

## Houston Area HIV Services Ryan White Planning Council

### Language Workgroup Meeting 1:30 p.m., Thursday, February 20, 2025

In Person Meeting Location: 1440 Harold Street, Houston, Texas 77006

Join Zoom Meeting by clicking:

<https://us02web.zoom.us/j/8899837982>

Meeting ID: 889 983 7982

Or, dial in by calling 346 248-7799

### Agenda

*Please note that the use of artificial intelligence (AI) is prohibited at Ryan White sponsored meetings.*

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*Purpose of the Workgroup: To determine language that the Houston Planning Council will use when referring to the Hispanic/Latino/Latinx/Latine community.*

- I. Call to Order Josh Mica, He/Him/El, Chair  
RW Planning Council
  - A. Welcoming Remarks
  - B. Moment of Reflection
  - C. Adoption of the Agenda
  - D. Purpose of the Workgroup – see above Tori Williams,
  
- II. Available Resources Rod Avila
  - A. National Inst. of Allergy & Infectious Diseases  
HIV Language Guide
  - B. Harris County Language Access Guide
  - C. Other
  - D. Results of the Houston Community Survey
  
- III. Next Steps
  - A. Make a motion
  - B. Gather more information
  - C. Meet again
  
- IV. Announcements
  
- V. Adjournment

# HIV Language Guide

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NIAID

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National Institute of Allergy and Infectious Diseases

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Institutes of Health  
National Institute of Allergy and Infectious Diseases

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## Background

This update of the HIV Language Guide was led by the Workforce Operations, Communications, and Reporting Branch (WOCR) in the Division of AIDS (DAIDS) in the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH).

The first iteration of the NIAID HIV Language Guide (hereafter referred to as “Language Guide”) was created in February 2020 by the NIAID Office of Communications & Government Relations (OCGR) News & Science Writing Branch (NSWB) with input from DAIDS WOCR. Input and review were solicited from representatives of NIH, other public health organizations, and community-based groups to help ensure scientific accuracy, community buy-in, and cultural relevance. The Language Guide was intended to be a living document, subject to change as language standards in various fields may evolve.

For this 2024 edition, the Language Guide was circulated for feedback from all the community groups associated with NIAID-funded research networks and programs, including network and site-level community working groups and community advisory boards (CABs) of the [AIDS Clinical Trials Group](#), [HIV Prevention Trials Network](#), [HIV Vaccine Trials Network](#), [International Maternal Pediatric Adolescent AIDS Clinical Trials Network](#), [the Martin Delaney Collaboratories](#), and the [Centers for AIDS Research](#) (CFAR). It also was shared with the [Legacy Project](#) and other working groups supported by the [Office of HIV/AIDS Network Coordination](#) (HANC), including the Women’s HIV Research Collaborative, the Latinx Caucus, Community Partners, the American Indian and Alaska Native Working Group, the New Investigators Working Group, the Communications Working Group, and the Minority-Serving Institution Working Group. Feedback and suggestions were incorporated as appropriate.

Guidance documents and learning modules compiled by the DAIDS Cross-Network Transgender and Gender Diverse Working Group and the [2019-2023 Trans-NIH Strategic Plan for Women’s Health Research](#), compiled by the Office of Research on Women’s Health (ORWH), also informed language standards in the section “Sex, Gender & Sexuality.”

Language guidance for the “Substance Use” chapter was initially informed by a 2017 Office of National Drug Control Policy [memorandum](#) entitled “Changing Federal Terminology Regarding Substance Use and Substance Use Disorders,” as well as by [training resources](#) compiled by the Substance Abuse and Mental Health Services Administration and its partners. This section was carefully reviewed and updated by the National Institute on Drug Abuse (NIDA) Communications Branch to align with NIDA’s [resources on non-stigmatizing language](#).

To ensure accuracy and consistency, the Language Guide was then reviewed by representatives from across NIH, including the Office of AIDS Research, the Sexual and Gender Minority Research Office, ORWH, the Tribal Health Research Office, as well as NIDA, National Institute of Mental Health, National Institute on Aging, National Institute of Alcohol Abuse and Alcoholism, National Institute on Minority Health and Health Disparities, and the *Eunice Kennedy Shriver* National Institute of

Child Health and Human Development. A review also was provided by the Tuberculosis Trials Consortium Community Research Advisory Group. The final review was provided by NIAID's OCGR and NIAID, DAIDS, and HANC leadership.

## Contacts

If you are an NIH employee, the NIAID Office of Communications & Government Relations is available to assist with your communications needs and can consult on the appropriate use of language. Contact them at [NIAIDNews@niaid.nih.gov](mailto:NIAIDNews@niaid.nih.gov).

## About This Guide

This guide includes language suggestions for communicating about HIV and related topics. While it was originally designed to help NIAID staff communicate with empowering rather than stigmatizing language, especially as it relates to HIV, it was quickly recognized that it has value beyond NIAID.

This guide aims to help scientists, administrators, and researchers use fair, accurate, and respectful language and aid funded research networks, sites, centers, investigators, and stakeholders as they draft protocols and develop communications and outreach materials.

The Language Guide describes current thinking and best practices and procedures. NIAID strongly encourages use of person-first, non-stigmatizing language in all communications, including, but not limited to grant applications, contracts, publications, presentations, abstracts, and press materials. Prior to meetings and conferences, and when requests for reports, applications, and other communications are made, NIAID will emphasize its expectation that person-first language be used, and that stigmatizing language not be used (the most used stigmatizing terms will be highlighted and a link to the Language Guide made available). NIAID will actively work to advocate for the use of accurate and appropriate language throughout NIAID as well across the National Institutes of Health and the Department of Health and Human Services.

This document will be periodically reviewed and updated as needed to ensure that it remains current.

**Note:** The language guidance described in this guide applies primarily to English speakers in the United States. Language varies in different contexts, and translation can also change the connotation of certain phrases. While great care was taken to incorporate perspectives from many different communities, language varies over time and place and is constantly evolving. Similarly, while NIAID will continually review this document for accuracy and relevance, language guidance is subject to change.

Below are a few examples of the impact that language can have:

*“Change the language to end HIV stigma. Hope I have communicated clearly.”*

—Ugandan advocate Dric Adoni tweets about stigmatizing language around HIV from a popular youth HIV awareness event, the Y Plus Beauty Pageant.

*“OMG! The current [#ACTGannualmeeting] plenary presenter stopped herself mid-sentence from almost saying ‘HIV-infected’ participants & changed it to ‘participants with HIV.’”*

—American educator and autism and HIV advocate Morénike Giwa Onaiwu complimented person-first language used by a presenter at ACTG annual meeting.

*“There are not ‘difficult to reach people’ only services which are not well designed, #language is part of creating #stigma #NHIVNA #HIV”*

—UK-based HIV advocate Silvia Petretti makes the point that “difficult to reach people” puts the onus of obtaining HIV services on individuals facing adversity rather than on public health efforts.

## Introduction

*“We condemn attempts to label us as ‘victims,’ a term which implies defeat, and we are only occasionally ‘patients,’ a term which implies passivity, helplessness, and dependence upon the care of others.*

*We are ‘People With AIDS.’”*

— The Denver Principles (1983)

Since a group of people living with AIDS<sup>i</sup> wrote the self-empowerment manifesto known as *The Denver Principles* in 1983, language has been a central theme in efforts to dismantle the stigma around HIV. Many HIV advocacy groups and media outlets embrace slogans such as “language matters” and promote primers on using empowering language, as do other advocacy and health organizations.

Conversations about language choice frequently come up during conferences and listening sessions.

While everyone agrees that language matters, not everyone always agrees on the appropriate or acceptable terminology.

Language norms vary geographically, culturally, and over time. It is best to embrace the reality that language is constantly evolving, and it is up to us to evolve with it from a place of respect and humility.

**When scientists and administrators write or speak about HIV, the words they choose have the power to perpetuate ignorance, bias, and stigma. Conversely, they have the power to represent people and ideas respectfully and accurately.**

Empowering language remains an important focus for the HIV workforce because language has the potential to perpetuate stigma, and as studies continue to show, stigma helps perpetuate the HIV epidemic.<sup>ii</sup>

While many factors that contribute to health-related and societal stigmas are entrenched and systemic, NIAID staff and other groups that work with NIAID, such as grantees, contractors, and collaborators, have the immediate power and opportunity to improve language and lead by example.

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## Quick Tips

### Use the Platinum Rule

- **“Treat others as they wish to be treated.”**

Many learn as children that the best way to respect others is to follow the Golden Rule: “Treat others as you wish to be treated.” Many advocates in the HIV community promote the Platinum Rule: “Treat others as they wish to be treated.”

### Use Person-First Language

■ **Generally, most people prefer person-first language that emphasizes humanity, highlights autonomy, and promotes the idea that most people’s disabilities are just one facet of their life and identity.**

This is particularly true for people with an acquired, chronic illness (i.e., “person with diabetes” instead of “diabetic”).

### Know Your Audience

- **When possible, proactively seek input from the community you are discussing or describing.**

Remain receptive to feedback from those who are most affected by stigmatizing language and prioritize expertise from their lived experiences.

While some may find this to be a challenge, investing in respectful communication can strengthen the relationship between researchers and the public they are trying to reach.

### Rephrase or Reframe

■ **Finding the most appropriate language may mean rephrasing or reframing a message instead of just replacing terms.**

Recognize that there may not be a universal “right” answer for how to discuss a certain topic.

### Consider the Context

- **Choosing appropriate language always depends on the context in which the language appears.**

While the principles in this guide may be applied broadly to scientific talks, notices of funding opportunities (NOFOs), requests for proposals (RFPs), media interviews, developing study protocols, and public calls for clinical research participation, including outreach materials, other contexts may call for specific language that does not fit neatly into the following guidelines.

## Choose the Right Image

- **Be mindful of how an image you use may affect diverse audiences.**

Written and spoken words are only two facets of communication. Images and body language also convey messages, tone, and—unfortunately—stigma.

Images can contribute to racial bias and stigma,<sup>iii</sup> and advocates for people who use substances caution against using images of alcohol, syringes, or pills in relation to substance use, as these may be triggering for someone in recovery.

- **In the context of HIV, most advocates prefer images that highlight people living vibrantly with HIV to those that may show graphic depictions of symptoms of HIV.**

Consider how images related to pregnancy and perinatal transmission of HIV are used, considering pregnant people as individuals rather than just vessels for a baby.<sup>iv</sup> For example, images showing the pregnant person's whole body are more humanizing than those cropped to show only the abdomen.<sup>v</sup>

- **Images need to be representative of the demographics of a given region or country in terms of race, sex, age, and other characteristics.**

For example, in the United States, more than half of people living with HIV are over 50 years of age, and images should reflect this context.

# Stigmatizing Terms and Alternatives

## Key Terms To Avoid

Some of the more commonly used yet most critical terms to avoid are highlighted below; additional stigmatizing terminology and suggested alternatives, along with the rationale, are provided in the main text of the guide.

Stigmatizing Terms To Avoid	Use These Alternatives
HIV-infected, HIV-infection*, HIV-positive [people, individuals, populations]	People living with HIV, people with HIV ( <i>*see page 8 for comments on use of “HIV-infection”</i> )
Subject	Participant, volunteer
Sterilizing cure	HIV eradication, HIV clearance
AIDS (when referring to the virus, HIV)	HIV, HIV and AIDS when referring to both
Mother-to-child transmission	Perinatal transmission
Verticals	Lifetime survivors
At-risk or high-risk person/population	Person/population with greater likelihood of ..., high incidence population, affected community
Target population	Key population/engage or prioritize a population
Hard-to-reach population	Under-resourced, underserved by [specific resource/service], population(s) experiencing discrimination/racism/transphobia

## HIV-Specific Terminology

Stigmatizing Terms To Avoid	Use These Alternatives	Here’s Why
<p><b>AIDS (when referring to the virus, HIV)</b></p> <p><i>Related terms to avoid:</i> <i>Died of AIDS</i></p>	<ul style="list-style-type: none"> <li>✓ HIV</li> <li>✓ HIV and AIDS (when referring to both)</li> <li>✓ Died from complications related to HIV</li> <li>✓ Died of an AIDS-related illness</li> </ul>	<p>AIDS itself is not a condition; it is a range of conditions, or a syndrome, that occurs when a person’s immune system is weakened by HIV. There is stigma associated with AIDS, so HIV is preferred and most often more accurate. The other terms listed avoid the incorrect assumption that AIDS is uniformly fatal and clarify that opportunistic infections are the acute cause of death.</p>

