented, participatory approaches to ending an epidemic, instead of paternalistic, top-down approaches.
(Increased or decreased) likelihood or chance Factors that increase/decrease likelihood or chance More likely or less likely for severe illness More likely or less likely for transmission/ spreading	Risk/risk factors Lifestyle factors	The preferred terms help reduce passivity applied to populations.
People who are underserved	Hard to reach populations/individuals Non-compliant	The preferred terms put the onus on the systems rather than an individual.
Person waiting for [illness name] test results	[illness name] suspect	"Suspect" evokes suspicion and personal fault.
Protect/protection from [illness name]	Fight/battle/attack the virus War on [illness name] Crisis	Battle and war references can evoke images of violence and panic.

Supporting Documents

> Association of Diabetes Care and Education Specialists: What you Say Matters

> National Collaborating Centre for Determinants of Health (NCCDH): Let's talk populations and the power of language

> PHAC's From Risk to Resilience: An Equity Approach to COVID-19

> PHAC's What we heard: Indigenous Peoples and COVID-19: Public Health Agency of Canada's Companion Report

> PHAC's Best Brains Exchange proceedings report: Strengthening the structural determinants of health post-COVID-19

Use of "vulnerable population(s)"

The following is provided by Amy Katz, researcher from Centre for Urban Health Solutions at St. Michael's Hospital, in a post titled, "*Words matter: The use of 'vulnerable' in health care and public health.*"

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Within public health and many other spaces, we often hear about helping "vulnerable groups" or doing work with "vulnerable populations." We see this in strategic plans, websites, grant applications and papers. But we don't often hear precisely what it is that people are vulnerable to, how this vulnerability is produced, or by whom. And we don't often discuss the role of health care institutions and research in producing vulnerability. Instead, there is this free-floating and vaguely outlined "vulnerability" that is just somehow there. No group of people is inherently vulnerable. If a group of people is experiencing vulnerability in a particular situation, setting, system or society, that vulnerability is being produced by other people. It is entirely possible to trace how that vulnerability is produced, and who is responsible. If vulnerable or vulnerability is used it warrants a description of how is it produced and who is responsible.

When we leave it at "vulnerable groups" — the implication is that the vulnerability is built in, it's a deficit, it is a condition internal to the group.

Our role as health care providers or researchers is then to save people from their own vulnerability. Healthcare and public health have a long history of scientific racism. In Dr. Katz's paper,[23] Katz reviewed literature on eugenics, the "Bell Curve," and on what has been termed "biological determinism." All of these are theories grounded in the idea that white populations are superior. They are pseudo-scientific justifications for white supremacy. These theories have been widely and completely debunked by scientists from geneticists to epidemiologists to clinicians. But these ideas are not gone.

These ideas might not be explicitly stated, but they often inform how we do research and how health care operates. When the word "vulnerable," is used, there is an increase in the likelihood that implicit racist ideas about white superiority and the role of white people in saving other flawed populations flow in to fill in the blanks. And those implications fester.

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Racial, Ethnic, and Cultural Identities

Race and ethnicity are distinct concepts that are often conflated:

> Race is a social construct used to categorize people based on perceived physical differences (e.g., skin colour, facial features).

> Ethnicity is a multi-dimensional concept referring to membership in a cultural group; it is often connected to socio-demographic characteristics including language, religious affiliation, nationality, cultural traditions, and migration history, among others.

The table below offers language considerations for describing racial, ethnic, and cultural identities.[24] With few exceptions, terms used to describe race or ethnicity should be capitalized; however, we do not capitalize white.

Group/Population	Examples
Black	African, Afro-Caribbean, African Canadian descent
East Asian	Chinese, Korean, Japanese, Taiwanese descent
Southeast Asian	Filipino, Vietnamese, Cambodian, Thai, Indonesian, Singaporean descent
Indigenous (First Nations, Inuk/Inuit, Métis)[ii]	First Nations, Inuk/Inuit, Métis descent
Latino	Mexican, Carribean, Central and South American (Ecuadorean, Bolivian, Colombian, Peruvian, Hondourean, Costa Rican) descent
Middle Eastern	Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
South Asian	Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, Nepali, Bhutanese, and Maldivian
White	European descent

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ii   It is recommended that reporting about Indigenous data and communities be informed through collaboration with Indigenous communities in the jurisdiction of data collection. Distinctions-based approaches — that is, identifying First Nations, Inuk/Inuit and Métis communities and/or other Indigenous populations, such as nations or clans — may be preferred.

