RETAIN Webinar

Health Equity Tips for Developing Inclusive Communication in RETAIN Programs: Rhonda Waller, Nancy Bateman

Thursday, March 24, 2022, 2:00 p.m. – 3:00 p.m. ET

Welcome everybody. We will get started in a couple minutes. In the meantime, so Mimi -- we may follow each other, please share your states RETAIN website and social media account. You may also want to add your state abbreviation to your name and zoom. You can find your name under participants, select more, and select rename. Please see the chat window for those directions. We will get started in a few minutes. Thank you all.

Welcome to those who are joining! We will get started in a couple minutes. Please see a chat window for our question to ask you to share your RETAIN website and social media accounts and instructions for adding your state abbreviation to your name and zoom. We will get started shortly. Thank you.

Angela from Minnesota, thank you for getting us started with sharing the chat box! To those who are just logging in, please take a look at the chat box for a couple housekeeping items and we will get started shortly. Thank you. Great. Thank you all for starting to share your information in the chat. I will get started well everyone continues to log on.

I am excited to welcome you to today's webinar. I am Lindsey Willis, the senior communication specialist on the retain all DA team. Welcome to health, equity tips for developing inclusive communication in RETAIN programs. I am excited to share this webinar with you presented by communications and subject matter experts and RTA partner the Bizzell Group. For those who are just joining, you will see in the chat we have asked you to share your states RETAIN website and social media accounts and add your state abbreviation to your name and zoom. I will share some announcements as you take a look at that. Next slide please.

We welcome your participation in the chat box or you may submit comments by email to retainta@air.org. Please feel free to comment on the presentation, ask questions, or let us know if you are having technical to put the keys.

You can access close captioning at the bottom of the zoom window. Next slide please.

For those who are newer to RETAIN, this event is being conducted by the American Institute for resort or AIR for the US Department of Labor office of disability employment policy, or ODEP. And retain all state grantees. The views expressed are those of the authors and should not be attributed to DOL, nor does mention of tradenames, commercial products, organizations imply endorsement of the same by the US government. Next slide please.

RETAIN or retaining employment and talent after injury/illness network is a joint initiative led by the Department of Labor and the office of disability employment policy and funded by ODEP, the Department of Labor's employment and training Administration and the Social Security Administration. Retain all the technical assistance, or TA, is funded by OEE EP and housed at the American Institutes for research. RETAIN is focused on building state capacity and stay at work and return to work strategies across five states at this point. It explores ways to help people who become ill or injured during their working years in the labour force. Next slide please.

Now, I am eager to turn this over to our present is. We have Doctor Rhonda Waller and Nancy Bateman from our RETAIN TA partners at the Bizzell Group. Doctor Waller is a managing director at dissolve. She is a psychologist with more than 20 years of professional experience specializing in maternal and child health, education, and human services with an emphasis on cultural competency program development, leadership development, capacity building, and training and technical assistance. Next slide please.

Ms. Bateman is a senior public health analyst and technical writer at dissolve. She has over 30 years experience developing culturally competent written commune occasions utilizing person first and inclusive language. And reading for diverse audiences for many agencies, including the US or permanent Health and Human Services, defence, and labour. As I turned it over to Doctor Waller, we will go to the next slide please. Thank you. Doctor Waller, you might want to unmute, thank you!

(Laughter)

DR RHONDA WALLER:
Good afternoon! We will jump right in. So to build a healthy workforce, it is imperative that retain all programs and equities -- address inequities that might exist within local communities. Today we will highlight ways of RETAIN teams can retain these through inclusive communications that reflect the diverse needs of the people you serve. We will highlight tips and best practices to help RETAIN teams ensure communication products are developed through a health equity lens. Our topics will include the importance of person first language, preferred terms for select population, and resources for developing inclusive key mutation products. Next slide.

Let's take a moment to think about your personal identity. Using the word cloud link in the chat, submit 2 to 3 words you use to identify your self in everyday settings. For example, my two self identifiers are African-American woman and psychologist. So take the time now to submit your two two three identifiers by using the word cloud link in the chat. We will give you about 30 seconds to do that.

After you do this, feel free to write down other identifiers on a sheet of paper that will further describe who you are, and hold onto those.

Retained LTA team, can we add the link again one more time at the bottom of the chat? Should I give a little bit more time?

LINDSEY WILLIS:
Let's give them another moment please.

