



Words matter for health equity. One of our most important jobs as health communicators is making sure that CDC’s communication products are inclusive. Our work must meet the needs and priorities of the populations we serve and address all people accurately and respectfully.

Person-first language—describing people as having a condition or circumstance, not *being* a condition—is an important part of inclusive communication. It helps us avoid stigmatizing language and unintentional blaming. For example, instead of “diabetic,” we should say “a person with diabetes.” And “people who are incarcerated” is better than “inmates.”

Another important thing to remember is that we work with many types of subpopulations. Be as specific as possible about the group you’re referring to. Instead of saying “minorities,” say “people from ____ racial group.” Instead of “disability groups,” say “people living with _____ disabilities.”

It’s always a good idea to engage with the population or community of focus to find out what language they prefer. The [Persons-First Language](#) page has an extensive list of examples and explanations for why this concept is so vital. Bookmark it and refer to it often!

Resources

- [Persons-First Language](#)
- [Health Equity Guiding Principles for Inclusive Communication](#)
- [Communicating With and About People with Disabilities](#)
- [Using a Health Equity Lens](#)
- [Using Culturally and Inclusive Appropriate Images](#)
- [Preferred Terms for Select Population Groups and Communities](#)