Good afternoon everyone.

I am a communication and marketing specialist with the Centers for Disease Control and Prevention. Identify as female, I have on a white shirt, and I prefer the pronoun she/her.

I want to welcome you to today CDC emergency partners information connection or EPIC webinar period if this
is the first with us, welcome their gut we invite you to learn more about CDC's emergency response communication activities including past webinars, and newsletters.

At our webpage at webpage@emergencydebtcdc.gov.

Today's webinar will be recorded and posted to our website in the coming days.
If you do not wish for your participation to be recorded please exit at this time.

Closed captioning is available for this webinar. To view those captions please click the more option, the three dots, select show subtitles. This option may differ depending on your device.

We are also offering ASL interpretation which will depend on your screen to view throughout your webinar.
We are pleased to offer continuing education credits for this webinar. Additional information will be shared at the conclusion of the webinar including how you may take advantage of this opportunity.

Please take a moment to review the disclosure statement displayed on your screen.

To achieve health equity we need all sectors to expand access and remove the social and economic obstacles.
that lead to poor health outcomes.

One of the social obstacles as health communications,

specifically communication that does not adapt to the

specific, cultural, linguistic, environmental, and

historical -- of audiences the focus.

Today's epic webinar is all about giving you the

background and resources you need to create

communications that do just that, including CDC's
health equity guiding principles for inclusive communication.

Throughout the webinar we will drop links in the chat box for information that we hope you will find useful.

The chat feature will be disabled for participants during the webinar. If you would like to ask a question, please submit using the Q&A feature.

We will do our best to answer as many questions as
It is a great pleasure for me to introduce today's speakers. We will hear from Dr. Desmond Banks who will walk us through the basics of health disparities as well as CDC's commitment to transforming systems and policies to increase health equity.

Holds a PhD from the Johns Hopkins Bloomberg School of
67
00:05:37,648 --> 00:05:41,408
Public Health, and a Masters in Public Health from

68
00:05:41,408 --> 00:05:45,166
Hunter College at the City University of New York

69
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workup he serves as an epidemiologist within the office

70
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of minority health and health equity science team at

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CDC.

72
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We are also joined by Dr. Susan Laird and she will be

73
00:05:57,844 --> 00:06:01,004
discussing why inclusive language and concepts are so

74
00:06:01,007 --> 00:06:03,772
essential to good health communications and will
introduce CDC's health equity guiding principles for inclusive communication.

Dr. Laird holds a doctorate in nursing practice and a Master of science in nursing both from Georgia State University.

She is a training and education lead and division of communication science and services in the office of the associate Dir.
for communications at CDC.

We have a lot of important information together so we will get started.

As a reminder, if you would like to ask a question, please utilize the Q&A button and we will get to them directly following the presentation.

Dr. banks, over to you.

>> Thank you very much and to you all for joining us.
Much of our communication with you over the past 2 years – Mike -- we will start with three key terms,

social determinants of health, identified as conditions in which people are born, grow, live, work and age.

Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations and the world.

Second, health disparities which are preventable
differences in the burden of disease, injury, violence

or opportunities to achieve optimal health; that our

experience by social economic status geographic

location or environment.

Third and finally, health equity which is the state in

which everyone has a fair and just opportunity to

attain the highest level of health.

And maybe helpful to think of these terms on a
continuum where differences can lead to health disparities while health equities helps to reverse the differences in health or make a more stable health for everyone and promote health equity. Health equity is extremely important. As we are all aware, the population health impact of Covid-19 has exposed well long-standing inequities that have systemically, systematically at the undermine the
social of ethnic minority populations and other groups that have a disproportionate burden of Covid-19.

Across the country people and some racial ethical groups have higher rates of poor health and disease for a wide range of health conditions including diabetes, hypertension, obesity and asthma, heart disease, cancer, preterm birth compared to their white counterparts.
CDC health equities efforts look to close these gaps by working to reduce and ultimately eliminate racial and ethnic minority health inequities by addressing structural and social conditions, and portly racism.

Looking at racism as a fundamental driver of these inequities.

