

What We Say Matters | Using our Words to Lift People Up

Advanced Level Topics | Level 4 | 2026

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Pronouns: She, her, hers

www.DiabetesEd.net

Land Acknowledgment

- ▶ We acknowledge and are mindful that Diabetes Education Services stands on lands that were originally occupied by the first people of this area, the Mechoopda, and we recognize their distinctive spiritual relationship with this land, the flora, the fauna, and the waters that run through this area.

We are Here to Help!



Bryanna Sabourin
Director of Operations

If you have questions, you can chat with us at www.DiabetesEd.net
or call 530 / 893-8635 or email at info@diabetesed.net

Diabetes Education Services Inclusion Statement

Based on the IDEA Initiative inspired by CDR

- ▶ Inclusion
- ▶ Diversity
- ▶ Equity
- ▶ Access



- ▶ We are committed to promoting diversity and inclusion in our educational offerings.
- ▶ We recognize, respect, and include differences in ability, age, culture, ethnicity, gender, gender identity, sexual orientation, size, and socioeconomic characteristics.
- ▶ Our goal is to promote equity and access, acknowledging historical and institutional inequities.
- ▶ We are committed to practicing cultural humility and cultivating our cultural competence.
- ▶ We wish to create a safe space within our community where one's beliefs, experiences, identity, and differences in ability, age, size, socio-cultural/socioeconomic characteristics, and political affiliations are considered and respected.

Coach Bev has no Conflict of Interest

- ▶ She's not on any speaker's bureau
- ▶ Does not invest or have any financial relationships with diabetes related companies.
- ▶ Gathers information from reading package inserts, research and articles
- ▶ The ADA Standards of Medical Care is main resource for course content

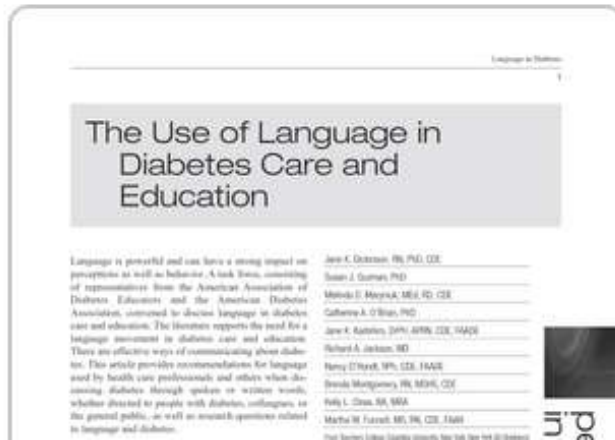
What We Say Matters – Language that Lifts people UP

- ▶ Consider words and approaches that can be left behind.
- ▶ Describe diabetes language that is respectful, inclusive, person-centered and imparts hope.
- ▶ Practice communicating about diabetes using phrases free from judgement with a focus on a strength-based approach.



The Language Movement

Full Article from *The Diabetes Educator* :



Quick Guide for Healthcare Providers

The image is a "Quick Guide for Healthcare Providers" titled "Speaking the Language of Diabetes: Language Guidance for Diabetes-Related Research, Education, and Publications". It features a blue header with the title and a graphic of three people's heads. The main text explains the importance of language in diabetes care and lists four principles that guided the work. Below this, there are two columns of bullet points providing specific guidance on how to use language. The guide also includes an illustration of two women talking and a copyright notice at the bottom.

SPEAKING THE LANGUAGE OF DIABETES:
Language Guidance for Diabetes-Related Research, Education, and Publications

How we talk to and about people with diabetes plays an important role in engagement, conceptualization of diabetes and its management, treatment outcomes, and psychosocial well-being. For people with diabetes, language has an impact on motivation, behaviors, and outcomes.

A task force, consisting of representatives from the American Association of Diabetes Educators (AADE) and the American Diabetes Association (ADA), convened to discuss language in diabetes care and education and developed a joint paper, which provides recommendations for enhancing communication about and with people who have diabetes.

Four principles guided this work and served as a core set of beliefs for the paper:

- Diabetes is a complex and challenging disease involving many factors and variables.
- Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment.
- Every member of the health care team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach.
- Person-first, strength-based, empowering language can improve communication and enhance motivation, health and well-being of people with diabetes.

Health care professionals, writers, researchers, and the general public are invited to join a language movement by considering and adopting the following key recommendations:

Use Language That...

