

Introduction to the ACT Center's Checklist for Inclusive Communications

What you should know before using this checklist

- The Center for Accelerating Care Transformation ([ACT Center](#)) created this checklist in 2023 to support our goal of **advancing equity in health care research**. The ACT Center is part of Kaiser Permanente Washington Health Research Institute ([KPWHRI](#)) and oversees the [Learning Health System Program](#) at Kaiser Permanente Washington.
- The checklist is **customized for a health care research environment**, with emphasis on communications to health care collaborators, patient partners, the scientific community, and the general public. It provides **guidance on language and image choices** to help promote inclusivity in organizational and project-specific communications.
- Your organization is **welcome to use this checklist** as you develop specific communications or to adopt it for standard use in your organization. You can also feel free to adapt it to fit your needs and setting.
 - **If you choose to adopt the checklist (with no changes)** for use in your organization, please retain the ACT Center copyright statement below.
 - **If you choose to adapt this checklist** for your particular setting, please include the following attribution in your materials:
 - “This resource was adapted from the [Checklist for Inclusive Communications](#) developed by the Center for Accelerating Care Transformation ([ACT Center](#)).”
 - To request a modifiable version of this checklist (in Microsoft Word) to adapt for your organization, please email us at act-center@kp.org.
- The ACT Center will **review this checklist annually** and post updated versions in the [ACT Center resource library](#). If you have feedback or ideas for improving the checklist, please email us at act-center@kp.org.

Learn more about the ACT Center

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Contact us: act-center@kp.org

Interested in other tools to support equitable health care research?

Check out our [Project Lifecycle List on Integrating Health Equity](#)

When and how to use the checklist

Use this checklist before finalizing external communications products, including:

- Blogs, newsletters, and website content
- Resources for and communications with patients and care teams
- Reports, papers, and presentations

Specific steps:

1. Make a plan within your project team for **how and when you will use the checklist**, including who will be involved in drafting and reviewing content.
2. Before drafting your content, **review the key principles and examples below** to get oriented to the best practices that guide the checklist.
3. As you draft your content, use the checklist items on pages 2-5 to **review your language, images, and format**. Make edits as needed to resolve each item in the checklist.
4. For some items, you may want to **refer to additional considerations** provided in the sidebar. Use the **linked resources** starting on page 7 to do a deeper dive if you have additional questions.
5. After reviewing, **reflect on the changes you made** as a result of using the checklist.

Key principles and examples

<h3>1. Respect</h3> <p>Describe and depict individuals, populations, and groups of people in a “person-first” way that reflects how they see themselves.</p>	<ul style="list-style-type: none">  Use descriptive language, such as “older adults” and “people who are experiencing homelessness” instead of labels such as “the elderly” and “the homeless.”  Remember that language and preferences continue to evolve and change. Check linked resources in the checklist (and other relevant resources) for updates periodically.  Use images that show people in authentic situations and in a positive light.
<h3>2. Inclusivity</h3> <p>Describe and depict individuals, populations, and groups of people in a way that reflects diversity and doesn’t exclude or stigmatize.</p>	<ul style="list-style-type: none">  Use non-gendered language, such as “pregnant people” instead of “pregnant women” and “children” instead of “boys and girls.”  Avoid false hierarchies and labels that “other” or stigmatize groups — such as “non-white men” or “normal adults.”  Use images that show people of different races, ages, abilities, body sizes, sexual orientations, genders, social statuses, and family compositions (for example, same-sex parents and multigenerational families).
<h3>3. Awareness</h3> <p>Choose your words thoughtfully, format for accessibility, and keep the needs of your audience top of mind.</p>	<ul style="list-style-type: none">  Replace jargon that your audience might not understand with plain language — such as “improve” instead of “ameliorate.” If you must use a specialized term, define it in plain language.  Replace familiar terms that have implications we don’t intend, such as terms that are ableist (“crippling”), imply violence (“take a stab at”), or have racist connotations (“grandfathered in”).  Use adequately sized sans serif font, high-contrast colors, and ample white space. Use bullet points and graphics to clarify or emphasize key points or different ideas. Check for accessibility.

 **Checklist Part 1: Language (items 1 – 7)**

	What to check for	Examples	
<input type="checkbox"/>	1. Specific language to describe people in terms of their ability, age, gender, race/ethnicity, sexual orientation	Use this:	Not this:
		*“Black” (always use with a noun, not “Blacks”)	“African Americans” – unless referring to a specific group who identifies this way
		“[people/person] assigned male/female at birth”	“genetically male/female”
		[name specific groups] or “people of color”	“non-white” or “minorities”
		“Mexican” or “Korean”	“Latinx” or “Asian Pacific Islander”
<input type="checkbox"/>	2. Person-first language to describe people in terms of their social status or their health status/condition(s)	Use this:	Not this:
		“people experiencing homelessness”	“the homeless”
		“people with lower incomes”	“the poor” or “poverty stricken”
		“people who live with chronic illness”	“the chronically ill”
		“people with diabetes”	“diabetics” or “diabetic patients”
<input type="checkbox"/>	3. Language that is broadly inclusive and doesn’t exclude people based on ability, age, gender, race/ethnicity, sexual orientation, or social status	Use this:	Not this:
		“pregnant people”	“pregnant women”
		“spouse” or “partner”	“husband/wife” – unless an individual situation
		“children” or “adults”	“boys and girls” or “men and women”
		“chairperson”	“chairman”
		“they” or “them” (when gender is not specified)	“he or she” or “him or her”
<input type="checkbox"/>	4. Language that doesn’t stigmatize people or label them as “other”	Use this:	Not this:
		“people who live with mental illness”	“mentally ill”
		“people who use opioids to manage pain”	“opioid users”
		“people who are at a high risk of []”	“high-risk patients”
		“LGBTQIA+ [people/communities]”	“homosexuals” or “gay community”

