

Becoming Comfortable with Health Equity Concepts and Language

August 8, 2022



Emergency Partners
Information Connection

Welcome!





TODAY'S AGENDA

1. Welcome and Introduction

2. CDC's Commitment to Health Equity

Desmond Banks, PhD, MPH, CDC Office of Minority Health and Health Equity

3. Health Equity Guiding Principles for Inclusive Communication: Making it Stick

Susan Laird, DNP, MSN, BSN, CDC Office of Associate Director of Communications

4. Q&A

5. Wrap-up/next steps

DISCLOSURE

In compliance with continuing education requirements, all planners and presenters must disclose all financial relationships, in any amount, with ineligible companies during the previous 24 months as well as any use of unlabeled product(s) or products under investigational use.

CDC, our planners, and content experts wish to disclose they have no financial relationship(s) with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.

Content will not include any discussion of the unlabeled use of a product or a product under investigational use.

CDC did not accept financial or in-kind support from ineligible companies for this continuing education activity.

Desmond Banks, OMHHE: CDC's Commitment to Health Equity



Key Health Equity Terms

- **Social Determinants of Health (SDOH):** the conditions in which people are born, grow, live, work, and age
- **Health disparities:** preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health; experienced by those who have been disadvantaged by their social or economic status, geographic location, and environment
- **Health equity:** everyone has a fair and just opportunity to attain their highest level of health

Source: <https://www.cdc.gov/healthequity/whatis/index.html>



Why is health equity important?

- Overall, people in some racial and ethnic minority groups experience higher rates of poor health and disease for a range of health conditions compared to their White counterparts
 - Diabetes
 - Hypertension
 - Obesity
 - Asthma
 - Heart disease
 - Cancer
 - Pre-term birth
 - COVID-19
- CDC health equity efforts look to close these gaps by working to reduce and ultimately eliminate racial and ethnic health inequities by addressing structural and social condition
 - Addressing racism as the fundamental driver of these inequities



Sources: <https://www.cdc.gov/healthequity/whatis/> and <https://www.cdc.gov/healthequity/racism-disparities/cdc-efforts.html>

What is CDC doing to achieve health equity?

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



Source: <https://www.cdc.gov/healthequity/whatis/>

Susan Laird, OADC:

**Health Equity Guiding Principles for
Inclusive Communication: Making it Stick**

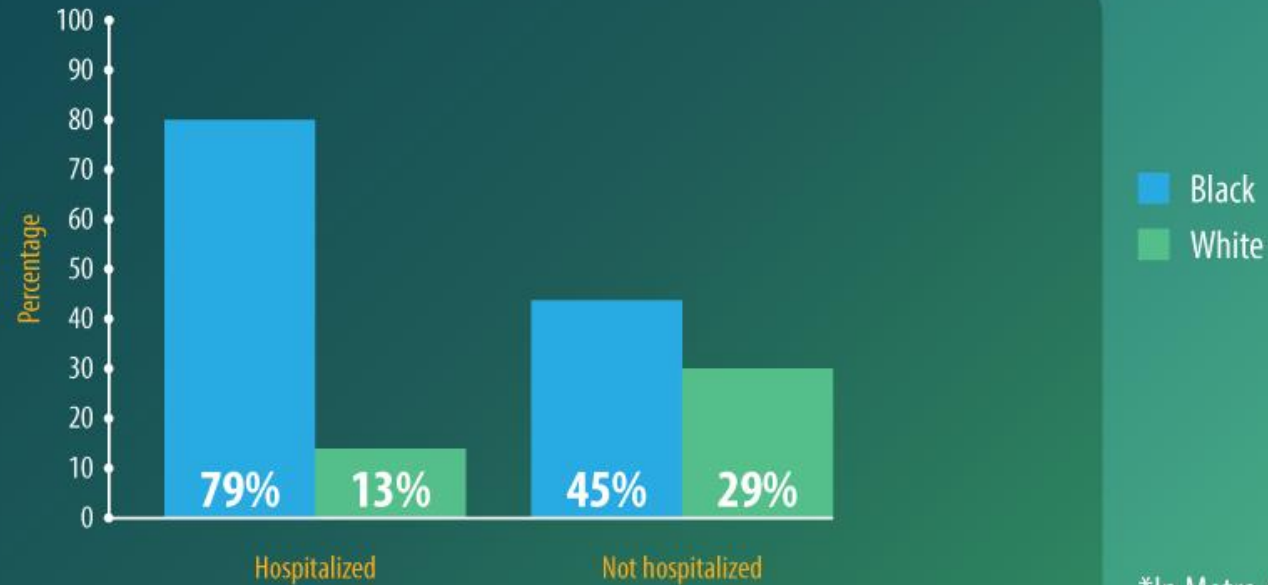


CDC & Health Equity for Inclusive Communication

“Failures of ignorance we can forgive. If the knowledge of the best thing to do in a given situation does not exist, we are happy to have people simply make their best effort. But if the knowledge exists and it is not applied correctly, it is difficult not to be infuriated.”



