

# Updates to Inclusive Language Guidance for Scientific Publishing

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FROM THE JAMA NETWORK  
AND *AMA MANUAL OF STYLE*

Webinar for the Mid-America chapter of AMWA



# Disclosures

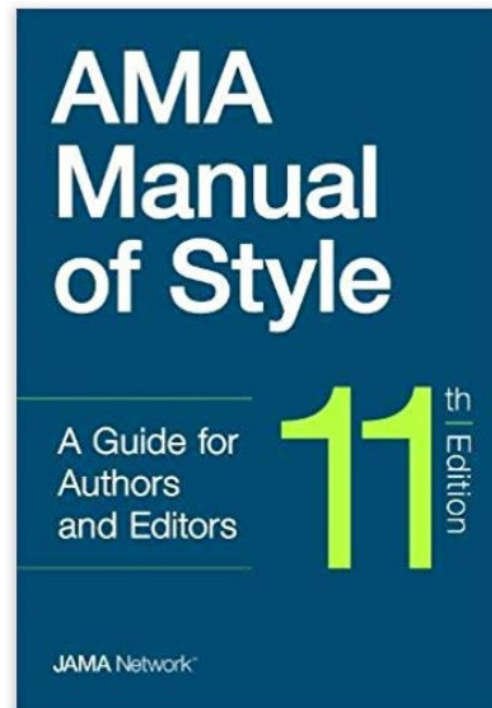
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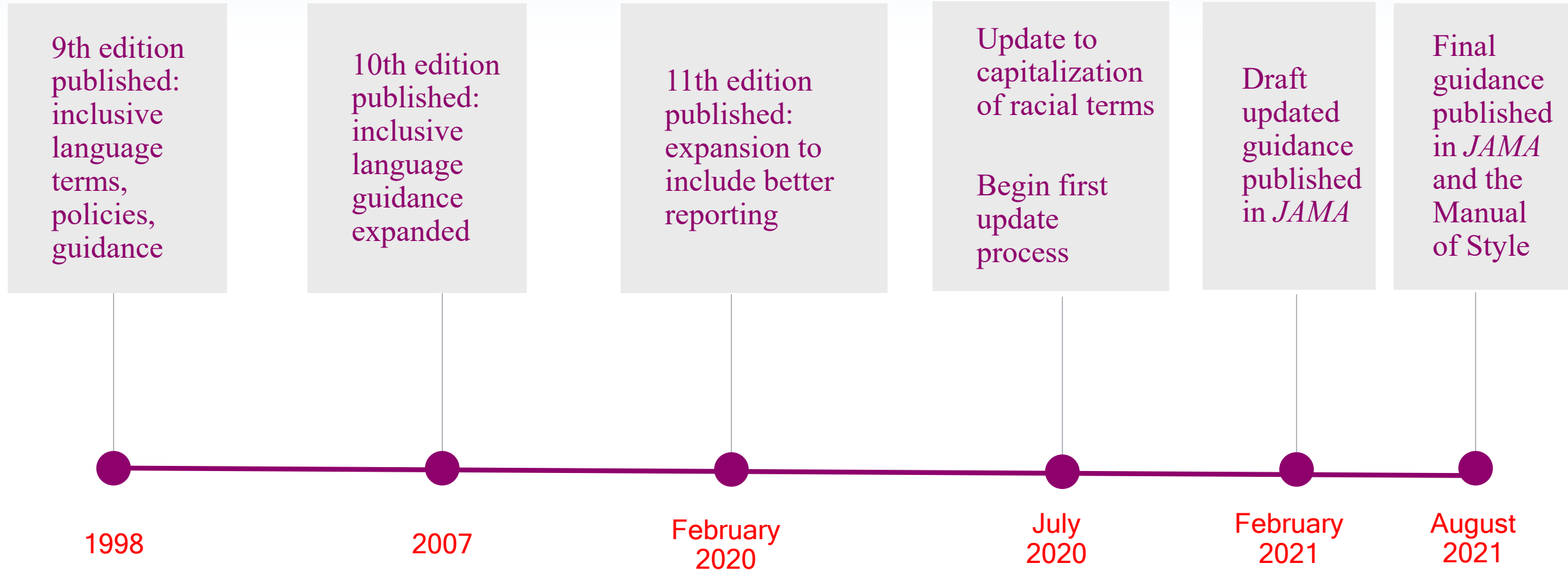


