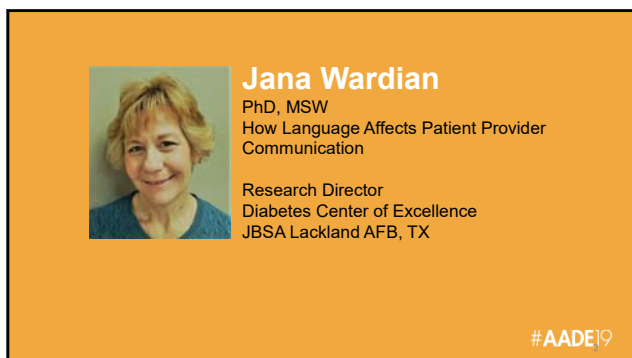
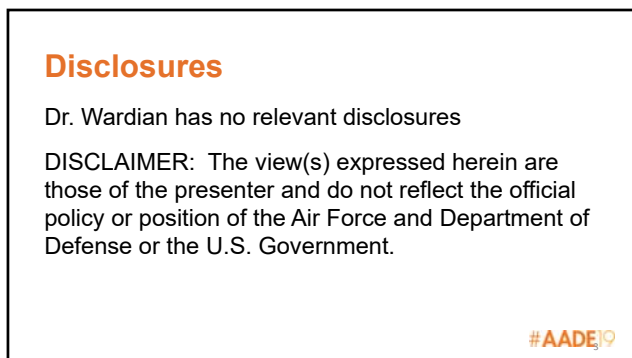


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Professional Experience:

- 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

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4

Some things you need to know...

- **Type 1 diabetes** for 26+ years
- **Cyborg Status**
 - On pump therapy for 20 years
 - CGM for 13 years

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5

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...

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6

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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7

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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8

“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

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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)

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Dignity

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



Do you **AFFIRM** or **ASSAULT** the dignity of your patients?

Dignity 2018. In Merriam-Webster.com. Retrieved September 20, 2018, from <https://www.merriam-webster.com/dictionary/dignity>

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3 Days of RED



(Epstein, 2017)

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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.



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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)

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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



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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!”

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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?”

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Switching gears

Language changes you can begin to implement today!



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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)



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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)



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Examples:


- **Non-compliant** versus **Did not meet goals**
- **Testing** versus **Checking/Monitoring**
- **Bad** vs **Unhealthy** Blood Sugar



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Non-compliant versus Did not meet goal



Parental Implies a hierarchy Patient not following the dictates of the provider	Respectful Just say what happened
Judgmental Implies patient doesn't care Patient deserves outcomes	Neutral Free from condemnation




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Testing versus Checking/Monitoring

Visceral dislike of "testing" 	Gather information to make decisions 
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Bad versus Unhealthy Blood Sugar

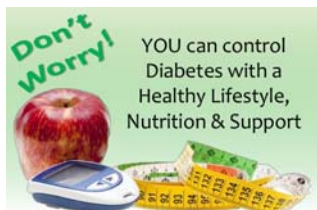
Judgment "Am I bad?"	Assessment Just biological fact
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Now for my personal favorite...



True or False?

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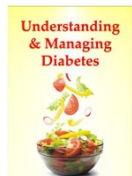
Control versus Manage

Not possible



(Wardian, 2017)

Totally possible!



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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)

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Questions?



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