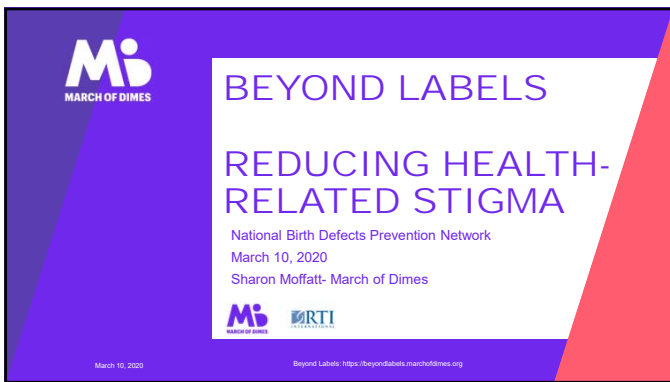


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3

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.



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CDC, Evidence in Progress Meeting

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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.



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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

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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

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STIGMATIZED HEALTH CONDITIONS & BEHAVIORS

- Mental health
- HIV
- Addiction
- STIs
- Obesity and diabetes
- Disabilities and birth defects
- Homelessness
- Lifestyle choices
 - smoking, eating, drinking, exercise

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MARCH OF DIMES

BEYOND LABELS

DO YOUR PART TO REDUCE STIGMA

<https://beyondlabels.marchofdimes.org/>

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**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 tabs below to understand the roots of stigma and recognize the signs of stigma in your work.

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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 Brakel et al., 2019

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Why does stigma happen?

Beliefs and Fears

Stigma is driven by our conscious and unconscious beliefs and fears. To cope with feeling vulnerable, we stigmatize others to allow ourselves to feel safer, as if whatever happens to “them” could not happen to “us.”


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Slide 12

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.

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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.


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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

- devalue group members
- treat them as undeserving of sympathy, care, or assistance
- sometimes blame them for their condition or situation

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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.

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Levels of Stigma



Stigma occurs at different levels including the public policy, community, organizational, interpersonal and individual levels. Click each word of the figure to see what stigma looks like at each of these levels.

Individual
Interpersonal
Organizational
Community
Public Policy

Intersectional or Layered Stigma

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



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PLG



Individual

Perceived Stigma

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

Example: 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 Zika 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 "lesser than."



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Slide 18

WL6 Slides 25 - 28 are text heavy. Is it possible to add a picture or somethin int he corners to break up the text or fommat one of the slides a litte differntly

Waddell, Lisa, 12/2/2019


Interpersonal

Enacted Stigma
 Interpersonal acts of discrimination based on stigmatizing attitudes or beliefs.
 Example: Crossing the street when you see someone who is homeless or not hiring a caregiver because of her race.

Experienced Stigma
 Physical, cognitive (such as thoughts), and emotional responses experienced by a person after being exposed to stigmatizing attitudes, beliefs and behaviors.
 Example: A new mom feeling that she is weak or crazy for experiencing postpartum depression.

Observed or Vicarious Stigma
 Witnessing stigmatizing behaviors toward someone else.
 Example: Watching others stare in disgust at an overweight person.

Secondary Stigma
 Stigma by association that is extended to the family or other caregivers of a stigmatized individual. This form of stigma affects people who are associated with stigmatized groups and who often face stigma themselves.
 Example: The parents of an adolescent who has an opioid use disorder (OUD) may be stigmatized themselves or a healthcare provider who is stigmatized for treating people with OUD.

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Organizational

Organizations, social institutions, and workplace rules or policies that constrain opportunities, resources, and well-being for stigmatized groups (Stagle et al., 2019).
 Example: Not having wheelchair access in healthcare clinics and community-based organizations.

Community

Negative attitudes, beliefs, and behaviors held within a community, culture, or group. This is also called "social norms" (National Academy of Sciences, 2016).
 Example: The belief that people on Medicaid are lazy or a drain on the system.

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Public Policy

National and local laws and policies that constrain opportunities, resources, and well-being for stigmatized groups (Hatzenbuehler, Phelan & Link, 2013).
 Example: Not allowing lactating mothers to breastfeed in public.

Intersectional or Layered Stigma

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

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ADDICT

THE HOMELESS

OXY BABY

PREMIE

WELFARE MOM

CRAZY

HIV POSITIVE

THE DISABLED

ZIKA BABY

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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.

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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.

- RESOURCES
- FRAMEWORK
- REFERENCES

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LET'S TALK! SEND US A MESSAGE

ENTER YOUR MESSAGE

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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

"This is a great resource and the providers I've shared it with really like it. It also compliments the Implicit Bias tools."
- Webinar Participant, MOD Staff

"Shared 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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