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# Results

Reporting characteristics	2019		2021		2021 vs 2019		2022		2022 vs 2021	
	No.	%	No.	%	OR (95% CI)	<i>P</i> value	No.	%	OR (95% CI)	<i>P</i> value
Articles with human participants	86	95.6	77	96.3	NA	NA	86	97.7	NA	NA
Demographics reported										
Age	84	97.7	75	97.4	0.89 (0.12-6.50)	>.99	86	100	5.73 (0.27-121.20) <sup>a</sup>	.43
Sex and gender	79	91.9	73	94.8	1.62 (0.45-5.75)	.45	75	87.2	0.37 (0.11-1.23)	.09
Race and ethnicity	49	57.0	42	54.5	0.91 (0.49-1.68)	.76	58	67.4	1.73 (0.91-3.26)	.09
Socioeconomic status measures	32	37.2	34	44.2	1.33 (0.71-2.50)	.37	37	43.0	0.95 (0.51-1.78)	.88

# Inclusive Language Guidance From the *AMA Manual of Style*



# Updated Guidance on Inclusive Language in Medical and Science Journals

- **Goal:** To provide recommendations and suggestions that encourage fairness, equity, consistency, and clarity in use and reporting of race and ethnicity in medical and science journals
- **Why?** “Terminology, usage, and word choice are critically important, especially when describing people and when discussing race and ethnicity. Inclusive language supports diversity and conveys respect. Language that imparts bias toward or against persons or groups based on characteristics or demographics must be avoided.”

- Flanagin A, Frey T, Christiansen SL, AMA Manual of Style Committee. Updated guidance on the reporting of race and ethnicity in medical and science journals. *JAMA*. 2021;326(7):621-627. doi:10.1001/jama.2021.13304

<https://jamanetwork.com/journals/jama/fullarticle/2783090>

# Affordable Care Act §1557: The Civil Rights Provision

- Section 1557 is the civil rights provision of the Affordable Care Act of 2010. Section 1557 prohibits discrimination on the grounds of race, color, national origin, sex, age, or disability in certain health programs and activities.
- These are the same categories the AMA Manual has included in Inclusive Language since 1998.
- Just recently, in July 2022, section 1557 was updated to also solidify protection against discrimination on the basis of sexual orientation and gender identity.
- Also clarified that discrimination on the basis of sex includes pregnancy, related conditions, and pregnancy termination.
- Additionally, section 1557 prohibits discrimination in the use of clinical algorithms to support decision-making by covered health entities.

# Key principles in the updated guidance

- **Race and ethnicity are social constructs**
- There are **important sensitivities and controversies related to use of these terms** and associated nomenclature in medical and health research, education, and practice.
- **Language and terminology** must be accurate, clear, and precise, and must reflect fairness, equity, and consistency in use and reporting of race and ethnicity
- **Reporting of race and ethnicity should not be considered in isolation** and should be accompanied with other sociodemographic factors and social determinants and the intersectionality of race and ethnicity with these other factors
- **In research articles – who or what classified** participant race and ethnicity and the source of the classifications used should be described (eg, self-report or selection, investigator observed, database, electronic health record, survey instrument).
- **The guidance is not final** - continual review of the terms and language used in the reporting of race and ethnicity is critically important as societal norms continue to evolve



# Guidance components

- Definitions of commonly used terms associated with race and ethnicity
- Concerns and controversies in health care and research
- Reporting of race and ethnicity in research articles
- Use of racial and ethnic collective or umbrella terms
- Capitalization
- Abbreviations
- Listing racial and ethnic categories in alphabetical order vs order by majority
- Adjectival vs noun usage for categories of race and ethnicity
- Geographic origin and regionalization considerations
- Examples are provided to help guide authors and editors

# Summary Guide for Appropriate Terms When Reporting Race and Ethnicity

This table is available at <https://jamanetwork.com/pages/inclusive-language>

Guidance is aligned with recommendations of other style manuals: American Psychological Association (APA), Chicago Manual of Style, and Council of Science Editor's Scientific Style and Format

Avoid	Preference
<i>black or white</i> race	<b><i>Black</i></b> or <b><i>White</i></b> race Both terms, when describing race, should have initial capitalization, except when capitalization could be perceived as inflammatory or inappropriate (eg, "white supremacy").
<i>race/ethnicity</i>	<i>race and ethnicity</i> There are numerous subcategories within race and ethnicity. Given that a virgule often means "and/or," which can be confusing, do not use the virgule construction in this context.
<i>White, Black, Hispanic, Asian</i>	<i>Asian, Black, Hispanic, White</i> List race and ethnicity categories in alphabetical order, not in order of proportion. "Other" and "unknown" should be listed last.

