



INCLUSIVE LANGUAGE AND WRITING GUIDE



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PLEASE NOTE

This document is provided for guidance only. Language and terminology evolve frequently, and we are continually working to enhance our understanding of the communities and concepts included. This evolution is due to a variety of factors, including different preferences within population groups. For example, individual members of a specific group that has been historically excluded might prefer different terms, or one term compared to another when they are being referenced. **Therefore, a best practice is to have members of the community you are speaking about review your content;** if you are working with a specific organization, ask which terms they prefer to use or check their website and other available resources.



Be advised that this guide will mention or call out specific terminology that may be offensive to certain groups of people. We include these references because some people may not be aware that certain terms may cause offense and should not be used. We will also highlight inclusive terms that will ensure your communications speak about individuals with respect and dignity and are free from bias and stereotypes.

If you have experienced trauma related to any of these terms, feel free to engage with the content at your own discretion, and take the time you need to reflect and practice self-care.

INTRODUCTION

WHAT IS THIS RESOURCE AND WHY WAS IT CREATED?

We know that words have power and that words matter. This [Inclusive Language and Writing Guide](#) provides American Cancer Society (ACS) and American Cancer Society Cancer Action NetworkSM (ACS CAN) staff and volunteers with preferred word choices and phrasing to empower them to communicate accurately, respectfully, and consistently about cancer disparities and our efforts to advance health equity. The language and word choices in this guide were selected because they are community-driven, and it is our hope that they will authentically represent those communities' perspectives and experiences.

In the application of this guide, remember that people with cancer, their caregivers, and their communities are at the center of our work and should be valued humanely and appropriately.

WHAT IS THE PURPOSE OF THE GUIDE AND WHO IS THE AUDIENCE?

This Guide is intended to support staff and volunteers who engage with community members, health systems, corporate entities, donors, policy makers, and global partners. It also supports ACS and ACS CAN colleagues across departments who create internal and external materials and products (e.g., presentations, data reports, grant proposals, and marketing, communications, health promotion, or educational materials). It provides language guidance on subject matter related to health equity and inclusive word choices to ensure more consistent messaging across the organization.

The content in this guide supports ACS' and ACS CAN's diversity, equity, inclusion, and health equity work and amplifies the importance of recognizing everyone's equal and inherent value. Additionally, this guide will help us avoid using negative stereotypes and connotations or unintentionally assigning blame for people's life circumstances or health status. While many of the terms you will see in the Guide pertain to the cultural milieu of the U.S., being mindful of cultural context is equally as important in global health settings.

HOW DO I USE THIS GUIDE?

Use this Guide whenever you need guidance on inclusive language during the materials development process. It was designed to be both print and digital-friendly and is 508-compliant for accessibility. It also has several features making it easier to navigate in digital format:

INTRODUCTION

- ✓ An interactive [Table of Contents](#) broken down by topic area
 - [The Social Determinants of Health](#)
 - [Sexual Orientation](#)
 - [Shifting to Person-Centered Language](#)
 - [Gender Identity](#)
 - [Race, Ethnicity, and National Origin](#)
 - [Disability Status](#)
- ✓ A [Glossary](#) to familiarize yourself with some of the terms you'll hear around diversity, equity, and inclusion
- ✓ Each section of the Guide is broken down into the same format to give you a balanced learning experience:

SEXUAL ORIENTATION

For decades, the Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) community has fought for normalizing... pathologize, reframe... voices... that LGBTQ+ people are... different terms and... you communicate about... human complexity,

constantly evolving and... new terms are created, old... been reclaimed by some... acronym "LGBTQ" is fluid, and you may see it written... with fewer or more letters depending on the person or group (ex: LGBTQIA). If you're more interested in learning about the different acronyms and what the letters stand for, please explore the resources listed at the end of this section.

It is crucial to tailor communications for and about LGBTQ+ people based on Insights from the community (i.e., through an advisory board) and an individual's personal preferences. It's important not to make assumptions about a person's sexual orientation. It's equally important to only communicate about someone's sexual orientation when it is relevant to the story or if they have given you express permission to do so. Sexual orientation can be very personal and private for some people and they may or may not want it to be public knowledge. There is also potential to do unintended harm and possibly even reinforce a stigma or stereotype if mention of sexual orientation is not contextualized.

UP CLOSE: INTERNAL LGBTQ+ RESOURCES

- Our partnerships with LGBTQ+-led organizations
- Cancer disparities research highlights, including an LGBTQ+-based study
- Cancer Facts for Lesbian and Bisexual Women
- Cancer Facts for Gay and Bisexual Men
- Cancer Care for Transgender and Gender Nonconforming People (Professional audiences)
- LGBTQ+ People and Cancer Facts
- Pride Resources on Grand Top

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An introduction to each topic area, giving cultural and historic context

“Terminology Requiring a Closer Look”: Quick Reference-style tables providing inclusive word choices and the rationale behind them.

“Up Close”: Real-life applications or instances where inclusive language principles can be examined further

TERMINOLOGY REQUIRING A CLOSER LOOK

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
MSM (men who have sex with other men), FSF (women who have sex with other women); Homosexual	LGBTQ+ people; lesbian, gay, bisexual, trans, or queer/questioning person; LGBTQ community	Reflects the diversity of the LGBTQ community and removes outdated or offensive terminology
	*Please note that you may see additional letters in the acronym depending on the organization or individual. For example, you may see A added for asexual or I for intersex.	
sexual orientation		Removes outdated language
sexsex		Removes outdated and offensive language
transgender; transgender person		Removes outdated and offensive language
assigned male or female at birth (MAB, AFAB)		Removes outdated and offensive language. Should only be referenced if relevant and with express permission.

REFERENCES AND FURTHER READING

- [GLAAD's Media Reference Guide, 10th ed.](#)
- [National LGBT Health Center Glossary](#)
- [Center of Excellence for Transgender Health Resources](#)
- [National LGBT Cancer Network](#)
- [University of North Carolina's Writing Center for Gender Inclusive Terminology](#)
- [OutRight Action International: Acronyms Explained](#)

“References and Further Readings”: Opportunities for you to advance your learning and increase your cultural competency

INTRODUCTION

CAN I USE THIS GUIDE WITH THE PARTNERS I WORK WITH?

Absolutely! We acknowledge that the primary voice of the Guide is that of an ACS or ACS CAN staff or volunteer. This guide can also be shared widely with your partners and constituents, but please recognize:

- that no two communities or regions are exactly alike, and
- this Guide may not be all-encompassing or exhaustive in every situation.

Thus, the guidance may need to be adapted or modified for some audiences or community partners.

As a general rule of thumb, we advise that you meet your audience where they are; make sure you are using the preferred terminology of the community, person, or partner you're working with, and invite them to be part of your materials development process so you can understand their perspective and apply it to your work.

HOW WAS THIS GUIDE CREATED?

This Guide was co-created in good faith by a team of advisors, subject matter experts, and community representatives both inside and outside of ACS and ACS CAN. Careful consideration was taken to ensure each population group of focus mentioned in the Guide was represented in some way during the creation and review process. The Guide was also closely beta-tested with a sample of more than 30 potential end-users inside of the organization. Any sensitive content has been carefully reviewed and shared with leadership and partners for additional perspective.

We plan to keep this Guide updated and refreshed as language evolves, times change, and we learn more about inclusive practice as an organization.

ABOUT OUR WORK

WHAT IS HEALTH EQUITY?

Health equity means that everyone has a fair and just opportunity to prevent, find, treat, and survive cancer – no matter how much money someone makes, the color of their skin, their sexual orientation, their gender identity, their disability status, or where they live. [Take a deeper dive on this concept here.](#)

Health equity is not the same as equality. Equality is providing everyone with the same tools and resources. Equity is the fair treatment, access, opportunity, and advancement for everyone, while addressing needs and eliminating barriers that prevent the full participation and success of all people.

Equity acknowledges that people have different circumstances or barriers they need to overcome, often through no fault of their own. These barriers are because of deeply rooted, long standing inequities at all levels of society that will take an intentional effort to address in order to have equal cancer outcomes. Because of this, the tools and resources needed will be different from one person to the next.

To learn more, please refer to ACS and ACS CAN's [Health Equity Key Messages](#) and [Making the Case for Health Equity](#).

WHAT IS DIVERSITY AND INCLUSION?

Diversity and inclusion is in direct support of ACS and ACS CAN's vision of leading the fight for a world without cancer and is an essential strategy for achieving our organizational priorities. Diversity describes the many qualities and characteristics that make us alike or different and helps us identify as members of communities or groups. Inclusion refers to our behaviors and interactions with one another. It describes how we collaborate, seek, and value different perspectives and demonstrate mutual respect.

To learn more about Diversity and Inclusion, please visit [Society Source](#) and [cancer.org](#).

ABOUT OUR WORK

WHERE DO I GO FROM HERE?

There are many ways you can continue your learning journey at ACS and ACS CAN:

- Join an [Employee Engagement Group](#).
- Apply your learnings from the mandatory 3-step [Foundations of Health Equity training](#).
- Browse our [health equity](#) and [diversity, equity, and inclusion](#) resources on Society Source.
- Learn more about our [Diversity and Inclusion partnerships on cancer.org](#).
- Take time to read the [Health Equity Principles](#). Ask yourself how healthy equity affects the work you do at ACS and ACS CAN and how you might apply health equity principles to your work. In addition, can you enhance the narratives used to articulate your work to include health equity?
- Participate in trainings and education sessions offered by the DEI Team, which include population-specific and diversity trainings on Society Pathways and the DEI Society Source page.

HOW DO I SUBMIT FEEDBACK ON THIS GUIDE?

There are two ways you can submit feedback on this Guide:

1. Via the [Feedback Form at the end of this PDF](#)
2. [Via email to healthequity@cancer.org](mailto:healthequity@cancer.org)

GLOSSARY OF TERMS

WHAT IS HEALTH EQUITY?

Health equity is not a program, but rather an over-arching vision of what it means for every person, in every community, to achieve optimal health — especially communities who have been marginalized. To achieve health equity in every community, the barriers to health must be removed. These barriers are complex and have many historic, social, economic, cultural, political, and geographical influences that intertwine and impact each other at all levels. They include imbalances of power and privilege between groups of people, such as poverty, racism, and discrimination.

When these barriers are not addressed, they can have serious consequences such as lack of access to:

- healthy and affordable foods;
- safe neighborhoods and stable, affordable housing;
- quality education;
- accessible and affordable transportation;
- secure employment with fair pay and paid sick leave;
- comprehensive insurance coverage; and
- the health care system, including high-quality health care.

Some groups of people will experience these consequences much more often or to a greater degree than others due to decades of injustice and discriminatory policies and practices at all levels of community and government and within organizations. When a difference in health status or mortality arises between groups of people because of unfair, unjust, avoidable, and systemic causes, it is called a health disparity. Along these same lines, differences in cancer outcomes are called cancer disparities.