What are we doing?

What is CDC doing to achieve health equity?
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.

Through our core strategy, we are leading this effort.

But in the work we do on behalf of the nation's health and internally -- we have a core strategy, cultivating comprehensive health equity science involves the
standardization of health equity language and principles.

O of optimizing interventions requires the use of respect for and inclusive language in our communications of a respectful and inclusive communication.

R, reinforce, reinforcing and expanding robust partnerships requires that we engage with public health
stockholders to communicate health equity science and principles.

Finally, enhancing capacity and workforce engagement is one of the primary objectives of our workforce strategy and one of the key reasons why we are meeting with you today.

I cannot tell you how committed and excited we are with the work.
As part of the work we are looking at specifically something that you may or may not be familiar with but will become more familiar with as time goes on and the concert of gendered racism how gender and race results and experiences that are amplified with racism that are separate from racism by sex alone.

Looking at gendered racism within the work place and I bring this home you may be familiar with the fact that
for black women, even with a college degree, still five
times more likely to die due to pregnancy related
complications compared to white counterparts.

We are looking at that.

When looking at the intersection of gender race among
black men and how they are 30 times more likely to be
incarcerated and have high levels of employment

specifically senior levels of employment and these are
difficult concepts to digest and difficult conversations to have a difficult data to look at what we are doing ago it's important we are doing it and are committed and work around the clock and committed to it and handling talking about the most important and pressing and difficult to discuss health issues of our time.

Because we understand it we have to be authentic and
look at these internally if we expect you to do it.

And we are just so excited to have you here today, you can hear it in my voice.

Next we will hear some great language today and I will turn it back over to you Rahsine.

>> Thank you for sharing your thoughts on how we can contribute to reducing health disparities within our communities.
Next we will be hearing from Dr. Susan Laird.

I want to thank everyone for being here today and want to share our passion and commitment to this work in a way that will help to entice you to do the work that we will ground a lot – not cover a lot of ground but the goal is to enlighten as many as possible.

Consider looking at the health equity loans -- (Indiscernible).
I agree with the take on changes and improvement on healthcare delivery.

In the first book shown stated clearly that we just don’t know we do the best we can but when we do know and we jump to the right things then there is much work to do.

The work in health equity and inclusive communication -- (Indiscernible).
Covid forced us to take a hard look at the long-standing inequities appear at the beginning of the Covid response we were able to see race was a factor in disparities.

What is the part? Although it shined additional light on the issues of race and social determinants, it is not just Covid, we have known for years that there are much higher numbers
of maternal mortality and Black women and they have an impact.

You likely saw this a week before last, the latest issue of vital signs and it was yet another example of the impact of the social determinants of health.

Why are we putting so much energy into this and why now?

We note that social determinants have stigmatizing
language and it can hurt people by influencing other
people's judgments of those populations.

An attribute, behavior or condition that socially
discrediting.

Two main factors cause and controllability.

In terms of cause, people believe in individual is not
responsible for the attribute of the behavior or
c Condition, meaning it's not their fault are they can't
help it, then stigma is diminished.

Research has shown our use of stigmatizing terms they influence judgment.

Basically the person is either good, worthy or not as well as the need for punishment versus treatment.

Is important to remember that we personally cannot determine the level of pain the stigma causes someone.

I think this is a great example.
The person on the left referred to as a substance abuser versus the person on the right that has a substance use disorder.

The person referred to as an abuser is a lot less likely to benefit from treatment and the problem was a result of some innate function over which they had no control.

More than likely they would benefit from punishment or
243
00:17:35,023 --> 00:17:37,023
blamed for their substance related difficulties where

244
00:17:37,023 --> 00:17:39,470
the substance on the right is more deserving of

245
00:17:39,472 --> 00:17:41,472
treatment.

246
00:17:41,472 --> 00:17:46,756
Statement Susan, can you adjust your microphone a

247
00:17:46,758 --> 00:17:48,758
little bit?

248
00:17:48,758 --> 00:17:54,523
We are having a little trouble hear you clearly.

249
00:17:54,523 --> 00:17:56,523
> Let me try holding a closer.

