

Inclusive Language Spotlight Series

Contents

- ▶ Age slides 3-11
- ▶ Minority slide 12-13
- ▶ Inclusive Images slides 14 and 15
- ▶ Accessibility slide 16
- ▶ Compliance vs Adherence
- ▶ Provider

Inclusive Language Spotlight - Age

Discussing Age in an Inclusive Manner in the Literature

- ▶ AMA
- ▶ C4DISC

AMA Manual of Style Guidance on Age

6

- ▶ “**age, aged, school-age, school-aged, teenage, teenaged** — The adjectival form *aged*, not the noun *age*, should be used to designate a person’s age. Similarly, *school-aged* and *teenaged* are preferred to *school-age* and *teenage*. However, a precise age or age range should be given whenever possible
 - ▶ The patient, aged 75 years, had symptoms of mild cognitive impairment.
 - ▶ *Alternative*: The 75-year-old patient had symptoms of mild cognitive impairment.
 - ▶ The US Preventive Services Task Force recommends chlamydia and gonorrhea screening for all sexually active **women younger than 25 years (including teenaged girls)**, even if they are not engaging in high-risk sexual behaviors.
- ▶ “**Note**: In some expressions regarding age, it is redundant to add of age after the number of months or years because it is implied in the adjectives younger and older.
 - ▶ Influenza vaccination is not recommended **for infants younger than 6 months.**”
- ▶ Reference: Section 11.1, Correct and Preferred Usage of Common Words and Phrases, AMA Manual of Style, 11th Edition;
<https://academic.oup.com/amamanualofstyle/book/27941/chapter/207567296?login=false#med-9780190246556-chapter-11-div1-28>

AMA Manual of Style Guidance on Age

- ▶ Use specific terms to refer to a person's age.
- ▶ *Neonates* or *newborns* are persons from birth to 1 month of age.
- ▶ *Infants* are children aged 1 month to 1 year (12 months).
- ▶ *Children* are persons aged 1 to 12 years.
 - ▶ Sometimes, children may be used more broadly to encompass persons from birth to 12 years of age. They may also be referred to as *boys* or *girls*.
- ▶ *Adolescents* are persons aged 13 through 17 years. They may also be referred to as *teenagers* or as *adolescent boys* or *adolescent girls*, depending on context.
- ▶ *Adults* are persons 18 years or older and should be referred to as *men* or *women*.
 - ▶ Persons 18 to 24 years of age may also be referred to as *young adults*.
- ▶ NOTE: If the age of an individual patient is given, it may be expressed as a mixed fraction (eg, 6½ years) or as "6 years 6 months." However, when age is presented as a mean, use the decimal form: 6.5 years (see 19.4.1, Study Design and Statistics, Significant Digits and Rounding Numbers, Significant Digits).
- ▶ Whenever possible, a patient should be referred to as a man, woman, boy, girl, or infant.
 - ▶ Occasionally, however, a study group may comprise children and adults of both sexes. Then, the use of *male* and *female* as nouns is appropriate. *Male* and *female* are also appropriate adjectives.

AMA Manual of Style Guidance on Age

- ▶ Discrimination based on age (young or old) is ageism. Because terms like *seniors*, *elderly*, *the aged*, *aging dependents*, *old-old*, *young-old*, and similar "other-ing" terms connote a stereotype, avoid using them.
 - ▶ Terms such as *older persons*, *older people*, *older adults*, *older patients*, *older individuals*, *persons 65 years and older*, or the *older population* are preferred.
 - ▶ Use *older adults*, a term less likely to connote discrimination and negative stereotypes, when describing individuals 65 years old and older.
- ▶ Note: In studies that involve human beings, age should always be given specifically (eg, "older people aged 75 to 84 years" or "children younger than 12 years")
- ▶ *Adultism* is a form of ageism in which children and adolescents are discounted.
- ▶ Reference: Section 11.12.4, Age and Sex Referents, AMA Manual of Style, 11th Edition;
<https://academic.oup.com/amamanualofstyle/book/27941/chapter/207567296?login=false#med-9780190246556-chapter-11-div1-28>

