

Changing Perspectives and Promoting Respect:

Stigma Reduction
and Person-First
Language in
Healthcare



STIGMA



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Cultural and linguistic competency

This online activity is in compliance with *California Assembly Bill 1195* that requires all CME activities comprising a patient care element to include curriculum addressing the topic of cultural and linguistic competency. The intent of this bill is to ensure that healthcare professionals are able to meet the cultural and linguistic concerns of a diverse patient population through effective and appropriate professional development. Cultural and linguistic competency was incorporated into the planning of this online activity.

Disclosure

The content of this online activity does not relate to any product of commercial interest as defined by the ACCME. The planners nor presenters have relevant financial relationships to disclose. *Acknowledgement of commercial support: NONE.*



Welcome to the online activity

Thank you for joining the **Changing Perspectives and Promoting Respect: Stigma Reduction and Person-First Language in Healthcare** online activity.

At the end of this online activity, you will have the opportunity to complete a quiz and evaluation questions. Successful completion will allow you to earn ***CME 0.5 AMA PRA Category 1 Credits™*** and receive a certificate of completion.

Let's get started!

Dr. Reb Close and Dr. Casey Grover
Montage Health Prescribe Safe Medical Directors

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- Comprehend the impact of stigma on patient care and outcomes.
- Identify three types of stigma.
- Differentiate between at least four ways in which stigma in healthcare harms patients.
- Develop three strategies to address stigma in healthcare including person-first language.

Learning objectives

Important points



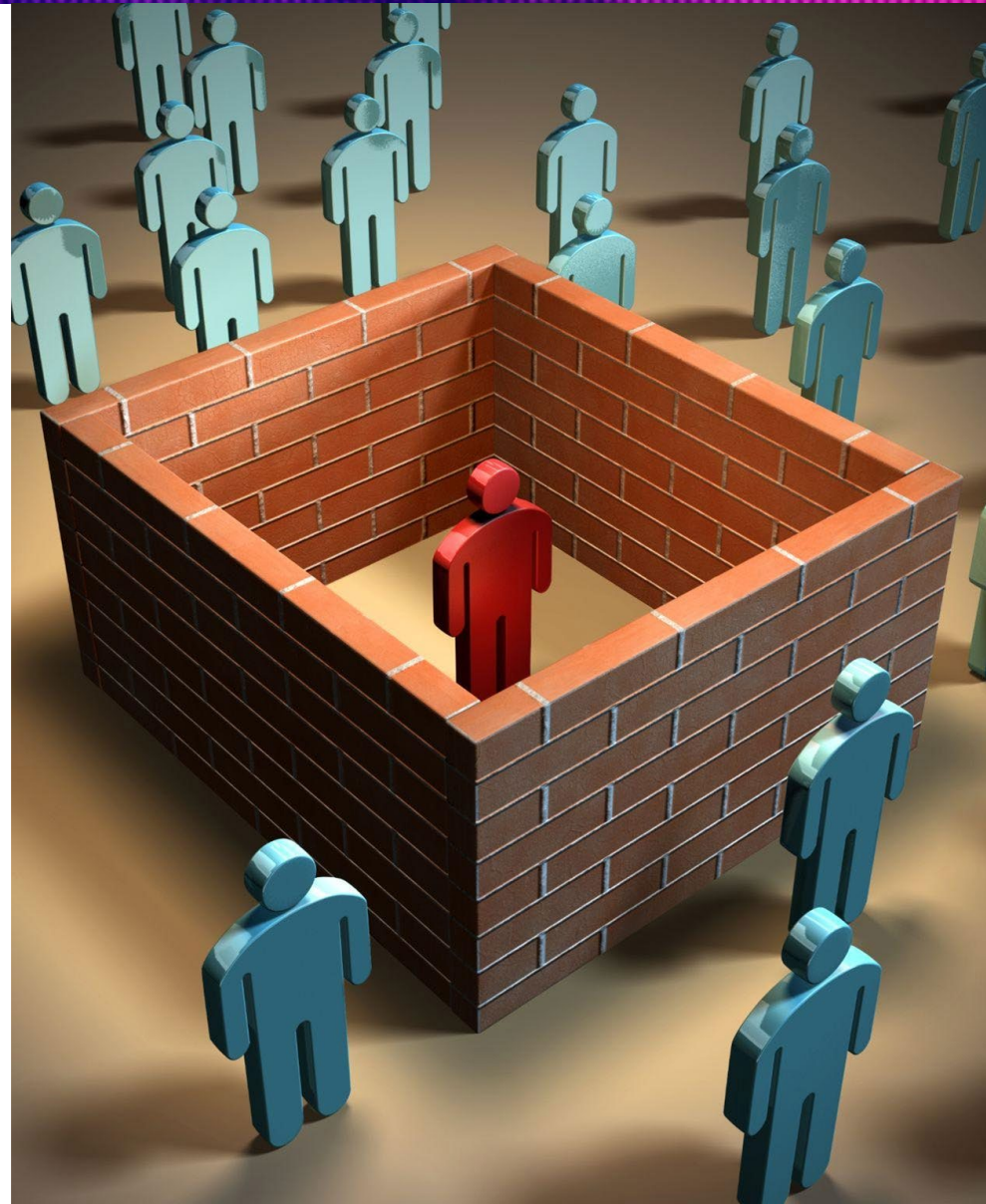
- **Stigma in healthcare is negative** and often unfair beliefs about patients with a particular condition.
- **Stigma hurts patients in multiple ways**, including changing their behavior, avoiding healthcare, decreasing quality of healthcare, and increasing their risk of dying.
- **Reducing stigma is easier** than you think and is a team effort.



