Disclosures
Dr. Wardian has no relevant disclosures

DISCLAIMER: The view(s) expressed herein are those of the presenter and do not reflect the official policy or position of the Air Force and Department of Defense or the U.S. Government.
Professional Experience:
• Inpatient diabetes educator for 2+ years
• Health disparities research for 9 years
• Doctorate in Social Work, May 2015
• Diabetes Center of Excellence (DCOE) Research Director, August 2015

Some things you need to know...
• Type 1 diabetes for 26+ years
• Cyborg Status
  • On pump therapy for 20 years
  • CGM for 13 years

Diabetes by the numbers
• About 10,000 days living with diabetes
• 54,436 finger sticks
• 13,834 hours recovering from a low blood sugar
• Lots of stories of insensitive healthcare professionals…
**Learning Objectives**

After completion of this presentation, the participant will be able to:

1. Explain how word choice can affect the patient-provider relationship.
2. Identify and select words that are non-judgmental and empowering.
3. Compare and contrast strengths-based language versus stigmatizing language.

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**Language in Diabetes is a Hot Topic!**

Organizations and Journals are highlighting the “language of diabetes”:

- AADE
- ADA
- Diabetes Care
- Clinical Diabetes

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“Modifying how we talk about diabetes is a relatively easy change that can have a profound impact on self-management and outcomes.”

American Association of Diabetes Educators (AADE)
President Nancy D’Hondt, RPh, CDE, FAADE
How we talk to and about people with diabetes can...

1. Play a role in engagement
2. Conceptualize diabetes management
3. Affect treatment outcomes
4. Affect motivation and behavior
   (AADE, 2017; Dickinson et al., 2017)

Dignity

The quality or state of being worthy, honored, or esteemed

Do you AFFIRM or ASSAULT the dignity of your patients?

3 Days of RED

(Epstein, 2017)
How are you talking about insulin?

- Discussing the progressive nature of diabetes may prepare patients for a smoother transition if insulin becomes the best option.
- Asking about their understanding of insulin may help target specific fears and hesitancy.

How are you talking about insulin?

- Don’t villainize insulin
- Avoid stigmatizing language

**Patients who perceive diabetes-related stigma are more likely to have a negative view of insulin (Holmes-Truscott et al., 2018)**

**Most nurses and PCPs (50–55%) delay insulin therapy until absolutely necessary (Peyrot et al., 2005)**

How to Help

- Be aware of your own attitudes and negative biases concerning insulin therapy.
- Educate yourself about benefits of insulin:
  - Simplifies regimen
  - Long-acting insulin has a low risk for hypoglycemia
  - Not everyone has a fear of needles – avoid creating one
**Negative Examples**

- “If you don’t start exercising and lose weight, I’m going to start you on insulin.”
- “You aren’t getting good control with the oral meds you are taking. We have to put you on insulin.”
- “If you don’t want to be on insulin, you had better lose weight!”

**Positive Examples**

- Why does insulin have such a bad rep?
- “Diabetes is a progressive disease. Your body may require insulin at some point.”
- “You’re working really hard on managing diabetes and I think it’s time we add insulin therapy.”
- “I think you would feel so much better if we add insulin to your diabetes treatment. What do you think?”

**Switching gears**

Language changes you can begin to implement today!
AADE and ADA Guidelines

• Avoid labeling people with their disease
• Use person-first language
  Person with Diabetes versus Diabetic
  **Jim Young Poem**

(Marathe et al., 2017; Young, 2019)

Stigma versus Strengths-based

**Stigma**
• Implies patient “caused” diabetes
• Associated with negative traits
• Contributes to feelings of shame or judgment

**Strengths-based**
• Empowers the patient
• Focuses on what they ARE doing and CAN do to improve their health

(Dickinson et al., 2017; Liu et al., 2017)

Examples:
• Non-compliant versus Did not meet goals
• Testing versus Checking/Monitoring
• Bad vs Unhealthy Blood Sugar
Non-compliant versus Did not meet goal

Parental
Imples a hierarchy
Patient not following the dictates of the provider

Judgmental
Imples patient doesn’t care
Patient deserves outcomes

Respectful
Just say what happened

Neutral
Free from condemnation

Testing versus Checking/Monitoring

Visceral dislike of “testing”

Gather information to make decisions

Bad versus Unhealthy Blood Sugar

Judgment
“Am I bad?”

Assessment
Just biological fact
Now for my personal favorite…

True or False?

Control versus Manage

Not possible

Totally possible!

(Wardian, 2017)

Summary

Use language that…
1. Is neutral, non-judgmental, based on facts, actions or physiology
2. Is free from stigma
3. Is strengths-based, respectful, and imparts hope
4. Promotes collaboration between patient and provider
5. Is person-centered

(American Association of Diabetes Educators, 2017; Dickinson et al., 2017)
References


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Questions?