Supporting Documents

> Canadian Institute for Health Information (CIHI): Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada

> Public Health Agency of Canada (PHAC) Indigenous Peoples and COVID-19: Public Health Agency of Canada's companion report

Group/Population	Definition	Language Considerations
Person of Colour (POC) Indigenous, Black, or Person of Colour (IBPOC)	People who are Indigenous, Black, East Asian, South East Asian, Latino, Middle Eastern, South Asian	Many prefer this term to "racial minorities" and consider it inclusive of all non-white races, while individuals with some non-white identities may not relate to the term. Others consider it euphemistic or irrelevant as they may not be a minority or view themselves as minority. Do not use "People of Colour" when referring to one specific non-white racial group; use a term specific to that group.
Racialized communities	Group being assigned or categorized in a racial hierarchy	In the United States and Canada, this term is sometimes preferred to "racial minorities" because it encompasses non-white groups that may make up a majority of individuals in a given geographical area. The term also defines race as an ascribed identity, acknowledging that an individual's identity may differ from another person's perception, which may be useful to distinguish from self-reported race and ethnicity information.
Biracial Multiracial or mixed race	Having parents or ancestors of different racial backgrounds	Some consider using "mixed" alone to be stigmatizing, while others claim the term positively. "Mixed race" is used frequently in academia and elsewhere, though some again highlight it as having stigmatizing potential.
Newcomers New to Canada	Immigrants Foreigners Migrants	Person-first language emphasizes humanity.

Substance Use

Understanding Substance Use Harms

People use substances (such as alcohol, tobacco, medications, cannabis, heroin, cocaine, methamphetamine, etc.) for a variety of reasons, including to alter mood, thoughts, and awareness; for social, emotional, and spiritual reasons; to manage physical or psychological pain; and so on. Substance use can have positive, neutral, or negative outcomes for individuals.

People can have positive experiences with one substance while experiencing harm from another substance.[25]

While substance use is not intrinsically detrimental, it is often linked to political, economic, and social factors that contribute to negative outcomes for people who use substances. Harms are more likely where substance use intersects with criminalization, racialization, lack of appropriate health services, and social, economic, and political marginalization.

Using non-stigmatizing language to talk about substance use and people who use substances can help transform how substance use is understood and addressed.

Try this…	Instead of this…	Because…
Person who injects drugs/ substances	Injection drug user (IDU) Drug user/abuser	Person-first language emphasizes humanity.
Person who smokes drugs/ substances	Drug abuse	
Person who uses drugs/ substances	Drug addict Drug-addicted	
Person with lived/living experience of substance use	Alcoholic Problematic substance use	

Try this...	Instead of this...	Because...
Person who uses substances regularly Regular substance use Person seeking treatment for substance use Less preferred: Substance use disorder / Person with a substance use disorder	Problematic substance use Drug addiction Drug dependence Drug habit Drug abuse Alcoholism Alcohol abuse Alcohol dependence	Regular substance use is not inherently problematic and may not indicate that someone has an "addiction." Many of the harms people experience around substance use are tied to factors such as criminalization, unregulated drug markets, and/or social determinants of health. The term "substance use disorder" is used widely in medical settings where addiction is understood as a chronic, relapsing medical condition that can be treated. It emphasizes that ongoing substance use is not a moral failing or personality flaw; however, use of the term "disorder" can also be stigmatizing. "Abuse" is a negative term that invites a value judgement. Addiction is not a diagnostic term although it is an acceptable synonym to substance use disorder.
Stopped / quit / not using substances Not currently using substances Negative or positive [for a toxicology screen] Currently using substances	Clean Dirty Clean urine drug test Dirty urine drug test	Labeling the use of drugs as "dirty" and the absence of drug use as "clean" invites a value judgement that stigmatizes people who use drugs and does not accurately reflect the complexities of substance use and decisions not to use substances.

Try this…	Instead of this…	Because…
Opioid Agonist Treatment (OAT) (includes bruprenorphine, methadone/ methadose, hydromorphone, diacetylmorphine, morphine, and other evidence-based treatments) Medication-assisted treatment (MAT) (when referring to medications used to treat non-opioid substance use) Managed Alcohol Program (MAP) (provides regular doses of beverage alcohol in a safe setting to prevent use of non-beverage alcohol and to manage intoxication levels)	Opioid replacement Maintenance Drug substitution	"Replacement" and "substitution" imply medications merely "substitute" one drug or "one addiction" for another, fueling a stigmatizing misconception that prevents people from accessing treatment.
Withdrawal management Evidence-based treatment Treatment Treatment centre Treatment services Supportive recovery services	Detox or detox centre Rehab	"Rehab" and "detox" imply a person who uses substances must be "fixed" or has "poisoned" their body. Substance use treatments encompass a range of services from withdrawal management to long-term treatment. Evidence-based approaches to substance use include options along a continuum of substance use – from ongoing daily use to abstinence from substance use.

