Objectives

- Identify real life examples of words that made a difference to people with diabetes
- Discuss the research on how language affects people
- Discuss recommendations for becoming aware of and changing the language around diabetes.
Disclosure to Participants

- Notice of Requirements For Successful Completion
  - Please refer to learning goals and objectives
  - Learners must attend full activity and complete the evaluation in order to claim continuing education credit/hours
- Conflict of Interest (COI) and Financial Relationship Disclosures:
  - Jane K. Dickinson, RN, PhD, CDE – No COI/Financial Relationship to disclose
  - Susan J. Guzman, PhD – AstraZeneca; Advisory Board, Speaker; Becton Dickinson; speaker, consultant
  - Melinda D. Maryniuk, MEd, RD, CDE – No COI/Financial Relationship to disclose
- Non-Endorsement of Products:
  - Accredited status does not imply endorsement by AADE, ANCC, ACPE or CDR of any commercial products displayed in conjunction with the educational activity
- Off-Label Use:
  - Participants will be notified by speakers of any product used for a purpose other than for which it was approved by the Food and Drug Administration.

Real Life Examples

It all started at diabetes camp

Control

Non-compliant
RESEARCH: Does Language Affect people?

Expectancy Theory: 4 Main Factors

- The emotional climate was affected by expectations. (Teachers were warmer toward students they expected to do well)
- The behaviors of teachers were different. (Teachers gave “spurters” more difficult study materials.)
- The opportunities to speak out in class were different. (Teachers gave “spurters” more opportunities to respond and more time to answer questions.
- The level of detailed feedback about performance was different. (Teachers gave “spurters” more informative feedback.)

Rosenthal & Fode, 1963; Expectancy Effects

Non-adherent

Suffer

Expectancy Theory: 4 Main Factors

RESEARCH: Does Language Affect people?
What words negatively affect you?

6 Themes

- **Judgment** (non-compliant, uncontrolled, don’t care, should, failure)
- **Fear/Anxiety** (complications, blindness, death, DKA)
- **Labels/Assumptions** (diabetic, all people with diabetes are fat, suffer)
- **Oversimplifications/Directives** (lose weight, you should, you’ll get used to it, at least it’s not…)
- **Misunderstanding/Misinformation/Disconnected** (cure, reverse, bad kind, you’re fine)
- **Body Language and Tone** (no eye contact, accusatory tone)

(Dickinson, in Press)

If HCPs stopped using these words

- Would feel respected or listened to, that the HCPs really care.

“I would have more faith in my health care providers if they didn’t use words that I think convey a lack of information, sensitivity or understanding of my experience.”

Diabetes Stigma

People with diabetes perceived as...

- Having a character flaw or a failure of personal responsibility.
- Being a burden on the healthcare system
- Being weak, fat, lazy/slothful, overeaters/gluttons, poor, bad, and not intelligent

(Gu et al., 2017; Tak-Ying et al, 2003; Browne et al., 2013; Browne et al., 2014; Vishwanath, 2014)

Guilt, Shame, Blame, Fear

Embarrassment

- Avoidance/Hiding
- Additional Barriers
- Disengagement
- Isolation
- Depression
- Health Outcomes
HCP communications

Messages at diagnosis

13 'Helped to make a treatment plan that I could do in my daily life'
14 'Helped to plan ahead so I could take care of my diabetes even in hard times'
30 'Told me that if someday I need to take insulin, it would be my own fault.'
27 'Told me that diabetes is mostly my fault, because of the way I had been living my life.'

IntroDia: Conversation Elements

12 'Helped to make a treatment plan that I could do in my daily life'
14 'Helped to plan ahead so I could take care of my diabetes even in hard times'
30 'Told me that if someday I need to take insulin, it would be my own fault.'
27 'Told me that diabetes is mostly my fault, because of the way I had been living my life.'
22 'Told me that a lot can be done to control my diabetes'
17 'Encouraged me to attend diabetes-related programs in the community that could help me'
10 'Encouraged me to go to a specific group or class to help me cope with diabetes.'