HIV-Specific Terminology (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>HIV infection/HIV-infected</b></p> <p><i>Related terms to avoid: HIV-infected people, HIV positives, HIV carriers, people infected with HIV, HIV-uninfected people</i></p>	<ul style="list-style-type: none"> <li>✓ HIV</li> <li>✓ People/person living with HIV</li> <li>✓ People/person with HIV</li> <li>✓ HIV status</li> <li>✓ HIV diagnoses</li> <li>✓ HIV acquisition</li> <li>✓ HIV transmission</li> </ul>	<p>“Infection” carries the stigma of being contagious, a threat, or unclear. HIV advocates frequently highlight the damaging consequences of this word choice. In specific situations, the term “HIV infection” is necessary to describe the biological process. In most cases, however, “HIV” alone accomplishes the necessary communication.</p> <p>Person-first language emphasizes humanity. “Living with” is an affirmation of life many advocates prefer. “Poz” is also sometimes used by community members themselves.</p>
<p><b>HIV cases</b></p>	<ul style="list-style-type: none"> <li>✓ People/person living with HIV</li> <li>✓ People/person with HIV</li> <li>✓ People/person newly diagnosed with HIV</li> <li>✓ People/person who recently acquired HIV</li> </ul>	<p>People should not be described as a “case,” as this term deemphasizes humanity and implies burden.</p> <p>Person-first language should be used when referring to people who are newly diagnosed with HIV. When referring to general incidence, however, it is acceptable to refer to the data using terms such as “cases,” “diagnoses,” and the term “incidence” itself, which is the most objective term.</p>
<p><b>Sterilizing cure</b></p> <p><i>Related terms to avoid: HIV elimination, natural cure, functional cure, remission*</i></p>	<ul style="list-style-type: none"> <li>✓ Clearance of HIV<sup>vi</sup></li> <li>✓ Clearance cure</li> <li>✓ HIV clearance</li> <li>✓ HIV eradication</li> <li>✓ Viral control off therapy<sup>vii</sup></li> <li>✓ ART-free virologic control</li> <li>✓ Post-intervention control</li> <li>✓ Virologic suppression off therapy</li> <li>✓ Investigational control</li> </ul>	<p>“Elimination” implies that people living with HIV must disappear to achieve an end to the epidemic. The other terms are considered offensive, inappropriate, or inaccurate. “Sterilizing” should not be used as it has a negative connotation given historic sterilization campaigns and may discourage participation in research.</p> <p>* “Remission” should not be used when referring to virologic control off therapy. Virologic control is defined as undetectable virus off therapy (outside of a clinical setting) using a standard clinical assay. Non-standard assays can detect the presence of replication-competent virus. Remission is appropriate when referring to an individual who was thought to have all replication-competent virus removed when samples were analyzed using non-clinical assays, however rebound eventually occurred.</p>

### HIV-Specific Terminology (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p>Unlikely or impossible to transmit HIV (with regard to PrEP use)</p> <p><i>Related terms to avoid: effectively impossible to transmit HIV, people who have an undetectable viral load have little risk of transmission, almost no risk greatly reduces risk, close to zero risk</i></p>	<ul style="list-style-type: none"> <li>✓ Undetectable equals Untransmittable (U=U)</li> <li>✓ People with undetectable viral load cannot/do not/will not transmit HIV sexually</li> </ul>	<p>Describe the principle of treatment as prevention, or “Undetectable equals Untransmittable,” clearly and consistently. It is inaccurate to use qualifiers that suggest U=U is only somewhat effective. Unnecessary qualifiers perpetuate the overestimation of the likelihood of HIV transmission.</p>

### Research Terminology

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p>Subject</p> <p><i>Related terms to avoid: research subject, patient, client</i></p>	<ul style="list-style-type: none"> <li>✓ Participant</li> <li>✓ Research or study participant</li> <li>✓ Volunteer</li> </ul>	<p>“Subject” is dehumanizing and denotes a hierarchical system where a group of people are subject to the will of another (such as the researcher). The term does not recognize the autonomy of the individual. Not all participants are patients, particularly in research involving people who are generally in good health. “Client” and “consumer” do not typically apply to the research setting.</p>
<p>Experiment/ Experimental</p>	<ul style="list-style-type: none"> <li>✓ Clinical trial</li> <li>✓ Study</li> <li>✓ Novel</li> <li>✓ Investigational*</li> </ul>	<p>“Experiment” tends to evoke the image of lab mice rather than people who are participating in research.</p> <p>*“Investigational” is a broadly used regulatory term that may be necessary to use in certain contexts; however, some people report “investigational” has a similar connotation to “experimental,” preferring “novel” be used when possible.</p>
<p>Target (a population)</p>	<ul style="list-style-type: none"> <li>✓ Engage (a population)</li> <li>✓ Prioritize</li> <li>✓ Priority population/group</li> <li>✓ Key population/group</li> </ul>	<p>The preferred terms emphasize community-oriented, participatory approaches to ending an epidemic instead of paternalistic, top-down approaches.</p>

Research Terminology (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>Hard-to-reach (populations/ individuals)</b></p>	<ul style="list-style-type: none"> <li>✓ <b>People who are underserved by [specific service/ resource]</b></li> <li>✓ <b>Underrepresented</b></li> <li>✓ Population(s) experiencing discrimination/racism/transphobia</li> <li>✓ People/person who are medically underserved or lack access to health care services</li> <li>✓ People/populations with low incidence</li> </ul>	<p>“Hard to reach” places the blame on the individuals and communities in question. The preferred terms put the onus on the health sector rather than communities. Naming the specific systems and structures causing the lack of engagement (e.g., racism, transphobia) is better than being vague about why a population is not being reached.</p>

Research Terminology (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>At-risk or high-risk (people/population/group)</b></p> <p><i>Related terms to avoid: increased risk, vulnerable, marginalized</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Affected community/population</b></li> <li>✓ High-incidence population</li> <li>✓ People/populations with high incidence</li> <li>✓ Communities overrepresented in the HIV epidemic</li> <li>✓ Disproportionately affected</li> <li>✓ People/person most in need of...</li> <li>✓ People/person with greater likelihood of...</li> <li>✓ People/person exposed to HIV</li> <li>✓ People/person in communities with high HIV incidence</li> <li>✓ People/person with certain risk factors</li> <li>✓ People/person who could benefit from HIV prevention or treatment options</li> </ul> <p>If possible, reference the specific causal factors.</p> <ul style="list-style-type: none"> <li>✓ Groups that have been [economically/socially] marginalized</li> <li>✓ Groups at higher risk of [outcome]</li> <li>✓ Groups experiencing disadvantage</li> <li>✓ Groups experiencing a disproportionate impact [of HIV]</li> <li>✓ Population of focus</li> <li>✓ Under-resourced communities</li> </ul>	<p>People and communities are not inherently “risky” and “high-risk.” Terms such as “vulnerable,” “marginalized,” and “high-risk” are stigmatizing and convey judgment. The preferred terms acknowledge societal challenges and accurately reflect disease dynamics.</p>

## Research Terminology (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
Treatment default	<ul style="list-style-type: none"> <li>✓ Treatment non-completion</li> <li>✓ Interruption in treatment</li> </ul>	<p>“Default” is a negative term that implies judgment about the person who did not complete treatment.</p>
<p><b>Compliance</b></p> <p><i>Related terms to avoid: adherence/adherent*</i></p>	<ul style="list-style-type: none"> <li>✓ Continuity of treatment</li> <li>✓ Continuity of care</li> <li>✓ Taken as prescribed</li> </ul>	<p>“Compliance” implies passive behavior/ following instructions or orders. *While “adherence/adherent” is preferred to “compliance,” using “continuity of treatment” or “continuity of care” acknowledges that sometimes treatment is interrupted due to circumstances beyond a person’s control.</p> <p>This language shift is intended to focus on the circumstances (whether treatment is occurring for any reason) vs. the presumption that access to and taking of medicine is entirely at the will of the individual. Continuation of medication is not limited to treatment and should be revisited when discussing taking medications for PrEP use as well. “Taken as prescribed” provides a clear alternative that suggests that medication is taken whether needed daily or monthly.</p>

## Sex, Gender, and Sexuality

### Definition of Terms

#### Gender

##### Cisgender Person

A person whose gender identity is aligned with their sex assigned at birth, sometimes abbreviated as “cis.”

##### Gender

A composite of socially constructed roles, behaviors, activities, and/or attributes that a given society considers appropriate, often based on sex assigned at birth. The gender binary of “man” and “woman” has been imposed, perpetuated, and reinforced through colonialism, but many nonbinary genders have existed throughout human civilization and still exist today despite the widespread imposition of the gender binary.

##### Gender Expression

How one chooses to convey one’s gender identity through behavior, clothing, and other external characteristics.

**Gender Fluid**

Person whose gender identity shifts between different genders (or no gender).

**Gender Identity**

An individual's sense of being a man, boy, woman, girl, nonbinary, gender fluid, intersex, genderqueer, gender nonbinary, Two-Spirit (used by some indigenous peoples), etc.; culturally dependent and not necessarily visible to others.

**Gender Nonbinary**

A person who does not identify within the confines of a binary gender construct. “Nonbinary” is an umbrella term that refers to people who do not identify within a single category of man or woman. Other terms include genderqueer, gender nonconforming, and Two-Spirit.

**Gender Nonconforming**

A person whose gender expression is not consistent with the societal or cultural norms expected of that gender.

**Genderqueer**

A person who does not necessarily identify solely as a man or woman or subscribe to conventional gender distinctions.

**Misgender**

To refer to someone, especially a transgender person, using a word, pronoun, or address that does not correctly reflect their gender identity.

**Transgender or Trans**

An umbrella term that includes many different gender identities and that typically is used by people whose gender identity differs from the sex they were assigned at birth.

**Two-Spirit**

An umbrella term used by some indigenous people around the world to describe sexual and gender minority people in their communities, including individuals otherwise known as transgender, bisexual, gay, lesbian, and/or queer. The term was created by and for indigenous peoples, and it was not created to be used as an identity marker for non-indigenous people. Because the term “Two-Spirit” can have different meanings, it may be important to ask follow-up questions to understand what it means to a person who uses the term to describe themselves.

**Identity and Specificity**

In certain contexts, it may be appropriate to use language that explicitly references sexual behaviors instead of referencing sexual orientations and gender identities. For example, a study may evaluate the ability of an experimental modality to prevent HIV transmission during anal intercourse between people assigned male at birth who identify as men. While many participants enrolled in this study may identify as gay or bisexual, there may be others who do not identify this way but nonetheless have anal intercourse with other cisgender men. In other words, medical specificity to describe behavior should be accounted for outside of individuals' identity around sexual

orientation. In this case, an accurate description of the enrolled participants is “cisgender men who have sex with men.”

**All science takes place in a cultural context, which must be considered when we prepare written materials for the public.**

### **Pronouns**

Because gender identity is an internal characteristic that should not be assumed, a person’s pronouns should not be assumed either. In addition to the binary English pronouns “she/her” and “he/him,” some people may use nonbinary pronouns, including the pronouns “they/them” used as singular terms, among others. When using the singular “they,” still conjugate the verb as a plural, as in, “they are gender nonbinary.” Nonbinary pronouns should be incorporated into study protocols and other study documents when gender identity is not a specific element describing the study population; the binary pronouns “he or she” should not be used by default.

**It is always appropriate to ask someone what pronouns they use.**

It is best to first model the behavior by stating your own pronouns before asking for someone else’s, which helps convey understanding and lets someone know that it is a safe space to disclose one’s pronouns. For example, “I’m Charlie, and I use he/him pronouns. How would you like me to address you?” It can be extremely offensive and harmful to misgender someone by using incorrect pronouns. When writing about a hypothetical person, like an anonymous participant in a study enrolling people of all genders, use the singular “they” or “their” rather than “he or she” or “his or hers” to be inclusive.

### **Relationships**

Avoid language that assumes the nature of a given relationship.

**Use the terminology described by the individual participant when possible, or simply use the neutral term “sexual partner(s).”**

For example, be mindful that not all sexual partners are romantically involved, which may be implied by terms like “couples.” Similarly, do not assume that sexual partners are monogamous or that there is only one way to define monogamy.

## **Sex and Sexuality**

### **Intersex**

Term used for a variety of conditions that do not seem to fit the typical definitions of female or male, also known as variations in sex characteristics. Additionally, it can be used to refer to people who are born with genitals, reproductive organs, or chromosomal patterns that do not fit standard definitions of male or female or develop these differences in puberty. There are also genetic tests that can identify intersex conditions pre-birth<sup>viii</sup>. In other contexts, it may be appropriate to highlight sexual orientation. Using this language can honor the contributions of these communities or connect with people on an identity level. For example, one might say, “The advocacy group aims to increase PrEP use among gay, bisexual, and other men who have sex with men of color.”

## **Sex**

Typically categorized as male, female, or intersex based on chromosomes and genetics, hormones, and anatomy. Intersex and nonbinary sex assigned at birth exists in some places (e.g., currently, 17 U.S. states allow X on original birth certificates).<sup>ix</sup>

## **Sex Assigned at Birth**

Historically determined when a health care provider inspects a newborn baby’s genitalia and/or through genetic testing and anatomy scans during pregnancy. The infant’s sex is traditionally assigned as male or female on their birth certificate, although intersex and nonbinary sex assigned at birth exists in some places (e.g., currently, 17 U.S. states allow X on original birth certificates).<sup>x</sup>

## **Sexual Orientation**

### **Asexual**

An umbrella term describing people on a spectrum of sexuality, including people who experience no sexual feelings or desires, to people who only experience sexual attraction under certain conditions (such as emotional attraction as a prerequisite for sexual attraction).