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



*In Metro Atlanta, March-April, 2020

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

CDC.GOV

bit.ly/MMWR61720

MMWR

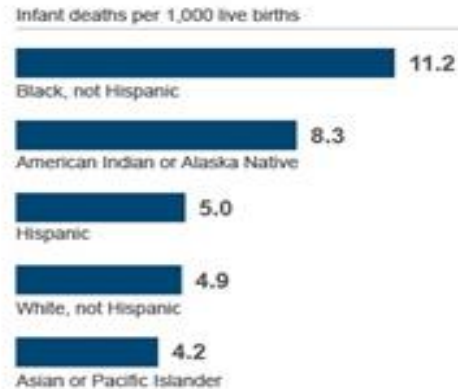


These inequities existed long before COVID-19

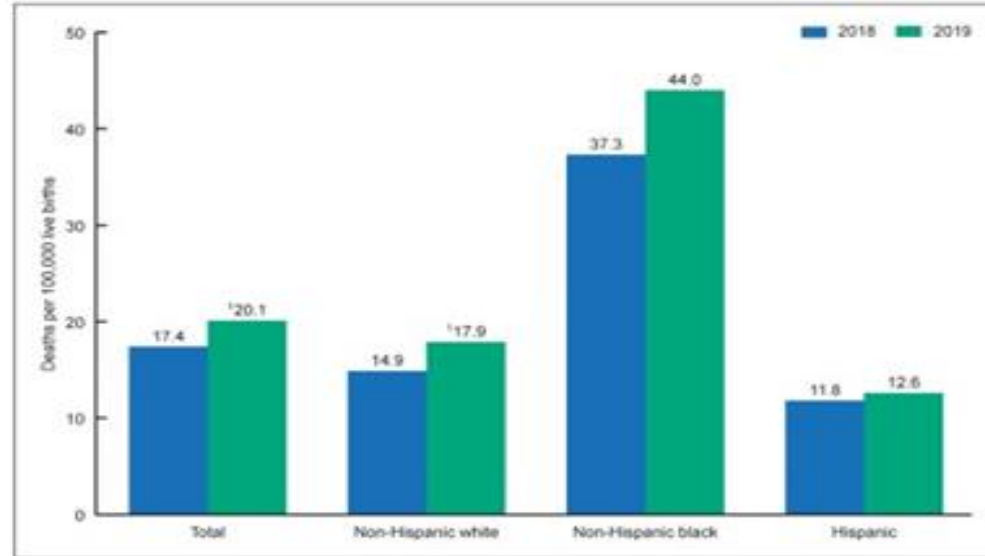
Maternal, Infant, and Child Health

Infant Mortality Rate by Race and Ethnicity of Mother, 2015

The infant mortality rate experienced by infants born to non-Hispanic black mothers was **more than 2.5 times** the rate experienced by infants born to Asian or Pacific Islander mothers (11.2 and 4.2 deaths under 1 year of age per 1,000 live births, respectively).



Data source: Linked Birth/Infant Death Data Set, CDC/NCHS.