- is neutral, non-judgmental, and based on facts, actions, or physiopathology
- is free from stigma
- is strength-based, respectful, inclusive, and impart hope
- fosters collaboration between patients and providers
- is person-centered


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Special recognition to Jane K. Dickinson, RN, PhD, CDCES for her vision, research and advocacy



SPEAKING THE LANGUAGE OF DIABETES:

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Stigma associated with diabetes

Have you heard others using these words or phrases?

- ▶ Cheats
- ▶ No will power
- ▶ Diabetic
- ▶ Non-compliant
- ▶ Train wreck
- ▶ Frequent Flyer
- ▶ Non-adherent
- ▶ Doesn't really care
- ▶ If they would only lose some weight
- ▶ Doesn't monitor blood sugar
- ▶ Forgot logbook/reader again
- ▶ Doesn't take their meds as directed
- ▶ Eats junk food
- ▶ Eats too much fruit
- ▶ Loves sugar
- ▶ They brought it on themselves

Quick Question 1

Which phrase represents the principles for communicating with and about people living with diabetes.

- A. You are walking 3 times a week.
- B. Let's focus this appt on weight loss.
- C. Do you know possible complications associated with elevated A1C levels?
- D. You should try to eat 3 servings of fruits and veggies daily.



Let's use language that (is)

- ▶ Imparts hope
- ▶ Neutral, nonjudgmental
- ▶ Based on fact, actions or biology
- ▶ Free from stigma
- ▶ Respectful, inclusive
- ▶ Fosters collaboration between person and provider
- ▶ Avoids shame and blame



Language of Diabetes Education

Old Way

- ▶ Control diabetes
- ▶ Test BG
- ▶ Patient
- ▶ Normal BG
- ▶ Non-adherent, compliant
- ▶ Disease

New Way

- ▶ Manage
- ▶ Check
- ▶ Participant
- ▶ BG in target range
- ▶ Focus on what they are accomplishing
- ▶ Condition

Guiding Language Principles

Strength Based

- ▶ Emphasize what people know, what they *can* do.
- ▶ Focus on strengths that empower people



Person-first

- ▶ Words that indicate awareness
- ▶ Sense of dignity
- ▶ Positive attitude toward person with diabetes

Language of Diabetes Education

Old Way

- ▶ Can't, shouldn't, don't, have to, should
- ▶ Regimen
- ▶ Refused
- ▶ Victim, suffer, stricken

New Way

- ▶ Have you tried..."
- ▶ What about..."
- ▶ May I make a suggestion..."

- ▶ Plan, choices
- ▶ Declined, Chose not to
- ▶ ..lives with diabetes
- ▶ ...has diabetes

And what about us?

- ▶ We bring our life experiences to each interaction.
- ▶ Goal:
Meaningful
Interactions



Quick Question 2

- ▶ A 78-year-old tells you they stopped taking their blood pressure medications. “It doesn’t seem to matter whether or not I take them”. What is the best response?
- A. Acknowledge their honesty and ask them to discuss with their provider.
 - B. Gently remind them that stopping their meds is dangerous.
 - C. Ask them if they are experiencing trauma at home.
 - D. Explore possible reasons for this action.



Self Reflective Question

- ▶ A person shows up to appointment, forgets their log book and meter and tells you they are only taking their daily insulin injection about 4 times a week.
- ▶ What feelings would that evoke?
 - ▶ Doesn't care
 - ▶ Non-compliant
 - ▶ Lazy
 - ▶ Better scare them
 - ▶ Exasperation

curiosity



ABC's of Teaching *through* Connection

Inspired by Healing through Connection for Healthcare Professionals

Purpose: Create emotionally safe, person-centered learning and care environments where people feel seen, respected, and empowered.