### **Bisexual**

Having the potential to be emotionally, romantically, and/or sexually attracted to people of the same and different gender—not necessarily at the same time, in the same way, or to the same degree.

### **Gay**

Having the potential to be emotionally, romantically, and/or sexually attracted to people of the same gender.

### **Lesbian**

Refers to someone who identifies as a woman who has a romantic and/or sexual orientation toward other people who identify as women. Some nonbinary people also identify with this term.

### **Pansexual**

Not limited in sexual attraction with regard to sex, gender identity, or gender expression.

### **Queer**

People who identify as queer may think of their sexual orientation and/or gender identity as characterized by nonbinary constructs of sexual orientation, gender, and/or sex. (The term is considered more fluid and inclusive than traditional categories for sexual orientation and gender identity, and some even use the term to describe their political beliefs. Once considered a pejorative term, queer has been reclaimed by some LGBTQIA+ people who self-identify as queer; however, it is not a universally accepted term.)

## Stigmatizing Terms and Alternatives

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
Sexual preference	✓ Sexual orientation	“Preference” suggests that non-heterosexuality is a choice, a concept often used to discriminate against LGBTQIA+ communities. “Preference” also suggests a single selection from two or more choices, excluding bisexual people and pansexual people, among others.
Men who have sex with men (MSM)	✓ Gay, bisexual, and other men who have sex with men (GBMSM)*	<p>Many gay men do not like to be referred to solely as men who have sex with men. Spelling out MSM—gay, bisexual, and other men who have sex with men—is more respectful.</p> <p>*It is acceptable to use “MSM” for brevity or in a table/chart, preferably with the explanation that this covers gay, bisexual, and other men who have sex with men at first instance. It is also important to use this term inclusively for transgender men unless otherwise specified. When referring exclusively to cisgender men, always specify “cisgender” and vice versa.</p>
Unprotected sex <i>Related terms to avoid: unsafe sex, protected sex, safe sex</i>	✓ Condomless sex ✓ Sex without the use of condoms or other prevention tools	The preferred terms are more specific, accurate, and remove judgment. Condomless sex may still involve prevention efforts because there are other ways to prevent HIV (e.g., TasP, PrEP).
Promiscuous	✓ Has multiple sexual partners	Avoid “promiscuity” and its derivatives as it is an unnecessary value judgment.
Female condom Male condom	✓ Condom ✓ Internal condom ✓ External condom	“Condom” should be used more generically, but when there is a specific reason, internal or external condom can be used. Some transgender men and nonbinary people may use internal condoms, and people of all genders can use internal condoms for anal sex. People of all genders may cut condoms to create dental dams.

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>Sex at birth</b>  <i>Related terms to avoid:</i>  <i>biological sex, born male/female, natal sex</i></p>	<ul style="list-style-type: none"> <li>✓ Sex assigned at birth</li> <li>✓ Assigned female/male at birth (AFAB/AMAB)</li> </ul>	<p>The preferred terms factually recognize that sex—and, by extension, gender—is assigned. They affirm gender as a social construct that may differ from one's assignment at birth.</p>
<p><b>Female to male (FTM)</b>  <i>Related terms to avoid:</i>  <i>used to be a woman, born a woman</i></p>	<ul style="list-style-type: none"> <li>✓ Transgender man</li> <li>✓ Trans masculine</li> <li>✓ Trans man</li> </ul>	<p>FTM refers to a person who identifies as a man but was assigned female at birth; it is not a respectful way of acknowledging or referring to someone's gender. "Trans" is an adjective that helps describe someone's gender identity, and it should be treated like other adjectives.</p>
<p><b>Male to female (MTF)</b>  <i>Related terms to avoid:</i>  <i>used to be a man, born a man, male-to-female (MTF)</i></p>	<ul style="list-style-type: none"> <li>✓ Transgender woman</li> <li>✓ Trans feminine</li> </ul>	<p>MTF refers to a person who identifies as a woman but was assigned male at birth; it is not a respectful way of acknowledging or referring to someone's gender.</p>
<p><b>Transgendered</b>  <i>Related terms to avoid:</i>  <i>Transgenders, a transgender, transgenering</i></p>	<ul style="list-style-type: none"> <li>✓ Transgender person</li> </ul>	<p>"Transgendered" is a dated term that suggests a point in time in the past when a person "became" transgender, which diverges from the lived experiences of most transgender people. Similarly, "transgenders" is dated and does not emphasize humanity.</p>
<p><b>Sex change</b>  <i>Related terms to avoid:</i>  <i>Pre-operative/post-operative, gender re-assignment surgery</i></p>	<ul style="list-style-type: none"> <li>✓ Gender affirmation</li> <li>✓ Gender confirmation</li> <li>✓ Transition</li> <li>✓ Transitioning</li> </ul>	<p>"Gender affirmation" and "transition" define the interpersonal, interactive process whereby a person receives social recognition and support for their gender identity and expression. This process can but does not necessarily involve medical intervention, which can include hormone therapy and one or more surgeries to affirm one's gender. Gender-affirming hormone therapy (GAHT) is preferable to feminizing hormone therapy or masculinizing hormone therapy. "Pre-/post-operative" may still be used in medical literature but should not be applied to a specific person without their consent.</p>

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<b>Hermaphrodite</b>	<ul style="list-style-type: none"> <li>✓ Variations in sex characteristics</li> <li>✓ Intersex identity</li> <li>✓ Person who is intersex</li> </ul>	<p>“Variations in sex characteristics” and “intersex identity” are preferred. “Variations in sex characteristics” is an inclusive umbrella term that refers to congenital atypical variations in the development of chromosomal, gonadal, or anatomical sex. Many, but not all, people with variations in sex characteristics identify as intersex. It is always best to ask how one identifies. Hermaphrodite is considered offensive because of its mythical origin and historically derogatory use.</p>
<b>Man/men</b>	<ul style="list-style-type: none"> <li>✓ Cisgender man/men (CGM)</li> <li>✓ Transgender man</li> <li>✓ Person assigned male sex at birth</li> </ul>	<p>In protocols, when the term “man” is used, people often intend it to refer to 1) cisgender men and/or 2) anyone who was assigned male sex at birth, regardless of current gender identity. It is important to be specific to ensure accuracy, as the term “man” is vague and does not encapsulate the distinctive features of either of these 2 groups. If used, it should be defined first.</p> <p>We recommend not using “men and women” unless people who are nonbinary and gender fluid are explicitly excluded, as that also reinforces the binary. Instead, it is best to use “people,” “people of all genders,” “all people,” or “men, women, and gender nonbinary people.” This last suggestion is the most inclusive option as it explicitly names the inclusion of gender nonbinary people.</p>
<b>Woman/women</b>	<ul style="list-style-type: none"> <li>✓ Cisgender woman/women</li> <li>✓ Transgender woman</li> <li>✓ Assigned female at birth</li> </ul>	<p>The same is true for the use of “women.”</p>

## Pregnancy and Family

- Do not assume a given family dynamic or relationship between parent and child.

Be mindful that children are raised by biological parents, as well as by adoptive parents and other caregivers. Often, language around pregnancy, childrearing, and family can reinforce gender-stereotyped roles. Avoid language that implies childcare or ensuring a child’s health is the sole responsibility of women or mothers. Similarly, avoid language that portrays pregnant or breast/chestfeeding people as mere vessels supporting a child.

Pregnancy is not limited by gender, and language around pregnancy and birth should reflect this fact. In research protocols that do not contain gender-based eligibility criteria, language such as “pregnant women” and “mother” may incorrectly imply that participants who do not identify as women or mothers are not eligible, so gender-neutral language should be used. In studies that do contain gender-based eligibility criteria, it may be appropriate and even affirming to refer to “women” and “mothers;” however, studies with gender-based exclusion criteria must provide explicit justification for excluding potential participants based on their gender identity.

## Stigmatizing Terms and Alternatives

Stigmatizing Terms To Avoid	Use These Alternatives	Here’s Why
Mother-to-child transmission (MTCT)	<ul style="list-style-type: none"> <li>✓ Perinatal transmission</li> <li>✓ Vertical transmission</li> </ul>	The preferred terms do not place blame on pregnant people. They also focus objectively on the mode of transmission rather than the subjective, assumed identities of the people involved.
Verticals	<ul style="list-style-type: none"> <li>✓ Lifetime survivors</li> </ul>	People who acquire HIV in utero or during breastfeeding often refer to themselves as “lifetime survivors.” Another community-generated term is “dandelions,” which is based on the poem “Dandelion” by Mary Bowman.
Infants at risk (in utero, during labor, or through breastfeeding)	<ul style="list-style-type: none"> <li>✓ Infants exposed to HIV (in utero, during labor, or through breastfeeding/ chestfeeding/ nursing/lactation)</li> <li>✓ Fetus exposed to HIV in utero</li> </ul>	“Infants exposed to HIV” will work on its own in some circumstances, but sometimes clarification may be needed to refer to the specific exposure. Before delivery, it may be more appropriate to refer to the “fetus.”

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>Mother (referring to the person who gave birth)</b>  <i>Related terms to avoid: pregnant woman, maternal, mother-infant pair</i></p>	<ul style="list-style-type: none"> <li>✓ Birth parent</li> <li>✓ Gestational parent*</li> <li>✓ Pregnant people or individuals</li> <li>✓ Pregnant participant</li> <li>✓ Postpartum participant</li> <li>✓ Parent-infant pair</li> <li>✓ Participant-infant pair/parent-participant pair</li> <li>✓ Parental</li> </ul>	<p>Not all pregnant people identify as mothers. “Mother” or “maternal” may imply the pregnant person is a woman or identifies as female. This terminology can exclude trans men and nonbinary people. It is appropriate to use the term “mother” when you are sure that the person identifies this way.</p> <p>*“Gestational parent” refers to a person involved in the birth and care of a child, whereas “gestational carrier” may be a more fitting term for a person who carries a fetus to term and then either has little or no long-term involvement in the care of the child.</p>
<p><b>Women (or girls) of childbearing potential</b>  <i>Related terms to avoid: women (or girls) of reproductive potential</i></p>	<ul style="list-style-type: none"> <li>✓ People/person of childbearing potential</li> <li>✓ Individual of childbearing potential</li> <li>✓ People/person able to become pregnant</li> <li>✓ People/person with reproductive potential</li> <li>✓ Parental</li> </ul>	<p>The preferred language is more inclusive and encompasses people who may become pregnant but do not identify as women.</p> <p>People of all genders and sexes may have reproductive potential.</p>
<p><b>Breastfeeding</b>  <i>Related terms to avoid: Breast milk</i></p>	<ul style="list-style-type: none"> <li>✓ Breast/chestfeeding</li> <li>✓ Nursing or lactating</li> <li>✓ Breast/chest milk</li> <li>✓ Human milk</li> </ul>	<p>Some individuals, including in some cases trans men or gender nonbinary individuals, may not refer to this part of their body as “breasts,” and the term “chest” is used instead. As with many terms, people have different preferences for specific terms such as “chestfeeding,” “nursing,” or “lactating” as alternatives. When speaking to individuals about HIV and infant feeding, it is always best to determine and use their preferred terminology.</p>
<p><b>Birth control</b></p>	<ul style="list-style-type: none"> <li>✓ Contraception</li> </ul>	<p>“Birth control” is very female-centric and typically is only used in reference to products used by “women.” This does not appropriately include people with transgender or nonbinary identities. Contraception can be used in reference to people of any sex assigned at birth or gender identity.</p>

# Substance Use

## Definition of Terms

### Substance Use Disorder, Addiction, and Dependence

“Substance use disorder,” “addiction,” and “dependence” are related but frequently confused terms.

**Substance use disorders** are chronic, treatable medical conditions from which people can recover. They are defined in part by continued substance use despite negative outcomes. Substance use disorders may be diagnosed as mild, moderate, or severe based on whether a person meets defined diagnostic criteria.

**Addiction** is not a formal diagnosis, and the term is used in many ways. Some people use the term to describe some substance use disorders, especially more serious presentations but the correct terminology should be used.

**Dependence** describes a condition in which withdrawal symptoms are experienced if substance or medication use is abruptly ceased or significantly reduced. Dependence can occur with the chronic use of many substances, including many medications, even if taken as prescribed. While dependence can be one of the symptoms used to diagnose a substance use disorder, dependence should not be confused as synonymous with substance use disorder or addiction.

### Drug Misuse and Alcohol Misuse

While the term “drug abuse” has been shown to perpetuate stigma, there is disagreement about the utility of “drug misuse.” Many people find the term helpful when discussing nonmedical use of substances that also have medical uses, such as prescription opioids. While an instance of nonmedical use of a medication like a prescription opioid is misuse, it does not necessarily mean the person has an opioid use disorder. “Misuse” can also be used to describe adult consumption of legal substances like alcohol (or, in some states, cannabis) in ways that may negatively impact health and safety.<sup>xi</sup>

“Misuse” and “substance use disorder” should not be used interchangeably, as not all people who misuse substances experience substance use disorder or require treatment to stop using substances. For example, a single occasion of binge drinking is considered alcohol misuse but may not amount to an alcohol use disorder diagnosis in a given individual.