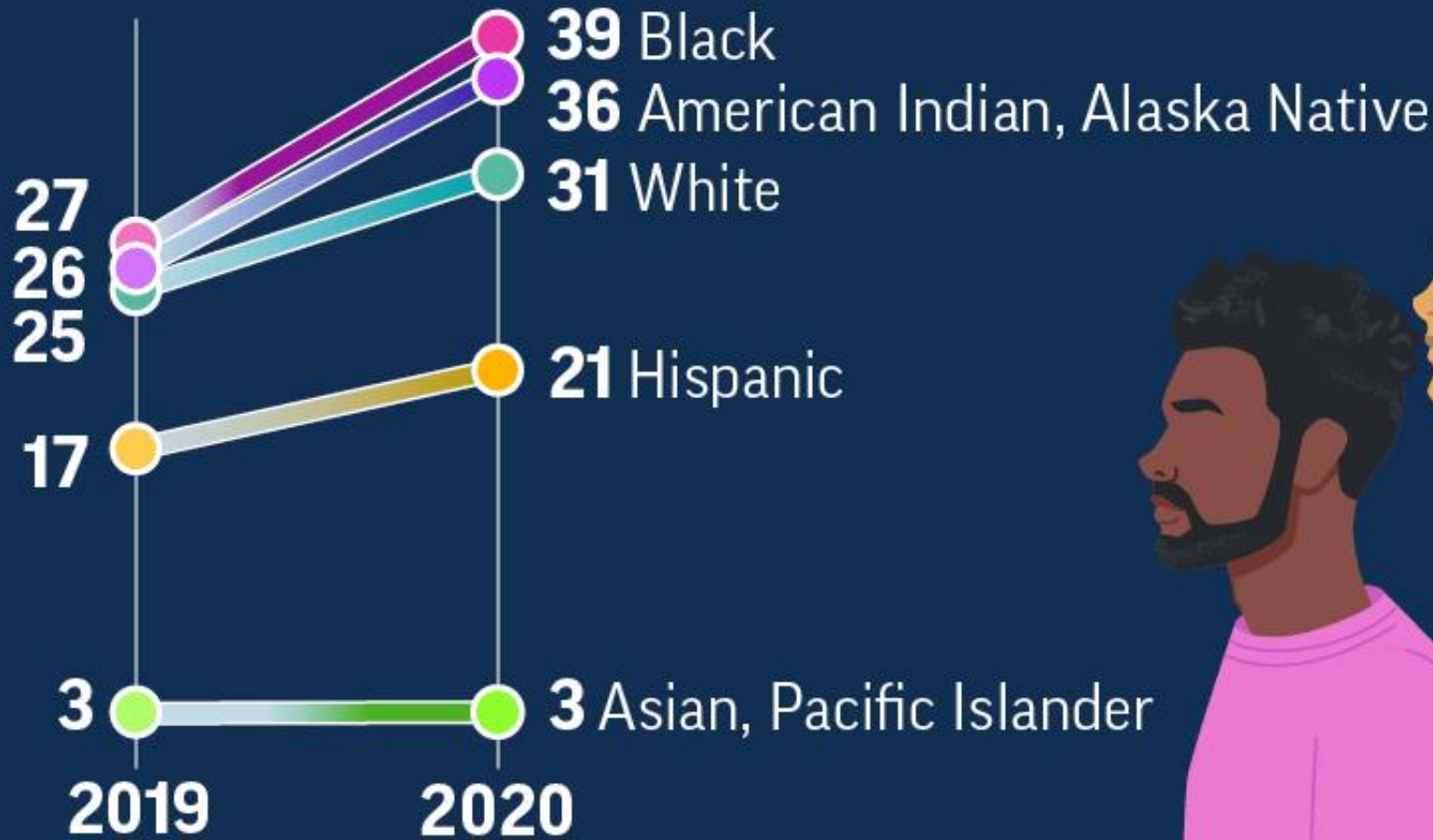


[†]Statistically significant increase in rate from 2018 to 2019 ($p < 0.05$).
NOTE: Race groups are single race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.



Overdose Deaths by Race and Ethnicity Over One Year

Per 100,000 People



Vitalsigns[™]
CDC

Source: July 2022 Vital Signs



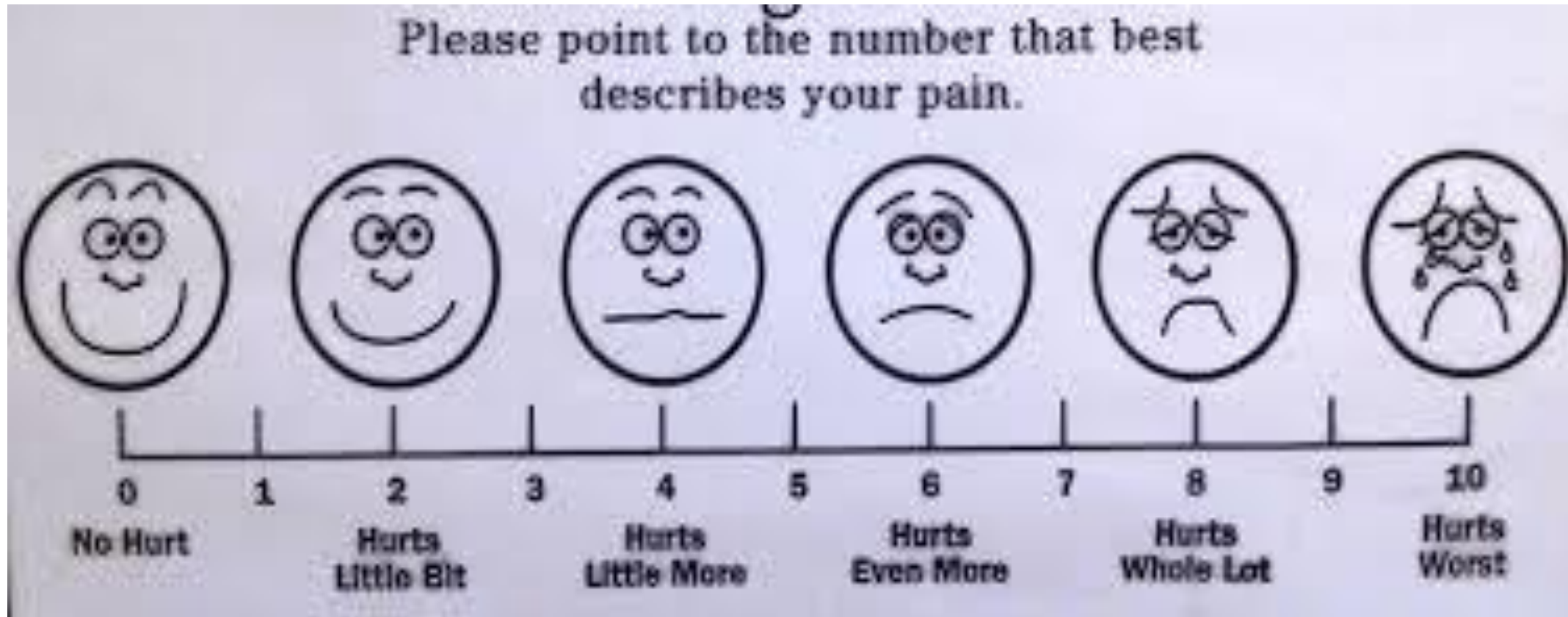
CS331041

Why words matter

CORE CDC Health Equity Science and Intervention Strategy



Words can literally hurt



Words matter: Alcohol and drug use example

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

One person was referred to as a
“**substance abuser**”