C4DISC Guidance on Age

- ▶ Cites the AMA age classification and adds the following
 - ▶ **Young adults:** 18 to 24
 - ▶ **Older adults:** 60 years or older
- ▶ Avoid suggesting stereotypes when describing age, including the following words meant to imply a specific age or age range:
 - ▶ Childish, immature, youngster
 - ▶ emerging adult
 - ▶ geriatric (unless in the phrase “geriatric medicine” or similar instances)
 - ▶ infirm
 - ▶ medieval
 - ▶ middle-aged
 - ▶ Dated, old lady/man, the aged, the elderly, the old
 - ▶ senile (unless talking about the specific medical condition of senility)
- ▶ Reference: Age, C4DISC,
<https://c4disc.pubpub.org/pub/xlb2822t/release/1?readingCollection=8dea2bef>

C4DISC Guidance on Age

10

- ▶ Ageism can be countered by changing how aging is discussed or described in scholarly literature:
 - ▶ Usually, there's no need to refer to a person's age. When the need does arise, use a person's specific age number rather than an age range to avoid stereotypes or negative connotations .
 - ▶ Whenever possible, ask a person about their preferred terminology regarding age, such as "senior" versus "older adult."
 - ▶ Avoid ages to suggest stereotypes of a life stage, e.g., teenager, tween, or oldster.
 - ▶ Avoid language that patronizes, sentimentalizes, distorts, or characterizes people based on their age.
 - ▶ Do not assume that older individuals live with a disability due to age.
- ▶ Reference: Age, C4DISC,
<https://c4disc.pubpub.org/pub/xlb2822t/release/1?readingCollection=8dea2bef>

C4DISC Guidance on Age

- ▶ For formal research, age should be reported as part of the description of participants in the paper's methodology section. Specific age ranges with means and medians should be given instead of descriptions like "younger than 18 years" or "older than 65 years" (American Psychological Association).

Avoid	Preferred
Descriptions of age that suggest ability or a deficit, such as describing someone as a teenager, elderly, aged, senior, senior citizen, dependent, etc.	A specific age if known, otherwise a general description if required, such as early career or primary school age
Geriatric	Geriatrics is the field of study of the health of older people; do not use to refer to a person
Senile, senility	<u>Dementia</u> , person with dementia, a person with dementia due to Alzheimer's disease
Social security recipient, social security beneficiary	People who are receiving social security and specify why (e.g., older than age 62, due to a <u>disability</u>)

Medicare recipient, Medicare beneficiary	People who receive Medicare and specify why (e.g., older than age 62, due to a disability)
Age	Identify age only if relevant and necessary for the text in context to the overall paper
Elderly, elders, the aged, aging dependents, senior citizens	Older adults, older people, persons aged 65 and older, an older population

- ▶ <https://c4disc.pubpub.org/pub/xlb2822t#nvn3m5ns6k4>
- ▶ Reference: Age, C4DISC, <https://c4disc.pubpub.org/pub/xlb2822t/release/1?readingCollection=8dea2bef>

Use of the Term *Minority*

When and how should it be used

JAMA Guidance on Use of the Term “Minority”

- ▶ “Avoid use of *minority* and *minorities* as nouns as they may be inaccurate or stigmatizing.
 - ▶ “Instead, include a modifier when using the word *minority* and do not use the term as a stand-alone noun, for example, *racial and ethnic minority groups* and *racial and ethnic minority individuals*.”
- ▶ “Terms such as *underserved populations* (eg, when referring to health disparities among groups) or *underrepresented population* (eg, when referring to a disproportionately low number of individuals in a workforce or educational program) may be used provided the categories of individuals included are defined at first mention.
- ▶ “The terms *minoritized* and *marginalized* may be acceptable as adjectives provided that the nouns ‘hat they modify are included (eg, ‘racial and ethnic minoritized group”).”
- ▶ Reference - <https://jamanetwork.com/pages/inclusive-language>

Inclusive Images

- ▶ Inclusive images
 - ▶ Include a variety of people
 - ▶ Portray people respectfully
 - ▶ Disrupt stereotypes
- ▶ Choosing images? Ask several questions to avoid bias
 - ▶ Who is missing or excluded ?
 - ▶ Who has historically been missing or excluded from this type of content?
- ▶ Reference -
C4DISC <https://c4disc.pubpub.org/pub/weuvm132/release/1?readingCollection=8dea2bef>

