Stigma and COVID-19 – An OPH Position Statement

BACKGROUND

The COVID-19 pandemic has caused a rise in stigma and prejudice against those who have the virus. Stigma is defined as a negative stereotype or negative association about people with an illness.[1] Given that COVID-19 has disproportionately affected certain groups, stigma and judgment around those who are ill with COVID-19 has the potential to further exacerbate preexisting societal inequities. Stigma can provoke discriminatory behaviours, and result in people being stereotyped because of a perceived link with the disease. Our actions as public health, which are essential for prevention and mitigation of COVID-19 within our community, also have the potential to increase stigma and worsen pre-existing social inequities.

Stigma can undermine social cohesion and prompt social isolation of groups, which might contribute to a situation where the virus is more likely to spread, and this can result in more difficulties controlling a COVID-19 outbreak.[2] Stigma can drive people to hide symptoms of COVID-19 to avoid discrimination, prevent people from seeking healthcare, have difficulty cooperating with public health recommendations, or discourage them from adopting healthy behaviours. It can also cause individuals who experience stigma to face social avoidance or rejection and experience physical violence.[3] Furthermore, stigma is associated with poorer physical, mental and emotional health.[3]

Groups that might be at risk for experiencing stigma during the COVID-19 pandemic include:

- People who have COVID-19 or who have recovered from COVID-19.
    - There may be a presumption that they did not follow preventative measures like physical distancing, mask wearing or hand washing.
    - People with pre-existing mental health or substance use concerns or who are experiencing other vulnerabilities such as under-housing/homelessness may be especially susceptible to additional stigma brought on by COVID-19.
- Healthcare workers treating COVID-19.
- People perceived to be of Asian descent.

SOLUTIONS

1. **Using first person language:**
   - **a.** Ottawa Public Health should take the lead to use 'people first' language that respects and empowers people when discussing COVID-19 in all communication channels (when talking to clients, partners and stakeholders, in media interviews, on social media). Ensure our internal and external documents and guidelines use first-person language.

Use	Instead of
COVID-19 virus/Virus responsible for COVID-19 Transmit virus Person with mild/severe symptoms Prevents COVID-19 virus spreading	COVID-19 infection Infect/ infecting Became infected Prevents COVID-19 infection
Person/people with COVID-19 Person… • who tested positive for the virus • with mild symptoms caused by COVID-19 • with severe illness caused by COVID-19 • who is being treated for COVID-19 • who has recovered from COVID-19 • who has died after contracting COVID-19	COVID-19 Cases COVID-19 Victims COVID-19-infected people COVID-19 positive people People infected with COVID-19
People who may have COVID-19 People who are presumptive for COVID-19	COVID-19 suspects Suspected cases
People who acquire or contract COVID-19 Superspreading events	People transmitting COVID-19, infecting others or spreading the virus Super-spreaders
Engage a population Priority population/group	Target a population Vulnerable population

Table 1. Examples of first person language in COVID-19[2,5]

2. **Speak positively** and emphasize the effectiveness of prevention and treatment measures. Don't emphasize or dwell on the negative or messages of threat.
3. **Engage social influencers** such as religious leaders, elected officials, local celebrities or community organizers to amplify messages that reduce stigma.
4. **Tell stories** and use images of local people who have had COVID-19 and recovered or who have supported a loved one through recovery. Ensure all ethnic and sociocultural groups are portrayed.
5. **Correct myths, rumors, stereotypes** and challenge those who use language that promotes bias and stigma.
6. Instead of **criminalizing** those who breach public health policies surrounding COVID-19, we should focus on empowering and strengthening communities to support persons to protect their own and one another's health.[4]
7. Avoid use of language that **blames** individuals for infecting others, such as "children can bring virus home and transmit it to their family."
8. "Infection" carries the stigma of being contagious, a threat, or unclean. Decrease fear by using descriptors or descriptive language of what COVID-19 is or how it is spread.[5]
9. Use community-oriented, participatory approaches, instead of paternalistic, top-down approaches.[5]

REFERENCES

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