



Class 2: Reflections Worksheet

By Hannah Frazee WN4DC Symposium Intern

[Print this document prior to watching to elevate your learning]

1. When looking at the "medical evidence" of diabetes, we notice an emphasis on numbers, something that is objective and necessary for paperwork/notes. However, the Health at Every Size® perspective values all facets of health, not just physical appearance.
 - a. What are some ways you could encourage the client to record other measurements of health as pieces of evidence?
 - b. Some possible client-based questions and measures:
 - Attitude towards diabetes self-care, including medications.
 - Are they experiencing burn-out?
 - How much mental space is diabetes self-care taking?
 - What are some ways they **would like** to change this? How can you unpack their desires to help them feel they are authentic vs. from diet culture?
 - What are the ways **they can** change it? How can you explore their ability to make the desired change(s)?
 - Where are they finding satisfaction in their diabetes care?
 - Specifically, is it from food, activity, sleep, medication, or coping?
 - How much time do they currently spend towards diabetes care?

- Would medications give them more time for other things they value?
2. Who is being left out of the conversation when it comes to diabetes medication management? When might it be inappropriate to put a strong emphasis on numbers such as lab trends, blood glucose logs, etc.?

3. What do you need to explore and learn about the client's access to resources (i.e., glucose monitor/strips, time, energy, etc.) when considering having them collect evidence for medication trials?

4. People in larger bodies face [weight-bias and weight stigma](#) every day. This stigma is increased in the treatment of type 2 diabetes. There are many reasons why this happens, including societal messages and weight stigma from healthcare providers. Weight stigma contributes to an increase and allostatic load and has been shown to be an independent risk factor for various physical health conditions, including diabetes.¹

- a. It is difficult, but necessary, to engage in self-reflection and consider how you may have unintentionally contributed to weight stigma.
- b. To help, here are a few examples to get you started thinking . . .

¹ Harrison, C. (2019). *Anti-Diet*, p. 137. Little, Brown Spark: New York, NY

- Congratulating a client on losing weight.
- Not having accessible seating. ([A list of accessible chairs for all size bodies](#))
- Encouraging intentional weight loss.
- Not having blood pressure cuffs appropriate for all size bodies.
 - Perpetuating the idea that weight-loss is *the* key to improving diabetes outcomes.
 - Assuming that a patient in a larger body is less likely to be compliant with diabetes self-care.
 - Internally conflating the words "uncontrolled diabetes" with a body size.
 - Withholding medications because you think the client should attempt to lose weight first.