Take Away Messages

- Language conveys meaning that can determine expectations. Expectations can lead to bias that affects outcomes (even if we aren’t aware of it).
- Messages that convey stigma, judgment, fear, and misunderstanding can lead to disengagement, avoidance and distress
- HCPs have an important role in defining this experience by communicating collaborative and encouraging messages

Look around....

One small step….

A much bigger step!

Committee

- Jane K. Dickinson, RN, PhD, CDE (chair)
- Susan J. Guzman, PhD
- Melinda D. Maryniuk, RD, MEd, CDE
- Catherine A. O’Brien, PhD
- Jane K. Kadohiro, DrPH, APRN, CDE, FAADE
- Richard A. Jackson, MD
- Nancy D’Hondt, RPh, CDE, FAADE
- Brenda Montgomery, RN, MS, CDE
- Kelly L. Clove, BA, MBA
- Martha M. Funnel, MS, RN, CDE

Guiding principles

- Diabetes is a complex and challenging disease involving many factors and variables
- Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment
- Every member of the healthcare team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach
- Person-first, strengths-based, empowering language can improve communication and enhance motivation, health and well-being of people with diabetes.

Becoming aware of and changing our words

<table>
<thead>
<tr>
<th>Problematic</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic</td>
<td>Person living with diabetes</td>
</tr>
<tr>
<td>Test (blood glucose)</td>
<td>Check/monitor</td>
</tr>
<tr>
<td>Control (verb)</td>
<td>Manage; describe what the person is doing</td>
</tr>
<tr>
<td>Control (noun)</td>
<td>Define what you mean by control and use that instead (blood glucose level, A1C)</td>
</tr>
<tr>
<td>Metabolically/In controlled</td>
<td>Substantive instead; target levels, use numbers and focus on facts instead of judgmental terms</td>
</tr>
<tr>
<td>Compliant/Adherent</td>
<td>Self-management instead; talk about it, focus on facts instead of judgmental terms</td>
</tr>
</tbody>
</table>

Recommendation #1

- Use language that is neutral, non-judgmental and based on facts, action or physiology/biology.

Instead of this…. Say this….

Your diabetes is not in good control. It seems that your efforts with meal planning, exercise and metformin have failed, so it’s time to add another medication.

Your recent A1C level is 8.5. That is above the target goal of 7.0 we discussed. I’m thinking that adding another medicine that works in a different way could help. How does that sound?
Recommendation #2
• Use language that is free from stigma.

Instead of this...
While I'm willing to refer this patient to you (an RDN), I doubt it will do any good, as she has been obese for a long time, and is unmotivated and in denial. She has not done anything I've suggested.

Say this...
I'm referring a new patient to you. She has a BMI of 35 and while I've suggested she cut back on high calorie foods, it has not resulted in weight loss. Let me know what you learn and what you'd recommend.

Recommendation #3
• Use language that is strengths-based, respectful, inclusive and imparts hope.

Instead of this...
Mrs Lee, I see that you've been non-compliant with BG testing as you're not doing it after meals as we discussed. You really should be doing this.

Say this...
Mrs Lee, I see you've been successfully checking fasting BG 2-3 times this past week. Great work. What might make it easier for you to also check after meals a few times?

Recommendation #4
• Use language that fosters collaboration between patients and providers.

Instead of this...
Mr. Smith, I see that you didn't fill your prescriptions. Let me see your blood glucose log, please.

Say this...
Mr. Smith, I see that your last A1C result is 9.2%. Do you have concerns you'd like to discuss... perhaps about any challenges you face taking medicines?

Recommendation #5
• Use language that is person-centered.

Instead of this...
Diabetics who suffer from hypertension should follow a DASH diet.

Say this...
People with diabetes who also have hypertension may benefit from learning about the DASH approach to meal planning.

The Use of Language in Diabetes Care and Education
• A joint project of the AADE and ADA
• Watch for publication!

Discussion

dickinson@tc.columbia.edu
@janealdickinson
sij@behavioraldiabetes.org
melinda.maryniuk@joslin.harvard.edu