

Inclusive Language Practices

EVI | Faculty Development and Diversity

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**Boston University
Medical Group**



Table of Contents

GUIDELINES FOR INCLUSIVE LANGUAGE PRACTICES	6
<i>PERSON/PEOPLE-FIRST LANGUAGE</i>	6
<i>CALLING IN</i>	7
IDENTITIES	7
<i>RACE + ETHNICITY</i>	7
<i>GENDER</i>	8
<i>GENDER IDENTITY</i>	8
<i>LGBTQ+</i>	8
<i>ABILITY</i>	8
PUTTING INCLUSIVE LANGUAGE INTO PRACTICE: EVALUATIONS + LETTERS OF RECOMMENDATIONS	9
APPENDIX 1 EXAMPLE LETTER OF RECOMMENDATION	10
APPENDIX 2 SAMPLE LETTER OF RECOMMENDATION	11
APPENDIX 3 ANNOTATED RESOURCES	13
APPENDIX 4 METHODS	14

These *Inclusive Language Practices* are a living document to be revised on an annual basis. Please refer back to the Office of Equity, Vitality, and Inclusion website [here](#) for the most updated version. If you would like to adapt or adopt these tools for your own use, please cite us:

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For any questions regarding this tool, please reach out to evi@bmc.org.

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Megan Bair-Merritt, MD, MSCE | Chair, Women's Leadership Advisory Council
Emelia Benjamin, MD, ScM | BUMC Faculty Development and Diversity
Angelique Harris, PhD, MA | BUMC Faculty Development and Diversity
Barbara Hayes | Integrated Insights Consulting
Marianne Jurasic, DMD, MPH | General Dentistry
Celeste Kong, DMD | General Dentistry
Mary Beth Molloy | BUMG
Hee-Young Park, PhD | BUSM
Jeffrey Schneider, MD | GME
Kate Smyth-Hammond | BUMG EVI
Manju Subramanian, MD | Ophthalmology
Robert Vinci, MD | Pediatrics

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BUMG | William Creevy, MD
BMC | Ravin Davidoff, MB, BCh
EVI | Aviva Lee-Parritz, MD
Meghan Hassinger, MBA
Makaila Manukyan, MPP
Cassandra Pierre, MD, MSc
Susannah Rowe, MD, MPH

EXECUTIVE SUMMARY

The language we use to talk and write about race, gender, sexual orientation, ability, socioeconomic status, religious affiliation, and other identities can other and marginalize people and groups or **empower people so they feel they belong**. As colleagues and health care providers, it is imperative that we consider, respect, and understand the diverse and intersecting social groups and identities that make up our rich and diverse institution, patient population, and community. This living tool provides practical recommendations and resources to incorporate and operationalize the terms defined in the [Glossary for Culture Transformation](#).

These guiding principles aim to connect you to the work while staying grounded in a solutions-based approach. Examples are given, but our goal is not to create a comprehensive list of what not to say; instead, we invite you to take this opportunity to reflect on **what you want to contribute to**. As language continues to evolve, the point is not to get it right all of the time, but to be intentional and indicate to those around us that we are sensitive to, and respect different identities.

Thank you for partnering with us in this work.

Office of Equity, Vitality, and Inclusion, BUMG
Office of Faculty Development and Diversity, BUS

*Inclusive language
acknowledges diversity,
conveys respect to all people,
is sensitive to differences, and
promotes equal opportunities.*

Linguistic Society of America

ROADMAP

EDUCATE YOURSELF ON EQUITABLE PRACTICES

- Do the work to learn about your own implicit biases and privileges, and how language can uphold systems of power and oppression
- Dig into understanding by taking implicit bias or bystander training, and reading books and articles by people from structurally marginalized identities
- Identify opportunities for allyship
- When you make a mistake, listen, apologize, and then move on

TRY NEW APPROACHES

- Call colleagues in and approach with curiosity
- Develop group agreements to address mistakes and harmful language in the moment
- Standardize using pronouns in introductions and next to your signature
- Receive correction or feedback as an opportunity to reduce harm and affirm identities
- Use a standard letter of recommendation to ensure consistency while allowing room for individualized comments and upload your writing to the Gender Bias Calculator to check your language
- Write evaluations collaboratively with your mentees and team
- Create an informal feedback group with a diverse group of colleagues to read one another's writing and check for biased language