DR RHONDA WALLER:
OK, no problem. And please use the link in the chat. That will take you to the word cloud where you can submit the identifiers in the word cloud. Not in the chat.

LINDSEY WILLIS:
If you scroll up to the very top or very bottom of the chat, it is www.ment.com link. If you go to that link, you can submit your identifiers there and we can see them all in one place. Thank you.

DR RHONDA WALLER:
OK. Let's share the results of the word cloud so we can see who we have. OK, so the descriptors that we have in our fancy chart therefore top the interesting thing is the larger the word, though more people use that descriptor. So we have lots of wives, mothers, women, daughters, female, smaller categories include avid runner, adventurer. Christian woman. Family. I am sorry, funny. Man. Professor. Musician. Lots of great descriptors. Let's go to the next slide please.

Inclusivity is making people feel welcome. Even by asking the question on the previous slide, that may have made you feel vulnerable. By being inclusive, we create an environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences. Thus allowing all individuals to bring in their whole selves and all their identities. And to demonstrate their strengths and capabilities. Inclusive communications acknowledges diversity, conveys respect, is sensitive to differences, and for most, equitable opportunities. The use of inclusive languages and images in email, marketing materials, social media, websites, and other forms of communication relays the message that your programs and services are accessible and welcoming to everyone.

Inclusive language allows you to resonate with more audiences by speaking and writing in more impartial ways. Next slide.

The words we use are key to creating psychologically safe, inclusive, respectful, and welcoming environment. Language is a tool that can draw us closer together by creating a positive connection or divide us further apart, creating distance. Representation matters. Intersectionality in images can shape the perception of your audience. Visuals have the pressure of the first impression and carry the value of lasting impressions. Intersectionality is the acknowledgement that everyone has

their own unique experiences of discrimination and oppression. And we must consider everything and anything that can marginalize people. Such as gender, class, race, sexual orientation, and physical ability. We will talk more about intersectionality when we talk about health equity. Next slide.

Cautious or inclusive language asks us to think critically about using language to empower instead of limit. Language that is rooted in critical thinking and compassion. Some words are more apt than others. The most in port and part of conscious lady which is the conscious part, or our intention. As we walk through this presentation, we will explore questions you should consider as you develop communication products and messages. Questions that move you to empower your audience. That help you reflect on the goal and intention of your communication. That help you evaluate whether the words, language, and images are inclusive, and passionate -- compassionate, and intentional. Inclusive language avoids bias, slang, or expressions that discriminate against group of people based on race, gender, or socioeconomic status. Inclusive line which allows you to resonate more -- with more audiences by speaking and writing and more impartial way.

LINDSEY WILLIS:
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NANCY BATEMAN:
Most of the questions are ones you consider before developing any community coalition product or message. Let's briefly consider them in the context of inclusivity. As you thing about your audience, there are several layers to consider. One is who's your audience in relationship to retain else? Are they a program participant, partner, or team member? You also need to consider the audience identity, and that includes what is it limited to? Age, gender, and sexuality, ability and disability, nationality, race, ethnicity, and religion. You also want to think about the tone and level of formality of your communication and that includes literacy level, as well as language spoken in your state. We will talk a bit more about that later in the presentation.

One of the goals of your product and messaging? How might history change the impact of your language choices regardless of your intention? You have to be sensitive to the presences of terms that others can experience as disempowering or disseminating. Which will also go into further when we talk about inclusive language and preferred terms. And who is being excluded. Doctor Waller is going to talk a little bit more about that. Next slide, please.

DR RHONDA WALLER:
So what are the impacts of noninclusive language to the community? Feelings of determination, exclusion, isolation. Sense of danger and lack of support. These can include comments such as my best friend is black,

or use each set good English -- you speak such good with. Go to the next slide please.

Images also have the power to connect. They can create an environment that is inclusive or exclusive from your audience. Your audience is response to images or visual components can affect whether they engage with your messages or perceive their value -- they are valued. For instance, some RETAIN programs are creating materials that are tailored towards Pacific communities. As you develop the visual components of their communication, consider these points to ensure you are creating an environment that is inclusive and engaging and shows your audience they are being valued.