250
00:17:56,523 --> 00:18:03,348
To continue the discussion on's Sigma one of the most
profound examples has been directed towards people living with HIV/AIDS. From the time the virus was discovered the statement continues to this day and impacts not only those with the virus, but the LGBTQ community.

Health equity and health literacy and accessibility go hand in hand.

Using health literacy and symbols is one step in
addressing -- use plain language.

Test materials and provide translation services for people with limited English, and does your website --

is your website accessible?

Let's get a little deeper into what it means to use the health equity lines.

The key word here for me is intentional.

Look at your messaging materials and identify the
potential positive and negatives that may impact your audiences. Pickle you want to be more effective, so get input from your intended audiences.

Asked them how they want to be identified?

How can we be useful to you?

That's what we did with the development of the guided principles.
There are a few questions to ask if you will apply a home equity lines.

How are social health inequities at play?

Most of this in our work environments are aware of these contributing factors because some of these may seem redundant since they all lead back to the same.

I want to point out the significance of our own assumptions and biases, they come from the way we were
raised, experiences, exposures to different cultures

and all play a major role in how we perceive others

both positively and negatively.

A health equity loan helps us see beyond by engaging communities and populations in the decision-making process.

The people and groups appreciate being asked about their views and will be asked we usually learn
something.

Finally, if you do this activity, the action, where you

on â€” but will you unintentionally cause problems and

overlooking risks and is your message saying what you

want and need to say?

Are you staying within the appropriate context?

I want to share this with you because I think it is a

good indicator of where we are in this work and what
more needs to be done.

I was looking for a graphic that would demonstrate what intersection Melanie means.

I started with CDC.gov and this is what came up at first.

Clearly you need to look a little deeper.

One clear definition is people often and usually belong to more than one group.
I might be a woman, wife, mother, grandmother, nurse, health communication specialists, and I have multiple interests and life experiences.

People may belong to more than one group that has historically and currently face discrimination.

We should consider this in our analyses and communications.

One example goal is a black woman may have
discrimination on her race or gender pickle she may
identify experiences of white women as well as experiences of Black men the experiences as a black woman may differ from either of the groups.
One of our basic tendencies is engaging with the audience.
Our sister agency for toxic substances and disease Registry, probably a great place to start and they
wrote the book on the principles of community engagement and encourage you to go to the website.

They have nine principles for community engagement.

Want to be clear about your purpose, partner with community to create necessary change and improve health.

All aspects of community engagement must recognize and respect the diversity of the community itself.
awareness of the cultures of a community and other factors that affect diversity much -- must be paramount with implementing the approaches to changing a community. And community engagement can only be sustained by identifying and mobilizing that community's assets and strengths by developing the community's capacity and resources to make decisions and take action.
There are lots of people think that generations no longer make a difference.

I think if we believe that way -- (Indiscernible) week currently work in a generational environment and understanding the different points of view will help us bring the conversation and messaging to make change.

Went generations collide, have perspectives based on when people were born.
People from the depression may have experienced hunger.

My own mother ordered food long after she could fill her cabinets.

There is a new book out called stage, not age, author is golden and refers to the most -- (Indiscernible) we are still working and it will be important that we consider not just XYZ, but those of us still in the workplace and marketplace that need to have messages.
355
00:25:03,638 --> 00:25:05,968
tailored to our needs.

356
00:25:07,423 --> 00:25:11,428
Last year people magazine ran a feature story on

357
00:25:11,429 --> 00:25:15,434
Gabriel Union and asked her directly about the issues

358
00:25:15,436 --> 00:25:20,331
of racism in Hollywood and what we used to find funny

359
00:25:20,333 --> 00:25:22,333
isn't funny anymore.

360
00:25:22,333 --> 00:25:25,868
This one particular example of blackface and musicals,

361
00:25:25,868 --> 00:25:30,591
they were very popular in the 1930s and 40s.

362
00:25:30,591 --> 00:25:33,615
Children and parents that grew up in those households
may not know that black is inappropriate.

