Last Updated December 2024

Inclusivity Checklist

for Presentations, Research Design, and Other Content

This is a resource offered by the Helfer Diversity, Equity, and Inclusion (DEI) Committee. Its content is adapted from the Upstate Bias Checklist developed by Amy Caruso Brown in 2020 (https://aecarusobrown.com/theupstate-bias-checklist/). For questions or suggestions, please contact the Helfer DEI committee co-chairs (see www.helfersociety.org/committees#DEIC).

First, some general questions to ask yourself:

- How might this content be at risk for bias?
- How might this content impact my audience and learners?
- What is the goal or learning objective for this content?
- Have I reflected on my own identity & privilege and how that may influence my perspective?
- Have I considered perspectives other than my own in the creation of this content?
- Do I plan to ask my audience for feedback on the inclusivity (or lack thereof) of this content?

Race and Ethnicity Considerations

The preferred responses, where applicable, are underlined

1. **Does the content include any mention of race or ethnicity?** Y / N
    a. **If YES, is race clarified as being a social construct rather than biologically-based?** Y / N
    b. **If YES, are explicit biological differences* between racial or ethnic groups implied?** Y / N
2. **Does the content include images of people or physical findings?** Y / N
    a. **If YES, do images represent the full spectrum of skin tones or other physical features?** Y / N
    b. **If YES, do the people depicted in the images appear racially and ethnically diverse*?** Y / N

**Health differences among different racial and ethnic groups are sometimes attributed to differences in the distribution of genes, often falsely; the vast majority of health differences are not genetic in origin but are due to social and structural inequity, although biology (through mechanisms such as toxic stress and epigenetic modification) may play a role.*

Examples of content that promote shame, bias, stereotype, or stigma related to race and ethnicity include:

- Teaching the practice of race "correction" for highly variable physiological measures such as spirometry values and glomerular filtration rate, based on outdated studies and neglecting to recognize intrinsic variation within racial groups
- Using statistical comparisons between racial or ethnic groups that designate White as the reference group (as opposed to a pooled mean or ideal clinical value)
- Presenting associations between race and disease incidence without context
- Showing two photos side-by-side during an obesity lecture: one depicting a family comprised of thin white individuals sitting down to a healthy dinner and one depicting a family of overweight black individuals sitting in front of fast food

- Consistently showing images of black individuals when addressing health conditions (e.g., diabetes, obesity) or social conditions (e.g., poverty, crime, violence)
- Implying that all Latinx patients are undocumented immigrants, migrant workers, or criminals
- Using words such as “sketchy,” “ghetto,” “nice neighborhood,” and “good schools” without acknowledging the racial connotations these words can carry
- Stating or implying that all patients from a particular culture or ethnicity participate in certain practices or reject certain medical interventions
- Displaying cartoons and other images that are meant to be comical but may perpetuate stigma or bias
- Making any comment about this subject that is meant to elicit laughter

Gender, Gender Identity, and Sexual Orientation Considerations

The preferred responses, where applicable, are <u>underlined</u>

1. **Does the content include <u>any</u> mention of sex or gender*?** Y / N

    a. **If YES, is gender presented as part of a spectrum (as opposed to a binary concept)?** <u>Y</u> / N

    b. **If YES, are symptoms, signs, other clinical findings and/or disease presentations (e.g., chest pain) referred to as "atypical" or "variant" when they occur in women**?** Y / <u>N</u>

    c. **If YES, does the content conflate gender identity with sexual orientation?** Y / <u>N</u>

    d. **If YES, does the content promote traditional, heteronormative gender roles***?** Y / <u>N</u>

2. **Does the content include images of people?** Y / N

    a. **If YES, do the images contain a diverse representation of genders?** <u>Y</u> / N

    b. **If YES, do the images promote traditional, heteronormative gender roles***?** Y / <u>N</u>

**If photos of humans are included or if the content includes clinical vignettes/references to individual people (patients or healthcare professionals), gender is most likely present in the content.*
***The term "atypical" suggests a deviation from the norm, which implicitly establishes male symptoms as the standard, and has led to underdiagnosis of serious cardiac conditions in women.*
****Roles that support or promote the gender binary and align with older notions of what is acceptable for women or for men (for example, women as nurturers, stay-at-home wives and mothers, etc.; men as physically aggressive, protectors, financial breadwinners, etc.; in healthcare, may include assumptions that women are nurses and men are doctors, not vice versa)*

Examples of content that promotes shame, bias, stereotype, or stigma related to gender, gender identity, and sexual orientation include:

- Portraying family vignettes in which patients are invariably accompanied by a mother (never a father, two fathers, two mothers, grandparents, etc.) or only involve nuclear families with heterosexual, married parents and biological offspring
- Suggesting that female students (but not male students) consider reproduction and family obligations in their career choices

