

XXVIII IFSO World Congress

9-12 September 2025 | Santiago, Chile



IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

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Challenging Weight Stigma: Uncovering Needs and Opportunities in Bariatric Care and Beyond

IFSO World Congress
September 11, 2015
Santiago, Chile



Our Goals



Goal # 1

Discuss strategies to raise awareness among surgical communities about weight bias and stigma and its effects on patient experiences and health outcomes.



Goal # 2

Identify strategies to forge collaborations to incrementally maximize IFSO's reach and efficacy in bringing about meaningful change, while reducing duplication of effort



Goal # 3

Spark action among the IFSO global membership for innovations in education, communication, clinical practice, policy, and advocacy to reduce weight stigma.

Our Team



Violeta Moizé Arcone (Chair)

University of Barcelona, Spain



Maria Jose J. Leiva (Moderator)

Novamed, Chile



Ricardo V. Cohen

IFSO, Brazil



Ximena Ramos Salas

University of Lund, Sweden
Bias 180, Canada



Brad Hussey

Bias 180, Canada

Agenda

- ◆ Embedding Anti-Stigma Practices in Bariatric Care: A Clinical Imperative (Ricardo V. Cohen)
- ◆ Weight bias and stigma: Implications for obesity care, patient experience and outcomes, and healthcare policies (Ximena Ramos Salas)
- ◆ Strategies to address weight stigma: Advocacy, communications, education (Brad Hussey)
- ◆ IFSO member survey results and patient engagement activities (Violeta Moizé Arcone)
- ◆ Facilitated discussion: Bridging the Gaps: Advancing Equity by Addressing Weight Stigma in Bariatric Care and Beyond (Ximena Ramos Salas and Violeta Moizé Arcone)

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Ricardo V. Cohen

Embedding Anti-Stigma
Practices in Bariatric Care: A
Clinical Imperative



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Ximena Ramos Salas

Weight bias and stigma: Implications for obesity care, patient experience and outcomes, and healthcare policies



bias¹⁸⁰

Strategic approaches to
overcoming bias, stigma &
discrimination
in chronic disease



Structure & Funding

- Bias 180 is a **global non-profit organization** registered in Canada (Ontario) and governed through a board of directors composed of leaders in global health and social sciences, with unique expertise in bias, stigma and discrimination.
- Operations and strategic initiatives are **funded through unrestricted education and research grants** from foundations, government, and private organizations.

Rationale

- Non-communicable diseases (NCDs) are the **leading cause of death** worldwide
- Globally **one in three adults** suffer from multiple chronic conditions
- People living with chronic illnesses report a variety of forms of experienced stigma in their daily lives, including **within healthcare settings**
- People living with chronic illnesses may internalize, experience, and anticipate **stigma / social devaluation or discrediting** due to their illness
- Many people are exposed to **multiple stigmas**, preventing them from attaining the resources they need to achieve optimal health such as education, employment, housing, and health services

Bias 180 Milestones

July
2023

Incorporated as a non-profit organization in Ontario, Canada; Board of Directors established
<https://bias-180.com/>

Nov
2023

Policy workshops in Chile and Catalonia Spain (obesity and multimorbidity)

2024

International Weight Bias Summit in collaboration with the Concordia University; IFSO Weight Stigma Task Force; Chronic Disease Law, Ethics and Policy (LEAP) Network in collaboration with the University of Leeds

2025

Weight Stigma Workshops: European Congress on Obesity, International Congress of Behavioural Medicine, and IFSO World Congress; Knowledge Translation partner WIISE study (Canada, UK, Germany)



**Weight bias and stigma:
Implications for obesity care,
patient experience and
outcomes, and healthcare
policies**

Ximena Ramos Salas, PhD
Replica Communications
Bias180, Canada
Lund University, Sweden

bias¹⁸⁰

Disclosures

- Chair, Bias180 - a non-profit organisation with a mandate to address bias, stigma, and discrimination in chronic disease.
- Research grants from Canadian Institutes of Health Research and Social Sciences and Humanities Research Council.
- Consulting fees with World Health Organisation, Research Consultant with the European Association for the Study of Obesity (EASO), European Coalition for People Living with Obesity, Asociación Chilena de Nutrición Clínica, Obesidad y Metabolismo (ACHINUMET), Consorci de Salut I Social de Catalunya, Sociedad Mexicana de Nutrición y Endocrinología (SMNE), The Obesity Society, and the Obesity Medicine Association.

Weight Bias, Stigma & Discrimination



Weight Bias

Negative attitudes and beliefs about a person because of their weight

- 1) Implicit: unconscious
- 2) Explicit: overt
- 3) Internalized: self-devaluation



Weight Stigma

The manifestation of weight bias through harmful social stereotypes about weight and stigmatizing practices and behaviours towards people with a higher weight



Weight Discrimination

The unfair/unjust treatment of others because of their weight

THE WORLD IS GETTING FATTER



HOW DO I KNOW WHETHER I AM OVERWEIGHT?

