Becoming Comfortable with Health Equity Concepts and Language

August 8, 2022
Welcome!
TODAY’S AGENDA

1. Welcome and Introduction
2. CDC’s Commitment to Health Equity
   Desmond Banks, PhD, MPH, CDC Office of Minority Health and Health Equity
3. Health Equity Guiding Principles for Inclusive Communication: Making it Stick
   Susan Laird, DNP, MSN, BSN, CDC Office of Associate Director of Communications
4. Q&A
5. Wrap-up/next steps
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Desmond Banks, OMHHE: CDC’s Commitment to Health Equity
Key Health Equity Terms

- **Social Determinants of Health (SDOH):** the conditions in which people are born, grow, live, work, and age

- **Health disparities:** preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health; experienced by those who have been disadvantaged by their social or economic status, geographic location, and environment

- **Health equity:** everyone has a fair and just opportunity to attain their highest level of health

Source: [https://www.cdc.gov/healthequity/whatis/index.html](https://www.cdc.gov/healthequity/whatis/index.html)
Why is health equity important?

- Overall, people in some racial and ethnic minority groups experience higher rates of poor health and disease for a range of health conditions compared to their White counterparts
  - Diabetes
  - Hypertension
  - Obesity
  - Asthma
  - Heart disease
  - Cancer
  - Pre-term birth
  - COVID-19

- CDC health equity efforts look to close these gaps by working to reduce and ultimately eliminate racial and ethnic health inequities by addressing structural and social condition
  - Addressing racism as the fundamental driver of these inequities

Sources: [https://www.cdc.gov/healthequity/whatis/](https://www.cdc.gov/healthequity/whatis/) and [https://www.cdc.gov/healthequity/racism-disparities/cdc-efforts.html](https://www.cdc.gov/healthequity/racism-disparities/cdc-efforts.html)
What is CDC doing to achieve health equity?

- We must change the systems and policies that have resulted in the generational injustices that give rise to racial and ethnic health disparities
- CDC is leading this effort in the work we do on behalf of the nation’s health and internally as an organization
  - **C**ultivate comprehensive health equity science
  - **O**ptimize Interventions
  - **R**einforce and expand robust partnerships
  - **E**nhance capacity and workforce engagement

Source: [https://www.cdc.gov/healthequity/whatis/](https://www.cdc.gov/healthequity/whatis/)
Susan Laird, OADC:
Health Equity Guiding Principles for Inclusive Communication: Making it Stick
“Failures of ignorance we can forgive. If the knowledge of the best thing to do in a given situation does not exist, we are happy to have people simply make their best effort. But if the knowledge exists and it is not applied correctly, it is difficult not to be infuriated.”

CDC & Health Equity for Inclusive Communication

In Atlanta, black patients with COVID-19 were more likely to be hospitalized than white patients*

The federal government, public health professionals, community organizations, healthcare systems and providers, and individuals can take action to reduce health disparities

*In Metro Atlanta, March-April, 2020

These inequities existed long before COVID-19
Overdose Deaths by Race and Ethnicity Over One Year
Per 100,000 People

- **39** Black
- **36** American Indian, Alaska Native
- **31** White
- **21** Hispanic
- **3** Asian, Pacific Islander

Source: July 2022 Vital Signs
Why words matter
Words can literally hurt

Please point to the number that best describes your pain.

0 1 2 3 4 5 6 7 8 9 10

No Hurt Hurts Little Bit Hurts Little More Hurts Even More Hurts Whole Lot Hurts Worst
Words matter: Alcohol and drug use example

In a study by the Recovery Research Institute, participants were asked how they felt about two people “actively using drugs and alcohol.” No further information was given about these hypothetical individuals.

The study discovered that participants felt the “substance abuser” was

- **Less likely** to benefit from treatment and that their problem was the result of an innate dysfunction over which they had no control

- **More likely** to benefit from punishment, be socially threatening, and be blamed for their substance related difficulties, and to able to control their substance use without help

https://www.recoveryanswers.org/research-post/the-real-stigma-of-substance-use-disorders/
How can we stop HIV stigma?

- Learn the Basics About HIV Stigma
- What is HIV stigma?
- How can I educate others about HIV stigma?
- Where can I find support?
Health Equity & Health Literacy & Accessibility
Using a health equity lens

CORE CDC Health Equity Science and Intervention Strategy
Defining a health equity lens

- Intentional
- Inclusive
- Getting input
Questions to ask when applying 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?
How are social and health inequities at play?

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

- 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
Will/does the activity perpetuate existing inequities?