- Perpetuating gender stereotypes in education (e.g., females are not good at math, males prefer surgical fields as career choices)
- Spending disproportionate course content or contact hours devoted to conditions that impact men more than women (e.g., time spent in pharmacology on drugs for erectile dysfunction vs. time spent on contraceptives)
- Teaching students that intersex patients are really male or female, once diagnosed properly
- Failing to use appropriate pronouns for gender-diverse patients in clinical vignettes
- Mocking particular relationship practices, especially those that are considered "outside" of the mainstream
- Making any comment that assumes the audience is of a homogenous political or social opinion
- Making any comment about this subject that is meant to elicit laughter

Disabilities, Neurodiversity, and Ableism Considerations

The preferred responses, where applicable, are underlined

1. **Does the content include any mention of disability, including physical or cognitive/intellectual disability*?** Y / N
    a. **If YES, is any aspect of the (real or hypothetical) patient's experience mocked, shamed, or demeaned?** Y / N
    b. **If YES, do vignettes use language that indicates judgment of the patient or their behavior**?** Y / N
2. **Does the content include images of people or physical findings?** Y / N
    a. **If YES, are the people depicted in the images diverse in terms of apparent physical ability?** Y / N
    b. **If YES, and if using image(s) to illustrate morphological features of disability, are the image(s) primarily tragic or negative (e.g., suggesting a poor quality of life)?** Y / N
3. **Does the content include any font, figures, or tables in color?** Y / N
    a. **If YES, is there good contrast between the colors (e.g., black/white or blue/yellow)?** Y / N
    b. **If YES, has red-green combination been avoided?** Y / N
    c. **If YES, have figures been augmented with patterns in addition to colors as a differentiator?** Y / N

d. See this resource for additional tips about making materials that are accessible from a color-blindness perspective

**Note that mental health, substance use, and aging are addressed in separate domains, although these topics overlap and intersect with discussions of ability and you may choose to include them when responding to the questions in this domain.*
***In addition to more obvious examples, subtle word choices (such as "alleged," "admitted," or "denied") may also indicate judgment and should be avoided in most cases.*

Examples of content that promotes shame, bias, stereotype, or stigma related to ability and neurodiversity include:

- Implying that patients with mental health concerns are violent, dangerous, or guilty
- Undermining the dignity of people with mental health concerns by not recognizing how some might value neurodiversity, or by focusing on deficits rather than the need for treatment to reduce symptoms that cause suffering
- Using language of personal responsibility and self-control to discuss addiction, rather than acknowledging that substance use disorders are diseases
- Referring to patients with pejorative terms such as "crazy," "insane," "addicts," “druggies,” "junkies," "drunks"
- Using "us" and "them" language when talking about patients with disabilities (failing to acknowledge that many learners and colleagues may experience or have familial lived experiences of mental health concerns or substance use)
- Making any comment about this subject that is meant to elicit laughter

Ageism Considerations

The preferred responses, where applicable, are underlined

1. **Does the content include any mention of age?**
    a. **If YES, is the content portrayed in a manner that makes generational assumptions or perpetuates age stereotypes?** Y / N
2. **Does the content include images of people or physical findings?** Y / N
    a. **If YES, are the people depicted in the images diverse in terms of age?** Y / N

Examples of content that promotes shame, bias, stereotype, or stigma related to age include:

- Portraying older generations as “behind the times,” “set in their ways,” or unable to use technology
- Portraying younger generations as “lazy” or lacking work ethic (e.g., including efforts to set boundaries or maintain work-life balance)
- Portraying students/trainees as universally young individuals, and leaders or managers as universally older individuals
- Making any comment about this subject that is meant to elicit laughter

Body Habitus Considerations

The preferred responses, where applicable, are <u>underlined</u>

1. **Does the content include <u>any</u> mention of weight or body mass index?** Y / N
    a. **If YES, does the content assume or imply a linear or straightforward relationship between weight (or body mass index) and health?** Y / <u>N</u>
    b. **If YES, does the content emphasize personal responsibility in discussions of weight (including those who are underweight, overweight, or obese)?** Y / <u>N</u>
    c. **If YES, does the content discuss how a variety of genetic, epigenetic, social, and structural risk factors are related to weight?** <u>Y</u> / N
2. **Does the content include images of people or physical findings?** Y / N
    a. **If YES, are the people depicted in the images diverse in terms of appearance (e.g., shape, size, body habitus)?** <u>Y</u> / N

Examples of content that promotes shame, bias, stereotype, or stigma related to weight include:

- Describing overweight and obese patients as "non-compliant" (Note: the word “non-adherent” may convey less judgement, as will acknowledgment of potential barriers to adherence)
- Assuming that all overweight and obese individuals are unhealthy or have poor self-control
- Making any comment about this subject that is meant to elicit laughter

