Enhancing Diabetes Care Conversations with a Size-Inclusive Approach

May 20, 2025 - Virtual Event



MASSACHUSETTS Diabetes Network

Today's Agenda

12pm:

- Welcome
- Announcements
- Joining the Network

12:10-1:10 pm:

- Presentations

1:10 -1:30 pm:

- Q&A
- CEUs
- Upcoming Events

ADCES Massachusetts Coordinating Body

MASSACHUSETTS Diabetes Network

New Monthly Technical Assistance Drop-In Calls

- Open to all MA Diabetes Network members!
- Join us monthly the first Tuesday of every month at 10am, starting June 3rd.
- Bring questions, problems, resources, or advice.
- We will solicit topic ideas 2 weeks before the meeting, and send out an agenda, but staying true to the drop-in format, we will also leave open space on the agenda for ideas you bring day of.
- Zoom Link: https://www.zoomgov.com/meeting/register/GsihxfnVTFqrRdeGQ1jdKg

MASSACHUSETTS Diabetes Network

Massachusetts Health Promotion Clearinghouse

https://massclearinghouse.ehs.state.ma.us/







MASSACHUSETTS Diabetes Network

Join the Network!

Network Benefits

- Expand your professional network with diabetes professionals and organizations
- Receive and contribute to Network newsletters
- Earn CEUs for quarterly meeting presentations

Get Involved

- Join committees of interest
- Participate in collaborative meetings
- Connect with your peers



MASSACHUSETTS Diabetes Network

Contact Us

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MASSACHUSETTS Diabetes Network

Enhancing Diabetes Care Conversations with a Size-Inclusive Approach

Today's Speakers:

- **Annie Schwartz, RD**
  - Size Inclusivity Consultant
- **Rebecca Toutant, RD**
  - Diabetes Care Specialist



MASSACHUSETTS Diabetes Network

ADCES Massachusetts Coordinating Body

MASSACHUSETTS STATEWIDE
Diabetes Network

Enhancing Diabetes Care

Conversations with a Size-Inclusive Approach

Annie Schwartz MS RDN LDN
Rebecca Toutant, MA, RD, CSSD, LDN, CEDS, CDCES, cPT

Annie Schwartz (she/her/hers)



Registered Dietitian, Nutrition Therapist and Size Inclusivity Consultant
Size Inclusive Care Coordinator, CHP Berkshires

Owner, Annie Schwartz Nutrition
Annie Schwartz Nutrition provides inclusive nutrition counseling and consulting, supporting individuals in developing compassionate, sustainable relationships with food and body and partnering with organizations to raise awareness, shift culture, and embed size-inclusive practices into their policies, provider training, and/or DEIB efforts to create systemic change that improves outcomes and experiences for people of all sizes.
www.annieschwartznutrition.com

Rebecca Toutant (she/her/hers)



MA, RD, CSSD, LDN, CEDS, CDCES, cPT
Registered Dietitian, Certified Specialist Sports Dietetics, Certified Eating Disorder Specialist, Certified Diabetes Care & Education Specialist, Personal Trainer

Owner, Nourishing Bits and Bites, LLC
Nourishing Bits and Bites, LLC is dedicated to helping people develop the knowledge, skills, and confidence to eat and move in a way that aligns with their physical and mental health.
www.nourishingbitsandbites.com

Learning Objectives

Identify common challenges and unintended consequences of weight-centric approaches in diabetes care.

Describe the size-inclusive approach to care conversations and how they support patient engagement and health outcomes.

Explore strategies for discussing nutrition, movement, medication, and behavioral health in a way that fosters autonomy and trust.

Recognize the impact of stigma and bias in clinical interactions and develop approaches to minimize harm.

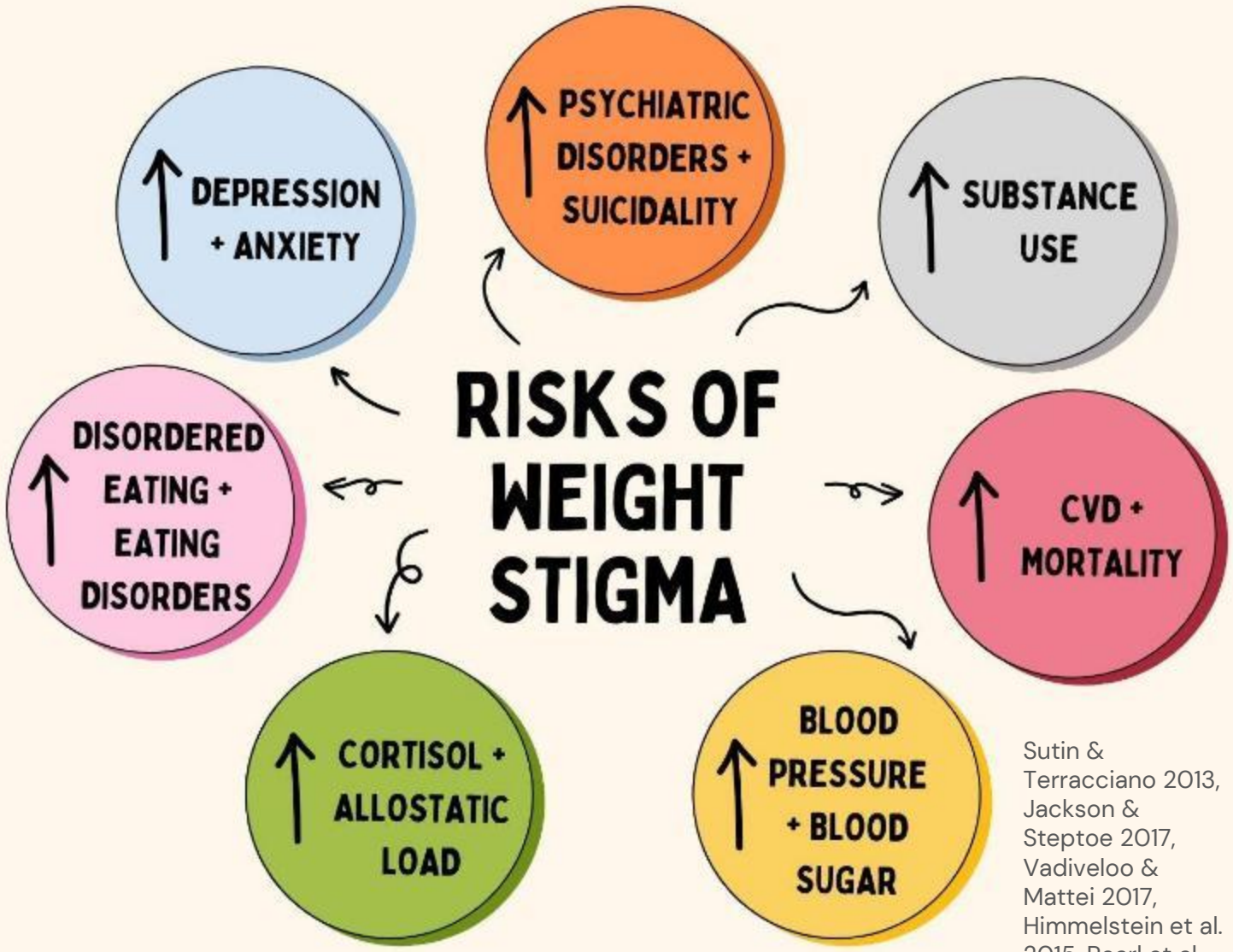
Last Year We Established:

Weight stigma significantly harms individuals psychological, emotional and physical health. These harmful effects can persist regardless of body size.