What is stigma?

An attribute considered to be undesirable and unpleasant by society and which differentiates the stigmatized person from other members of the community to which he or she should belong.

Hankir et al., 2014



What is stigma? Continued

- A stigma was a scar on the skin of ancient Greek criminals
- “It was viewed as a sign that criminals were unsafe, unclean, and unwanted”

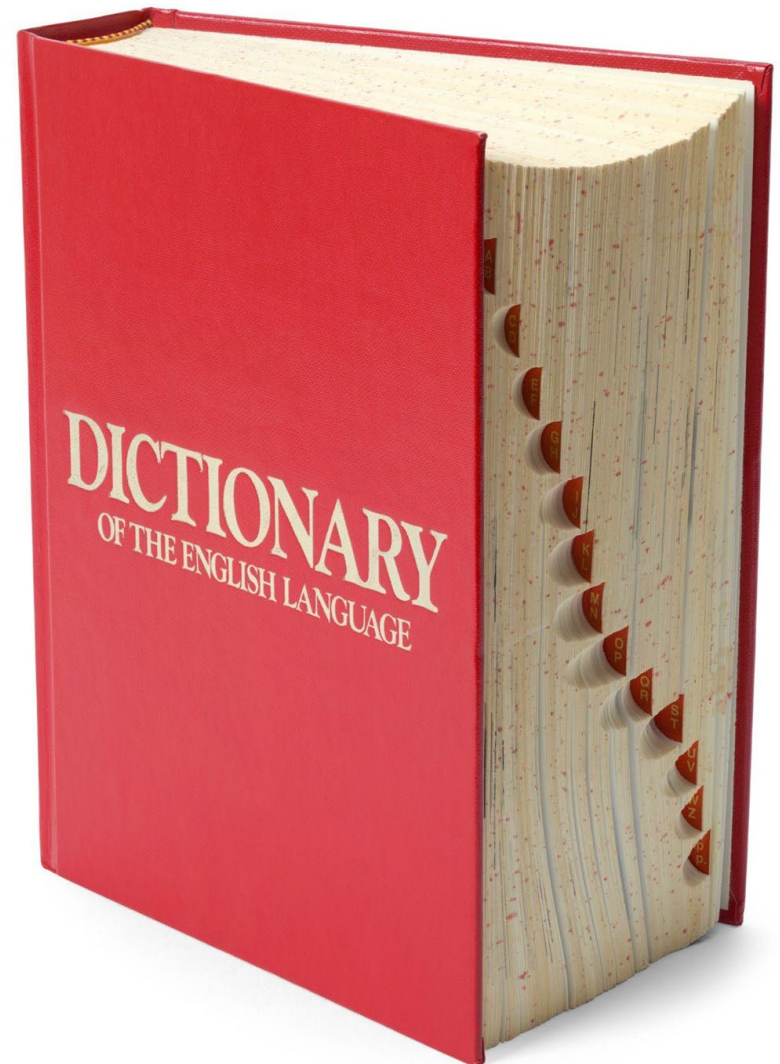
Hankir et al., 2014



What does the dictionary say?

