"Scientists and scientific journals have the opportunity to facilitate best practices and ultimately impact racial and ethnic disparities. The written interpretations of science by a few shape the future creation of history and science for many."

Dr. Khadijah Breathett, University of Arizona
Circulation: Cardiovascular Quality and Outcomes
Best Practices for Inclusive Language in Life Science Research and Communications

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- Inaugural and former vice chair of the RTI-HS Diversity & Inclusion Advisory Council
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What Is Inclusive Language?

“Inclusive language acknowledges diversity, gives respect to all people, is sensitive to differences, and promotes equitable opportunities.”
— Linguistic Society of America

• Inclusive language avoids using expressions or words that may
  – Exclude groups of people who have been historically discriminated against
  – Invalidate or demean
  – Carry hierarchical valuation or portray some groups as inferior

Why Is Inclusive Language Important?

• Honors variability in **self-identification**
• Strengthens data
• Encourages greater participation from underserved groups
• Helps reduce stigma
Diversity and Inclusion in Action

Diversity + Inclusion Advisory Council
Inclusive Language Is Good for Science, Society, and Business

RTI-HS applies our **expertise** to help our clients address gaps in **equity**, **diversity**, **inclusion**, and **belonging**

- Using Inclusive Language best practices, RTI-HS helps life science organizations and researchers address inequities & bias in their work
  - Identify the needs of marginalized communities
  - More intentionally reach medically underserved patient populations
  - Help patients feel more included, validated, and seen
  - Achieve better health outcomes
Racial and Ethnic Designations in the US Census: Historical Context


- **White**
  - 1900: Black (Negro or of Negro descent), Mulatto
  - 1910: Black
  - 1920: Negro
  - 1930: Negro, or Black
  - 1940: Black, or Negro
  - 1950: Black, African American, or Negro
  - 1960: Black or African American

- **Indian**
  - 1910: American Indian
  - 1920: Indian

- **Chinese**

- **Japanese**

- **Filipino**

- **Other**
  - 1910: Other
  - 1920: Other
  - 1930: Other
  - 1940: Other
  - 1950: Other
  - 1960: Other
  - 1970: Other
  - 1980: Other
  - 1990: Other
  - 2000: Other
  - 2010: Other
  - 2020: Other

- **Hindu**: Referred to Asian Indians, regardless of religion.

- **Part Hawaiian**: Part Hawaiian

- **Hawaiian**: Hawaiian

- **Samoa**: Samoan

- **Pacific Islanders and Hawaiians** were grouped under Other in 1940.

**Aleut**: People who trace their ancestry to the Aleutian Islands in Alaska.

**Eskimo**: People who trace their ancestry to the Eskimo people.

**American Indian or Alaska Native**: People who trace their ancestry to American Indians or Alaska Natives.
### Key Terms

#### Race
- Historically, race has been regarded as a means of differentiating between people by phenotypic characteristics (e.g., skin color).
- “Race is a social construct—a human-invented classification system. It was invented as a way to define physical differences between people, but race has more often been used as a tool for oppression and violence.”
  — Center for Health Progress

#### Ethnicity
- A multifaceted component of one’s identity that can encompass nationality, tribal affiliation, religion, language, and traditions of a particular group.
- Often the basis for systemic discrimination.
Key Terms

Unconscious Bias
- Social stereotypes about certain groups of people that individuals form in an unconscious manner.

Othering
- To view, treat, depict, and/or refer to a person or group of people as intrinsically different from or inferior to oneself using an “us vs. them” mentality.
### Examples of Preferred Terminology: Race

<table>
<thead>
<tr>
<th>Avoid</th>
<th>Preferred</th>
</tr>
</thead>
</table>
| At-risk patients, at-risk youth, at-risk communities                  | • Patients at risk of developing diabetes  
• Communities of color at risk of acquiring COVID-19  
• Black patients at risk of developing sickle cell anemia              |
| Minorities, minority                                                  | • Best practice is to name the specific group(s) being referenced (if relevant and if known)                                     |
|                                                                      | For example: “African American people with these underlying conditions are at even greater risk of COVID-19 hospitalization” or “Black people with these underlying conditions are at even greater risk of COVID-19 hospitalization” |
| Minority communities                                                 | • Communities of color  
• Historically underserved communities  
• Historically marginalized groups                                          |
| Non-White, non-Whites                                                | • If relevant and if known, best practice is to name the specific group(s) being referred to  
• If the identity of the person or group is not known:  
  - Communities of color, historically marginalized groups, historically underserved populations or communities, medically underserved communities (e.g., when referring to health disparities among groups) |
# Key Terms

## Gender
- Sociocultural norms and expectations about behaviors and characteristics regarding what is considered “masculine” or “feminine”

## Gender Identity
- One’s innermost concept of self as **female**, **male**, neither female nor male (e.g., **nonbinary**), a **blend** of genders, or **no gender**
- How individuals **perceive** and **refer** to themselves

## Sex Assigned at Birth
- The assignment (female, male, or intersex) that a doctor or midwife uses to describe a child at birth based on external anatomy

## Sexual Orientation
- One’s romantic, emotional, and/or physical attraction
- How one self-identifies based on these characteristics
**Examples of Preferred Terminology: Gender Identity & Sexual Orientation**