The effect is at a magnitude that poses a *greater risk to health than poor dietary patterns* and *equal to the risk of physical inactivity*.

Weight stigma is a *significant* barrier to care and leads to *significant* delays in care

A focus on weight in healthcare perpetuates weight stigma and its harms and erodes the patient-provider relationship



Sutin & Terracciano 2013, Jackson & Steptoe 2017, Vadiveloo & Mattei 2017, Himmelstein et al. 2015, Pearl et al., 2015, Puhl 2010, Amy et al 2006

We Also Established:

Health behaviors improve health and outcomes regardless of weight status.:

- Increases in physical activity and/or cardiorespiratory fitness are associated with *greater reductions in mortality risk* than is intentional weight loss (Gaesser & Angadi, 2021)
- Physical activity improves cardiometabolic risk factors (blood pressure, glycemic control) *independent* of weight
- And weight neutral nutritional guidance like intuitive eating is associated with *improvements in total cholesterol, increased fruit and vegetable intake and physical activity, improved waist-to-hip ratio, self-esteem, and quality of life*. (Mensinger et al, 2016).

What is Size Inclusive Care?

Size inclusive care is a healthcare approach that **recognizes** and **respects** the diversity of body sizes.

It prioritizes **equitable**, **compassionate**, and **evidence-based care**, promoting well-being for all individuals *regardless of their body weight or size*.

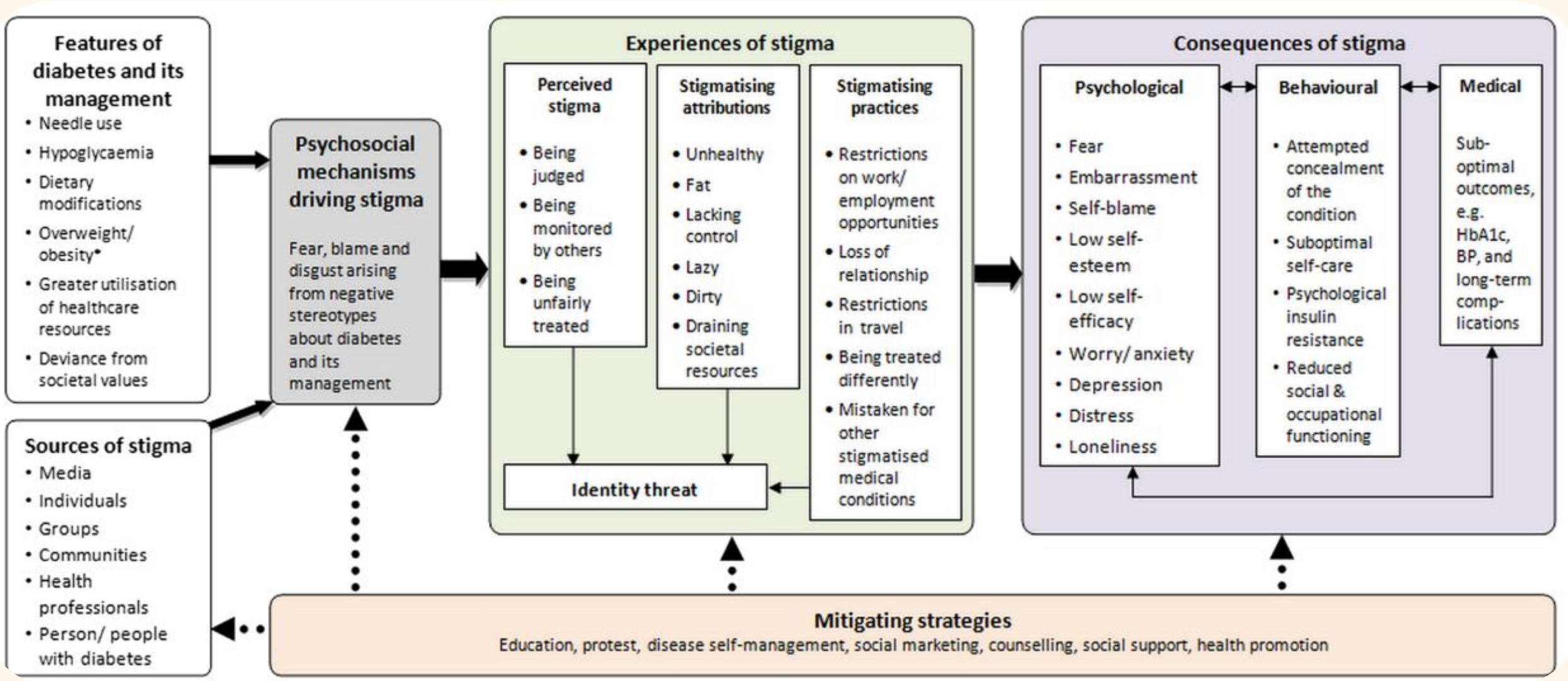
This approach *de-emphasizes weight,* aiming to **reduce and combat weight stigma in healthcare**, while creating an inclusive and supportive healthcare environment

Size inclusive care embraces a *holistic* approach that considers various aspects of well-being, including mental and emotional health, social factors, and overall quality of life.