WRITE + SPEAK INTENTIONALLY

- Use the same level of formality when introducing or referring to people
- **Avoid making assumptions. There is no hard and fast rule. If you don't know, ask**
- Be intentional about the language and images used
- Refer to a person, not their identity: focus on the individual and avoid using sexual orientation, race, gender, etc. as identifiers unless relevant
- Provide the same kinds of information and descriptions when writing about people of different groups
- Review the words you've chosen for any language that reinforces biases and stereotyping that undermines the expertise and lived experience of your colleagues

GUIDELINES FOR INCLUSIVE LANGUAGE PRACTICES

No single tool, policy, program, or strategy will remedy inequity; these guidelines are about **starting from where you are today**. Mindful use of language in our written and verbal communication affirms structurally marginalizedⁱ populations and reduces the further perpetuation of unintended harm and inequitable outcomes.

PERSON/PEOPLE-FIRST LANGUAGE

Person/people-first language tends to be the preferred option for describing individuals and groups of people with a shared identity/identities. Centering the individual as the most essential element and affirms that there is more to each of us than our descriptorsⁱⁱ. Identity-first language frames things as *I am* rather than *I have*. Ultimately, we should strive to **use language that reflect people’s choice and style in how they talk about themselves and encourage flexibility in language/word choice as the appropriate and respectful response**.



For example, the [Glossary for Culture Transformation](#) recommends using people-first language to describe the disability community, but there are people in the community who prefer to use identity-first language as it indicates that their disability is a key part of their identity and experience, not something that is negative.



Ultimately, there is no right way, and different groups have different preferences, and people within groups have different preferences. Asking first is always the best thing to do.

Additional Resource: [How to Write About People With Disabilities](#) | University of Kansas

PEOPLE/PERSON FIRST LANGUAGE	IDENTITY FIRST LANGUAGE	DIFFERENCE
“groups who are structurally marginalized”	“structurally marginalized groups”	People/person first language centers the individual and affirms we are more than our descriptors
“groups who are under-represented in medicine”	“under-represented groups”	
“a person with autism”	“an autistic adult”	Identity first language can express disability pride; some people feel person-first language avoids confronting the reality of disability, while others will prefer person first language
“the disability community”	“the disabled person”	
“a person with a disability”		
“person with obesity”	“obese person”	

CALLING IN

When colleagues share something that comes out wrong, or when a colleague is hurt by something said, we recommend “calling in” rather than “calling out”. According to Professor Loretta J. Ross, calling in “involves conversation, compassion, and contextⁱⁱⁱ” and can turn a negative experience into a teaching moment or opportunity to repair harm. Calling in should be done without shame or blame, and may be done privately or in the moment by approaching a comment with curiosity and a desire to understand.



To operationalize calling in, we recommend setting and/or revisiting group agreements at the beginning of each meeting (an example can be found [here](#)). Group agreements may include scripts for addressing harm in the moment, such as using “oops” when a participant shares something that comes out wrong, or “ouch” when a participant feels hurt by something someone else said. If necessary, there can be further dialogue about an exchange.

“OOPS”	“OUCH”
“my bad”	“let’s/can we pause for a moment”
“foot in mouth”	“time-out”
“yikes”	



Mistakes will happen. Calling in by affected parties and/or bystanders is an indicator of trust and an opportunity for growth.

IDENTITIES

One way we can support equitable outcomes for one another is to learn about our implicit biases, and build awareness of how they manifest in our verbal and written language. Becoming aware of our biases and privilege should not be viewed as a burden or source of guilt, but rather an opportunity to learn and be responsible so we can work toward a more just and inclusive community. Holding space for self-identification indicates intentionality and sensitivity to structurally marginalized groups who historically haven’t been allowed to self-identify.

This is neither a comprehensive list of identities, nor a comprehensive guide of what not to say. These high-level guidelines are grounded in being intentional, and **indicating to those around us that we are sensitive to and value different identities.**

RACE + ETHNICITY

Race^{iv} and ethnicity^v are often used interchangeably in the US, but we can reduce further perpetuation of unintended harm and inequitable outcomes by using them correctly. Although there may never be universal

agreement on racial and ethnic descriptors, we should prioritize uplifting the language of structurally marginalized groups and leaders within those groups. For example, *there is no consensus or standardization for capitalizing Black, Brown, and/or White racial groups² (unlike Latinx, Hispanic, and Asian American), and the Glossary for Culture Transformation team chose to capitalize Black, Brown, and White in alignment with leaders of color who recognize Black is a cultural identity, and a social category, as is Brown.*

Before referencing someone's race or ethnicity *in letters of recommendations and evaluations*, pause and consider if it's relevant to the work, research, etc. you are describing. If relevant, don't assume their race or ethnicity – **ask** before writing.

