

CLIN-STAR INCLUSIVE LANGUAGE GUIDE AND DEIA RESOURCES FOR RESEARCHERS

Clin-STAR is committed to diversity, equity, inclusion, and accessibility—keys to ensuring equitable healthcare access and outcomes for older adults. Everyone’s voice matters, and embracing inclusive language is an important aspect of creating a space where everyone feels invited, recognized, and valued. By using inclusive language, we contribute to fostering an environment that values the diverse experiences and contributions of individuals and groups in research, academia, and patient care. The entire scientific community benefits when researchers, clinicians, research participants, and patients of different backgrounds, cultures, sexual orientations, abilities, and disabilities interact positively to improve health.

Clin-STAR Inclusive Language Reference Guide

Clin-STAR offers this Inclusive Reference Language Guide to provide you with language guidance and access to a collection of resources that explores respectful and identity-affirming language. The resources included in this guide delve into descriptors related to age, gender, sexual orientation, race, ethnicity, and immigration status, as well as to diverse degrees of physical and mental health. These resources, carefully selected from reputable organizations and academic institutions, provide a wealth of knowledge, insights, diverse perspectives, and best practices across the spectrum of inclusive language use. We encourage you to be aware of and use inclusive language in both written and oral communications within your organizations, presentations, teaching, and patient care.

In addition, Clin-STAR and this guide serve as a gateway to a broader network of resources, promoting ongoing dialogue and education. We invite you to explore these resources and continue your journey toward creating welcoming and inclusive research initiatives and patient care.

NOTE: The inclusion of external resources does not imply endorsement of all content within them. We encourage critical thinking and exploration of multiple perspectives as part of the learning process.

Guiding Principles

The following principles serve to foster an inclusive and respectful environment in both research and patient care. Their overall objective is to promote dignity, diversity, and person-centered approaches, ensuring that individuals are seen and treated holistically while recognizing their unique identities and experiences.

- Recognize that identity is personal: Every individual has the right to describe themselves as they wish. Respect and consistently use individuals' self-identified terms.
- Be kind and affirming:
 - Use person-first language: Such language prioritizes the person over their attributes. For example, refer to a "person with a substance use disorder" instead of "addict."
 - Avoid labels: Instead of using stigmatizing labels, describe situations objectively and without judgment. For example, instead of saying a patient was "noncompliant," use "did not complete treatment" or "stopped taking medication."
 - Use asset-based language: Focus on individuals' strengths and assets rather than solely highlighting deficits or challenges. Emphasize positive aspects and available resources.
- Respect privacy and autonomy: Not everyone wishes to share their identity or personal information. Create a safe space that enables individuals to choose the extent to which they disclose such information.
- Ask for preferred language: When interacting with individuals for the first time, express your intention to use respectful language and ask how they prefer to be referred to. Respect their preferences and be open to correction.
- Be specific and clear: Avoid using vague terms or generalizations. Specify relevant details or descriptors when necessary, without assuming that your own identity is the norm.
- Be thoughtful and intentional: Consider the appropriateness of mentioning a person's race, physical attributes, or other personal characteristics. Be mindful of potential biases and use discretion when deciding to include such information in documentation.

DEIA Terminology

The following are some basic definitions of commonly used DEIA terms and resources to learn more.

- **Health disparities** occur when groups defined by race, ethnicity, immigrant status, disability, sex, gender, income, or geography experience poorer health outcomes than the general population.
<https://prevention.nih.gov/research-priorities/health-disparities>
- **Health equity** is the principle underlying the continual *process* of assuring that all individuals or populations have optimal opportunities to attain the best health possible. Applying the principle of health equity requires that barriers to promoting good health are removed and resources are allocated among populations and/or communities proportional to their need(s).
<https://www.nimhd.nih.gov/resources/understanding-health-disparities/health-equity.html>
- **Health literacy** is the ability of individuals to access, comprehend, evaluate, and utilize health information and services to make informed decisions and take appropriate actions for the promotion and maintenance of their own health and well-being.

