

Changing the Narrative around Diabetes

A FrameWorks Framing Brief

October 2020



In partnership with the diaTribe Foundation

Diabetes is a chronic disease. But people with diabetes also experience an equally chronic problem: stigma.

Underlying this stigma against diabetes are shared, deeply held assumptions about health that are embedded in American culture. **The most common and problematic assumption is that health is primarily a matter of individual responsibility.** In other words, health is shaped by personal choices about diet and lifestyle, and the primacy of these individual choices prevents people from thinking about other critical factors like access to healthcare and healthy environments. When people hear and think about health and illness the assumption that health is simply a matter of individual choice is usually the first to come to mind.

This focus on personal responsibility leads to a stigmatizing narrative that blames people with diabetes for making bad choices and for increasing healthcare costs. This narrative sets up “us vs. them” thinking and the assumption that people with diabetes are using more than their fair share of limited healthcare resources. Diabetes is also tightly linked to obesity, which is similarly stigmatized, meaning people with diabetes are doubly othered and shamed. As a result, people may feel a strong sense of fatalism about addressing this disease because they assume people with diabetes won’t make the right choices. Health equity, meanwhile, is almost entirely absent from the conversation.

If we are going to tackle stigma against diabetes we need to frame effectively. Framing means making choices about how we explain an issue or problem, what we emphasize, what we say - and what we don’t say. We’ve seen the power of framing in our own work on [aging](#), [addiction](#), [childhood development](#), and [obesity](#) (in the UK). And we’ve all seen the power of framing in shifting the narrative in the [civil rights movement](#), [marriage equality](#), and [teenage smoking](#).

Reframing diabetes means making careful, strategic, and evidence-based decisions about how we talk about diabetes that avoid the traps posed by individualism and fatalism. Instead we can use effective framing to direct people’s thinking along more positive, productive channels. We can create messages that avoid othering and instead recognize our universal experience; that don’t just assert but *explain* how stigma happens and why it is so damaging; and that pre-empt fatalism by demonstrating that solutions are possible, and we can achieve them together.

This brief contains five reframing recommendations that will help us change the narrative around diabetes. Each recommendation includes text drawn directly from influential, diabetes-focused websites, and a reframed version rooted in research that shows how to easily and effectively reframe it for greater success in shifting mindsets. Here's just one of the five examples of the kinds of shifts we can make to impact diabetes stigma with the way we talk about it:

Talk about what we *all* need to be healthy, while still discussing people's specific needs.

<p>Common Frame:</p> <p>All you have to do is decide. Decide to stay at a healthy weight. Decide to eat well. Decide to be active. If you're at-risk, paying attention to living a healthy lifestyle or getting early treatment can, for some diabetics, actually return blood sugar levels to a normal range. Make the right decisions - and take control of your diabetes.</p>	<p>Stigma-Reducing REFRAME:</p> <p>We all need things to help us stay healthy. We need high quality healthcare. We need safe places to exercise. We need affordable healthy food. We need those same things if we have diabetes, along with targeted treatments and care. Making sure we all have what we need to stay healthy means people with diabetes have what they need – not just to control their weight but to live well.</p>
---	--

Read on for more examples and context on research-informed reframes, and consider where reframing may be helpful in your diabetes work. Giving people new ways of understanding this health issue and different ways of perceiving people with diabetes can change attitudes and help end stigma. And this is change we can accomplish together through our communications by amplifying consistent, well-framed messages.

1. Show - don't tell - what stigma is and explain implicit bias.

Stigma against people with diabetes is pervasive. Our research has shown simply saying that certain groups are stigmatized does little to help combat stigma and can even backfire.

When we are exposed to negative images and representations of different “types” or groups of people, we develop patterned, unconscious ways of thinking called implicit bias. These are thoughts and feelings about social categories that fall outside of our conscious awareness. Explaining what implicit bias is and how it is harmful helps people understand that diabetes and the stigma around it is a challenge we need to address together. Instead of telling people to change their attitudes, we pinpoint the underlying problem and prime them to think about solutions that work.

<p>Instead of this...</p> <p>Few other diseases carry the social stigma of diabetes. Fat, lazy, slothful, couch potato, over-eater and glutton — these are a few of the negative stereotypes associated with people with diabetes. This stigma takes its toll. Stigma-induced shame prevents them from talking about their diagnosis and even avoiding seeking treatment. We need to reduce stigma today.</p>	<p>Try this:</p> <p>We are constantly exposed to images of people with diabetes as people who won't control their bad habits. This affects our attitudes and behaviours, often in ways that we don't realize. As a result, people with diabetes may feel a sense of fear and shame that prevents them from talking about their diagnosis and even avoid seeking treatment. If we want to reduce stigma, we need to change the narrative and our thinking about diabetes.</p>
--	--

2. Start with what you want people to know about diabetes instead of repeating damaging myths.

A common method of communication in health and beyond is to present audiences with a “myth” and then refute the false information with the real facts. But this myth-fact structure actually backfires. We tend to remember the thing we hear or read first, so we are more likely to remember the myth as true. Not only that, but this backfire effect can get worse over time as people’s memories begin to fade, and even lead people to attribute the myth to the people trying to refute it. Always try to avoid repeating false information about diabetes, and if you have to refute false information, start with the facts.