GLOSSARY OF TERMS

Cancer Disparity: A health disparity related to cancer outcomes.

Discrimination: The unjust or prejudicial treatment of groups of people on the grounds of race, ethnicity, sexual orientation, gender identity, disability status, income level, education level, age, size, or location.

- **Ableism:** Discrimination against people with disabilities
- **Ageism:** Discrimination against older adults
- **Classism:** Discrimination based on social or economic class
- **Cisgenderism/Transphobia:** Discrimination against transgender people
- **Colorism:** Discrimination based on the construct that lighter skin color is favorable
- **Ethnocentrism:** Discrimination against people who speak English as a second language
- **Heterosexism/Homophobia:** Discrimination against LGBTQ+ people
- **Racism:** Discrimination based on race
- **Sexism:** Discrimination on the basis of gender identity and sex
- **Sizeism:** Discrimination based on someone's size or weight
- **Xenophobia:** Discrimination against people from other countries

Diversity: Describes the many qualities and characteristics that make us alike or different and helps us identify as members of communities or groups.

Equality: Providing everyone with the same tools and resources.

Equity: Fair and just treatment, access, opportunity, and advancement for everyone, while addressing needs and eliminating barriers that prevent the full participation and success of all people.

Health Disparity: A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantages and other characteristics historically linked to discrimination or exclusion. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health. Changes in health disparities help us measure whether there is progress toward health equity.

Inclusion: Refers to our behaviors and interactions with one another. It describes how we collaborate, seek, and value different perspectives and demonstrate mutual respect.

GLOSSARY OF TERMS

Intersectionality: The understanding that people have overlapping identities, which are varied complex, and shaped by the systems they interface. Intersectionality acknowledges that no two people's lived experiences are the same, and that we experience discrimination, oppression, or privilege differently; this is based on the inter-connectedness of social categorizations such as race, class, disability, and gender identity in each of our lives.

Marginalized: Being treated as if one is powerless or insignificant. Can be used as a general term, but try to be specific in your word choices to describe the community or person and how they are marginalized (ex: people in the neighborhood are marginalized due to discriminatory housing practices.) Alternate ways to say this would be “excluded” or “historically excluded”, “disenfranchised”, or “underrepresented”. If you work in global health and are referring to people from a country that does not have a history of colonization, you can also say “traditionally excluded.”

Structural Racism: A system that reinforces and perpetuates racism through policies, practices, cultural representation, or other norms. Structural racism works within the major systems that we all exist in and rely on such as politics, health care, education, criminal justice, and the economy. Systemic racism and structural racism are closely related, but structural racism takes into consideration the historic, cultural, and socio-psychological aspects of our society (Source: [The Aspen Institute.](#))

Underrepresented: Not represented fairly or adequately. Can be used to describe communities or groups of people but must be put into context (ex: people of color were underrepresented at the meeting to discuss the Minority Health Month social media campaign.)

Under-resourced: A community or group lacking access to major resources such as fair income, safe housing, healthy and affordable food, transportation, education, access to health care. Should only be used in a literal sense (ex: the neighborhood is under-resourced in terms of access to cancer care or treatment centers.)



**USING A HEALTH
EQUITY LENS TO
COMMUNICATE
ABOUT CANCER
DISPARITIES**

USING A HEALTH EQUITY LENS TO COMMUNICATE ABOUT CANCER DISPARITIES

This section of the Guide will focus on some basic inclusive writing skills that can serve as a starting place for materials development. When we communicate about the term “health equity,” it’s important to remember that not everyone will know what that means. Therefore, always give appropriate context and framing to your audiences and constituents using these principles:



Emphasize health equity as a shared value where all communities benefit when we uplift those with the greatest need.



Avoid language that appears to assign blame to a specific individual, population group, or community for their increased cancer risk.



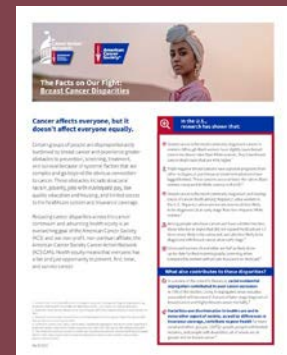
Explain the connection between cancer disparities and the root causes of health and how they impact each other, using clear and concise terms.



State facts, sharing data objectively and giving readers additional context around the data points by explaining the systemic barriers that impact the findings.

UP CLOSE: DATA STORYTELLING THROUGH THE HEALTH EQUITY DATA BRIEFS

Visit "[The Facts on Our Fight Data Briefs series](#)" to see some real-life applications of data storytelling in action from ACS and ACS CAN. “The Facts on Our Fight” shares data talking points focused on cancer disparities. The data is used to connect the dots between systemic barriers and cancer outcomes, and then tells the “story” of the work we’re doing across the country to advance health equity and address cancer disparities.



TELLING AUTHENTIC STORIES

It’s important to engage the people whose stories you’re telling to ensure their experiences and perspectives are reflected. You will hear about individual cultural identities, life experiences, languages, histories, nationalities, and religious/spiritual beliefs for every population group you engage. People can have overlapping identities, which are varied, complex, and shaped by the systems they interface. This concept is referred to as [intersectionality](#).

USING A HEALTH EQUITY LENS TO COMMUNICATE ABOUT CANCER DISPARITIES

TELLING AUTHENTIC STORIES, CONT.

You can achieve authenticity and successfully communicate our work through a health equity lens by doing the following:

- ✓ Ask people from the communities you are writing about to co-create your materials with you and give you their input as subject matter experts and/or testers.
- ✓ Recognize that not all communities will be able to adopt health recommendations or clinical guidelines due to lack of resources and other systemic barriers such as [structural racism](#).
- ✓ Avoid the use of stereotypes or stigmas in your words and images — this includes outdated terminology.
- ✓ Choose culturally appropriate and culturally sensitive words and images that are relevant to the community you are trying to reach.
- ✓ Use language that's [inclusive](#), clear, consistent, and plain.
- ✓ Use the everyday terms, names, titles, and labels that are preferred by the community you're writing for and about when it's relevant to the story you're telling.
- ✓ Use the correct identity perspective preferred by the specific community or person you are referring to, whether it's [person-first or identity-first](#).
- ✓ Acknowledge that the community ultimately owns their own stories and that their voices must always be centered, prioritized, and given credit/attribution.

A DEEPER DIVE ON MORE INCLUSIVE WRITING AND COMMUNICATING

Ready to really start applying these inclusive language skills? Here's some additional insights that you can use to keep building your knowledge base:

1. **Have ongoing conversations with colleagues and partners about inclusive language.** Don't just do it when language evolves because of changing norms or current events. Make it part of your everyday communications.
2. **Use plain language as much as possible.** Plain language is writing in a way that ensures your reader understands as quickly, completely, and easily as possible.

USING A HEALTH EQUITY LENS TO COMMUNICATE ABOUT CANCER DISPARITIES

A DEEPER DIVE ON MORE INCLUSIVE WRITING AND COMMUNICATING, CONT.

- Pick familiar or everyday words over obscure or unusual words.
 - Avoid jargon or overly technical language when you are writing for non-professional audiences. Your writing should be used to inform first, impress second.
 - Use a thesaurus to find words with similar meanings but more appropriate readability.
 - Minimize abbreviations and spell acronyms out on first mention (ex: Spell out American Cancer Society followed by the acronym on first mention, then abbreviate as ACS after that.)
 - Consistently use the same words and terminology throughout your writing.
 - Avoid adding extra verbs and nouns when they are not necessary to understanding your message.
 - Avoid stringing too many nouns together in a single sentence. A good rule of thumb is to use bullets when you need to list more than three nouns in a row. This helps with readability.
 - Be concise. This means staying away from wordy or very dense sentences with multiple phrases and clauses.
 - Bookmark and use a free readability checker such as [Grammarly](#) or the [CDC's Clear Communications Index](#).
3. **Use an active voice as much as possible.** Active voice means that the subject in a sentence acts upon the verb, making the tone strong, direct, and clear. The sentence structure should be subject-verb-object in that order.
- An example of active voice (preferred) is “*Susan stayed at the Atlanta Hope Lodge during her treatment.*”
 - An example of passive voice using the same sentence is “*The Atlanta Hope Lodge is where Susan stayed during her treatment.*”
4. **Always ask if it's OK to share personal details about someone such as gender identity or disability status in your story.** Never assume someone is OK with sharing information about aspects of their identity to the public.
5. **Write for your audience.** Know the expertise level, interest level, and comfort level of each of your audience groups. What do they want to know? What do they already know? What do you want them to do after reading your message? It's crucial for you to do your research and test your assumptions to truly understand who your audience is and how to effectively reach them.
6. **Prevent and address unintended consequences ([an ACS and ACS CAN health equity principle](#)) by thoughtfully checking for content that could cause unintended harm to audiences of focus when you communicate about health equity.** An effective strategy to prevent unintended consequences is to engage the community in the development, implementation, and evaluation of your work. Language is constantly evolving, so if you receive negative feedback, seek to understand why it was a mistake and identify an appropriate way to remedy it.

USING A HEALTH EQUITY LENS TO COMMUNICATE ABOUT CANCER DISPARITIES

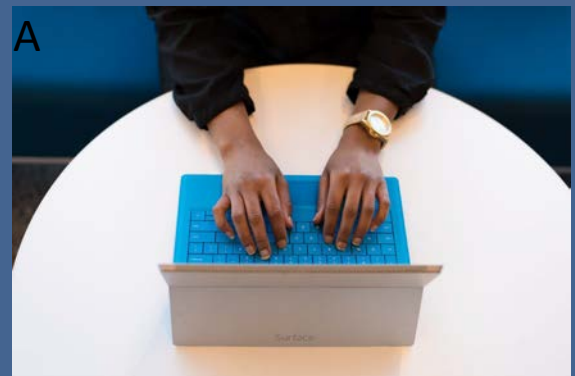
REFERENCES AND FURTHER READING

1. General Guidance on Writing About Health Equity Concepts and Terms

- [The CDC's Health Equity Guiding Principles for Inclusive Communication](#)
- [Writing About Population Groups](#)
- ["Vulnerable" versus "Marginalized"](#)
- [The Sum of Us: A Progressive's Style Guide](#)
- [RWJF and the Human Impact Partners Project: Defining Health Equity](#)
- [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#)
- [National Stakeholder Strategy for Achieving Health Equity](#), developed by the Office of Minority Health's National Partnership for Action
- [Advancement Project's The Social Justice Phrase Guide](#)
- [University of Minnesota's Center for Practice Transformation Guide](#)

2. General Guidance for Health Literacy Considerations and Plain Language

- [The Health Literacy Solution Center](#)
- [Communicate Health](#)
- [The CDC's Everyday Words for Public Health Communications](#)
- [The CDC's Clear Communications Index](#)
- [Federal Plain Language Guidelines](#)