Try this...	Instead of this...	Because...
Person in recovery	Former addict/alcoholic Recovered addict/alcoholic Reformed addict/alcoholic	This person-first term honours the belief of many clinicians and people who use substances that recovery from substance use is an ongoing and variable process. Some find the term "recovery" stigmatizing as it can imply that only people who abstain from substances have achieved wellness and recovery from substance use; however, recovery and abstinence are important goals and meaningful terms for some people who use substances. Some individuals may claim a term like "addict," but such terms should only be used by the individual choosing to re-claim the term.

Supporting Documents

> Canadian Centre on Substance Use and Addiction (CCSA) Overcoming Stigma Through Language

> Health Canada Stigma around substance use

> BC Ministry of Health Reducing Stigma

> BC's Mental Health and Substance Use Journal The language we use to talk about mental health and substance use

> BCCDC Toward the Heart Respectful Language and Stigma Regarding People who use Substances

> BC Mental Health and Substance Use Services (BCMHSUS): What's in a Word? How language can destigmatize substance use

> Northern Health Stop Stigma, Save Lives

> Centre of Excellence for Women's Health (CEWH) Mothering and Opioids: Toolkit

> Alberta Health Services Reducing Stigma

> BCCDC Evidence Review on Detention-Based Services for People who use Drugs

Sex, Gender, Identities, and Gender Inclusive Language

When communicating about sex or gender it's important to be intentional about language choices. For example, sex and gender are often used interchangeably, but have very different meanings and implications.

Physical sex is used to classify people based on biological traits (i.e., genetic, hormonal, or reproductive/ sexual anatomy) associated with the development and changes of a person's body over their lifespan.

Gender is influenced by individual and social factors, is not fixed, and can change over time. It is influenced by dimensions such as:

> Gender identity: how a person sees themselves. It is their own internal sense and personal experience of gender.

> Gender expression: the ways a person communicates their gender (i.e., mannerisms, clothing, pronouns, etc.).

> Societal factors such as gender norms, expectations, and perceptions.

For examples and definitions of terms used to describe identities and bodies refer to Trans Care BC's glossary. They also offer free, short, online courses on gender diversity.

Gender and Indigeneity – Framing of Two-Spirit[26]

In the summer of 1990, "Two-Spirit" was coined at the third Annual Basket and Bow Gathering of Gay and Lesbian Native Americans, near Beausejour, MB. This term is an umbrella term used by Indigenous Peoples of Turtle Island to refer to the distinct sexual, gender, and spiritual roles that existed in many Indigenous communities prior to colonization and continue to exist today. The creation of Two-Spirit was in response to the offensive and problematic term "berdache" used by Christian missionaries and members of the academy to describe those whom we would refer to as "Two-Spirit" today. Additionally, Two-Spirit, as a term, was created in response to the language of colonization, even though Indigenous communities had words in their respective languages to name, identify, and describe their Two-Spirit relatives.

Two-Spirit peoples are celebrated and considered sacred for their unique capacities and roles in their respective Indigenous communities. Just as Indigenous men and women have specific roles in their communities, Two-Spirit peoples have their own roles. The colonization process, such as boarding schools, dislocation from their land, Indian hospitals, and reservations, systematically restricted, suppressed, and disrupted Two-Spirit individuals from expressing or fulfilling their distinct sexual, gender, and spiritual roles within their Nations. The contemporary Two-Spirit movement reflects resistance, survival, and cultural thriving despite colonial attempts at erasure.

Two-Spirit should only be used by Indigenous Peoples of Turtle Island and is not interchangeable with LGBTQIA+ identities. However, it is important to note that Two-Spirit peoples may also identify as or use LGBTQIA+ terms to describe themselves. Two-Spirit is not intended to replace Nation-specific terms in an individual's Indigenous language but rather is meant as a placeholder, or as a means through which they can eventually find and reconnect with these Nation-specific traditions.
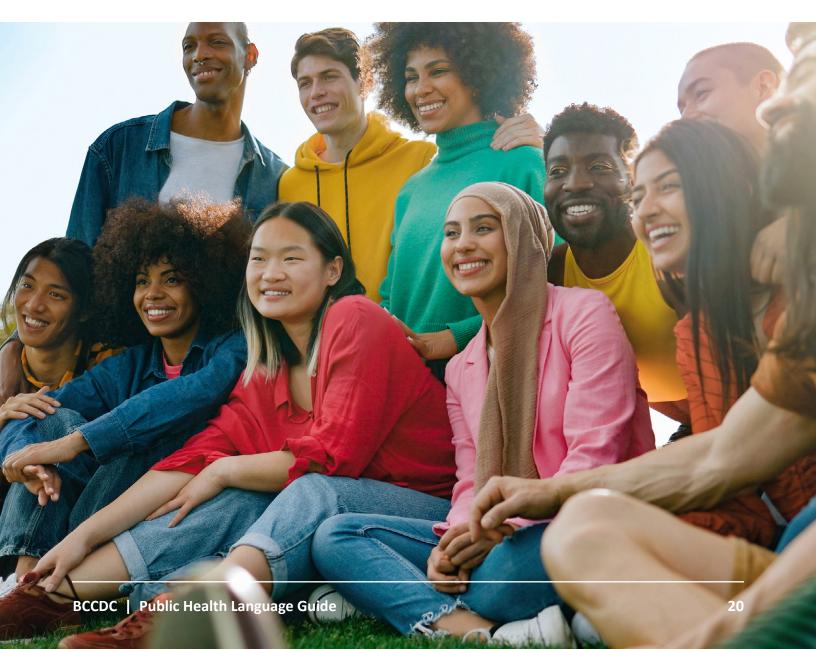
Therefore, Two-Spirit represents the reclamation of Indigenous ways of knowing, doing, and being that pre-date Western or colonial framing of gender and sexuality, and as a result is the decolonization of sexuality and gender.

