

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

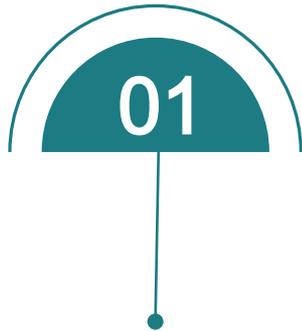
# Table of Contents: Presentation Expectations

## Social Research

Section outlines research including demographics, social trends, and community characteristics.

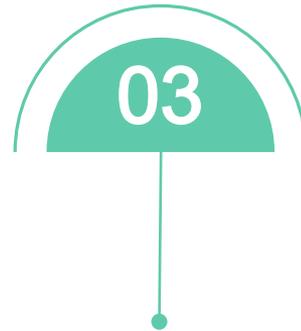
## Glossary of Terms/Rules of Thumb

Categorizing inclusive terms and language that healthcare providers should be familiar with.



### Introductory Remarks

Designed to provide a framework for the presentation. What will we be discussing.



### Implications

Discusses the implications of demographics on both inclusive language and care in healthcare.



# 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.



# GA OHT Demographic Information



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

## Disability

- 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

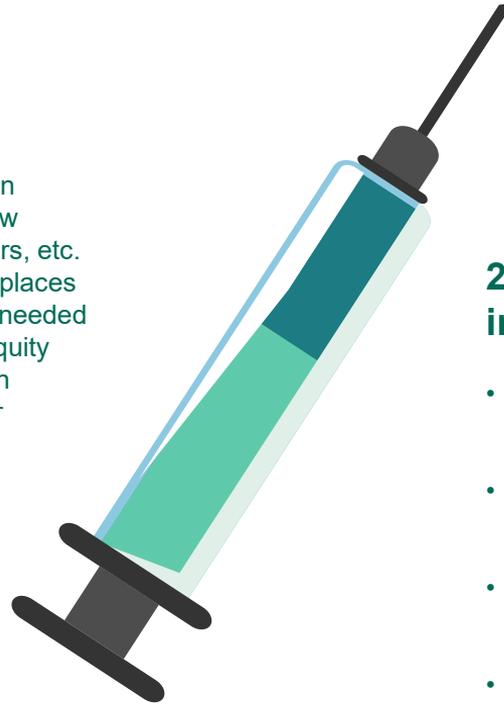
## Educational Level

- 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

## Religion

- 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

# 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

# Recommendations (Cont'd)

## 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

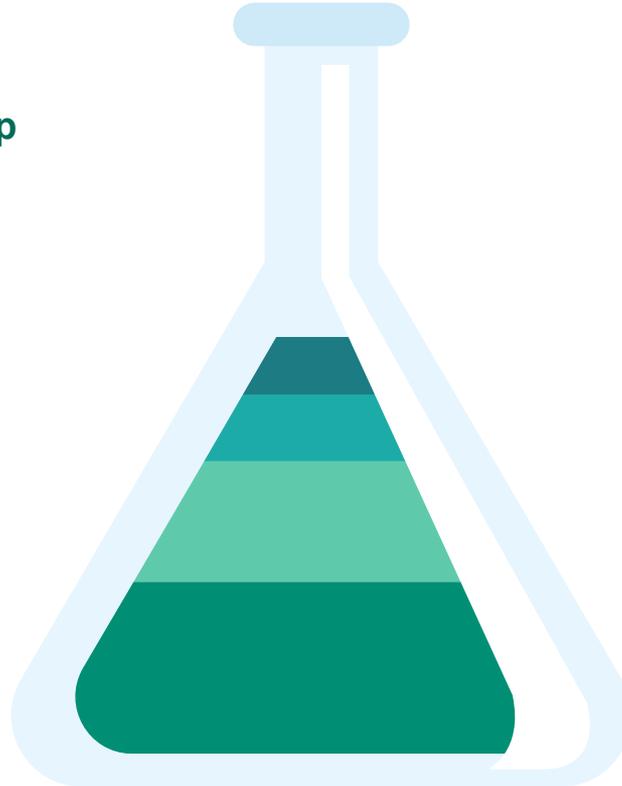
- If there is not proper funding for programs, their probability of success plummets
- This funding should be used in a variety of ways, including program enhancement, community advertising, and ensuring the facility's infrastructure meets a rigorous standard