The other person as
“having a substance use disorder”



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

- **Less likely** to benefit from treatment and that their problem was the result of an innate dysfunction over which they had no control
- **More likely** to benefit from punishment, be socially threatening, and be blamed for their substance related difficulties, and to be able to control their substance use without help



How can we stop HIV stigma?



Where can I find support?



What is HIV stigma?



How can I educate others about HIV stigma?



Health Equity & Health Literacy & Accessibility





Using a health equity lens

CORE CDC Health Equity Science and Intervention Strategy



Defining a health equity lens



- **Intentional**
- **Inclusive**
- **Getting input**



Questions to ask when applying a health equity lens

1

How are social and health inequities at play?

2

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

3

Will/does the activity perpetuate existing inequities?



How are social and health inequities at play?

1

- Cultural, linguistic, economical, environmental, and historical contexts
- Inequity in policies, programs, and services
- Racism and other forms of discrimination and oppression
- Overlapping social identities (i.e., intersectionality)
- Your own assumptions and biases



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

2

- Need for community engagement & shared decision making
- Community needs and assets
- Diversity within and across communities
- Accessibility, acceptability, and appropriateness of the activity
- Literacy level of the population of focus
- Use of health equity framing/narrative



Will/does the activity perpetuate existing inequities?

3

- Reach of the activity – who is included/excluded
- Impact of the activity – who benefits/is harmed
- Ability of audience to understand and follow recommendations
- Availability and quality of language translation
- What is left out or left unsaid – what context is missing



Could be part of the problem



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

intersecti

Diseases & Conditions ▾

Healthy Living ▾

Travelers' Health ▾

Emergency Prep

Search Results

intersectionality



All

Videos

Journals

Podcasts

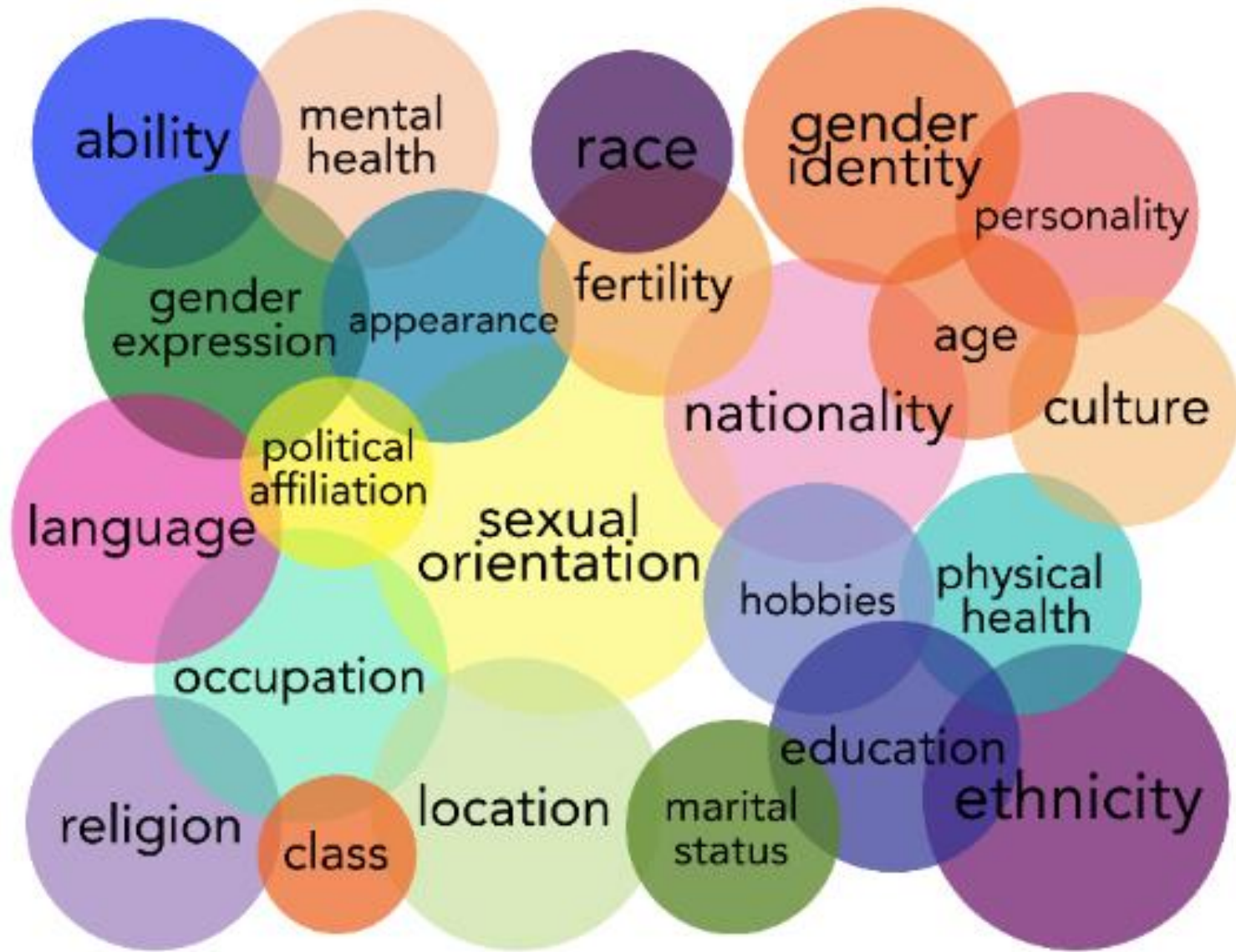
Results returned for **intersectionality**