Just within the last few years there've been multiple examples including well-known political types showing up at parties and blackface.

It's not funny, if it ever was, it certainly isn't now.

Can you think of other examples where you once laughed at jokes that are no longer funny?

If you really thought of it you probably could.
I want to talk about the purpose of the guiding principles.

We hope to just start the discussion.

We help you start thinking about this so we can collectively reach our goals.

In the process and after the launch of the guiding principles we received the feedback and pushback.

The difference in those two is that the feedback was
constructed and we make changes to reflect ideas and

the pushback not so much pickle pushback came to the

email box and some of it was really harsh, even been,

and even a few people used our suggestive words to

basically attack us.

I don't know how many of you saw the Super Bowl in

February, but Billie Jean King was there to do the coin

toss and she was a recent recipient of the presidential
She was marking the 50th anniversary of sports gender equality, and said it was hard understanding inclusion unless you've experienced exclusion.

I think that is a good place to start with an understanding of what is hard and not everyone will be supportive and not everyone will be understanding.

I want to talk about what health equity guiding
principles is and what it is not.

First, it is important that we focus on the foundational concepts, not the preferred terms pickle the terms itself are just examples and as we say they are not prescriptive and not the only options you may come up with many that are far more inclusive than what we chose in the guiding principles.

It is important to note there are no mandates.
You don't have to use these exact terms, we just think you should give them a chance.

We learned at the CDC there were some supervisors that were saying you must use these. And I want to repeat they are not a CDC mandate, and we may -- you may find better terms for your population pickle the health equity guiding principles emphasizes the importance of addressing all people inclusively and
with respect.

Here are the terms to avoid and underlying foundational

(Indiscernible) Target audiences and vulnerable

populations for so long it's a habit and habit takes

change and effort and energy.

I want to stress these are recommended terms to get you

thinking.
We are finding, one great example with presentations that people ask about the phrase pregnant people comes up in a lot of the pushback we are seeing. The intent initially was to come up with words that were inclusive for different gender audiences but the risk of offending pregnant women is currently very high and we way the impact on the intended it -- audiences and who will benefit from that messaging?
Maybe we say people that are pregnant.

This is an old quote from Peter Drucker, culture will rule every time.

It is important that we become culturally literate as well.

So translating materials into the preferred language of the audience and as we said before engage the community at the beginning, not as an afterthought.
As a person who doesn't relate well to being called elderly, I have a couple pet peeves I want to share.

As we age we are at an increased risk, but there are miles between you and the nursing home, at least I hope so and if you want to reach these audiences, think of different ways to categorize people.

We are not all sick.
(Indiscernible) 20 of healthcare providers come in and see an older person maybe with gray hair and a few wrinkles and they start raising their voices assuming the patient is hard of hearing just because they are older. Be aware that H and associative risk are on a continuum and risk of diseases and more severe outcomes increase with age and tailor the guidance to specific settings.
like long-term care facilities.

Signs and symptoms of many diseases may be atypical for older adults, but caregivers themselves are also older adults and they may have additional risks.

It's important you address choosing the right images when designing the communications.

This is from a Google search engine of white coats.

As you can see there is minimal diversity most male,
white and that is all we got in that search.

We are working hard on new resources that will help us all choose better examples of diverse populations.

A picture is worth a thousand words and we want to make sure that we pay as much attention to the images as we do to the words we use.

Getting the graphics the same attention as we do the language can seem a little more difficult so we are
developing products that you can use hopefully will help them on the website in the next few weeks.

But these are the basic considerations that you should use.

This is an example of how you evaluate your images pick up me take the basics across the top and put the graphic or paragraph you are select ring and asked these questions.
You may not get all yeses, but the more you get, the better selection you have made.

There will be more on that in a couple weeks on our website.

Just some ways to go through the process.

We want to share and summarize a few tips and takeaways here.

To help you implement this work in your own
organization.

Allow opportunities for people to make adjustments.

What does this really mean?

Go back to one of the original statements.

Not everyone comes from the same place.

