



Checklist: Inhibiting and Countering Stigmatization

Before

- Remember: products, animals, places, and people can be stigmatized.
- Avoid geographic mentions of past infectious disease outbreaks, instead substitute dates (e.g., Toronto SARS outbreak versus the 2003 SARS outbreak; the Spanish Influenza Pandemic versus the 1918 Influenza Pandemic)
- Avoid constant use of visuals that portray only one ethnic group in briefing and education/outreach materials (Media reports are different and set in time).
- Avoid typefaces and symbols that evoke a specific ethnic group (subconsciously you may think it's relevant when it's not). For example: Avian Influenza H5N1 (this typeface appears Asian-like and is readily available in basic MS Word).
- Ask staff who share the ethnic background of persons experiencing the earliest outbreaks whether the proposed materials are offensive (if no staff share the ethnic background, reach out to trusted partners).
- If a particular parasite, virus, bacteria, or toxin evokes an instant association with a particular ethnic/racial/age/gender group—stigmatization is all ready occurring (e.g., When you read the next words “head lice” stop! Now who/what comes to mind?).
- Teach response officials and communication staff as broadly as possible about the harm that results from stigmatization—people may literally hide their illness to avoid the stigma, which could hamper containment measures.
- Share with media the concern about stigmatization and work together to create visuals that tell the story without targeting one group.
- Address the issue in preplanning community checklists and guides. The more people who are aware that this could occur, the more people who can help guard against it.
- Have a mechanism in place that allows people to seek the help of public health experts in determining real risks versus imaginary or theoretical risks.
- Have a mechanism in place to allow people who are feeling stigmatized to express their concern and ask for help.





During

- All of the above continue to apply.
- Ensure the environmental scanning process being used is able to discern and alert communication staff to stigmatizing visuals, statements, or behaviors.
- Monitor misperceptions in the community regarding real risks versus imagined or theoretical risks in relationship to products, animals, places, and people.
- When stigmatization occurs in the community, counter it immediately with emotional appeals for fairness, justice and sound scientific facts. For example: When nail salon owners who were Vietnamese appealed for help from the health department during the SARS outbreak because women feared they would get SARS at the salons, the health department was able to allay public concern about increased risks and shorten the negative emotional and fiscal impact of the stigmatization).
- Engage respected political and civic leaders in countering stigmatization (e.g., the governor of Hawaii visited Honolulu's Chinatown during the SARS outbreak).

After

- Continue to do all the activities above.
- Ensure that historical accounts of the event do not unfairly show any one ethnic group. The potential is high for historical accounts that cover the early part of the outbreak to unintentionally perpetuate the stigmatization.
- If stigmatization does occur in the community, reach out to the stigmatized community to learn – believe me, they will know – when it started, what led to it, how it manifested, and how they coped or countered it themselves. Learn the lessons and engage them in the future for help.

