

ICHP Position Statements - Language and Inclusion

Language and Inclusion

ICHP supports use of language that is inclusive, respectful, and unbiased within verbal and written health care communication. This communication is foundational and requires intention and learning to develop a deeper understanding of the impact that communication can have in health care. This includes verbal communication with patients and the interprofessional team as well as written communication - whether it is the documented note, the chosen patient education materials, or an email. Guiding principles for inclusive communication include use of a health equity lens when discussing health disparities using first person, inclusive language, and preferred terms for select populations, recognition and reflection of the diversity of the community, consideration for how communication materials are developed and chosen with consideration for health literacy, and finding other health equity and language resources.¹ Written language should avoid communicating disbelief or disrespect and should also avoid labeling and focus on positive themes and humanizing details. Pharmacy professionals should familiarize themselves with current standards regarding inclusive communication. Suggested references are included below.

References

1. Centers for Disease Control and Prevention (CDC). Health Equity Guiding Principles for Inclusive Communication. Accessed 10/28/24 at: <https://www.cdc.gov/health-communication/php/toolkit/>.
2. American Medical Association and Association of American Medical Colleges. Advancing Health Equity: A Guide to Language, Narrative and Concepts. 2021. Accessed 10/28/24 at <https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf>.
3. ASHP Policy Position 2235 “Use of Inclusive Verbal and Written Language”. Accessed 1/24/25 at <https://www.ashp.org/-/media/assets/policy-guidelines/docs/browse-by-document-type-policy-positions-with-rationales-pdf.pdf>

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