Additional Resource: [Inclusive Language Guide | University of South Carolina - Aiken](#)

GENDER

Decades of data shows that language-based gender biases are present in our daily interactions, and greatly influence employment and advancement opportunities. In academic medicine, this is especially concerning because introductions connote expertise and stature, whereas letters of recommendation and evaluations directly impact advancement opportunities and salary.

Operationalizing the [Review-Based Guidelines for the Equitable Appointment of Leadership Roles \(RBG\)](#) and using the [Gender Bias Calculator](#) to review the language used in letters of recommendation and written evaluations can help ensure equitable outcomes for all faculty. Making an effort to use gender neutral language (e.g. "chair the committee" vs. "man the committee") is an important first step.

GENDER IDENTITY

Not all people identify as cisgender^{vi} and not all people adhere to gender binary norms; it is best not to assume you know someone's gender identity just by their name, voice, or appearance. One way allies can support their colleagues is by normalizing the practice of including pronouns when introducing yourself, creating an email or Zoom signature, signing a letter of recommendation, etc. Doing so will also indicate that the individual, department and/or institution respects and affirms all pronouns. When in doubt, defer to using a gender neutral pronoun.

Also, using the phrase "preferred pronouns" speaks to someone's gender identity being more of a choice than a lived existence, and should be listed as their "identified" pronouns or just "pronouns."


LGBTQ+

As with racism and sexism, homophobia can be blatant, but it is the inadvertent heterosexist language that continues to uphold systems of power and oppression. As with race, ethnicity, and gender identity, you should not presume to know someone's sexual orientation; as with gender identity, using neutral language such as "partner" or "spouse" as well as "parent" or "guardian" is preferred.


Additional Resource: [Avoiding Heterosexual Bias in Language | The American Psychological Association](#)

ABILITY

Much of the language used in our culture is inherently ableist^{vii} and describes disabilities (physical and mental) in negative terms. Using an illness or a disability as an expression, or using the phrase "normal" as a standard against which others are judged



"Hi, my name is Alex and my pronouns are she/her"



"Hi, I'm Sam and my pronouns are they/them"

Authenticity is your actions and behaviors aligning with your values

PUTTING INCLUSIVE LANGUAGE INTO PRACTICE: EVALUATIONS + LETTERS OF RECOMMENDATIONS

Implicit biases in introductions, letters of recommendation, and evaluations are especially concerning, given their role in professional advancement opportunities, salary, and professional reputation. For example, men are often described using agentic words (which are correlated to leadership characteristics) such as “decisive”, “assertive”, and “independent”, whereas women are described using communal words such as “nurturing” and “gentle”. Although all the above are positive descriptors, the former is more likely to be regarded as integral to the mission and strategy of a given institution. In addition, the use of such language reinforces gender biases and stereotyping, and seriously undermines the perceived professional expertise of women. Appendix 1 provides an example of a letter of recommendation that contains gendered language (see highlights); use of such language may hinder people’s chances for promotion, selection for leadership positions, etc.

Additional Resource: [Ensuring Inclusivity in Teaching Materials and Classrooms | BUSM](#)

The following suggestions will help you mitigate inequities in the letters of recommendation and evaluation you write, and can be applied to most other forms of writing as well:

BEFORE YOU WRITE

- Take a look back at previous letters of recommendation for trends and patterns of implicit biases, and review all future writing to make sure that candidates are not described differently by gender, sex, race, ethnicity, ability, etc.
- Use standard letters of recommendation instead of narrative letters. These simple forms are easily customized, and help ensure consistency
- Write out remarks and introductions ahead of time. When referring to someone by first name or title, be sure you do the same for women and men, and that you do the same for people who identify as White as you would do for People of Color

WHILE YOU'RE WRITING

- Write evaluations collaboratively with your mentees and team
- Avoid referencing gender, race, or other demographic in letters that is not relevant to the position
- Use the same level of formality for everyone. Regardless of age, race, gender, sexual orientation, etc., refer to people from different social groups in the same manner

BEFORE YOU PRESENT OR SUBMIT

- Have you been checking your bias as you write?
- If you mentioned someone’s race, sexual orientation, sex or gender, or disability, was it necessary to do so?
- Do you use any occupational (or other) stereotypes?
- Do you provide the same kinds of information and descriptions when writing about people of different groups?
- Have you included quantitative performance assessments when possible? These are more concrete and help the reader anchor your narrative text on the performance spectrum, leaving less to chance and interpretation.
- If applicable, have you uploaded your writing to the **Gender Bias Calculator** to review your document for gender-specific words?

