

Power of Language in Perpetuating Stigma in the Tuberculosis Community



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Background

Tuberculosis (TB) Disease impacts millions of people globally and remains a threat to public health in the United States. However, with proper treatment, TB threats can be neutralized and those impacted can go on to live healthy productive lives. However, there are obstacles that prevent people from obtaining or seeking treatment. Stigma is an obstacle that is often ignored but can be influential in changing who accesses TB care. The stigmas associated with TB are often related to poverty, immigration status, and HIV status. The two types of stigma, “felt” and “enacted”, can both act as deterrents from seeking care. It is then the job of community health workers to instigate change within the healthcare centers and in turn at the population level.

Project Description

Our team assessed how stigmatizing language can be a barrier to eliminating TB and assessed how community health workers (CHW) might contribute to the problem. With this information, we created an anti-stigma language workshop for CHW to mitigate stigma inside and outside of the workplace.

Activities / Methods

First, we conducted research on the current information related to TB stigma and we researched ways to combat stigma, specifying in interventions for CHW.



Then, we assessed how much stigmatizing language was used by healthcare workers in conversations with other workers and with patients. After we developed trainings to help CHW continue their important work while using destigmatizing language.

Destigmatizing Language Intervention

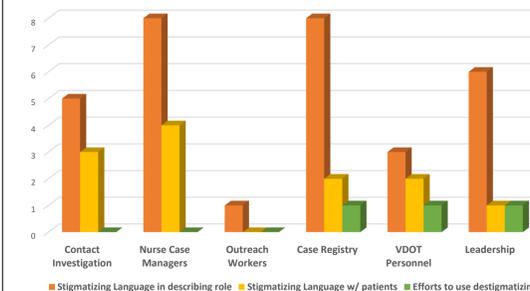
Use this	Person with TB	Person to be evaluated for TB	Contact Analysis
Not this	Case	Suspect	Contact Investigation

A program evaluation was performed while an intern went through regular orientation. As the intern was introduced to departments within the TB division, they kept count of how many times the CHW used stigmatizing language such as “Case”, “Suspect”, “investigate” and “Compliance” when describing their role. The same evaluation was performed while CHW were in front of patients. When all the data was gathered we held a language workshop for the entire TB Program at HCPH. We found that many CHW did not know the language they were using was stigmatizing.

Findings & Recommendations

Our findings suggest that community health workers are perpetuating stigma by using stigmatizing language. CHW used stigmatizing language when describing their role in HCPH. However, stigmatizing language was frequently used in front of patients with TB disease or infection.

Stigmatizing Language Among Healthcare Workers



	Number of Times used Stigmatizing Language in describing their role (Count of words)	Number of Times used Stigmatizing Language to it in front of patients (Count of words)	Number of times efforts to use destigmatizing language was used
Contact Investigation	5	3	0
Nurse Case Managers	8	4	0
Outreach Workers	1	0	0
Case Registry	8	2	1
VDOT Personnel	3	2	1
Leadership	6	1	1

Healthcare workers can lead interventions to ensure that they are not perpetuating stigma. Therapies such a direct observational therapy can be done in locations and at times that respect the patient’s privacy. Additionally, the language healthcare workers use can be changed so that it empowers people with TB.

Practice Experience and Challenges

One of the most inspiring parts of working with the TB Elimination Division was the number of personnel with upwards of 20 years of experience. This was also a challenge because much of the language they used is ingrained in their TB vocabulary for decades. However, each team member was committed to empowering their patients by changing their language.

Competencies Achieved

- Developed Destigmatizing Curriculum for Community Health Workers
- Gained Experience in Community Outreach
- Developed incentive system to engage CHW in peer accountability language monitoring
- Spread awareness of the harms of stigma in combating disease

Acknowledgements

A special thank you to TB Elimination Program of Harris County Public Health, the Stop TB Partnership, Office Science, Surveillance, and Technology, and Harris County Public Health.