This can be particularly important in retain all efforts to recruit participants for your program. You want to ensure that the images as well as the words resonate with your audience. And that you can select images that represent potential participants, ones that can identify with. Consider the needs for alternative text that describes what is happening in graphic elements. Alternative text is read by screen readers in place of images, allowing your image content to be accessed by people who are blind or have visual impairment. It can be useful to people with certain sensory processing and/or learning disabilities.

Some RETAIN states are developing materials that are tailored towards specific communities. Return ? might be sure to avoid images that illustrate cultural insensitivity or stereotypes. It can be helpful to solicit input from advisory boards or community partners on these types of products to see if they think they will resonate. Resources will be provided at the end of this presentation that provide additional guidance and suggestions. Next slide.

NANCY BATEMAN:
Now let's dig a little deeper into what we mean by health equity and communication. I want to call attention to a comprehensive resource on inclusive communication that we sourced for this webinar. It is the CDC's health equity guiding principle for inclusive communication. These principles emphasize the importance of addressing all people inclusively, accurately, and respectfully. They were developed for public health professionals, particularly health communicators, to ensure key munication products and strategies are adapted to the specific needs and priorities of your audience.

They provide current best practices and resources that will help you develop inclusive communications. It is also a living document that will be revised and updated as language and norms change. So as you are developing external materials for your partners, participants, any of your stakeholders, or even internal products and communications for your team, these principles are a useful resource and they can guide not just your word and image choices but also how you think about engaging with your communities and your partners and your team. Next slide please.

The CDD frame these principles using a health equity lens. In this slide, I have a more formal definition of health equity and I note that this is not a new concept for most of you. But health equity simply means eliminating health disparity so that everyone has the opportunity to be as healthy as possible. And to do this, you have to address economic and social out -- obstacles to health, social determinants like poverty and discrimination, lack of access to good jobs with fair pay, housing, healthcare, factors that retain programs when considering how people can return to and stay at work. When you talk about using a health equity lensing recommendations, that means you have to look at positive or negative impacts from a proposed message. If you think back to some of the quips Doctor cop backtracked Doctor Waller made of inclusive and not inclusively wooden images and the importance of being intentional and conscious in your choices. The goal is to be inclusive, avoid bias, reach the audience you are trying to reach effectively. Does your audience understand your message? Can they follow through on any recommendations or steps that they need to in order to partner or even role?

Ideally, you would like to include input and recommendations from your intended audience. Next slide please. So the CDC spelled out a few things to consider. First, you want to avoid perpetuating social or health inequities in your programs and your communications. For example, when you are connecting with a potential community partner or a stakeholder group, do not use language that implies the individuals or communities they represent are responsible for any increase in risk or adverse outcomes. We will walk through this in more detail when we discuss preferred language, but an example for context is to avoid big terms like vulnerable, high-risk populations, or terms that are often used in public health referring to an individual as noncompliant or compliant. Again implying that the individual is responsible without recognizing there may be societal, environmental, or other factors outside their control that are obstacles to their health and well-being.

Second, the second one emphasizes that for success, you need to develop programs and materials that reflect your community or state diversity. I know that several retain all states have established policies though that their teams better reflect and understand the diversity of their communities. Some are providing specific training and in equity and inclusion. I also know certain states are assessing where and how to reach diverse populations so the programs near the diversity of their states and ensure the program success. This might mean partnering with free clinics, conducting outreach and libraries, translating materials into different languages. So think about how you can engage your community partners and stakeholders as you develop communications so they are culturally relevant. This might mean partners help you co-create a product or even that your promotional products.

When we talk about health equity being intersectional, it means recognizing that health and well-being are shaped by overlapping factors such as age, ability, race, income, education. Immigration status,

employment, to name a few. As such, there may be overlapping in equities or determinations, as well as strengths and assets.

I would like to pose a question for retain old states to consider and if possible share your thoughts and ideas in the chapels as a program, how do you consider X -- intersectionality in your commune occasions about retain? Is anyone responding to that? I am seeing a few. Translating forms and postcards, images.

LINDSEY WILLIS:
Feel free to share your answers in the chat.

NANCY BATEMAN:
Thank you. The last consideration relates to literacy. Both reading and comprehension. Which may vary significantly, among your different audiences. Let's take a look at literacy levels in the US. We have a poll to get us started. Next slide please.

The poll question we would like you to answer is what we think the average reading grade level is for Americans? So if everybody would take a minute, you should see the poll responses on your screen. Click and submit the answer that you think is correct. I am not going to submit since I know the answer!