APPENDIX 1 | EXAMPLE LETTER OF RECOMMENDATION

It is my pleasure to be able to recommend XXXX for appointment as Clinical Instructor in the [REDACTED] [REDACTED]. (first name) is a highly likeable young woman who I had the pleasure of knowing during her two years as an [REDACTED] student [REDACTED] I came to know (first name) while acting in the role of clinical instructor [REDACTED]" during the years 2013- 2014. (first name) is a strong applicant and I am certain she would be a welcome addition to our department.

(First name) is a very bright person who was able to demonstrate a broad perspective on the field as well as intellectual curiosity. She is a warm and friendly person with whom I always enjoyed interacting, whether during our periodic record reviews or over the course of our many friendly conversations. She speaks in a clear and logical manner, while also consistently displaying a winning sense of humor. She is able to accept constructive criticism in a mature way. Importantly, she is an extremely diligent worker who is able to successfully navigate the inevitable setbacks and stresses that can accompany the practice of [REDACTED]. During our periodic record review meetings (first name) always demonstrated a high level of organization, and a strong sense of caring for her patients. With regards to other important personality traits, she also excels. She is an honest person, who demonstrates sincerity, humility, compassion, and high ethical standards.

I would rank (first name) very highly as a candidate for this position. She is clearly poised for a successful career and I am confident that our team would benefit from having her as a member. If you have any further questions about (first name), please feel free to contact me.

Sincerely ,

APPENDIX 2 | SAMPLE LETTER OF RECOMMENDATION^{viii}

[DEPARTMENT] STANDARDIZED LETTER OF RECOMMENDATION FORM

APPLICANT'S NAME:

REFERENCE PROVIDED BY:

INSTITUTION:

EMAIL:

TELEPHONE:

BACKGROUND INFORMATION

- 1) How long have you known the applicant? Less than one year
- 2) What is the nature of your contact with the applicant? Check all that apply:
 - Extended direct clinical contact (>20 hours)
 - Extended direct research contact (>20 hours)
 - Limited direct clinical contact (<20 hours)
 - Limited direct research contact (<20 hours)
 - Met with applicant 1 – 3 times to discuss application
 - Know indirectly through others/colleagues
 - Other (please specify): _____

QUALIFICATIONS: Compare the applicant to their peers

- 3) *Patient Care*: Ability to develop and justify an appropriate differential diagnosis and a cohesive treatment plan. Choose an item.
- 4) *Medical Knowledge*: Level of general + [specialty] knowledge. Choose an item.
- 5) *Professionalism*: Quality of work ethic, altruism, professional appearance, and willingness to assume responsibility. Choose an item.
- 6) *Interpersonal + Communication Skills*: Ability to interact with others on the health care team + communicate in an effective + caring manner with patients. Choose an item.
- 7) *Procedural Skills*: Ability to perform [specialty] tasks. Choose an item.
- 8) *Research*: Ability to identify a question, and to formulate + execute a cogent research plan. Choose an item.
- 9) *Initiative + Drive*: Ability to stay oriented to a goal + see tasks to completion. Choose an item.

GLOBAL ASSESSMENT

10) *Commitment to [Specialty]*: Thoughtfulness in checking their career path compared to their peers
Choose an item.

11) *Commitment to Academic Medicine*: Likelihood of pursuing a research/academic career
Choose an item.

WRITTEN COMMENTS

Please include any unique features about the applicant that are not covered above:

APPENDIX 3 | ANNOTATED RESOURCES

Files, Julia A. MD, Mayer, Anita P. MD, Ko, Marcia G. MD, Friedrich, Patricia PhD, Jenkins, Marjorie MD, Bryan, Michael J. MD, Vegunta, Suneela MD, Wittich, Christopher M. MD, Lyle, Melissa A. MD, Melikian, Ryan, Duston, Trevor BA, MA, Chang, Yu-Hui H. PhD, and Hayes, Sharonne N., MD. “Speaker Introductions at Internal Medicine Grand Rounds: Forms of Address Reveal Gender Bias,” *Journal of Women’s Health*, Volume 26, Number 5, 2017. DOI: 10.1089/jwh.2016.6044.