A — Awareness: Notice Without Judgment

Core Idea: Before we teach, guide, or advise—*we observe with curiosity, not criticism.*

What This Looks Like

- Listen for the story behind the behavior
- Notice your internal reactions (bias, frustration, urgency)
- Separate the person from the condition or outcome

Replace Judgment With Curiosity

- Instead of: *"They're noncompliant."*
→ Say: **"What barriers might they be facing?"**
- Instead of: *"They don't care."*
→ Say: **"What matters most to them right now?"**

Quick Practice: Pause → Breathe → Ask: **"What might I be missing?"**

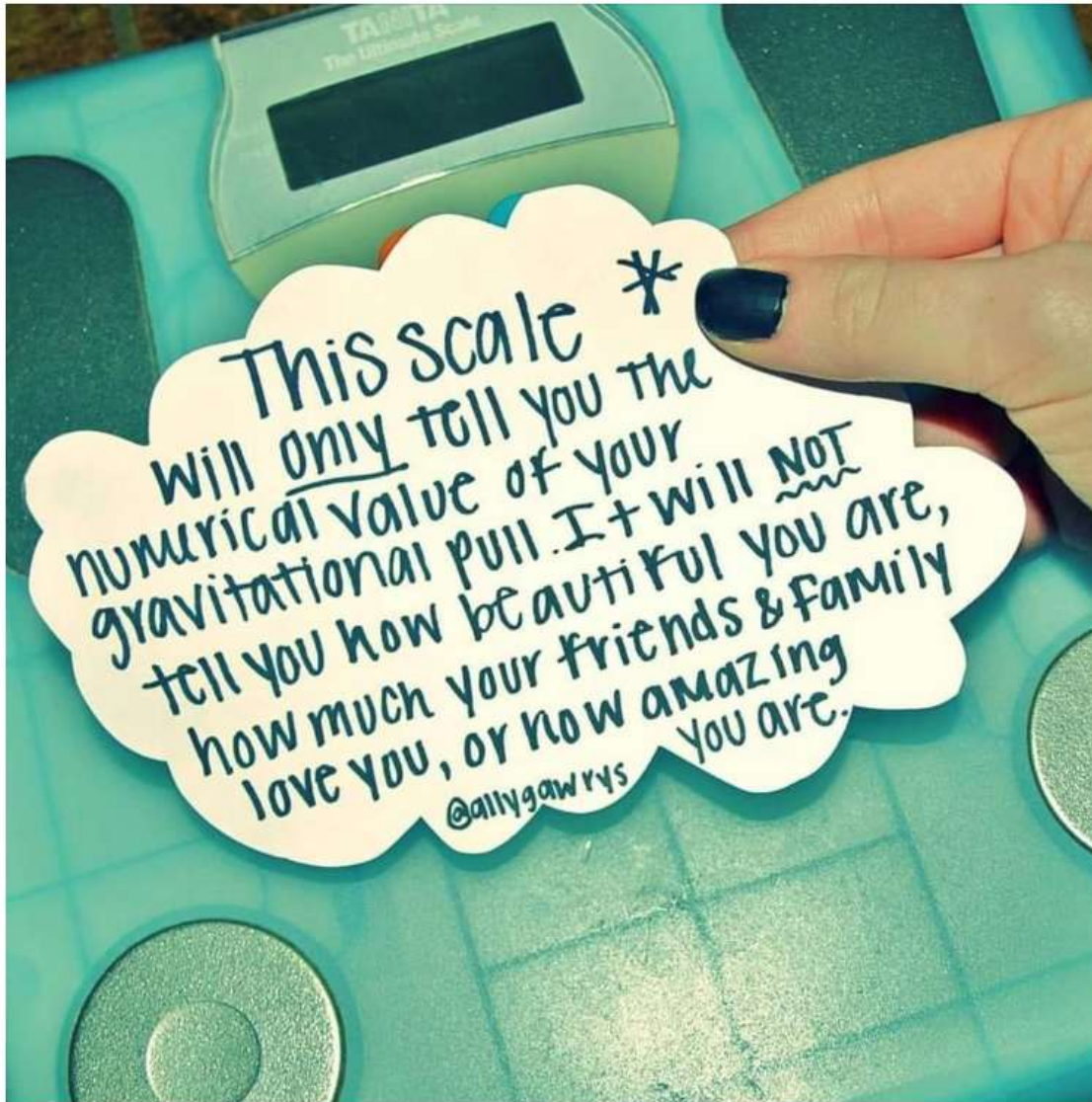
<https://diabetesed.net/wp-content/uploads/2026/02/ABCs-of-Teaching-through-Connection-2026.pdf>