Affirming and Inclusive Language

People use different words to describe their identity and bodies. Use of gender-inclusive and affirming language:

> Promotes diversity and equity;

> Avoids assumptions about people's identities, bodies, and experiences; and

> Prevents gender bias.

Third-person pronouns commonly used in the English language include she, he, and they. The pronouns they/them/theirs can be used both in the plural form and singular form. When using the singular "they," conjugate the verb as a plural, e.g., "**They are** non-binary." When writing about a hypothetical person, like an anonymous participant in a study enrolling people of all genders, use the singular "they" rather than "he or she" to be inclusive of gender diversity.

Try this...	Instead of this...	Because...
Transgender Trans Transgender people/person People/a person who is transgender People/person with trans experience or history Trans man Trans woman **Trans person with a non-binary gender** **Sex assigned at birth (when making the distinction from someone's gender/gender identity)**	Transgendered Transgenders/ a Transgender A trans Used to be a woman Born a woman Female-to-male (FTM) Used to be a man/ Born a man Male-to-female (MTF)	The words "transgender" or "trans" are adjectives. It is grammatically incorrect (and offensive) to add a suffix (-ed), to use it in a plural form, or as a noun. Using the terms "Assigned Female at Birth" and "Assigned Male at Birth" are ways of acknowledging that a person's body (physical sex anatomy) is different than their core understanding of their gender (gender identity).
Gender affirmation Transition* Transitioning* *While an individual may use the term "transition" in reference to themselves, best practice for providing care or referencing this process is to write or say "gender affirmation"	Transgendering Sex change Sex reassignment Procedure The surgery Pre-operative/post-operative	A person's gender affirmation is not centred on whether they have had surgical or medical intervention. Gender affirmation can involve a variety of physical and/or social actions someone might take to reflect their gender. Terms that imply a linear, binary change from one gender/sex to another often don't reflect a person's lived experience with gender affirmation."
Differences of sex development (DSD) Intersex	Hermaphrodite	Differences in sex development (DSD) refers to sex anatomy that develops outside of the phenotypical anatomy ranges assigned "female" and "male."

Sex and Sexuality

Try this…	Instead of this…	Because…
Sexual orientation	Sexual preference	"Preference" suggests that non-heterosexuality is a choice, a concept often used to discriminate against individuals who are not heterosexual.
Condomless sex Sex without the use of prevention tools Sex with the use of condoms and/or other prevention tools[27] Safer sex	Unprotected sex Unsafe sex Protected sex Safe sex	The preferred terms are more specific, accurate, and remove judgement. Condomless sex may still involve protection in the form of having an undetectable HIV viral load or using HIV PrEP.
Have insertive sex Have receptive sex	Vaginal sex Penis-in-vagina sex	Assumes the types of sex people are having, and with which body parts. The focus on a specific behaviour regardless of gender or sex makes the health message more quickly relevant to a broad range of people. This is also inclusive of people with intersex conditions by focusing on their anatomy's ability to insert or receive.
Internal condom	Female condom	Some transgender men and non-binary people may use internal condoms vaginally, and people of all genders can use internal condoms for anal sex.
External condom Condom	Male condom	People of all genders may use external condoms for sexual activity, including using them on the penis or cutting them to create a barrier for use during oral sex.

Bodies

Language can lead to assumptions about people's bodies and anatomy. When referring to a person or groups of people whose specific gender, identity, and anatomy are unknown, it is important to use more inclusive terms. Always consider context when choosing terminology.

Using anatomy-specific terms when it applies specifically to those organs, and neutral terms more broadly, can help people across the gender spectrum understand when health information is for them.