Calculate your body mass index (BMI) using this formula

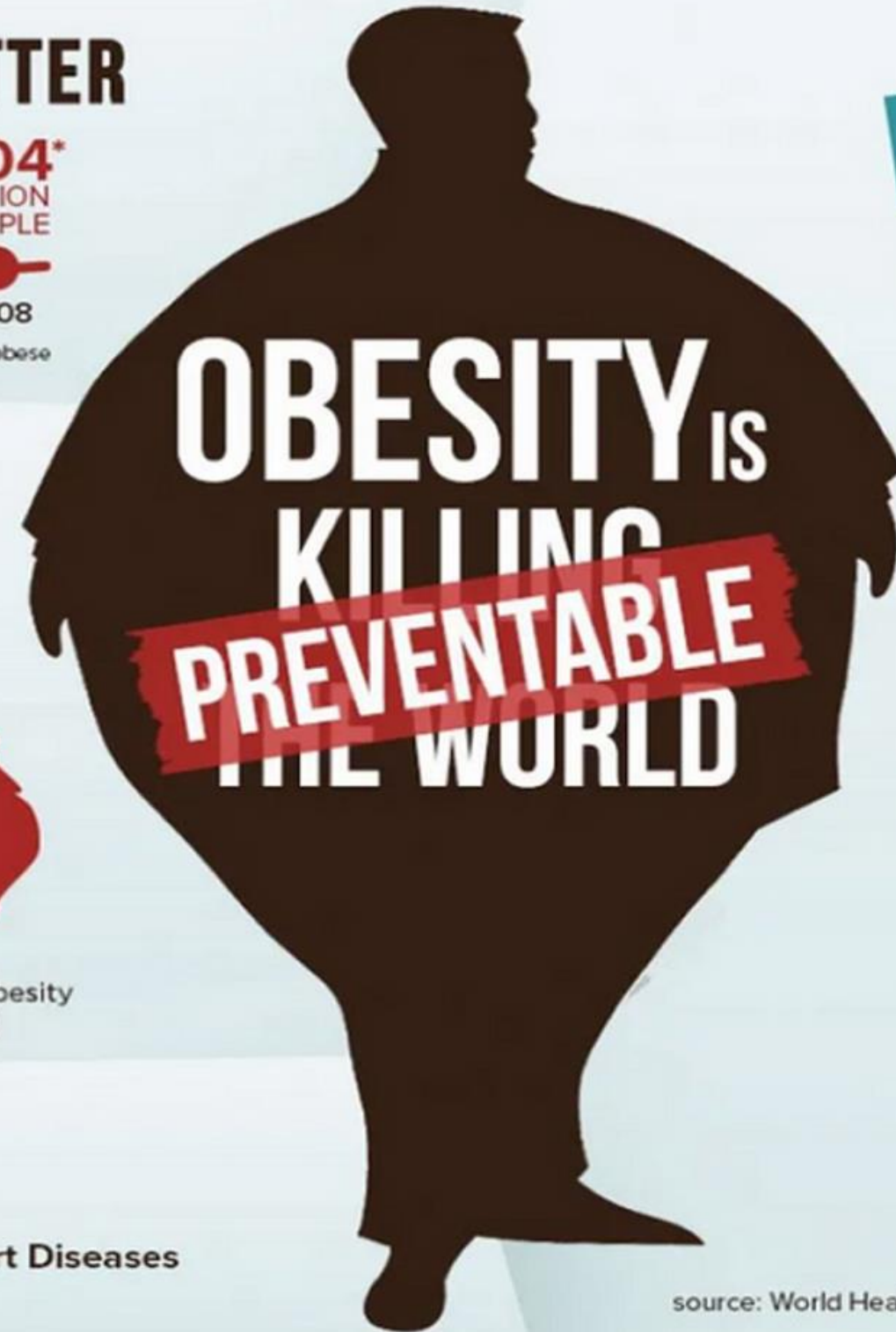
$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height}^2 \text{ (m}^2\text{)}}$$



OBESITY KILLS!

7 common diseases due to obesity:

- Arthritis
- Cancer
- Infertility
- Heart Diseases
- Back Pain
- Diabetes
- Stroke



ABC TO OBESITY PREVENTION

SIMPLE RULES TO STAY IN SHAPE

A dopt New Healthy Habits



B alance Your Calorie Intake



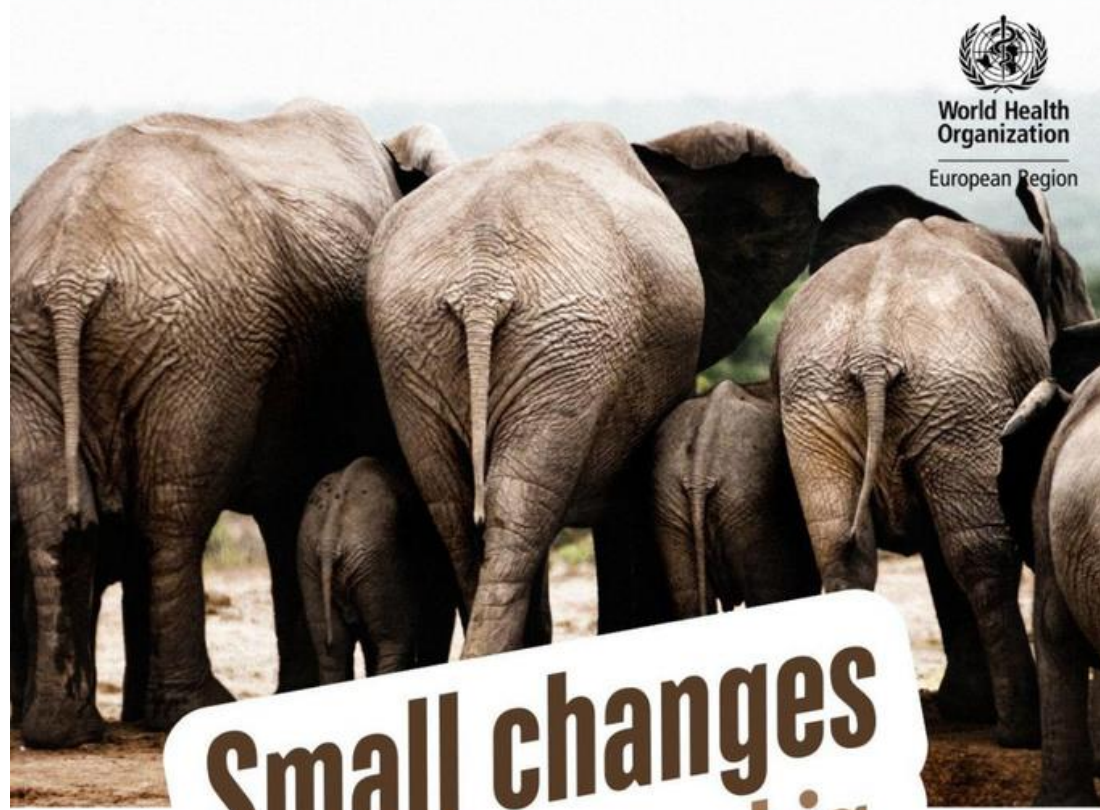
C ontrol Your Weight Gain







whoeurope



World Health
Organization
European Region

**Small changes
can make a big
difference**

Obesity, smoking, and consuming
alcohol can increase the risk of
colorectal cancer.