# Recommendations (Cont'd)

## 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



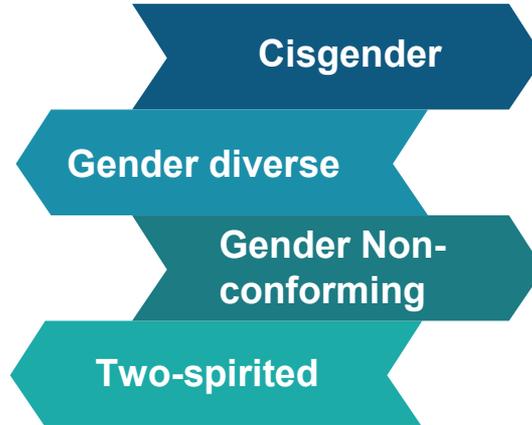
## 6. Use data more effectively

- 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.

# Glossary of Terms: Gender/Sexual Orientation

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

A current First Nations person whose individual spirits blend as male and female



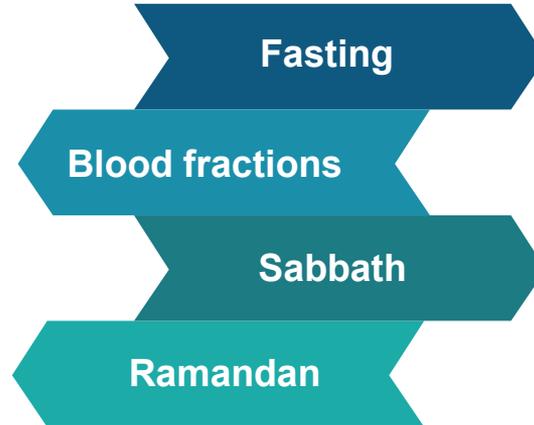
A person whose gender identity is the same as their assigned sex at birth

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

# Glossary of Terms: Religion

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

# Glossary of Terms: Additional

A person's ability to interact with people from different culture

**Microaggression**

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

**Cultural Competence**

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

**Ism**

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

**Internalized Oppression**

# Rules of Thumb

Asking patient about  
how much alcohol  
they drink

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

Patient comes in that  
is sick

When you do not  
understand what is  
wrong with a patient



How much alcohol do  
you drink?

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

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

We can't find anything  
wrong with you.



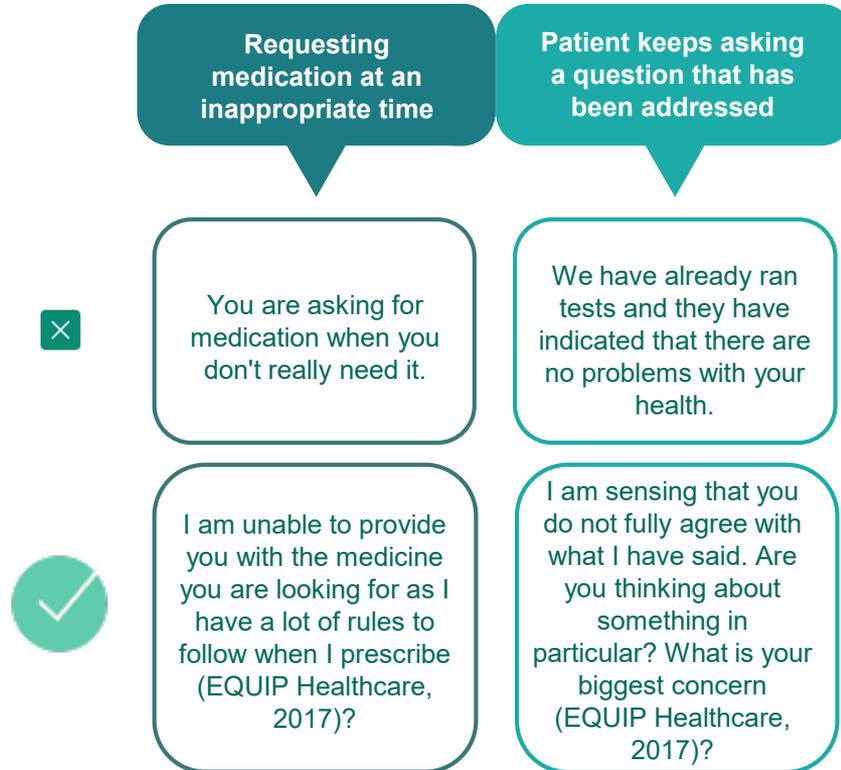
To provide the best  
care possible, knowing  
how much people use  
alcohol is helpful. Could  
you tell me if you drink  
alcohol (EQUIP  
Healthcare, 2017)?