Try this…	Instead of this…	Because…
Internal genitals External genitals Become aroused Gonads Internal exam	Vagina Penis Erection Testicles Pelvic exam/pap	Internal and external genitals are more inclusive terms when referring to bodies generally. The terms penis and vagina may not reflect the language people use about their bodies and can make assumptions about anatomy.
Chest Chestfeeding Pregnant person	Breast Breastfeeding Pregnant woman	Gender-neutral alternative to a commonly gendered body parts or function.

Resources

Trans Care BC clinical anatomy vocabulary

General resource on language

Relationships

Avoid words that gender people or language that assumes the nature of a given relationship. Consider the use neutral terms. For example, not all sexual partners are romantically involved, which may be implied by terms like "couples," so the term "sexual partners" may be more appropriate. Similarly, do not assume sexual partners are monogamous or value monogamy (referring to polyamourous or non-monogamous relationships).

Try this…	Instead of this…	Because…
Has multiple sexual partners	Promiscuous	Avoid "promiscuity" and its derivatives as it is an unnecessary value judgement.
Partner Partner(s) Spouse	Boyfriend Girlfriend Husband Wife	Does not assume gender of a person's sex partner(s) or romantic partner(s).
Non-monogamous Non-monogamy Polyamorous Poly	Swingers Non-traditional relationships Promiscuous Unconventional relationships	It is more inclusive of the diverse ways people are in relationship with one another.

Pregnancy and Family

Be mindful that there are many different types of families, and that not all children and caregivers are biologically related. It is also helpful to bear in mind that language pertaining to prenatal and postpartum care and child rearing are traditionally very gendered and exclude many people who are seeking information on this topic.

Use language that is inclusive of gender diversity, including updating intake forms, assessment tools, and patient education materials. For examples of inclusive terms that can be used when referring to anatomy, see Trans Care BC's Gender Inclusive Language (Clinical) resource. For more information on how to create inclusive clinical assessment tools and patient resources, contact Trans Care BC.

Try this…	Instead of this…	Because…
Pregnant person	Pregnant woman Mother	Not everyone who can become pregnant is a woman.
Pregnant parent/birthing parent	Mother	Avoid assumptions on family make up.
Non-pregnant parent/non-birthing parent	Father	Avoid assumptions on family make up.

Supporting Documents

> Language matters: Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma

> Government of Canada, Department of Justice: Legistics Gender-neutral Language

> Sexual and Gender Minorities Health Equity Collaborative (HEC): Health Equity for Sexual and Gender Diverse Communities Executive Summary and Final Report

> www.phsa.ca/transcarebc

Socio-economic terms

In conversations and writing around health and socio-economics, a common belief is that health is primarily directed by individual behaviours and choices. This assumption colors our language and individuals are often unfairly blamed or stigmatized without taking into consideration the significant impact of broader social contexts on our health.
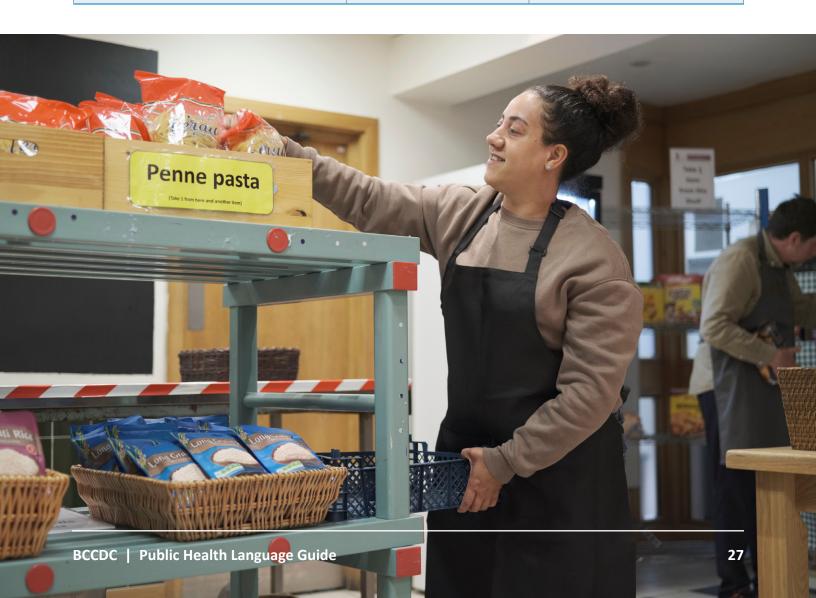
It is important to understand individual health within broader contexts and influences such as our past and current circumstances, e.g., the work we do, our level of education, our income, where we live, our early childhood experiences, and the (physical and social) environments that surround us. These circumstances are called the social determinants of health.[28,29]

In turn, these social determinants are influenced by broader structural determinants of health, which play a large role in directing the distribution of power and resources and, therefore, have tremendous population health impacts. Structural determinants include institutional policies, practices, and cultural norms that are often rooted in historical inequities such as racism and colonialism. The unfair and unjust systemic biases that disadvantage certain social identities over others based on race, gender, class, sexual orientation, and other domains are called structural inequities.[30, 31]

This section provides language related to various socio-economic disparities from a social determinants of health perspective.