Misconceptions vs Realities of Size Inclusive Care

About eating ‘whatever you want’	About ensuring folks meet nutrient needs, without using weight as measure of effectiveness
About discounting health behaviors	Moving away from weight as a measure of effectiveness
Apathetic or enabling	Is about helping clients pursue health behaviors in line with trauma, culture, and values

Impact of Stigma in Diabetes Care



Browne, et al 2013

Weight Stigma in Type 1 Diabetes

Primed from the start when gain weight after diagnosis and treatment

Clients may choose “appearance” over “health”

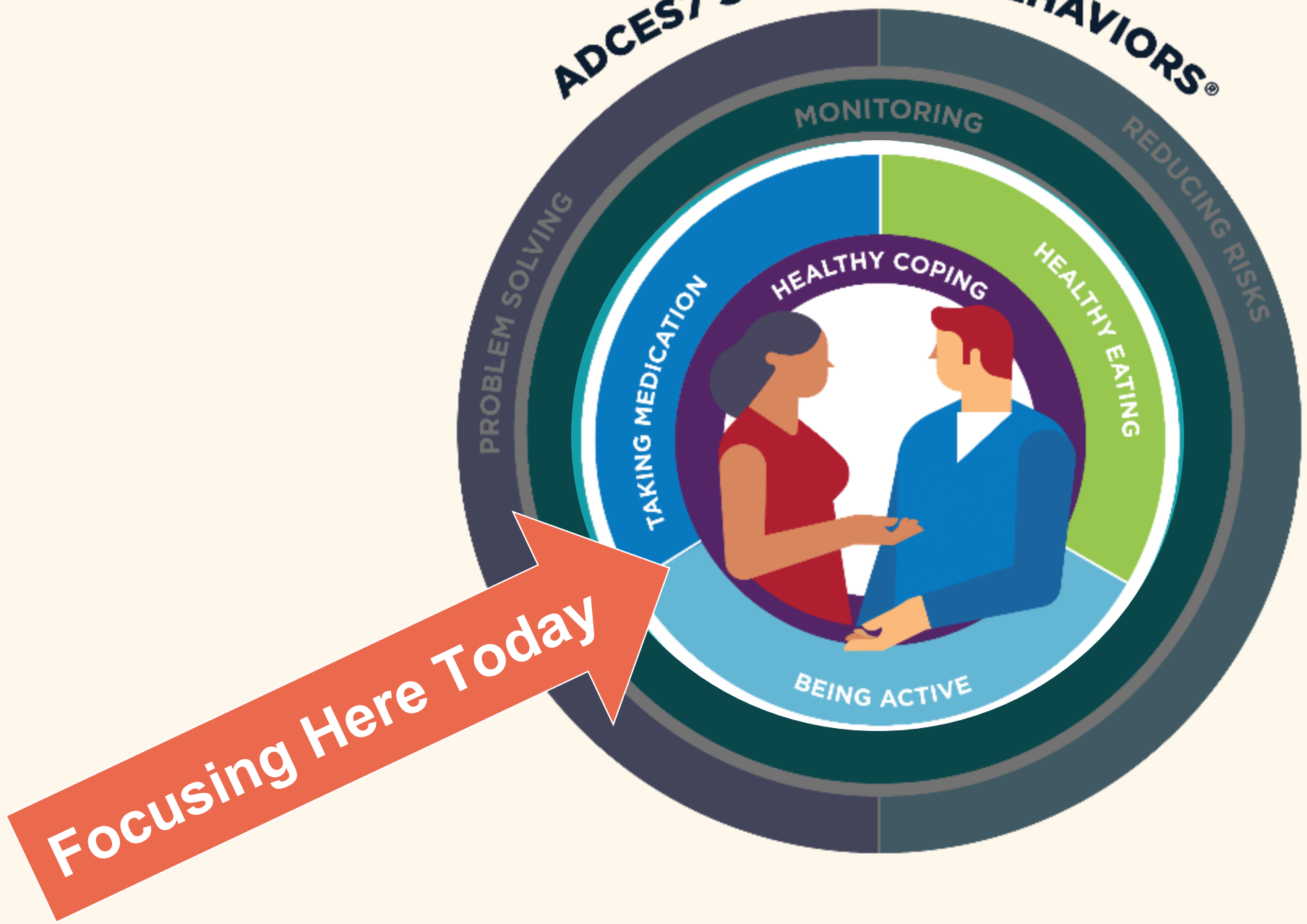
Tendency for clients to clarify what “type” of diabetes they have to preserve social equity

Providers often position the “danger” of over correcting lows around weight gain

Often strong push to minimize carbs, insulin use, and “fun foods” to prevent weight gain

Weight Centric Expectations in Diabetes Care

Clients are terrified of diabetes	Feel an urge to quickly “fix” the situation by choosing extreme, unsustainable behaviors.
Clients want reassurance their changes are “working”	Fixate on the scale as a measure of progress / distance from the fear. Unable to cope when not sustained.
Clients feel deep shame and fear	Desire to prove worthiness. Struggles create isolation / avoidance (in clinic and with support systems).
Extreme / overly simplified / “top down” recommendations	Sense of failure and avoidance


ADCES7 SELF-CARE BEHAVIORS®
MONITORING
REDUCING RISKS
PROBLEM SOLVING
TAKING MEDICATION
HEALTHY COPING
HEALTHY EATING
BEING ACTIVE
Focusing Here Today

Initial / Early Meeting Patient Opportunities

- Acknowledge the complex etiology of type 2 - dislodge some shame
- Assessing for rigidity vs avoidance - are they in a place where they can be curious?
- Get a sense of their threat state - e.g. is it a good time to start CGM?
- Where they are in relationship to their diagnosis?

‘Healthy Eating’ Principle

What the principle says:

Recommends:

- ‘Track their food’
- Read nutrition labels
- Follow an eating pattern like this chart
- Work with CDCES/RDN

MAKING HEALTHY CHOICES: GETTING STARTED			
EAT THESE FOODS MORE OFTEN		LIMIT THESE FOODS	
NONSTARCHY VEGETABLES	leafy greens, green beans, cucumbers, carrots, cauliflower, brussel sprouts and more.	ADDED SUGAR	candy, calorie containing drinks, baked goods and desserts.
LEAN PROTEIN	fish (salmon, tuna, cod, catfish, sardines, trout and others), chicken, turkey, eggs, nuts and soy foods	HIGH FAT MEATS	beef, skin from poultry, ribs, bacon, sausage, deli and processed meats like salami, bologna and hot dogs.
HEALTHY FATS	plant-based oils like vegetable, olive or canola.	FOODS HIGH IN SATURATED FAT	butter, lard, tropical oils (coconut, palm) ice cream and desserts.
FRUIT	small piece like apple, orange, peach or pear. small cup of berries.	SALTY SNACKS	potato chips, french fries, pickles, canned soups and table salt.