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)

# Rules of Thumb (Cont'd)



# 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)



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**Language and Healthcare Inclusivity Guidance – A Comprehensive Overview of the Social  
Environment**

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MGMT4040: Advanced Topics in Management

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For the Use of: Guelph Wellington Ontario Health Team

April 6<sup>th</sup>, 2021

## **Introductory Remarks**

In the context of inclusive healthcare language, the social environment plays a dynamic role in its preparation, implementation, and maintenance. It is important that the social environment first be defined as it is the main theme of this body of work – the social environment refers to factors such as trends in demographics relating to population size, ethnicity, age, gender, etc. as well as cultural trends or attitudes (Edwards et al., 2017). Out of the traditional external environmental factors, the social environment plays the largest role as it sets and assesses a tone of acceptability (Casper, 2001) for language inclusivity. The power of this variable relies upon how society conducts itself, which is then transferred to every aspect of human life, including our verbiage. It should be noted that without a fundamental understanding of the social environment, inclusive language will not be possible. The purpose of this paper is to discuss the social demographics and trends, discuss their implications, provide recommendations, and end with a glossary of terms and rules of thumb that will ensure comprehensive, inclusive elements of healthcare. The entirety of the paper is to provide an additional perspective to the Guelph Wellington Ontario Health Team (GWOHT) that would have otherwise not been apparent in the conversation of health equity, diversity, and inclusion.

## **Social Research and Implications**

The scope of all health data has been sourced from Statistics Canada as it pertains to the Guelph Wellington region 2022 census. This section takes into account a variety of demographic attributes, social trends, and an array of criteria to aid in understanding broad inclusivity. These elements will then be analyzed with regard to their implications on either why society needs to move forward with inclusive language, what is holding us back, and opportunities for growth. This component is meant to provide relevancy for what the Guelph Wellington Ontario Health Team regularly encounters, as well as to present context to the world we live in and the associated implications.

## **Demographics**

The first demographic characteristic that will be addressed is age. The wisdom our older peers have as a result of their life experiences is admirable – this knowledge opens a discussion as to whether or not age demographics play a role in inclusive language in healthcare. With reference to Appendix A, we are able to visualize the breakdown of age groups in the Guelph Wellington Region. These age groups will be separated into three segments, including ages 18-

29, 30-49, and 50 plus. The breakdown of the percentage of the Guelph Wellington population size indicates these age groups make up 17.77 percent, 27.45 percent, and 34.13 percent, respectively. As we are able to understand a little bit more about the demographic breakdown, we can address its implications. For example, a Pew Research poll suggests that 50.5 percent of people aged 50 plus are not comfortable with using different gender pronouns (Geiger & Graf, 2020). This is in comparison to ages 19-29 and 30-49 having 38 and 46 percent comfortability, respectively (Geiger & Graf, 2020). This means that older generations are less flexible to gender pronouns, and by extension, may have a harder time with additional inclusive language terms. There may also be a correlation as 32 percent of Ontarians identify as Conservative with the majority being over the age of 50 (Anderson & Coletto, 2022). Conservative voters are also less likely to be flexible with their use of pronouns or wording modifications that attempt to facilitate inclusion (Geiger & Graf, 2020) – this could be a major obstacle to the mission of GWOHT.

A subsequent demographic of discussion centres around gender and the implications thereof. With reference to Appendix B, we are able to see the gender breakdown in the Guelph Wellington region. A very important note to this graphic is that it only visualizes male and female genders and does not take into account the spectrum that gender lays upon. Although the quantity of genders is not widely agreed upon, it should be noted for the future more than two genders should be investigated – this in and of itself could potentially be an indicator that we as a society have much to accomplish. Nevertheless, the split between genders is about equal in this region. There are many implications of this split, however, one of the largest has to do with how women are statistically more likely to nurture someone else and ensure their comfortability (Sapadin, 1988). This is not to say that people who identify as men are not sympathetic or empathetic to inclusivity, however, it simply establishes a trend among varied genders and communities. With the mission of creating the most inclusive healthcare experience, there may be more focus placed upon individuals who identify as a male given that they are less emotionally sensitive (McRae et al., 2008) and less likely to accommodate persons given the above information. Furthermore, people in the LGBTQ+ community tend to reciprocate acceptance on a broad scale, have a more open mind, and have a more inclusive frame of mind (Coleman, 2019). Although about 75 percent of Canadians support same-sex relationships (Little, 2019), 69 percent of LGBTQ+ members have experienced some form of discrimination within their lives (Angus Reid Institute, 2015). Given that approximately 14,000 people in the

Guelph Wellington region identify as LGBTQ+ (Guelph Wellington Public Health, 2015), this segment of the population must be drawn upon for perspective.