Try this…	Instead of this…	Because…
People with low incomes People with incomes that are below the federal poverty threshold; people with incomes below the poverty line People whose self-reported income were in the lowest income bracket Core housing need	The poor Low-class people Poor people Underprivileged Disadvantaged Vulnerable	Use people-first language. Refer to the person first, before using a description. This changes the focus, placing personhood at the centre and all descriptive social identities as secondary. It does not carry the same level of generalization, judgement, or stereotyping.
Making ends meet on low wages Working hard to make ends meet Survivors	Struggling to make ends meet Working poor Victims	When a household spends more than 30% of pre-tax income on housing costs. Take a strength-based approach.

Try this...	Instead of this...	Because...
Households or people who are food insecure or experiencing food insecurity Or describe the level of food insecurity: Households/people who are mild/moderately/severely food insecure	Hungry/going hungry	Food insecurity is the term used in Canada to describe a situation where people cannot access enough food with the largest contribution being lack of income. There are different levels of food insecurity that may not include hunger, these range from worrying about food running out, to compromising the quality and/or quantity of food, to skipping meals. The term food insecurity addresses this continuum.

Try this...	Instead of this...	Because...
Homelessness	Homeless	Describe the situation of a person, rather than the labeling a person.
Unhoused	The homeless	People-first language.
Underhoused	Homeless people	
People experiencing homelessness; youth experiencing homelessness People without housing	Vagrant	
People who do not have adequate housing; overcrowding	Hobo	
People who are staying in an emergency shelter, or in transitional housing	Transient	
Housing exclusion		
> People sleeping on the street: > People without a fixed address > People who are living on the street > Nowhere to go		
Hidden homelessness; couch-surfing		
Underserved communities	The projects, the ghetto, the inner city	
Low-income areas of the city; disinvested neighborhoods;		
Underserved neighbourhoods		
Housing accommodation and supports:		
> Supportive housing > Non-market rental > Social housing > Affordable housing > Housing subsidies		

Try this...	Instead of this...	Because...
Person who receives income assistance, disability assistance or other benefits Someone whose main income is from... People who are unable to work because...	On welfare	Avoid language that blames the individual and use language that provides more context.
Full-time parent Full-time care partner Essential worker Precarious work Working multiple jobs	Homemaker Unemployed Blue collar Low-skill jobs	Avoid language that devalues roles that are indispensable for the functioning of society. Use language that provides more context.
People who have completed XX grade Opportunity gap	High-school dropouts Achievement gap	Avoid language that blames the individual and that focuses on deficits. Focus on what they do have or have accomplished.
Person who is undocumented People who are undocumented Undocumented people Undocumented children Undocumented adults Undocumented workers People who lack documents required for legal immigration	The undocumented Illegal aliens Illegal immigrants	Important to differentiate that the situation may be deemed "illegal or undocumented" but the people themselves are not.

Try this…	Instead of this…	Because…
People with experience in the criminal justice system Person who committed a crime Understand if you are talking about jails or prisons	Person who was in prison Criminal Referring to someone being in prison when they were actually in jail and awaiting a trail	Avoiding negative and criminalizing language, instead use people-first language. Jails vs. Prisons: Jails, commonly called detention or remand centres are where people are held waiting trial or for short-term sentences. Prisons are for people serving sentences, after they have been convicted.
Person who has been arrested/convicted of a criminal offence Person who is incarcerated Person in prison	Felon Convict Offender Inmate Prisoner The incarcerated	Person-first language emphasizes humanity. Some of these terms have specific legal definitions that are not necessarily interchangeable.

Supporting documents

> American Psychological Association, Style and Grammar Guidelines for Bias-Free Language
  https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/socioeconomic-status

> https://www.dcfpi.org/wp-content/uploads/2017/12/Style-Guide-for-Inclusive-Language
  _Dec-2017.pdf

> https://adata.org/factsheet/ADANN-writing

> https://www.homelesshub.ca/about-homelessness/homelessness-101/homelessness-glossary

> https://homelesshub.ca/IndigenousHomelessness

Age and Ability

Try this…	Instead of this…	Because…
Older adults People over [age X]	The aged Elders (The) elderly Seniors/senior citizens	"Adults" affirms agency and personhood, as does person-first language. Stigmatizing terms such as "elders" can evoke frailty, and/or when used by non-Indigenous people, it may be viewed as a misuse of a cultural reference within Indigenous communities. For materials developed for and by Indigenous Peoples or communities, Elders may be used. "Seniors" and "senior citizens" are not people first language and there is no universal definition, i.e., "senior's discount" at a drugstore may be 55+; whereas, BC Ferries will only honour the BC Gold Care Card (health coverage card), which is 65+. Use a specific age or age range instead of undefined categories.
Care partners Family and friends [in appropriate contexts]	Caregivers Caretakers	When describing people engaged in the care of others, partnership emphasizes cooperation and shared responsibilities. It is best practice to ask how they want to be described, and until that conversation happens, use "care partner" to emphasize collaboration and the individual's autonomy.

