



Heartland National TB Center's **Stop the Stigma** Campaign

Lauren Fields, MEd, BA
November 10th, 2022

TB Nurse Consultant Meeting

November 9th - 10th, 2022

San Antonio, TX

Objectives

- ❖ Define Stigma
- ❖ Discuss the effect of stigma healthcare and preferred terminology
- ❖ Discuss Heartland National TB's Center's "Stop the Stigma" campaign within the TB Care Movement



What is Stigma?

“Stigma is a mark of disgrace that sets a person apart from others. When a person is labelled by their illness they are no longer seen as an individual but as part of a stereotyped group. Negative attitudes and beliefs toward this group create prejudice which leads to negative actions and discrimination.”

Stigma-Free Society. <https://stigmafreesociety.com/stigma/> Accessed June 16, 2020.

“A sign or a mark that designates the bearer as *spoiled* and therefore as valued less than *normal* people.”-Goffman E. (1963)



How Can Stigma Affect Healthcare?

- ❖ Stigma is linked to poor health.
- ❖ Stigma is associated with greater social isolation.
- ❖ Social isolation increases risk for poor health outcomes.
- ❖ Stigma-health relationship is significantly strained after adjustment for social isolation.

How Can Stigma Affect TB Care?

- ❖ Contributes to a delay in diagnosis
- ❖ “At-risk individuals report that fear of TB stigma and the social and economic impact of stigma affects their willingness to undergo TB screening and to seek medical care after the onset of symptoms associated with TB.”
- ❖ “Individuals with TB and their health-care providers also identify TB stigma as a cause of non-completion of treatment.”

The Stigma of Tuberculosis

- ❖ “Fear of infection is the most common cause of TB stigma”
- ❖ By using non-stigmatizing language we can begin to breakdown the stigma associated with TB.



Courtwright, Andrew, and Abigail Norris Turner. “Tuberculosis and Stigmatization: Pathways and Interventions.” Public Health Reports 125.Suppl 4 (2010): 34–42. Print.

People First Language

For example:

When referring to a person with a disability, refer to the person first by using phrases such as:

- ✓ A person who ...
- ✓ A person with ...
- ✓ Person who has...

Communicating With and About People with Disabilities



About 50 million Americans report having a disability. Most Americans will experience a disability some time during the course of their lives. Disabilities can affect people in different ways, even when one person has the same type of disability as another person. Some disabilities may be hidden or not easy to see.

People First Language

People first language is used to speak appropriately and respectfully about an individual with a disability. People first language emphasizes the person first not the disability. For example, when referring to a person with a disability, refer to the person first by using phrases such as: "a person who ...", "a person with ..." or "person who has..."

Here are suggestions on how to communicate with and about people with disabilities.



People First Language	Language to Avoid
Person with a disability	The disabled, handicapped
Person without a disability	Normal person, healthy person
Person with an intellectual, cognitive, developmental disability	Retarded, slow, simple, moronic, defective or retarded, afflicted, special person
Person with an emotional or behavioral disability, person with a mental health or a psychiatric disability	Insane, crazy, psycho, maniac, nuts
Person who is hard of hearing	Hearing impaired, suffers a hearing loss
Person who is deaf	Deaf and dumb, mute
Person who is blind/visually impaired	The blind
Person who has a communication disorder, is unable to speak, or uses a device to speak	Mute, dumb
Person who uses a wheelchair	Confined or restricted to a wheelchair, wheelchair bound
Person with a physical disability	Crippled, lame, deformed, invalid, spastic
Person with epilepsy or seizure disorder	Epileptic
Person with multiple sclerosis	Afflicted by MS
Person with cerebral palsy	CP victim
Accessible parking or bathrooms	Handicapped parking or bathroom
Person of short stature	Midget
Person with Down syndrome	Mongoloid
Person who is successful, productive	Has overcome his/her disability, is courageous

For more information about disability and health, visit www.cdc.gov/disabilities

National Center on Birth Defects and Developmental Disabilities
Office of the Director



CS214518-A

http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter_photos.pdf

Where It All Began

Roots of the Language
Change Movement in
TB Care



Timeline

~~Defaulter~~

~~Suspect~~

~~Control~~

Every Word Counts
TB Language Guide

2012

UNITED TO END TB
EVERY WORD COUNTS
SUGGESTED LANGUAGE AND USAGE FOR
TUBERCULOSIS COMMUNICATIONS
FIRST EDITION

Language in TB
Services: can we
change to patient-
centered terminology
and stop the
paradigm of blaming
the patients?