“In modern use, the scar is figurative: stigma most often refers to a set of negative and often unfair beliefs that a society or group of people have about something — for example, people talk about the stigma associated with mental illness, or the stigma of poverty.”

Merriam-Webster, n.d.



Types of stigma

- **Enacted stigma** — directly experienced social discrimination
- **Perceived stigma** — beliefs that members of a stigmatized group have about the prevalence of stigmatizing attitudes and actions
- **Self-stigma** — negative thoughts and feelings that come from identification with a stigmatized group
- **Structural stigma** — societal-level conditions, cultural norms, and institutional practices that constrain opportunities, resources, and well-being for stigmatized populations



Types of stigma, translated

- **Enacted stigma** —
you judge/discriminate against me because I have depression
- **Perceived stigma** —
I believe that my healthcare providers judge/discriminate against me because I have depression
- **Self-stigma** —
I feel negative thoughts (such as shame) about myself because I have depression



Take-home point

Stigma in healthcare is negative and is often an unfair belief about patients with a particular condition.



Stigma harms patients by increasing stress, discouraging them from seeking care, and contributing to worse health outcomes. It can lead to delayed treatment, poorer mental health, and disparities in healthcare access, ultimately reducing overall well-being and quality of life.

**Does
stigma
harm
patients?**

Does stigma harm patients?

Continued

Enacted stigma against mental health patients is associated with:

- Unemployment
- Housing problems
- Difficulty with social adjustment



Does stigma harm patients?

Continued

Enacted stigma against patients who use substances is associated with:

- Delays in seeking treatment
- Decreased self esteem
- Lower quality of life

Luomo, 2006



Does stigma harm patients?

Continued

- In one U.S. study of 13,692 adults, overweight people who experienced weight stigma had a 60 percent increased risk of dying (all causes), independent of BMI, as compared to overweight people who did not experience weight stigma.
- This is thought to be due to the direct and indirect effects of chronic social stress.
 - Metabolic dysregulation, higher stress hormones, higher inflammation

Sutin, 2015

Tomiyama et al., 2018



Does stigma harm patients?

Continued

Individuals with past-year same-sex partners in high-stigma communities faced nearly twice the mortality risk. This risk was even greater in the highest quartile of structural stigma, showing a dose-response effect.

- “After controlling for 6 individual-level factors and fixed effects of survey year, structural stigma was associated with mortality among individuals who reported past-year same-sex sexual partners (HR = 1.95, 95% CI: 1.14, 3.31). Further, there was a dose-response relationship with mortality in this group, such that those residing in communities in the highest quartile of structural stigma had the greatest mortality risk, controlling for these same factors (HR = 2.12, 95% CI: 1.03, 4.38).”

Hatzenbuehler et al., 2020



Does stigma harm patients?

Continued

“Those with stigmatizing attitudes may believe people with mental illness are less likely to adhere to treatment recommendations. If this is the case, providers may be less likely to offer some types of healthcare options to people with serious mental illness.”

Corrigan et al., 2014



Does stigma harm patients?

Continued

- Providers who had stigmatizing views about mental health patients were more likely to believe mental health patients would not adhere to treatment.
- Providers who had stigmatized views about mental health patients were less likely to refer mental health patients with back pain to a specialist or refill NSAID prescriptions for back pain.

Corrigan et al., 2014

Luoma, 2006



Does stigma harm patients?

Continued

Longer exposure to lower-stigma environments is linked to better mental health outcomes, including reduced depression, suicidality, and internalized stigma.

- “Among respondents who moved from higher-to-lower structural stigma countries (n = 11,831), longer exposure to the lower structural stigma environments of their receiving countries was associated with a significantly: 1) lower risk of depression and suicidality; 2) lower odds of concealment, internalized homonegativity, and social isolation; and 3) smaller indirect effect of structural stigma on mental health through these mediators.”

Pachankis et al., 2021

Rüsch et al., 2005



How do patients respond to stigma?

Stigma can shape how individuals respond to their condition, influencing their actions and interactions. These responses highlight the significant impact of stigma on well-being and access to care.

- Secrecy — concealing the stigmatized condition
- Educating others about the condition
- Challenging others about stigmatizing attitudes
- Avoiding healthcare



- Secrecy is the most common response to stigma (73 percent of stigmatized patients).
- Secrecy is associated with lower self-esteem, higher perceived stigma, and higher self-stigma.

Isaksson et al., 2017

Secrecy

Why choose secrecy?