Because “misuse” can also suggest fault on the part of people with substance use disorders, the neutral term “use” is generally preferred for most substances, except alcohol, when it will not create confusion.

Illicitly manufactured substances used outside of medical settings (such as heroin or illicitly manufactured fentanyl, cocaine, or methamphetamine) can be described in terms of “use” (NIH, 2023). The term “use” can also be used to describe the illegal consumption of legal substances by underaged youth.<sup>xiii</sup>

“Alcohol misuse” should be used instead of “alcohol abuse” when referring broadly to drinking in a manner, situation, amount, or frequency that could cause harm to the person who is engaging in drinking and/or to those around them.

For individuals younger than the minimum legal drinking age of 21, or for pregnant individuals, any alcohol use constitutes alcohol misuse. Alcohol misuse can be acute (e.g., binge drinking on a weekend night) or chronic (e.g., drinking associated with alcohol use disorder).<sup>xiii</sup>

## Stigmatizing Terms and Alternatives

Stigmatizing Terms To Avoid	Use These Alternatives	Here’s Why
<p><b>Clean syringes/dirty syringes</b></p> <p><i>Related terms to avoid: contaminated syringes</i></p>	<ul style="list-style-type: none"> <li>✓ New or unused/used syringes</li> <li>✓ Sterile syringes</li> </ul>	<p>“Clean” and “dirty/contaminated” evoke value judgments and specific visual assumptions that may not be accurate. The preferred terms are clearer and more accurate when discussing syringes and related injection equipment. “Needles” may also be used when engaging a community that is more likely to use that terminology.</p>
<p><b>Injection drug user (IDU)</b></p> <p><i>Related terms to avoid: drug user/abuser, drug addict, drug-addicted</i></p>	<ul style="list-style-type: none"> <li>✓ People/person who injects drugs (PWID)</li> <li>✓ People/person who uses drugs</li> </ul>	<p>Person-first language emphasizes humanity. If an acronym is needed for “people who inject drugs”, PWID can be used but to the extent possible, it is better not to refer to people, especially individual people, using an acronym.</p>
<p><b>Alcoholic</b></p> <p><i>Related terms to avoid: abuser or drunk</i></p>	<ul style="list-style-type: none"> <li>✓ People/person with alcohol use disorder</li> <li>✓ People/person who misuses alcohol or who engages in alcohol misuse</li> </ul>	<p>Person-first language emphasizes humanity.</p>
<p><b>Drug abuse</b></p> <p><i>Related terms to avoid: drug dependence, drug habit</i></p>	<ul style="list-style-type: none"> <li>✓ Substance use disorder</li> </ul>	<p>“Substance use disorder” is a medical term used to describe a chronic, treatable condition from which a person can recover. Substance use disorders are defined in part by continued substance use despite negative outcomes.</p> <p>“Dependence” is not synonymous with substance use disorder or addiction; see “Substance Use Disorder, Addiction, and Dependence” in the substance use section, definition of terms.</p>

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>Alcoholism</b> <i>Related terms to avoid: alcohol abuse, alcohol dependence</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Alcohol use disorder</b></li> </ul>	<p>“Alcohol use disorder (AUD)” is characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It is a spectrum disorder and can be mild, moderate, or severe. AUD can cause lasting changes in the brain that make patients vulnerable to relapse. Most people with AUD can benefit from treatment with behavioral therapies, medications, or both.</p> <p>In the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), AUD replaces the older categories of alcohol abuse and alcohol dependence with the single disorder, AUD.</p>
<p><b>Clean/dirty</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Currently using or not currently using substances</b></li> <li>✓ Negative (for a toxicology screen)</li> <li>✓ Positive (for a toxicology screen)</li> </ul>	<p>Labeling the use of drugs as “dirty” and the absence of drug use as “clean” invites a value judgment that stigmatizes people who use drugs and does not accurately reflect the complexities of substance use disorder and recovery.</p>
<p><b>Born addicted</b> <i>Related terms to avoid: addicted infant</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Born in withdrawal</b></li> <li>✓ Born dependent on [drug]</li> <li>✓ Infant with neonatal abstinence syndrome</li> </ul>	<p>Infants cannot be born with addiction because they cannot meet the behavioral diagnostic criteria for substance use disorders. Rather, they may be born manifesting a withdrawal syndrome.</p>
<p><b>Opioid replacement</b> <i>Related terms to avoid: methadone maintenance, drug substitution, medication-assisted treatment (MAT)</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Medication for opioid use disorder (MOUD)</b></li> <li>✓ Pharmacotherapy</li> <li>✓ Opioid agonist therapy (for buprenorphine and methadone specifically)</li> </ul>	<p>“Replacement” and “substitution” imply “substituting” one drug or one addiction for another, fueling a stigmatizing misconception that prevents people from accessing treatment. MOUD aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics) as critical tools that are central to a patient’s treatment plan.</p> <p>MAT should not be used when referring to or inclusive of medications used to treat alcohol use disorder or opioid use disorder because “assisted” implies medications are secondary to other forms of treatment, which is no longer considered to be the case.</p>

### Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
Rehab/detox center	✓ Treatment center	“Rehab” and “detox center” carry cultural stigmas and misconceptions.
Recovering addict/ alcoholic <i>Related terms to avoid: former addict/alcoholic, reformed addict/ alcoholic</i>	✓ People/person in recovery ✓ People/person in remission	These person-first terms honor the belief that recovery is an ongoing and variable process. Some individuals with lived experience of substance use disorders may use a term like “addict” or “alcoholic” as part of their recovery program. These terms should only be used for personal stories, not general health information, and only with the person’s consent.
Relapse <i>Related terms to avoid: slip, slip-up, fall off the wagon</i>	✓ Return to use ✓ Recurrence	Suggested language removes the implication that a return to use is a moral failing and avoids negative associations.

## Racial and Ethnic Identities

Collecting data on race and ethnicity reveals a great deal about health disparities and provides information needed for population health.<sup>xiv</sup>

Generally, NIH uses racial and ethnic standards and definitions aligning with the Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity.<sup>xv</sup>

It should be noted that in 2022, a federal interagency working group was formed within the U.S. Office of Management and Budget (OMB) to review and develop recommendations for revising OMB’s Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15) with the goal of improving the quality and usefulness of federal race and ethnicity data.<sup>xvi</sup>

Racial groups:<sup>xvii</sup>

- American Indian or Alaska Native
- Asian
- Black or African American (Black is a term that can be applied to people anywhere in the world, including the United States, while African American refers specifically to American persons of African descent)
- Native Hawaiian or Other Pacific Islander
- White

The OMB guidance suggests that people of more than one race have the ability to select more than one racial group rather than have a “multiracial” category.

Ethnic groups (per OMB):

- Hispanic or Latino
- Not Hispanic or Latino

While these are the OMB-defined categories for ethnicity data collection purposes, we recognize that many individuals do not feel “seen” with those terms. Latino or Latina are broad terms that have been used for people of origin or descent from Cuba, Mexico, Puerto Rico, and some countries in Central America, South America, and the Caribbean, but again, individuals may prefer to specify their country of origin.

We recommend the use of Latina/o/e/x to be inclusive of individuals of all genders rather than Latino. When writing about known groups of individuals, more specific identifiers should be used. For example, when speaking about only cisgender women, Latina might be most appropriate. When discussing groups inclusive of transgender and gender diverse individuals, Latine or Latinx would be more appropriate.

Although Latinx is not recognized by OMB or NIH overall, it has been proposed as a gender-neutral, all-inclusive term. Its use may be considered on an audience-specific basis, particularly when addressing LGBTQIA+ communities in the United States, although some in those communities may prefer Latine.

Latine was created by LGBTQIA+ Spanish speakers and uses the letter “e” to illustrate gender inclusivity within existing Spanish pronunciation. In a Spanish-speaking context, Latine flows more naturally than Latinx in terms of grammar and pronunciation. When Latine is used as an adjective in Spanish, the noun that it describes can also be modified to reflect a similar gender-neutral variant (as in *niñes Latines*, meaning Latine children). The substitution of -e endings for the gendered -o and -a is already present in Spanish in nouns such as *estudiante* (student) and adjectives such as *interesante* (interesting).

Not everyone with Latin American heritage uses Latine or Latinx; many continue to use Latino as a gender-neutral default. Use specific language (e.g., Guatemalan American, if appropriate) and ask for personal identity preferences whenever possible.

- Latina/e/o/x can also be used to acknowledge the various communities, or one or more of these can be selected depending on the context:
  - Latino (individual man, group of men, or group of people including men and women)
  - Latina (individual woman or group of women)
  - Latine (gender-neutral term encompassing all genders)
  - Latinx (gender-neutral term encompassing all genders)

In keeping with the NIH Style Guide, the following should be noted:

- Avoid using “race/ethnicity” because the slash implies that these are interchangeable terms. Instead, use “race and ethnicity” or “race or ethnicity,” as appropriate.
  - Include context when writing about race and other demographic language. Populations should be described specifically whenever possible, and we should not default to using

“minorities” or “racial and ethnic groups” when we are really talking about specific populations. If the language cannot be made more specific (e.g., Black Americans, Asian Americans), then writing “racial and ethnic minority groups” is preferred over “minorities” alone; there are also sexual and gender minorities, etc.

Below are some additional considerations that also go beyond OMB racial and ethnic categories:

BIPOC refers to Black, Indigenous, and other People of Color. Many prefer this term to “racial minorities” and to “people of color.” It is considered inclusive of all communities of color while prioritizing Black and Indigenous peoples, who face particularly urgent social and structural disparities. Always use specific racial terms (e.g., Black or Indigenous) on their own instead of BIPOC if applicable; BIPOC should not be used when referring to an individual or an issue that affects a specific group of people.

American Indians and Alaska Natives are the only federally recognized political minority in the United States. Tribes hold a unique government-to-government relationship with the United States. When referring to a specific person or group of people, the best practice is to use a specific tribal identity whenever possible. American Indian or Alaska Native should only be used to describe persons with different tribal affiliations or when the tribal affiliations are not known or not known to be the same.

When referring to the diverse group of people with indigenous ancestry in the United States as a whole, the term American Indian is generally used. However, some communities may prefer Indigenous American or Native American, so it is best to ask how communities describe themselves.<sup>xviii</sup> Never use pejorative terms, which include Eskimo instead of Alaska Native.

Indigenous is a broader term that includes people indigenous to any place in the world.

The term “Indian Country” describes reservations, lands held within tribal jurisdictions, and areas with American Indian populations. The term is used with positive sentiment within Native communities and by Native-focused organizations such as the National Congress of American Indians (NCAI) and news organizations such as *Indian Country Today*. In law, the term Indian country (lower case “c”) is found in several areas of the United States Code and is also an official legal term referenced in many Supreme Court opinions, collectively articulating the meaning as it pertains to federal law relating to American Indian land and people.<sup>xix</sup>

## People With Disabilities

People with disabilities are not a monolith, and this diverse community holds different views about whether person-first (person with disabilities) or identity-first (disabled person) language is appropriate in most contexts. Generally, most people prefer person-first language that emphasizes humanity, highlights autonomy, and promotes the idea that most people’s disabilities are just one facet of their life and identity. This is particularly true for people with an acquired, chronic illness (i.e., person with diabetes instead of diabetic).

However, some disabled people explain that their disability is an intrinsic part of their identity and should not be appended after “person.” For example, many autistic people prefer identity-first language because they view autism as a way of thinking and living rather than a disorder. This is sometimes called the “social model” of disability, as opposed to the “medical model.” This concept is also related to disability pride movements. For example, because deafness is associated with a unique education system, language, and subculture, most people in this population prefer to be called “Deaf.”

## Stigmatizing Terms and Alternatives

Stigmatizing Terms To Avoid	Use These Alternatives	Here’s Why
<b>Obese people</b> <i>Related terms to avoid: the obese, overweight people</i>	<ul style="list-style-type: none"> <li>✓ People/person with [BMI or other metabolic score] of [X]</li> <li>✓ People/person who are overweight or obese</li> </ul>	Use specific, neutral, person-first language when describing weight and fat distribution. Being overweight is a medical condition defined by body mass index. “Obesity” should be referred to as a disease, not a condition.
<b>Handicapped</b> <i>Related terms to avoid: handi-capable, differently-abled, the disabled</i>	<ul style="list-style-type: none"> <li>✓ People/person with disabilities</li> <li>✓ Disabled people/person (preference varies)</li> </ul>	Community preference for person-first or identity-first (“disabled people”) varies, but most agree that euphemistic language further otherizes people with disabilities.
<b>Able-bodied</b> <i>Related terms to avoid: normal, healthy, in contrast to people with disabilities</i>	<ul style="list-style-type: none"> <li>✓ Able</li> <li>✓ Non-disabled</li> <li>✓ Does not have a disability</li> <li>✓ Enabled</li> </ul>	“Able” to refer to all people without disabilities is preferable to “able-bodied” to be inclusive of cognitive disabilities and other disabilities not considered primarily physical. “Enabled” acknowledges the role of systems that privilege certain ability levels above others.
<b>Corrective device/ technology</b> <i>Related terms to avoid: wheelchair-bound, confined to a wheelchair</i>	<ul style="list-style-type: none"> <li>✓ Assistive device/ technology</li> <li>✓ Accommodation</li> <li>✓ Wheelchair user</li> <li>✓ Person who uses a wheelchair</li> </ul>	Assistive technologies and services should be portrayed as helping and accommodating a person rather than making them “correct” or emphasizing limitations.

