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2

Not the Word Police: What the Diabetes Language Movement is Really About

Jane K. Dickinson, RN, PhD, CDE 2019 Diabetes Educator of the Year

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 Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours
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Objectives

At the end of this presentation, participants will be able to

- Discuss the true purpose of the language movement in diabetes
- Identify words that simply replace vs. those that change the
- Substitute person-centered, strengths-based language in written works

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5

Polling Question

Have you heard about the language movement in diabetes before today?

- 1. yes
- 2. no

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Review of the evidence... for changing our language

- Stigma
- Expectancy (labels)
- Scare tactics

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7

What is stigma?

- Negative mark
- Different
- Disapproval
- Stereotypes aren't always negative
- In diabetes, they often overlap

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8

Does diabetes come with social stigma? • People with diabetes perceived as being... – weak, fat, lazy/slothful, overeaters/gluttons, poor, bad, and not intelligent





Tak-Ying SA, et al. J Clin Nursing. 2003;12:149-150. Browne JL, et al. BMJ Open. 18;3(11):e003384. Browne JL, 2014;4(7):e005625. Vishwanath A. Health Communication. 2014;29(5):516-526. Liu NF, et al. 2017. Clin Diabetes

From the research

Patients are "noncompliant"

- "I have no patience for people who cause themselves to become ill, lose limbs, and disregard their medication/diet regimen. I'd become overwhelmingly frustrated working with this group of patients all day every day."
- "From what I've seen thus far, many of those who have diabetes are noncompliant and don't take care of themselves. That would be extremely frustrating for me."

Dickinson, Lipman, & O'Brien, 2015; The Diabetes Educator

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10

Expectancy Theory



Rosenthal & Fode, 1963; Behavioral Science

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11

Uncontrolled, non-compliant, non-adherent



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Messages at diagnosis

- Factors
 - Encouraging
 - Collaborative
 - Discouraging
 - Recommending other resources



Polonsky, W.H., et al. 2017; Diabetes Res Clin Pract

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14

Messages at diagnosis

- Impact on
 - Emotional distress
 - Diabetes distress
 - Wellness
 - Healthy eating
 - Exercise
 - Medication taking



Polonsky, W.H., et al. 2017; Diabetes Res Clin Pract

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Review of more effective approaches	
Strengths-based	
Person-centered	
Empowering	
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What the language movement is

- Mindset
- Approach
- Words
- Messages

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17

What it is not

- · Word Police
- · Short cut
- · Convenience-based
- A new version of the old thinking
- · Simply replacement

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Examples	
Adherence	
Glycemic management"Type 1s"	
"Type 2s"	
"T1Ds""T2Ds"	
• "PWDs"	
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Polling Question	
Which is the hardest word/phrase to remove from	
diabetes messages? 1. "control"	
2. "compliance"	
3. "adherence"4. "diabetic"	
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Practice	
From a patient handout:	
 High blood glucose or low blood glucose can cause damage to the blood vessels in our body 	
Eating less than you should have	
- Know your blood glucose rangel	

21

- Correcting low blood glucose

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- From a patient handout:
 - High blood glucose or low blood glucose can cause damage to the blood vessels in your body
 - Keeping blood glucose levels in a safe range can protect the blood vessels in your body
 - Eating less than you should have
 - Eating less than you planned
 - Know your blood glucose range!
 - Know your blood glucose range

22

Practice

- · Study Identifies Risk Factors Tied to Follow Up Noncompliance
 - Researchers found that many diabetic macular edema patients do not return for a follow up visit within one year of receiving treatment for non-proliferative diabetic retinopathy.

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23

Practice

- Study Identifies Risk Factors Tied to Follow Up Noncompliance
- Study Identifies Risk Factors Tied to Follow Up Rates
 - Researchers found that many diabetic macular edema patients do not return for a follow up visit within one year of receiving treatment for non-proliferative diabetic retinopathy.
 - Researchers found that many people with diabetes and macular edema do not return for a follow up visit within one year of receiving do not return for a follow up visit within one year concerning treatment for non-proliferative diabetes-related retinopathy. $\#AADE \cite{AADE}$

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 Glycemic control may prevent/delay reproductive complications. Adolescent and young adult males are vulnerable to poor glycemic control.

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25

Practice

- Glycemic control may prevent/delay reproductive complications. Adolescent and young adult males are vulnerable to poor glycemic control.
 - Maintaining target A1C levels may prevent/delay reproductive complications. Adolescent and young adult males are vulnerable to elevated A1C levels.

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26

Practice

- Factors Associated with Adherence to Diabetes Medications
- Factors Associated with Medication Taking in People with Diabetes
 - Poor medication adherence is a well-known barrier to meeting therapeutic goals in diabetes
 - Medication taking can be a barrier to meeting therapeutic goals in diabetes.
 - We need effective strategies to improve medication adherence in patients
 - We need effective strategies to increase medication taking in people with diabetes

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- · Factors Associated with Program Compliance
 - "we can prevent diabetes"
 - Compliance measures were attendance, self-reported physical activity, and food logs

28

Practice

- Factors Associated with Program Compliance
- Factors Associated with Program Engagement
 - "we can prevent diabetes"
 - There are ways to lower your risk for diabetes
 - Compliance measures were attendance, self-reported physical activity, and food logs
 - activity, and food logs
 The study measured attendance, self-reported physical activity, and food intake

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29

Practice

- A study was performed among poorly controlled type 2 diabetes patients (HbA1c≥9%).
- At the end of the follow-up period, patients were divided into 2 groups:
 - well controlled (HbA1c≤8%) and
 - poorly controlled diabetes (HbA1c≥9%)

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Practice	
 A study was performed among poorly controlled type 2 diabetes patients (HbA1c≥9%). 	
 A study was performed among people with type 2 diabetes and A1C ≥9% 	
At the end of the follow-up period, patients were divided into 2 groups:	
– well controlled (HbA1c≤8%) and	
 HbA1C≤8% and poorly controlled diabetes (HbA1c≥9%) 	
• HBA1C <u>></u> 9% # AADE 19	
31	
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We know how to make life longer for people with diabetes; how can we make it better?	
with diabotos, now our we make it bottor.	
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32	
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Overtions?	
Questions?	
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33

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