

Inclusive and Empathetic Language Use Guidelines

Language is a powerful tool. The way we talk about people and communities facing barriers has a tremendous impact on the way they are viewed in our society. Words can either empower people and affirm the value of diversity and difference, or demean them and perpetuate the stigma they already face.

Referring to people as the vulnerable, the poor, the homeless, drug addicts, mentally ill, disabled, etc., is common in policy documents, media and our own communications. Unlike derogatory terms or slurs, these words are not meant to be intentionally harmful. More often than not they are used out of convenience or convention. That doesn't mean this kind of language doesn't have harmful effects.

Reducing human beings to their medical or social conditions contributes to the othering of people and whole communities. The resulting stigma leads to discrimination and reluctance on the part of people facing barriers to access supports and services, which in turn exacerbates existing health inequities. Negative public perception of certain groups also results in lack of support for the policy changes required to create a more equitable and just society.

The first step to advancing our policy agenda, transforming the health system, and ensuring the best possible health and wellbeing for everyone in Ontario is to shift the conversation and create a new narrative. This narrative should be rooted in respect and appreciation for our differences. It should reaffirm the intrinsic value of every person in our society regardless of their social or medical circumstances. That's why words matter. Proper language use is not about political correctness. It is a matter of health equity and social justice.

The guidelines provided below are in no way complete. We acknowledge that language is constantly evolving. The words and terms that are acceptable today may be rejected in a few years. This document is meant to encourage Alliance employees to be more thoughtful writers, deliberate in their language choices, and to help prepare them to take responsibility for the words they use.

Guidelines

- **Don't reduce people to their social or medical conditions:** avoid referring to people as the homeless, the poor, the disabled, the drug user, etc. Homelessness, poverty, disability or drug use are only one aspect of people's lives. They are also parents, children, friends, artists, writers, professionals, workers, and so on. When we use the adjective that describes their social or medical condition and turn it into a noun to refer to people, we erase the other facets of their lives and rob them of their humanity.
- **Use people-first language.** The concept of "person-first language" emerged among disability advocacy groups in the 1980s. The movement's objective was to use language in a way that allowed people with disabilities and/or particular diagnoses to reclaim their agency, autonomy, and personhood in the face of stigma and dehumanization. The rule is to put the word "person" first, before the disability or condition, in order to emphasize that those being referred to are people first, not just diagnoses or disabilities. In addition, when we put an adjective before the noun, for example a disabled person, it implies that the whole person is disabled, which is usually not the case. That is why "a person with disabilities" is a preferred term. The concept person-first language has since grown beyond the disability community and can be used when referring to many groups facing barriers. So try using "people experiencing homelessness" or "people living in the streets" instead of "the homeless," "a person living below the poverty line" instead of "the poor," "people who use drugs" instead of "drug users."
- Our aim should be to **shift focus from people to the systems that create inequities**. When we call people vulnerable or at-risk, it implies there is something inherently wrong with them and because of that, they cannot deal with their life circumstances. We know that it is government policies that make people vulnerable to poverty, food insecurity, inadequate housing, and at risk of poor health. So it makes more sense to say "people made vulnerable to poverty", "people disadvantaged by the system", "communities facing barriers" or to talk directly about policies that put people at risk of poor health.
- Be as specific as possible. Quite often we refer to large, generic groups of people when we mean much smaller communities. Using specific and clearly defined terms will help get the message across as well as avoid lumping different groups of people together. Try to specify who you mean by disabled people: is it people with mobility issues, deaf people, etc. When you talk about at-risk youth, do you mean youth living in inner suburbs, youth from families living on low incomes, newcomer youth, etc.?

- **Avoid judgmental language**. Do not use language that carries judgmental undertones, i.e., normal, clean, dirty, or words that victimize people, i.e., victim, afflicted, restricted, stricken, suffering, etc. Don't call someone brave, heroic or a fighter simply for living with disability or dealing with a disease. Instead, use neutral terms: deal with, live with, manage, or have.
- **Avoid war metaphors and combatant language**, such as: fighting, combatting, war on the virus, frontline defense, mobilizing, etc. Military language often leads to portraying people who are sick as an enemy. Healing and war are inherently in opposition. The use of militaristic metaphors and violent language undermines the efforts to humanize healthcare.
- **Avoid ableist language**. Disability metaphors abound in our language, and they usually have a negative connotation, for instance: economy crippled by debt, blind to the suffering of other people, crazy to do it, etc. Ableist language perpetuates negative and disempowering views of disabled people and therefore should not be used. Instead, employ your imagination or refer to a thesaurus (<u>thesaurus.com</u>) and try to find a more appropriate word for what you are trying to say.
- Remember the new golden rule: Treat people the way they want to be treated. When in doubt, don't be afraid to ask people how they would like to be referred to. And always respect an individual person's preference for identifying or describing themselves, even if that is not what the majority in a community prefers, or if it deviates from this style guide.

Glossary

Avoid	Try instead
Vulnerable populations, at-risk populations,	People and communities facing barriers
our most vulnerable, at-risk people	People disadvantaged by the system
	People made vulnerable by inadequate
	policies
	People put at risk of poor health by
	inadequate policies
Poor people, the poor	People experiencing poverty
	People living under the poverty line
Homeless people, the homeless	People experiencing homelessness
	People without a home
	People living on the streets
Low-income people	People living on low incomes
The uninsured	People without medical insurance
Ontarians, Canadians, citizens	People living in Ontario
	People living in Canada
Undocumented, illegal, unauthorized,	People without legal status
unlawful, alien	

Avoid	Try instead
Offender, convict, criminal	Person with a criminal record
	Convicted person
Mentally ill	People with mental health issues
	People with a mental illness
Disabled people	People with physical/mental/intellectual
	disabilities
Physically challenged, handicapped	People with a physical disability
Confined to a wheelchair	Uses a wheelchair
Suffer from bipolar disorder	Diagnosed with bipolar disorder
Normal	People without disabilities
Stroke victim	Person who had a stroke
Drug addict, drug user, junkie	Person who uses drugs
	Person with substance use disorder
Clean	Person who has stopped using drugs
Dirty	Actively uses drugs
	Positive for drug use
Addiction	Substance use disorder
Drug habit	Problematic drug use
Fight, combat, struggle, counter	Deal, address, manage
Frontline staff	Front-facing staff
Trans/transgender (as a noun)	Trans woman, transgender man
Born male, biologically female	Sex assigned at birth
Sex reassignment surgery	Gender confirming surgery
Sex change surgery	