The CDC is a really big place and just because we all

work in public health doesn't mean we all think the

same way or live the same way.
So we start by being a little kinder right here within our own organization would ask you to do the same thing.

Allow opportunities for people to make adjustments.

What does this mean? That nothing is set in stone, and practice will make perfect and practice will also make permanent.

What is your personal contribution to the effort and
what matters to you?

In order to make it stick you have to start.

Use the guiding principles and refer to them before entering the development of your communications and look at the materials to that health equity lines and look within your organization and certainly look within yourself.

Remember that this is not a finished process.
I don't know if he will ever be finished.

Everything changes culture and language, and it is important to understand when a culture changes. Listen and learn from those changes and incorporate communities into the learning process, our learning process. Build relationships and get the input and invite them to be part of the solution.
Maybe start by taking a look at your website through the health of the lens pickle that is a really good starting point pickle look at places where the work needs to be considered pickle some of the webpages may need a serious overhaul.

In action only perpetuates the problem pickle taking a general approach will not correct those inequities and being intentional and specific will give you a good
Challenge the status quo.

One of our biggest challenges is determining how we will measure success and no that we helped make a difference.

It could take generations to make behavior change,

There's policies and procedures at the CDC and other
organizations can leverage.

How serious are these organizations about health equity and health policies with change?

In the area of communication we can give quantitative assessment materials and do a number of trainings.

But how people think and how they interact is how we will measure maybe plain language and clear communication and understanding of accessibility will
help.

Consistency will be a major part of making it stick.

Have an open mind personally and collectively.

Be willing to listen and adapt to the change in climate and use the health equity lines across all of your work.

Know up front that not everyone will get it.

The CDC is a big place and I'm sure your organizations
are as well pickle just because we all work it doesn't

mean I think the same thing the same way.

We don't talk the same way.

Maybe you are struggling.

Invite others to the table.

Continuously engage colleagues to discuss contents and

intention and increase understanding to obtain and

member forgiveness and encouragement are more
effective.

Ask for help and share your own ideas.

This takes us full circle back to my Angelou, the message in the call to action was the same, we can do better.

And this is my final slide that I think requires you to just take a moment and think about it and absorb what it says, diversity is a fact, equity is a choice,
inclusion is an action and belonging is an outcome.

And with that, thank you so much for your attention and

I hope we have some great questions.

Thank you so much for sharing these inclusive approaches that can inform future communication

I am especially excited to learn more about how to make health messages more inclusive and effective by
applying the health equity lands.

I would also like to invite the audience to please submit your Q&A questions into the Q&A box and we are just about to get started with Q&A.

Thank you to all of our presenters.

Let's move on to the Q&A section of our presentation.

pickle I apologize in advance if we are not able to get to all the questions but we will do our best to pickle the
first question for Dr. banks.

Can you address economic inequality as a factor that results in health disparities?

Great question.

I mentioned during my introduction that we are looking at the concept of gender racism as part of the core
goal and that's the intersection of how race and gender combined to actually cause an experience of racism that is different from either gender or sex alone.

One of the things as far as employments, we've all heard concerning a job and the different types covert is exposed front-line workers are much more likely to acquire morbidity compared to other individuals that have senior-level positions.
One of the great things we are looking at now is the ratio of how, taking it to the next level, black men are about six times more likely to be incarcerated versus white men.

We don't have to have a PhD in public health to understand how incarceration can have such an impact on not just the individuals but also their families both during incarceration and after.
Trying to make things simple with our analysis we also look at higher levels of senior-level employment in the high-paying jobs that allow individuals to lift themselves out of poverty just provide the resources that link income to health.

What we are looking at and what we discovered is that on average, black men compared to being more likely to be incarcerated that ratio of incarceration for
employment you are about 30 times more likely to be incarcerated than have those good paying jobs.

That's just an example of how economic circumstances can influence the number of health conditions with incarceration sheer higher risk of that which is less likely to experience the protective benefits of higher employment.

Horrible analogy but burning the candle from both ends
and this is not new, it has been shared.

I think this year's County health records report shows that jobs must lift individuals out of poverty as opposed to keeping them in it, it's a universally accepted phenomenon we are working around the clock to discover and uncover this to address it in part of it.

is why we are here today.