[Automated Red-Light Enforcement | Motor Vehicle Safety | CDC Injury Center](https://www.cdc.gov/motorvehiclesafety/calculator/factsheet/redlight.html)
<https://www.cdc.gov/motorvehiclesafety/calculator/factsheet/redlight.html>

Since then, many states and local jurisdictions have adopted red-light cameras, known along with s
automated enforcement. At **intersections** with traffic lights, automated cameras take photographs

<https://www.cdc.gov/motorvehiclesafety/calculator/factsheet/redlight.html>

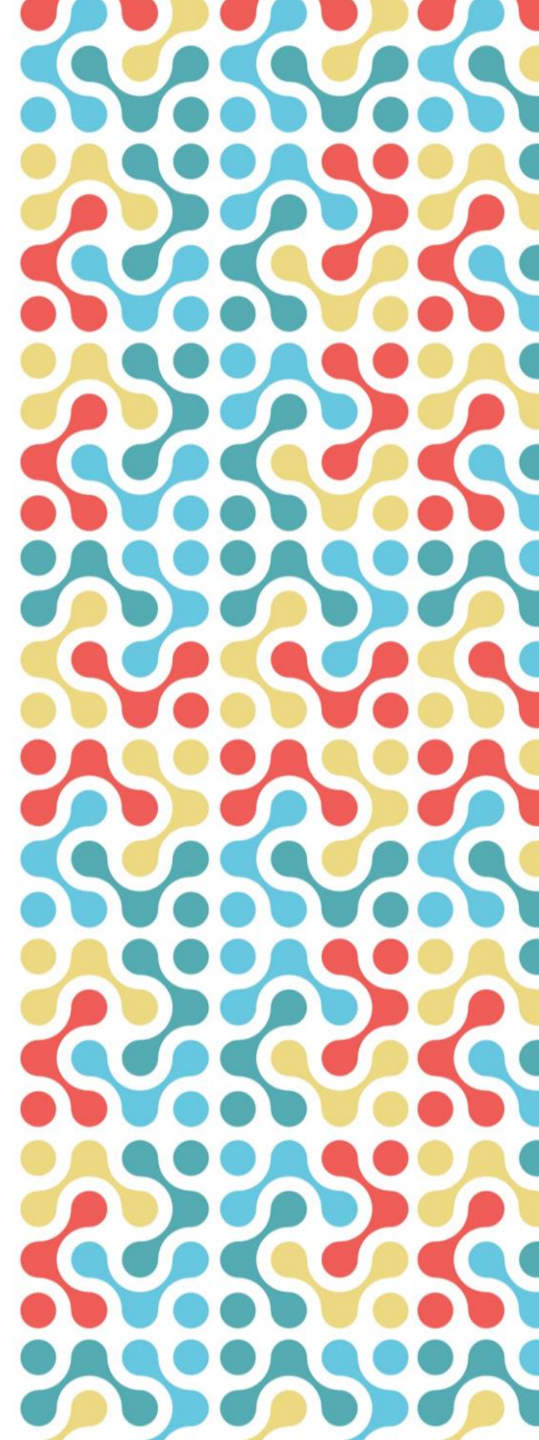






Engaging with your audience

CORE CDC Health Equity Science and Intervention Strategy



ATSDR – Great place to start



<https://www.atsdr.cdc.gov/communityengagement/index.html>



ATSDR – 9 Principles of Community Engagement

Be clear about purposes or goals

Collective self-determination is the responsibility and right of all people

