



Language Tools to Decrease Stigma in Diabetes

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Research shows that language may adversely affect health care outcomes.

Historically, language around diabetes has been negative and blaming.¹ People with diabetes frequently experience implicit and explicit bias from health care professionals. For example, health care professionals may inadvertently use language that is blaming or judgmental.

Diabetes stigma refers to negative feelings towards people with diabetes resulting in exclusion, rejection, or blame and has been reported to affect four out of every five people with diabetes.²⁻⁴ The most common diabetes stigma, regardless of type of diabetes, is the perception that people with diabetes are responsible for the development of their diabetes.² This is compounded by other sources of stigma including those based on weight, race, class, gender, and sexual identity.⁵ Research shows stigmatizing language has been included in electronic health records and communications.^{6,7}

People with diabetes who perceive more stigma report higher levels of psychological distress, more depressive symptoms, less social support, and lower quality of life.^{8,9}

It is important to be mindful of language that may be perceived as negative because stigma is also associated with fewer self-care behaviors, higher A1C levels, and increased complications.^{2,10} For this reason, health care professionals play a crucial role in minimizing the stigma experienced by people with diabetes.



The following language suggestions are based on recommendations from the American Diabetes Association and the Association of Diabetes Education and Care Specialists.¹¹

1 Use language that is neutral and nonjudgmental and based on facts, actions, or physiology/biology.

INSTEAD OF

- Control
- Good/bad/poor
- Glycemic control

USE

- Manage
- Number/choices
- A1C/blood glucose levels/glycemic targets/glycemic variability/goals



NONJUDGMENTAL

2 Use language that is free from stigma.

INSTEAD OF

- Cheating/sneaking
- Lifestyle disease
- Noncompliant

USE

- Making decisions/choices
- Diabetes
- Engagement/involvement



STIGMA-FREE

3 Use language that is strengths-based, respectful, inclusive, and hopeful.

INSTEAD OF

- In denial
- Prevent
- Refuse

USE

- “Does not see ... as a priority.”
- Reduce risk
- Decline



STRENGTHS-BASED

4 Use language that fosters collaboration between patients and providers.

INSTEAD OF

- Regimen
- “You can/you can’t”
- “I want you to...”

USE

- Plans/choices
- “Would you like to consider?”
- “May we make a plan for...?”
- “What have you already tried?”



COLLABORATIVE

5 Use language that is person-centered.

INSTEAD OF

- Diabetic
- Nondiabetic/normal
- “What did you do?”

USE

- Person with diabetes
- Person without diabetes
- “Tell me about...”



PERSON-CENTERED

Tips to Remember

People with diabetes are diverse and will have different language preferences for the management of their diabetes. It is impossible to predict individual preferences, because what applies to one person will not apply to another. Finding the right words can go a long way towards destigmatizing diabetes. The following tips will help you navigate the dialogue:

1. Ask the person about their preferences in communicating about their diabetes care.
2. Use language that is respectful, inclusive, and patient-centered.



Additional Resources

- **Bringing an End to Diabetes Stigma and Discrimination: An International Consensus Statement on Evidence and Recommendations**
sciedirect.com/science/article/abs/pii/S2213858723003479

Access Cardi-OH's Expanded Resources

- **Cardi-OH ECHO - Overview of 2020 Standards of Medical Care and the Importance of Language in Diabetes**
cardi-oh.org/resources/overview-of-2020-standards-of-medical-care-and-the-importance-of-language-in-diabetes
- **Shared Decision Making and Diabetes Care**
cardi-oh.org/resources/shared-decision-making-and-diabetes-care

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