- Patients may hide a stigmatized mental health condition due to diagnostic overshadowing — the misattribution of physical symptoms to mental illness.
- Diagnostic overshadowing can result in the misdiagnosis of individuals with mental illness when they present with physical symptoms in the emergency department. In many cases, mental health conditions were found to interfere with the accurate diagnosis of physical health issues, with varying levels of severity.

Clement et al., 2015

Corrigan & Watson, 2002

Corrigan et al., 2014

Shefer, 2014



Why choose secrecy?

Continued

Secrecy leads to a **vicious cycle** related to stigma:

- ① Diagnosed with a stigmatizing condition
- ② Feel stigma
- ③ Hide your condition
- ④ Have your healthcare provider find out you hid a stigmatized condition
- ⑤ Feel stigma even more since you now have a stigmatizing condition and tried to hide it
- ⑥ Repeat



“Many of the negative emotional consequences introduced by mental illness stigma (e.g., low self-esteem, feelings of loneliness, shame, hopelessness) are also predictors of suicidality,”

Oexle et al., 2015

**Does this
cycle
matter?**

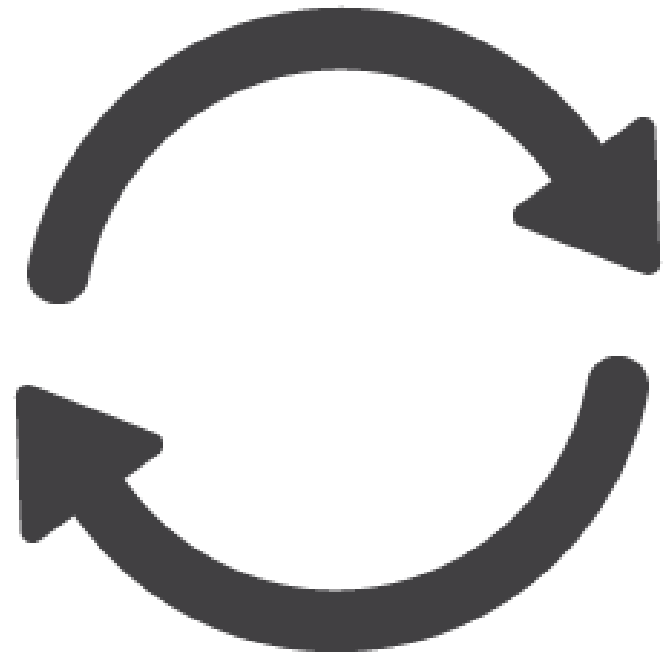
Does this cycle matter?

Continued

- 90 percent of suicide victims have evidence of a psychiatric disorder
- The anticipation or experience of mental illness stigma is believed to contribute, at least in part, to the variation in suicide risk among individuals with psychiatric disorders.

Oexle et al., 2015

Carpiniello & Pinna, 2017



I just won't go

- “When it comes down to it, a lot of the times that I need to get medical attention, I put it off and put it off and put it off, because I don't want to face the embarrassment that they make me feel, and that's not fair. It's not.”
- Instead of accessing needed healthcare services, the individual above, and others, avoid healthcare because they want to avoid feeling stigma, so they delay care as long as possible, often until they required emergency services.

Biancarelli et al., 2019



It hurts the population

Rates of treatment for chronic diseases in the United States demonstrate the structural stigma against addiction

- Hypertension — 77 percent
- Diabetes — 73 percent
- Major depression — 71 percent
- Addiction to illicit drugs or alcohol — 18 percent

Crowley et al., 2017



Important points



Stigma hurts patients in multiple ways, including changing their behavior, avoiding healthcare, decreasing the quality of healthcare, and increasing their risk of dying. It can also lead to feelings of shame and isolation, further preventing individuals from seeking the help they need.



What do we do about stigma?

- Start by identifying stigma
 - “In health facilities, the manifestations of stigma are widely documented, ranging from outright denial of care, provision of sub-standard care, **physical and verbal abuse**, to more subtle forms, such as making certain people wait longer or passing their care off to junior colleagues”
- And realize we are hurting ourselves too:
 - “Stigma also **impacts the well-being of the health workforce** because healthcare workers may also be living with stigmatized conditions.”

Nyblade et al., 2019



What do we do about stigma?