<https://pdfs.semanticscholar.org/778b/6d40c99bbfb6597872d8a39d8840b9c8c9d5.pdf>

Foley, M; Cooper, R; and Mosseri S. “Gender equitable recruitment and promotion: Leading practice guide,” WGEA Commissioned Research Paper, The Australian Women’s Working Futures (AWWF) Project, University of Sydney, Sydney, Australia (2019). <https://www.wgea.gov.au/data/wgea-research/gender-equitable-recruitment-and-promotion>

Friedman, Remy BS, Fang, Christina H. MD, Hasbun, Johann MD, Han, Helen BS, Mady, Leila J. MD, PhD, MPH, Eloy, Jean Anderson MD FACS, Kalyoussef, Evelyne MD. “Use of Standardized Letters of Recommendation for Otolaryngology Head and Neck Surgery Residency and the Impact of Gender,” *The Laryngoscope* 127:2738–2745, 2017. <https://pubmed.ncbi.nlm.nih.gov/28786169/>

Gaucher, Danielle, Friesen, Justin, and Kay, Aaron C. “Evidence That Gendered Wording in Job Advertisements Exists and Sustains Gender Inequality.” *Journal of Personality and Social Psychology*. 2011, Vol. 101, No. 1, 109-128. <https://doi.org/10.1037/a0022530>

Gustafsson Sendén M, Bäck EA and Lindqvist A. “Introducing a gender-neutral pronoun in a natural gender language: The influence of time on attitudes and behavior,” *Front. Psychol*. 2015. 6:893. doi: 10.3389/fpsyg.2015.00893. <https://doi.org/10.3389/fpsyg.2015.00893>

Harris, Chelsea MD, Biencowe, Natale MBBS, and Telem, Dana A. MD, MPH. “What’s in a pronoun? Why gender-fair language matters,” *Ann Surg*. December 2017; 266(6): 932–933. doi:10.1097/SLA.0000000000002505. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5774006/>

Itakura, Hiroko. “Attitudes towards the use of masculine and feminine Japanese among foreign professionals: What can learners learn from professionals?”, *Language, Culture and Curriculum*, 22:1, 29-41, DOI: 10.1080/07908310802287681. <https://doi.org/10.1080/07908310802287681>

Kimple AJ, McClurg SW, Del Signore AG, Tomoum MO, Lin FC, Senior BA. Standardized letters of recommendation and successful match into otolaryngology. *Laryngoscope*. 2016;126(5):1071-1076. doi:10.1002/lary.25637. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4842134/>

Master, Zubin. “A Mentoring Opportunity: A Joint Effort in Writing Letters of Recommendation,” *Accountability in Research*, 2017. 24:1, 52-59, DOI: 10.1080/08989621.2016.1214583 <https://doi.org/10.1080/08989621.2016.1214583>

Messner, Anna MD and Shimahara, Erika MA. “Letters of Recommendation to an Otolaryngology/Head and Neck Surgery Residency Program: Their Function and the Role of Gender,” *The Laryngoscope* 118, Lippincott,

Williams & Wilson. The American Laryngological, Rhinological, and Otological Society, Inc. (2008).

<https://pubmed.ncbi.nlm.nih.gov/18596564/>

Prewitt-Freilino, J.L., Caswell, T.A. & Laakso, E.K. “The Gendering of Language: A Comparison of Gender Equality in Countries with Gendered, Natural Gender, and Genderless Languages,” *Sex Roles* 66, 268–281 (2012). <https://doi.org/10.1007/s11199-011-0083-5>

Rivera, Lauren A. and Tilcsikb, András. “Scaling Down Inequality: Rating Scales, Gender Bias, and the Architecture of Evaluation,” *American Sociological Review* 2019, Vol. 84(2) 248–274 © American Sociological Association 2019 DOI: 10.1177/0003122419833601 <https://doi.org/10.1177/0003122419833601>

Sprague, Joey and Massoni, Kelley. “Student Evaluations and Gendered Expectations: Why What We Can’t Count Can Hurt Us. *Sex Roles*, Vol.53, Nos 11/12, December 2005. DOU: 10.1007/s11199-005-8292-4.

<https://www.researchgate.net/publication/227320290>

Szczesny, Sabine, Formanowicz, Magda, and Moser, Franziska. “Can Gender-Fair Language Reduce Gender Stereotyping and Discrimination?” *Front. Psychol.*, 02 February 2016.