Race is arguably the greatest variable that affects health discrimination and discriminatory practices around the world. As it relates to the Guelph Wellington community and with reference to Appendix C, we are able to see that 17.46 percent of the Guelph Wellington population is a visible minority. With respect to equity and inclusion, generations of racial discrimination and mistreatment at the hands of medical professionals have historically been documented (Hostetter & Klein, 2021). From gruesome healthcare experiments on people who were enslaved, to the forced sterilization of black women, and the infamous syphilis study that withheld medicine from black men so doctors could track the course of the disease (Hostetter & Klein, 2021), it makes all the sense in the world that minority communities have trust issues in the field of medicine. Let's use COVID-19 as an example – this disease has disproportionately affected minority communities in comparison to areas of predominantly white people (Centres for Disease Control and Prevention, 2021). Professor Carstairs of the University of Guelph also spoke about COVID-19 inequalities in that black individual's make up approximately nine percent of the Toronto population, however, account for 21 percent of their positive tests (Personal Communications, 2021). Furthermore, this statement is validated by the fact that as of November 2020, St. James Town (heavily populated with minority communities) had over five times more coronavirus cases per 100,000 people than the dominantly white places of Riverdale and Cabbagetown (Personal Communications, 2021). With this multitude of accompanying evidence that supports the notion that ethnic minorities are not treated with the same dignity and respect as white people in the context of healthcare, the door now opens to many implications. The largest implication is that the healthcare department needs to regain the trust of minority communities. As we have seen time and time again, the playing field is not equal – not in employment, healthcare, and day-to-day life. This then turns into a vicious cycle of low vaccination rates, minorities not wanting to seek treatment for their ailments, and increased death as a result of improper healthcare. This is a glaring issue that we face in the world of equitable care.

One group that requires the most protection is people living with disabilities. In Guelph Wellington County alone, there are more than 18,000 people living with a disability with approximately 7,200 being classified as severe (Guelph Wellington County, 2021). As 18,000

people account for about 13.66 percent of the Guelph Wellington population, there are many implications that come along with this. Do healthcare providers have all the tools they need to give a proper standard of healthcare to these individuals? As 7,200 people live with a severe disability (5.46 percent of the county population), do we have all the resources necessary to provide adequate healthcare? These are questions that must be considered prior to the patient receiving care! Of course, there are protections for people with disabilities under the Human Rights Code, however, the law on its own may not be enough. An additional question that would need to be considered is whether or not there are inclusive terms for this community, so they are not feeling ostracised or isolated. These are the implications that must be addressed and discussed at length in order to ensure equitable, inclusive healthcare – it's time we as a society become a part of the solution and take steps in the right direction.

#### Additional Demographics of Interest

The level of education is yet another demographic characteristic that has varied implications in the context of healthcare. Refer to Appendix D for the breakdown of education levels in Guelph Wellington County. As a rule of thumb, the more educated the individual, the more likely they are to accommodate and participate in creating an inclusive space for people who require it (Kurtzleben, 2016). Furthermore, people who have received higher education tend to lean more liberal (Pew Research Center, 2016) with 54 percent of post-graduate students and 44 percent of college graduates stating they were liberal (Pew Research Center, 2016). People who have received a post-high school degree tend to be more open-minded, sympathetic to others' situations, and are more willing to help others in times of need (Hare, 1979). Given this information, an implication could centre around the fact that we need to get more people who do not have a degree or higher education on board with health equity. The question now becomes, how do we reach this audience and inform them about the mission of the Guelph Wellington Ontario Health Team? Alternatively, how can we best utilize people who have participated in higher education to help in the fight for equitable, inclusive healthcare?