Continued

- Educate about stigma
- Work with/have contact with the stigmatized group
- Changing our language to reduce stigma



Words matter

“ Our language helps us understand and interpret the world around us. They convey meaning whether the effect is good or bad. **We can use our words to help decrease stigma.** ”

Zwick et al., 2020



Use person-first language

Use person-first language and avoid terms with a judgment, whether in front of a patient, or in front of your staff.

Patients are more than their diagnosis — they are people

- “Person with alcohol use disorder” vs. “alcoholic”
- “Patient with schizophrenia” vs. “schizophrenic”
- “Patient with diabetes” vs. “diabetic”



Avoid terms with judgement

Avoid judgmental language to foster respect and support, whether with patients or staff.

- “Abnormal urine tox screen” vs. “dirty urine”
- “Person with substance use disorder” vs. “junkie”
- “That person has severe psychosis” vs. “that guy is crazy”
- "Person experiencing homelessness" vs. "bum“
- "Individual with a mental health condition" vs. "psycho“
- "Patient with a history of addiction" vs. "recovering addict“



Language choice can reduce stigma

““ If you want to care for something, you call it a ‘flower’; if you want to kill something, you call it a ‘weed’”

””

Don Coyhis, n.d.



Use your words

- Gently correct your colleagues when they use stigmatizing language
- Share a personal reason why you care about the language (give them contact with the stigmatized group)
 - “Please don’t use the term junkie. My friend died of an overdose from IV drug use and it’s hard to hear that term”



Going from, “What is wrong with you?” to, “What happened to you?”

- Many patients with stigmatizing conditions have had traumatic life experiences that have led to their stigmatizing condition, such as anxiety or addiction.
- Adverse childhood experiences (ACEs) adversely affect how we learn, the development of our emotions, and our behaviors.
- Increased exposures to ACEs increases the risk of mental illness, diabetes, cardiovascular disease, substance use, and many other conditions.
- Instead of thinking 'what is wrong with you' about a patient, try thinking 'what happened to you.'



Personal tips

- Pause before entering a challenging patient's room
- Tell yourself, "This patient is suffering, and I am grateful I don't have to suffer like that"
- Share with those around you
- Reassure patients that they are not going to be judged
- Reassure patients that you are trying to help them
- If you are honest in those statements, patients are more likely to be open with you



Take-home points

- Stigma in healthcare is negative and often unfair beliefs about patients with a particular condition
- Stigma hurts patients in multiple ways, including changing their behavior, avoiding healthcare, decreasing quality of healthcare, and increasing their risk of dying
- Reducing stigma is easier than you think, and is a team effort



Using respectful, non-judgmental terms emphasizes the person, not the condition, fostering dignity, empathy, and a supportive environment.

This approach encourages openness, reduces discrimination, and promotes access to care and support.

Key Takeaway

Conclusion

By using **person-first language**, you play a critical role in reducing stigma, promoting dignity, and **fostering understanding**.

- **Effective** — Person-first language **focuses on the individual**, not the condition, encouraging respectful communication.
- **Protective** — It helps **reduce stigma-related barriers**, fostering a more inclusive and supportive environment.
- **Supportive** — Using person-first language promotes empathy, openness, and **access to care** for those affected by stigma.



Evaluation questions

1

What do you plan to do differently in your medical practice as a result of completing this module?

2

Did you feel that this presentation had a financial bias toward companies that produce, market, sell, or distribute healthcare products used on or by patients?

3

Did the presentation include relevant health disparity information relate to age, gender, race, socioeconomics, sexual orientation, religion, language, and/or ethnicity?



Thank you

Thank you for reviewing the **Changing Perspectives and Promoting Respect: Stigma Reduction and Person-First Language in Healthcare** online activity.

We appreciate your commitment to enhancing your knowledge and understanding of this important subject. By engaging in this education, you are helping reduce stigma, promoting person-first language, supporting inclusive practices, and playing a crucial role in fostering a compassionate approach to healthcare.

We appreciate the care you provide for our communities.

Dr. Reb Close and Dr. Casey Grover
Montage Health Prescribe Safe Medical Directors

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Acknowledgements

Changing Perspectives and Promoting Respect: Stigma Reduction and Person-First Language in Healthcare was developed by [Dr. Casey Grover](#) and [Dr. Reb Close](#) to equip healthcare professionals with the knowledge to treat individuals with opioid use disorder and manage pain, while fostering a respectful, person-first approach to reduce stigma and promote dignity.

We hope this online educational resource enhances clinical practice and supports improved patient outcomes.

For questions or support, email prescribesafe@montagehealth.org



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