Missed Appointments due to Stigma and Shame

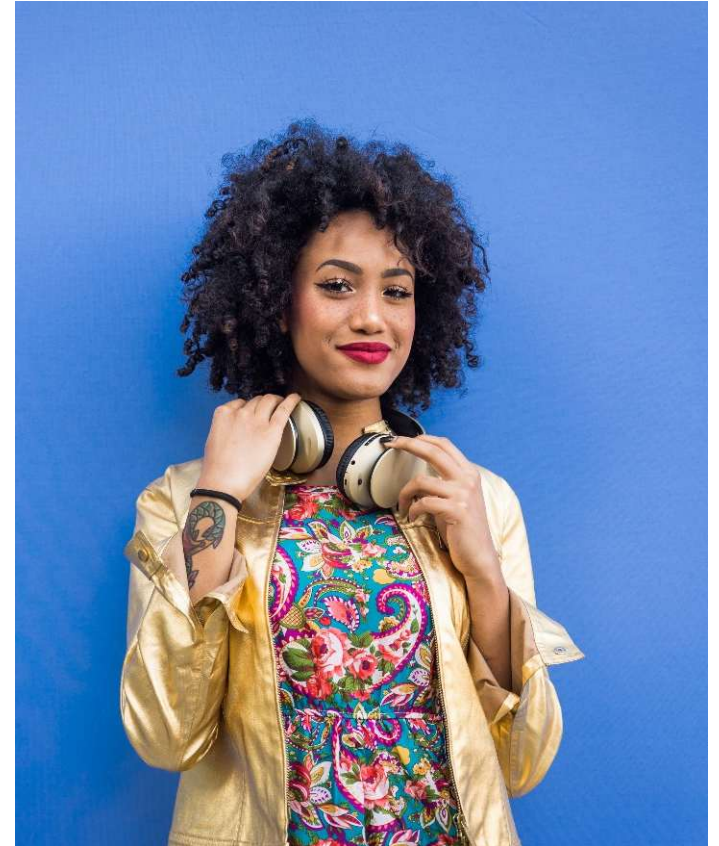
A recent survey of over 2,600 people with diabetes across eight countries revealed that nearly 40% of missed doctor's appointments are due to stigma or shame.

Weight is a Heavy Issue



Weight Neutral Approach

- ▶ Encourages engagement in health promoting behaviors
- ▶ Directs clients to the practices to improve health, rather than the pursuit of weight loss
- ▶ Encourages body trust and acceptance
- ▶ Focuses on health at every size (HAES)
- ▶ Megrette Fletcher – Mindful eating made easy - fantastic resource.



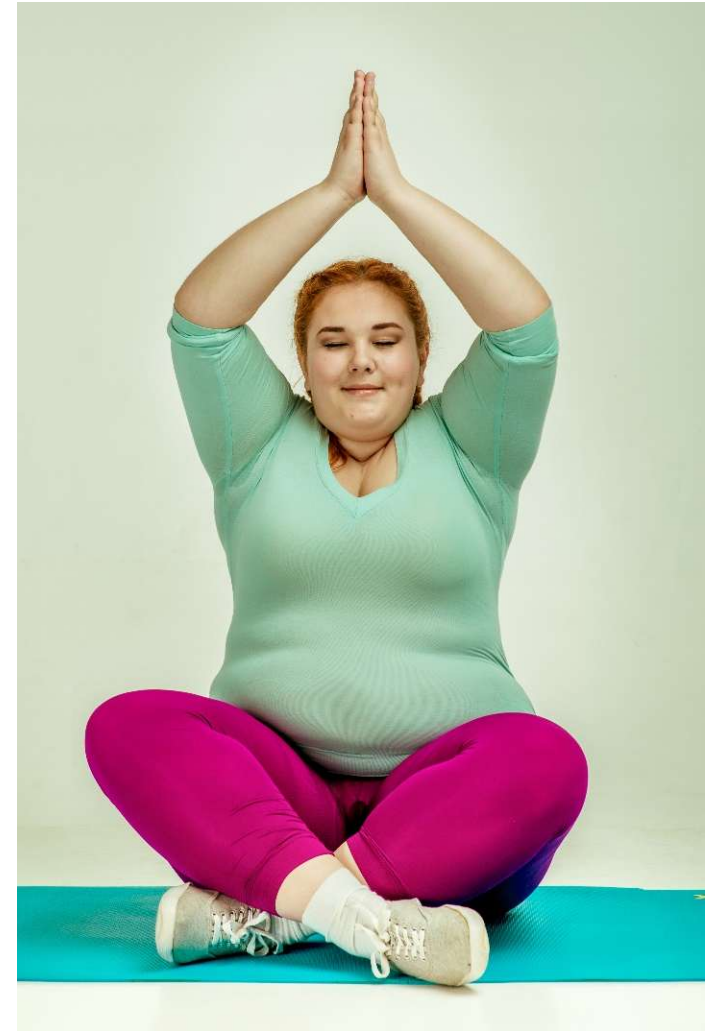
Setting goals using weight neutral approach