## Other Terms and Topics

### Stigmatizing Terms and Alternatives

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<b>Prostitute</b> <i>Related terms to avoid: prostitution, commercial sex work</i>	<ul style="list-style-type: none"> <li>✓ Sex worker/sex work</li> <li>✓ Person/people who exchange(s) sex</li> <li>✓ Transactional sex</li> <li>✓ Person/people who engage(s) in transactional sex</li> <li>✓ Sale of sexual services</li> </ul>	<p>“Sex work” implies ownership over a person’s own career choice, while “prostitution” and its derivatives carry engrained cultural stigmas. “Commercial sex work” is redundant and otherizes. There are nuances in discussing sex work that should not be overlooked: Some sex workers choose the work they do, while others are forced into it because they have no other options. Others are trafficked and survivors of rape. Minors cannot consent and should not be referred to as sex workers. (See below.)</p>
<b>Sexual slavery</b> <i>Related terms to avoid: forced prostitution, child prostitution</i>	<ul style="list-style-type: none"> <li>✓ Sex trafficking</li> <li>✓ Sex trafficking of minors</li> </ul>	<p>In the context of forced or coerced transactional sex involving minors, the preferred term emphasizes the role of exploiters because children cannot consent to sex work.</p>
<b>Rape victim</b>	<ul style="list-style-type: none"> <li>✓ Survivor of sexual assault</li> </ul>	<p>“Survivor” is more empowering than “victim,” which evokes defeat and helplessness. When referring to a specific person, always use a term they approve.</p>
<b>Domestic violence</b>	<ul style="list-style-type: none"> <li>✓ Intimate partner violence</li> <li>✓ Gender-based violence</li> </ul>	<p>The preferred terms are more specific to two separate ideas: violence between intimate partners and violence specifically based on gendered power imbalances. They also each include relevant violence outside of a shared home.</p>
<b>Abuse victim</b>	<ul style="list-style-type: none"> <li>✓ People/person who have experienced violence</li> <li>✓ Survivor of violence</li> </ul>	<p>Use more empowering or neutral terms than “victim,” which evokes defeat and helplessness. When referring to a specific person, always use a term they approve.</p>

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>Tuberculosis (TB) contact</b></p> <p><i>Related term to avoid: household contact</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Contact person<sup>xx</sup></b></li> <li>✓ Close contacts</li> <li>✓ Proximity-acquired TB</li> <li>✓ Person recently exposed to TB</li> </ul>	<p>It is best to use person-centered language when describing someone who was exposed to <i>M. tuberculosis</i>.</p> <p>Significant TB exposure can occur both within and outside the household. Therefore, the term “household contact” is confusing and should no longer be used. “Contacts” is more accurate for those with significant TB exposure.</p>
<p><b>TB suspect</b></p>	<ul style="list-style-type: none"> <li>✓ <b>People/person to be evaluated for TB</b></li> <li>✓ People/person with presumed TB</li> </ul>	<p>“Suspect” evokes suspicion and personal fault.</p> <p>It is important to differentiate between TB disease and infection.</p>
<p><b>TB control</b></p>	<ul style="list-style-type: none"> <li>✓ <b>TB prevention and care</b></li> <li>✓ Prevention of TB transmission</li> <li>✓ TB response</li> </ul>	<p>“Control” evokes paternalism. Also, there has been a shift from approaches that seek to “control” TB to one that focuses on “ending” the TB epidemic.</p>
<p><b>TB or hepatitis co-infected people/participants</b></p>	<ul style="list-style-type: none"> <li>✓ <b>People/persons with concomitant hepatitis or concomitant TB</b></li> </ul>	<p>“Co-infect” and its derivatives carry the same stigma as “infect.”</p>
<p><b>TB cases</b></p>	<ul style="list-style-type: none"> <li>✓ <b>People/person with tuberculosis/TB</b></li> <li>✓ People/person with TB infection</li> </ul>	<p>Person-first language emphasizes humanity.</p>
<p><b>Monkeypox/monkey pox</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Mpox</b></li> </ul>	<p>The name of the disease was officially changed due to concerns that the original name could be construed as discriminatory and racist. Monkeypox still refers to the name of the virus, but efforts should be made to just say the virus that causes mpox rather than use monkeypox. Mpox is not capitalized unless it begins a sentence.</p>

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p>Babies, school-age children, teenagers</p>	<ul style="list-style-type: none"> <li>✓ Infants</li> <li>✓ Children</li> <li>✓ Adolescents</li> </ul>	<p>Try to avoid vague terms without first defining them. Age categories defined by the American Medical Association are provided below:</p> <ul style="list-style-type: none"> <li>• Neonates or newborns (birth to 1 month)</li> <li>• Infants (1 month to 1 year)</li> <li>• Children (1 year through 12 years)</li> <li>• Adolescents (13 years through 17 years)</li> <li>• Adults (18 years or older)</li> <li>• Older adults (65 and older)</li> </ul>
<p>The aged</p> <p><i>Related terms to avoid: (the) elderly, seniors/ senior citizens, old adults, geriatric (except in medicine)</i></p>	<ul style="list-style-type: none"> <li>✓ People over [age X]</li> <li>✓ Elders (culturally dependent)</li> </ul>	<p>When possible, use a specific age or age range. “Adults” affirms agency and personhood, as does person-first language. Stigmatizing terms such as “elderly” can evoke frailty. In indigenous communities and LGBTQIA+ communities, the term “elders” may be preferred and culturally appropriate.</p>
<p>Caretaker</p>	<ul style="list-style-type: none"> <li>✓ Caregiver</li> <li>✓ Care partner</li> <li>✓ Care team</li> </ul>	<p>“Caretaker” typically refers to a person taking care of something, such as a house. A “caregiver” provides care to someone who needs help, such as a person who is ill or an aging parent. The term “care partner” is sometimes used to show that caregiving is a two-way street involving both the caregiver and the person needing care. However, a partnership may not be possible if a loved one needs significant help or cannot care for themselves. A “care team” refers to all the people who are providing care to a person.<sup>xxi</sup></p>
<p>Felon</p> <p><i>Related terms to avoid: convict, offender, inmate, prisoner, the incarcerated</i></p>	<ul style="list-style-type: none"> <li>✓ People/person who are incarcerated</li> <li>✓ People/person in prison</li> </ul>	<p>Person-first language emphasizes humanity.</p>
<p>Mentally ill person</p> <p><i>Related terms to avoid: insane person, the mentally ill, [specific person] is bipolar, mental illness</i></p>	<ul style="list-style-type: none"> <li>✓ People/person with [specific mental disorder], e.g., person with bipolar disorder</li> <li>✓ Mental health condition</li> </ul>	<p>Person-first language emphasizes humanity and dispels the misconception that mental disorders are untreatable. Also, “insanity” is a legal—not medical—definition (and it is highly stigmatizing).</p>

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
Committed suicide	<ul style="list-style-type: none"> <li>✓ Died by suicide</li> <li>✓ Attempted suicide</li> </ul>	<p>“Committed” evokes associations with the legal or moral issues of “committing” a crime or sin, whereas “suicide” is often the consequence of an unaddressed illness.</p> <p>“Suicide attempts” should not be described as successful, unsuccessful, or failed. Instead, use “survived a suicide attempt,” just as one might describe an individual who has survived cancer or a heart attack.</p>

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## Websites

[A Guide to Talking About HIV \(CDC\)](#)

[Changing Federal Terminology Regarding Substance Use and Substance Use Disorders](#)

[FHI 360 Changing Language, Changing Minds: Using Restorative Language to Promote Solidarity and Equity RESTORATIVE LANGUAGE GUIDE, March 2022](#)

[Language for HIV Cure \(AVAC\)](#)

[NIH Style Guide’s Person-first and Destigmatizing Language](#)

[Oxfam Inclusive Language Guide \(openrepository.com\)](#)

[Preferred Terms for Select Population Groups and Communities \(CDC\)](#)

[Reporting and Indigenous Terminology, Preferred Native American Journalists Association](#)

[The Culturally Competent Gender-Related Communications \(C3\) Resource, NIH Sexual and Gender Minority Research Office](#)

[Trans-NIH Strategic Plan for Women’s Health Research - 2019-2023](#)

[The Power of Perceptions and Understanding: Changing How We Deliver Treatment and Recovery Services](#)

[Ways To Stop HIV Stigma and Discrimination \(CDC\)](#)

[Words Matter Language Guide \(Stop TB Partnership\)](#)

[Words Matter – Terms to Use and Avoid When Talking About Addiction \(NIDA\)](#)

[When It Comes to Reducing Alcohol-Related Stigma, Words Matter, NIAAA](#)

[Why Language Matters: Facing HIV Stigma in Our Own Words](#)

## Endnotes

- <sup>i</sup> While AIDS is not as widely used now due to the associated stigma, some people may use the term when referring to the early years of the epidemic when HIV was not yet identified or understood, and when the word itself conjures the social and cultural impact the disease had at the time and for years to come.
- <sup>ii</sup> <https://www.stigmaindex.org/>
- <sup>iii</sup> <https://theconversation.com/people-of-colour-theres-a-bias-in-how-pictures-are-used-to-depict-disease-in-global-health-publications-196056>
- <sup>iv</sup> <https://blogs.scientificamerican.com/voices/the-headless-legless-pregnancy-bump/>
- <sup>v</sup> Eunice Kennedy Shriver National Institute of Child Health and Human Development, Office of Communications
- <sup>vi</sup> AVAC Language for HIV Cure (AVAC), <https://avac.org/resource/language-for-hiv-cure/>
- <sup>vii</sup> Ibid
- <sup>viii</sup> Grimstad, F., Kremen, J., Streed, C. G. Jr., & Dalke, K. B. (2021). The health care of adults with differences in sex development or intersex traits is changing: Time to prepare clinicians and health systems. *LGBT Health*, 8(7), 439–443. <https://doi.org/10.1089/lgbt.2021.0018>
- <sup>ix</sup> Sex and Gender, Office of Research on Women’s Health, NIH. <https://orwh.od.nih.gov/sex-gender> and National Academies of Sciences, Engineering, and Medicine. (2022). Measuring sex, gender identity, and sexual orientation. [White paper]. The National Academies Press. <https://doi.org/10.17226/26424>
- <sup>x</sup> Ibid
- <sup>xi</sup> National Institute on Drug Abuse (NIDA) Communications Branch
- <sup>xii</sup> Ibid
- <sup>xiii</sup> When It Comes to Reducing Alcohol-Related Stigma, Words Matter, NIAAA, <https://www.niaaa.nih.gov/alcohols-effects-health/reducing-alcohol-related-stigma#:~:text=Use%20person%2Dfirst%20language%20to,person%20with%20alcohol%20use%20disorder>
- <sup>xiv</sup> <https://jamanetwork.com/journals/jama/fullarticle/2783090>
- <sup>xv</sup> [https://obamawhitehouse.archives.gov/omb/fedreg\\_1997standards](https://obamawhitehouse.archives.gov/omb/fedreg_1997standards)
- <sup>xvi</sup> <https://spd15revision.gov/>
- <sup>xvii</sup> Racial and Ethnic Categories and Definitions for NIH Diversity Programs and for Other Reporting Purposes, <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-089.html>
- <sup>xviii</sup> Native Knowledge 360°
- <sup>xix</sup> <https://www.ncai.org/news/ncai-response-to-usage-of-the-term-indian-country>
- <sup>xx</sup> <https://www.ncai.org/news/ncai-response-to-usage-of-the-term-indian-country>
- <sup>xxi</sup> Caregiver’s Handbook, NIA, <https://order.nia.nih.gov/publication/caregivers-handbook>.



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# Harris County Office of County Administration

## Language Access Resource Guide

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Harris County Commissioners Court is committed to increasing language accessibility to ensure all limited English proficient (LEP) residents of Harris County have meaningful access to and can easily engage with County programs, information, and services. This aligns with several of the County’s Guiding Principles: serving people first by putting people at the center of all work, leading with accountability by setting clear goals and using data and evidence to inform decision making, and prioritizing equity by embracing the diversity of our community to reduce and prevent disparities.

This document is not intended to provide strict guidelines, but rather to introduce key concepts and provide information that may be useful to the Office of County Administration (OCA) and OCA departments while the development of a comprehensive Harris County Language Access Plan (LAP) is in process. Departments can use this document to expand their language access efforts and gain an understanding of the County’s intention and vision for language access.