Try this…	Instead of this…	Because…
People with disabilities Disabled people (preference varies) Person with … > physical disability or mobility impairment > learning disability > intellectual disability > vision or sight impairment, low vision, limited vision, seeing disability, person who is blind > partial hearing loss, hard of hearing, hearing disability, person who is Deaf, person who is deaf > person who is Deaf-Blind > mental illness or person with [clinical name e.g., schizophrenia] or psychiatric disability > mental health, mental wellness > neurodivergent, neurodiverse, neurodiversity > person born with a disability, person who has a congenital disability Cite/reference the specific disability or disabilities	Handicapped Handi-capable Differently-abled The disabled Challenged > Physically disabled, crippled, lame > Learning disabled, learning disordered > Intellectually disabled, slow learner > Legally blind > Hearing impaired > Mentally ill > Crazy, insane, disordered > Special, special needs, or functional needs > Birth defect, congenital defect, deformity	Disability is a limitation or restriction of an individual's ability to perform an activity. People are not conditions. Person first language describes the disability the person has and are reflective of diverse experiences rather than a disorder or ailment that needs fixing. For certain sensory conditions, people may prefer more direct language. For example, "He is D/deaf" or "She is blind" rather than "He has a hearing disability" or "She is vision impaired." Deaf culture is a community of people whose primary language is a visual language (e.g., American Sign Language) or other variations of visual language. The culture is diverse and not defined by hearing loss but by shared experience of the world using visual images in place of words. The community is always identified with a capital D. Many Deaf people identify as part of a cultural and linguistic group.

Try this…	Instead of this…	Because…
Person with a disability Person living with…	Suffers with Afflicted by Victim of Battles with…	People with disabilities do not necessarily suffer or feel like victims of a particular disability. Stigma associated with using disabled as an adjective and preference for use varies, especially if people have found community in the term itself.
Abled Does not have a disability Enabled	Able-bodied (for physical abilities) Normal Healthy, in contrast to people with disabilities	Words such as normal or healthy imply that persons with disability are the opposite.
Assistive device/ technology Accommodation Wheelchair user Person who uses a wheelchair	Corrective device/ technology Wheelchair-bound Confined to a wheelchair	Assistive technologies and services should be portrayed as helping and accommodating a person rather than making them "correct" or emphasizing a limitation.
Accessible (parking/toilet/space)	Disabled (parking/toilet/space) Handicapped (parking/toilet/space)	It is preferred to use value neutral descriptive language rather than labels or shorthand.

Supporting Documents

> BC Ministry of Health Accessibility and inclusion toolkit

> BC Ministry of Health American Sign Language (ASL) Interpreter Services

> Provincial Health Services Authority Provincial Language Services

> Provincial Health Services Authority Protocol for Accessing Interpreting and Translation Services

> Health Canada A Way with Words and Images

Additional Terms, Topics, and Training

Try this…	Instead of this…	Because…
Sex worker Sex work Transactional sex Sale of sexual services	Prostitute Prostitution Commercial sex work	"Sex work" implies ownership over a person's own career choice, while "prostitution" and its derivatives carry engrained cultural stigmas. Use of the phrase "commercial sex work" rather than "sex work" is redundant and "otherizes."
Sex trafficking Sex trafficking of minors Commercial sexual exploitation of children	Sexual slavery Forced prostitution Child prostitution	In the context of forced or coerced transactional sex by minors, the preferred terms emphasize role of exploiters because children cannot consent to sex work. Some community members prefer the term "youth sex work" to describe transactional sex by minors they feel is not coerced or forced. However, this is controversial.
Survivor of sexual assault	Rape victim	"Survivor" is more empowering than "victim," which evokes defeat and helplessness. When referring to a specific person, always use a term they approve.
Intimate partner violence Gender-based violence	Domestic violence	The preferred terms are more specific to two separate ideas: violence between intimate partners and violence specifically based on gender power imbalances. They also each include relevant violence outside of a shared home.
Person who has experienced violence Survivor of violence Person who has been harmed	Abuse victim	Use more empowering or neutral terms than "victim," which evokes defeat and helplessness. When referring to a specific person, always use a term they approve.
Died by suicide Survivors of suicide attempts Those who died by suicide	Committed suicide	"Committed" evokes associations with the legal or moral issues of "committing" a crime or sin, or is referred to as an illness; whereas, suicide is often the consequence of one's social circumstances (e.g., unemployment, social exclusion, trauma, etc.)

