COMMUNICATING WITH VULNERABLE/STIGMATIZED POPULATIONS

National Birth Defects Prevention Network
March 10, 2020

BEYOND LABELS
REDUCING HEALTH-RELATED STIGMA

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Sharon Moffatt - March of Dimes

MARCH OF DIMES LEADS THE FIGHT FOR THE HEALTH OF ALL MOMS AND BABIES.
MOMS AND BABIES NEED A CHAMPION

March of Dimes fights for the health of all moms and babies. We’re advocating for policies to protect them. We’re working to radically improve the health care they receive. We’re pioneering research to find solutions. We’re empowering families with programs, knowledge and tools to have healthier pregnancies. By uniting communities, we’re building a brighter future for us all.

WHY WE CARE ABOUT STIGMA

Today’s moms face significant health challenges that are worsened by stigma, bias and discrimination. Our commitment to health equity demands that we address these concerns. Resources such as our implicit bias training and a stigma toolkit are the first steps.

Stigma keeps people from the best possible care. Women with substance use disorders, infectious diseases, mental health, or other health conditions can often feel judged and blamed by family, friends, and healthcare providers, which can keep them from getting the care they need.

AUDIENCE & PURPOSE

Audience: People who work in health-related fields, specifically March of Dimes staff and partners

Objectives:
- Raise awareness about the impact of stigma
- Encourage self-reflection of one's own conscious and unconscious attitudes towards groups and individuals
- Increase understanding of why and how stigma occurs, including the different types of stigma
- Promote the use of person-first language which can change social norms and perceptions
- Promote organizational changes to reduce stigma in the workplace and in the community
- Provide resources to keep learning
USER INPUT & FEEDBACK USED TO DEVELOP BEYOND LABELS

• Conducted in-person focus group with MOD staff and partner organizations
  • Added stories based on their experience
  • Revised website based on feedback
• Soft-launched website through webinar in June
  • Requested feedback via online form

STIGMATIZED HEALTH CONDITIONS & BEHAVIORS

• Mental health
• HIV
• Addiction
• STIs
• Obesity and diabetes

• Disabilities and birth defects
• Homelessness
• Lifestyle choices
  – smoking, eating, drinking, exercise

BEYOND LABELS
DO YOUR PART TO REDUCE STIGMA

https://beyondlabels.marchofdimes.org/
STIGMA: UNDERSTANDING THE PROBLEM

“If we do not appreciate the nature and impact of stigma, none of our interventions can begin to be successful.”
— Edward Cameron, Constitutional Court Justice, South Africa

What is stigma and why does it happen? Click the links below to understand the roots of stigma and recognize the signs of stigma in your work.

Stigma is...
- Assigning an undesirable label and stereotype to an entire group.
- The invisible mark left by negative social perceptions.

Health-related stigma is “a social process or personal experience related to a health condition, characterized by the perception of exclusion, rejection, and blame, and contributes to psychological, physical, and social morbidity.”
— van Braak et al., 2019

Why does stigma happen?

Beliefs and Fears
Stigma is driven by our conscious and unconscious beliefs and fears. To cope with feeling vulnerable, we stereotype others to allow ourselves to feel safer, as if whatever happens to “them” could not happen to “us.”
WL5  the font on this slide seems different than the other slides
Waddell, Lisa, 12/2/2019
Emotionally Respond to an Individual

The process begins when we have a negative emotional response, such as fear, toward another person or social group.

Distinguishing and Labeling Differences

To cope with these negative emotions, we try to create social distance between the group and ourselves. To create this distance, we apply a negative label to the person or group. We also might:

- Express disapproval of the person’s or the group’s behaviors (especially if the behaviors make us feel uncomfortable).
- Convey superiority, which is a way of saying “I’m better than you” and “I would never do something like that.”
- Create a mental boundary by detailing how those in the stigmatized group are different from us.

Bias Development

These beliefs create a stereotype of people within a group. Stereotyping is when we prejudge an entire group, which blinds us to differences among the people within that group.

Stigmatizing Behavior

Our internalized bias can cause us to:

- Dislike group members
- Treat them as undeserving of sympathy, care, or assistance
- Sometimes blame them for their condition or situation
What does stigma look like?

Depending on the situation, stigma can look and feel different.

Stigma is most readily found in the language we use, like calling someone with substance use disorder a "junkie" or calling someone with an STD "promiscuous.

It typically involves making judgments about people that are revealed through gossiping, name calling, blaming, and shaming. Stigma also can be expressed just by the way we look at someone or ignore them entirely.

