Language and Healthcare Inclusivity Guidance: A Comprehensive Overview of the Social Environment
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Introductory Remarks

Defining the Social Environment
The social environment refers to factors such as trends in demographics relating to population size, ethnicity, age, gender, etc. as well as culture trends or attitudes.

Why Does it Matter
Without a fundamental understanding of the social environment, inclusive language and healthcare is not possible.

Goal of the Presentation
Provide an additional perspective to the Guelph Wellington Ontario Health Team (GWOHT) that would have otherwise not been apparent.

Importance of Society
Out of the traditional external environmental factors, the social environment plays the largest role as it sets and assesses the tone of acceptability for language inclusivity.

Purpose
Discuss social demographics and trends, its implications, provide recommendations, and produce a glossary of terms and rules of thumb as an aid to healthcare providers.

Next Steps
Following this body, healthcare providers should familiarize themselves with social factors and be able to identify inclusive terms and language.
**Age**
- 17.77% of the population is between 18-29 years old
- 27.45% of the population is between 30-49 years old
- 34.13% of the population is over 50 years old

**Gender/Sexual Orientation**
- Approximately 50% of the population identifies as male
- About 50% of the population identifies as female
- Roughly 10% of the population identifies as LGBTQ+

**Race**
- Approximately 17.46% of the population makeup is of visible minorities
GW OHT Demographic Information (Cont’d)

Disability
- 13.66% of the population lives with a disability.
- 5.46% of the population lives with a severe disability.

Education
- 24.04% of the population is university educated.
- 22.85% of the population has solely completed high school.

Religion
- Approximately 17.46% of the population makeup is of visible minorities
Implications of Age, Gender/Sexual Orientation, and Race

**Age**
- One third of the GW OHT population is over 50
- About half of these individuals feel uncomfortable using non-traditional pronouns
- As it relates to inclusive language, this could pose a large barrier
- This age group tends to be most conservative
- Conservative individuals are less likely to be flexible with the use of various pronouns

**Race**
- Visible minorities often face discrimination and have distrust with healthcare system due to historical precedents
- COVID-19 has disproportionately affected minority communities, creating distrust and apprehension within the healthcare system – this trust must be regained

**Gender/Sexual Orientation**
- With population being similar between genders, it is important to understand women are more likely to be sensitive/ensure comfortability towards disadvantaged individuals than men
- LGBTQ+ people tend to be more open minded
Implications of Age, Gender/Sexual Orientation, and Race

13.66% of the Guelph Wellington population lives with a disability.

It is important for healthcare providers to ask themselves questions relating to if these groups have the resources they need to receive the best possible care.

Disability

- The higher education received, the more liberal one tends to be.
- People who lean left are more likely to be inclusive in healthcare.
- We must figure out how to reach and spread desired message to less educated population.

Educational Level

- 68% of Canadians say they uphold religious affiliation, so healthcare providers must understand what resources are needed to maintain the dignity of one’s faith.

Religion
Recommendations

1. Education

- The GWOHT should expand its presence within Ontario’s universities to continue to provide new perspectives from different ages, races, genders, etc.
- GWOHT should go into high schools and workplaces within the region to pass along the knowledge needed to uphold inclusive language and healthcare equity
- GWOHT should network with other providers in different cities and counties to allow for greater perspective

2. Providing accessible healthcare information

- The GWOHT must meet people in their domain with necessary information (Facebook, Instagram, traditional print advertisements, etc.)
- The format of these messages must vary according to language comprehension, language spoken at home, disability status, etc.
- With the vast majority of the Canadian population having internet access, we can deliver information through this channel
- For the people who do not have access to the internet or are disadvantaged, new, creative ways of delivering the information must be thought of
3. Clearly defining a disability

- A lack of consistency from both a public and organizational perspective generates confusion and stifles progress
- Messaging around inclusive health remain consistent to limit the probability of ambiguity
- If a message is unclear, it opens the door for misinformation

4. Receiving necessary funding

- If there is not proper funding for programs, their probability of success plummets
- This funding should be used in a variety of ways, including program enhancement, community advertising, and ensuring the facility’s infrastructure meets a rigorous standard
5. Including a diverse group in the decision-making process

- This will allow for each individual to share the issues and perspectives of their community
- Having a diverse group of people making decisions increases creativity and innovation
- Omitting diversity increases the probability of decisions being flawed, less effective, and less utilitarian

6. Use data more effectively

- Data allows for the establishment of “baselines, benchmarks, and goals to keep moving forward” and progressing
- Yearly or biyearly demographic data, healthcare and inclusive trends, and emerging and varying needs of particular demographics should be analyzed and acted upon.
- This will allow the GWOHT to proactive to the needs of the people of Guelph Wellington as opposed to reactive.
An umbrella term used to describe evolving labels that people may identify as when their expression, gender identity, or perception does not conform to what society’s expectation is.

