# Editor-in-chief's message

## Dear Colleagues,

As an editor, author, and nurse practitioner, I believe the words we choose in writing and speaking on topics of health and healthcare are immensely important to convey ideas that are inclusive and nonbiased. There is a growing awareness that the words we use can knowingly or unknowingly be stigmatizing, disrespectful, blaming, and disempowering. We are all continuously learning how to incorporate intentionally inclusive language and avoid biased language. When we make the commitment to use inclusive and nonbiased language, we must know that choosing the correct words takes time and effort. It is not just about replacing one word with another but paying attention to the context in which the word is used to determine if it is appropriate. Our journey is fostered by a willingness to question how we have written and how we might improve as well as to share our thoughts with each other.

That being said, I want to share some thoughts on the use of two terms that have drawn my attention over time. It is not uncommon for writers and speakers to use the terms vulnerable and marginalized as adjectives to describe a particular group of individuals, especially when writing on or speaking about health-related topics.

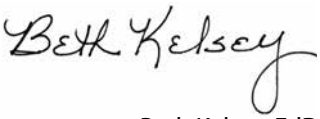
The term vulnerable is often used to denote a group with some susceptibility to inequality in access to or quality of healthcare or disparity in health outcomes. The term marginalized is often used to denote lack of inclusion in or being disregarded by some mainstream group with the causative factor being discrimination and the result being inequality in access to or quality of healthcare or disparity in health outcomes. Their use is to draw attention to these disparities, inequities, and exclusions that can lead to increased risk for or susceptibility to a particular health condition and/or lower health-related quality of life. Often, however, there is vagueness in calling out the actual causal factors and a possible perception that the disparities, inequities, and exclusions occur as a result of some condition or circumstance inherent to the particular group. These terms used as adjectives to describe a specific group can lead to the perception that they are powerless to make decisions about their own health or determine health outcomes and must depend on others to bring about improvement in their lives. The implication is that the group is responsible for their increased risk of adverse health outcomes.

With this in mind, let's consider how we might use alternate language to replace saying vulnerable or marginalized groups or populations. Doing so helps to move forward in identifying causes, explaining effects, and seeking solutions that will make a difference. Indeed, we may help others and ourselves to become more aware of causative social and structural determinants of health and what is required to address disparities, inequalities, and exclusion. This is not to say that we are always able to establish exact causality or recognize such in our writing or speaking.

One way to change this language is to move the words vulnerable and marginalized so they are not adjectives placed directly before words like group or population. For example, instead of writing, "Through research we can improve our ability to identify vulnerable populations who are more likely to experience menstrual inequities," we might write, "Through research we can improve our ability to identify *populations that are vulnerable* to menstrual inequities and the causative factors."

A variety of resources are available on changes in terminology to promote inclusivity and decrease bias. Many of these resources do use the terms vulnerable and marginalized as adjectives before words such as groups, populations, or individuals. They are not wrong or right, and the intention is good. The Centers for Disease Control and Prevention's recently released *Health Equity Guiding Principles for Inclusive Communication** encourages avoiding the use of adjectives such as vulnerable and marginalized directly in front of the word groups (or communities). They encourage instead using language focusing on the systems in place that increase risks for disparities, inequalities, and exclusion and why or how some groups are more affected than others.

It is our united efforts that will bring about a continuing evolution of language that is inclusive and consistent with the preferences of individuals or groups being discussed. I hope these efforts will spark thoughtfulness, introspection, discussions, and actions that will demonstrate our commitment to inclusion, diversity, and equity in all we do.



Beth Kelsey, EdD, APRN, WHNP-BC, FAANP

*Centers for Disease Control and Prevention. Health equity guiding principles for inclusive communication. 2021. cdc.gov/healthcommunication/Health_Equity.html.