*Many organizations use [Associated Press \(AP\) style](#), which says to to capitalize “Black” and use lower-case “white.” Consider exceptions, such as [these guidelines from NIH](#), which might affect papers for NIH-funded studies.

Be specific. When possible, avoid panethnic terms like “Asian,” “Asian/Pacific Islander,” “Latino/a/x,” “Hispanic,” or “Indigenous.” Use the specific name of an individual’s country/region of origin and/or their Indigenous community or tribe. Define terms with specifics like “people with an annual income under X.”

Always person-first? No. Groups differ in preference for person- or identity-first language. Individuals within a group may self-identify differently than peers. Respect the preference of the individual or group you are referring to. Identity-first language centers what feels like an inherent part of identity. For example, in the autism community, identity-first language (“autistic person”) is more commonly preferred than person-first language (“person with autism”).

Groups that identify around conditions or afflictions often prefer person-first language (“people with diabetes”). In some cases, a community might prefer a term that reads like a label, such as “the Deaf.” [Learn more here.](#)

	What to check for	Examples	
<input type="checkbox"/>	5. Language that appropriately names systems of oppression	<p>Use this:</p> <p>“people facing barriers to access for social supports” or “people who don’t have equitable access to social supports”</p> <p>“people impacted by the criminal legal system” or “incarcerated/formerly incarcerated people”</p> <p>“communities that are underserved by/with limited access to []” or “populations traditionally not well served by the health care system”</p>	<p>Not this:</p> <p>“people unable to meet their social needs”</p> <p>“felons” or “convicts”</p> <p>“vulnerable populations” or “the underserved” or “marginalized”</p>
<input type="checkbox"/>	6. Language that is clear and understandable to the intended audience	<p>Use this:</p> <p>“people who [do/did] the survey”</p> <p>“about”</p> <p>“harmful” or “bad”</p> <p>“the service/program we are testing”</p> <p>“assign to a study group by chance”</p>	<p>Not this:</p> <p>“respondents” or “survey respondents”</p> <p>“concerning” (note this has 2 meanings)</p> <p>“detrimental”</p> <p>“intervention”</p> <p>“randomize”</p>
<input type="checkbox"/>	7. Language that doesn’t reinforce ableism, imply violence, evoke pity, or have racist roots or connotations	<p>Use this:</p> <p>“ignore” or “avoid”</p> <p>“person who experienced/lived through []”</p> <p>“person with a disability”</p> <p>“work to overcome []” or “face the challenge of []”</p> <p>“at the forefront of” or “staff directly serving patients/the public”</p> <p>“partners” or “collaborators” or something more specific — such as “pregnant people and maternal health advocacy groups in Western Washington”</p>	<p>Not this:</p> <p>“turn a blind eye to”</p> <p>“victim”</p> <p>“person afflicted by a disability”</p> <p>“battle” or “combat” or “tackle”</p> <p>“frontline” or “frontline staff”</p> <p>“stakeholders”</p>

When you can’t be specific, be inclusive. Think about how to describe a person or group at the right level of specificity. To avoid objectification, identify a group or an individual as a member of a group only when it is relevant to your message. For example, “LGBTQ+,” “LGBTQIA+,” or “LGBTQ2S+” each capture the diversity of terms to describe sexual identity. The acronym means lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, two-spirit, plus others.

Consider style choices that promote equity. When referencing academic degrees, it’s common to apply both [AP Stylebook](#) and organizational editorial standards. If you are referring to MDs as “Dr.” in subsequent mentions, consider also referring to people who hold a DO, OD, PhD, PsyD, DDS as “Dr.” Another approach is to refer to collaborators by first and last name and their role on the project, rather than their academic degrees. This helps reinforce the message that all colleagues make valuable contributions regardless of academic degree.

Name systems of oppression. Language often reinforces that the onus of being oppressed is on oppressed folks, rather than clearly naming the system of oppression that is actively doing the harm.