WARNING

**CHUBBY KIDS
MAY NOT
OUTLIVE THEIR
PARENTS**

stopchildhoodobesity.com



WARNING

**BIG BONES
DIDN'T MAKE ME
THIS WAY.
BIG MEALS DID.**

stopchildhoodobesity.com



WARNING

**FAT KIDS
BECOME FAT
ADULTS.**

stopchildhoodobesity.com

Source: <http://strong4life.com/>



#TOOMUCHJUNK



WE'RE
AT RISK

DOUBLE ISSUE

JUNE 23, 2009



How Obama Is
Fighting Internet
Innuendo



Inside China's
Gold Medal
Machine

TIME

SPECIAL
HEALTH ISSUE

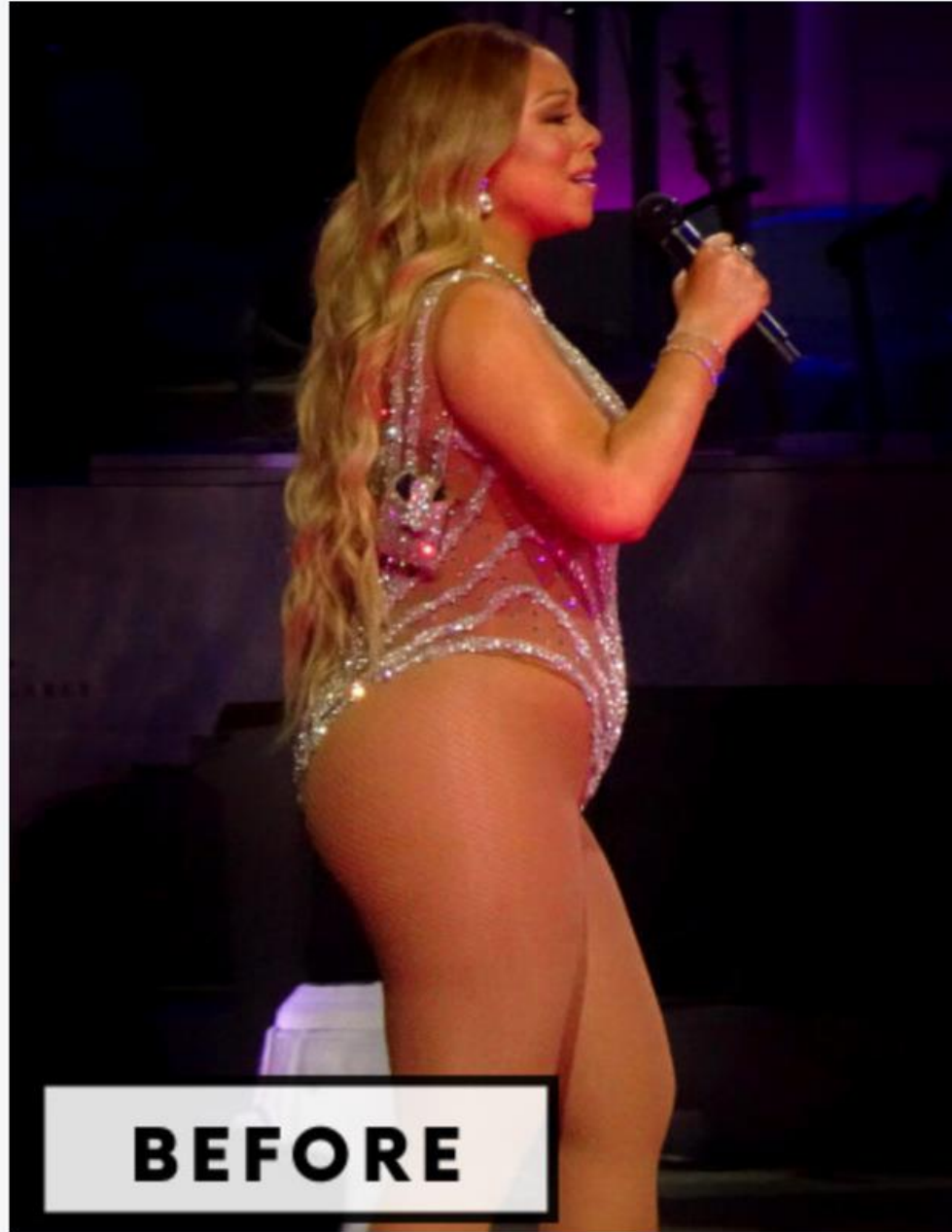
Our Super- Sized Kids

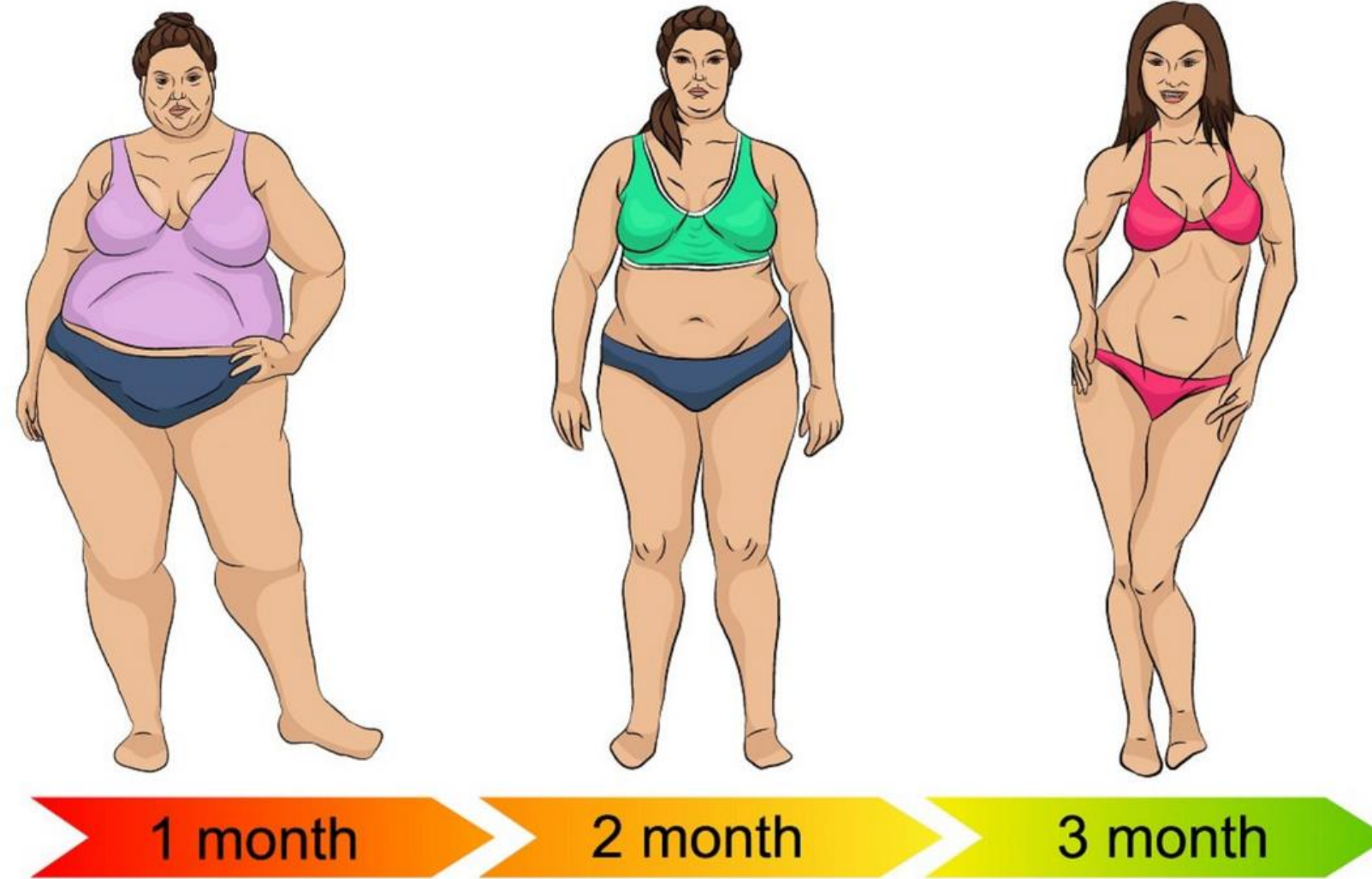
It's not just genetics
and diet. An in-depth
look at how our lifestyle
is creating a juvenile
obesity epidemic—
and the scoop on
how to cure it