<https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/health-literacy>

- **Structural racism and discrimination** refers to macro-level conditions (e.g., residential segregation and institutional policies) that limit opportunities, resources, power, and well-being of individuals and populations based on race/ethnicity and other statuses, including but not limited to gender, sexual orientation, gender identity, disability status, social class or socioeconomic status, religion, national origin, immigration status, limited English proficiency, physical characteristics, or health conditions.
<https://www.nimhd.nih.gov/resources/understanding-health-disparities/srd.html>
- **Implicit/unconscious bias** is a form of bias that is automatic and unintentional, yet nevertheless affects judgments, decisions, and behaviors.
<https://diversity.nih.gov/sociocultural-factors/implicit-bias>
- **Microaggressions** are everyday verbal, nonverbal, and environmental slights, snubs, or insults—whether intentional or unintentional—that communicate hostile, derogatory, or negative messages to individuals based solely on being part of a marginalized group.
<https://diversity.nih.gov/sociocultural-factors/microaggressions>

Racial and Ethnic Inclusivity

The following information aims to provide insights into research terminology related to descriptors of race and ethnicity, enabling researchers to choose respectful and affirming language when generally referring to individuals and groups. It is essential to approach the use of these broad terms with sensitivity, cultural awareness, and an understanding of the historical context surrounding them.

- **Black, Indigenous, and People of Color (BIPOC):** People belonging to these groups in society face unique experiences and challenges. Some individuals and groups have embraced this descriptor, while others may feel alienated or unrecognized by it. The National Institutes of Health (NIH) recognizes that "people of color" is also widely used, but this term may not adequately capture the diverse experiences within these communities. Researchers and clinicians should be mindful of using specific descriptors when known or relevant to ensure inclusivity and accuracy in representation.
- **Underrepresented:** The term "underrepresented" or "members of underrepresented groups" is appropriate and preferred, particularly when specificity and accuracy cannot be maintained. The NIH defines underrepresented individuals or groups as those whose representation in specific fields, including biomedical research, is disproportionately low relative to their presence in the overall population. For example, appropriate terminology would be that Black students and/or transgender students are "underrepresented in medicine (or dentistry)," and an appropriate reference would be "A goal of the scholarships is to provide financial support to students identifying with underrepresented groups."

Note: The NIH acknowledges the complexity of diversity within racial and ethnic groups, and not all individuals of color are necessarily underrepresented in specific fields.

Language to Avoid/Consider

- Do not use language that indicates blaming. For example, “The patient ‘failed’ treatment” puts the patient at fault for lack of efficacy. *Instead, say “Treatment was ineffective” or similar.*
- Avoid abbreviations (e.g., AANHPI, for Asian American Native Hawaiian Pacific Islander) because they are unlikely to be understood by a global audience. *If such abbreviations must be used, they should be defined on first use and/or reserved only for complicated tables.*
- Avoid describing individuals or groups using colors (e.g., brown, yellow). Color terms may be less inclusive than intended, or considered pejorative or a slur. *Instead, use specific terms, such as Black, Asian American, Indigenous, etc.*
- Avoid biological explanations for healthcare disparities or inequities between racial and ethnic groups; recognize the intersectionality of many sociodemographic and systemic factors that may be associated with such disparities and inequities.
- Do not use “non-White” (instead, indicate specific groups, such as eastern European, Black, Asian American, etc). *If there is a reason for classifying this way, authors will be asked to justify and explain.*

DEIA Principles in Research Design

Clin-STAR aims to support a research environment that fosters inclusivity, accuracy, and fairness in referencing and communication.

- **Terminology:** Use "sex" to refer to biological factors and "gender" to discuss identity or psychosocial/cultural factors. Clearly define these terms to ensure clarity and understanding.
- **Information gathering:** Explain the methods used to collect information on sex and gender within your research. This promotes transparency and helps readers understand how these factors were assessed and incorporated into the study.
- **Participant distribution:** Report the distribution of study participants or samples based on sex and gender. This provides a comprehensive view of the population under study and helps identify potential differences or disparities among different groups.
- **Inclusive data reporting:** Ensure that data are reported for all participants, not just the category representing the majority of the sample. This inclusive approach avoids overlooking important findings or disparities that may exist within smaller subgroups.
- **Outcome reporting:** Whenever possible, report all main outcomes by sex (or gender, if appropriate) in research reports. This enables researchers and readers to assess potential differences, similarities, or nuances in outcomes across different sexes or genders.
- **Grant applications:** Historically, implicit bias has been a major issue in grant applications. Examples include women being described as supportive, helpful, etc, and men being

described as leaders, innovators, etc. Researchers preparing grant applications should be especially aware of using bias-free language.

- **White papers and reviews:** Use sex-neutral terms that do not favor one gender over another. This promotes inclusivity and helps avoid potential biases or assumptions.

Age and Ability

Ageism is discrimination based on age. Clin-STAR offers the following advice based on the key references to age and ability in the guidance from the American Geriatrics Society (see Resources, below).