Cisgender

A person whose gender identity is the same as their assigned sex at birth.

Gender diverse

An individual whose “gender expression differs from society’s expectations for males and females”.

Gender Non-conforming

Two-spirited

A current First Nations person whose individual spirits blend as male and female.
Blood fractions refers to separating different parts of your blood. For example, this is done during a blood transfusion. The Jehovah’s Witness religion permits this, however, patients are guided by their own conscience.

Refers to the 30 day period where Muslims abstain from eating food from dawn until sundown.

Refers to a common practice in Hinduism and other religions that consist of abstaining from some types of food and beverage.

Refers to a day of abstinence from work and additional tasks. Typically from Friday night to Saturday night in the Jewish religion and on Sunday for Christians.
A person’s ability to interact with people from different cultures.

Refers to when people in marginalized groups accept negative aspects of stereotypes assigned to them by the dominant group.

Microaggression

An action or statement as a result of subtle or indirect discrimination against marginalized communities with racial or ethnic minorities.

Cultural Competence

Harmful beliefs, practices, or behaviours used by a group or person with power directed at a specific group (e.g., ageism, sexism).

Ism

Internalized Oppression
Asking patient about how much alcohol they drink:

How much alcohol do you drink?

Following up with patient about a task you asked them to do:

You did not complete ________ like I had asked you to last time.

Patient comes in that is sick:

You will have to wait longer. You are not that sick.

When you do not understand what is wrong with a patient:

We can’t find anything wrong with you.

To provide the best care possible, knowing how much people use alcohol is helpful. Could you tell me if you drink alcohol (EQUIP Healthcare, 2017)?

When you were here last, we created a plan for you to ______. How did that work out? Can we modify this plan in any way (EQUIP Healthcare, 2017)?

I apologize that you had to wait today. I understand waiting can be difficult when you are concerned about your health (EQUIP Healthcare, 2017).

Our testing shows that you do not have ____. Because we know what’s happening to you isn’t threatening your life, we can think of strategies to manage it (EQUIP Healthcare, 2017).
Requesting medication at an inappropriate time

You are asking for medication when you don't really need it.

Patient keeps asking a question that has been addressed

We have already ran tests and they have indicated that there are no problems with your health.

I am unable to provide you with the medicine you are looking for as I have a lot of rules to follow when I prescribe (EQUIP Healthcare, 2017)?

I am sensing that you do not fully agree with what I have said. Are you thinking about something in particular? What is your biggest concern (EQUIP Healthcare, 2017)?
Correct Terminology

Mother trying to feed her newborn
Rather than saying “breastfeeding”, try “nursing or lactation nursing” (Nursing License Map, 2021)

When referring to someone who is different
Rather than saying “a disabled person”, try “a person who is disabled” or “a person with a disability”

When referring to parents
Rather than saying “mother or father”, try “parent or guardian” (Nursing License Map, 2021)

When trying to determine a patient’s sex/gender
Rather than saying “what is your sex/gender”, try “what is your current gender identity?”, “what sex were you assigned at birth?”, or “what are your preferred pronouns?” (Nursing License Map, 2021)

When a patient is hesitant about a question you asked
Rather than saying “this is standard, so I need an answer”, try “we are required to ask all of our patients these questions to ensure the best possible care. If you have any hesitations, we can discuss them” (Nursing License Map, 2021)


Cornelissen, L. (2021). Canada’s religious landscape has undergone significant changes in recent decades, including a decline in religious affiliation and participation in individual and group religious activities. this study uses data from the General Social Survey to provide a portrait of the diverse relationships that Canadians have with religion. the study also presents key trends that characterize the evolution of religiosity in Canada since 1985. Religiosity in Canada and its evolution from 1985 to 2019. Retrieved 2022, from https://www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00010-eng.htm.


References