(Laughter)

NANCY BATEMAN:
There we go. That is really interesting! So the average reading level for Americans is seventh to eighth grade, but I think when I am seeing the pole answers, you all are onto something, because about half of adults in the US cannot read at the eighth grade level. And about 20% of the population, which is about one out of five people, are categorized as having a low level of English literacy. So thank you all -- I think you all are recognizing the importance of when you are bed Deaf developing language-based materials, you need to consider your audience and tailor language to a reading level that is accessible to your audience of focus. The words you choose, the complexity of your sentences, will differ depending on if you are developing materials for state policymakers or healthcare providers, or potential participants.

When you are crafting your content, you want to use active verbs, plain language, simple sentence structure and be limited in your use of complicated multisyllabic words or jargon. I laugh because I love multisyllabic words! But when in doubt, simplify. This is not always easy. I have spent a lot of years writing for public professionals. When I write to the public, I have to shift my thinking and consciously focus on my word choices and my sentence structure. There are some useful resources. There are some free accessible online tools that can determine the grade level or readability of your text. They are pretty simple. You can just copy and paste your text into their box and you will ? like they

will pop up and tell you about what the reading level is. One popular grade level calculator is called Flesch Kincaid.

Another useful resources the federal government's plain language website, which also has some helpful tools for ensuring print Deaf plain language. Doctor Waller referenced a little earlier a list of resources, and I just will let you all know we do have a list of resources that we will be providing that have listed some of these, and that I think will be helpful for all of you. Next slide please.

Another poll! Another factor to consider is a spoken language. So, how many languages are spoken in the United States? You will all see the answer choices have popped up on the screen. If you would not mind submitting your answers. I will give it a couple seconds for everybody. Let's see how this one goes.

Ah! (Laughs) Close. You all are doing very well today on our poles! The answer is over 350 languages are spoken in the United States. That was based on information published by the Census Bureau in 2017. I could not find anything more current, so maybe there is more. I have to say, when I read that, that number really surprised me. Also, maybe not as surprising but worth noting is that the 2020 census found that 22% of the US population speak a language other than English at home. So that is just under a quarter of the population.

This is going to vary by state, but if your intentions are to be inclusive, you need to consider the predominant languages spoken in your state. Are there languages your materials can be translated into that will help you reach a larger number of potential participants? I noticed in the chat and from working with several states that that is something that is being addressed. You may be trying to reach individuals where English is a second language and they may be highly literate in their primary nodding with language, or they may not be literate in their primary language. Digital access and digital literacy also need to be considered. There are still people in the community who do not have access to technology or may not know how to use it. I understand that several retain alt states are actively addressing language issues including languages spoken in their communities, translating materials into language other than anguish, and having translators available.

If you have any resources or strategies that you have found helpful to address this, please share that for your peers and colleagues in the Deaf colleagues in the chat also. I will pause now.

LINDSEY WILLIS:
Thank you Nancy, we will take a brief break. We enter an important part of our webinar, sharing key principle, but in the meantime, are there any questions? Please feel free to share your questions in the chat. We will be taking a look at the presentation if questions do come up. We will make sure to address them by the end or follow-up with you after the webinar. Also, while we are having Doctor Waller and Ms. Bateman present,

I will be ceding some questions into the chat for you to share resources and (Indiscernible) the teams share knowledge among the states. Please feel free to check out the chat as the presenters continue. Does anyone have any questions they would like to enter in the chat before we proceed?

Doctor Waller, if you would like to proceed, I will keep a lookout in the chat and we will interrupt with question if anyone come in, so thank you.

DR RHONDA WALLER:
Thank you. Next slide please. OK, now we are going to shift gears and look at how to implement the five CDC principles to consider for all written and oral communication.

We will walk through each principle and highlight alternative language that is more inclusive. These are best practices you should consider when communicating with any of Retained audiences, whether it is a healthcare provider who was assisting you with improvement and enrolment, outreach materials for potential partners, an employer, an internal email to the team, or a potential participant. Nancy, what is our first principle? We can move on to the next slide.

NANCY BATEMAN:
There we go. The first key principle is to avoid using adjectives such as vulnerable, marginalized, and high-risk. Next slide please.