2012

Open Letter Retire
Stigmatizing and
Criminalizing
Language from
Global TB Discourse

March
2015

Civil Society Calls
for Retirement of
Stigmatizing and
Criminalizing
Language from
Global TB
Discourse

2015

Heartland National
TB Center creates
the “Stop the
Stigma” campaign.

2015



SUMMARY

The words ‘defaulter’, ‘suspect’ and ‘control’ have been part of the language of tuberculosis (TB) services for many decades, and they continue to be used in international guidelines and in published literature. From a patient perspective, it is our opinion that these terms are at best inappropriate, coercive and disempowering, and at worst they could be perceived as judgmental and criminalising, tending to place the blame of the disease or responsibility for adverse treatment outcomes on one side—that of the patients.

In this article, which brings together a wide range of authors and institutions from Africa, Asia, Latin America, Europe and the Pacific, we discuss the use of the words ‘defaulter’, ‘suspect’ and ‘control’ and argue why it is detrimental to continue using them in the context of TB. We propose that ‘defaulter’ be replaced with ‘person lost to follow-up’; that ‘TB suspect’ be replaced by ‘person with presumptive TB’ or ‘person to be evaluated for TB’; and that the term ‘control’ be replaced with ‘prevention and care’ or simply deleted. These terms are non-judgmental and patient-centred.

We appeal to the global Stop TB Partnership to lead discussions on this issue and to make concrete steps towards changing the current paradigm.

KEY WORDS: TB; language; defaulter; suspect; control; loss to follow-up

A Call to Change

~~Defaulter~~

✓ Person lost to follow-up

~~Suspect~~

✓ Person with presumptive TB

~~Control~~

✓ Prevention and care

Suspect

- ❖ Suspect (verb)
 - ❖ To believe or feel that (someone) is guilty of an illegal, dishonest or unpleasant act, without certain proof
- ❖ Suspect (noun)
 - ❖ Person thought to be guilty of a crime or offense
- ❖ Why did the TB community decide to transfer the 'suspicion' of the disease to the patient?

Default/a defaulter

- ❖ Oxford English dictionary
 - ❖ A person who fails to fulfill a duty, obligation or undertaking
- ❖ Banking context
 - ❖ To fail to repay a loan
- ❖ Legal context
 - ❖ Failure to appear in court when summoned by a judge
- ❖ Context of competition
 - ❖ Failure to take part in or complete a scheduled contest
- ❖ Common feature:
 - ❖ blame is designated by someone in a decision-making position upon another in the community

Control

- ❖ National TB 'Control' Programs
- ❖ Control
 - ❖ To limit, regulate or restrict an activity or a process
 - ❖ To maintain influence and authority over behavior
 - ❖ Synonymous terms:
 - ❖ power, to dominate, and be in charge of

“Control”

- ❖ What is being controlled here?
 - TB? The patient? The affected community?
- ❖ ‘control of tuberculosis’ may inadvertently lead to programs trying to take control of tuberculosis patients by infringing on their rights and autonomy
- ❖ May be interpreted as something done to, rather than something done for, the patient



Tackling TB stigma – a necessary step toward humanizing TB”



Blessina (Blessi) Kumar
Global Coalition of TB Activists
The Union, 2018

“I would like people who have been affected by stigma to be influencing decisions about how it should be addressed. There is no easy recipe for tackling stigma, it is about changing the behavior of society and that’s not going to happen overnight. It needs to start with, not only addressing TB in a way that upholds the rights of the person”

“I want the TB world to recognize that, as long as we only focus on the bio-medical, that alone is not going to end TB”

Who are our patients, and what do we do for them?

- ❖ Are they defaulters?
 - ✓ Or are they lost to follow up?
- ❖ Are they TB suspects?
 - ✓ Or are they persons we suspect have TB disease?
- ❖ Do we 'control'?
 - ✓ Or do we 'care and prevent'?