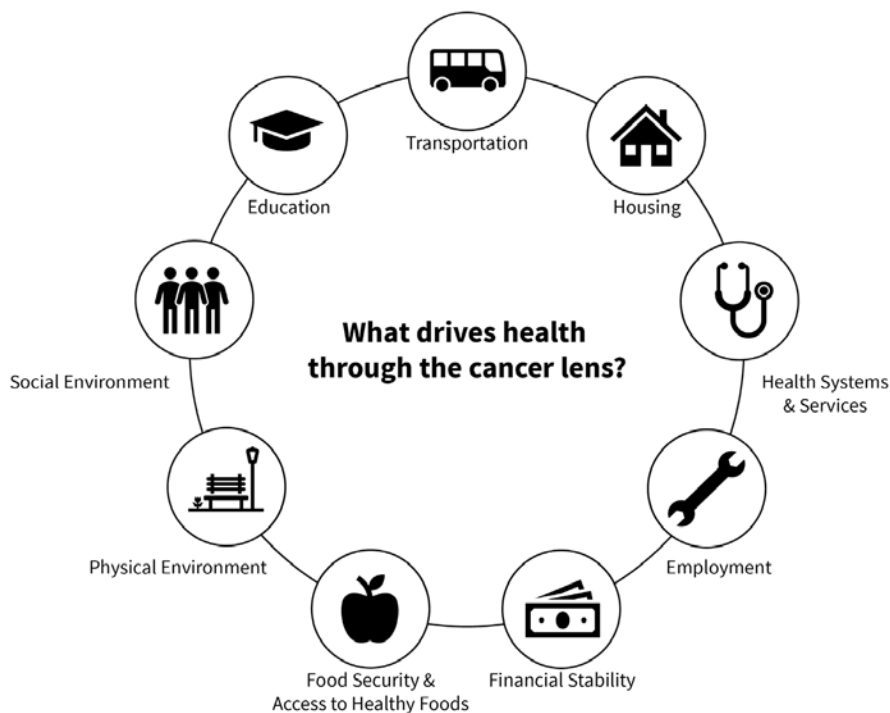


**THE SOCIAL
DETERMINANTS
OF HEALTH**



THE SOCIAL DETERMINANTS OF HEALTH

According to the World Health Organization (WHO), the social determinants of health (hereafter abbreviated as SDOH) are the conditions where we live, work, learn, play, worship, and age. They can also include the complex systemic and social structures that influence these conditions, such as policy and economic climate. Most times, these interrelated conditions are out of someone's personal control. At ACS, we often use this graphic on the right to conceptualize the social determinants of health through the cancer lens.



We know that SDOH have a direct impact on a person's health. People who do not have access to the resources that protect, improve, and maintain a good quality of life can cause them to experience unfair and unjust cancer disparities. Addressing the SDOH helps us to advance health equity so that everyone has a fair and just opportunity to be as healthy as possible.

In your work at ACS and ACS CAN, you may be presented with a situation where you need to communicate about SDOH. Remember to define them and give full context for their relationship to cancer disparities for your audience to reach an understanding of how they impact health outcomes.

UP CLOSE: DIVERGENT PATHS

Meet Jenny and Maryanne: childhood friends, both with breast cancer but with very different experiences. To better understand how the social determinants of health can have a direct impact on someone's health, watch the animated short, "[Divergent Paths: A Health Equity Story](#)," and see if you can connect the dots between Maryanne's cancer experience and the barriers she faced throughout the story.



TERMINOLOGY REQUIRING A CLOSER LOOK

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
<p>“Low” literacy, education, income, resources</p> <p><i>*Please note: You may see the term “easy reading” instead of “low literacy” used to describe health education print items. This is because “easy reading” is a plainer way to say “limited literacy” for websites. Carefully consider when to use “low” or “lower,” which may be a more grammatically appropriate choice when making comparisons in a sentence such as “lower income versus higher income.”</i></p>	<p>Limited literacy, education, income, resources</p> <p>Examples: James has limited income. The northside neighborhood has limited access to resources. Keisha had limited educational opportunities.</p>	<p>Emphasizes the potential for improvement and removes the negative connotation of “low” or “less than”</p>
<p>Victim/suffering from/afflicted by</p>	<p>Survivor; person has/ has experienced/ has had ____</p>	<p>Removes passive language and the implication that the person is “less than” or victimized</p>
<p>Under-resourced/under-served/underrepresented/vulnerable, special, or at-risk</p>	<p>People who are marginalized; people who are excluded/historically excluded <i>(Note: “traditionally excluded” can be used when referring to countries that don’t have a history of colonization)</i></p> <p>People who are at increased risk/higher risk for cancer; people who live/work in settings that put them at increased/higher risk</p> <p>Use underrepresented when you are specifically talking about communities and population groups in context</p> <p>Use under-resourced when you are specifically talking about resources</p>	<p>Removes victimizing language and negative connotations</p>
<p>Minority populations/minorities</p>	<p>People of color; use specific terms for the individual race or ethnicity when appropriate (i.e., Black people, Latinos, Alaska Natives, and so on.)</p>	<p>The word “minority” is othering*, monolithic, and categorizes people as either white or non-white, which is a pillar of systemic racism.</p> <p><i>*Othering is defined as the practice of viewing or treating a group of people as different in an alienating way or in a way that categorizes them as inferior (“us versus them”)</i></p>

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
The poor, the needy, less fortunate	Has experienced/experiencing poverty, has limited financial resources	Removes undue focus on the Condition, and puts the person first; removes victimizing language
On welfare/on food stamps/ Section 8	Describe the program in context. Examples: a person with cancer used food stamps to address food insecurity, a person with cancer used Section 8 HUD housing vouchers to find a place closer to treatment centers	Removes the scarcity- or “resource competition”-based view, and emphasizes that these programs exist to help people
The homeless	Person experiencing homelessness; houseless	Removes undue focus on the condition, and puts the person first
Rural people, frontier people	People/residents/communities in rural or frontier areas	Person-first perspective, removes negative connotation of living far away from areas of high population density
Urban dwellers, urban people	People/residents/communities in urban/metropolitan/core neighborhoods or high population density areas *Never use the word “urban” to describe people of color	Person-first perspective, humanizes language by removing negative/racist connotation of “dweller” and the historically racist use of the word “urban” to describe people of color
Inner city, the slums	Urban neighborhood; metropolitan or core neighborhood if in close proximity to a major city’s geographical center *Never use “urban” to describe a group of people or a person of color.	Decolonizes racist and discriminatory language around areas of high population density that have been historically excluded due to practices such as redlining
Old people, seniors, frail, fragile <i>*Please note that some cultures use “Elder” as a term of respect- ensure this term is appropriate to use and seek guidance from community members.</i>	Older adults; use numeric designation for age group (ex: people 65 or older)	Removes victimizing language
Stakeholders, shareholders - use with discretion when working with Indigenous communities	Partners, collaborators, allies	This term has violent historical context for some tribal and Indigenous organizations.
Third-world	Low-to-middle-income country (LMIC), or simply use the specific name of the country in reference	Removes negative connotation that a country was less economically sound than Western countries following the Cold War era
Ex-convict/ ex-con, ex-offender, criminal, felon	Person who is/has been incarcerated, inmate, person in prison	Person-first approach which centers on restorative justice



**SHIFTING TO
PERSON-
CENTERED
LANGUAGE**

SHIFTING TO PERSON-CENTERED LANGUAGE

The language we use around patient care matters, and a person-centered perspective allows us to focus on the dignity, strength, and uniqueness of every individual instead of centering their disease or illness. In the clinical setting, providers may sometimes use casual labels or deficits-based language that contributes to bias and depersonalizes the individual under their care. While not always done intentionally, this approach can result in ineffective care and discriminatory practices that become embedded into the health care system's culture. It's vital that we make a conscious effort to shift the way we talk about illness so that barriers to recovery can be removed.

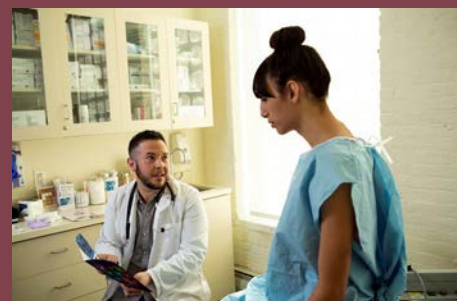


UP CLOSE: WHEN TO USE "PATIENT"

Knowing when to use the word "patient" versus "person with (a specific illness)" can be confusing. On the one hand, the word "patient" is the status quo - it's the word we're most accustomed to hearing, saying, and writing when we talk about cancer care. It's also the most logical fit when you're writing for clinicians and professional audiences. And, if you work in marketing or fundraising, sometimes using "patient" can seem compelling, evoking strong emotions for donors and volunteers to be called to action. However, it's really important to remember that people are whole, unique, and not solely defined by their medical conditions. If we want to use fully-inclusive language, it's vital to uphold the person-first principle that all patients are people who should be treated with dignity and respect.

As you continue your journey toward health equity practice, challenge yourself to reframe how you write about people with cancer in instances where it's not required to say "patient". Here's some great resources for deeper reading on this:

- ["Words Are Important: Patient vs Person" by Jordan Asher](#)
- [Use of Language in Diabetes Care and Education](#)
- [Tip Sheet for Person-Centered Language](#)



SHIFTING TO PERSON-CENTERED LANGUAGE



A NOTE ON OLDER ADULTS

According to the [ACS Cancer Facts & Figures report](#), “the risk of developing cancer increases with advancing age; 80% of all cancers in the United States are diagnosed in people 55 years of age or older.” This is important to the work of ACS because physical, mental, and family/social role changes that happen as a person ages can adversely affect their health and treatment outcomes, as well as their access to care.

“ In June 2017, the *Journal of the American Geriatrics Society (JAGS)* adopted the *American Medical Association Manual of Style* including qualified recommendations for the language used to describe older people. Based on American Geriatrics Society (AGS) work with the Leaders of Aging Organizations and the FrameWorks Institute, these recommendations were grounded in building better public perceptions of aging. They reinforced ‘that words like (the) aged, elder(s), (the) elderly, and seniors should not be used . . . because [they] connote discrimination and certain negative stereotypes.’ The journal thus adopted ‘older adult(s)’ and ‘older person/people’ as preferred terminology, explicitly advocating against using ‘the elderly,’ ‘senior(s),’ and/or ‘senior citizen(s).’”
- *When It Comes to Older Adults, Language Matters and Is Changing: American Geriatrics Society Update on Reframing Aging Style Changes*; Trucil, Lundebjerg, & Busso; Journal of the American Geriatrics Society, 2020

There are many terms to describe people who have advanced past middle age, but many journalistic and professional organizations have started moving away from using stigmatizing or victimizing terms such as elderly, senior citizens/seniors, geriatric people, and “old people”. Be mindful that someone’s numerical age does not fully define who they are as a person regarding cultural identity, values, interests, or mental and physical health status. Age should only be used as an identifier when it’s relevant to the content being created. When mention of age is a necessary part of your story, it’s recommended to either use “older adults” or to be precise and mention the population group’s age parameters such as “adults over 65” or “adults between the ages of x and y.”