<u>Immigration Status, Nationality, Language, and Culture Considerations</u>

The preferred responses, where applicable, are <u>underlined</u>

1. **Does the content include <u>any</u> mention of immigration, nationality, language, or culture?** Y / N
    a. **If YES, does this content distinguish between different categories of immigration status, including refugees*, asylum seekers, and undocumented immigrants**, "green card holders", etc.?** <u>Y</u> / N
    b. **If YES, could this content be understood as suggesting that patients who do not speak English are less capable of understanding healthcare information, making informed healthcare decisions or adhering to healthcare recommendations?** Y / <u>N</u>

**Refugee: "Person who has fled their own country because they are at risk of serious harm" (including human rights violations and persecution); the risks to their safety and life were so great that they felt they had no choice but to leave and seek safety outside their country because their own government cannot or will not protect them from those dangers; refugees have a right to international protection (Amnesty International, 2021);*
***Undocumented immigrant: Anyone residing in any given country without legal documentation from that country; includes people who enter a country without inspection and permission from the government, and those who enter with a legal visa but that remain after the visa expires (Immigrants Rising, 2021)*

Examples of content that promotes shame, bias, stereotype, or stigma related to immigration status, nationality, language, and culture include:

- Focusing only on language barriers in clinical encounters between physicians and patients who are immigrants (assumes immigrants never speak English and neglects other important features)
- Overemphasizing the burden on healthcare providers' time related to use of interpreters
- Assuming or implying that all non-English-speaking patients are undocumented immigrants or migrant workers
- Making any comment about this subject that is meant to elicit laughter

Socioeconomic Status Considerations

The preferred responses, where applicable, are underlined

1. **Does the content include any mention of poverty or socioeconomic status?** Y / N

    a. **If YES, does the content make any assumptions about a person or family based upon their socioeconomic status*?** Y / N

**This may include assumptions related to people of any socioeconomic status (not just lower socioeconomic status) including intelligence level, personality, values, substance use, or ability to care for children*

Examples of content that promotes shame, bias, stereotype, or stigma related to socioeconomic status include:

- Presenting race as a risk factor for disease occurrence or outcome without explaining role of poverty, access to healthcare, etc.
- Presenting poor people as lazy, uneducated, or lacking in character
- Making any comment about this subject that is meant to elicit laughter

Religion or Faith Tradition Considerations

The preferred responses, where applicable, are underlined

1. **Does the content include any discussion of religion or faith tradition?** Y / N

    a. **If YES, does that content assume that religious or faith-based groups are monolithic* and present their beliefs as such?** Y / N

**Examples include: suggesting that all Muslim women refuse to see male providers; that all Amish families want to consult their community elders prior to making a major medical decision; or that Catholic patients never use contraception.*

Examples of content that promotes shame, bias, stereotype, or stigma related to religion or faith tradition include:

- Mocking particular religious beliefs, especially those that are considered "outside" of the mainstream
- Presenting all deeply religious patients as rejecting allopathic/Western medicine
- Assuming a person's medical beliefs based upon their ethnicity (e.g., a Chinese person must believe in traditional Chinese medicine)
- Treating religious objections to certain types of medical intervention as more or less worthy of consideration than other personal beliefs
- Making any comment about this subject that is meant to elicit laughter

Geography (Rural, Urban, Suburban, North/South, etc.)

The preferred responses, where applicable, are underlined

1. **Does this content include any discussion of patients from (or healthcare provision in) rural, urban, suburban, regional areas?** Y / N
    a. **If YES, does the content make assumptions about the patients or healthcare based upon region?** Y / N

Examples of content that promotes shame, bias, stereotype, or stigma based on geography include:

- Assuming that people living in rural areas are less educated than those in urban areas
- Assuming that people living in rural areas are less likely to have a healthy lifestyle or to adhere to healthcare recommendations
- Assuming that people living in rural areas are of a particular race, religion, or political party
- Assuming that people in urban areas are minorities, are poor, or are exposed to violence
- Assuming that people from the south are rural, less educated, or inherently more biased
- Making any comment about this subject that is meant to elicit laughter

Professional Diversity

The preferred responses, where applicable, are underlined

1. **Does this content discuss healthcare practitioners from more than one profession (e.g., physicians, nurses, physical therapists) or specialty (e.g., pediatrics, emergency medicine)?** Y / N
    a. **If NO, *should* this content discuss healthcare practitioners from more than one profession (e.g., physicians, nurses, physical therapists) or specialty (e.g., pediatrics, emergency medicine)?** Y / N

b. If YES, does the content make any assumptions about people based upon their profession or specialty? Y / N

Examples of content that promotes shame, bias, stereotype, or stigma based on profession include:

- Assuming all physicians are male and nurses are female
- Assuming all physicians are MDs
- Mocking naturopaths or any person who practices non-allopathic medicine
- Making any comment about this subject that is meant to elicit laughter