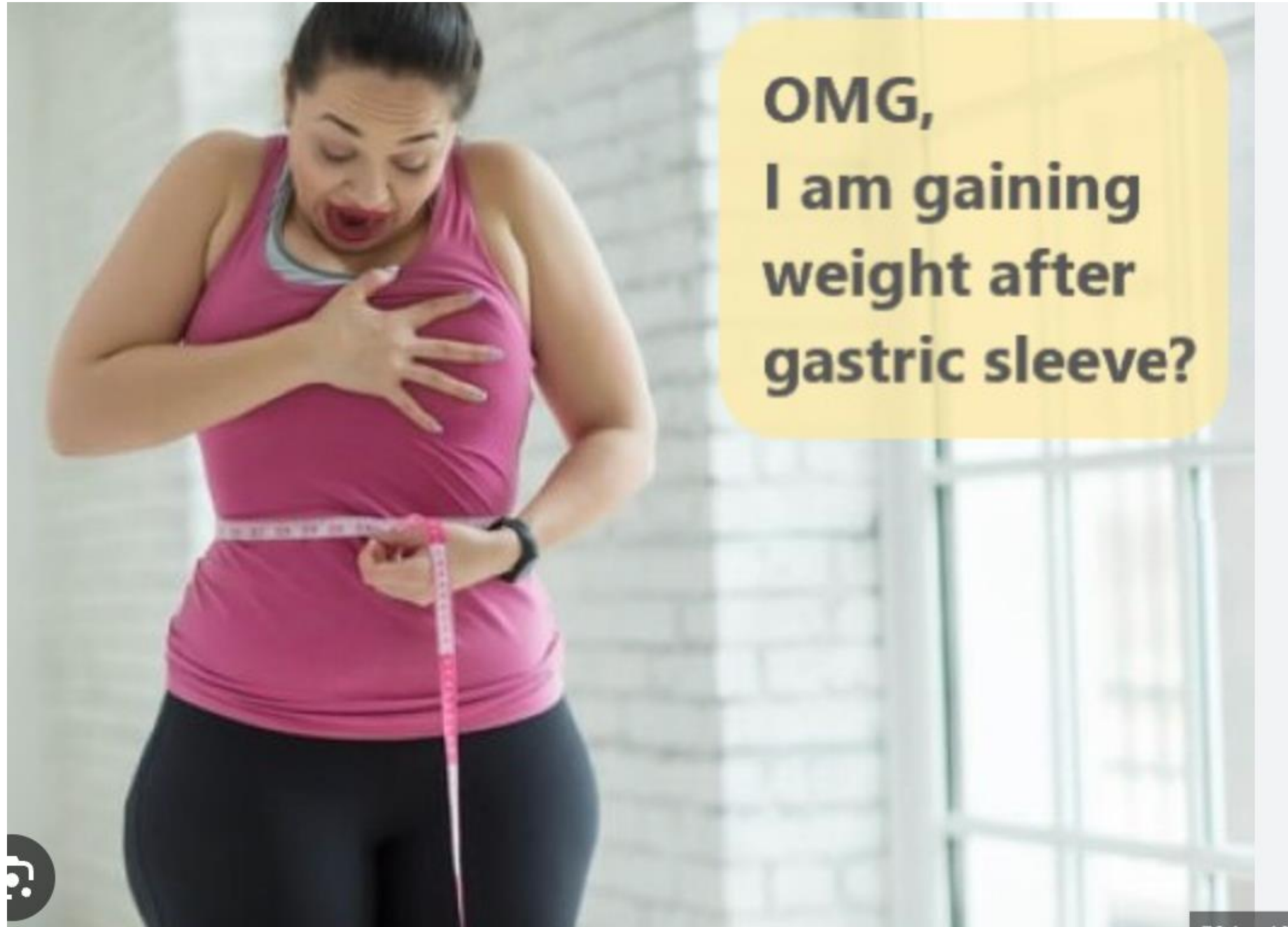
www.time.com

21 Celebrity Weight Loss Surgery Stories





Weight loss surgery is a big decision for several reasons. First, it requires a serious lifestyle change. Second, it can be difficult to recover from. Third, it's not cheap.



**OMG,
I am gaining
weight after
gastric sleeve?**



Prevalence of Weight Stigma Across the Lifespan

27%

Children

report weight-related teasing in school (1)

71%

Adolescents

report being bullied about their weight in the past year, and more than one-third indicated that the bullying had persisted for >5 years (2)

66%

Adults

in weight management program report experiencing weight stigma from doctors across Australia, Canada, France, Germany, UK and USA (3)

20-50%

Adults

across the weight spectrum have weight bias internalization (WBI) (4)

1.Andreyeva T, Puhl RM, Brownell KD. Obesity. 2008 May;16(5):1129-34.

2.Puhl RM, Peterson JL, Luedicke J. Pediatrics. 2013 Jan;131(1):e1-9.

3.Puhl RM, Lessard LM, Himmelstein MS, Foster GD (2021) PLoS ONE 16(6): e0251566.

4. Romano KA, Heron KE, Sandoval CM, Howard LM, MacIntyre RI, Mason TB. A meta-analysis of associations between weight bias internalization and conceptually-related correlates: A step towards improving construct validity. *Clin Psychol Rev.* 2022;92:102127. doi:10.1016/j.cpr.2022.102127

Weight Bias In Healthcare



41 studies 1989-2020

- Medical doctors
- Nurses
- Dietitians
- Psychologists
- Physiotherapists
- Physician assistants
- Physical therapists
- Occupational therapists
- Speech pathologists
- Podiatrists
- Exercise physiologists



Bias

- Hold moderate and statistically significant implicit and explicit weight-biased attitudes toward people with overweight or obesity.



Impact

- Patients feel HCPs are not attentive to their health concerns or spend sufficient time listening to them during consultation
- Patients perceive patronizing and disrespectful language
- Provision of care
- Less use of healthcare services
- Treatment avoidance

“There’s such a stigma there that is reinforced. But when I enter the health system, the first place I expect to talk candidly about my issue, I hear the blame. ‘Well, you know, if you eat right and exercise, you’ll lose weight. It’s as simple as that. It’s a simple thing.’ That’s what I get—It’s so simple”.

Rand, K, Vallis M, Aston M, Price S, Piccini-Vallis H, Rehman L, Kirk SFL, “It is Not the Diet; it is the Mental Part We Need Help with.” A Multilevel Study on Obesity and Psychological, Emotional, and Social Well-being, *International Journal of Qualitative Studies on Health and Wellbeing*, 12(1):1306421

“...weight bias negatively affects patients’ engagement in primary health care through their perceived barriers to health care utilization, expectations of differential health care treatment, low trust and poor communication, avoidance or delay of health services, and ‘doctor shopping’.”

Alberga AS, Edache IY, Forhan M, Russell-Mayhew S. (2019) Weight bias and health care utilization: a scoping review. *Primary Health Care Research & Development* 20(e116): 1–14

**Internalized
weight bias**

01

I hate myself for my weight.

02

I feel anxious about my weight because of what people might think of me.

03

Whenever I think a lot about my weight, I feel depressed

04

I feel that I am less valuable because of my weight.