Please note that some cultures use the term “Elder” as a sign of respect and to denote a station of significance in their community, neighborhood, or family. When this is the case, please confer with the people or organizations you are working with to ensure you’re using respectful terminology.

If you are interested in reading more on this topic, check out these resources:

- [The National Council on Aging](#)
- [The American Geriatrics Society](#)
- [National Center for Chronic Disease Prevention and Health Promotion: Older Adults](#)
- [American Association of Retired Persons \(AARP\)](#)
- [Glossary of Aging Terms from the Center for Positive Aging](#)

TERMINOLOGY REQUIRING A CLOSER LOOK

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
Victim/suffering from/afflicted by	Survivor; cancer survivor; person has/ has experienced/ has had; person lives with or is being treated for	Removes passive language and the implication that the person is “less than” or victimized
Weaknesses	Barriers to change or needs; Limitations; Challenges	More specific and people-inclusive
Under-resourced/underserved/ Vulnerable, special, or at-risk	<p>People who are marginalized; people who are excluded/historically excluded (<i>Note: “traditionally excluded” can be used when referring to countries that don’t have a history of colonization</i>)</p> <p>People who are at increased risk/higher risk for cancer; people who live/work in settings that put them at increased/higher risk</p> <p>Use underrepresented when you are specifically talking about communities and population groups in context</p> <p>Use under-resourced when you are specifically talking about resources</p>	Removes victimizing language
Handicapped, handi-capable, differently abled, challenged, special needs, special Ed, retarded, lame, impaired, crippled	<p>Person with a disability</p> <p>*Please refer to this note for more information on identity-first and person-first terminology</p>	Removes infantilizing, offensive, or condescending euphemisms; keeps a person-first perspective
Caretaker	Caregiver	Caregiver implies giving care to people while caretaker implies taking care of an object (e.g., property)
<p>Patient</p> <p><i>*Please refer to this note for more thoughts on use of the word “patient”, with respect to the fact that this word choice may be dependent on audience.</i></p>	Person with specific illness (i.e., a person with cancer)	More people - centered; removes rhetoric around historic medical racism for people of color who have been subjected to unjust/non-consenting medical experimentation
Smokers, former smokers, addicts, users, abusers, alcoholics, junkies	People who smoke/used to smoke/quit smoking/use tobacco/use a substance/use alcohol/ have a substance use disorder	Removes stigmatizing or shaming/blaming language and keeps people first

TERMINOLOGY REQUIRING A CLOSER LOOK

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
Screening among women or men	Screening among people (ex: screening among high-risk individuals)	More gender-inclusive
<p>Old people, seniors, frail, fragile</p> <p><i>*Please note that some cultures use "Elder" as a term of respect- consider when this word is appropriate to use and seek guidance from community members.</i></p>	Older adults; use numeric designation for age group (ex: people 65 or older)	Removes victimizing language
<p>Habit</p> <p><i>*Please note that "habit" is still used in some health promotion materials to refer to lifestyle behaviors.</i></p>	Has substance use disorder or addiction (ex: "Tim used to have a tobacco addiction" instead of "Tim had a smoking habit.")	Removes stigmatizing or shaming/blaming language and keeps people first
Abuse	Use or misuse	Removes stigmatizing or shaming/blaming language and keeps people first
Obese person/person is obese; overweight	<p>Person has obesity, person with obesity, person affected by obesity. You can also do away with the term "obese/obesity" altogether and use terms like: people with high weight, people affected by excess weight; people in larger bodies; people with a BMI of XX (include appropriate BMI measure or range of measures).</p> <p><i>*Please note that some community members may prefer to use "body positive" terminology when referring to weight.</i></p>	Person-first perspective; eliminates bias towards weight and oversimplification of systemic causes contributing to obesity

SHIFTING TO PERSON-CENTERED LANGUAGE

REFERENCES AND FURTHER READING

- [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#)
- [University of Minnesota's Center for Practice Transformation Guide to Person- Centered Language](#)
- [CommunicateHealth](#)
- [The CDC's Everyday Words for Public Health Communications](#) [The CDC's Clear Communications Index](#)
- [Federal Plain Language Guidelines](#)





**RACE,
ETHNICITY, AND
NATIONAL
ORIGIN**

RACE, ETHNICITY, AND NATIONAL ORIGIN

From the ACS Editorial Style Guide: “General writing that involves reference to race or ethnicity calls for thoughtful consideration, precise language, and an openness to discussions with others of diverse backgrounds about how to frame the text and include language that is appropriate, accurate, and fair. Only include references to a person’s race or ethnicity when it is pertinent, and its relevance is clear to readers.”

Remember that race and ethnicity are not the same thing, and groups of people should be considered as individuals instead of a monolithic group. Avoid broad generalizations and labels, as race and ethnicity are only one part of a person’s identity.



GENERAL GUIDANCE AND TIPS

- The terms person of color or people of color are meant only for broad usage. Be as specific as possible when you are highlighting racial or ethnic groups such as Black, Asian, or Hispanic/Latino people.
- Additionally, be specific about someone’s ethnic, tribal, or national identity when relevant to the story (i.e., saying Korean American instead of Asian American, member of the Blackfoot Tribe instead of Indigenous, Cuban American instead of Hispanic/Latino).
- The word “people” should follow the referenced race. By default, race should never be used as a standalone noun (“Blacks,” “whites,” etc.). Instead, refer to “Black people,” “Hispanic/Latino people,” etc. You can also use descriptive nouns other than “people” such as Americans, men, women, children, employees, neighbors, and so on. Always capitalize racial and ethnic terminology.
 - Some organizations or individuals may prefer to use race as a standalone noun. For example, [UnidosUS](#), our DEI partner, uses Latinos and Hispanics interchangeably. When this is the case, follow the lead of the people you are partnering with.
- Do not add hyphens between a race or ethnicity and the word “American” (for example, use Asian American, not Asian-American).
- Do not assume that all people identify as “American.” If unsure, ask as appropriate. You can also just say “people living in the U.S.”
- For individuals who are more than one race, ask them for their preferred terms. Don’t assume it is OK to automatically label someone as biracial, multiracial, or mixed-race.

- Part of undoing structural racism (See *Glossary*) is willingness to learn from mistakes and to be humble. If you find yourself in a situation where you have done unintentional harm with your word choice regarding race or ethnicity, take the time to listen to and learn from others, and think about where you can improve for next time.
- Great ways to continue your learnings around race and ethnicity at ACS and ACS CAN are:
 - ✓ Join an [Employee Engagement Group](#)
 - ✓ Check out the [Community Outreach Resources on the DEI page on Society Source](#).
 - ✓ Participate in trainings and education sessions offered by the DEI team, including population-specific and diversity trainings on Society Pathways and Society Source.

A NOTE ON THE CAPITALIZATION OF WHITE

The ACS Editorial Style Guide follows the standards of the Associated Press Stylebook (AP). At this time, the AP does not capitalize white. While this continues to be an evolving and sensitive topic across many professional and journalistic organizations and since there is valid support for both options, we offer the following recommendations:

Capitalize White when you...

- Label graphs, tables, and charts where White is a data category or sample population in medical and scientific copy.
- Capitalize the title of a paper or article when White is included in the title.

Lowercase white when you...

- Create any other materials, both internal and external-facing or as consumer copy.
- Are working with an organization or partner that does the same.

A NOTE ON USE OF THE WORD “MINORITY”

Many public health, nonprofit, and healthcare organizations as well as the U.S. government use the word “minority” (e.g., Minority Serving Institutions). The recommendation at ACS and ACS CAN is **not** to use the word minority when referring to racial and ethnic groups. “Minority” implies that there are two categories of race in the U.S.: the “majority” of white people and the “minority” of everyone else. This can be seen as a means to perpetuate racism by using a framework of “us versus them” and minimizes the unique perspectives and experiences of people who have been historically excluded. “Minority” is also not an accurate word to describe the growing cultural, racial, and ethnic diversity that makes up the fabric of the U.S.

It is only appropriate to use the word “minority” when you are partnered with an organization that uses it, and you verified that “minority” is their preferred word choice.

REFERENCES AND FURTHER READING

- [Racial Equity Tools Glossary](#)
- [Racial equity tools around framing and messaging](#)
- [Race Reporting Guidelines from Race Forward](#)
- [The Sum Of Us: A Progressive Style Guide](#)
- [The Opportunity Agenda](#)
- [The Associated Press Stylebook](#)
- [JAMA: Reporting of Race and Ethnicity in Medical and Science Labels](#)
- [The Diversity Style Guide from the Center for Integration and Improvement in Journalism](#)
- [American Medical Association: AMA Style Insider](#)
- [American Heart Association's Structural Racism and Health Equity Language Guide](#)

INCLUSIVE LANGUAGE GUIDANCE

RACE, ETHNICITY, AND NATIONAL ORIGIN: ASIAN AMERICANS, NATIVE HAWAIIANS, PACIFIC ISLANDERS

We often group Asian Americans, Native Hawaiians, and Pacific Islanders together under the term “Asian American and Pacific Islander” (AAPI), but these global communities are very diverse and come from many religions, ethnicities, languages, cultural identities, and countries of origin, representing some of the largest regions of the world.



ACS AND ACS CAN RECOMMENDATION

The recommendation for general or broad use is **Asian American and Pacific Islander**, abbreviated as **AAPI**. When possible, try to be specific about someone’s race and ethnicity rather than using AAPI as a blanket term for all population groups.

When you are working with an individual, a community partner, or an organization, always follow their preference for terminology.

SOME POINTERS TO KEEP IN MIND...

- Asian people can be from Southeast, East, South, or Central Asia and may also include people who can trace their ancestry to North Africa or West Asia and the Middle East. It’s important to respect Asian and Asian American people’s origins, ethnicities, and cultural identities by being specific when you refer to them (i.e., Chinese, Vietnamese, Cambodian, Thai, Hmong, Laotian, Pakistani, Arabic, Indonesian, etc.).
- Pacific Islanders should only be used for people who are ethnically Pacific Islander. When you are referring to Pacific Islanders other than Native Hawaiians, try to be as specific as possible regarding ethnic origin. Pacific Islanders can be broadly broken into Polynesian, Micronesian, and Melanesian people.
 - Polynesian people include Tongans, Samoans, Tokelauans, Tahitians, and Native Hawaiians.
 - Micronesian people includes Guamanians or Chamorro, Mariana Islanders, Saipanese, Palauan, Yapese, Chuukese, Pohnpeian, Kosraean, Marshallese, and I-Kiribat.
 - Melanesian people include Fijians, Papua New Guineans, Solomon Islanders, and Ni-Vanuatu.
- Do not use Native Hawaiian to refer to all people who live in Hawaii (Hawaii residents). Only Native Hawaiians should be referred to as Hawaiian.

