



# Language Tools to Decrease Stigma in Diabetes

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Several national and international organizations have released position statements documenting the association between language and health outcomes.

Historically, language around diabetes has been negative and blaming.<sup>1</sup> Health care providers may inadvertently use language that expresses bias or reinforces stigma.

Diabetes stigma refers to negative feelings towards people with diabetes resulting in exclusion, rejection, or blame and has been reported to affect 76% of people with type 1 diabetes and 52% of people with type 2 diabetes.<sup>2</sup> 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.<sup>2</sup> This is compounded by other sources of stigma including those based on weight, race, class, gender, and sexual identity.<sup>3</sup> Research has documented attitudes of providers, friends, and family members that include the following negative comments: “weak,” “lazy,” “gluttons,” “disgusting,” “poor,” “bad,” and “not terribly intelligent.”<sup>1,4-5</sup>

People with diabetes who perceive more stigma report higher levels of psychological distress, more depressive symptoms, less social support, and lower quality of life.<sup>6,7</sup>

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.<sup>2,8</sup>



The following language suggestions are based on recommendations from the American Diabetes Association and the Association of Diabetes Education and Care Specialists:<sup>9</sup>

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

**INSTEAD OF**

- Control
- Glycemic control
- Good/bad/poor

**USE**

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



**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**

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

**USE**

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



**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**

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## 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 since what applies to one person will not apply to another. 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 and inclusive.
3. Utilize language that is person-centered.

For more information, access Cardi-OH's resources on the [importance of language in diabetes](#) and [shared decision making in diabetes care](#).

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## Partners



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