- Refer to individuals aged 65 and older as "older adults," "older persons," "older people," "older patients," or "older individuals."
- Avoid using the terms "elderly," "seniors," "aging dependents," etc, that connote and/or perpetuate age stereotypes.
- When describing age in studies, always provide specific age ranges (e.g., "older adults aged 75–84 years") or specific categories (e.g., "older adults over age 65"). Avoid defining age groups as "young-old," "old-old," or similar.
- Avoid using terms that connote stereotypes and discrimination or suggest helplessness when discussing disabilities or disease. Examples include "victims," "afflicted with," "suffering from," "stricken with," or "maimed."
- Likewise, avoid euphemistic descriptions such as "physically challenged" or "special."
- Use neutral and inclusive person-first language when discussing disabilities or disease. For example, refer to "patients with diabetes" instead of "diabetics" or "individuals with epilepsy" instead of "epileptics." Emphasize improving social contexts and finding creative solutions for all individuals to thrive.

DEIA Resources for Specific Situations

Resources for General Reference, Research, and Teaching (Publications and Presentations)

- [A Call to Action to Enhance Justice, Equity, Diversity, and Inclusion](#)
- [Advancing Health Equity: A Guide to Language, Narratives and Concepts](#)
This document includes many useful tables relating to various areas of health equity.
- [Current Guidance on Inclusive Language for Medical and Science Journals](#)
- [AGS/JAGS Guidance on Terminology to Use when Reporting on Age, Race, and Ethnicity](#)
- [Inclusive Language Guidelines \(APA\)](#)
- [AGHE Teaching Brief and resources](#)
- [The scientific community: Diversity makes the difference - Understanding Science \(berkeley.edu\)](#)

- [Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals](#)

Resources for Investigators Conducting DEIA Research

- [NIA Butler-Williams Scholars Program](#)
- [NIA Resource Centers for Minority Aging Research \(RCMAR\)](#)
- [NIH Office of the Director, Chief Officer for Scientific Workforce Diversity](#)
- [Black in Gerontology and Geriatrics](#)
- [National Hispanic Medical Association](#)

Special Interest Groups

- [Clin-STAR DEIA Special Interest Group](#)
- [American Geriatrics Society](#)
 - Achieving Health Equity Among Diverse Older Adults (AHEAD)
 - Ethnogeriatrics
 - Needs of Older Gay and Lesbian, Bisexual and Transgender Persons

Resources for Grant Writing

- <https://blog.grantadvisor.org/adopt-an-asset-based-framework-in-grantmaking-and-grantwriting/>
- <https://agsjournals.onlinelibrary.wiley.com/hub/journal/15325415/forauthors.html>
- <https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines>
- [NIA Health Disparities Research Framework](#)
- [Reframing Aging](#)
- [AGS – Intersection of structural racism and ageism initiative](#)
- [Recruiting Older Adults into Research \(ROAR\) Toolkit](#)
- [NIMHD: Diversity and Inclusion in Clinical Trials](#)
<https://recruit.ucsf.edu/diversity-research-participation-why-its-important>
- Clinical Trials and Older Adults – Strategies to Drive Older Adult Participation
 - <https://www.geron.org/programs-services/alliances-and-multi-stakeholder-collaborations/clinical-trials-and-older-adults>
 - Gaillard T, Felber Neff D, Webb FJ. Recruitment and retention of culturally diverse older adults into aging research: investigation planning to explore intergenerational influence. *Alzheimer's Dement.* 17: e053162. <https://doi.org/10.1002/alz.053162>
 - Petrovsky D, Doãn L, Loizos M, et al. Key recommendations from the 2021 “inclusion of older adults in clinical research” workshop. *J Clin Translational Science.* 2022;6(1):E55. doi:10.1017/cts.2022.1
- Understanding and engaging with diverse communities
 - [SAGE LGBTQ + Aging](#)
 - [National Caucus and Center on Black Aging, Inc](#)

- [National Resource Center on Native American Aging](#)
- [National Indian Council on Aging](#)
- [National Resource Centers on Native American Elders](#)
- [National Asian Pacific Center on Aging](#)
- [National Hispanic Council on Aging](#)
- [National Association for Hispanic Elderly/Asociacion Nacional Pro Personas Mayores](#)

Resources for Mentoring Relationships

- [The Science of Effective Mentoring in STEMM \(NASEM\)](#)
This report defines mentorship as *“a professional, working alliance in which individuals work together over time to support the personal and professional growth, development, and success of the relational partners through the provision of career and psychosocial support.”*
- [Implicit Bias Training \(NIH\)](#)
- [Unconscious Bias Course \(NRMN\)](#)
- [Responsible Mentoring of Researchers \(APA\)](#)