RACE, ETHNICITY, AND NATIONAL ORIGIN: ASIAN AMERICANS, NATIVE HAWAIIANS, PACIFIC ISLANDERS

- The acronym AAPI is somewhat recent and is not widely known. For all audiences, you should always write out “Asian American and Pacific Islander” and use the AAPI acronym only in direct quotes.
- Never use “Asians” as shorthand for Asian Americans (Americans of Asian ancestry). Be specific regarding ethnicity and do not assume all people identify as American. If unsure, ask as appropriate.

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
Minority populations/minorities <i>*Please note that some AAPI organizations may use “minority” in their messaging, and you should consult with them on appropriate word choices</i>	Specific terms for the individual race or ethnicity when appropriate such as Korean Americans, Native Hawaiians, and so on; people of color; people who have been historically excluded	The word “minority” centers whiteness and it is othering, monolithic, and categorizes people as either white or non-white, which is a pillar of systemic racism. <i>*Othering is defined as the practice of viewing or treating a group of people as different in an alienating way or in a way that categorizes them as inferior (“us versus them”)</i>
Alien; illegals; illegal immigrant	Asylum seeker, immigrant, undocumented immigrant, refugee, person seeking citizenship, naturalized citizen, foreign national. Use terms specific to person’s experiences.	Presumes innocence and removes negative or criminalizing language regarding immigration
Oriental; Mongoloid	Asian people, Asian Americans	Removes outdated and offensive language based in historic racism
BAME, BAM (Black, Asian, and Minority Ethnic)	Specific terms for the individual race or ethnicity when appropriate	Removes outdated terms that refer to multiple races/ethnicities in a general or monolithic way

REFERENCES AND FURTHER READING

- [Community Outreach Resources on the DEI Team’s Society Source page](#)
- [Asian and Pacific Islander American Health Forum](#)
- [Asian Pacific American Heritage](#)
- [Defining Diaspora: Asian, Pacific Islander, and Desi Identities](#)
- [The Asian Pacific Institute on Gender Based Violence: AAPI Identities and Diversity](#)
- [“The Inadequacy of the Term Asian American”: Li Zhou for Vox Media](#)
- [“Understanding Our Perceptions of Asian Americans”: Peter Kiang for the Asia Society](#)
- [JAMA: Reporting of Race and Ethnicity in Medical and Science Labels](#)
- [The Associated Press Stylebook](#)

INCLUSIVE LANGUAGE GUIDANCE

RACE, ETHNICITY, AND NATIONAL ORIGIN: BLACK PEOPLE AND AFRICAN AMERICANS

The Black and African American population of the United States is incredibly diverse, with nuanced racial and ethnic identities from all over the globe. Its members have varied histories and represent many languages, religions, cultures, countries of origin, and societal achievements.



ACS AND ACS CAN RECOMMENDATION

The recommendation for general or broad use is **Black people and African Americans**. The terms Black and African American are often used interchangeably.

When you are working with an individual, a community partner, or an organization, always follow their preference for terminology.

SOME POINTERS TO KEEP IN MIND...

- For people who prefer the term Black, it should always be used as an adjective and never as a standalone noun. For example, instead of saying “Blacks”, say “Black people”, “Black communities”, and so on. The term Black can also be used as a group designation to uplift the collective history, cultural identity, and valued contributions of Black people to society, rather than as a skin color alone. Black should always be capitalized.
- African American and Black culture includes many countries of origin. Be as specific as possible when talking about Black people and African Americans to show respect for their cultural identities and when relevant such as Senegalese, Nigerian, Jamaican, etc.
- Black people may refer to themselves using terms signifying:
 - Ethnicity such as Afro-Latino/a, Creole, Caribbean American, or West Indian
 - A specific country of origin such as Dominican American or Haitian American
- If you are referencing or quoting a study, do not use the terms Black and African American interchangeably. Make sure you understand which populations are represented and refer to them accurately and appropriately.

RACE, ETHNICITY, AND NATIONAL ORIGIN: BLACK PEOPLE AND AFRICAN AMERICANS

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
<p>Minority populations/minorities</p> <p><i>*Please note that some Black/African American organizations may use “minority” in their messaging, and you should consult with them on appropriate word choices.</i></p>	<p>Specific terms for the individual race or ethnicity when appropriate such as Black people or African Americans; people of color; people who have been historically excluded</p>	<p>The word “minority” centers whiteness and it is othering*, monolithic, and categorizes people as either white or non-white, which is a pillar of systemic racism.</p> <p><i>*Othering is defined as the practice of viewing or treating a group of people as different in an alienating way or in a way that categorizes them as inferior (“us versus them”)</i></p>
<p>“Blacks”, Negro, Negroid, “Coloreds”</p> <p><i>*Please note that some Black/African American organizations or individuals prefer to say Blacks as a noun and may use the word Negro or Colored, such as the National Association for the Advancement of Colored People or NAACP; you should consult with them on appropriate word choices.</i></p>	<p>Black people or African Americans</p>	<p>Keeps person-first perspective by removing race as a noun; removes outdated or offensive terms</p>
<p>BAME, BAM (Black, Asian, and Minority Ethnic)</p>	<p>Specific terms for the individual race or ethnicity when appropriate such as Caribbean American, African American, Black people and so on</p>	<p>Removes outdated terms that refer to multiple races/ethnicities in a general or monolithic way</p>

REFERENCES AND FURTHER READING

- [Community Outreach Resources on the DEI Team’s Society Source page](#)
- [Center for Black Health & Equity](#)
- [The National Association of Black Journalists](#)
- [The National Black Justice Coalition](#)
- [“The Growing Diversity of Black America”: Christine Tamir for the Pew Research Center](#)
- [“The Gallup Vault: Black Americans’ Preferred Racial Labels”: Lydia Saab for Gallup](#)
- [Urban Institute’s “Urban Wire” Blog: Margaret Simms, Black economist, on race and ethnicity](#)
- [“Defining and Studying the Modern African Diaspora” by African American historian Colin Palmer](#)
- [JAMA: Reporting of Race and Ethnicity in Medical and Science Labels](#)
- [The Associated Press Stylebook](#)

INCLUSIVE LANGUAGE GUIDANCE

RACE, ETHNICITY, AND NATIONAL ORIGIN: HISPANIC/LATINO PEOPLE

Over the years, many pan-ethnic terms have evolved to describe people who trace their roots to Latin America and Spain. This global community is incredibly diverse, and is made up of people from many races, religions, languages, countries of origin, and cultural identities.



ACS AND ACS CAN RECOMMENDATION

The recommendation for general or broad use is **Hispanic/Latino people** or **Hispanics and Latinos**. This is what is used by many of our partners and [Hispanic/Latino organizations such as UnidosUS](#). Using Hispanic/Latino as both a noun and an adjective are acceptable, as this is the common terminology used across many Hispanic/Latino organizations.

When you are working with an individual, a community partner, or an organization, always follow their preference for terminology.

SOME POINTERS TO KEEP IN MIND...

- “**Hispanic**” very broadly refers to people who descended from Spanish-speaking countries (excluding Brazil, where Portuguese is the primary language).
- “**Latino**” very broadly refers to people of Latin American descent who live in North America and the Caribbean, South America, Central America, Mexico, and Brazil. You may see people use the following derivatives of Latino:
 - **Latina** is the feminine derivative of **Latino**
 - **Latinx**, **Latine**, **Latin@**, and **Latinu** are gender-neutral derivatives. Be advised that these are more recent terms; they may or may not be fully embraced by older generations and may need additional explanation.
- Hispanic/Latino culture includes many countries. Be as specific as possible when talking about Hispanic/Latino people to show respect for their cultural identities and origins such as Mexican, Cuban, Peruvian, Guatemalan, Puerto Rican, etc.

RACE, ETHNICITY, AND NATIONAL ORIGIN: HISPANIC/LATINO PEOPLE

- Be mindful that not all people who identify as Hispanic/Latino speak Spanish or use Spanish surnames. They may also have a unique perspective regarding their ancestry, and the impact of colonization or immigration on their lived experiences or heritage. This in turn may influence their personal preferred terms.
- You may find that while someone is Spanish-speaking and comes from a Latin American country, the term Hispanic/Latino doesn't fully or accurately describe them (i.e., Chicano/a, Indigenous, Black or Afro-Caribbean, Brazilian, and so on).

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
Minority populations/minorities <i>*Please note that some Hispanic/Latino organizations may use "minority" in their messaging, and you should consult with them on appropriate word choices.</i>	Specific terms for the individual race or ethnicity when appropriate such as Hispanic/Latino people, Mexican Americans, etc.; people of color; people who have been historically excluded	The word "minority" centers whiteness and it is othering*, monolithic, and categorizes people as either white or non-white, which is a pillar of systemic racism. <i>*Othering is defined as the practice of viewing or treating a group of people as different in an alienating way or in a way that categorizes them as inferior ("us versus them")</i>
"Hispanics" <i>*Please note that some Hispanic/Latino organizations or individuals prefer to say Hispanics and Latinos- please see previous page</i>	Hispanic/Latino people or Hispanics and Latinos; specific terms such as Cuban American, etc.	Keeps person-first perspective by removing race as a noun when you are unsure of which term to use; recognizes the diversity of the community by including Latinos
Alien; illegals; illegal immigrant	Asylum seeker, immigrant, undocumented immigrant, refugee, person seeking citizenship, naturalized citizen, foreign national. Use terms specific to person's experiences.	Presumes innocence and removes negative or criminalizing language regarding immigration

REFERENCES AND FURTHER READING

- [Community Outreach Resources on the DEI Team's Society Source page](#)
- [UnidosUS](#)
- [University of California Editorial Style Guide \(Latino/Latina and Hispanic\)](#)
- [North American Congress on Latin America](#)
- [Interview with Cristina Mora, Mexican American sociologist, on Hispanic/Latino identity](#)
- [League of United Latin American Citizens \(LULAC\)](#)
- [Hispanic Communications Network](#)
- [Hispanic Heritage Foundation](#)
- [National Alliance for Hispanic Health](#)
- [National Association of Hispanic Journalists](#)
- [The Associated Press Stylebook](#)

INCLUSIVE LANGUAGE GUIDANCE

RACE, ETHNICITY, AND NATIONAL ORIGIN: INDIGENOUS PEOPLE AND ALASKA NATIVES

In the U.S. alone, there are 574 federally recognized tribes or nations Indigenous to America, each with their own cultural identities, languages, traditions, and spiritual beliefs. When writing about Indigenous people, it's very important to identify them not just as Indigenous, but also by their unique tribal affiliation when requested or relevant to the story.