Inclusive Images

- ▶ Inclusive images
 - ▶ Evaluate **each image** on its own to identify problematic patterns
 - ▶ Also evaluate **the entire project** to identify problematic patterns
 - ▶ Eg. Images of people of color should not be consistently shown in a less important sidebar instead of the main text
 - ▶ Objects of cultural or religious significance
 - ▶ Treat them respectfully
 - ▶ Should be appropriate for the context
- ▶ Consider diversity in images when parts of people (such as hands) are shown
- ▶ Further detailed guidelines can be found on the C4DISC site
- ▶ Reference -
C4DISC <https://c4disc.pubpub.org/pub/weuvm132/release/1?readingCollection=8dea2bef>

Inclusive Language Spotlight - **Accessibility**

Accessibility

- ▶ Definitions
- ▶ Web Content Accessibility
- ▶ Common Problems
- ▶ Resources for Creating Accessible Content

Definitions

- ▶ Web Content Accessibility
 - ▶ Ensuring that **persons with disabilities** are able to have access to information such as reading material, communication technology, and systems on an equal basis with others
 - ▶ **Effect of Disabilities** – hinders full and effective participation in society on an equal basis with others
 - ▶ Web-based content that persons with disabilities can perceive, understand, navigate, interact with, and contribute to
- ▶ Accessibility features
 - ▶ Any accessible technology, assistive technology, and specialty software built in or added on to products
 - ▶ Make technology easier to use by meeting a user preference, need, or facilitating user interaction with the technology
- ▶ Accessible formats
 - ▶ Include large print, text-to-speech, oral presentation, electronic files compatible with screen readers, captioned or signed videos for persons with hearing impairments, icons, animation
- ▶ Reference: CBM Digital Accessibility Toolkit

Web Content Accessibility Guidelines

- ▶ an international standard for website accessibility that specifies testable “success criteria” for three compliance levels (A, AA, or AAA).
 - ▶ A is for basic level accessibility and AAA is for the highest
- ▶ The web content accessibility guidelines can be found on [World Wide Web Consortium \(W3C\) website](#).
- ▶ Reference: CBM Digital Accessibility Toolkit - https://www.cbm.org/fileadmin/user_upload/Publications/CBM-Digital-Accessibility-Toolkit.pdf

Common Digital Accessibility Problems

- ▶ Making important information hard to find
- ▶ Poor color contrast
- ▶ Missing alternative text for images
- ▶ **Solutions**
 - ▶ Good design
 - ▶ Use free online evaluation tools
 - ▶ Consult with persons with disabilities
 - ▶ Conduct usability testing with a diverse group of participants to understand the problem
- ▶ Reference: CBM Digital Accessibility Toolkit - https://www.cbm.org/fileadmin/user_upload/Publications/CBM-Digital-Accessibility-Toolkit.pdf

Resources for Creating Accessible Content

- ▶ Web Accessibility
 - ▶ Web design (p.24-29, 36, 39)
 - ▶ Web accessibility checkers (p.40)
 - ▶ CAPTCHA alternatives (p.43)
 - ▶ Online forms (p.42)
- ▶ Email (p.35)
- ▶ Working with PDFs (p.24-26, 34-36)
- ▶ Videos (p.30)
- ▶ MS Word (p.24-26, 31, 36), Excel (p.32), PowerPoint (p.33,36)
- ▶ Conference calls (p.41)
- ▶ Business cards (p.37)
- ▶ Reference: CBM Digital Accessibility Toolkit - https://www.cbm.org/fileadmin/user_upload/Publications/CBM-Digital-Accessibility-Toolkit.pdf

Inclusive Language Spotlight – Compliance v Adherence

Comply, Compliance, Compliant

- ▶ DFRR-2023-00017 – patient reviewer uses the word compliance on the feedback form, may not see it as a word to be corrected
- ▶ DFRR-2023-00006 – patient reviewer identifies the use of the word compliant as an inclusive language error to be corrected

Meaning and Etymology of Compliance

pliable (adj.)

late 14c., "easy to be bent, readily yielding to force or pressure without rupture," from Old French *plioiable* "flexible, bendable," from *plier* "to bend," from Latin *plicare* "to fold, lay" (from PIE root ***plek-** "to plait"). The figurative sense of "flexible in disposition, readily yielding to influence or argument" is by late 15c. Related: *Pliably*, *pliability*.

also from **late 14c.**



pliant (adj.)

late 14c., *pliaunt*, "capable of being easily bent, flexible, supple," from Old French *plioiant* "bending, supple; compliant, fickle," as a noun, "turncoat" (13c.), present participle of *plioier* "to bend," from Latin *plicare* "to fold, lay" (from PIE root ***plek-** "to plait"). Figurative sense of "readily influenced (for good or ill), easily persuaded" is from c. 1400. Related: *Pliancy*.

also from **late 14c.**



Meaning and Etymology of Compliance

compliant (adj.)