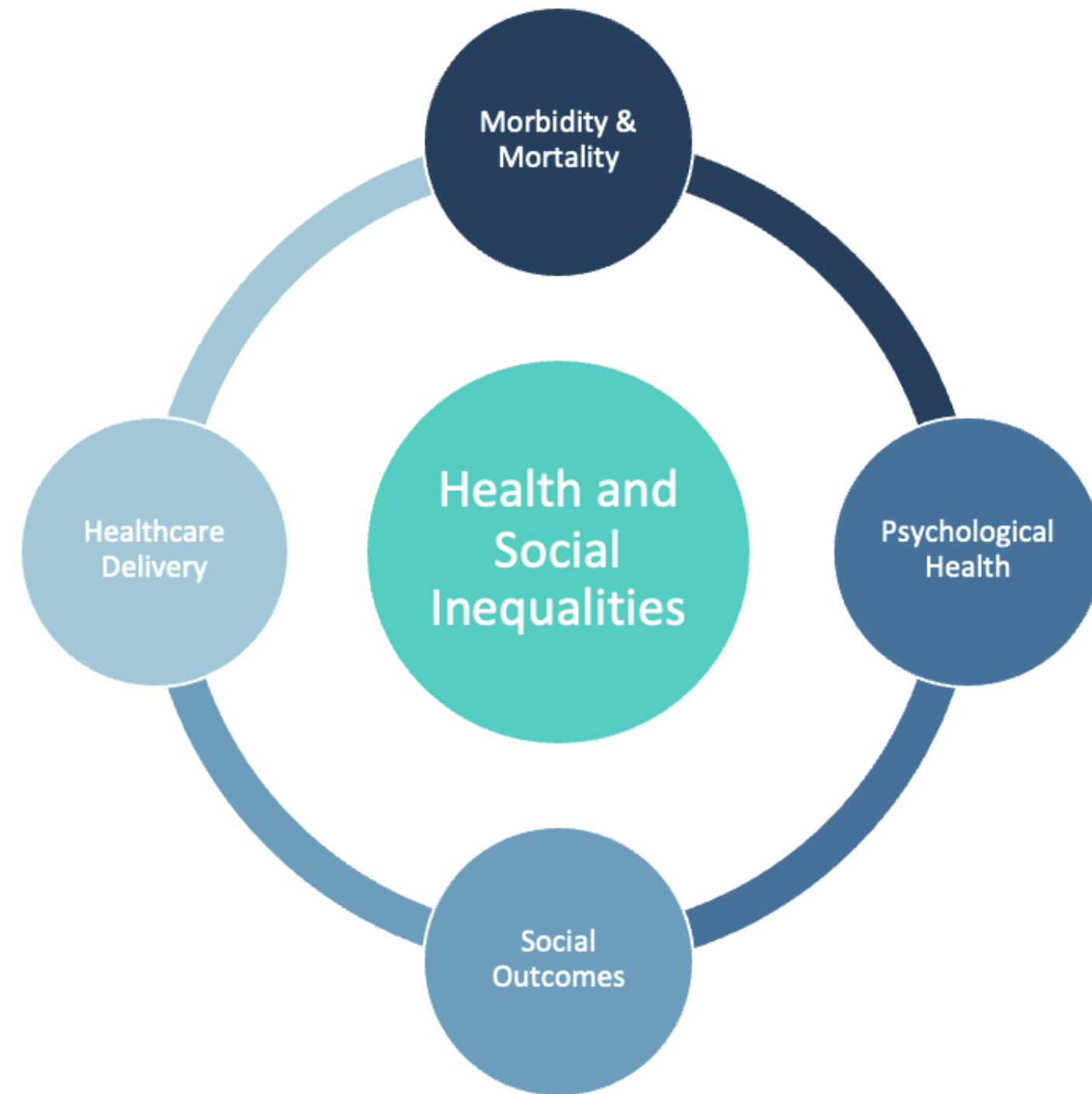
05

I feel anxious about being in public because of my weight.

VICIOUS CYCLE OF STIGMA AND OBESITY



Physical Health	Psychological Health	Healthcare Delivery	Social Outcomes
Increased cortisol level, oxidative stress level, C-reactive protein level	Psychological distress, impact on medication non-adherence, anxiety, perceived stress	Weight bias in health care settings can reduce the quality of care for patients living with obesity	Antisocial behaviour, substance use, unhealthy coping strategies, lack of social support
Increased obesity and diabetes risk	Mood or anxiety disorders	Perceived biased treatment in healthcare	Poor educational outcomes
Increased risk in all-cause mortality	Eating disturbances, depression, anxiety, and body image dissatisfaction	Impact on patient engagement in primary healthcare services	Employment and career consequences
	Weight bias internalization was associated with poorer overall mental health scores, and depressive symptoms	Healthcare professionals may be spending inadequate time with patients with obesity	Access to housing



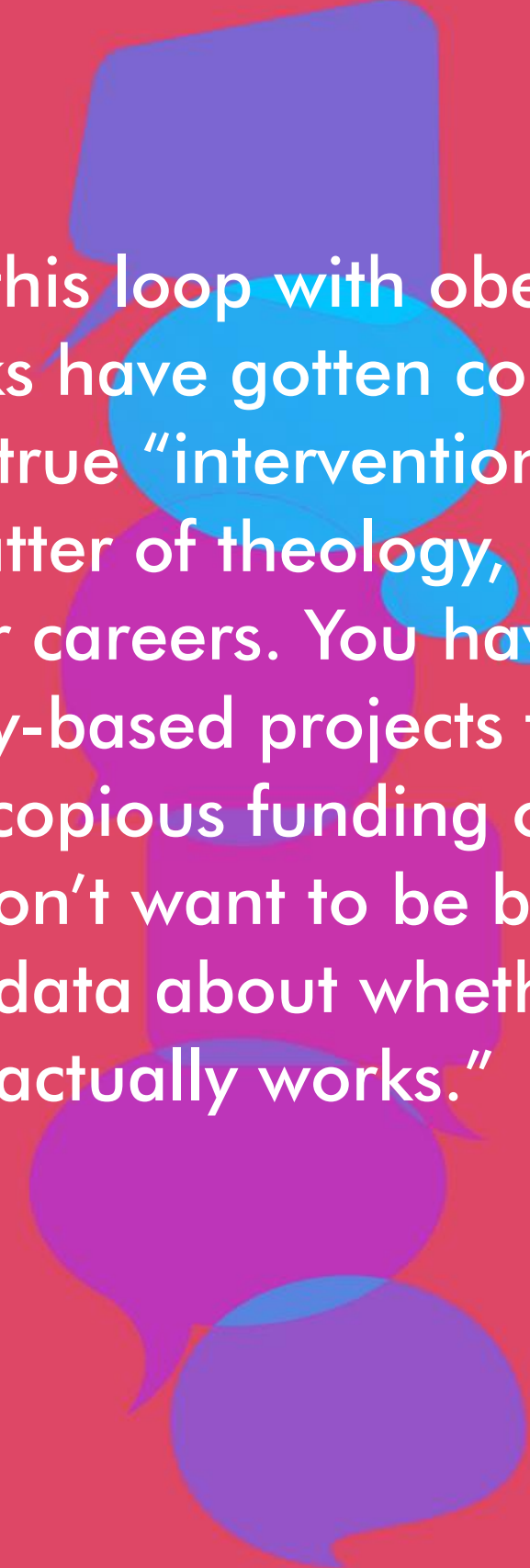
Widespread misconception that obesity is merely a lifestyle risk factor (diet culture) rather than a chronic disease, along with frequent neglect of lived experiences and the persistent stigmatisation undermines fair access to care and equal health opportunities for people living with obesity.