## Background

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Harris County is the third-largest county and the sixth-most ethnically diverse county in the United States; Harris County is also the most ethnically diverse county in the state of Texas, according to 2020 Census Data.<sup>1</sup> The data from the American Community Survey (ACS) 2023 show that, for the population five years and older in Harris County, 910,327 residents are considered LEP, or 20% of the total population in the County.<sup>2</sup> The ACS defines LEP as anyone who considers themselves to speak English “less than very well.” When considering nativity, around 27% of the population is foreign born, and of those who are foreign born, 57% are considered LEP.<sup>3</sup> Thus, foreign-born LEP residents make up 16% of the total population in Harris County.<sup>4</sup> Regardless of nativity, County services that lack adequate language access can leave LEP residents to face inequitable barriers.

Harris County is also home to a wide variety of different language groups as well. Forty-six percent of all households in Harris County, or 825,936 households, speak a language other than English at home, and over 12% of all households, or over 200,000, are limited English proficient.<sup>5</sup> These data points demonstrate the distinctive challenge to address the various needs for the breadth of languages in Harris County.

Moreover, language access needs vary for each language group. Table 1 shows that when considering the top 10 non-English languages spoken at home, the percent of LEP residents jump within each language group compared to the 20% overall LEP population: around 47% of Spanish speakers speak English “less than very well”; 57% of Vietnamese speakers in Harris County are LEP; Chinese-speaking LEP residents make up 50% of the language group; 48% of Korean speakers are LEP in Harris County.<sup>6</sup>

**Table 1. Top ten non-English languages spoken in Harris County**

Languages	# of Residents Speaking	# of LEP Residents	% of Language Group
Total residents in Harris County	4,511,175	910,327	20%
Spanish	1,602,913	748,622	47%
Vietnamese	90,826	51,391	57%
Chinese (incl. Mandarin, Cantonese)	52,807	26,179	50%
Arabic	32,076	9,694	30%
Yoruba, Twi, Igbo, or other languages of Western Africa	24,668	2,665	11%
Tagalog (incl. Filipino)	23,912	5,075	21%
French (incl. Cajun)	21,350	3,375	16%
Hindi	15,110	2,964	20%
Urdu	14,637	5,548	38%
Korean	12,297	5,919	48%

Source: American Community Survey, 2023.  
 Analysis: Office of County Administration – Research and Analysis Division.

While the Census data demonstrate the diverse nature of Harris County and its LEP residents, internal data on the number or proportion of these residents that interact with Harris County’s OCA departmental services seem limited. Therefore, the ideal approach to language access planning would consider the specific language backgrounds of the residents using County services.

Title VI of the Civil Rights Act of 1964 (Title VI) and Executive Order 13166 mandate that any recipients of Federal financial assistance to take reasonable steps to make their programs, services, and activities accessible by eligible persons with limited English proficiency.<sup>i</sup>

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<sup>i</sup> The Harris County Language Access Guidelines borrows heavily from language access plans around the United States.

# Important Terms and Definitions

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- **Cultural sensitivity:** Appreciation of the values, norms, and beliefs characteristic of a cultural, ethnic, racial, or other group that is not one's own, accompanied by a willingness to adapt one's behavior accordingly.<sup>7</sup>
- **External Vendor:** A third-party entity or organization that provides a designated service to Harris County, OCA, and/or departments within OCA.
- **Interpretation:** Conveying meaning of spoken word from one language to another through verbal communication. Examples of interpretation include interpreters who decipher a constituent's public comment from Spanish to English at a Commissioners Court meeting.
- **Language Access:** Oral and written language services used to provide individuals with limited English proficiency (LEP) meaningful access to, and an equal opportunity to participate fully in, the services, activities, and other County programs.<sup>8</sup>
- **Language Access Plan:** A document that outlines how an organization provides services to individuals who are non-English speaking or have limited English proficiency.<sup>9</sup>
- **Language Access Team:** A team within the Research and Analysis Division, within the Office of County Administration, funded for two (2) years to assess the need of and develop a Countywide language access plan.
- **Limited English Proficient Individual:** An individual who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.<sup>10</sup>
- **Meaningful language access:** Language assistance that results in accurate, timely, and effective communication at no cost to the LEP individual needing assistance. Meaningful access denotes access that is not significantly restricted, delayed, or inferior as compared to programs or activities provided to English-proficient individuals.<sup>11</sup>
- **Translation:** Deciphering meaning of a written work from one language to another through written communication. Examples of translation include the translation of the Harris County Fiscal Year 2025 Budget from English to Spanish, Vietnamese, and Chinese.
- **Vital document:** Paper or electronic written material that contains information that is critical for accessing a program or activity or is required by law. Classification of a document as "vital" depends upon the importance of the program, information, encounter, or service involved, and the consequence to the LEP individual if the information in question is not provided accurately or in a timely manner. Vital documents can appear on webpages, social media, apps, or texts.<sup>12</sup>

# Language Access Common Practices

- Using data and demographics**

The County and OCA departments may expand their current language access efforts by referring to data sources such as the United States Census Bureau to gain insight into the demographics and languages of their constituents. With this in mind, intent of use for Census data should also be carefully considered when used for assessing language access; it is helpful to provide language access to the top most spoken non-English languages (Table 1), but some argue, with merit, that it is more equitable to prioritize languages with a higher number of LEP residents, as seen in Table 2, which shows the language groups with more than 5,000 LEP speakers.

However, Census data should not be the only resource to consider as Census data does not provide a comprehensive understanding of the target constituents a department may need to prioritize, such as socioeconomic status, geographical data, and local understanding of the community and their needs. If available, departments may consider any internal data which indicates the languages most commonly encountered to proactively provide language access services.

**Table 2. Language Groups with More Than 5000 LEP Speakers**

Languages	# of Residents Speaking	# of LEP Residents
Spanish	1,602,913	748,622
Vietnamese	90,826	51,391
Chinese (incl. Mandarin, Cantonese)	52,807	26,179
Arabic	32,076	9,694
Korean	12,297	5,919
Urdu	14,637	5,548
Tagalog (incl. Filipino)	23,912	5,075

Source: American Community Survey, 2023.  
 Analysis: Office of County Administration – Research and Analysis Division.

- Assessing the use of family members or friends as interpreters**

Federal guidelines discourage the use of family and friends as interpreters. Harris County departments may consider only allowing friends and family members to interpret for LEP individuals in low-stakes communications, such as scheduling or providing directions. Departments may also avoid liabilities and breach of confidentiality when explicitly prohibiting friend and family interpretation dealing with confidential or personal matters. It is generally good practice to inform LEP individuals of any external vendors available to provide interpretation for free/low cost, when available, instead of using friends or family members.

- Acknowledging cultural sensitivity**

The County and OCA departments may benefit from considering how various cultures may have nuances that are reflected in body language, speech patterns, and customs, thus allowing personnel to better communicate with others even if a language barrier is present.<sup>13</sup>

Harris County Human Resources & Talent (HR&T, previously Harris County Human Resources & Risk Management (HRRM)) holds valuable trainings on cultural sensitivity for free for all employees and may be a beneficial resource for department staff, personnel, and management when considering how to expand language access.

- **Considering plain-language communication**

When applicable, vital documents in both English and non-English language translations should use plain language, or communication that can be understood by an individual the first time they read or hear it. A general standard of practice for communication is readability of documents and information at an 8th grade reading level when possible. Plain language provisions are intended not only to ensure individuals can understand forms and documents in their own language but also to save time, money, and personnel resources by minimizing the need for explanation and/or follow-up due to confusion.<sup>14</sup>

- **Developing internal glossaries**

Departments may benefit from the use of an internal glossary of commonly used terms to assist County personnel in understanding and interacting with members of the community. It is important to note that specific terminology may not have direct dictionary translations, or members of a language community may use different terms depending on the dialect. Therefore, internal discussions and documentation of terminology translation are advised.

- **Engaging bilingual personnel**

Assessing the number of bilingual staff members and their proficiency levels in their respective languages and continuing to work with Harris County Human Resources & Talent to implement bilingual pay incentives can be a valuable means for increasing language access services.

Harris County Human Resources & Talent's Bilingual Pay Policy states that, to be eligible for bilingual pay, employees must work in a capacity where bilingual skills are necessary in the performance of their job duties or are considered beneficial in the department's delivery of service.<sup>ii</sup> To receive bilingual pay, an eligible employee must first demonstrate an ability to proficiently communicate in a language other than English by achieving the required minimum score through a vendor as determined by Harris County. To explore receiving or administering bilingual pay incentive within your department, work with Harris County Human Resources & Talent Human Resources Manager, Ryan Andrews ([ryan.andrews@harriscountytexas.gov](mailto:ryan.andrews@harriscountytexas.gov)).

- **Employing external vendors**

Harris County uses and has contracts with various vendors that provide language access services such as on-demand interpretation and translation for use in various modes such as in person, over the phone, or virtually. These vendors include Master Word, Language Line, Globo, and WorldWide Interpreters. Active use and contract with at least one of the vendors for a department may be extremely useful and can be vital to a department's language access efforts.

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<sup>ii</sup> Harris County Human Resources Department, Bilingual Pay Policy.

While bilingual employees offer a unique advantage of understanding context regarding departmental programs and services, external vendors can be especially helpful in situations such as unusually high demand for interpreters of a certain or many language groups, a resident speaking a rare/uncommon language, and to avoid the risk of bilingual personnel being unavailable.

To determine if your department has contracts with any external vendors, or to get an understanding of how to pay for and use the vendor, departments may refer to their internal Purchasing or Financing contact for guidance. Departments may benefit from referring to the various vendor services and average pricing, summarized in Appendix A, to assess use, renewal and/or execution of contracts with these vendors.

- **Reviewing online communications**

Due to the range of languages spoken in Harris County, departmental websites enable Google Translate widgets with as many languages as possible, or, at a minimum, the top 5 languages spoken in Harris County. Additionally, any documents or information that might be considered vital to the public, such as emergency public announcements, should be available in and/or able to be translated to multiple languages via the Google Translate widget.

For additional online communication methods that do not have the ability to house Google Translate widgets, such as social media platforms, a good practice is to consider your department's target constituents and common languages encountered. While Census data clarifies the language group makeup of Harris County as a whole, it is not representative of the groups that interact with Harris County OCA departments and may not be as helpful when interacting with and translating for constituents as tracking the languages of residents that use the department's services.

# Appendix A: External Vendor Price Comparison

The below table provides a breakdown of the cost of three common services by vendors currently with existing contracts with Harris County for the three most spoken languages in the county. Prices vary for each vendor based on language and services requested. The table does not include an exhaustive list of languages available for translation and interpretation, the services and quality of services provided, or the only available vendors on the market.

- Over-the-phone interpretation is generally described as an on-demand service where Harris County personnel can engage in a three-way phone call between the LEP constituent, the staff member, and the vendor’s interpreter. This service can also be requested as a video call via a platform such as Zoom.
- Onsite interpretation allows personnel to employ a representative from a vendor to provide interpretation in person for an LEP resident, such as interpretation during Commissioners Court.<sup>iii</sup>
- Document translation involves personnel using a vendor to translate documents from English to another language. Please note that each vendor also has different translation quality standards and procedures, which may result in varying prices.

	Service	Spanish	Vietnamese	Chinese
<b>Globo</b>	Over the Phone Interpretation (Per Minute)	\$0.79	\$0.79	\$0.79
	Onsite Interpretation (Per Hour)	\$60.00	\$60.00	\$60.00
	Document Translation (Per Word)	\$0.18	\$0.24	\$0.18
<b>Language Line</b>	Over the Phone Interpretation (Per Minute)	\$0.58	\$0.63	\$0.63
	Onsite Interpretation (Per Hour)	\$45.00	\$55.00	\$55.00
	Document Translation (Per Word)	\$0.12	\$0.19	\$0.12
<b>Master Word</b>	Over the Phone Interpretation (Per Minute)	\$1.26	\$1.54	\$1.54
	Onsite Interpretation (Per Hour)	\$95.00	\$95.00	\$95.00
	Document Translation (Per Word)	\$0.12	\$0.22	\$0.22
<b>WorldWide Interpreter</b>	Over the Phone Interpretation (Per Minute)	\$0.55	\$0.82	\$0.82
	Onsite interpretation (per hour)	\$65.00	\$75.00	\$75.00
	Document translation (per word)	\$0.14	\$0.17	\$0.17

Source: Harris County Contracts with Respective Vendors

<sup>iii</sup> Costs for onsite interpretation for each vendor are standard hourly rates, or rates for requests made with more than one full business day’s notice for services needed from 8am to 5pm, Monday through Friday. Requests made outside of the standard hourly rate timeframes have different costs for each vendor.

