

# A Guide for Talking & Writing about the Priority Populations in Viral Hepatitis

We know our members and allies want to talk about hepatitis B and C and the identified priority populations as respectfully and effectively as possible. Here are some tips to help:







1. When talking about hepatitis C in the context of other sexually transmitted bloodborne infections (STBBI), name it specifically - not just in the headline, but throughout the body of the text as well.
2. Better yet, if it is contextually accurate, say viral hepatitis instead! Hepatitis B shares many of the same transmission paths, so the risk of exposure is higher in most of the same priority populations as those identified for hepatitis C.
3. You can also use HCV or Hep C for hepatitis C and HBV or Hep B for hepatitis B. They are all acceptable, but abbreviating as Hep B or Hep C is more common in community.

## Priority Populations

There are many groups of people who face discrimination in Canada, and in our healthcare system specifically.

**When we use the term priority populations for hepatitis C or viral hepatitis, we are explicitly referring to groups or communities who bear a disproportionate burden of this particular disease.** This is not meant to take away from the structural racism, classism, ableism, or additional forms of discrimination that other identities may encounter in accessing viral hepatitis care. We also recognize that these many identities intersect and overlap, and the harms and risks can be compounded when they do.

The five priority populations and one age cohort identified for hepatitis C in the *Blueprint to inform hepatitis C elimination efforts in Canada* are:

-  People who are incarcerated (PWI)
-  People who use drugs (PWUD)
-  Indigenous people
-  Gay, Bisexual, and other Men Who Have Sex With Men (gbMSM)
-  Newcomers and Immigrants from Countries with High Prevalence Rates of HCV
-  People born between 1945-1975



## Some tips for writing and talking about these priority populations

- When referencing *people who are incarcerated (PWA)*, use this person-centred term rather than 'prisoners' and 'inmates.' Consider using the term correctional facility rather than 'prison' unless you are specifically referring to the federal prison system.
- When referencing *people who use drugs or inject drugs*, writing the abbreviation PWUD/PWID is fine. Verbally referring to people as 'pee-wids' is not.
- When referencing *Indigenous people*, use proper names if speaking of a specific locale, i.e. 'Wet'suwet'en nation in northwest BC.' Similarly, specifying First Nations when making a statement that does not encompass the experience of Inuit and Métis peoples or vice versa is encouraged. Naming the historical and ongoing harms of colonialism can help address the stigma and discrimination that Indigenous people experience.
- When referencing *gay, bisexual, and other men who have sex with men (gbMSM)*, including trans men/folks, avoid using the terms 'sexual preference' or 'lifestyle.'
- When referencing *newcomers and immigrants from countries with high prevalence rates of HCV and/or HBV*, there are instances where distinguishing between immigrants and newcomers may be needed. The term 'newcomers' refers to those who arrived in Canada in the last five years, while the term 'immigrants' also includes long-term residents and citizens of Canada.
- When referencing *the age cohort of those born between 1945-1975*, the term 'boomer' can be seen as derogatory and does not accurately capture this age cohort.

## Further tips:

- Use 'people affected by viral hepatitis' instead of 'HCV-infected person' to centre the person rather than the disease.
- 'Engage priority populations/priority groups/key populations' is preferred over 'target populations/vulnerable groups.' The preferred terms emphasize community-oriented, participatory approaches.
- Similarly, try 'hardly reached' or 'unsuccessfully engaged' instead of 'hard to reach.' The preferred terms avoid putting the onus for change on the people who are experiencing discrimination and stigma and place it on the healthcare system.
- Replace terms that prop up individualism, such as 'lifestyle' or 'overdose crisis,' with terms that point to systemic issues and gaps, such as 'the impact of criminalization,' 'toxic drug supply/drug poisoning crisis,' or 'discrimination based on gender and sexual orientation.'
- Replace the term 'risky behaviours' with the term 'increased risk exposure' or 'increased likelihood of transmission' to address stigma and avoid language that may feel loaded.
- Replace the term 'reinfection' with 'people who have been reinfected due to increased risk exposure,' or similar, to address stigma and discrimination.

Thanks to AHC member organizations BC Hepatitis Network, CAAN, CAPUD, CATIE, GMSH, HIV Legal Network, PASAN, and Unlocking the Gates for sharing these tips, preferences, and pet peeves.