<table>
<thead>
<tr>
<th>Avoid</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (when “sex assigned at birth” is intended)</td>
<td>Sex assigned at birth</td>
</tr>
<tr>
<td>Gender (used on its own)</td>
<td>Gender identity</td>
</tr>
<tr>
<td>Sex (used on its own)</td>
<td>Gender identity</td>
</tr>
<tr>
<td>Homosexual/homosexuals</td>
<td>If the sexual orientation(s) of the individual or group being referred to is known and is directly relevant, best practice is to specify that identity. If not known but directly relevant, it’s acceptable to use: members of the LGBTQ+ community, people who identify as LGBTQ+, person/patient who identifies as LGBTQ+</td>
</tr>
</tbody>
</table>
| Sexual preference/lifestyle                     | Sexual orientation  
*Note that a person’s sexual orientation should not be referred to as a “preference” or a “lifestyle,” as these descriptors erroneously suggest that sexual orientation is a choice rather than an identity.* |
| Transgendered                                   | Transgender (used as an adjective, e.g., “a transgender patient”)                                                                    |
| Transgenders                                    | Transgender people; people who are transgender                                                                                           |
Common Inclusive Language Pitfalls
Instead of using generalized or “catch-all” terms

• Specify the group(s) being referenced

“Minorities with these underlying conditions are at even greater risk of COVID-19 hospitalization.”

“We are conducting a survey to assess health disparities among minority patients with cardiovascular disease.”

“However, certain barriers to internet adoption by minorities have not changed significantly since 2000.”

“African American people\(^1\) with these underlying conditions are at even greater risk of COVID-19 hospitalization.”

“We are conducting a survey to assess health disparities among patients with cardiovascular disease who self-identify as African American or Black, Hispanic, Latine, or Latinx.”\(^1\)

“However, certain barriers to internet adoption by people of color have not changed significantly since 2000.”

\(^1\) These are examples where the specific groups being referenced are known.
“Approximately half the study sample will comprise individuals from underrepresented communities.”

“Approximately half the study sample will comprise individuals from historically marginalized communities.”

“These at-risk segments of the population may require hospitalization when infected with COVID-19.”

“Groups that have been medically underserved may require hospitalization when infected with COVID-19.”
Unconscious Bias

The survey was written only in English, and there was not a Spanish-language version for the Hispanic population in the US. Therefore, the Hispanic respondents may not be represented because not all Hispanic respondents would be able to read and understand English, and the results might only be representative of English-speaking US patients.

Biased language "distracts many readers and makes the work less credible to them."

— Chicago Manual of Style
Medical Survey Questions & Response Options
1. What race(s) or ethnicity(ies) do you consider yourself to be? *(Select all that apply)*

- [ ] African American or Black
- [ ] Alaska Native, American Indian, or Native American
- [ ] Asian or Asian American
- [x] Hispanic, Latina/o, Latine, or Latinx
- [ ] Middle Eastern and/or North African
- [ ] Native Hawaiian and/or Pacific Islander
- [ ] White
- [ ] A race or ethnicity not listed
Inclusive Language at RTI Health Solutions
Why Is RTI-HS Best Positioned to Assist Life Science Researchers With Inclusive Language?

- Regularly solicit Inclusive Language feedback from colleagues & key stakeholders
- View or review our clients’ projects with an eye toward expanding equity & inclusivity
- Routinely consult recently published primary source material to look for trends
- Provide RTI-HS’s EDIB statement in our proposals
- Draw upon the diversity and lived experience of RTI-HS staff
How Can RTI-HS Help Your Organization Incorporate Inclusive Language Best Practices?

- Making it easier for patients, respondents, and other individuals to self-identify
  - Where possible, allow them to self-identify as more than 1 race or ethnicity
  - Allow them to select from gender identity options beyond the female/male binary

- Regularly updating and consulting RTI-HS’ in-house Inclusive Language glossary and style guide, which offer alternatives to catch-all terms such as “minorities” and “non-White”

- Flagging potentially stigmatizing language, e.g., “mixed race”, “at-risk patients”
  - Preferred: “biracial,” “multiracial,” “patients who are at risk for diabetes”

- Omitting “othering” language by expanding race, ethnicity, and gender identity response options in patient surveys
  - RTI-HS has replaced “Other” with “A race or ethnicity not listed” and “A gender identity not listed”
Possible Concerns Your Organization May Have

You may worry that you or your research team might unintentionally offend or communicate the wrong thing

• Through its expertise, Health Solutions is well equipped to handle any Inclusive Language concerns

Encountering resistance to change

Lack of awareness

Remember: We’re all co-learning!
Examples of Inclusive Language Questions RTI-HS Is Equipped to Handle

“How can we describe results that vary by race and ethnicity?”

• What is the best practice for addressing outdated and non-inclusive terms in comparative or secondary research
• What’s wrong with “Other”? 
Recent Inclusive Language Trends

- The AMA has started to focus on best practices for Inclusive Language and has added an extensive Inclusive Language section to their most recent manual of style.

- The AP, APA, CDC, FDA, and many universities, businesses, and industries have developed—or are developing—Inclusive Language guidance.

- Some medical journals now require greater detail on race and ethnicity classification as well as data collection/description of methods.

- Journals and researchers are taking a more critical look at how race and systemic racism affect healthcare access, health outcomes, etc.
Thank You
Questions?