Avoid	Preference
<i>Whites, Blacks, Asians, etc</i>	<p>Do not present race and ethnicity as nouns.</p> <p>Use as modifiers (eg, Asian patient, Black individual, White populations) or as predicate adjectives (eg, Patients who are Asian, Black, or White).</p> <p>The adjectival form may be used as a predicate adjective to modify the subject of a phrase (eg, “the patients were Asian, Black, Hispanic, and White”).</p>
<p><i>Asian-American, African-American</i></p> <p><i>Mexican-American</i></p>	<p><i>Asian American, African American, and Mexican American</i></p> <p>Most combinations of proper adjectives derived from geographic entities are not hyphenated when used as noun or adjective formations; therefore, do not hyphenate these terms and similar combinations as nouns or compound modifiers (eg, <i>African American patient</i>).</p> <p>Do not add "American" to racial and ethnic categories if the context is in the US. Follow what the author provided and query if it is not clear or inconsistent.</p>
<i>Mixed race</i>	<p>May carry negative connotations and should be avoided, unless it was specifically used in data collection; in this case, the term should be defined, if possible.</p> <p>The terms <i>multiracial</i> and <i>multiethnic</i> may be acceptable in reports of studies if the specific categories these terms comprise are defined or if the terms were predefined in a study or database to which participants self-selected.</p>

Avoid	Preference
Abbreviations	Generally, abbreviations of categories for race and ethnicity should be avoided unless necessary because of space constraints (eg, in tables and figures). If used, any abbreviations should be clearly explained parenthetically in text or in table/figure footnotes or legends.
<i>Minority, minorities</i>	<p>Do not use these terms as nouns as they may be inaccurate or stigmatizing. Instead, include a modifier when using the word <i>minority</i> and do not use the term as a stand-alone noun, for example, <i>racial and ethnic minority groups</i> and <i>racial and ethnic minority individuals</i>.</p> <p>Terms such as <i>underserved populations</i> (eg, when referring to health disparities among groups) or <i>underrepresented population</i> (eg, when referring to a disproportionately low number of individuals in a workforce or educational program) may be used provided the categories of individuals included are defined at first mention.</p> <p>The term <i>minoritized</i> may be acceptable as an adjective provided that the noun(s) that it modifies is included (eg, “racial and ethnic minoritized group”). <i>Groups that have been historically marginalized</i> could be suitable in certain contexts if the rationale for this designation is provided.</p>

Avoid	Preference
<i>People of color</i>	<p>The term was introduced to mean all racial and ethnic groups that are not considered White or of European ancestry and also as an indication of antiracist, multiracial solidarity. However, there is concern that the term may be “too inclusive,” to the point that it erases differences among specific groups.</p> <p>Preference for the specific racial or ethnic categories included or intended to be addressed. If a collective term is needed, consider <i>racial and ethnic minority groups</i> and <i>racial and ethnic minority individuals</i> and other terms noted above. Or <i>underserved</i> (see previous slide)</p>
<p><i>Black, Indigenous, and people of color</i> (BIPOC)</p> <p><i>Black, Asian, and minority ethnic</i> (BAME)</p> <p><i>Black and minority ethnic</i> (BME)</p>	<p>Criticism of these terms has noted that they disregard individuals’ identities, do not include all underrepresented groups, eliminate differences among groups, and may imply a hierarchy among them. In the case of BIPOC, the implied hierarchy is that Black and Indigenous individuals come first before any of the categories assumed under "people of color."</p> <p>Preference for specific racial or ethnic categories.</p> <p>If a collective term is needed, consider <i>racial and ethnic minority groups</i> and <i>racial and ethnic minority individuals, ethnic minority group/individuals</i> and other terms noted above.</p>
<p>Other national terms (eg, <i>South African Coloureds, Canadian Visible Minority</i>)</p>	<p>Ask for definitions of groups included in these collective terms, expand at first mention, and use other terms if possible (eg, admixed African individuals, Canadian census categories of Arab, Black, Chinese, Filipino, Japanese, Korean, Latin American, South Asian, Southeast Asian, West Asian)</p>