<p>Instead of this...</p> <p><i>Myth: People with Type 2 Diabetes Caused Their Disease</i></p> <p>People with Type 2 diabetes wished it upon themselves and willingly gave themselves the disease.</p> <p><i>Fact: While lifestyle factors such as physical activity and weight may increase the risk of developing Type 2 diabetes, age, race and genetics also play a large role. Mothers who have gestational diabetes caused by pregnancy hormones also have a bigger chance of developing the disease.</i></p>	<p>Try this:</p> <p>Many different factors can increase people’s risk of developing Type 2 diabetes. Age, race, and genetics all play a large role, and mothers who have gestational diabetes caused by pregnancy hormones also have a bigger chance of developing the disease. Diet, physical activity, and weight are just part of the story.</p>
--	---

3. Explain equity and always link it to clear solutions.

Racial inequities affect every aspect of our lives, including our health outcomes. Diabetes is no exception. Black, Latinx, and Indigenous Peoples are at higher risk of developing diabetes and less likely to receive the healthcare they need. But most people don't understand what inequity means, or how inequities work. Instead they misunderstand the term or conflate equity with equality and have trouble linking the solutions you are advocating for to the underlying problem. Communications that lack a clear explanation of equity miss a critical opportunity to build understanding and support for equitable solutions.

<p>Instead of this...</p> <p>Inequity systemically harms people of color. The COVID-19 pandemic and glaring examples of racial injustice are casting a bright light on an old problem in America. Health inequity is obvious and widespread. It contributes to worse outcomes and higher risk for diabetes and many other diseases. And it undermines the wellbeing of our most underserved communities.</p>	<p>Try this:</p> <p>The COVID-19 pandemic and glaring examples of racial injustice are casting a bright light on an old problem in America. Health inequities are differences in health outcomes rooted in prejudice and discrimination. In the U.S., these inequities harm people of color in a variety of ways: through limited access to quality healthcare, racist interactions, and higher rates of exposure to air pollutants and other environmental toxins like lead, among others. It contributes to worse outcomes and higher risk for diabetes and many other diseases. And it undermines the wellbeing of our most underserved communities.</p>
---	---

4. Avoid crisis: instead talk about how we can tackle diabetes, together.

COVID-19 poses an acute threat to the health and wellbeing of people with diabetes. Raising support for development of new treatments and effective supports is therefore more important than ever. Talking about diabetes as a public health crisis makes sense – but may also be deeply problematic. “Crisis messaging” is often ineffective and counterproductive for several reasons. First, talking about social problems as crises, particularly in our current environment, leads to a sense of fatalism about addressing the problem. Crisis messaging often present problems as so big and overwhelming, they are just too difficult to solve. Second, when everything appears to be a crisis - and this is particularly the case now - crisis fatigue begins to set in. Rather than engage, people tune out. And third, crisis messaging may raise support in the short term, but the salience of the issue may quickly fade. If we want sustained attention and support for treating this diabetes, we need to keep people engaged over the long term.

The cure for fatalism and short-term support is conveying urgency while offering people concrete solutions that they see themselves, their communities, and our country as a whole as having a stake in. When people see clear and concrete solutions that have collective benefits they can recognize, it raises their support and increases their sense that addressing a problem is possible.

Instead of this...	Try this:
Diabetes may be the most serious public health crisis of our time. The economic burden of diabetes is massive, and the COVID-19 pandemic has only exacerbated these costs as people with diabetes are hit particularly hard by the disease. We need to solve this crisis today.	Diabetes is a serious but solvable public health problem. Finding ways to treat diabetes and support people with diabetes is more important than ever as we face the COVID-19 pandemic. Find solutions and resources by visiting our website. We can tackle this problem - together.

5. Talk about what we *all* need to be healthy, while still discussing people’s specific needs.

Circling back to the example we started with at the beginning of this brief:

People with diabetes face significant challenges when it comes to health and wellbeing. Their challenges stem from not just to the diagnosis itself, but also because they are blamed for their own condition. In our society, people are thought to be solely responsible for our own health. If you are unhealthy, it must be because you failed. Failed to eat well, failed to exercise, failed to control the impulses that made you unhealthy. People living with diabetes are “othered,” blamed, and shamed as people with diabetes, even within the healthcare system. This in turn discourages people with diabetes from seeking health assistance that could help them treat and control the condition.

When we use messages that begin by emphasizing what we all need to have good health – like high quality preventative healthcare, access to safe and exercise-friendly outdoor spaces, and healthy affordable food choices – we divert thinking away from individual blame and toward our common experiences. This creates space for more productive conversations about how to treat diabetes by fixing systems, not just individuals.

<p>Instead of this...</p> <p>All you have to do is decide. Decide to stay at a healthy weight. Decide to eat well. Decide to be active. If you’re at-risk, paying attention to living a healthy lifestyle or getting early treatment can, for some diabetics, actually return blood sugar levels to a normal range. Make the right decisions - and take control of your diabetes.</p>	<p>Try this:</p> <p>We all need things to help us stay healthy. We need high quality healthcare. We need safe places to exercise. We need affordable healthy food. We need those same things if we have diabetes, along with targeted treatments and care. Making sure we all have what we need to stay healthy means people with diabetes have what they need – not just to control their weight but to live well.</p>
--	---

About FrameWorks

The FrameWorks Institute is a non-profit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. The organization's signature approach, Strategic Frame Analysis®, offers empirical guidance on what to say, how to say it, and what to leave unsaid. FrameWorks designs, conducts, and publishes multi-method, multi-disciplinary framing research to prepare experts and advocates to expand their constituencies, to build public will, and to further public understanding. To make sure this research drives social change, FrameWorks supports partners in reframing, through strategic consultation, campaign design, FrameChecks®, toolkits, online courses, and in-depth learning engagements known as FrameLabs. In 2015, FrameWorks was named one of nine organizations worldwide to receive the MacArthur Award for Creative and Effective Institutions.

Learn more at www.frameworksinstitute.org

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior permission of the FrameWorks Institute.

Please follow standard APA rules for citation, with the FrameWorks Institute as publisher.

FrameWorks Institute. (2020). *Education is at a Crossroads*. Washington, DC: FrameWorks Institute.

© FrameWorks Institute 2020