- ▶ I will continue to care for my body by doing [x].
- ▶ I will focus on small changes –such as testing my BG – instead of daily wts
- ▶ I will increase my self worth by telling myself “I am worth self-care”



Terminology matters in medical communication about weight

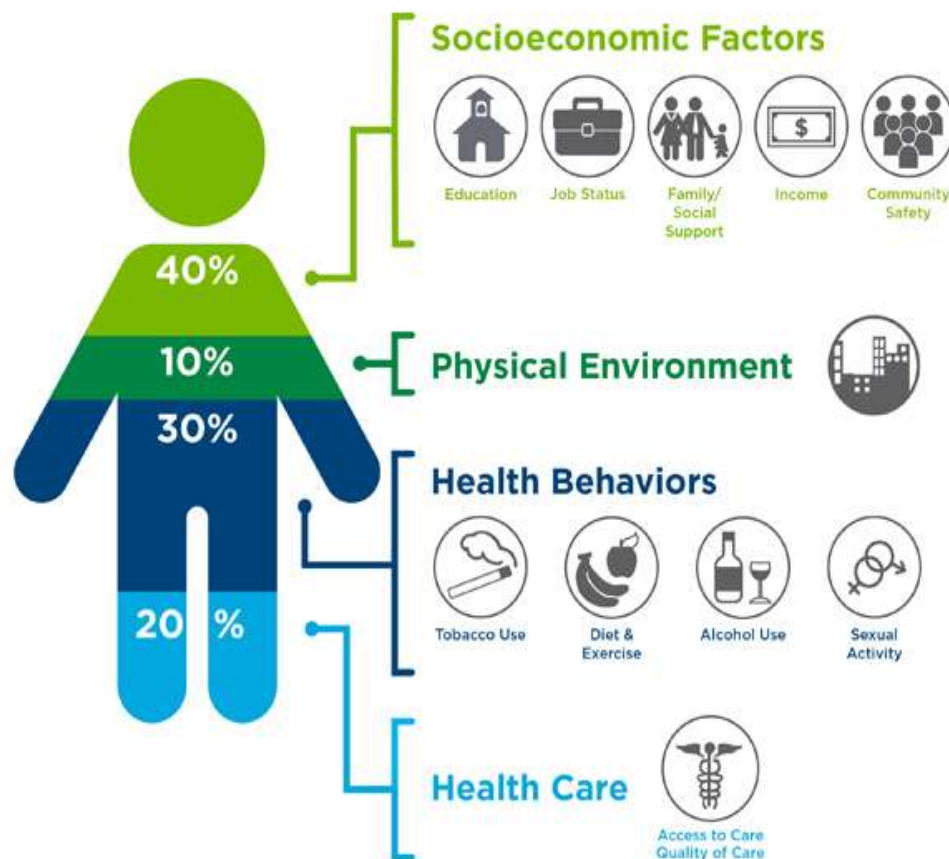
- ▶ For people with BMI >25 + preferred terms include:
 - ▶ Person with elevated BMI
 - ▶ Person living with overweight / obesity
 - ▶ Person experiencing overweight / obesity
 - ▶ Person with excess weight
 - ▶ Person in a larger body



Barriers to Self Management

- Design and deliver DSMES with ultimate goal of **health equity** across all populations.
- **Barriers exist** within health system, payer, health care professional & individual.
- **Address barriers** through innovation, including community health workers, telehealth, other digital health solutions.
- **Consider social determinants of health** in the target population when designing care.

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Commit to Listening at least Half of the Time



Quick question 3

JS is 17 years old and rarely shows up for appointments. A1c is 11.9%. What might you ask JS?

- ▶ A. Are you fighting with your parents?
- ▶ B. I'm curious about your ability to make appointments?
- ▶ C. Do you realize you are at risk for DKA?
- ▶ D. Is there a reason you haven't been coming to your appointments?