ACS AND ACS CAN RECOMMENDATION

The recommendation for general or broad use is **Indigenous person/people** or **Alaska Native**. When possible, try to be specific about someone's tribal or national affiliation rather than using Indigenous people as a blanket term for all population groups.

When you are working with an individual, a community partner, or an organization, always follow their preference for terminology.

SOME POINTERS TO KEEP IN MIND...

- There is no single Indigenous culture or language, and Indigenous people describe their cultures, histories, and homes in many different ways. Always use the terminology the members of the community use to collectively describe themselves to ensure accuracy and cultural sensitivity.
- Christopher Columbus was so certain the "new" world he landed on was India that he called its people "Indios," which later became "Indians". While the U.S. government continues to use the term "American Indian", many find "Indian" or "native" a painful reminder of the racism, violence, theft, and decimation of their people. Some Indigenous people may favor the term "Native American," while others prefer "American Indian". This terminology is important when it comes to personal preference and should be used with respect.
- In addition to federally recognized tribes, there are also state recognized tribes, tribes that are unrecognized, and tribes that were terminated in the 1950s and 1960s that have not been restored. Not all tribes have federal recognition status.

RACE, ETHNICITY, AND NATIONAL ORIGIN: INDIGENOUS PEOPLE AND ALASKA NATIVES

- A federally recognized tribe is an American Indian or Alaska Native tribal entity that is recognized as having a government-to-government relationship with the United States, possessing certain inherent rights of self-government (i.e., tribal sovereignty), and are entitled to receive certain federal benefits, services, and protections because of their special relationship with the United States.
- Some tribes and tribal nations may refer to individuals as “members”, while others may use “citizen”, and the words “tribe” and “nation” may hold different meanings from one tribal community to another.
- It's important to keep in mind that some tribal names you're familiar with may not actually originate with that tribe. For example, enrolled members of the Sioux Nation may call themselves Lakota or members of the Navajo Nation may call themselves Diné - their names in their own languages. The best term to use in a given situation usually comes down to preference — not your personal preference, but the preference of the person you're speaking with.
- In Alaska, the Indigenous groups are collectively known as Alaska/Alaskan Natives.
- Do not refer to Indigenous ceremonial or spiritual attire as “costumes”. Always ask for the accurate and appropriate name for the items in question.
- There are many terms from Indigenous culture that have been appropriated over time. Phrases such as “pow wow”, “spirit animal”, or “low man on the totem pole” are a part of everyday jargon, but to Indigenous people, these terms have significant spiritual meaning or historical context, and using them outside of their original meaning can be seen as disrespectful. If you are ACS or ACS CAN staff, we encourage you to learn more about the topic of cultural appropriation through trainings offered by the DEI Team.

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
Minority populations/minorities <i>*Please note that some Indigenous organizations may use “minority” in their messaging, and you should consult with them on appropriate word choices</i>	Use specific terms for the individual race or ethnicity when appropriate such as member of the Apache Tribe, member of the Crow Nation, or Alaskan Native; people of color; people who have been historically excluded.	The word “minority” centers whiteness and it is othering , monolithic, and categorizes people as either white or non-white, which is a pillar of systemic racism. <i>*Othering is defined as the practice of viewing or treating a group of people as different in an alienating way or in a way that categorizes them as inferior (“us versus them”).</i>

RACE, ETHNICITY, AND NATIONAL ORIGIN: INDIGENOUS PEOPLE AND ALASKA NATIVES

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
BAME, BAM (Black, Asian, and Minority Ethnic)	Use specific terms for the individual race, ethnicity, or tribal affiliation when appropriate; people of color	Removes outdated terms that refer to multiple races/ethnicities in a general or monolithic way
Indian, Eskimo	Indigenous people; Native Americans or American Indians (if in the Americas), Alaska/Alaskan Native (if in Alaska), First Nations (if in Canada), Aboriginal Peoples (if in Australia); First Peoples; Inuit or Inuk instead of Eskimo. Specific tribal affiliation should be used when relevant (e.g., member of the Navajo Nation).	Removes outdated or harmful language by centering indigeneity and ancestry, recognizes the incredible diversity and uniqueness of each tribe or nation
Low man on the totem pole, pow-wow, spirit animal; any other words co-opted from Indigenous terminology	Use a thesaurus for appropriate substitutions	Eliminates cultural appropriation of Indigenous symbols and terms
Stakeholders, shareholders- <i>use with discretion when working with Indigenous communities</i>	Partners, collaborators, allies	This term has violent historical context for some tribal and Indigenous organizations.

REFERENCES AND FURTHER READING

- [Community Outreach Resources on the DEI Team’s Society Source page](#)
- [National Congress of American Indians](#)
- [Indigenous Pact](#)
- [The Native American Journalists’ Association: Terminology Guide](#)
- [Survival International’s Terminology Guide](#)
- [“What We Want to Be Called” by Michael Yellow Bird for American Indian Quarterly](#)
- [The National Museum of the American Indian: Native Knowledge 360](#)
- [The Associated Press Stylebook](#)

SEXUAL ORIENTATION



SEXUAL ORIENTATION

For decades, the Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) community has fought for normalizing language that does not stigmatize or stereotype, pathologize, reframe sexuality and gender expression as “taboo,” or silence LGBTQ+ voices and experiences. It’s important to acknowledge that LGBTQ+ people are a part of every community, and there are as many different terms and labels as there are individuals. Therefore, when you communicate about LGBTQ+ people, there must be space held for human complexity, intersectionality, and diversity.



The terminology for the LGBTQ+ community is constantly evolving and is deeply personal and individualized. Just as new terms are created, old terms once historically considered hurtful have been reclaimed by some communities (i.e., the word “queer”). Even the acronym “LGBTQ” is fluid, and you may see it written with fewer or more letters depending on the person or group (i.e., LGBTQIA). If you’re more interested in learning about the different acronyms and what the letters stand for, please explore the resources listed at the end of this section or get involved with [the LGBTQ & Allies EEG](#).

It is crucial to tailor communications for and about LGBTQ+ people based on insights from the community (i.e., through an advisory board) and an individual’s personal preferences. It’s important not to make assumptions about a person’s sexual orientation. It’s equally important to only communicate about someone’s sexual orientation when it is relevant to the story or if they have given you express permission to do so. Sexual orientation can be very personal and private for some people, and they may or may not want it to be public knowledge. There is also potential to do unintended harm and possibly even reinforce a stigma or stereotype if mention of sexual orientation is not contextualized.

UP CLOSE: INTERNAL LGBTQ+ RESOURCES

- [The LGBTQ & Allies Employee Engagement Group](#)
- [Our partnerships with LGBTQ+ organizations](#)
- [Cancer disparities research highlights, including an LGBTQ+-based study](#)
- [Cancer Facts for Lesbian and Bisexual Women](#)
- [Cancer Facts for Gay and Bisexual Men](#)
- [Cancer Care for Transgender and Gender Nonconforming People \(Professional audiences\)](#)
- [LGBTQ+ People and Cancer Fact Sheet \(Professional audiences\)](#)
- [Pride Resources on Brand Toolkit](#)

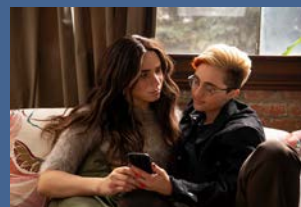


TERMINOLOGY REQUIRING A CLOSER LOOK

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
MSM (men who have sex with other men)*, FSF (women who have sex with other women); Homosexual <i>*Please note that some of our health care partners and other nonprofits still use the term MSM.</i>	LGBTQ+ people; lesbian, gay, bisexual, trans, or queer/questioning person; LGBTQ+ community *Please note that you may see additional letters in the acronym depending on the organization or individual. For example, you may see A added for asexual or I for intersex.	Reflects the diversity of the LGBTQ+ community and removes outdated or offensive terminology
Sexual preference	Sexual orientation	Removes outdated language
Hermaphrodite	Intersex	Removes outdated and offensive language
Transsexual, transgendered, transgenders	Transgender; transgender person	Removes outdated and offensive language
Biologically or genetically male/female	Assigned male or female at birth (AMAB, AFAB)	Removes outdated and offensive language. Should only be referenced if relevant and with express permission.

REFERENCES AND FURTHER READING

- [GLAAD's Media Reference Guide, 10th ed.](#)
- [National LGBT Health Center Glossary](#)
- [Center of Excellence for Transgender Health Resources](#)
- [National LGBT Cancer Network](#)
- [University of North Carolina's Writing Center for Gender Inclusive Terminology](#)
- [OutRight Action International: Acronyms Explained](#)
- [The Association of Cancer Community Centers' Cancer Care Considerations for Sexual and Gender Minority Patients](#)



GENDER IDENTITY



GENDER IDENTITY

Making decisions about gendered language in your writing can be challenging against the status-quo as traditionally, masculine nouns and pronouns have always been used when a subject's gender is unclear (for example, in job titles such as "fireman" or "mailman"). The general public has historically also leaned on gendered language when it comes to broadly categorizing groups of people by referring to them as "men" or by assigning gender-specific titles to people such as "Mr." or "Ms."



Gender-inclusive terminology is constantly evolving and changing with the times. Additionally, someone's gender identity may shift over time or not be assigned to any one specific gender at all. It has become standard for most journalistic or professional organizations to use gender-neutral language to be as inclusive of all gender identities as possible. While there are no universally agreed-upon guidelines for this, there are strategies you can take to avoid stereotypes and show sensitivity in your writing.



GENERAL GUIDANCE AND TIPS

- When you are using nouns that typically end in -man or -woman (e.g., congresswoman, businessman, chairman), use -person instead (e.g., chairperson, congressperson). If you are writing about a specific individual and they have shared their pronouns, adjust accordingly (e.g., Susan uses she/her and is a chairwoman).
 - The same rule can apply when the noun begins with man- or woman-. An example of this is saying humankind (or simply "people") instead of mankind.
- There are many alternate word choices for nouns that are traditionally masculine. You can always use a thesaurus if you need some ideas for more gender-inclusive word choices, such as substituting "first-year students" for "freshmen."
- If a person has shared with you that they are trans, genderfluid/genderqueer, gender nonconforming, Two Spirit, or non-binary, please be sensitive to using their stated name, pronouns, and gender. It is discrimination to use someone's name or gender assigned at birth when they have explicitly indicated other preferences.
- If you are working on something and you have a required field with salutations (e.g., Mr., Ms., Dr., etc.) seek feedback on appropriate salutations from a diverse group of stakeholders when possible. Don't make assumptions which salutations are preferred.