- 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
Could be part of the problem

https://www.cdc.gov/motorvehiclesafety/calculator/factsheet/redlight.html
Using a health equity lens

- ability
- mental health
- race
- gender identity
- fertility
- personality
- age
- culture
- nationality
- political affiliation
- sexual orientation
- language
- gender expression
- appearance
- hobbies
- physical health
- occupation
- marital status
- education
- ethnicity
- religion
- class
- location
Engaging with your audience
ATSDR – Great place to start

PRINCIPLES OF
COMMUNITY ENGAGEMENT
SECOND EDITION

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be clear about purposes or goals</td>
<td>Collective self-determination is the responsibility and right of all people</td>
<td>Identify and mobilize assets</td>
</tr>
<tr>
<td>Become knowledgeable about the community</td>
<td>Partner for change and health</td>
<td>Release control to the community</td>
</tr>
<tr>
<td>Establish relationships, build trust</td>
<td>Respect diversity</td>
<td>Requires long-term commitment</td>
</tr>
</tbody>
</table>
Generational perspectives
Humor or not so much?

It wasn’t until last year that images of blackface were removed from some popular TV shows. What are your thoughts?

“Who finds blackface funny? You’re laughing at me and my features and stereotypes of people who look like me? Why is that okay?”

Purpose of the Guiding Principles
Starting the discussion

• Both inspirational and aspirational
• Feedback and pushback
Billie Jean King

“It’s hard to understand inclusion until you’ve experienced exclusion.”
Introduction to CDC’s Health Equity Guiding Principles for Inclusive Communication

- Emphasizes the importance of addressing all people inclusively and with respect

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<td>Developing Inclusive Communications</td>
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<tr>
<td>Key Principles</td>
<td>Resources &amp; References</td>
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[https://www.cdc.gov/healthcommunication/Health_Equity.html](https://www.cdc.gov/healthcommunication/Health_Equity.html)
Introducing the key principles

• Terms to avoid:

  • Adjectives such as vulnerable, marginalized, and high-risk.
  
  • Dehumanizing language - use person-first language instead.
  
  • Target, tackle, combat, or other terms with violent connotations when referring to people, groups, or communities.
  
  • Words that suggest unintentional blaming.

https://www.cdc.gov/healthcommunication/Key_Principles.html
Not all about preferred terms

• An important point
• People tend to focus on the actual words vs. the intent
• How do we work towards inclusivity without offending others?
Developing inclusive communications - Culture

• Translate materials into the preferred language of intended audiences
• Work with community members and others to develop and validate concepts and content
Developing inclusive communications – Older adults
Inclusive images
White coats… white doctors?

Top search results for “doctor” on Shutterstock.com
Diversity in images
Considerations for images

• Diversity - consider age, gender, ability, race, ethnicity, culture, body size

• Equity - avoid showing inequity in terms of status or power

• Inclusion - avoid stereotypes, unhealthy behaviors, and inappropriate body image standards

• Accessibility - ensure image and alt text are accessible and understandable to people with disabilities
<table>
<thead>
<tr>
<th>Example use</th>
<th>Image under consideration</th>
<th>Does it?...</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social media post on caregiving</td>
<td>Yes – culture/religion No – gender of caregiver</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A (not a photo)</td>
<td>Yes</td>
<td>Yes</td>
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<td>Social media post on women’s health</td>
<td>Yes – culture/religion</td>
<td>Yes</td>
<td>No</td>
<td>N/A (not a photo)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Fact sheet on diabetes-related hospitalization</td>
<td>Yes – race</td>
<td>N/A</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Social media post for disability awareness month</td>
<td>Yes – disability, age, body size No – race, ethnicity, culture</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Evaluating images**

- **Example use**
- **Image under consideration**
- **Does it?...**
  - Show diverse representation: age, gender, race, ethnicity, culture, disability, sexual orientation, body size
  - Show appropriate use of cultural dress/activities
  - Avoid perpetuating stereotypical power/status inequities
  - Show diverse beauty standards
  - Avoid stereotypes of groups that have been marginalized
  - Show positive portrayal; positive health behavior
Tips and takeaways

• Don’t focus on terms
• Allow opportunities for people to make adjustments
• Nothing is set in stone – we are still learning
• Practice makes perfect
• Work on you first
Walk the talk

• Incorporate the principles in our work

• Look at scientific, policy, and all materials with an equity lens

• Look within – our organization and ourselves – to facilitate growth and learning

• Look outside – engage communities and partners
Keep listening – we’re not done yet!
Stay up to date

- Review the Guiding Principles
- Listen to feedback – good and not so good
- Incorporate new thoughts, ideas, and language
- Share your ideas for change
So much to do…so little time
Back to making it stick…

• Consistency
• Open minds – starting with ourselves
• Setting examples
• Willingness to change and adapt
• Use the Guiding Principles
Remember to try forgiveness

- Not everyone will “get it” right away
- Keep trying
- Remember that forgiveness and encouragement are more effective than blaming and shaming
- Ask for help
- Share your ideas
Thanks for joining us today!

“Do the best you can until you know better. Then when you know better, *do* better.”

- Maya Angelou
Diversity is a fact. Equity is a choice. Inclusion is an action. Belonging is an outcome.

— Arthur Chan
THANK YOU!

HEGuidingPrinciples@cdc.gov
Q&A
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