<b>Avoid</b>	<b>Preference</b>
<i>Brown people</i>	Avoid use of colors such as brown and yellow to describe individuals or groups. These terms may be less inclusive than intended or considered pejorative or a racial slur.
“Other” without explanation	<p>The categories included in “other” groups should be defined and reported. Authors are advised to be as specific as possible when reporting on racial and ethnic categories (even if these categories contain small numbers).</p> <p>If the numbers in some categories are so small as to potentially identify study participants, the specific numbers and percentages do not need to be reported provided this is noted.</p> <p>For cases in which the group “other” is used but not defined, the author should be queried for further explanation.</p>

Avoid	Preference
Spanish speaking	<p><i>Hispanic, Latino or Latina, Latinx, Latine.</i></p> <p>Avoid reflexively changing <i>Latino</i> and <i>Latina</i> to <i>Latinx</i> or <i>Latine</i> or vice versa and follow author preference. Authors of research reports, in turn, should use the terms that were prespecified in their study (eg, via participant self-report or selection, investigator observed, database, electronic health record, survey instrument).</p>
Regional descent	<p>Description of people as being of a regional descent (eg, of African, Asian, European, or Middle Eastern or North African descent) is acceptable if those terms were used in formal research. However, it is preferable to identify a specific country or region of origin when known and pertinent to the study. It is generally preferable to describe persons of Asian ancestry according to their country or regional area of origin (eg, Cambodian, Chinese, Indian, Japanese, Korean, Sri Lankan, East Asian, Southeast Asian). Similarly, study participants from the Middle Eastern and North African region should be described using their nation of origin (eg, Egyptian, Iranian, Iraqi, Israeli, Lebanese) when possible. Individuals of Middle Eastern and North African descent who identify with Arab ancestry and reside in the US may be referred to as <i>Arab American</i>.</p>
<i>Native American</i>	<p><i>American Indian or Alaska Native</i> is generally preferred. Specific categories are preferred; other terms include <i>Native Hawaiian</i> and <i>Pacific Islander</i></p>
<i>Indigenous or Aboriginal</i>	<p><i>Indigenous people, Indigenous peoples of Canada, Aboriginal people.</i></p>

<b>Avoid</b>	<b>Preference</b>
<p>Biological explanations for health care disparities or inequities between racial and ethnic groups</p>	<p>There are many examples of reported associations between race or ethnicity and health outcomes, but these outcomes may also be intertwined with ancestry and heritage, social determinants of health, as well as other socioeconomic, structural, institutional, cultural, demographic, or other factors. Thus, discerning the role of these factors is difficult.</p> <p>There is concern about the use of race in clinical algorithms and some health-based risk scores and databases because of inapplicability to some groups and the potential for discrimination and inappropriate clinical decisions.</p> <p>Use caution in interpreting or generalizing findings from studies of risk based on populations of individuals representing specific or limited racial and ethnic categories.</p>



<b>Avoid</b>	<b>Preference</b>
<p>Collective reference to racial and ethnic minority groups as “non-White.”</p>	<p>If comparing racial and ethnic groups, indicate the specific groups.</p> <p>Researchers should avoid study designs and statistical comparisons of White groups vs “non-White” groups and should specify racial and ethnic groups included and conduct analyses comparing the specific groups.</p> <p>If such a comparison is justified, authors should explain the rationale and specify what categories are included in the “non-White” group.</p>
<p>Similar concerns about dichotomized comparisons of only 2 racial or ethnic groups, eg, Black vs White patients</p>	<p>If such a comparison is justified, authors should explain the rationale for this focused comparison limited to only 2 groups.</p>