And stigma isn't always seen or heard. It can be felt even when no obvious act of discrimination occurs. For example, a doctor might spend less time with a pregnant woman who smokes cigarettes, thinking she's not taking her pregnancy seriously.

People are often unaware that their words or behaviors are stigmatizing.

Levels of Stigma

A person may experience more than one type of stigma. For example, they may experience stigma because they are racial or ethnic minority and because they have a mental illness.

Intersectional or Layered Stigma

Perceived Stigma

Perception of the prevalence of stigmatizing attitudes in the community or among other groups (such as healthcare providers).


e.g., A person with a sexually transmitted infection feeling like their new partner will judge them for getting infected in the past.

Anticipated Stigma

Fear of stigma whether or not it is actually experienced.

Example: A woman fearing that her healthcare provider will blame her for contracting HIV while traveling in Puerto Rico.

Internalized (self-stigma)

When someone accepts the blame and rejection of society's stigmatizing attitudes and behaviors. They feel the weight of stigma and believe they are "less than" and unworthy.

Example: A person with a disability feeling they are unable to achieve the same accomplishments or opportunities because others treat them as different or "less than."
WL6  Slides 25 - 28 are text heavy. Is it possible to add a picture or something in the corners to break up the text or format one of the slides a little differently

Waddell, Lisa, 12/2/2019
Interpersonal

- **Emotional Stigma**: Emotional pain or discomfort caused by negative attitudes or beliefs. Example: Feeling ashamed or embarrassed when someone is perceived as different.
- **Experienced Stigma**: Personal experiences of discrimination due to stigma. Example: Feeling isolated or marginalized.
- **Perceived Stigma**: Prejudice against a group as a whole, often based on inaccurate stereotypes. Example: Feeling stereotyped or discriminated against.
- **Organizational Stigma**: Negative attitudes or behaviors within organizations. Example: Feeling discriminated against in a workplace.

Organizational

- **Organizations, social institutions, and workplace rules or policies that constrain opportunities, resources, and well-being for stigmatized groups** (Maggs et al., 2019).

Community

- **Negative attitudes, beliefs, and behaviors held within a community, culture, or group**. This is also called “social norms” (National Academy of Sciences, 2018).

Public Policy

- **Intersectional or Layered Stigma**: A person may experience more than one type of stigma. Example: They may experience stigma because they are a racial or ethnic minority and because they have a mental illness.
STORIES OF STIGMA
See me for who I am. I am not a label. I am not my health condition, I am me.
Click each image below to see and hear stories from people impacted by stigma.

WHAT YOU CAN DO
Discover how you can make a difference by reducing stigma in your workplace and community.

SAY THIS, NOT THAT
Make a commitment to stop using words that stigmatize, dehumanize, and are harmful to others.

And not just when you’re talking to someone with a stigmatized health condition. It might not always seem obvious, but how we speak and the words we put out into the world affect the perceptions and attitudes of people around us, from our kids to our coworkers.

USE PERSON-FIRST LANGUAGE
Person-first language puts the person before the diagnosis. It emphasizes the person, not their health condition or disability. Avoiding words like “suffer” or “struggle” can help make sure the diagnosis define the person, not the person.
Beyond Labels: https://beyondlabels.marchofdimes.org/  
March 10, 2020

BE A CHANGE AGENT

You don’t have to alter your entire work culture to help reduce stigma. Small changes can have an impact and lead to even bigger changes.

Here are 6 ways you can reduce stigma, starting with quick wins and leading to bigger efforts.

KEEP LEARNING

The learning and growing doesn’t stop here.

Check out these additional resources to expand your stigma knowledge and find more ways to create change.

RECOMMENDATIONS

FRAMEWORK

REFERENCES
March 10, 2020

Beyond Labels: https://beyondlabels.marchofdimes.org

BEYOND LABELS FEEDBACK

“This is very timely and informative. I love the storytelling as it really personalizes everything. I’d like to share this with a few partners.”
~ Webinar Participant, MOD Staff

“I’m seeing a lot of interest in the Stigma site and have had several people ask if we can add more content around pregnancy and opioids.”
~ Focus Group & Webinar Participant, MOD Staff

“Shaped this with our county Children’s Policy Council coordinator in charge of making “plans of safe care.” She LOVED the language part, especially for NICU nurses they have engaged with who use these words.”
~ MOD Staff

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LET’S TALK! SEND US A MESSAGE

ENTER NAME

ENTER EMAIL

ENTER YOUR MESSAGE

SUBMIT