

# The State of Obesity Care

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The Range of Patient Experiences in the Current Landscape of Existing Care Models



*Photograph © Obesity Action Coalition / OAC Image Gallery*

# Meet Tanya

- Age 45
- Works full time as a medical assistant
- Lives with
  - Class II obesity,
  - Prediabetes
  - Knee osteoarthritis.
- Years of experience with diets and exercise programs
- No apparent lasting benefits



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# The Fragmented Path

Tanya's annual primary care visit begins with a BMI notation and a brief suggestion to "lose some weight."

No structured follow-up is offered. Feeling dismissed, Tanya searches online and joins a commercial telehealth program offering rapid weight-loss medications.

She receives a prescription after a short questionnaire, but no lab tests or comorbidity assessment. After several months, she experiences elevated heart rate and stops taking the medication.



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# Fragmentation continues

A year later, her A1c rises to 6.4%. Her primary care clinician refers her to an endocrinologist, but there's a three-month wait.

When she finally gets an appointment, the endocrinologist prescribes a different anti-obesity medication, unaware of her prior telehealth experience.

Tanya is encouraged to consider bariatric surgery but receives little guidance on insurance or preparation.



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# Fragmentation continues

Feeling frustrated, she joins a local fitness challenge sponsored by a community center.

The program focuses on calorie restriction and public weigh-ins, leaving her feeling stigmatized. She quits after six weeks.



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# Fragmentation continues

Two years later, Tanya's weight and metabolic health have worsened, despite multiple isolated efforts.

She feels she has "failed" at dealing with obesity, when in fact, the system failed her.



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# An Integrated Path

At her next primary care appointment, Tanya's provider uses people-first language and explains that obesity is a chronic, multifactorial disease.

She's referred to an obesity care team within the same health system, which includes a behavioral therapist, dietitian, and endocrinologist.



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# Following a Better Path

Her care team collaborates through a shared electronic record. After a comprehensive evaluation, they co-develop a treatment plan combining behavioral therapy, pharmacotherapy, and gradual physical activity tailored to her joint pain.

When Tanya's work schedule changes, her behavioral sessions transition to telehealth, maintaining continuity. Data from her telemedicine check-ins sync to her EHR. Her primary care provider reviews progress and coordinates with her employer's insurance navigator to secure medication coverage.



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# Following a Better Path

She also joins a community-based program – a peer-led health initiative that partners with the local hospital. The group reinforces lifestyle habits, provides social support, and links back to her clinical team for ongoing monitoring.



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# Following a Better Path

Eighteen months later, Tanya has improved her metabolic health, lost 14% of her body weight, and reports less pain and more confidence. She feels respected, supported, and in control of her care.



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# Comparison: Lessons Across the Continuum

Dimension	Fragmented Path	Integrated Path
Entry Point	Episodic, dismissive visit focused on BMI.	Chronic disease orientation putting the person first.
Coordination	No linkage between primary, specialty, telehealth, or community care.	Shared-care network with unified EHR and team-based accountability.
Evidence Base	Non-evidence-based commercial and community programs.	Care aligned with AACE/AHA/ACC/TOS guidelines and OAC principles.

# Comparison: Lessons Across the Continuum

Dimension	Fragmented Path	Integrated Path
Patient Experience	Stigma, confusion, and “care fatigue.”	Partnership, respect, empowerment, sustained engagement.
Outcome	Worsening health and mistrust	Improved metabolic health, functionality, and self-efficacy.

# In Summary

## Some Things Are Changing Greatly

- Lived experience more visible
- More options for obesity care
- Shifting dietary behaviors
- Food market dynamics
- Pressure on health systems
- Fading explicit bias
- Growing understanding of obesity



*Farm Woman, painting by Pablo Picasso / WikiArt*

# Some Sticking Points Remain

- Persistent implicit bias
- Inequitable access to care
- Low utilization of surgery
- Inadequate systems for delivering obesity care at scale
- Room to grow for comprehensive, chronic obesity care



*Farm Woman, painting by Pablo Picasso / WikiArt*

# Building Scale for Comprehensive Obesity Care Will Define the Future



*Farm Woman, painting by Pablo Picasso / WikiArt*

- Integration into primary care
- Telehealth models
- Comprehensive centers with integrated behavioral, medical, and surgical care providers