# Update to JAMA Network journals' Instructions for Authors

- **With regard to the collection and reporting of demographic data on race and ethnicity:**
- The **Methods section** should include an explanation of **who identified** participant race and ethnicity and the source of the classifications used (eg, self-report or selection, investigator observed, database, electronic health record, survey instrument).
- If race and ethnicity categories were collected for a study, the **reasons** that these were assessed also should be described in the Methods section. If collection of data on race and ethnicity was required by the funding agency, that should be noted.
- **Specific racial and ethnic categories are preferred** over collective terms, when possible. Authors should report the specific categories used in their studies and recognize that these categories will differ based on the databases or surveys used, the requirements of funders, and the geographic location of data collection or study participants. Categories included in groups labeled as “other” should be defined.
- Categories should be listed in **alphabetical order** in text and tables.
- Race and ethnicity categories of the study population should be reported in the Results section.
- For more, see "[Updated Guidance on Reporting Race and Ethnicity in Medical and Science Journals.](#)"

# Inclusive Language

**Sex and Gender**

**Sexual Orientation**

**Age**

**Socioeconomic Status**

**Abilities and Disabilities**

# Definitions of Gender, Gender Identity, and Sex

- *Gender* is a **socially constructed** system of classification that ascribes qualities of masculinity and femininity to people. Gender characteristics can change over time and are different between cultures.
- Common gender terms include:
  - *Masculine/masculinity*
  - *Feminine/femininity*
  - *Woman*
  - *Girl*
  - *Man*
  - *Boy*
  - *Nonbinary*

# Definitions of Gender, Gender Identity, and Sex

- *Gender identity* is **an individual's internal sense** of their own gender. It is distinct from sexual orientation.
- Common gender identity terms include:
  - *Man*
  - *Woman*
  - *Boy*
  - *Nonbinary*
  - *Agender*
  - *Bigender*
  - *Gender diverse*
  - *Transgender* or *trans*

# Definitions of Gender, Gender Identity, and Sex

- Sex is assigned at birth and is a **medical term** designating a certain combination of gonads, chromosomes, external organs, secondary sex characteristics, and hormonal balances.
- Common terms include:
  - *Male*
  - *Female*
  - *Intersex*

# Definitions of Gender, Gender Identity, and Sex

- *Gender, gender identity, and sex* may overlap but have different meanings.
- Avoid using the terms interchangeably if possible.
- It may not be possible if:
  - The authors obtained sex or gender information from a database or dataset.
  - Participants were asked to check 1 of 2 boxes on a survey.
- Be flexible and don't reflexively change terms.

# JAMA Network Journals Instructions for Authors

## Current Guidance on Reporting Sex and Gender

- The term **sex** should be used when reporting biological factors and *gender* when reporting gender identity or psychosocial/cultural factors.
- The methods used to obtain information on sex, gender, or both (eg, self-reported, investigator observed or classified, or laboratory test) should be **explained in the Methods section**.
- The **distribution of study participants or samples should be reported in the Results section**, including for studies of humans, tissues, cells, or animals.
- **All participants should be represented**, not just the category that represents the majority of the sample.



# JAMA Network Journals Instructions for Authors

## Current Guidance on Reporting Sex and Gender

- In **research articles**,
  - Sex or gender should be reported and defined, and how sex or gender was assessed should be described.
  - Whenever possible, all main outcomes should be reported by sex (or gender if appropriate).
- In **nonresearch reports**, choose **sex-neutral terms that avoid bias**, suit the material under discussion, and do not intrude on the reader's attention.
- **NEW** Studies that address pregnancy should follow these recommendations, and if the gender identity of participants was not assessed, use the terms pregnant participants, pregnant individuals, pregnant patients, etc, as appropriate.

# Common Queries for Authors

- How was information for sex or gender obtained? Was it self-report or did it come from a database?
- Please provide the numbers and percentages for women.
- Was the gender of the study participants known?
- Can the broader term “pregnant individuals” be used here instead?

# Terms to Describe Individuals or Groups

- When referring to individuals, patients, or groups by age, use specific terms.
  - **Neonates** or **newborns** are persons from birth to 1 month of age.
  - **Infants** are children aged 1 month to 1 year (12 months).
  - **Children** are persons aged 1 to 12 years. Sometimes, children may be used more broadly to encompass persons from birth to 12 years of age. They may also be referred to as *boys* or *girls* if their gender was reported or collected.
  - **Adolescents** are persons aged 13 through 17 years. They may also be referred to as *teenagers* or as *adolescents*, depending on context. **Youth** include children and adolescents.