"yielding to desire, ready to accommodate," 1640s, from **comply** + **-ant**.

also from **1640s**

Entries linking to *compliant*

comply (v.)

early 14c., "to carry out, fulfill" (transitive), probably from Old French *compli*, past participle of *complir* "to accomplish, fulfill, carry out," from Vulgar Latin **complire*, from Latin *complere* "to fill up," transferred to "fulfill, finish (a task)," from *com-*, here probably as an intensive prefix (see **com-**), + *plere* "to fill" (from PIE root ***pele-** (1) "to fill").

Intransitive sense of "to consent, act in accordance with another's will or desire" is attested from c. 1600 and might have been influenced by **ply** (v.2), or perhaps it is a reintroduction from Italian, where *complire* had come to mean "satisfy by 'filling up' the forms of courtesy" (compare **compliment** (n.)).

◀ Not patient-centered language

Did the intervention seem feasible to you and other patients?

- ▶ “Patient consent and participation were adequately described in the paper. The intervention was primarily **perioperative use of topical antiseptic**, so does not demand active patient **compliance** to any particular practice.”

--- patient reviewer 1

Patient Reviewer 2, DFRR 2023-####

Throughout: the use of the word "compliant" assumes that patients are obligated to follow their doctor's recommendations or treatment.

I'm wondering if the word "adhered" would be better as patients are not beholden to the recommendations of their physicians.

The point of patient-centered care is to recognize that patients and providers work together to achieve optimal outcomes; the word "comply" is very specific to power dynamics where one person passively follows the directions of another, whereas "adherence" means that one makes an active choice to follow the recommendations of their physician.

There's a lot of literature around the use of "compliance" versus "adherence"; one concern I have is that *measuring simple compliance may not examine the WHY of when a patient does not follow the recommended course of treatment.*

Are there barriers to adherence that the patient cannot control? Your summary does some question asking between 1305 and 1349 that I think is more an issue of adherence than simple compliance

Consider Contextual Factors

- ▶ “[Intervention] completion: Many factors can contribute to incomplete or aborted [intervention] plans.
 - ▶ There may be system and provider barriers (eg, ineffective communication from the health care team,
 - ▶ inadequate support for managing side effects, systemic discrimination) and individual patient barriers
 - ▶ (eg, lack of family/community support,
 - ▶ lack of financial resources/insurance,
 - ▶ time constraints,
 - ▶ lack of transportation,
 - ▶ other barriers related to social determinants of health).”

-----NCCN Language Guidance: Sensitive, Respectful, and Inclusive Language for NCCN Publications, https://www.nccn.org/docs/default-source/about/nccn-guidance-on-inclusive-language.pdf?sfvrsn=53c8c78f_1

Adherence:

The Patient-Centered Inclusive Alternative

- ▶ **“The term non-compliance** is commonly used, but **implies that patients should passively comply with instructions** and suggests blame on the patient if the [intervention] does not work. It also places blame on individuals for what may not be an individual patient barrier.”
- ▶ “Non-adherence may be better since it implies that the patient
 - ▶ “can be involved in formulating the [intervention] plan,
 - ▶ “is not solely responsible if the [intervention] plan is not followed,
 - ▶ “and can contribute to solutions to overcome difficulties.”
 - ▶ Even so, where possible authors could be encouraged to “include discussions on barriers to [intervention] completion ... —and on possible solutions—rather than use the term non-adherence.”
- ▶ NCCN Language Guidance: Sensitive, Respectful, and Inclusive Language for NCCN Publications, https://www.nccn.org/docs/default-source/about/nccn-guidance-on-inclusive-language.pdf?sfvrsn=53c8c78f_1