# Endnotes

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- <sup>1</sup> Houston Chronicle. (2023). Houston population & ethnicity. Retrieved from <https://www.houstonchronicle.com/projects/2023/houston-population-ethnicity/#:~:text=According%20to%20newly%20released%20data%20from%20the%20U.S.,sixth%20most%20ethnically%20diverse%20county%20in%20the%20nation.>
- <sup>2</sup> U.S. Census Bureau. (2023). B16001: Language spoken at home by ability to speak English for the population 5 years and over in Harris County, Texas. Retrieved from <https://data.census.gov/table/ACSDT1Y2023.B16001?q=B16001&g=050XX00US48201>
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- <sup>4</sup> U.S. Census Bureau. (2023). B16005: Nativity by language spoken at home by ability to speak English for the population 5 years and over in Harris County, Texas. Retrieved from <https://data.census.gov/table/ACSDT1Y2023.B16005?q=B16005&g=050XX00US48201>
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- <sup>12</sup> U.S. Department of Justice. (n.d.). Department of Justice language access plan. Retrieved from <https://www.justice.gov/atj/departement-justice-language-access-plan>
- <sup>13</sup> Global Cognition. (n.d.). What is cultural sensitivity? Retrieved from <https://www.globalcognition.org/what-is-cultural-sensitivity/#:~:text=Cultural%20sensitivity%20helps%20ease%20the%20adjustment.%20Cultural%20sensitivity,that%20you%20can%20deal%20effectively%20with%20these%20differences.>
- <sup>14</sup> Plain Language Action and Information Network. (n.d.). Definitions of plain language. Retrieved from <https://www.plainlanguage.gov/about/definitions/>

From: <https://www.spanishdict.com/>

## Hispanic

The term **Hispanic** (**hispano** or **hispánico**) can be used to refer to someone from Spain or the Spanish-speaking countries of Latin America, as well as to people of **Hispanic** descent (people with parents, grandparents, etc. who are **Hispanic**).

- In the U.S., the term **Hispanic** is most commonly used to refer to someone from Spanish-speaking Latin America (Cuba, Puerto Rico, the Dominican Republic, Mexico, and Central and South America), as well as descendants of people from Spanish-speaking Latin America.
- People from or with family ties to Spain, the Philippines, and Equatorial Guinea may also be considered or choose to refer to themselves as **Hispanic**.

### EXAMPLES

**Hay muchas tiendas hispanas en mi barrio.**

*There are many Hispanic stores in my neighborhood.*

**Estoy tomando una clase sobre la literatura hispana.**

*I'm taking a class on Hispanic literature.*

## Mexican

The term **Mexican** (**mexicano**) can be used to refer to someone born in Mexico, someone with Mexican citizenship, or someone of Mexican descent.

### EXAMPLES

**Mi esposo es mexicano. Nació en la Ciudad de México.**

*My husband is Mexican. He was born in Mexico City.*

**Valeria nació en Argentina, pero ahora tiene nacionalidad mexicana. Por eso es mexicana, no argentina.**

*Valeria was born in Argentina, but now she has Mexican citizenship. That's why she's Mexican, not Argentinean.*

**Rosa se considera mexicana. Ella nació en los Estados Unidos, pero sus papás son de Guadalajara.**

*Rosa considers herself Mexican. She was born in the U.S., but her parents are from Guadalajara.*

## Latino

The term **Latino** (**latino**) is used to refer to someone from Latin America (Cuba, Puerto Rico, the Dominican Republic, Mexico, and Central and South America), as well as to people of **Latino** descent (people with parents, grandparents, etc. who are **Latino**).

- People from Latin American countries that do not speak Spanish can be considered or refer to themselves as **Latino**.

### EXAMPLES

**Mi mamá es latina. Nació en Guayaquil, una ciudad en Ecuador.**

*My mom is Latina. She was born in Guayaquil, a city in Ecuador.*

**Mi papá es latino, pero no es mexicano. Es brasileño.**

*My dad is Latino, but he's not Mexican. He's Brazilian.*

## Chicano

The term **Chicano** may be used to refer to someone of Mexican descent born in the United States.

Though it is sometimes used as a synonym for **Mexican-American**, the word **Chicano** may be more specifically used:

- to refer to the Mexican-American civil rights movement of the 1960s

- by or to refer to people of Mexican descent from the American Southwest
- by or to refer to Mexican-Americans to emphasize their pride in their Amerindian roots and/or dual identities as both Mexicans and Americans

Not all **Mexican-Americans** identify as **Chicanos**. Additionally, someone may change how they choose to identify based on factors like situation, place, audience, age, etc.

#### EXAMPLES

**Rogelio se considera chicano. Sus papás nacieron en México, pero él nació en Los Angeles.**

*Rogelio considers himself Chicano. His parents were born in Mexico, but he was born in Los Angeles.*

A person who was born in Mexico and came to the United States as an adult would most likely refer to themselves as **Mexican**, not **Chicano**.

#### EXAMPLES

**Daniela es mexicana, no chicana. Nació en Puebla y solo lleva dos años aquí en los United.**

*Daniela is Mexican, not Chicana. She was born in Puebla and has only been here in the States for two years.*

## Latinx, Latine, Chicanx, Chicane

The terms **Latinx** and **Latine** are gender-neutral terms that can be used to refer to **individuals from Latin America or from Latin American descent**. The gender-neutral terms for **Chicano/Chicana** are **Chicanx**, **Chicane**, **Xicanx**, and **Xicane**.

The Spanish equivalents of the terms above are written in lowercase and are used with the **arroba**

(*at symbol*) in place of the **x**. Additionally, the gender-neutral suffix **-e** is becoming more widespread in Spanish.

Use of the above terms in both English and Spanish may depend on a speaker's **age, origin, and/or political affiliation**, among other things.

Let's take a look at some examples that use the above gender-neutral terms.

**Millones de votantes latin@s votaron en la última elección.**

Millions of Latinx voters voted in the last election.

**Dos de mis estudiantes chicanes me invitaron a su casa para partir la rosca de Reyes.**

*Two of my Chicane students invited me over to cut the rosca de reyes.*

If you're unsure how a person identifies, you could ask them. If you do so, we recommend clarifying both to the person you're asking and to yourself *why* you're asking. For example:

EXAMPLES

**¿Se identifican como latinos? Les pregunto porque estoy recolectando datos para la Oficina del Censo de Estados Unidos.**

*Do you identify as Latinos? I'm asking because I'm collecting data for the U.S. Census Bureau.*

**¿Eres de Nicaragua? Te pregunto porque mis papás son de Managua, y me considero nicaragüense.**

*Are you from Nicaragua? I'm asking because my parents are from Managua, and I consider myself Nicaraguan.*

From: Colorado State University/El Centro,

# Why Latinx/é?

The term *Latinx* emerged in the early 21st century, reportedly first used online in 2004. *Latinx* is the gender-neutral alternative to *Latina* or *Latino*. It is a term used to describe a diverse group of people who have roots in Latin America. While it is unclear exactly when and where the term emerged, it is clear it emerged from queer *Latinx* online communities in order to challenge the gender binary.

*Latiné* is also a gender-neutral form of the word *Latino*, created by gender non-binary and feminist communities in Spanish-speaking countries. The objective of the term is also to remove gender from Spanish, by replacing it with the gender-neutral Spanish letter E or É, which can already be found in words like *estudiante*.

We understand that discourse related to these terms is complicated. Language is complicated. Identities are also not a monolith and are intersectional and complex.

You will observe El Centro using *Latinx/é* in order to be in alignment with our values, the Principles of Community and to create a more welcoming environment for folks who identify outside the gender binary. We commit to re-evaluating our approach as language continues to evolve.

For us, *Latinx/é* is important to use because it encompasses those who within Latin American cultures have been marginalized and put down by rigorous gender binaries, machismo, and colonization. *Latinx/é* pushes beyond gender binaries and acknowledges the intersecting identities of our incredibly diverse community. *Latinx/é* includes men, women, gender non-conforming, non-binary, trans, queer, agender and gender-fluid folks in our communities. For us, these are not exclusionary terms; they open the door for all the ways folks would like to be identified.

We understand that not everyone is comfortable with using these terms and we strive to create a dialog and reach a mutual respect and understanding. The conversation discourse about *Latinx/é* has many sides and perspectives, it is messy and complicado. In El Centro, we embrace the opportunity to engage in this complexity, knowing that we won't always get it right that we will mess up along the way. *Juntos* hope to learn and grow from mistakes, discourse and dialogue as we work towards greater inclusion.

It is important to remember that all individuals have the right to identify with language that capture who they are and makes them feel welcome. Ultimately, what we want you to know is that regardless of how you choose to identify yourself (*Chicano*, *Chicana*, *Xicanx*, *Latina*, *Latino*, *Hispanic*, *Mexicano*, *Puertorriqueño*, *Colombiano*, *Afro-Latiné*, etc.) you are welcome here and we hope you come see us soon.

Below are more articles and videos about the term *Latinx and Latine*:

- [Why People Are Using the Term 'Latinx'](#)
- [What's the Deal with Latinx?](#)
- [The X in Latinx is a Wound, not a trend](#)
- [Call me Latine](#)
- [From Hispanic to Latine](#)

## From Wikipedia, 02/11/25

*Latinx* is an English [neologism](#) used to refer to people with [Latin American](#) cultural or ethnic identity in the [United States](#). The term aims to be a [gender-neutral](#) alternative to *Latino* and *Latina* by replacing the masculine (-o) and feminine (-a) ending with the (-x) suffix. The plural for *Latinx* is *Latinxs* or *Latinxes*. The term was first seen online around 2004; it has since been used in [social media](#) by activists, students, and academics who seek to advocate for [non-binary](#) and [genderqueer](#) individuals. Related gender-neutral neologisms include *Xicanx* or *Chicanx* as a derivative of *Chicano/Chicana*.

*Latinx* does not follow [conventional grammatical gender rules in Spanish](#), is difficult to pronounce for Spanish speakers, and is criticized as showing disrespect towards the [Spanish language](#) as a whole.<sup>[1]</sup> In Latin America, terms such as *Latine* and *Latin@* have been used to indicate gender-neutrality, however, the [Royal Spanish Academy](#) style guide does not recognize gender-neutral language as grammatically correct.<sup>[2]</sup> In English, *Latin* without a suffix has been proposed as an alternative to *Latinx*.

Reception of the term among [Hispanic and Latino Americans](#) has been overwhelmingly negative, and surveys have found that the vast majority prefer other terms such as *Hispanic* and *Latina/Latino* to describe themselves with only 2–3% using *Latinx*.<sup>[3][4]</sup> A 2023 [Pew Research Center](#) survey found that roughly half of U.S. Hispanics were not aware of the term *Latinx*; of those aware of it, 75% said it should not be used, including 36% who found increased usage to be a bad thing.<sup>[5][6]</sup>

## Usage and pronunciation

*Latinx* is a term for a [group identity](#) used to describe individuals in the United States who have Latin American roots.<sup>[7][8]</sup> Other names for this [social category](#) include *Hispanic*, *Latino*, *Latina*, *Latine*, and *Latin@* (combining the letters "a" and "o" into the character @).<sup>[9][10]</sup> Another term is simply "Latin", which by itself is of a [neutral gender](#), and can be stated in the plural as "Latins".<sup>[citation needed]</sup> *Latinx* is used as an alternative to the [gender binary](#) inherent to formulations such as *Latina/o* and *Latin@*,<sup>[9][11][12]</sup> and is used by and for anyone of Latin-American descent who [does not identify as either male or female](#), or more broadly as a gender-neutral term for such.<sup>[13][11][14]</sup>



## Cuadro de Términos

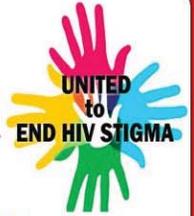
<b>Término Común</b>	<b>Término Recomendado</b>	<b>Razones</b>
VIH/SIDA	VIH	<p><i>La gente evita los mensajes que contienen la palabra SIDA porque se asocia también al estigma y a la muerte.</i></p> <p><i>La existencia de dos palabras es una complicación innecesaria y hace más difícil explicar cómo se transmite el VIH y las diversas etapas de la infección.</i></p> <p><i>El utilizar “VIH/SIDA” proporciona un mensaje contradictorio e incorrecto.</i></p>
SIDA	VIH	<p><i>La palabra SIDA no es relevante para la prevención de la transmisión, como la puede ser VIH. Usar VIH ayuda a enfocarse en la prevención y el diagnóstico temprano.</i></p> <p><i>El VIH es lo que provoca la infección y se puede vivir muchos años con la infección.</i></p> <p><i>El SIDA es una palabra indecisa, su definición varía de un país a otro y ha cambiado muchas veces desde el inicio de la epidemia.</i></p>
Virus del SIDA	VIH	<p><i>El SIDA es un síndrome, no un virus. Por lo tanto, el “virus del SIDA” no existe. Sólo existe el VIH –Virus que provoca el síndrome conocido como SIDA-.</i></p>
Virus del VIH	VIH	<p><i>La “V” de VIH significa VIRUS. No es necesario agregar la palabra “virus” del VIH, con solo decir VIH es suficiente.</i></p>
Fluidos corporales	Sangre, semen, leche materna, fluidos vaginales, secreciones previas a la eyaculación	<p><i>El término “fluidos corporales” abarca todos los fluidos del cuerpo, no solamente los que participan en la transmisión del VIH. La confusión relativa a los fluidos corporales que pueden transmitir o no el VIH, es una de las causas de temor y malentendidos respecto al VIH que provocan la discriminación.</i></p> <p><i>El virus es transmitido de una persona a otra de formas muy específicas, en las que participan la sangre, el semen, las secreciones previas a la eyaculación, los fluidos vaginales y la leche materna de una persona con VIH que penetra en el cuerpo de otra persona. Eso deja fuera a las lágrimas, el sudor o la saliva.</i></p>
Víctimas del SIDA, personas que sufren de SIDA	Personas con VIH	<p><i>Muchas personas sienten que este término implica que son incapaces, que no tienen control sobre sus vidas. Las personas con viviendo con el VIH son una parte fundamental en la solución en la transmisión del VIH, no “el problema”.</i></p>
PVVS, VIH positivos, personas que conviven con el VIH,	Personas con VIH	<p><i>En su momento eso términos tuvieron su razón de ser. Pero nadie convive con una enfermedad o un virus como si se tratara de un común acuerdo. Ejemplo nunca se dice: “persona que convive con diabetes”.</i></p>
Persona Contagiada, Sedoso, Sidótico	Persona con VIH	<p><i>Contagio da la idea de que se transmite fácilmente, el VIH no es “contagioso” como una gripe. Por lo general, se transmite de forma directa de un cuerpo a otro.</i></p>