Identify and mobilize assets

Become knowledgeable about the community

Partner for change and health

Release control to the community

Establish relationships, build trust

Respect diversity

Requires long-term commitment



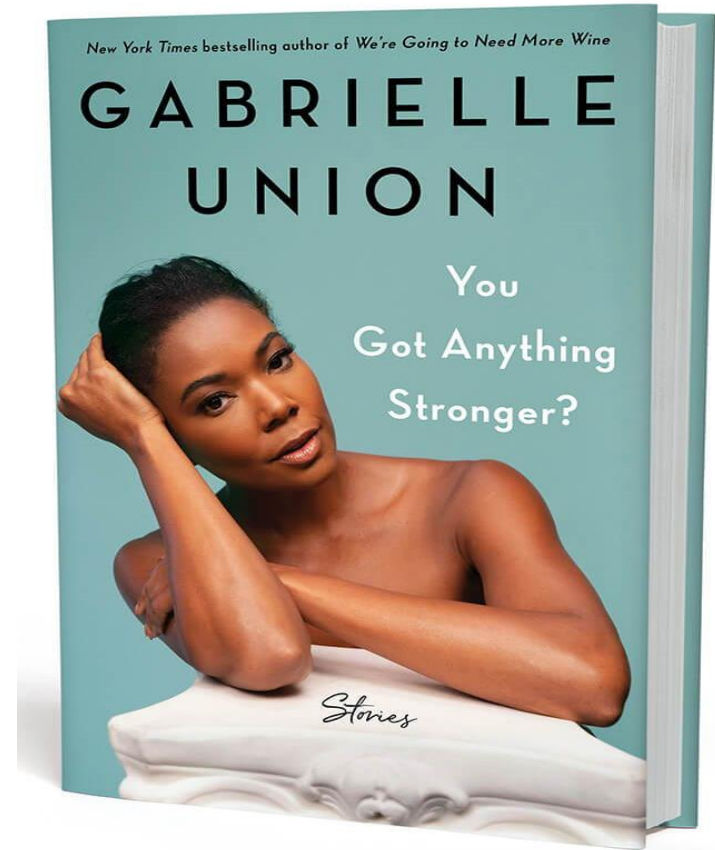
Generational perspectives



Humor or not so much?

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

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

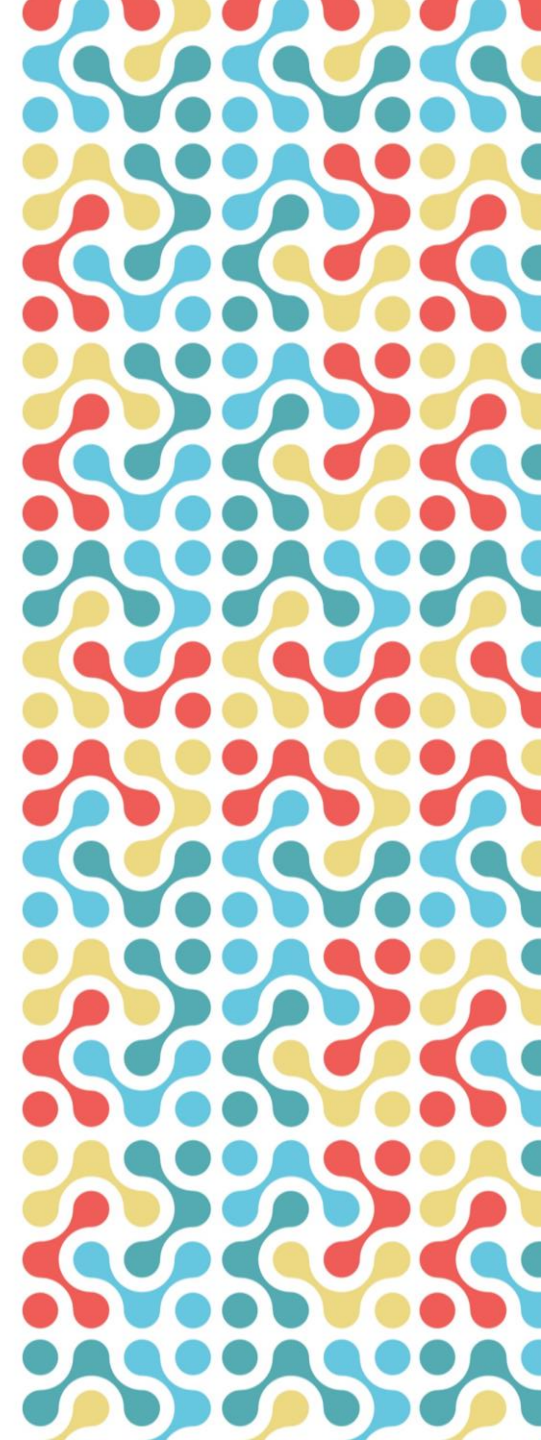


People Magazine May 10, 2021: <https://www.amazon.com/People-Magazine-Gabrielle-Union-Dwyane/dp/B093XZ214D>



Purpose of the Guiding Principles

CORE CDC Health Equity Science and Intervention Strategy



Starting the discussion

- Both inspirational and aspirational
- Feedback and pushback



Billie Jean King

“It’s hard to understand inclusion until you’ve experienced exclusion.”