The final demographic of interest that is imperative in the world of healthcare inclusivity comes from religion. According to Statistics Canada in 2019, 68 percent of Canadians say they have a religious affiliation (Cornelissen, 2021). As more than half of the population claims to be religious, it is of the utmost importance that healthcare providers have the tools to provide the necessary care. Like individuals with a disability or exceptionality, healthcare providers must

have the proper resources to succeed. For example, religion can impact decisions regarding diet, medicines patients are willing to take, modesty, and preferring a specific gender of healthcare provider (Swihart et al., 2018). Accompanying these preferences, language must be used in such a way that is respectful and maintains dignity across all religious practices. The bottom line with treating patients who are religious comes down to education – how can we as healthcare providers educate ourselves so we are able to treat our patients in such a way that respects all religious boundaries and practices that may provide barriers to care?

### **Recommendations**

As previously depicted, Canadians are a diverse population with needs that are varied according to several demographic factors. This recommendation contains multiple components and seeks to identify some of the largest obstacles in inclusive healthcare and resolve them through a multi-perspective lens. Each recommendation will relate to the previous demographics in one way or another and will also provide a clear path forward to language inclusivity.

#### Recommendations: A Multi-Perspective Approach

This multi-perspective recommendation consists of a six-step approach to improve the quality of health equity and language inclusivity. Each recommendation will relate to one or more demographic groups in an effort to foster continuous best practices. Each recommendation will also provide context to language inclusivity and can be transferred to the Guelph Wellington Ontario Health Team's organization.

Step one of this recommendation surrounds education in all capacities. It was once said that education is the most powerful weapon you can use to change the world (Oxford Reference, 2017). As it relates to health equity and creating language that remains inclusive, it is important that we educate the population about what it means to provide the care necessary that makes people feel welcomed and comfortable. Education is a great equalizer for many – the partnership with the University of Guelph is a wonderful idea as the GWOHT is able to investigate new perspectives relating to various topics of equity. The continuation of the partnership program should expand beyond just Guelph, moving to other universities and colleges across Ontario to seek diverse perspectives. Given that a group of people who are diverse in ages, races, genders, etc. are more likely to drive innovation and creative thinking, it makes logical sense to continue the expansion into other universities and colleges. It doesn't have to stop there; going into high schools and various workplaces across the Guelph Wellington region would allow for educating

our population on how they can better use inclusive language with respect to healthcare. Networking with other counties, cities, and municipalities will also allow for a greater perspective. This recommendation is a benefit for all demographic segments as there are often stigmas and discrimination at work. Furthermore, education surrounding additional social barriers to patients should be a point of order. For example, how would someone who is hard of hearing experience a social setting and what additional societal barriers would they face? Using a multi-faceted approach to education is so important as it ensures that no person is left behind! Educating individuals on past discriminatory practices and how equitable health tries to rectify the situation, to educating individuals who do not believe in calling people by their preferred pronouns, to educating oneself on the religious beliefs and practices of patients... Education does not just stop at the people; healthcare workers must commit themselves to the lifelong development of their skills and resources in order to provide the most inclusive healthcare possible.

A subsequent recommendation comes in the form of providing the most accessible health information to people within the community. If the communication materials and awareness campaigns are not in accessible formats, people will not be able to receive the accurate information they need (Pregel, 2019). The most important takeaway from this recommendation is to meet people in their domain with the necessary information. A Statista study found that about 96 percent of the Canadian population has access to the internet (Johnson, 2021). What format can we deliver the message to people that, one, do not have internet access, and two, have unlimited internet access? If you are trying to target an older demographic, Instagram most likely will not be the appropriate format to do so. You might want to try Facebook, traditional print advertisements, or to even have an email collection where you can send out news blasts on new undertakings in inclusive and equitable language. When information is delivered effectively and in proper formats, a recent study saw significant improvement in retention and ability to relay such knowledge (Udovicich et al., 2017). Regardless of the information, it is important for one to ask themselves if the format and accessibility of the material are right for the intended audience. For example, are we providing accessible formats to people with visual impairments or auditory challenges? Is this available in multiple languages (considering that 11,830 people in Guelph Wellington only speak French and 1,760 people only speak another language other than English or French) (Guelph Wellington County, 2021)?

Clearly defining what a disability is and what it means to participate in inclusive health is the focal point of the next recommendation. A lack of consistency from both a public and organizational perspective generates confusion and stifles progress (Pregel, 2021). It is of the utmost importance that messaging around inclusive health remain consistent to limit the probability of ambiguity – people should know the standard of care the Guelph Wellington Ontario Health Team provides whether you are LGBTQ+, a woman, aboriginal, have a disability, etc. This introduces an opportunity for not only a positive brand through clear, consistent, and equitable messaging, but also to instill confidence in the public that GWOHT is a trusted, reputable organization. This is a major contributor to building trust among various demographics that have otherwise been ignored or pushed to the back burner throughout their healthcare life. Oppositely, if messaging does not remain consistent, the spread of misinformation and possibly dire consequences could result.