<https://doi.org/10.3389/fpsyg.2016.00025>

Trix, Frances and Penska, Carolyn. “Exploring The Color Of Glass: Letters Of Recommendation For Female And Male Medical Faculty,” *Discourse & Society*, © 2003 SAGE Publications, Vol 14(2): 191–220 0957-9265 (200303) 14:2; 191–220; 026277.

<https://pdfs.semanticscholar.org/9a7c/58a58dac5b873820deab0a734e5e55b45df1.pdf>

Villablanca, Amparo C. MD, Li, Yueju MA, Beckett, PhD, Laurel A. and Howell, Lydia Pleotis MD. “Evaluating a Medical School’s Climate for Women’s Success: Outcomes for Faculty Recruitment, Retention, and Promotion,” *Journal of Women’s Health*, Volume 26, Number 5, 2017. DOI: 10.1089/jwh.2016.6018

doi: [10.1089/jwh.2016.6018](https://doi.org/10.1089/jwh.2016.6018)

APPENDIX 4 | METHODS

To ensure a comprehensive summary of resources, we conducted a multimodal approach to assess peer-reviewed publications, gray literature and practices at peer institutions. The search of the peer-review literature was done in Google Scholar using the following terms: [“inclusive language”], [“inclusive pedagogy”], [“inclusive environments” and “spaces”], [“introductions” “gender”], [“gender” “professional introduction”], [“gendered language” “evaluation”], [“gendered language” “letters of recommendation”][“gendered language” “recommendation”], [“gendered language” “professional communication”], and [“gender” “letters of recommendation”]. We also conducted additional searches for [“introduction” “race”], [“introduction” “LGBT”], [“heterosexist” “language”] [“fixing” “heterosexist” “language”], [“race” “evaluation”], [“LGBT” “evaluation”], [“race” language” “evaluation”], [“gendered language” “letters of recommendation”][“gendered language” “recommendation”], [“gendered language” “professional communication”], [“gender” “letters of recommendation”], [“ableist” “language”], [“introduction” “ability” and “disability”], [“disability” “letters of recommendation”].

A general google search of the following terms was used for the gray literature: [“Harvard business review gendered language”], [“Harvard Business Review LGBT language”], [“Harvard Business review race language”], [“Harvard business review ableist.” Other terms include: [inclusive language], [“fixing gendered language”], [“fixing gender language in introductions”], [“mitigating gendered language in reviews”], [“fixing

gendered language in reviews”, [“inclusive language in reviews”], and [“Equitable communication gender” “Equitable gender communication”]. To assess the approaches used by peer institutions, the general and human resources-specific websites of 23 peer institutions were also searched.

ⁱ We understand that structurally marginalized populations experience the disproportionate burden of harm; this Glossary thus prioritizes the experiences of populations who have been pushed to the margins by unfair systems and structures. This Glossary recognizes the power of self-defining and relies on the language used by structurally marginalized groups (with the understanding that no group is monolithic and there is immense diversity within and across identities). [Glossary for Culture Transformation](#)

ⁱⁱ Seiter, Courtney. “Inclusive Language + Vocabulary for Start-Ups”. Buffer 2018. <https://buffer.com/resources/inclusive-language-tech/>

ⁱⁱⁱ Bennett, Jessica. “What If Instead of Calling People Out, We Called Them In?” New York Times 2020 <https://www.nytimes.com/2020/11/19/style/loretta-ross-smith-college-cancel-culture.html>

^{iv} A socially constructed way of grouping people, based on skin color and other apparent physical differences, which has no genetic or scientific basis. This social construct was created

and used to justify social, political, and economic oppression of people of color by White people. [Glossary for Culture Transformation](#)

^v Classification of human based on shared cultural heritage, such as place of birth, language, customs, etc. Do not use “race” as a synonym. [Glossary for Culture Transformation](#)

^{vi} A person whose gender identity and assigned sex at birth *corresponds*. [Glossary for Culture Transformation](#)

^{vii} Beliefs or practices that rest on the assumption that being able-bodied is “normal” while other states of being need to be “fixed” or altered. This can result in devaluing or discriminating against people with physical, intellectual or psychiatric disabilities. Institutionalized ableism may include or take the form of un/intentional organizational barriers that result in disparate treatment of people with disabilities (PwDs). [Glossary for Culture Transformation](#)

^{viii} See Kimple AJ, McClurg SW, Del Signore AG, Tomoum MO, Lin FC, Senior BA.