Imagine receiving a document or brochure for a program you are being encouraged to consider and it describes you as being at high risk or part of a vulnerable group. Is that welcoming? Something you want to associate with? It just kind of struck me, you know, these are not the kinds of terms that we put in our personal identifier word cloud. So I think that is kind of an interesting consideration. How people perceive themselves. These terms can be stigmatizing. They are bag and can apply, depending on how they are used, that the condition is inherent to the group rather than the actual causal factors.

So try to use terms that explain the effect. That recognize the conditions and power relationships, or sorry power relations, that create vulnerability. Several -- for example, instead of saying marginalized populations, try saying people who have been economically marginalized. Instead of saying underserved community or high birding groups, say a community that is underserved by healthcare resources. Groups that experience a disadvantage because they lack access to transportation, healthcare, or healthy food. Make that explicit. I will not walk through every example and you all will have these slides as a resource. Next slide please.

The second key printable is to avoid dehumanizing language. Use person first language instead. Person first language literally puts the person before their disability, diagnosis, or other identity group, condition, or trade. It describes what a person has rather than who a person is. So,

would you rather be described as an addict, substance abuser, schizophrenic, diabetic? Or someone who is experience a substance use disorder? Lives with a mental illness? Has diabetes? When using person first language, we are trying to avoid labelling people, which can be dehumanizing and promote stereotypes, stigma, and bias.
Please.

However, there is an exception. That exception is that an individual or a group's preference, language preference, will supersede person first guideline. This is in a point that the American psychological Association emphasizes in recent guidance to their members. There may be instances where an individual or community prefers to use identity first language. One example is the Deaf community. Which has chosen to embrace identity first versus person first line would. Many in the Deaf community view death as a medical condition, not a disability. So I key takeaways that you want to use terms that your communities or stakeholders prefer. If you are not sure, ask them. What is their preferred language? Next slide please.

Going back to person first, you know, we have two start here ? rack this chart here. It provides preferred word choice examples, again describing people as having a condition or circumstance, not being a condition. And use patient or someone receiving healthcare. That is kind of an important one with Retain when you are working with a lot of doctors and medical professionals who will refer to their clients as patients, but for Retain, we are referring to people, participants, humanize those people you are referring to by using people or persons.

I have a note, I do not know if Lindsay, were you going to post a question in the chat?

LINDSEY WILLIS:
Sure. And it looks like Derek Winston replied. Thank you Derek. Question for states, what does person first language look like in your state? If you could share some examples, that would be great for everyone to get a sense of what some person first language might be. So thank you.

NANCY BATEMAN:
That is great. Individual with disability/impairment. Thank you. If we are ready, I'm going to go on to the next slide. The third key principle is to be as specific as possible about the group you are referring to. And remember, there are many types of subpopulations. Next slide please.

Using the term minority or minorities should be limited in general and should be defined when used. You ? might be as specific as possible about the group you are referring to. For example, instead of saying minorities followed by who you are referring to, is it Asian or Pacific Islander? Ask -- Alaska native? LGBTQIA? Living with a specific disability? Next slide.

The fourth principle is to avoid saying target, tackle, combat or other terms with a violent connotation when you were referring to people, groups, or communities. These terms should be avoided in general, but when communicating about public health activity. Using words that are strongly associated with violence and power connotations can make people feel attacked, unsafe, or not empowered. So instead of talking or writing about targeting communities for Routine services, try framing it as collaborating with, for example, the Deaf community to develop accessible resources or that you are considering or prioritizing the needs of immigrant populations when you are creating out wheat materials. -- Outreach materials.

The last key principle is to avoid unintentional blaming. I am sorry last night
. There we go. Thank you. The last key principle is doing Deaf to avoid unintentional blaming. Next slide. Consider the context in the audience to determine if the words you are choosing could potentially lead to unnecessary negative assumptions about your audience. For instance, instead of describing people as refusing or choosing not to participate in a service, recognize there may be structural or access issues that play a role. Such as not having access to transportation, which can impact one of ability to participate in services. Try framing it as people who have limited access to job training, afford childcare, transportation.

LINDSEY WILLIS:
Thank you, Nancy. That was a lot of information! I will remind everybody, these slides will, and the presentation, will be available on the Retain online community following the presentation. We do have a few more summaries lied coming up before then, I invite you to ask any questions you might have into the chat box. We should have time at the end of the presentation for people to ask questions and for our experts to weigh in. I will also let you know, we are about to get into some top tips and some resources that you might find helpful in your work, and those will be available as separate attachments also on the Rock. You can look forward to getting those resources severally afterwards. I will turn it back over to our present is that there are no questions.