“Every policy solution starts with a problem—but how that problem is defined shapes everything.”

Carol Bacchi

Rethinking Obesity Prevention Paradigms:

An Expert Consultation

A cluster of overlapping speech bubbles in shades of purple, blue, and pink, positioned behind the text on the right side of the slide.

“We're in this loop with obesity prevention, where folks have gotten comfortable with tried-and-true “interventions” they believe in as a matter of theology, because it funds their careers. You have these community-based projects for which there has been copious funding over the years, but they don't want to be bothered with providing data about whether or not the approach actually works.”

Public perception that chronic diseases as preventable mainly through individual health behaviours

People with obesity believe it is their sole responsibility to manage the disease

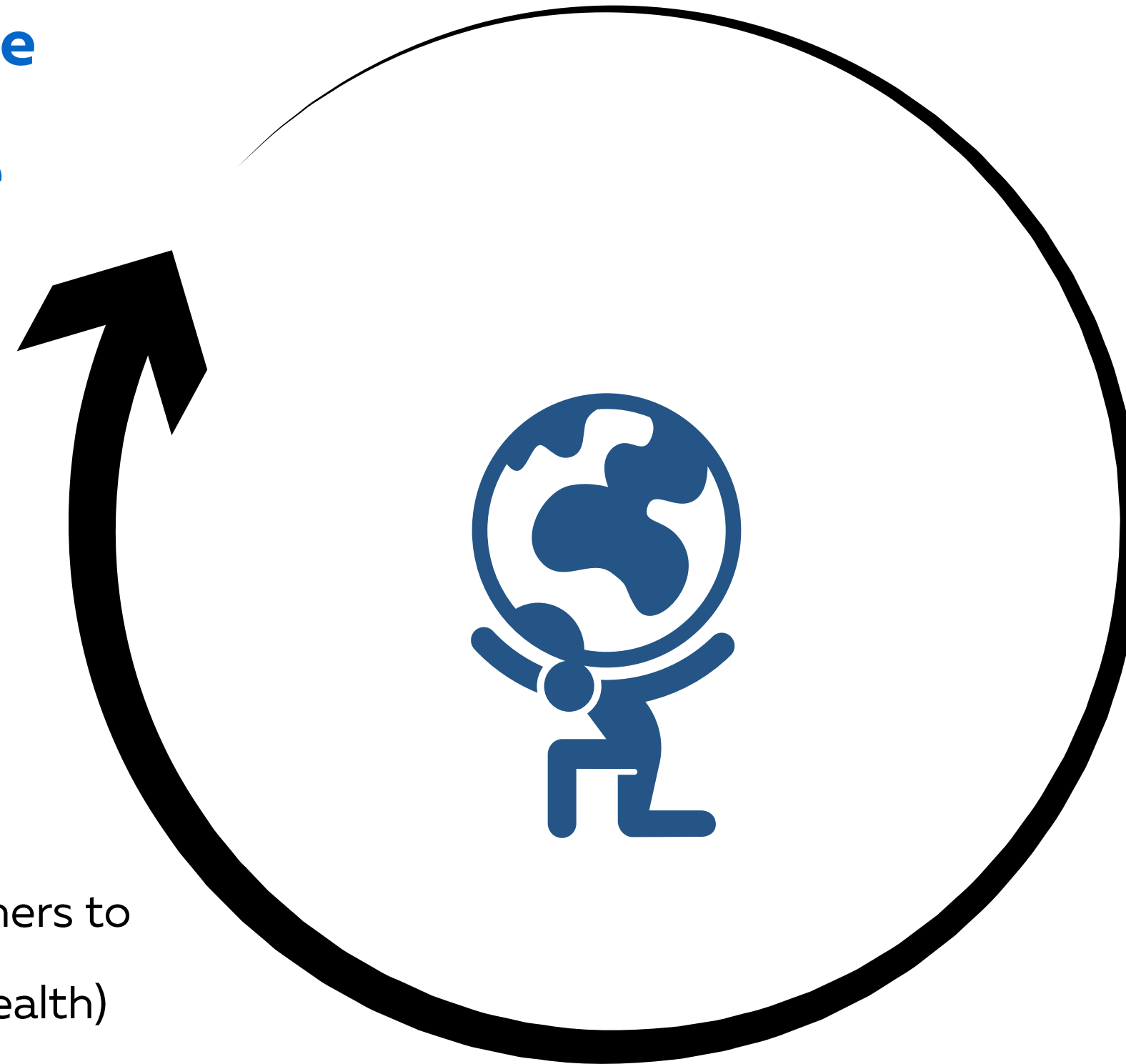
Holding a value that health is an individual responsibility

People with obesity internalize shame and social stigma associated with obesity and weight

