



## Class 4: Reflections Worksheet

Hannah Frazee WN4DC Symposium Intern

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

1. In what ways has weight bias created clinical inertia in your own work, or with other providers with whom you work? Here are a few to help get you thinking:
  - a. Encouraging intentional weight loss/weight-loss diets (versus the ADCES Self-care Seven Behaviors) for clients before offering medications
  - b. Withholding insulin because of the potential for weight gain
  - c. Not escalating care because of a patient's body size
  - d. Not asking a client about the possibility of a restrictive eating disorder because of a patient's body size
  
2. As Fat Activist, Ragen Chastain, asks, "Do thin people get this health issue? What do you recommend for them? Let's try that."<sup>1</sup>
  - a. When a client in a thin body presents with type 2 diabetes, what do you recommend for them? How has your assessment of their diabetes changed? (Think back to Course 1, *The Progression of Diabetes*).

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<sup>1</sup> An additional resource is Ragan's blog post about equality vs. equity, "[Getting the Healthcare that Thin People Get – and More.](#)"

- b. Recognizing that insulin resistance is a major factor in type 2 diabetes, are your assumptions about exercise, diet, and coping different? In what ways might your attitudes/treatment plan vary for clients in larger bodies?
3. In what ways does your current approach to medication management with clients align with your values?

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4. In what ways would you like to change your approach with medication management to be more aligned with your values?

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