>> Thank you for the insights.
Gives us -- excuse me how it can determine whether or not you have access to healthcare.

Thank you for your insights. The next question for Dr. layered I hope you got enough of a break in a sip of tea because I know you did speak for quite a while, but if you are ready, the question is for you.

It has been said that the word race is a construct.
experience?

>> That is a really great question and does the word

itself need to be removed or acknowledge and honored?

I think by talking more about it we will make a lot

more progress as opposed to pretending that it doesn't

exist, because it does, and we have an extensive

history, I think we are doing some of the things here

at CDC that I think other organizations would find
We are identifying health equity officers that will be within our divisions and program levels, not just at the very top of leadership, but throughout the programs so there will be people there to serve as educators, if you will to be able to help us all understand what the challenges are and where we need to make the changes and corrections.
I don't think the answer is to take it out of the construct but to acknowledge it is there and then take action.

I'm not sure that's the answer everyone is looking for, but I think more importantly it is to say, yes, this is here, it has happened, and here are some things we can do. And then the commitment to making those things happen.
I appreciate that answer, thank you so much, it makes a lot of sense.

Another question for you.

How to big knowledge culture but also identify harmful culture that we do not need to cater to like discrediting new ideas about gender identity or marriage or reproductive rights?

That is a very important question especially in this
I think where we are is we have -- culture is changing and becoming more prevalent as a guiding force and how we behave and change our influence and make the kinds of changes we need to make in public health and healthcare delivery.

There is a lot more to culture than just language that people speak, but belief systems.

I give an example of my own father and how we grew up
and how did we learn from the people that raised us?

And how does that make a difference in who we are today

In my own life I did not grow up in a household where my parents were anti-Black, it was not part of the language in my household.

My father -- (Indiscernible) and he absolutely despise the Japanese and there was nothing that I could say or
do with writings, nothing was going to change his mind

and he went to his grave with the same attitude he came in with as an 18-year-old boy fighting in the Pacific.

And I share that because when we are trying to teach and model better behavior come the first thing you need to do is be welcoming to the difference of opinions and work hard to understand why they are the way they are.
where they are we can do a better job of making the

connections that we need to make so we can all

contribute to each other's learning process.

I talked about my own father because it's something

that I have experience as a young kid it didn't

influence my own belief system, but it was present.

And I think while I think about other people that maybe
grew up with other fears or concerns the first thing I
want to do is understand where they came from because I
cannot teach anything new about culture if I don't

I hope that is helpful.

We have to learn first and then we can understand and
then we can make the changes we need to make.

>> Thank you for your perspective.

The next question is for Dr. banks.
What are your thoughts or ideas about what we can do to help other demographic groups understand and care about disparities, especially since there are limited studies available and limited data available about these groups.

Just overall I think being authentic, genuine and inclusive and to allow individuals time in the room and room and space to have candid, compassionate
discussions.

Be live in a very divided intense time right now and 

part of the goal for the engagement today is to provide 

a rationale of what we are doing and not try to be 

draconian or dictators, but to say this is all about 

respect and recognizing our differences so we can 

reduce health disparities and allowing individuals to 

ask questions and to not blame individuals for not
always getting rings right. We inherited the society,

right?

None of us here on this call today owns any slaves, we

didn't burn any crosses or Lynch anyone.

But these are the environments that we inherited.

We all have come from these things from different

backgrounds and were affected by these atrocities of

our past in different ways pickle the history of
medicine is very ugly and we have definitely made steps
to try to remedy that. But I think allowing
individuals opportunity to go these are difficult
conversations to have.

We talk about how the transatlantic slave trade and you
look at the images of the ships and lynching, these
things are triggering for a number of individuals to
have an individual that may not have it on the top of
their minds every day. Is something I have the top of

my mind every day as a black man and looking at

individuals who may not see that our lives in urban

environments right opportunities to engage with black

men or individuals from any backgrounds and having the

open opportunities for candid, nonjudgmental dialogue.