GENDER IDENTITY



A NOTE ON PRONOUN USE

When someone shares their pronouns with you, they are informing you how to refer to them in the third person (or how you should refer to them when you're talking to someone else). Pronouns are very important to gender expression, individuality, and validation of personhood. They can include she/her, he/him, they/them, ze/hir, and many other options. If you're unsure of someone's pronouns, you can use their name until you've had an opportunity to ask them directly what pronouns you should use. Do not assume anything about someone's gender or sexual orientation based on their pronouns or outward appearance.

Using an individual's shared pronouns is a sign of respect and honor, and it helps us to normalize gender-inclusive terms and identities for everyone. If you'd like to learn more about pronouns, please check out these great resources:

- [Pronouns Matter: Mypronouns.org](https://mypronouns.org)
- [National Center for Transgender Equality](https://www.transgenderequality.org)
- [Pronouns Explained: CNN Wellness](https://www.cnn.com/health/2018/05/08/health/what-are-pronouns/index.html)
- [Talking About Pronouns in the Workplace: The Human Rights Campaign](https://www.humanrights.org/campaigns/talking-about-pronouns-in-the-workplace)

Did you know that you can add your pronouns to your Outlook signature at ACS and ACS CAN? [Find out more!](#)

A NOTE ON GENDER-INCLUSIVE LANGUAGE AND CANCER

A cancer diagnosis can be hard no matter what gender identity you are. Using inclusive language for transgender, gender nonconforming, genderqueer/genderfluid, Two Spirit, and non-binary people is an essential part of patient-centered care. It is also an evolving topic around development and maintenance of clinical guidance publications. For now, we offer the following recommendations:

- Follow the language used in [ACS' Clinical Guidelines](#) and the [Cancer Care for Transgender and Gender Nonconforming People one-pager](#).
- Stay informed on updates to the language as the conversation evolves.
- If writing about an individual, always ask for their shared pronouns and use the terms they use.

TERMINOLOGY REQUIRING A CLOSER LOOK

If you're interested in exploring this topic more, check out the following resources:

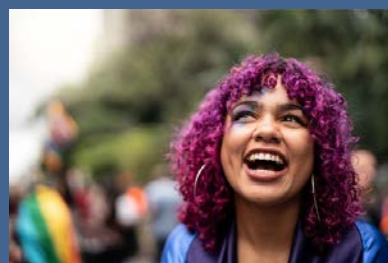
- [The National LGBT Cancer Center's Transgender and Gender Nonconforming Patients homepage](#)
- [The Association of Cancer Community Centers' Cancer Care Considerations for Sexual and Gender Minority Patients](#)
- [CancerCare's Gender Diversity Fact Sheet](#)

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
Screening among women/men	Screening among people	More gender-inclusive
Businessman, congressman, councilmen, chairmen	Businesspeople, congresspeople, council members, chairpeople	More gender-inclusive
Mankind	Humankind; all people	More gender-inclusive
Transsexual, transgendered, transgenders	Transgender; transgender person Please note that some people may use the terms gender nonconforming, genderfluid, genderqueer, Two Spirit*, non-binary or something else.	Removes outdated and offensive language
Biologically or genetically male/female	Assigned male or female at birth (AMAB, AFAB)	Removes outdated and offensive language. Should only be referenced if relevant and with express permission.

*Two Spirit is a gender-inclusive term from North American Indigenous culture and should only be used by and for Indigenous people.

REFERENCES AND FURTHER READING

- [GLAAD's Media Reference Guide, 10th ed.](#)
- [National LGBT Health Center Glossary Center of Excellence for Transgender Health Resources](#)
- [National LGBT Cancer Network](#)
- [University of North Carolina's Writing Center for Gender Inclusive Terminology](#)
- [OutRight Action International: Acronyms Explained](#)



DISABILITY STATUS

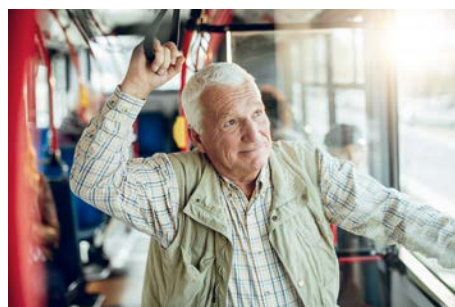


DISABILITY STATUS

Much like writing about race and ethnicity, careful thought and respect should go into communicating about disability status. No two people in the disability community are alike, and the language is constantly evolving. The best way to ensure accuracy and objectiveness is to work directly with the community or ask for individual preferences and feedback. You should also consider whether mention of someone's disability status is relevant to your story. For some people with disabilities, their status is an important part of their cancer story and disability is part of their identity. For others, they may prefer to keep that information private, and it should never be assumed that someone is willing to openly share their status unless they disclose it to you.



What society considers a “disability” is also evolving, as the general public has become more aware of mental health issues in light of the COVID-19 pandemic. It's important to know that not all disabilities are obvious or involve a visible condition. In addition to mental health diagnoses, conditions such as developmental disorders, cognitive or learning disorders, chronic pain conditions, immune or endocrine disorders, traumatic brain injuries, deafness/blindness, and many others, can be considered “invisible” disabilities. Disabilities can be present at birth, can be acquired (as the result of an acute illness like cancer or a traumatic injury like a car accident), can appear gradually over a person's lifetime, or can come and go in periodic intervals and intensity.



Care should be taken not to elaborate a story about someone with a disability using overly heroic or inspiring jargon; this can reinforce negative stereotypes that everyone with a disability is expected to live up to inspiring or extraordinary expectations. People with disabilities want full acceptance into society and to simply be able to live their lives, and this type of false or exaggerated narrative can cause unintended harm.

UP CLOSE: REGIONAL CONSIDERATIONS

The Americans with Disabilities Act has made it possible for some states to put laws and policies into effect that require inclusive language on official documents for or about people with disabilities. For example, some jurisdictions require person-first language. When you partner with health systems and organizations at the state and local levels, it's always a good idea to check for any state language mandates to help guide your writing process around disability.



DISABILITY STATUS



A NOTE ON PERSON-FIRST AND IDENTITY-FIRST PERSPECTIVES

Just like no two people with disabilities are the same, no two disability communities are the same either. As disability rights have become part of political and public health discourse, disability advocates have worked hard and faced years of institutional discrimination (ableism) to have their voices heard and cultures recognized. It is crucial to be aware of how an individual with disabilities identifies themselves as a sign of respect, especially if they align with a specific community's beliefs. Some people with disabilities prefer person-first language, where personhood is listed before the disability (i.e., a person with cystic fibrosis). Others may prefer identity-first language, where the disability is listed first (i.e., a blind person, an autistic person). There are three broad communities of note who have collectively advocated for identity-first language: the autistic community, the d/Deaf and Hard of Hearing (HOH) community, and the blind community. When you write about these groups, it is especially important to confirm with them what identity perspective they use.



TERMINOLOGY REQUIRING A CLOSER LOOK

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
<p>“Low” literacy, education, income, resources</p> <p><i>*Please note: You may see the term “easy reading” instead of “low literacy” used to describe health education print items. This is because “easy reading” is a plainer way to say “limited literacy” for websites.</i></p> <p><i>Carefully consider when to use “low” or “lower,” which may be a more grammatically appropriate choice when making comparisons in a sentence such as “lower income versus higher income.”</i></p>	<p>Limited literacy, education, income, resources</p> <p>Examples: James has limited income. The northside neighborhood has limited access to resources. Keisha had limited educational opportunities.</p>	<p>Emphasizes the potential for improvement and removes the negative connotation of “low” or “less than”</p>
<p>Under- resourced/underserved/ underrepresented, vulnerable, special, or at-risk</p>	<p>People who are marginalized; people who are excluded/historically excluded</p> <p>People who are at increased risk/higher risk for cancer; people who live/work in settings that put them at increased/higher risk</p> <p>Use underrepresented when you are specifically talking about communities and population groups in context</p> <p>Use under-resourced when you are specifically talking about resources</p>	<p>Removes victimizing language and emphasizes that policies and practices were used to limit resources, opportunity, etc.</p>
<p>Handicapped, handi-capable, differently abled, dis-ABILITY, challenged, special needs, special Ed, retarded, lame, impaired, crippled</p>	<p>Person with a disability</p>	<p>Removes infantilizing, offensive, or condescending euphemisms; keeps a person-first perspective</p>
<p>Wheelchair-bound, confined to a wheelchair</p>	<p>Uses a wheelchair, uses a mobility device</p>	<p>Focus on empowerment by emphasizing what someone can do</p>
<p>Handicapped parking/restroom</p>	<p>Accessible parking/restroom</p>	<p>Emphasizes the importance of accessibility</p>

TERMINOLOGY REQUIRING A CLOSER LOOK

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
Able-bodied, body ability, normal, whole	People without disabilities	Removes negative framing around having a disability
Non-verbal, mute, dumb, deaf and dumb, deaf-mute	<p>Non-speaking or use terms specific to the person such as: Uses alternative communication method or Augmentative Alternative Communications (AAC); uses sign language or American Sign Language (ASL); is d/Deaf or hard of hearing; is autistic or neurodivergent (Please note that “deaf” refers to audiological status and “Deaf” refers to the culture and community of Deaf people.)</p> <p>Try to avoid using terms like “deaf” and “blind” as slang or out of context (i.e., “turning a blind eye”).</p>	Emphasizes empowerment, normalizes alternate modes of communication, and reduces stigma/othering towards non-speaking people and neurodivergent people
Visually impaired	Blind (complete vision loss) or legally blind (almost complete vision loss) person, person who is blind or legally blind; person has low or limited vision	Removes outdated and victimizing language
Victim, suffering from, afflicted by	Survivor; cancer survivor; person has/has experienced/ has had a stroke, a congenital disability, etc.	Removes passive language and the implication that the person is “less than” or victimized
Insane, crazy, schizo, gone mad, mental health case, manic depressive, “bipolar,” mentally ill, hysterical	Person with a mental health condition or psychiatric disability	Breaks down stigmas around mental health using more responsible language from the American Psychological Association (APA)
Learning disabled, dumb, illiterate, slow learner	Person with a learning, developmental, or cognitive disability; person is neurodivergent	Removes infantilizing, offensive, or condescending euphemisms; keeps a person-first perspective
Addicted/drug users, drug abusers, smokers	Person with a substance use disorder; person who smokes/smoked	Breaks down stigmas around mental health using more responsible language from the APA

TERMINOLOGY REQUIRING A CLOSER LOOK

TERMS TO AVOID	SUGGESTED REPLACEMENT	RATIONALE
High functioning or low functioning (regarding cognitive, learning, or developmental disorders)	Use name of medical diagnosis to accurately describe person's condition	Eliminates dismissive or reductive language around a person's social and cognitive abilities
Has "fits"	Has epilepsy/has seizures/has a seizure disorder	Eliminates offensive and outdated jargon
Defect or deficit	Has a specific condition	Removes negative connotation around the disability
Deformed	Do not use as an adjective, instead describe the specific disability or cause of deformity (e.g., person has a cranial deformity, person is an amputee)	Removes negative connotation around the disability