Introduction to CDC's Health Equity Guiding Principles for Inclusive Communication

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

Health Equity Guiding Principles for Inclusive Communication

Table of Contents

Inclusive Communication Principles

Preferred Terms

Using a Health Equity Lens

Developing Inclusive Communications

Key Principles

Resources & References



https://www.cdc.gov/healthcommunication/Health_Equity.html



Introducing the key principles

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



Not all about preferred terms

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



Developing inclusive communications - Culture

- Translate materials into the preferred language of intended audiences
- Work with community members and others to develop and validate concepts and content



**Culture eats strategy
for breakfast.**

- Peter Drucker

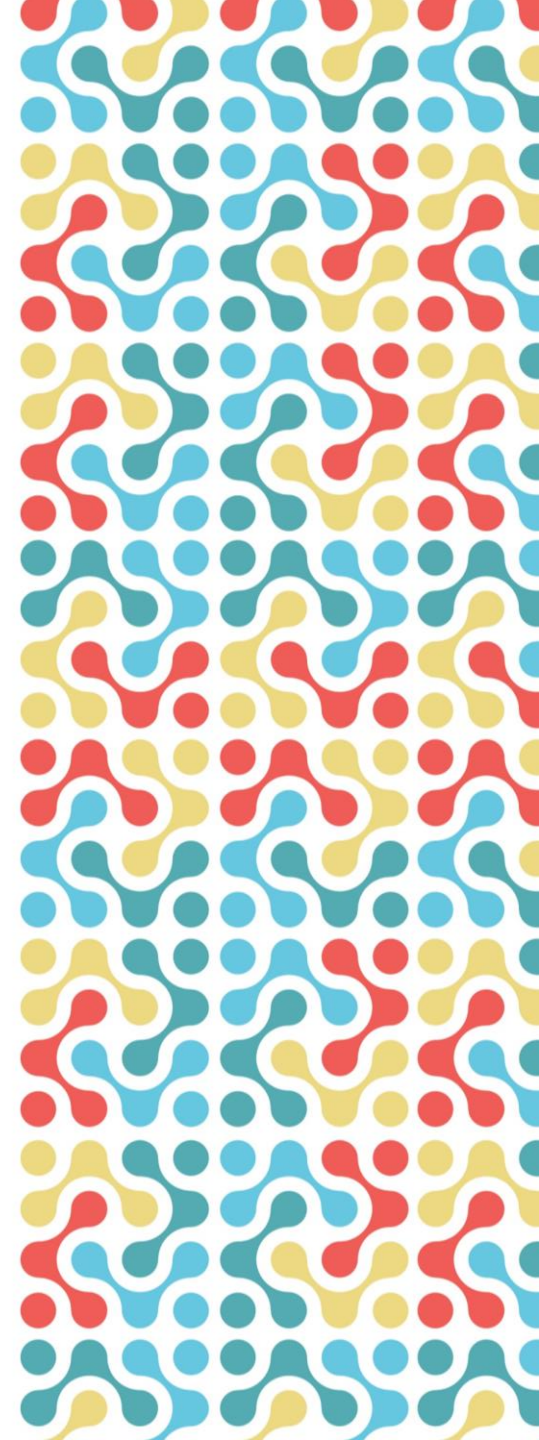
Developing inclusive communications – Older adults