Setting aside funds to provide monetary assistance to inclusive healthcare and language is the focal point of the next recommendation. If there are not the proper funds allocated to the resources needed, programs are likely to fail or not be as beneficial as intended. This financial assistance can come in many forms, including funding for employees, costs for collecting and storing data, or even improving the infrastructure of GWOHT. Ensuring that the building is accessible in all forms should be an area of concern – if the people who are purporting to fight for equity and inclusive health do not have accessibility standards within the building, there should be a pause for concern. Furthermore, investing in the advertisement of community programs, education, the facility, and an array of other necessary functions for the business is imperative for its growth (Cl  roux, 2022). It’s also important that funding be received with purpose. What is meant by this is that funding should be allocated to specific causes in order to have a greater understanding of what to expect and how to achieve organizational goals. For example, if there is a budget for LGBTQ+ initiatives, the funds should be allocated in a way that lays out each expenditure. Monetary allocation is a utilitarian benefit as it reduces overall risk, optimizes returns, and helps achieve financial goals (Cl  roux, 2022). Whether it be infrastructure improvements or simply budgeting for the next fiscal year, finding ways to generate a cash flow or receive funding is imperative to the Guelph Wellington Ontario Health Team’s overall mission.

The following recommendation involves the inclusion of a diverse group of people to make decisions. This selection of people should ideally incorporate all the aforementioned demographic groups in an effort to share their personal and specific community needs. It should be noted that a person is not defined by their specific demographic characteristic, rather, this is in an effort to increase the number of diverse perspectives. In addition to increased innovation and creativity (People Scout, 2021), having a diverse group of decision-makers allows for the needs, strengths, challenges, and aspirations of all members to be heard and understood (Vantage, 2020). If a group of individuals who are making a decision are left out of the conversation for like-minded thinkers, the decisions will not be as effective or utilitarian. Essentially, not incorporating this recommendation is counterproductive to the mission of the GWOHT in those members of various communities and demographics may be left out and feel isolated in terms of their healthcare experience.

The final portion of this recommendation focuses on data and how to most effectively use that information. It is reported that in 2028, the data analytics market is expected to grow to over half a trillion U.S. dollars (Fortune Business Insights, 2016). With the market for this asset being so large, it presumably has an extraordinary amount of value to organizations. Data also allows for the establishment of “baselines, benchmarks, and goals to keep moving forward” and progressing (The Council on Quality and Leadership, 2021). As it relates to the GWOHT, yearly or bi-yearly demographic data, healthcare and inclusive trends, and emerging and varying needs of particular demographics should be analyzed and acted upon. This will allow the Guelph Wellington Ontario Health Team to become proactive to the needs of the people of Guelph Wellington as opposed to reactive. This may come in the form of creating new programs, modifying existing ones, or even making more informed decisions based on the analyzed data. The preparation can be altered to become far-reaching in many aspects of the organization and should be used in the most effective manner as it relates to business strategy.

### **Glossary of Terms and Best Practices**

The glossary of terms and best practices narrows in on inclusive situational language that best encompasses equitable health. The glossary of terms will focus on word specificity and how to appropriately address varying demographics in a respectful manner, while best practices introduce rules of thumb when understanding situations where equity and sensitivity are needed. Of course, it would be impossible to address every single inclusive health term in the world, so

for the purposes of this body, the glossary and rules of thumb section will be approximately one page each. It should also be noted that basic terms such as gay and lesbian have been omitted from this chart as they are widely used and understood terms. These terms are meant to shine a light on both aspects of culture as well as what it means to use inclusive language. The topics in both appendices range from sexual health, to inclusive terms, to religious considerations – please refer to Appendix E and F for more information.

### **Concluding Remarks**

Equity in healthcare is a very expansive topic that takes on many different forms through its analysis. Understanding our social environment and how it impacts the way healthcare is conducted is of the utmost importance – this is a result of the environment being so diverse in terms of age, gender, sexual orientation, race, religion, etc. Once we have an understanding of the needs for each demographic to succeed, we are able to tailor our care to that of desired positivity. Although challenging, providing the best possible care to a varied crowd proves to be truly rewarding. The world is an ever-changing place where what is once acceptable may change and no longer be the most inclusive way to approach a situation. As a society, we must come together and collectively educate ourselves on how to be more inclusive groups and individuals. Education is most definitely one of the most powerful weapons one has to change the world – with its implementation all across the healthcare sector, the demand for sensitivity and inclusive language will be demanded as the newest form of normalcy.