NANCY BATEMAN:
Thank you. Let's go to the next slide, then. Those were the five key principles of the CBC developed to address preferred terms and language. Another inclusive communication strategy is to find ways to engage the Retain communities that you as Retainer serving. We have touched on this throughout the presentation, but on this slide we have consolidated a few ways Retain programs can do this, sedges including specific community partners in the development process, hiring people from the communities you serve. I do know some retain programs or sharing job postings with community organizations in an effort to build a staff that better reflects their communities. Think about whether there are additional partners in your community who can help you meet your goals around inclusivity.

Next slide please.

DR RHONDA WALLER:
Information should be made available in accessible formats for people with vision, hearing, cognitive, and learning disabilities. This includes large print, braille, American Sign Language, close captioning, audio descriptions, plain text, and alternative text, which we mentioned previously. Ensure information is culturally responsive, accessible, and available. It should represent the people in the communities for whom it is intended. Next slide please.

NANCY BATEMAN:
I just noticed someone made the comment that they do a Beta test and I am just a little curious about that! For their materials. I do not know if that is possible! (Laughs) The chat is kind of limiting I think in terms of interaction, but it might be interesting to see a little more about that, if you could.

DR RHONDA WALLER:
It was Peg. If you would come off mute, Peg, if you do not mind.

SPEAKER:
Yes, we do have various contractors and professionals that have served people with these various ranges of populations from reading levels, to everything that we have mentioned. Abilities and so forth. So those folks would run through a test of any materials before we would post or send anything out.

DR RHONDA WALLER:
That is great.

NANCY BATEMAN:
That is great. Thank you so much. As we are wrapping up the webinar, the next three slides provide a summary to consider as you develop communication products. This is the material we have covered and we have also, and Lindsay reference to that, we have compiled the content from these slides and the reference resource slide into a separate document that can be used as a checklist for your materials and that is going to be distributed with the webinar materials.

I also understand there may be other states doing similar work, creating similar checklists around inclusivity and health equity. So this would be a great resource to share if you are willing. Feel free to note if that is something you have in current existence in the chat or keep that in mind as you move forward. And if materials become final, this can be a great resource to share with your colleagues and other states. So this slide is just kind of laying out audience considerations. I am not going

to read through it because I feel like we have covered a lot of this (Laughs) But if anyone has any questions, please let me know.

The next slide just summarizes things to consider when you are selecting images. And then the third slide, please move forward. Thank you! It captures the five key principles about preferred language, as well as things around format considerations like audio, video, large print, American Sign Language, plain language, and things like that. So I think Lindsay is adding a question to the chat. Is that correct?

LINDSEY WILLIS:
I did ask a question. As we come to the end of our tips but not quite the end of our webinar, if the states would like to share any changes they plan to make to their communications based on what they learned today, we would love for everyone to share. Thank you.

NANCY BATEMAN:
So at this time, I am going to turn this (barking) (Laughs) Back over to Doctor Waller and I am going to mute!

DR RHONDA WALLER:
OK, we can go to the next slide. Alright, let's take a moment to rethink our icebreaker question. Related to personal identifiers. This time I am going to give you a little more time. We want you to use the word call out a link that is going to be placed in the chat, submit as many words as you can think of that you use to identify your self in everyday settings. Think about the inclusive language, let's add that to your descriptors. And submit as many as you have time to. We will give you probably about 45 seconds this time. A little bit more time. We recognize, making those descriptors takes a little bit more time, just as they would when you are creating your communications. And before it may have taken you five minutes to create a flyer. Now, as you think of inclusive language, it may take you a little longer.

You have about another 30, 29 seconds.

NANCY BATEMAN:
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LINDSEY WILLIS:
As we did earlier, please go to the men T.com link that Jeremy has just shared in the chat. Thank you.

DR RHONDA WALLER:
You have about 10 more seconds. OK, let's revisit the first word cloud we submitted at the beginning of the webinar. As a reminder, these were the descriptors that you all submitted. With the larger words being mother, woman, wife, daughter, and now let's look at the new word cloud.

OK. Is the language more inclusive? Let's see. Human services worker as opposed to just worker. Rehabilitation counsellor, person with diabetes.