Heartland's “Stop the Stigma” Campaign



“We all recognize the stigma our patients face - what I did not realize for too long is how I may have added to that with my words.”

– Barbara Seaworth, MD
(Medical Director, HNTC)

Heartland's “Stop the Stigma” Campaign

- Hearing the call and taking the initiative
- Officially launched in 2015
- Committing to change



We are committed to make a change

Members of the public health community worldwide have been working for almost five years to promote the avoidance of harmful and stigmatizing language used in TB care.

Language such as “defaulter”, “suspect”, and “control” is not only hurtful but also judgmental, criminalizing, and places blame on patients.

Heartland has committed to join forces with patient advocates from the Global TB Community, the International Union Against TB and Lung Disease, and the National Society of TB Clinicians’ to eliminate stigmatizing language. We are proud to introduce “Stop the Stigma”, a campaign to spread awareness and promote elimination of the use of stigmatizing language by the public health workforce. We would like to invite you to join us and pledge yourself, your organization, and challenge others to pledge as well.

I made the pledge to join
Heartland National TB Center
in an effort to stop the use of
stigmatizing language.

#StopTheStigma #TB
#SpeakFromTheHeart #TB
#LanguageMatters #TB
#CommitToChange #TB

Where We Are

Changes to the Language Culture in TB Care



Our commitment to you:

- ***Use*** language that is patient centered, appropriate and sensitive and represents the dignity of people with TB and their families.
- ***Implement*** the use of non-stigmatizing language in the creation of our published materials including products, posters, marketing materials and speaking engagements.
- ***Promote*** the use of non-stigmatizing language by working with our speakers to ensure all presentations are free of words such as, “suspect”, “TB control”, “defaulter”, “noncompliant”, and “TB case”.



Stop the Stigma

Fact Sheet

Eliminating Stigmatizing Language

Non-hurtful Replacement Language

Key Terms suggested by the Stop TB Partnership

Use this.....	Not that.....
Adherence / Non-adherence	Compliance / Non-compliance
Person lost to follow up	Defaulter
TB Prevention and Care	TB Control
Person to be evaluated for TB	TB Suspect
HIV-Positive	HIV-infected

HNTC Survey Results

Language suggested by participants

Use this.....	Not that.....
TB Infection	Latent TB
Lack of housing; Under-housed; People experiencing homelessness	Homeless/Homelessness
Immigrant	Alien
Undocumented	Illegal; Illegal alien
Person with TB disease	TB case
Treatment failed	Treatment failure
Missed doses/Non-adherent	Delinquent
Contact Analysis; Contact Elicitation; Contact Identification	Investigation; Investigate
Exposed to TB	TB contact
Tuberculosis	Consumption; White Plague

Stigmatizing language and suggested replacements was identified by an HNTC survey requesting pledgers to identify language that they personally experienced or witnessed.

****This list is non-inclusive.**

Supported by Treatment Action Group (TAG)

Heartland offers educational material on preferred language to help eliminate TB stigma.

If you would like a copy, please visit Heartland's website for a downloadable copy.

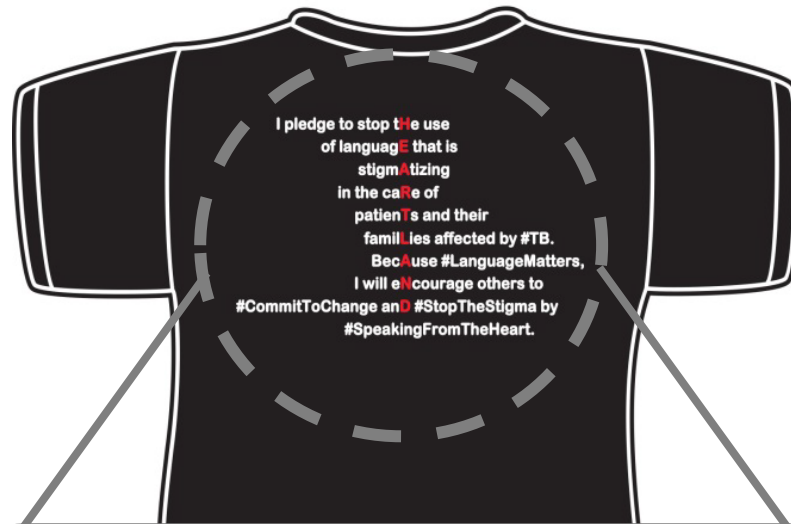


<https://heartlandntbc.org/>

Stop the Stigma T-Shirts

T-shirts promoting the Stop the Stigma campaign have been distributed.