Shifting Interpretations Around Nutrition

Weight Centric	Size Inclusive
Track food to “control” food intake	Track food with curiosity to understand patterns and opportunities
Read labels to minimize calories and/or decide if can or cannot have food	Read labels to understand what food does and does not promize
Lower calorie options are always “better”	Understand the value of nutrients in body functions
There are “good” and “bad” foods	All foods have their place and valuable to create space for influences
Certain bodies can have treats / pleasure in food	Glucose management and the balance of joy is accessible for all

With Patients

Size Inclusive ‘Healthy Eating’ Strategies For Diabetes

Opportunities:

- Focus on nutrients to “add” to balance glucose rather than always “take away”
- Explore willingness (and fears) to have different experiences
- Encourage consistent frequency to support appetite hormone regulation
- Balance biological and experiential aspects



For Providers

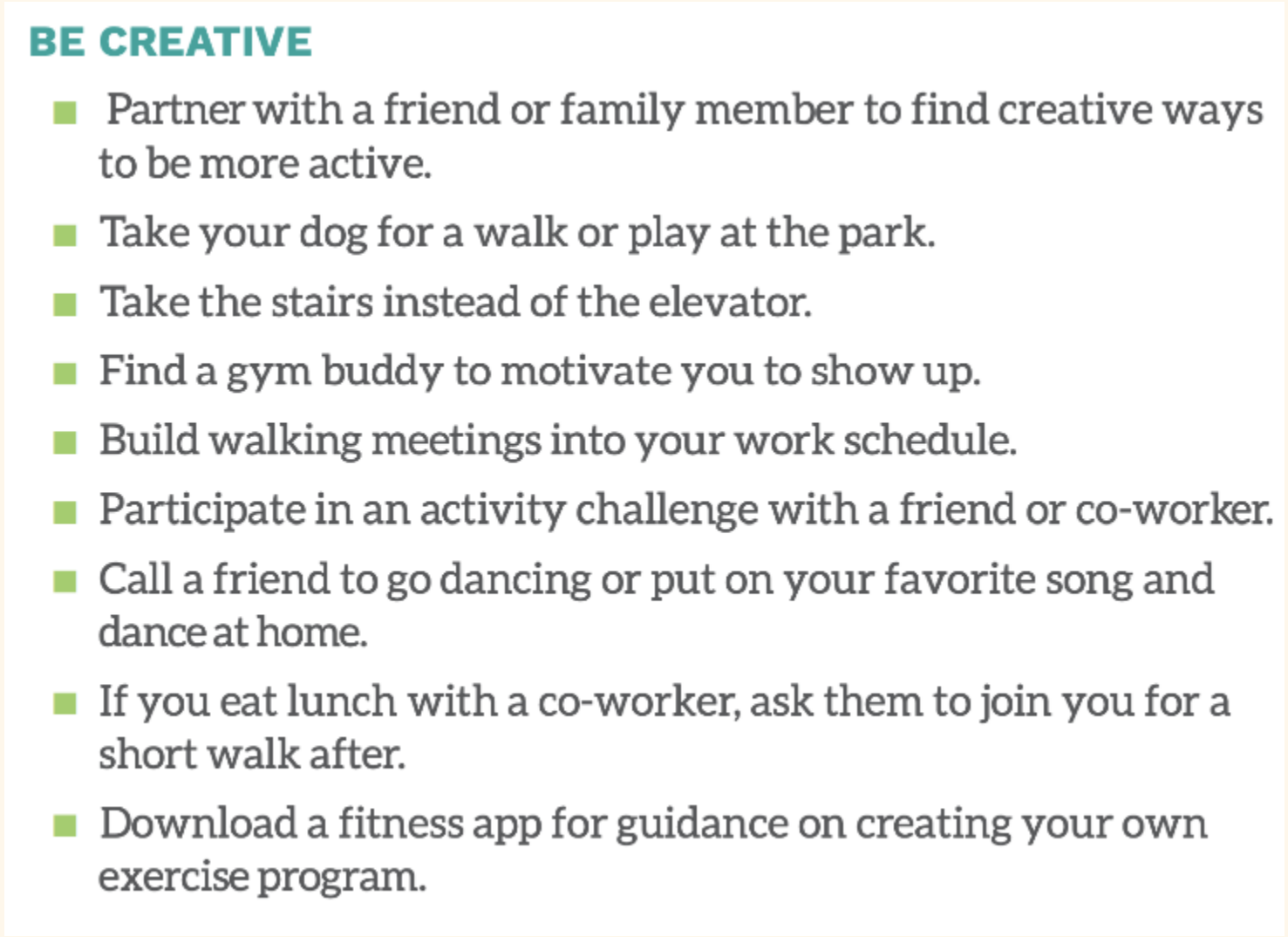
Size Inclusive ‘Healthy Eating’ Strategies For Diabetes

- Avoid making assumptions as much as possible
  - *e.g. if a client is in a bigger body it must be because they are eating too much or ‘wrong’ and we need to help them eat less or better*
- Keep asking questions!
  - *E.g. Eating is a 5 part process (decide what to eat, get the food, prepare the food, eat the food, recover) - ask questions about each one to understand what is “sticky” and how to support. Not everyone needs to make home-cooked meals all the time*
- Avoid blind/generic recommendations, *e.g. try to avoid all white foods*
- **Always be screening for relationship to food and body (aka, eating disorders)**

‘Being Active’ Principle

What the principle says:

- Safety first
- Fit activity *into* your daily life
- Start with small steps
- Be creative



BE CREATIVE

- Partner with a friend or family member to find creative ways to be more active.
- Take your dog for a walk or play at the park.
- Take the stairs instead of the elevator.
- Find a gym buddy to motivate you to show up.
- Build walking meetings into your work schedule.
- Participate in an activity challenge with a friend or co-worker.
- Call a friend to go dancing or put on your favorite song and dance at home.
- If you eat lunch with a co-worker, ask them to join you for a short walk after.
- Download a fitness app for guidance on creating your own exercise program.