I love it. Instead of diabetic we now have person with diabetes. Health care professional, female, mother, woman, grateful. I love grateful! Older adult, but Seif ... -- let's see, compassionate, educator. And think about how you can make your identifiers even more descriptive than these here.

Next slide.

(Multiple speakers)

LINDSEY WILLIS:
Thank you Doctor Waller and thank you Ms. Bateman! As a reminder, we put some two questions in the chat box. If you would like to be able to scroll through there and if you have responses you would like to share for everyone to learn from that would be wonderful. We also invite you to add new questions for the chat for our experts to respond to right now. You can also submit your questions by email to retainta@air.org. If anyone is feeling up to it, feel free to also come off mute and ask your question of our experts at this moment.

NANCY BATEMAN:
Lindsay, I noticed that Beth Potter from Kentucky indicated they are going to share a document on the Rock about inclusive communication they were creating with the University of Kentucky. That would be wonderful!

LINDSEY WILLIS:
Fantastic, thank you. May I ask, Beth, did you plan to share that on the peer to peer exchange on the Rock?

SPEAKER:
Yes.

LINDSEY WILLIS:
Fantastic. I will just make a plug for the peer to peer exchange on the Rock while people think of questions. We do have that space available for states to share amongst each other and to learn from each other. So thank you, Beth! What any may like to come off mute to ask any questions?

SPEAKER:
I just wanted to make a remark about terms like battle and target and, you know, I do not think we often consider them necessarily violent terms as much as like empowerment, you know? So it was good that those words were brought up.

NANCY BATEMAN:
Yes, thank you! I will, having worked as a public health writer for many years, those were terms we used a lot and it was kind of eye-opening for me to start to think about how, you know, we are talking about targeting a community. In some ways, that can be very disempowering, you know? So I appreciate your saying that and I found it kind of powerful and helpful

as we start to reconsider our language and the impact it has on other people.

LINDSEY WILLIS:
It looks like Doug from Vermont may have a question. Please feel free to go ahead, Doug.

SPEAKER:
Yes, we submitted one of our success stories, it is loud ? not called five away compliant, not an easy road, (Laughs) Which we all can imagine! If it does not get accepted we will probably create a document so that the long road we climbed, maybe others will not have to climb so high. And we can share that information with others.

NANCY BATEMAN:
Thank you Deb! (Laughs) We will cross our fingers for compliance!

LINDSEY WILLIS:
We have heard from Kentucky and Vermont, any other states have other things they would like to share?

DR RHONDA WALLER:
I was going to say, we must have done a fantastic job we have no questions! We covered it all! We didn't amazing job!

(Laughter)

NANCY BATEMAN:
It is a lot of information!

DR RHONDA WALLER:
It is a lot of information. And you might find yourself digesting this information and having questions afterwards and that is OK. Just let us know how we can assist, if there are additional resources and we will, while there is a handout already. It has the resources as well as ? oh God, what else is on that resource list?! References!

(Laughter)

(Multiple speakers)

NANCY BATEMAN:
If you go to the next slide, if that is alright, I think the next slide has the resources and references and I think we may have, there may be one or two additional that are in the checklist that is getting circulated. But certainly if you have questions, we can respond to those.

LINDSEY WILLIS:
I will go ahead, Doctor Waller and Ms. Bateman, you took my last talking point here! Our TA experts at biz LR available to help with mediation and marketing needs, particularly on this subject will stop we are happy to

make connections tween the states to the result team to provide one-on-one assistance. And share what we know and share amongst the states so everyone can continue with their programs. I will give 20 more seconds for any last questions. While people are thinking, Bizzell Group is certainly available to help with all sorts of other communication services besides the subject will stop so again, please reach out to your state liaison and we can make those connections. If that might be it, I will remind everybody we will be disturbing these materials within a few days. They will all be available on the Rock, the routine online community. I put the link for that in the chat just in case you do not have it bookmarked and are not checking it every day!

(Laughter)

LINDSEY WILLIS:
Please also check out the peer-to-peer exchange afterwards if you have any thoughts you would like to share with your colleagues across state. We appreciate you sharing your time with us this afternoon and we look forward to continuing our journey with you in communications and Retain. So thank you.

DR RHONDA WALLER:
Thank you.

LINDSEY WILLIS:
We have shared a survey link in the chat so before you log off, please feel free to check that out as well. thank you so much for your feedback.

(End of webinar)

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