

DIABETES STIGMA AND ITS HARM FOR PEOPLE WITH TYPE 2 DIABETES

People with diabetes can experience diabetes-related stigma in multiple aspects of their daily lives. This stigma can manifest as blame, shame, judgement, or negative stereotypes toward people because they have diabetes, all of which can lead to unfair treatment and discrimination. Some people with diabetes internalize negative societal stereotypes about diabetes, leading them to engage in self-blame and self-stigma. People with diabetes may also anticipate diabetes stigma in their daily lives, feeling fear or anxiety about being stigmatized in different social contexts or situations, such as interactions with healthcare professionals. For many people, diabetes stigma is also intersectional, co-occurring with other types of stigma, such as that related to one's race/ethnicity or body weight.

Diabetes stigma can be:

Internalized <ul style="list-style-type: none">• Self-blame• Self-stigma	Anticipated <ul style="list-style-type: none">• Fear or anxiety about being stigmatized in the future	Intersectional <ul style="list-style-type: none">• Co-occur with stigma related to other identities
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Diabetes stigma can contribute to harmful health consequences for people with type 2 diabetes. Diabetes stigma is associated with depressive symptoms, anxiety symptoms, lower self-esteem, diabetes distress, and lower general and diabetes-related quality of life. Beyond its links with psychological distress, diabetes stigma is associated with higher HbA1C levels above recommended targets in adults with type 2 diabetes, as well as unhealthy eating behaviors like binge eating, decreased medication adherence, poorer self-care behaviors, lower self-efficacy for managing diabetes, and greater likelihood of having one or more diabetes-related complications.

Diabetes stigma is associated with psychological distress:

Among adults with type 2 diabetes, diabetes stigma contributes to poor health:

Elevated HbA1C levels	Unhealthy eating behaviors and binge eating
Decreased medication adherence	Poorer self-care behaviors
Lower self-efficacy for diabetes management	Greater likelihood of diabetes complications

Relevant Published Research Citations



Strategies to reduce stigma to improve patient care for people with type 2 diabetes:

Several key factors are necessary to reduce stigma in clinical practice and improve care for patients with type 2 diabetes. These include addressing healthcare professionals' assumptions and attitudes about diabetes and obesity, promoting respectful communication about weight-related health and lifestyle behaviors, and creating a welcoming and appropriate clinic environment for patients.

Examine personal attitudes about diabetes and obesity

It's important to challenge assumptions we have about diabetes and obesity that may unintentionally reinforce bias. Examining our biases through ongoing, reflective practice can create new awareness and knowledge that foster changes in our attitudes and behaviors to provide more compassionate patient care.

Use patient-centered language and respectful terminology

Supportive patient communication can be fostered through patient-centered language, including the use of people-first language. Using people-first language means referring to "a patient with diabetes" rather than identity-first language (such as "a diabetic"). When it comes to communication about body weight, there is not a universally acceptable word or phrase to describe higher weight that all patients are comfortable with. It's helpful to default to neutral terminology, avoid making assumptions, acknowledge the diversity of preferences that exist, and ask patients for their preferred words when talking with them.

Focus on health, instead of weight

When engaging in conversations with patients about weight-related health and lifestyle behaviors, avoid focusing only on BMI and body weight. It's important to discuss health behavior changes in the context of improving health indices, like blood glucose levels, lipids, or blood pressure, rather than emphasizing BMI or weight loss. Emphasize the value of non-scale victories, like improved mobility, quality of life, or cardiometabolic risk factors.

Acknowledge patients' prior experiences of stigma

Patients may have previously experienced diabetes stigma or weight stigma in healthcare. As a result of those experiences, they may be hesitant to discuss weight or lifestyle behaviors, and anticipate stigma and judgment in healthcare interactions. Acknowledging patients' experiences and engaging in nonjudgmental communication is key in helping patients feel supported.

Engage in Active and Reflective listening

Effective listening is essential to patient-centered care, as it demonstrates your empathy, support, and understanding of the patient. The OARS approach enhances effective listening with patients through **O**pen-ended questions, **A**ffirming the patients' statements, and engaging in **R**eflective listening and **S**ummary statements to foster understanding.

Create a welcoming clinic environment

Ensure that your clinic or medical office is well-equipped to accommodate and accurately assess patients with larger body sizes. This means considering medical equipment and facilities, procedures for weighing patients, and staff training and education.



**Supportive
Obesity Care**

For more detailed resources on each of these strategies above, please visit www.supportiveobesitycare.com for a collection of free handouts, videos, and tools to promote supportive and compassionate patient care.

Relevant Published Research Citations

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