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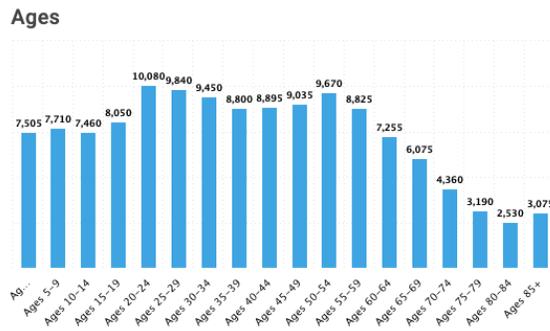
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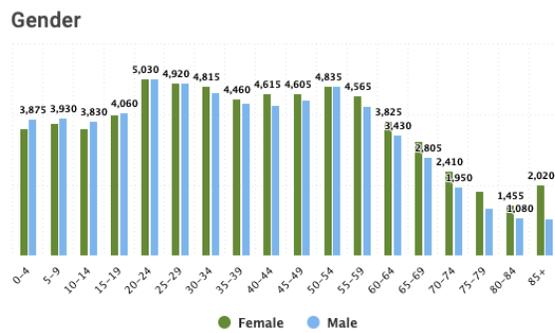
## Appendices

### Appendix A:



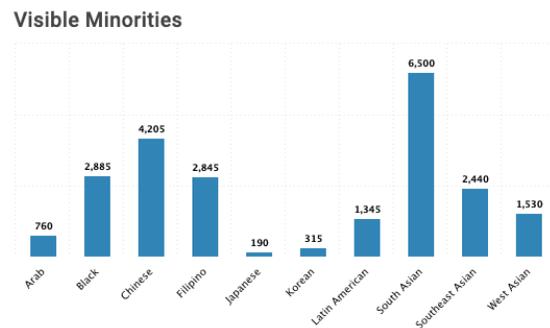
Guelph Population by Age. From Statistics Canada, 2020

### Appendix B:



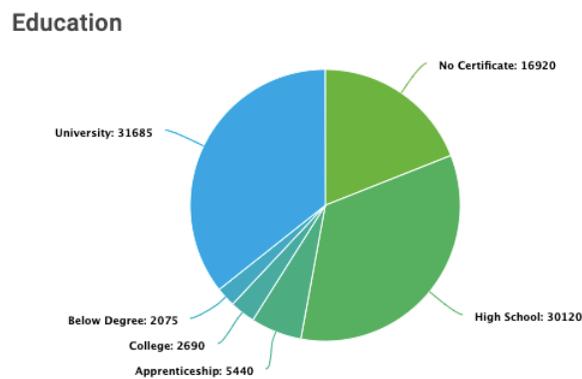
Guelph Population by Gender. From Statistics Canada, 2020