Shifting Movement Interpretations

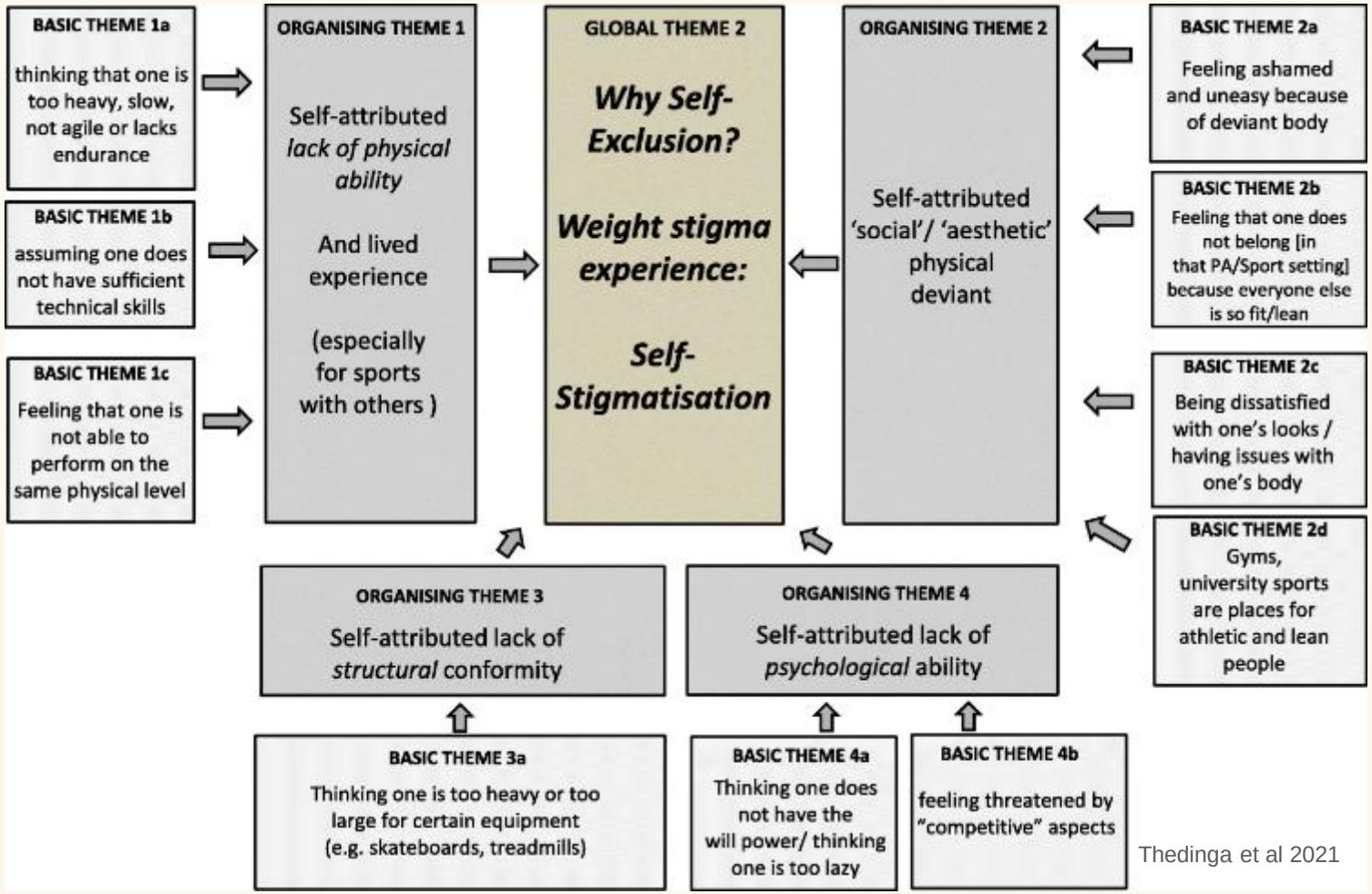
Weight Centric	Size Inclusive
Move to expend calories	Move to support adaptation
Move with the lead energy possible	Eat to support adaptation
Certain movement is better than others	All forms of movement directly and indirectly support physical and mental health
It's only "worth it" if you hit the right distance / duration / RPE	Our bodies adapt to the stressors we experience
It's only "working" if you lose weight	Adaptation is internal and can be assessed with biometrics, mood, and mental health
Do the most you can as consistently as you can to control size	Build a foundation and modulate effort to continue adaptation

Barriers To Movement

Does not tackle:

- Barriers like stigma
- Cultural differences
- Root causes of pain
- Ability





Thedinga et al 2021

With Patients

Size Inclusive ‘Being Active’ Strategies For Diabetes

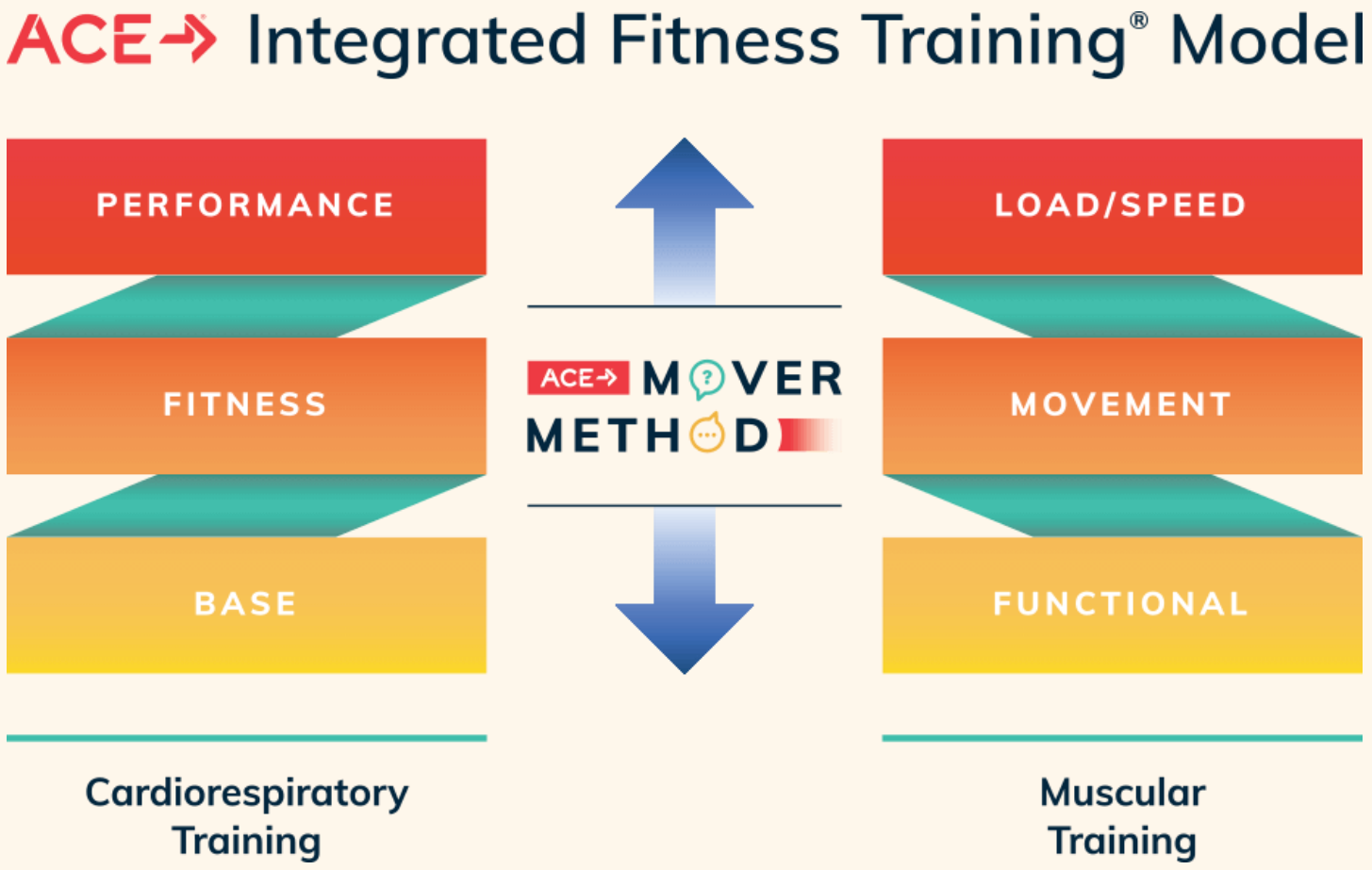
Opportunities:

Get curious about desires, history and relationship to movement/exercise

Get a sense of patient’s fears

Adaptation of equipment/clothing and movement programs

Addressing concerns or anxieties around sweating/chafing



For Providers

Size Inclusive ‘Healthy Eating’ Strategies For Diabetes

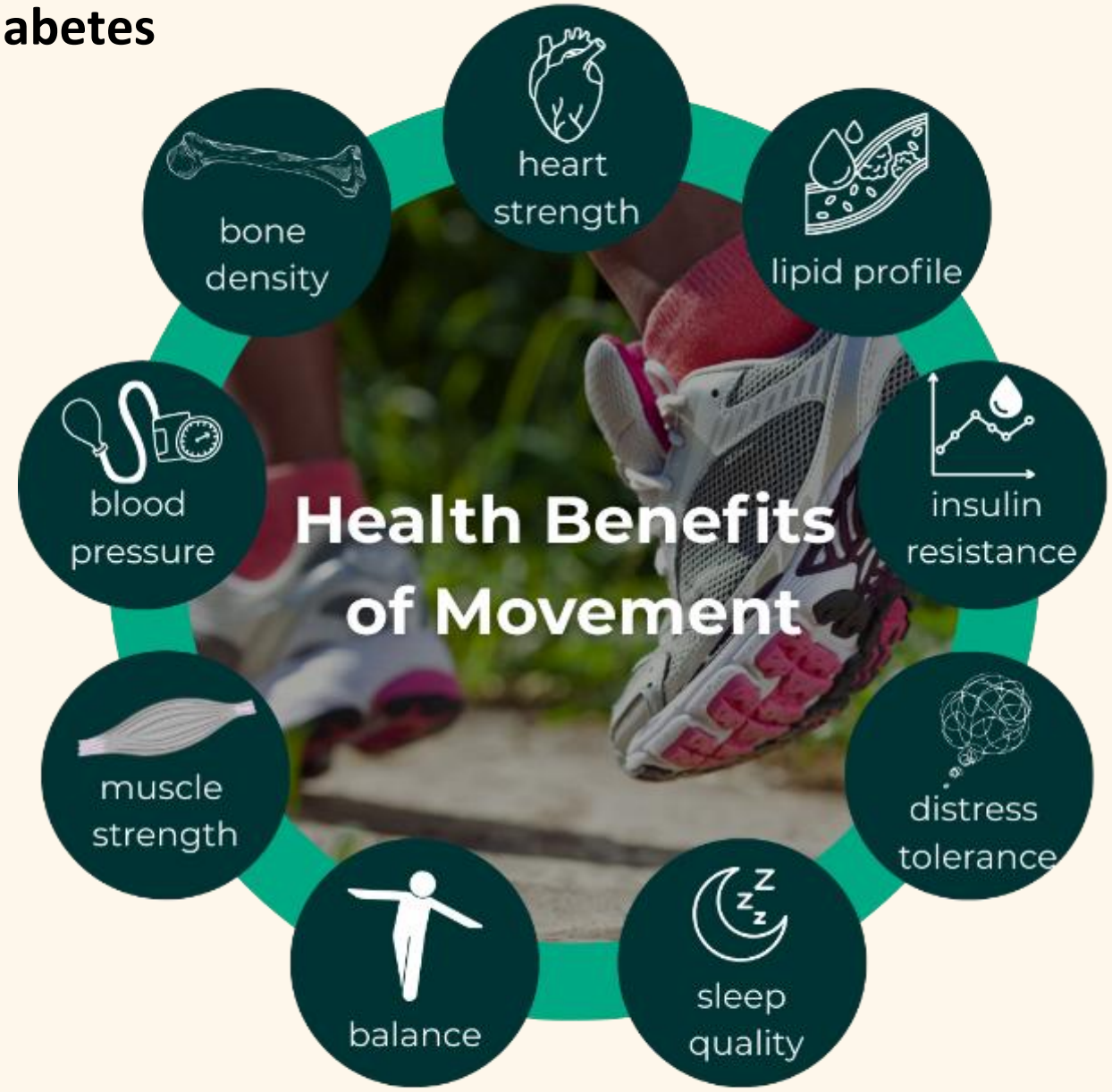
Help clients remember personal benefits of movement

Avoid “all or nothing” thinking

Focus of values and quality of life + integration of culture

Help clients assess where they are or connect with professionals who can support them in that pursuit

Movement pyramid – e.g. standing for x period of time & build from there. Emphasize the value and need for foundation to build from.



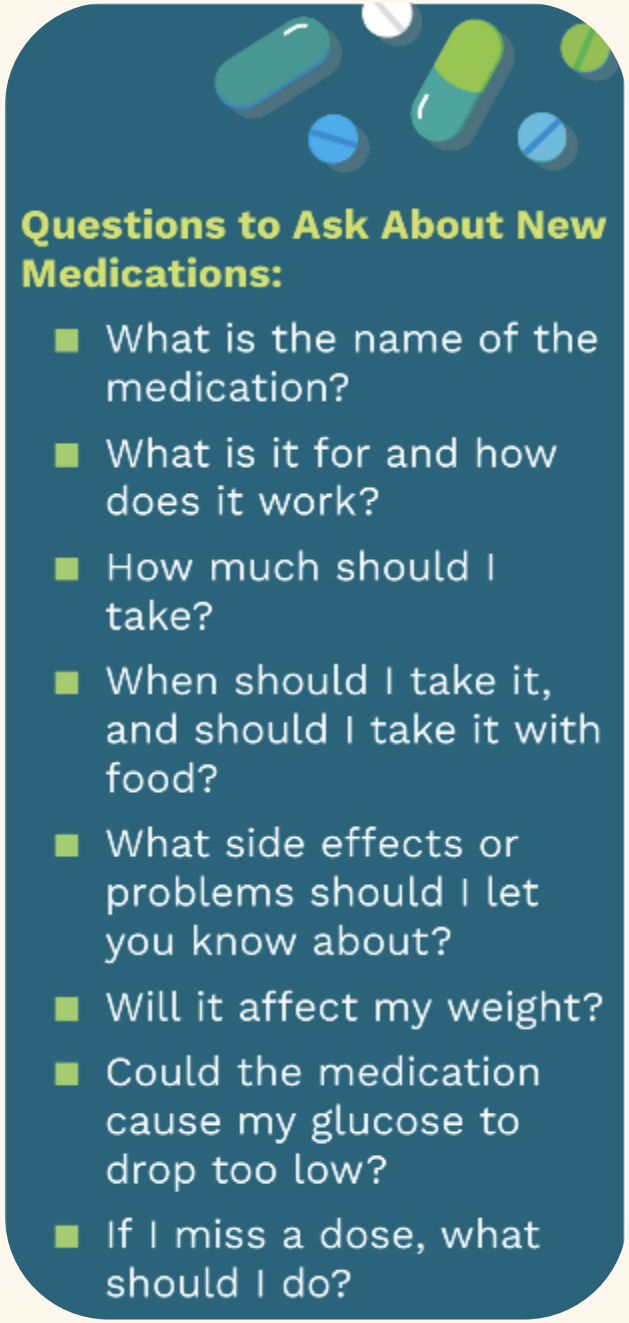
‘Medication’ Principle

ADCES recommends:

Understand your medication plan

Talk to your provider about

- Side effects
- Stopping medications
- Their impact on quality of life



Shifting Medication Interpretations

Weight Centric	Size Inclusive
Choose medications that avoid weight gain and/or maximize weight loss	Choose medications that best support glycemic control with the client's capacity / lifestyle
Certain medications are better for certain bodies	Choose medications that best support biological function and client's capacity
Must "exhaust" all lifestyle attempts	Understand client's values, fears, and trauma around management

With Patients

Size Inclusive ‘Nutrition’ Strategies For Diabetes

Opportunities:

Exploration about beliefs, thoughts and feelings about taking medication and different medications

Know that care expectations can vary by culture

Informed consent for all medications, especially GLP-1s



Size Inclusive GLP-1 Considerations

Appetite / eating is the “problem” to be solved	Ensure folks meet nutrient needs, consistently, without using weight as measure of effectiveness
Weight loss is measure of effectiveness	Emphasize non-weight based variables (glucose, relationship to food)
Dosing for max weight loss	Dose for tolerance, quality of life, and health outcomes

For Providers

Size Inclusive ‘Medication’ Strategies For Diabetes

Be aware of potential internal weight bias influencing medication recommendations

Honor patient’s desires and explore roots of their desires when able

AND notice internal bias when discussing different options with them

‘Healthy Coping’ Principle

It’s recommending “reasonable” practices to cope

- E.g. Trade drugs for journals
- E.g. Trade binge eating for a diet

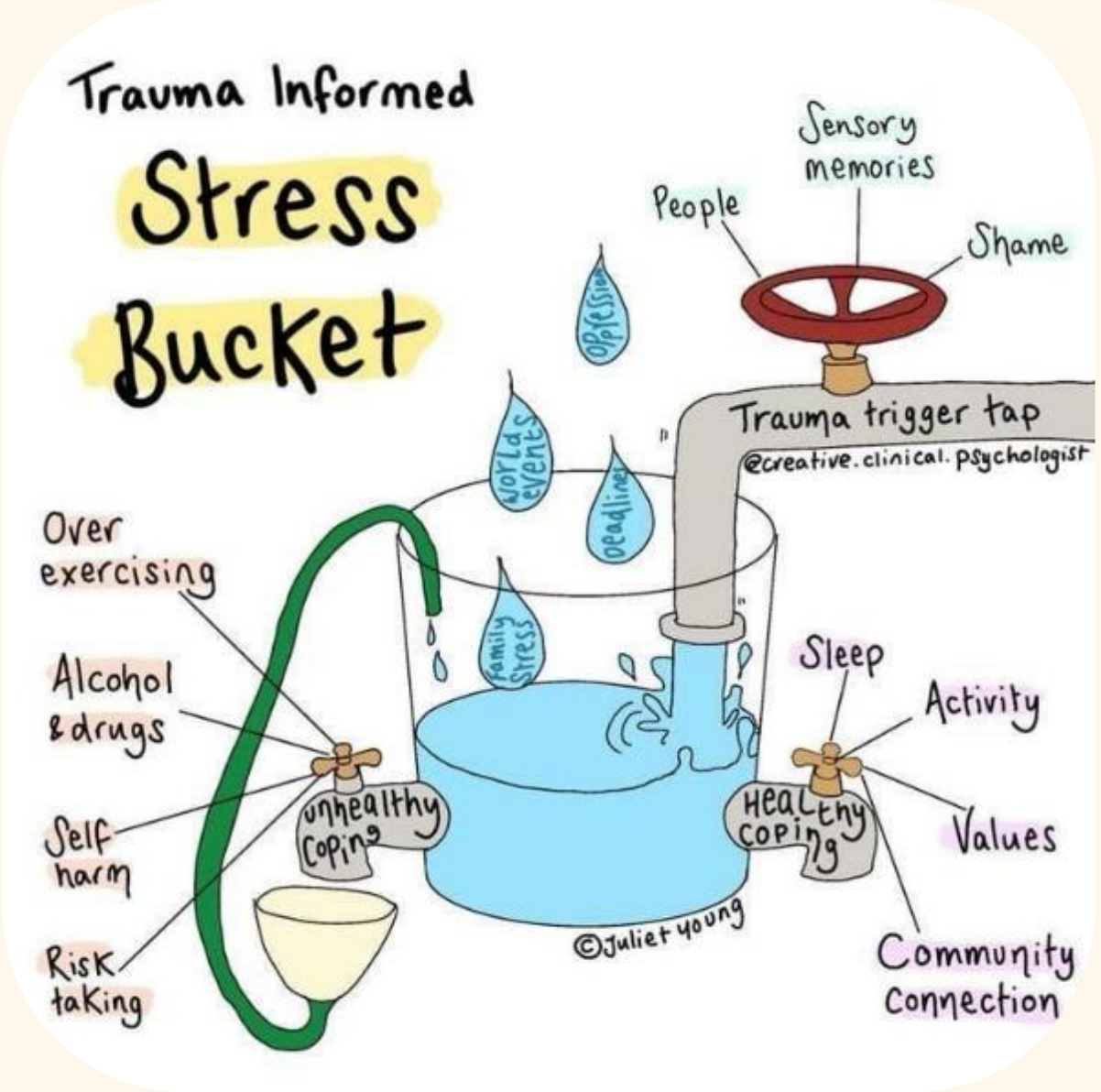
UNHEALTHY COPING	HEALTHY COPING
Smoking	Participating in faith-based activities
Overeating	Being physically active
Not finding time for activity	Meditating
Avoiding people and social situations	Finding a hobby
Drinking alcohol	Joining a support group
Taking drugs	Writing in a journal