One of the things I find discouraging about today so

individuals are scared to speak or ask because you are
constantly blamed or castigated or ridiculed for being ignorant.

I don't know.

I can expect you to learn about my history the things that impact us.

But when someone asks in a genuine, authentic way, give them room and it may be clunky and times are difficult but appreciate the effort that someone does.
Like Desmond, help. Desmond, how has it impacted you?

I love that because you care enough to care about how I feel and inasmuch as we can have as many opportunities to have that open, candid, nonjudgmental dialogue from all representations of society, I think we will be better off.

I wholeheartedly agree.

The turning point is being able to open it honestly, how
those conversations without judgment.

So thank you.

The next question for Dr. layered.

In regards to the term in your presentation that you mark as terms to avoid. One of those was marginalized.

The question is whether you think that using the qualifier historically, as in historically marginalized communities, is that acceptable?
When we take the focus away from the system and more on history?

>> That is a complex question for a couple of reasons.

Joel get hung up on the terms themselves, but I understand the intent. What we are trying to say is think person first language.

A person who had this happen to them.

A person that is at risk for as opposed to categorizing
everyone in one umbrella terminology.

I think the first thing you will have to do is think in terms and it's hard to do in public health because healthcare tends to focus on the individual where public health focuses on the aggregate or the community. When we think about terms of how we better communicate with the community and better serve the community we have to start looking at where they are.
coming from and what needs to happen to change it.

That is not to say I ignore history, I don't, and I

don't suggest we ever do that.

But what do we need to get the community from where

they have been to where they need to be?

And where they want to be.

It is not about only the terminology, but rather what

process can we change to make it better for them and
subsequently for us because when all of the community

strive, all of our other community strive and that is

the mindset we have to start with.

It is tough to answer the one stray question there

because I think it's a conglomerate of thought

processes that we have to move forward with.

Stop thinking about them in terms of where they have

been, but let's talk about what we need to do to change
where they have been.

That means we have to acknowledge the history, but we also have to have the means and mechanism and desire to move that same population.

>> Thank you so much.

I think we only have time for one more question.

It is in reference to a concept in your presentation.

How do you recommend responding to a group or
population offended by updated more inclusive language

whether it is outward facing like on websites reports

or research and evaluation in the term I'm referring to

is the conversations happening right now about

pregnancy and how we should term that, women with

pregnancy or those that are pregnant?

I mention it myself because if I don't someone else
does because it's been hotly contended since we started
this work and continues to be.

The first thing I want to say is not everyone will love you.

When trying to do this work you have to recognize upfront that it will be hard and not everyone will be happy.

We can change some people's minds and others we will not succeed.
We need to find the best ways to communicate with those people that don't want to hear some of the terms that we are constantly hearing in the population.

I am honored someone -- (Indiscernible) it has become political tennis ball and ping-pong ball.

And we are not talking about politics.

We are talking about taking the best care of all of us at the same time.
I think that is possible.

I am hopeful that we can make those things happen and we can start from a position of knowing that we have a lot to learn, I am still learning.

And I hope everyone on this call is open to learning.

Some of the constructs that you have had in your head from when you grew up and whatever generation and whatever educational exposures you have had, be open to
a few more and come to your own conclusions.

If you find there are terms that suit you better or suit the community that you want to communicate with more effectively then let us know what they are.

It is a work in progress and I hope we can all continue to learn without you shutting down and saying I am not going to listen to that, there's no reason for me to change the way I've been.
We all have had our prejudices that we need to work with and to begin to understand.

All we want to do is be inclusive and respectful of one another and we are trying to encourage everyone to come from that same place.

>> As you said, when you know better, do better.

We are just about out of time.

We've gone through a lot of questions.
But if you submitted a question we could not address please feel free to email us at epic@cdc.gov and we will be sure to get the message out to the right person answered for you.

I would like to thank all of our presenters and the audience.

If you wouldn't mind doing a short exit poll on your way out.
We will put that up for you now.

I can really inform the decisions we make.

Thank you for taking the time this afternoon with us in answering these questions.

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Have a wonderful day.