If you would like to receive a t-shirt, please contact one of our administrative or education team members.



I pledge to stop the use
of language that is
stigmatizing
in the care of
patients and their
families affected by #TB.
Because #LanguageMatters,
I will encourage others to
#CommitToChange and #StopTheStigma by
#SpeakingFromTheHeart



<https://heartlandntbc.org/>

Where We're Going

Expanding Our Reach
within the Language
Change Movement in
TB Care



Stop the Stigma Speaker Letters

All speakers who collaborate with Heartland for training events are asked to review their content and materials for any stigmatizing language and are encouraged to join the “Stop the Stigma” campaign.



June 3, 2015

Heartland National TB Center
2303 SE Military Drive
San Antonio, Texas 78223

Dear (speaker);

Thank you for your upcoming presentation at the upcoming (conference/training).

We would like you to be aware of HNTC's commitment to join forces with patient advocates from the Global TB Community, the International Union Against TB and Lung Disease, and the National Society of TB Clinicians' to eliminate stigmatizing language. The use of such language has been identified by TB survivors and others affected by TB as hurtful.

For additional information, please visit <http://www.heartlandntbc.org/stopthestigma> to find information including a related article published in the International Journal of Tuberculosis and Lung Disease, a document on Language from Stop TB, the open letter to the Union regarding retiring stigmatizing and criminalizing language, and the response by Executive Director of the Union Dr. Jose Luis Castro.

Heartland would like to thank you in advance for your effort to support HNTC's Commitment to eliminate the use of stigmatizing language. In parenthesis we have listed terms which have specifically been identified as hurtful and have noted suggested alternative language you may wish to use. Please review your slides and consider replacing the following terms: TB Control (TB Care or TB Care and Prevention), Suspect (Possible TB disease or suspected TB disease), Defaulter (Person lost to follow-up), Non-compliant (Non-adherent), and TB Case(s) (patient(s) with TB disease). If you have any questions or concerns, please contact one of us to discuss further. Please note we will also review presentations prior to the scheduled presentation date to look for this terminology.

Thank you for supporting HNTC in this effort.

Barbara J. Seaworth

Barbara J. Seaworth, MD, FIDSA, FACP
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Heartland National TB Center,
2303 Southeast Military Drive
San Antonio, Texas 78223

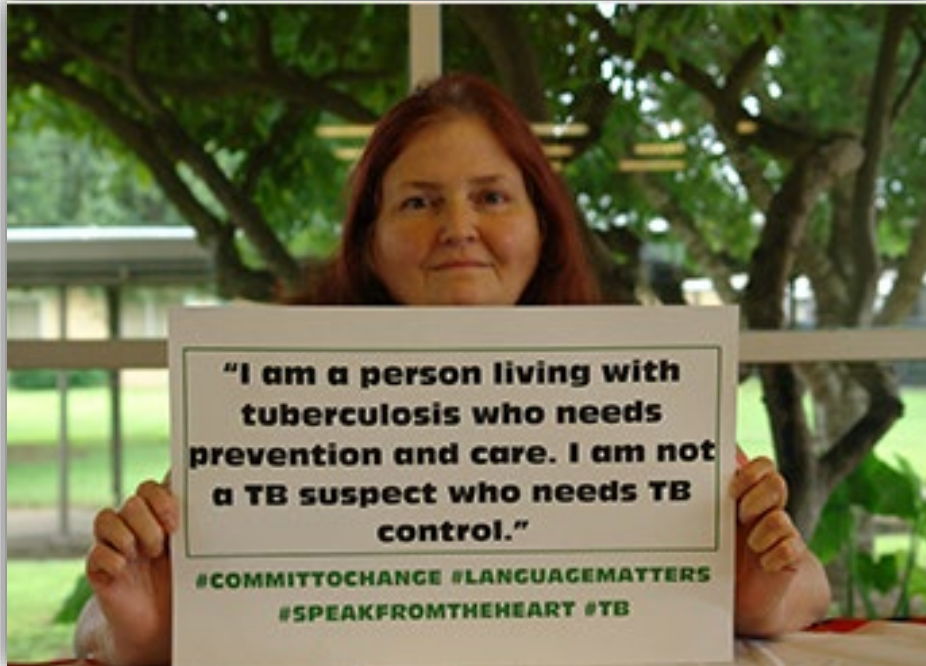
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Stop the Stigma