Shifting Coping Interpretations

Weight Centric	Size Inclusive
Mindfulness only “works” if eating less	Pay attention to the present moment without judgement
Emotional eating is always “wrong”	Food plays a role in creating, managing, and avoiding emotions but isn’t our only tool
Change your body to “fix” body image distress	Shame around the body is a reflection of the unattainable ideals and hierarchy of our culture that isn’t “eliminated” by changing the body

‘Healthy Coping’ - Limitations

- Does not consider nuance of why people engage in avoidance in the first place
- Does not consider capacity and readiness to change (values, culture)
- Does not help folks understand how to move from one point to another

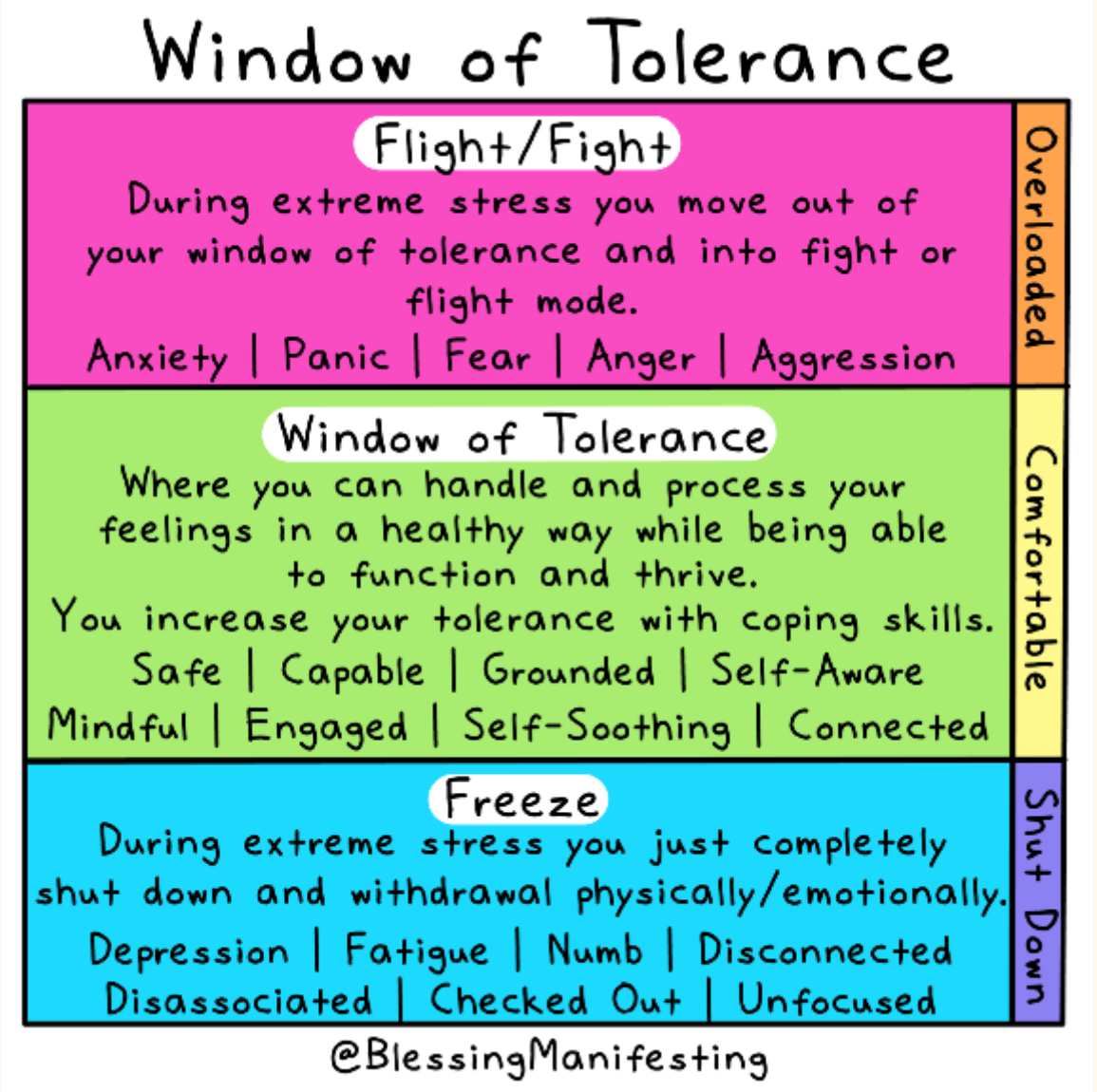


With Patients

Size Inclusive ‘Healthy Coping’ Strategies For Diabetes

Opportunities:

- Understand the role a behavior someone has in their life
- Control vs coping
- Expand window of tolerance
- Explore nervous system regulation
- Use resources like MBSR/MBCT-R, peer support, mental health
- Don’t assume behaviors –screen for disordered eating and eating disorders



Challenges To This Work

Clinical severity vs length of time to build skills

Client / cultural expectations

Care team agreement

Trauma and social safety

Accessibility of services

Provider time / energy / skill

Cannot impose size inclusive values on others, but rather offer as an opportunity for care and engagement



Resources

Erin Phillips excellent for intersection of Eating Disorders and Diabetes

Rebecca - @nourishingbitsandbites on Instagram and Facebook

Lauren Newman - great resource for groups/community

Gregory Dodell, MD 'Everything Endocrine' weight neutral Endocrinologist

Megrette Fletcher - Inclusive Diabetes Care + Books on Diabetes

Prevention and Recovery from Eating Disorders in Type 1 Diabetes: Injecting Hope by Dr. Ann Goebel-Fabbri

Intuitive Eating for Diabetes: The No Shame, No Blame, Non-Diet Approach to Managing Your Blood by Janice Dada MPH RDN

Medical Students for Size Inclusivity GLP-1 Informed Consent Document

Association for Weight and Size Inclusive Medicine (AWSIM) - offer tons of size inclusive programming for provider education

HAES Health Sheets - weight inclusive health sheets on various conditions typically blamed on health

Health at Every Size® (HAES®) Principles and Framework of Care - created by the Association for Size Diversity and Health (ASDAH)

Questions?



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Rebecca’s Email: rebecca@nourishingbitsandbites.com

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CEUs

- Those who attend the full session are eligible for continuing education units (CEUs)
- CEUs will be granted for RNs, RDs and CHWs
- Participants must fill out the evaluation to be eligible for CEUs by
- CE Evaluation link: https://www.surveymonkey.com/r/Diab052025EVL
- Instructions on accessing the certificate will be emailed to participants.



MASSACHUSETTS Diabetes Network

Upcoming Events

Next Massachusetts Diabetes Network meeting: September 16th

- Topic: Medication Management
- More details to come!

MASSACHUSETTS Diabetes Network

Thank You

Jennifer Brais, Diabetes Director, MA DPH

Michael See, MA Diabetes Network Co-Chair



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