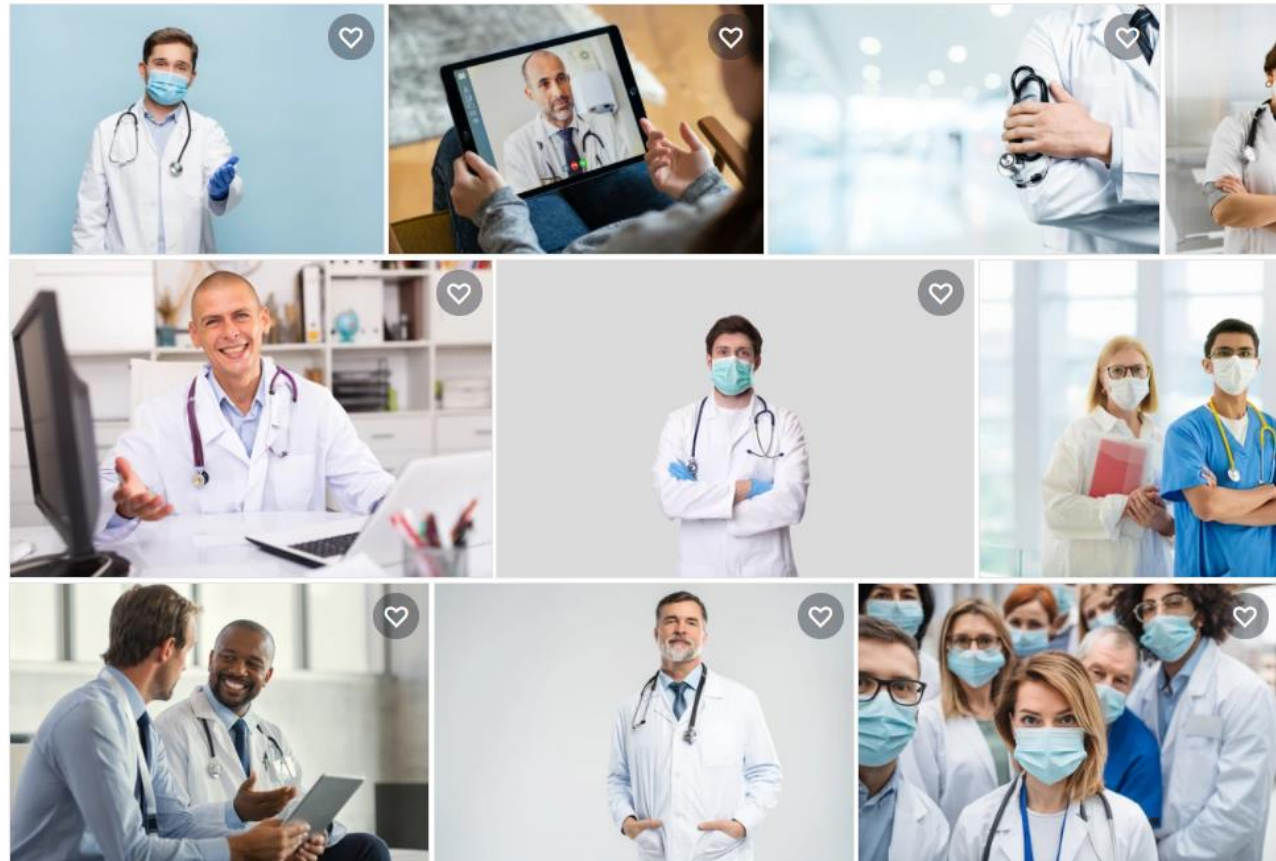


Inclusive images

CORE CDC Health Equity Science and Intervention Strategy



White coats...white doctors?



Top search results for “doctor” on Shutterstock.com



Diversity in images







Considerations for images

- Diversity - consider age, gender, ability, race, ethnicity, culture, body size
- Equity - avoid showing inequity in terms of status or power
- Inclusion - avoid stereotypes, unhealthy behaviors, and inappropriate body image standards
- Accessibility - ensure image and alt text are accessible and understandable to people with disabilities



Evaluating images

Example use	Image under consideration	Does it?...					
		Show diverse representation: age, gender, race, ethnicity, culture, disability, sexual orientation, body size	Show appropriate use of cultural dress/activities	Avoid perpetuating stereotypical power/status inequities	Show diverse beauty standards	Avoid stereotypes of groups that have been marginalized	Show positive portrayal; positive health behavior
Social media post on caregiving		Yes – culture/religion No – gender of caregiver	Yes	Yes	N/A (not a photo)	Yes	Yes
Social media post on women's health		Yes – culture/religion	Yes	No	N/A (not a photo)	No	Yes
Fact sheet on diabetes-related hospitalization		Yes – race	N/A	No	Yes	Yes	Yes
Social media post for disability awareness month		Yes – disability, age, body size No – race, ethnicity, culture	N/A	Yes	Yes	Yes	Yes



Tips and takeaways

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



Walk the talk



- Incorporate the principles in our work
- Look at scientific, policy, and all materials with an equity lens
- Look within – our organization and ourselves – to facilitate growth and learning
- Look outside – engage communities and partners

Keep listening – we're not done yet!



Stay up to date

- Review the Guiding Principles
- Listen to feedback – good and not so good
- Incorporate new thoughts, ideas, and language
- Share your ideas for change



So much to do...so little time



Back to making it stick...

- Consistency
- Open minds – starting with ourselves
- Setting examples
- Willingness to change and adapt
- Use the Guiding Principles



Remember to try forgiveness



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



Thanks for joining us
today!

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

- Maya Angelou

“

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

”

— Arthur Chan

THANK YOU!

HEGuidingPrinciples@cdc.gov

CORE CDC Health Equity Science and Intervention Strategy



Q&A



Continuing Education Statements

ACCREDITATION STATEMENTS

CEU: The Centers for Disease Control and Prevention is authorized by IACET to offer 0.1 CEU's for this program.

CECH: Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES®) and/or Master Certified Health Education Specialists (MCHES®) to receive up to 1 total Category I continuing education contact hours. Maximum advanced level continuing education contact hours available are 1. Continuing Competency credits available are 1 CDC provider number 98614.

Certified Public Health Professionals (CPH): The Centers for Disease Control and Prevention is a preapproved provider of Certified in Public Health (CPH) recertification credits and is authorized to offer 1 CPH recertification credits for this program.



Instructions for Continuing Education

Instructions for Obtaining Continuing Education for LIVE WEBINAR

In order to receive continuing education for WC4634-080822 - Emergency Partners Information Connection (EPIC) Webinar Series - Atlanta, GA - August 8, 2022 (Webcast) please visit [TCEO](#) and follow these [9 Simple Steps](#) before September 12, 2022.

The course access code is **EPIC0808**.

Instructions for Obtaining Continuing Education for Web on Demand

In order to receive continuing education for WD4634-080822 - Emergency Partners Information Connection (EPIC) Webinar Series - Atlanta, GA - August 8, 2022 (Web on Demand) please visit [TCEO](#) and follow these [9 Simple Steps](#) before September 13, 2024.

Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CEs obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

Thank you!

epic@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