# Terms to Describe Individuals or Groups

- **Adults** are persons 18 years or older and may be described using their sex, gender, or gender identity as a modifier
  - Female patients
  - Participants who are intersex
  - Nonbinary individuals
- Adults can be described as *men* or *women* if their gender was collected or reported. If their sex or gender is not known, referring to them as *individuals*, *people*, *participants*, *patients*, etc, is preferred.

# Terms to Describe Individuals or Groups

- In some cases, use of *female* and *male* as nouns may be appropriate:
  - If sex is known
  - A study group is broad and comprises wide age ranges including adults and children
  - The age range is ambiguous
- In some cases, use of women and men may be appropriate:
  - Women surgeons
  - Gender disparities between men and women physicians

# Terms to Describe Individuals or Groups

- Individuals and groups can also be described by the age range of the group:
  - Participants younger than 21 years
  - Adults aged 20 to 64 years
  - Adults older than 65 years
  - Patients aged 80 to 95 years.

Collective terms be used **if the age range is described at first mention:**

- Younger patients
- Younger individuals
- Older people
- Older adults
- Older patients
- An older population
- Adults of working age

# Guidelines for Language Discussing Age

- Avoid use of any terms that could be considered ageist or connote discrimination or a negative stereotype.
  - Seniors
  - Elderly or the elderly
  - The aged
  - Aging dependents

# Guidelines for Pronouns

- Avoid using sex- or gender-specific pronouns when specificity is not relevant.
- When referring to individuals whose pronouns are known, use the person's identified pronoun, eg, she/her/hers, he/him/his, they/their/theirs.
- The singular “they” may be used when referring to individuals whose pronouns are not known.
- The terms *identified pronouns*, *self-identified pronouns*, or *pronouns* are preferred. Avoid using *preferred* or *chosen* pronouns.



# Guidelines for Language Discussing Sexual Orientation

- Sexual orientation is different from gender or gender identity.
- Sexual orientation should be indicated in a manuscript only when scientifically relevant.
- In general, it is preferred to use sexual orientation terms as adjectives and not nouns (eg, gay men, bisexual individuals, heterosexual women).
- It is acceptable to use the term *lesbian* as a noun or an adjective.
- Inclusive abbreviations such as *LGBTQ*, *LGBTQ+*, and *LGBTQIA* are acceptable, as are other versions of this acronym. These abbreviations are best for referring to groups. An individual would be referred to by their specific sexual orientation.
  - LGBTQ community
  - Lesbian woman
  - Gay man

# Guideline on Language About Socioeconomic Status

- Avoid labeling people with their socioeconomic status, such as *the poor* or *the unemployed*. Instead, terms such as *low income* and *no income* are preferred.
- When referring to countries, limited-income, low-income, resource-limited, resource-poor, transitional are preferred.
- The World Bank also categorizes countries as *heavily indebted poor countries*, *middle-income countries*, *low-income countries under stress*, and *small states*.
- Avoid use of the terms *first world/third world* and *developed/developing* as descriptors when comparing countries or regions.

# Guidelines on Discussing Patient Conditions, Diseases, Abilities, and Disabilities

- Avoid labeling people with their disabilities or diseases (eg, the blind, schizophrenics, epileptics).
- Person-first language is generally preferred.
- Identity-first language is preferred when discussing autism or deafness.
- Avoid describing persons as *victims* or with other emotional terms that suggest helplessness (*afflicted with, suffering from, stricken with, maimed*).
- Avoid euphemistic descriptors, such as *physically challenged, special, or special needs*.

# Dissemination of the guidance

- Added to the Inclusive Language section of the *AMA Manual of Style: A Guide for Authors and Editors*
- Published in *JAMA* on August 17, 2021, and freely available:  
<https://jamanetwork.com/journals/jama/fullarticle/2783090>
- Linked from all JAMA Network journals' Instructions for Authors:  
<https://jamanetwork.com/journals/jama/pages/instructions-for-authors>
- Freely available PDF on the AMA Manual of Style website:  
<https://www.amamanualofstyle.com/view/10.1093/jama/9780190246556.001.0001/med-9780190246556-chapter-11-div2-23>
- Others are welcome to use and cite this guidance
- Same plans will be in place for other sections

# Thank you for your time and attention!

Feel free to reach out:

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