 Checklist Part 2: Images and formatting (items 8 – 11)

What to check for	Notes and examples
<p><input type="checkbox"/> 8. Images that show people in authentic situations and in a positive, whole-person perspective.</p>	<p>When possible/appropriate: Ask authors, partners, and collaborators for authentic photos. (Be sure to get any signed photo releases that your organization might require.)</p> <p>When using stock photos: Look for images that convey people in an empowering, multi-dimensional way that highlights their whole person. Avoid showing people in distress or in a way that places emphasis on a single part of their identity, such as their health condition or social situation. For example:</p> <p>Use this:</p>  <p>Not this:</p> 
<p><input type="checkbox"/> 9. Images that reflect diversity in age, race and ethnicity, ability, body size, sexual orientation, gender, social status, and family composition (for example, same-sex parents and multigenerational families).</p>	<p>Look for images that depict diversity as it exists in the real world. For example, choose images showing same-sex couples, multi-racial families, and people with varying gender expressions, body sizes, and physical abilities. Avoid images that look contrived or inauthentic (e.g., a staged “one of each kind” diversity shot, or a scene where everyone looks thin, beautiful, and wealthy). For example:</p> <p>Use this:</p>  <p>Not this:</p> 

	What to check for	Notes and examples
<input type="checkbox"/>	10. Images that help break down false hierarchies or stereotypes	<p>Look for images that counter existing power inequities. For example, choose images showing clinicians of color with white patients, or people with disabilities in active business or leadership roles. Avoid images that reinforce stereotypes, such as showing Black men experiencing homelessness or white men in leadership roles. For example:</p> <p>Use this:</p>  <p>Not this:</p> 
<input type="checkbox"/>	11. Accessible document formatting	<p>Use font size of 11+ for Word documents and 24+ for PowerPoints in a sans serif font like Arial, Avenir, or Calibri. Use one font family, limiting bold text to headings and avoiding italics except for book/journal titles. Use built-in headings and text styles to organize the document with bullet points to synthesize key ideas.</p> <p>Use high-contrast background and text colors, like black and white. Avoid combinations that are difficult to read for people who are color blind. Avoid using color as the only method for distinguishing information. Use adequate margins and line spacing to create space for eyes to rest on the page and distinguish sections.</p> <p>Use the Accessibility Checker in Microsoft Word to review document formatting. Include alternative text with images for people with visual impairment who use a screen reader to understand graphic content.</p>

in Reflection: What changes did you make as a result of using the checklist?

Have feedback or ideas for improving the checklist? Let us know by emailing us at act-center@kp.org.

Resources for a deeper dive: Language

Start by checking your organization’s editorial style guide for standards on inclusive language. Many organizations base their editorial standards on the [Associated Press \(AP\) stylebook](#), and you can search the stylebook for “inclusive language,” or other related topics.

Please note that several resources included in the previous version of this checklist are no longer available, and we anticipate that publicly available resources focused on inclusive communications may become harder to access. If you can't find a detailed resource to guide your language and image choices, remember that being specific is usually the safest and most pragmatic approach.

[APA Bias-Free Language](#)

Includes language recommendations by category, such as age, race, gender, and sexual orientation.

[CDC’s Guiding Principles to Promote an Equity-Centered Approach to Public Health Communication](#)

This paper describes a CDC resource that is no longer publicly available, but it includes a helpful overview of the tips included in the resource. See Box 1, “Applying Key Concepts for Equity-Centered, Inclusive Communications,” on page 3 and guiding principles on page 4.

[Inatai Foundation: Living Language Guide](#)

Guiding principles and glossary of equity and justice-related terms. Follow links associated with terms for more information.

[National Center on Disability and Journalism: Disability Language Style Guide](#)

Covers dozens of words and terms commonly used when referring to disability, with Spanish, Italian, and Russian translations provided.

[PRISM Readability Toolkit](#)

Guidance and tools for using plain language and user-centered formatting. Includes an alternative word list for replacing jargon on page 38.

[Public Health Institute Guides for Inclusive Communication: Making Written Communication Easy to Understand](#)

Information and tools to help businesses, state and local governments, and nonprofits improve their written communication.

[Robert Wood Johnson Foundation \(RWJF\): A New Way to Talk about Social Determinants of Health](#)

Includes lessons, best practices, and recommended language to support better and more persuasive messaging related to social health.

[State University of New York at Buffalo School of Social Work: Inclusive Communications Guide](#)

Includes links to language style guides, best practices for visual communications, and glossaries for inclusive terms.

[University of Wisconsin–Madison Inclusive Language Guide](#)

Guidance and recommendations focused on a list of inclusive terms.

Resources for a deeper dive: Images and formatting

If your organization doesn't already have access to high-quality, downloadable stock images, consider getting an organizational account to help you find inclusive photos and easy-to-understand illustrations. Examples include [iStockPhoto.com](https://www.istockphoto.com) (fee based) and [pexels.com](https://www.pexels.com) (free photo options).

[ACS Inclusivity Style Guide: Diversity and inclusivity in images](#)

Includes links to photo websites that focus on increasing the representation of under-represented groups in photos and illustrations.

[Coloring for Colorblindness](#)

Simulates what a color palette looks like to viewers who are colorblind.

[ECPO: Image Bank](#)

Specific to body-positive images of people who are overweight (free to use with credit to ECPO Media).

[Microsoft: Accessibility Checker](#)

How to use this feature in Outlook, Word, Excel, and PPT to check for accessibility errors, and warnings. Provides tips and recommendations.

[Microsoft: Add alternative text to graphics](#)

How to add alt text to a shape, picture, chart, SmartArt graphic, or other graphical objects.

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