Providing Trauma Informed Approach

Person's Action

- ▶ Not keeping appointments
- ▶ Not taking meds as prescribed
- ▶ Not adopting new behaviors

Provider Reaction

- ▶ Refrain from accusatory language or judgement
- ▶ Encourage collaboration
- ▶ Be curious
- ▶ Ask open ended questions
- ▶ Listen & observe



Members of the lesbian, gay, bisexual, transgender and queer (LGBTQ) community have unique health disparities and worse health outcomes than their heterosexual counterparts, which has clinical relevance in the delivery of diabetes care and education.¹ Diabetes care and education specialists are in a pivotal position to help this medically-underserved and vulnerable population get the best possible care.

Definitions²

Gender Identity: One's internal sense of being male or female, neither of these, both, or another – female/woman/girl, male/man/boy, other gender(s) (e.g. 58 gender options for Facebook users).

Gender Expression: The physical expression of one's gender identity through clothing, hairstyle, voice, body shape, etc. - feminine, masculine, other.

Sex Assigned at Birth: The assignment and classification of people as male, female, intersex or another sex based on a combination of anatomy, hormones and chromosomes – female, male, other/intersex.

Sexual Orientation: Sexually attracted to men, women, other gender(s).

Romantic/Emotional Orientation: Romantically attracted to men, women, other gender(s)

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.

Cisgender: A term used to describe people who are not transgender, i.e., who identify with the gender assigned at birth. "Cis-" is a Latin prefix meaning "on the same side as," and is therefore an antonym of "trans-."



Content provided by Theresa Garner, APRN, BC-ADM, MSN, CDE
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The Act of Recognition is Healing



~ Coach Beverly

**When we provide
trauma informed
care, we give voice
to the unheard.**

**There is hope for
healing.**

**We are part of
breaking the cycle.**

B — Belonging: Create Emotional Safety

Core Idea: People learn, heal, and change best when they feel safe—not judged.

How to Foster Belonging

- Use respectful, person-first language
- Normalize struggle and ambivalence
- Validate feelings before offering education
- Maintain warm tone, open posture, and eye contact

Helpful Phrases

- “You’re not alone in this.”
- “Many people experience this—let’s figure it out together.”

-
- “Thank you for being honest with me.”

Remember: Safety → Trust → Engagement → Learning → Change

Coaching Styles Matter

Coaching Styles that Lead to Behavior Change:

- ▶ Encouraging
- ▶ Collaborative
- ▶ Start where they are at
- ▶ Realistic goals
- ▶ Judgement free
- ▶ Discouraging & Judging *not* associated with behavior change



C — Collaboration: Teach *With*, Not *To*

Core Idea: Education is most effective when it is shared, not delivered.

What Collaboration Looks Like

- Ask permission before giving advice
- Invite the person into decision-making
- Focus on realistic, meaningful next steps
- Honor autonomy and lived experience

Helpful Phrases

- “Would it be okay if we explore some options together?”
- “What feels most doable for you right now?”
- “What has worked—even a little—in the past?”

Micro-Action Framework: Listen → Validate → Partner → Support

Create a Judgement Free Zone – Roll out the Carpet of Acceptance

There are no bad or good blood glucose numbers.

There is no such thing as cheating.
You are not failing at your diabetes.
It is not your fault you have diabetes.
Thank you for showing up today.



When Judgment Creeps In (Because It Will)

Notice → Reset → Reconnect

Ask yourself:

- *Am I trying to fix or trying to understand?*
- *Is my tone creating safety or pressure?*
- *What does this person need most right now—information or connection?*

The Heart of Judgment-Free Education

When people feel respected, heard, and safe:

- Shame decreases
- Engagement increases
- Learning deepens
- Healing becomes possible—for both people involved

Connection is not an extra step in education. It is the foundation.

[Healing through Connection for Healthcare Professionals](#)

by Beverly Thomassian

Connection and Growth

- ▶ Let's create a judgement free zone.
- ▶ Perfection is not required.
- ▶ Listen carefully and lean into their self-knowledge.
- ▶ Our words have the power to create and transform.
- ▶ Human connection is healing.



Thank You



- ▶ Questions? We are here to help!
- ▶ Email info@diabetesed.net
- ▶ Call 530/ 893-8635
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**ABC's of Teaching - Cheat Sheet adapted from
*Healing through Connection for Healthcare
Professionals – by Coach Beverly***

<https://diabetesed.net/wp-content/uploads/2026/02/ABCs-of-Teaching-through-Connection-2026.pdf>