Supporting Documents

> Public Health Agency of Canada (PHAC) Language Matters: Safe Language and Messages for Suicide Prevention

Terms for Weight

Writing or talking about weight often carries stigma and can be triggering for people regardless of the language used. In your communications, consider whether there is a need to reference body size. If not, leave it out. If so, consider using the less stigmatizing language listed below. This section focuses on people living in larger bodies and does not include language for people living in smaller bodies.

Try this…	Instead of this…	Because…
People in larger bodies, people who live in larger bodies, or larger people People with higher weights or higher weight people	People who are overweight or overweight people People with obesity, obese people, or the obese (Some people and organizations use "people with obesity" with the goal of identifying how some people may benefit from medical intervention. Due to the stigmatizing history of the word "obesity," it is still not recommended for general use) People with a BMI of X Fat,[32] fat people (Some people, groups, and organizations are trying to reclaim the word fat and remove the stigma attached to it. This is part of a movement towards body positivity and fat acceptance)	People living in diverse bodies can experience health and well-being. Weight-focused language can contribute to weight stigma, which has been shown to contribute to adverse health outcomes. The terms "obesity" and "overweight" are often defined solely by BMI, rather than by a broader clinical assessment of other health indicators such as biochemical markers, behaviours, and mental health. The terms "obesity" and "overweight" are often associated with personal responsibility, rather than with the complex factors that contribute to a person's weight, including income, genetics, trauma history, and the community food environment (e.g., the disproportionate marketing of sugary drinks to racialized communities). (See section on social and structural determinants of health).

Educational Tools for Health and Social Service providers

> Public Health Agency of Canada (PHAC) Addressing Stigma in Canada's Health System

> BC Ministry of Health Gender Equity and LGBTQ2S+ Resources

> SafeCare (Provincial Perinatal Substance Use) Learning Hub Course Modules

> SafeCare Course Summary Video

> EQUIP Health Care Trauma- and Violence-informed Care Workshop

> EQUIP Health Care Equipping for Equity Online Modules

> EQUIP Health Care Publications

> Provincial Health Service Authority (PHSA) Trans Care BC Education links for creating welcoming & affirming services

> PHSA Trans Care BC Primary care learning pathway

For more information on stigma, see Public Health Agency Of Canada's (PHAC) Addressing Stigma: Towards a More Inclusive Health System

For more information on health equity:

> EQUIP Health Care's About Health Equity and Health Equity Interventions

> PHAC's From Risk to Resilience: An Equity Approach to COVID-19

> PHAC's What we heard: Indigenous Peoples and COVID-19: Public Health Agency of Canada's Companion Report

> Sexual and Gender Minorities Health Equity Collaborative (HEC): Health Equity for Sexual and Gender Diverse Communities Executive Summary and Final Report

Endnotes

1   http://www.bccdc.ca/resource-gallery/Documents/respectful-language-and-stigma-final_244.pdf

2   https://equiphealthcare.ca/learn-more/

3   https://equiphealthcare.ca/resources/about-health-equity-and-health-equity-interventions/

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7   http://www.phsa.ca/about/who-we-are/vision-mission-values

8   https://www.hptn.org/sites/default/files/inline-files/NIAID%20HIV%20Language%20Guide%20-%20March%202020.pdf

9   https://bcpsqc.ca/resource/loud/language-matters-poster

10   https://www2.gov.bc.ca/assets/gov/careers/all-employees/working-with-others/words-matter.pdf

11   https://www.fnha.ca/culturalhumility

12   https://bchumanrights.ca/wp-content/uploads/BCOHRC_Sept2020_Disaggregated-Data-Report_FINAL.pdf

13   Hankivsky, O., et. al. (2014). An intersectionality-based policy analysis framework: Critical reflections on a methodology for advancing equity. International Journal For Equity in Health, 13(119). Retrieved from: https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-014-0119-x

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      inclusive-language-and-terms

18   https://towardtheheart.com/resource/peer-engagement-principles-and-best-practices/open

19   https://towardtheheart.com/resource/presentation-peer-engagement-in-harm-reduction/open

20   https://towardtheheart.com/resource/peer-hiring-meeting-report-2019/open

21   https://towardtheheart.com/resource/peer-payment-guide/open

22   www2.gov.bc.ca/gov/content/home/accessible-government/toolkit

23   Katz, Amy S. et al. "Vagueness, power and public health: use of 'vulnerable' in public health
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      Racism. 2018. https://www.ontario.ca/document/data-standards-identification-and-monitoring-
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26   https://twospiritdrylab.ca

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      determinants-of-health_EN.pdf

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      conversation-on-social-determinants.pdf

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