CDC'S Health Equity Guiding Principles for Inclusive Communication



CDC's Health Equity Guiding Principles for Inclusive Communication are intended to help public health professionals ensure their communication work, including communication of public health science, meets the specific needs and priorities of the populations they serve and addresses all people inclusively, accurately, and respectfully. These principles are designed to adapt and change as both language and cultural norms change.

Why do words matter for health equity?

Language in communication products should reflect and speak to the needs of people in the audience of focus, using non-stigmatizing language. This means:

- Using a health equity lens when framing information about health disparities
- Using person-first language and avoiding unintentional blaming
- Using preferred terms for select population groups while recognizing that there isn't always agreement on these terms
- Considering how communications are developed and looking for ways to develop more inclusive health communications products
- Exploring other resources and references related to health equity communications.

How can I help?

CDC encourages all public health professionals at the federal, state, and local levels to look for opportunities to apply these *Guiding Principles* across their public health communication work, including when creating information resources such as scientific publications and public health recommendations, and when engaging with communities, partners, and staff.

Learn more: https://www.cdc.gov/healthcommunication/Health Equity.html.



U.S. Department of Health and Human Services Centers for Disease Control and Prevention



CDC's Health Equity Guiding Principles: Using a Health Equity Lens

Using a health equity lens in communication planning, development, and dissemination means intentionally looking at the potential positive and negative impacts of proposed messages on everyone with the goal to be inclusive, avoid bias and stigmatization, and effectively reach intended audiences, ideally with input from those intended audiences. Consider the following concepts:

Health equity concept	This means
Long-standing systemic social and health inequities have put some population groups at increased risk of getting sick, having overall poor health, and having worse outcomes when they do get sick.	 Avoiding perpetuating health inequities in communication by considering how racism and other forms of discrimination unfairly disadvantage people. Avoiding implying that a person, community, or population is responsible for increased risk of adverse outcomes.
Community engagement should be a foundational part of the process to develop culturally relevant, unbiased communication for health promotion, research, or policy making.	 Remembering that successful community engagement is a continuous process that builds trust and relationships through a two-way communication process. Starting with mindfulness and listening and continuing with joint decision making and shared responsibility for outcomes.
Health equity is intersectional ; diversity exists within and across communities and can be defined by several factors.	 Remembering that people belong to more than one group and, therefore, may have overlapping health and social inequities, as well as overlapping strengths and assets. Understanding that there is diversity within communities and members of population groups are not all the same in their health and living circumstances. Acknowledging that communities can vary in history, culture, norms, attitudes, behaviors, lived experience, and many other factors.
Public health programs, policies, and practices are more likely to succeed when they recognize and reflect the diversity of the community they are trying to reach.	 Using language that is accessible and meaningful and tailoring interventions based on the unique circumstances of different populations. Emphasizing positive actions and highlighting community strengths and solutions. Recognizing that some members of your audience of focus may not be able to follow public health recommendations due to their cultural norms, beliefs, practices, or other reasons.
Not all members of your audience of focus may have the same level of literacy and, specifically, health literacy .	 Recognizing both the ability to read and the ability to understand the content in the language presented. Using active verbs, plain language, and accessible channels and formats so that all members of your audience can access and understand the information.

Learn more: https://www.cdc.gov/healthcommunication/Health_Equity_Lens.html.