Training & Education



Every presentation's content and our educational materials are thoroughly reviewed to ensure non-stigmatizing language is used throughout trainings and products and teach our participants about the harmful effects that stigmatizing language can have on those affected by TB.



<https://heartlandntbc.org/>

Stop the Stigma



2017

January							February							March							April						
Su	Mo	Tue	We	Th	Fri	Sat	Su	Mo	Tue	We	Th	Fri	Sat	Su	Mo	Tue	We	Th	Fri	Sat	Su	Mo	Tue	We	Th	Fri	Sat
1	2	3	4	5	6	7			1	2	3	4			1	2	3	4									
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8
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22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22
29	30	31					26	27	28					26	27	28	29	30	31		16	17	18	19	20	21	22
May							June							July							August						
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	1	2	3	4	5	6			1	2	3					1	2	3	4								
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12
14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
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28	29	30	31				25	26	27	28	29	30		16	17	18	19	20	21	22	27	28	29	30	31		
September							October							November							December						
Su	Mo	Tue	We	Th	Fri	Sat	Su	Mo	Tue	We	Th	Fri	Sat	Su	Mo	Tue	We	Th	Fri	Sat	Su	Mo	Tue	We	Th	Fri	Sat
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17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30

#StopTheStigma #TB
#SpeakFromTheHeart #TB



#LanguageMatters #TB
#CommitToChange #TB

Stop the Stigma Calendars

Heartland is looking to update our “Stop the Stigma” calendars for the upcoming year.

Stay tuned for announcements by following us on Facebook and visiting Heartland’s website.



<https://heartlandntbc.org/>

Our challenge to you:

- **Commit** to using language that is patient centered, appropriate and sensitive and represents the dignity of people with TB and their families.
- **Challenge** others to join you in your commitment.
- **Promote** the “Stop the Stigma” campaign.

I, _____ pledge
to join Heartland National TB
Center in an effort to stop the
use of stigmatizing language.

#StopTheStigma #TB

#SpeakFromTheHeart #TB

#LanguageMatters #TB

#CommitToChange #TB

Eliminating Stigmatizing Language in TB

Please be sure to visit our “Stop the Stigma” page for updates and additions to our “Stop the Stigma” Campaign!



<https://www.heartlandntbc.org/tb-stigma/>

The screenshot shows the 'Stop the Stigma' campaign page from the Heartland National TB Center. The header includes the organization's name and navigation links like 'HOME', 'TB STIGMA', 'TRAINING', 'CONSULTATION', 'PRODUCTS', and 'ABOUT US'. The main banner features the title 'Stop the Stigma' in red, followed by the subtitle 'Eliminating stigmatizing language in TB' and a 'SEE DETAILS BELOW' button. Below this is a video thumbnail showing a man holding a sign that reads 'Attitude and compassion can trump the stigma associated with TB.' The page content includes a commitment statement, a pledge box with social media hashtags (#StopTheStigma, #SpeakFromTheHeart, #LanguageMatters, #CommitToChange), and a resources section with links to various materials like fact sheets, brochures, and pledge forms. The footer contains contact information and social media links.

Testimonials from Our Campaign

“We have incorporated the requests to stop referring to our patients as ‘cases’ or ‘suspects’...”

“Instead of TB suspect, I use the term ‘patient with presumptive TB’”

“Increased awareness. Stronger review of materials and presentations. Changed language in trainings and communications of policies.”

“Being more respectful in addressing the needs of our patients”

“We all stop and think prior to calling an individual a ‘suspect’. It seems to be a trigger for pause and thoughtfulness before we speak.”