<b>Término Común</b>	<b>Término Recomendado</b>	<b>Razones</b>
Paciente SIDA/ Pacientes con SIDA	Utilice el término de “paciente con SIDA” solamente para describir a alguien que tiene SIDA, cuando la narración está en el contexto médico.	<i>La mayor parte de las veces, la persona con SIDA no es un paciente. Muchas personas con SIDA superan lo relativo a esta situación y aprenden a controlarla, y participan en la toma de decisiones conjuntamente con el proveedor de la asistencia médica. Son personas con VIH, la mayoría no se identifican como “pacientes” de instituciones hospitalarias, sino como usuarios de servicios médicos.</i>
Grupo de alto riesgo	Comportamientos de riesgo	<i>No existen grupos de riesgo específicos, todos estamos en riesgo ante la infección por el VIH.  Utilizar el término “grupos de alto riesgo” conlleva a que las personas que no se identifican con ese grupo se sientan tranquilas y experimenten una falsa sensación de seguridad. “Grupo de alto riesgo” también implica que el riesgo está limitado al grupo, cuando en realidad cualquier persona indistintamente del grupo al que pertenezca puede tener conductas de riesgo.  Hable de comportamientos de riesgo como relaciones sexuales sin condón y de grupos vulnerables como la niñez y adolescencia en explotación sexual comercial, que es vulnerable porque no puede negociar el uso de un condón y vive una situación de constante violación a sus derechos humanos.</i>
Víctimas inocentes	Niños y niñas con VIH	<i>Por lo general, se utiliza para referirse a niños y niñas o personas que adquirieron el VIH por razones médicas. Este término implica erróneamente que las personas infectadas por otras vías, especialmente la sexual, merecen castigo de cierta manera y que se han infectado por su culpa. Este término fomenta la discriminación y debe evitarse.</i>
Huérfanos del SIDA	Hable de niñez huérfana debido al VIH, niñez afectada por el VIH	<i>Se estima que actualmente hay 15 millones de niños que han perdido a uno o a ambos progenitores a causa del VIH. Hay otros niños y niñas que no tienen VIH y sus padres aún viven, pero que están siendo afectados, tanto por las implicaciones económicas como por el estigma y discriminación.</i>
Términos militares: lucha, guerra, contra, objetivo, ataque, etc.	Hable entonces de respuesta al VIH, tratamiento, prevención del VIH.	<i>Las metáforas militares dan a la gente una comprensión inexacta de la epidemia, cuando sea posible utilice terminología de salud pública.</i>
Promiscuo	No usarla	<i>Se trata de un juicio de valor que debe evitarse, no refleja con exactitud el contexto social de la transmisión, es improbable que una persona a la que se le denomine promiscua escuche el mensaje o se identifique con el mismo. Hace falta una sola relación sexual desprotegida para adquirir el virus. El énfasis debe estar en las relaciones sin protección y no en el número de parejas, puesto que personas que solamente han tenido una sola pareja, también han adquirido el virus.</i>
Prostituta, prostituto, mujer/hombre de la calle, mujer de la vida alegre, damisela de la noche, mariposa nocturna	Hable de trabajadores del sexo (si son adultos) o de niñez y adolescentes en situación de explotación sexual comercial.	<i>Los términos prostituta, mujer u hombre de la calle y otros términos se utilizan frecuentemente para menospreciarlos.  Es incorrecto estigmatizar a las trabajadoras sexuales como las que están en mayor riesgo ante el VIH o que son las responsables de transmitir la epidemia, cuando un ama de casa tiene menos probabilidades de negociar el</i>

Término Común	Término Recomendado	Razones
		<p><i>uso del condón y por lo tanto es más vulnerable de adquirir el VIH.</i></p> <p><i>En el caso de niños, niñas y adolescentes se trata de explotación sexual comercial porque viven una situación de abuso, de violación a sus derechos humanos. Hay abuso de poder, de parte de personas adultas quienes delinquen al someterles a una forma de esclavitud. Estas niñas, niños y adolescentes son más vulnerables ante el VIH.</i></p>
<p>Drogada, drogadicto, abuso de drogas, usuario de droga intravenosa</p>	<p>Hable de consumidores de drogas inyectables o personas que se inyectan drogas, porque también las hay quienes las consumen vía intramuscular.</p>	<p><i>Términos como “drogadictos” se basan en una imagen estereotipada que induce a engaño, ya que el uso compartido de agujas con frecuencia tiene lugar entre personas que consumen la droga de manera ocasional o en determinada oportunidad.</i></p> <p><i>Utilizar equipos de inyección limpios y condones en las relaciones sexuales reduce la transmisión del VIH, aunque se continúe consumiendo drogas.</i></p>
<p>Cochón, pato, desviado, raro, del otro bando, patuleco, maricón, afeminado, mariposón, mariquita, mariposita, comelón.</p>	<p>Hombres que tienen sexo con hombres (HSH), Homosexuales o comunidad gay, (transexual, transgéneros, travestí e intersexual, cuando así se identifiquen.)</p>	<p><i>Utilícese HSH para descripciones epidemiológicas y para describir las estrategias de prevención. Se deben utilizar hombres homosexuales, gay y otros términos que no se consideren despectivos y sean culturalmente apropiados al referirse a individuos que se identifican a sí mismos como varones que están orientados sexualmente hacia individuos de su mismo sexo. Hay quienes tienen sexo con hombres y no se identifican a sí mismos como homosexuales.</i></p> <p><i>HSH, describe un comportamiento, mientras que hombres homosexuales describe una identidad. Utilícese cada uno de los términos como resulte mas apropiado en cada contexto y no como sinónimos. Puede usarse HSH, homosexuales, gay, bisexual, transgénero y otros términos, según la identificación que hace de sí mismo el grupo o la persona, se recomienda el cuidado de no parecer ofensivo o parecer inapropiado en el entorno cultural o medio que se usarán.</i></p>
<p>Enfermedades de Transmisión Sexual (ETS), enfermedades sexuales</p>	<p>Infecciones de Transmisión Sexual (ITS)</p>	<p><i>Las enfermedades se asocian generalmente a manifestaciones clínicas. Muchas ITS pueden no tener síntomas evidentes, especialmente en las mujeres. El término “infecciones de transmisión sexual” y su sigla ITS resultan más amplios.</i></p>
<p>Problemática del VIH</p>	<p>Pandemia – Epidemia</p>	<p><i>Si usamos este término estaremos propiciando que la gente vea a las personas que viven con VIH como un problema; además que epidemiológicamente está reconocido como una pandemia, es decir una epidemia de alcance mundial.</i></p>
<p>Plaga, azote, enfermedad pavorosa, castigo divino</p>	<p>Pandemia – Epidemia</p>	<p><i>Estas palabras son demasiado dramáticas. Pueden indicar un juicio, por lo cual es mejor reemplazarlas.</i></p>
<p>Morir de SIDA</p>	<p>Morir de una enfermedad oportunista Morir por una enfermedad relacionada al SIDA</p>	<p><i>El VIH debilita el sistema inmunológico, que exponen al cuerpo adquirir una o más enfermedades (Infecciones oportunistas) que señala la progresión hacia el SIDA.</i></p> <p><i>Estas enfermedades son las que eventualmente causan la muerte</i></p>

<b>Término Común</b>	<b>Término Recomendado</b>	<b>Razones</b>
Casos de SIDA	Persona con VIH	<i>Casos, deja fuera la perspectiva humana, cosifica, transforma en número la situación de personas y familias específicas.</i>
Seropositivo	Persona con VIH	<i>Aunque las reglas ortográficas afirman que esta palabra debe ser escrita con "C" este no es el caso, puesto que es una palabra compuesta y epidemiológica, ya que "sero" proviene de Suero que es el análisis realizado en la sangre y positivo refiriéndose al resultado de la prueba. Seropositivo es lo correcto y se recomienda persona con VIH, fuera de la jerga médica.</i>

# HIV #LanguageMatters: Using preferred language to address stigma



Created for & by People Living with HIV

Acknowledgements:



Stigmatizing	Preferred
HIV infected person	Person living with HIV, PLHIV. Do not use "infected" when referring to a person. Use <i>People First Language</i> , which emphasizes the person, not their diagnosis
HIV or AIDS patient, AIDS or HIV carrier	
Positives or HIVers	
Died of AIDS, to die of AIDS	Died of AIDS-related illness, Died of AIDS-related complications or end stage HIV
AIDS virus	HIV (AIDS is a diagnosis not a virus - it cannot be transmitted)
Full-blown AIDS	There is no medical definition for this phrase - simply use the term AIDS, or Stage 3 HIV.
HIV virus	This is redundant; use HIV.
Zero new infections	Zero new HIV acquisitions/transmissions
HIV infections	HIV transmissions, diagnosed with HIV, PLHIV
HIV infected	living with/diagnosed with HIV, contracted/acquired HIV
Number of infections	Number diagnosed with HIV/number of HIV acquisitions
Became infected	Contracted, acquired, diagnosed with
HIV-exposed infant	Infant exposed to HIV
Serodiscordant couple	Serodifferent, magnetic, or mixed status couple
Mother to child transmission	Vertical transmission/perinatal transmission
Victim, Innocent Victim, Sufferer, contaminated, infected	Person living with HIV, survivor, warrior (Do not use "infected" when referring to a person)
AIDS orphans	Children orphaned by loss of parents/guardians who died of AIDS related complications
AIDS test	HIV test (AIDS is a diagnosis, there is not an AIDS test)
To catch AIDS, To contract AIDS, Transmit AIDS, To catch HIV	An AIDS diagnosis, developed AIDS, to contract HIV (AIDS is a diagnosis, which cannot be passed from one person to the next)
Compliant	Adherent
Prostitute or prostitution	Sex worker, sale of sexual services, transactional sex
Promiscuous	This is a value judgment and should be avoided instead use "having multiple partners"
Unprotected sex	Condomless sex with PrEP, Condomless sex without PrEP, sex not protected by condoms, sex not protected by antiretroviral prevention methods
Death Sentence, Fatal condition or life-threatening condition	A serious health issue, chronic health condition or manageable health for people who have access to care and treatment
"Tainted" blood; "dirty" needles	Blood containing HIV; shared needles, shared syringes
Clean, as in "I am clean are you?"	Referring to yourself or others as being "clean" suggests that those living with HIV are dirty. Avoid!
"a drug that prevents HIV infection"	a drug that prevents the transmission of HIV
End HIV, End AIDS	End HIV transmission, Be specific: are we ending HIV or AIDS?



This is a "living document" - suggestions and new ideas are welcome. This is our language!

For Reprints Contact Vickie Lynn vlynn@health.usf.edu or Valerie Wejshowiez valwoj@ncmail.com

## Survey Conducted by the Office of Support

Between October and December 2024, Rod Avila, Community Engagement Coordinator in the Ryan White Office of Support, surveyed Proyecto VIDA students, Hispanic clients at a Catholic Charities quarterly housing meeting, staff and clients at AAMA and FLAS, and members of the Latino HIV Task Force. Sixty-one individuals provided the following responses to the survey.

	Hispanic/ Hispano/a	Latino/ Latina	Hispanic/Latino/ Hispano/a	Latinx	Latine	Additional responses:	
Q1: Please check if you have heard of these terms.	48	48	37	24	8	Latino Mexicano	
Q2: Please check which you prefer to use for yourself.	26	27	20	7	0	ingles, 'Hispana/no should not be used to identify Latinos'	
							paper surveys 37
							online surveys 24
							total number of surveys 61

**Self-Identification Preference Survey**  
***Encuesta De Como Se Prefiere Identificar***

**Please check the box if you have heard of these terms / *Marque la casilla si ha oído hablar de estos términos:***

Hispanic/ Hispano/a

Latinx

Latino

Latiné

Latina

Other/ *Otro:*

Hispanic/Latino/ Hispano/a

---

**Please check the box you prefer to use for yourself / *Marque la casilla que prefiera utilizar para usted***

Hispanic/ Hispano/a

Latinx

Latino

Latiné

Latina

Other/ *Otro:*

Hispanic/Latino/ Hispano/a

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