### Appendix C:



Population of Visible Minorities in Guelph. From Statistics Canada, 2020

### Appendix D:



Guelph Population by Education Level. From Statistics Canada, 2020

## Appendix E:

## Glossary of Inclusive and Equitable Health Terms

<b>Word/Phrase</b>	<b>Definition/Proper Usage</b>
Cisgender	A person whose gender identity is the same as their assigned sex at birth (Nursing License Map, 2021).
Gender Diverse	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 (Nursing License Map, 2021).
Genderqueer	Refers to an individual whose gender identity lay outside of the traditional male or female (Nursing License Map, 2021).
Gender Nonconforming	An individual whose "gender expression differs from society's expectations for males and females" (Nursing License Map, 2021).
Hijra	A South Asian used to describe transgender women (Nursing License Map, 2021).
Nonbinary	An individual who does not identify as a man or a woman (Nursing License Map, 2021).
Two-Spirit	A current First Nations person whose individual spirits blend as male and female (Nursing License Map, 2021).
Gender Dysphoria	A psychologically distressed state that individuals whose identity differs from their assigned sex (Nursing License Map, 2021).
Intersex	An umbrella term for physical conditions where the sexual/reproductive anatomy someone is born with is not solely male or female (Nursing License Map, 2021).
Asexual	An individual who does not experience sexual attraction and or does not wish to act on the attraction in a sexual way (Nursing License Map, 2021).
Aceflux	A romantic capacity that changes over time (Nursing License Map, 2021).
Akioromantic	A person who does not wish for their attraction/feeling to be returned (Nursing License Map, 2021).
Aromantic	An individual who is not attracted to any person of any gender (Nursing License Map, 2021).
Demiromantic	A person who does not feel romantic or sexual desired until a close emotional bond has been formed (Nursing License Map, 2021).
Cisnormativity	Refers to the belief that being cisgender is the 'normal' (Nursing License Map, 2021).
Fasting	Refers to a common practice in Hinduism and other religions that consist of abstaining from some types of food and beverage (Ehman, 2012).
Blood Fractions	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. (Ehman, 2012).
Sabbath	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 (Ehman, 2012).
Kosher	Refers to food or drink that is sold, cooked, or eaten that satisfies the requirements of Jewish law (Ehman, 2012).
Ramadan	Refers to the 30 day period where Muslims abstain from eating food from dawn until sundown (Ehman, 2012).
Microaggression	An action or statement as a result of subtle or indirect discrimination against marginalized communities with as racial or ethnic minorities (Rainbow Health Ontario, 2020).
Prejudice	Refers to a negative prejudgment or feelings towards a person or group based upon that person's characteristics as opposed to empirical evidence (Rainbow Health Ontario, 2020).
Barrier	An obstacle that prevents an individual from taking part in society to the fullest degree (Rainbow Health Ontario, 2020).

Cultural Competence	A person's ability to interact with people from different cultures (Rainbow Health Ontario, 2020).
Ism	Harmful beliefs, practices, or behaviours used by a group or person with power directed at a specific group (Eg – ageism, sexism) (Rainbow Health Ontario, 2020).
Internalized Oppression	Refers to when people in marginalized groups accept negative aspects of stereotypes assigned to them by the dominant group (Rainbow Health Ontario, 2020).

### Appendix F:

Situation	Exclusive Language /What to Avoid	Inclusive Language/What Should be Said
When asking a patient how much alcohol they drink.	How much do you drink?	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 following up with a patient regarding a conversation where you asked them to perform a task.	You did not complete _____ like I requested you do last time.	When you were here last, we created a plan for you to do _____. How did that work out for you? Is there something about this plan you'd like to modify (EQUIP Healthcare, 2017)?
When a patient comes in that is sick.	You will have to wait longer, you are not that sick.	I apologize that you had to wait today. I understand waiting can be difficult when you are concerned for your health (EQUIP Healthcare, 2017).
When you do not understand what is wrong/happening with a patient.	We can't find anything wrong with you.	Our testing shows that you do not have _____ or _____. Because we know what is happening to you does not threaten your life, we can begin to think of strategies to manage this (EQUIP Healthcare, 2017).
When a patient is requesting medicine when at an inappropriate time.	You are asking for medicine when you do not really need it.	I am unable to provide that medicine you're looking for as I have a set of rules I need to follow when prescribing (EQUIP Healthcare, 2017).
When a patient keeps asking about something that has already been addressed.	You are asking about _____, however, we've already ran tests and they have indicated that there are no problems with your health.	I am sensing from your body language, comments, and facial expressions that you do not fully agree with something I have said. Are you thinking about something in particular? What is your biggest concern here (EQUIP Healthcare, 2017)?
When a patient continues to seek treatment.	You're back again?	It's very nice to see you again. I've noticed that you've been here a lot as of late. Is there anything we can do to make things better (EQUIP Healthcare, 2017)?

When a mother is trying to feed her newborn.	Breastfeeding Nursing License Map, 2021).	Nursing or lactation Nursing License Map, 2021).
When referring to someone that is different (general rule).	A disabled person	A person who is disabled, or, a person with a disability.
When referring to parents.	Mother or father Nursing License Map, 2021).	Parent or guardian Nursing License Map, 2021).
When trying to determine a patient's sex/gender.	What is your sex/gender Nursing License Map, 2021)?	“What is your current gender identity? What sex were you assigned at birth? What are your preferred pronouns” Nursing License Map, 2021)?
When a patient is hesitant about a question you asked.	This is standard so I need an answer.	We are required to ask all our patients these questions to ensure the best possible care. If you have any hesitations, we are able to discuss them Nursing License Map, 2021)!