REFERENCES AND FURTHER READING

- [Why Language Matters](#)
- [National Disability Authority](#)
- [National Center on Disability and Journalism Style Guide](#)
- [The ADA's Guidelines for Writing About People With Disabilities](#)
- [How to Write and Report About People With Disabilities, 8th ed.](#)
- [Autistic Self Advocacy Network \(ASAN\): Using Identity-First Language \(for Neurodivergent Populations\)](#)
- [Health Journalism Blog: The Distinction Between Person-First and Identity-First](#)



APPENDICES



APPENDIX I: FULL REFERENCES

1. General Guidance on Writing About Health Equity Concepts and Terms

- The CDC's Health Equity Guiding Principles for Inclusive Communication
- Writing About Population Groups
- "Vulnerable" versus "Marginalized"
- The Sum of Us: A Progressive's Style Guide
- RWJF and the Human Impact Partners Project: Defining Health Equity
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
- National Stakeholder Strategy for Achieving Health Equity, developed by the Office of Minority Health's National Partnership for Action
- Advancement Project's The Social Justice Phrase Guide
- University of Minnesota's Center for Practice Transformation Guide

2. General Guidance for Health Literacy Considerations and Plain Language

- The Health Literacy Solution Center
- Communicate Health
- The CDC's Everyday Words for Public Health Communications
- The CDC's Clear Communications Index
- Federal Plain Language Guidelines

3. Shifting to Person-Centered Language

- "Words Are Important: Patient vs Person" by Jordan Asher
- Use of Language in Diabetes Care and Education
- Tip Sheet for Person-Centered Language

APPENDIX I: FULL REFERENCES

4. Race, Ethnicity, and National Origin

- "Racial Equity Tools Glossary"
- Racial equity tools: framing and messaging
- Race Reporting Guidelines from Race Forward
- The Sum Of Us: A Progressive Style Guide
- The Opportunity Agenda
- The Associated Press Stylebook
- JAMA: Reporting of Race and Ethnicity in Medical and Science Labels
- The Diversity Style Guide: Center for Integration and Improvement in Journalism
- American Medical Association: AMA Style Insider
- American Heart Association's Structural Racism and Health Equity Language Guide
- Community Outreach Resources on the DEI Team's Society Source page
- Asian and Pacific Islander American Health Forum
- Asian Pacific American Heritage
- Defining Diaspora: Asian, Pacific Islander, and Desi Identities
- The Asian Pacific Institute on Gender Based Violence: AAPI Identities and Diversity
- "The Inadequacy of the Term Asian American": Li Zhou for Vox Media
- "Understanding Our Perceptions of Asian Americans": Peter Kiang for the Asia Society
- Center for Black Health & Equity
- The National Association of Black Journalists
- The National Black Justice Coalition
- "The Growing Diversity of Black America": Christine Tamir for the Pew Research Center
- "The Gallup Vault: Black Americans' Preferred Racial Labels": Lydia Saab for Gallup
- Urban Institute's "Urban Wire" Blog: Margaret Simms, Black economist, on race and ethnicity
- "Defining and Studying the Modern African Diaspora" by African American historian Colin Palmer

APPENDIX I: FULL REFERENCES

4. Race, Ethnicity, and National Origin

- [UnidosUS](#)
- [University of California Editorial Style Guide \(Latino/Latina and Hispanic\)](#)
- [North American Congress on Latin America](#)
- [Interview with Cristina Mora, Mexican American sociologist, on Hispanic/Latino identity](#)
- [League of United Latin American Citizens \(LULAC\)](#)
- [Hispanic Communications Network](#)
- [Hispanic Heritage Foundation](#)
- [National Alliance for Hispanic Health](#)
- [National Association of Hispanic Journalists](#)
- [National Congress of American Indians](#)
- [Indigenous Pact](#)
- [The Native American Journalists' Association: Terminology Guide](#)
- [Survival International's Terminology Guide](#)
- ["What We Want to Be Called" by Michael Yellow Bird for American Indian Quarterly](#)
- [The National Museum of the American Indian: Native Knowledge 360](#)
- [JAMA: Reporting of Race and Ethnicity in Medical and Science Labels](#)
- [The Associated Press Stylebook](#)

5. Disability Status

- [Why Language Matters](#)
- [National Disability Authority](#)
- [National Center on Disability and Journalism Style Guide](#)
- [The ADA's Guidelines for Writing About People With Disabilities](#)
- [How to Write and Report About People With Disabilities, 8th ed.](#)
- [Autistic Self Advocacy Network \(ASAN\): Using Identity-First Language \(for Neurodivergent Populations\)](#)
- [Health Journalism Blog: The Distinction Between Person-First and Identity- First](#)

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- [Health Journalism Blog: The Distinction Between Person-First and Identity- First](#)

APPENDIX II: FULL REFERENCES

6. Sexual Orientation and Gender Identity

- [GLAAD's Media Reference Guide, 10th ed.](#)
- [National LGBT Health Center Glossary](#)
- [Center of Excellence for Transgender Health Resources](#)
- [National LGBT Cancer Network](#)
- [University of North Carolina's Writing Center for Gender Inclusive Terminology](#)
- [OutRight Action International: Acronyms Explained](#)
- [The Association of Cancer Community Centers' Cancer Care Considerations for Sexual and Gender Minority Patients](#)
- [Pronouns Matter: Mypronouns.org](#)
- [National Center for Transgender Equality](#)
- [Pronouns Explained: CNN Wellness](#)
- [Talking About Pronouns in the Workplace: The Human Rights Campaign](#)

APPENDIX II: FEEDBACK FORM

Thank you for taking the time to explore the Inclusive Language and Writing Guide. We hope that you found it helpful in expanding your inclusive language skills and your interest in learning about diversity, equity, and inclusion. As we are continuously seeking to improve the way we work and the resources we offer, we welcome any feedback that you wish to share via this form. Your responses will be kept confidential.

Please return this form via email to healthequity@cancer.org

APPENDIX III: HEALTH EQUITY CORE AND KEY MESSAGES

Please refer to this message map for guidance whenever you are looking for general talking points around health equity or when you are looking for statements to tell the story of the work we're doing at ACS and ACS CAN. These messages are updated on a continuous basis.

- For the American Cancer Society (ACS) and its nonprofit, non-partisan advocacy affiliate, the American Cancer Society Cancer Action NetworkSM (ACS CAN), health equity means everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.
 - Health equity is fair and just treatment, access, opportunity, and advancement for everyone. It requires us to address needs and eliminate barriers that prevent the full participation and success of all people. Equity acknowledges that people have different circumstances, and because of this, the tools and resources needed will be different from one person to the next.
 - Health disparities are a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantages and other characteristics historically linked to discrimination or exclusion. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health. Changes in health disparities help us measure whether there is progress toward health equity.
 - Cancer disparities are health disparities related to cancer outcomes.
 - Health inequities are unfair, unjust, and avoidable health outcomes or differences that are shaped by systemic injustice.
 - The Social Determinants of Health (SDOH) are the conditions where we live, work, learn, play, worship, and age. They can also include the complex systemic and social structures that influence these conditions, such as policy and economic climate.
- Cancer is a disease that affects everyone, but it does not affect everyone *equally*.
 - Many barriers can impact a person's ability to prevent, find, treat, and survive cancer. These barriers are because of deeply rooted, long standing inequities at all levels of society that will take an intentional effort to address in order to have equal cancer outcomes.
 - They are complex and have many social, economic, and cultural influences that intertwine and impact each other.
 - They include such examples as racism, discrimination, poverty, lack of access to healthy and affordable foods, inadequate pay, low quality education or housing, and limited access to the health care system, including insurance coverage and access to high quality health care.
 - If we are to reduce cancer disparities, we need to listen to the experiences and perspectives of people with cancer who have been marginalized, their caregivers, and their communities, and engage them in the fight against cancer every step of the way. It will take all of us working together to do this.
- The American Cancer Society (ACS) and our non-profit, non-partisan affiliate, the American Cancer Action Network (ACS CAN), are working to reduce deaths from cancer and achieve our vision of a world without cancer. To achieve this, we must collectively act to advance health equity.
 - ACS and ACS CAN are committed to advancing health equity through our research priorities, programs, services, and through ACS CAN's advocacy.

APPENDIX III: HEALTH EQUITY CORE AND KEY MESSAGES

- ACS and ACS CAN are aligned with a growing health equity movement that includes health system partners, large non-profits, corporations, policymakers, and foundations; now is the time to invest in this crucial effort.
- To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative.
- ACS and ACS CAN are partnering with the Robert Wood Johnson Foundation (RWJF), the nation's largest philanthropic organization focused solely on health, to accelerate our efforts to advance health equity.
 - The purpose of this partnership is to advance the culture of health equity and to increase health equity action through our research, programs, services, and through ACS CAN's advocacy.
 - The Medicaid Covers US project a comprehensive, research-based, national multimedia public education project focused on creating a public narrative to shift the public discourse- and then policy decisions-about Medicaid.
- **How much money one makes, the color of their skin, their sexual orientation, their gender identity, their disability status, or where they live should not affect someone's ability to live cancer-free or achieve their highest health potential. (*Alternate version: We believe all people should have a fair and just opportunity to live a longer, healthier life free from cancer regardless of how much money they make, the color of their skin, their sexual orientation, gender identity, their disability status, or where they live.*)**
 - Structural inequities, such as racism, classism, and ableism shape the factors that influence a person's health. Only a portion of a person's health is due to medical care.
 - In addition to socio-economic status and geographic location, race, or ethnicity can affect cancer-related health disparities.
 - Sexual orientation and gender identity can also affect cancer-related health disparities: lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) people bear a disproportionate burden of cancer and distinctive risk factors.
 - Health insurance status and type of insurance are also factors contributing to cancer disparities.
 - Structural racism which is the combination of institutions, culture, history, ideology, and standard practices that generate and perpetuate inequity among racial and ethnic groups – also contributes to disparate health outcomes.
 - Discrimination also contributes to cancer disparities, as people of color tend to receive lower-quality health care than non-Hispanic white people (even when insurance status, age, severity of disease, and health status are comparable).
 - Disability status also contributes to cancer disparities, as people with disabilities experience worse access to cancer screenings and greater exposure to physical, institutional, financial, and attitudinal barriers (i.e., ableism).
 - People with limited socioeconomic status (SES), measured by a person's social, economic and work status, have higher cancer death rates than those with higher SES. The largest disparities are for the most preventable cancers.
 - Where someone lives can affect what disease a person gets, how a person dies, and when they die. A person's location can also impact their cancer prevention, screening, diagnosis and treatment options.