Obesity is framed as a modifiable lifestyle/behaviour and an individual responsibility

We shame and stigmatize others to express our own values (i.e. individual responsibility for health) creates more stigma

Weight is treated a behaviour and an individual responsibility - Therapeutic Inertia



Predictors of Weight Bias and Stigma

Interpersonal factors

Negative family and workplace experiences increase internalized stigma;

Social influences

Broader social norms about body size influence bias levels

Personal experiences

People with higher weight or exposure to weight bias themselves often show lower stigma toward others

Structural & institutional factors

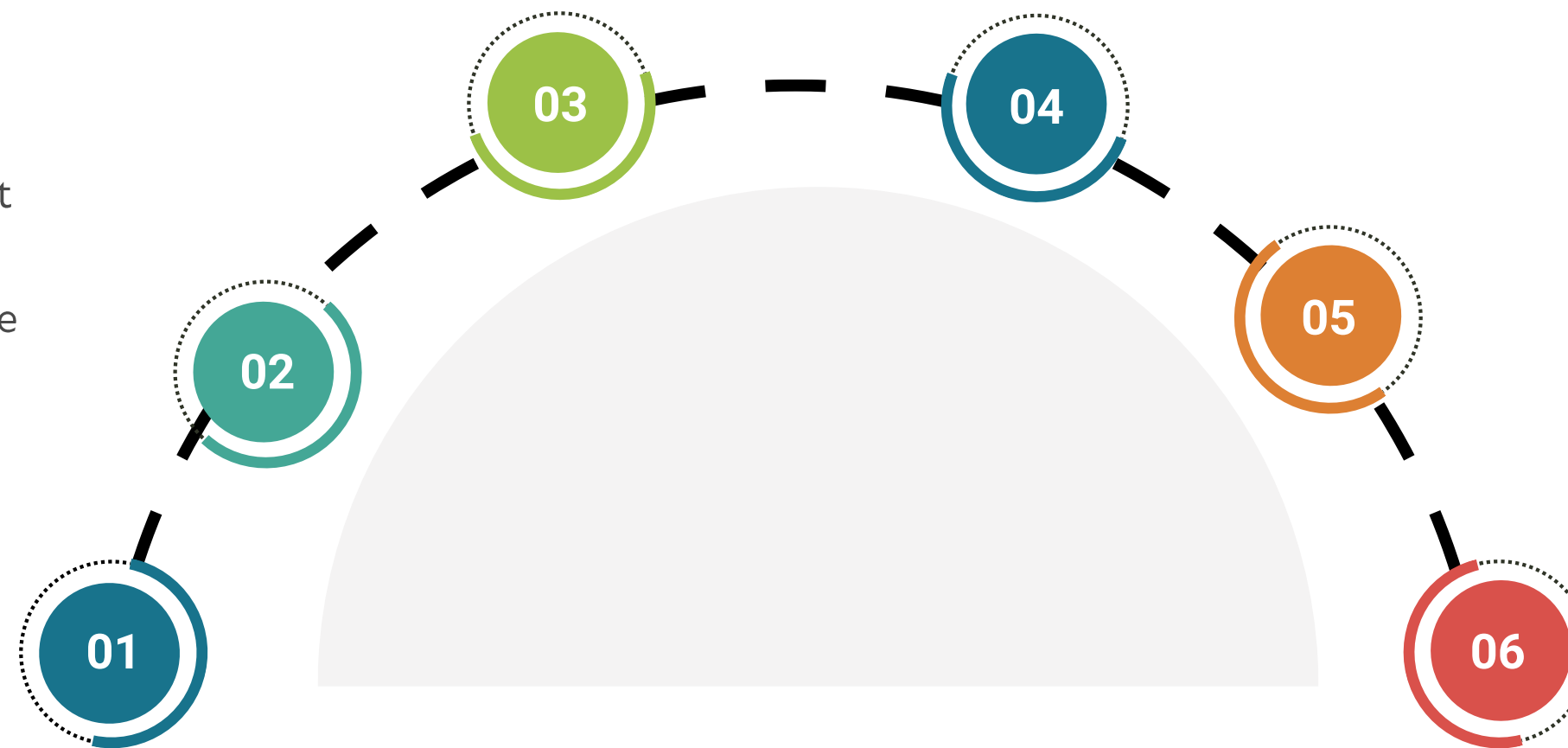
Healthcare and workplace settings often perpetuate weight stigma

Demographic & SES factors

Men often show stronger explicit bias than women; Evidence on education and income is mixed; Cultural context may shape these associations

Beliefs about obesity

Beliefs that obesity is caused by personal behavior or lack of willpower



Weight bias impacts health outcomes

Outcomes

Biochemical, cognitive, and behavioural changes that impact health outcomes negatively (3)

Shame & Stigma

...and shame does not motivate people to engage in healthy behaviours. In fact, the opposite is true.

Weight is not a Behaviour

But weight is not a behaviour and weight control goes beyond health behaviours such as healthy eating and exercise (e.g. 40-70% genetics (2)).

Personal Responsibility

The belief that individuals can control their own weight solely through behavioural factors drives weight bias, stigma and discrimination (1)

Biased Beliefs

Some healthcare professionals believe that using weight stigma can motivate people to change their health behaviours and lose weight.

1. Crandall, C. S., D'Anello, S., Sakalli, N., Lazarus, E., Wiczorkowska, G., & Feather, N. T. (2001). An attribution-value model of prejudice: Anti-fat attitudes in six nations. *Personality and Social Psychology Bulletin*, 27, 30-37.
2. Loos, R.J.F., Yeo, G.S.H. The genetics of obesity: from discovery to biology. *Nat Rev Genet* 23, 120–133 (2022).
3. Tomiyama AJ. Weight stigma is stressful. A review of evidence for the Cyclic Obesity/Weight-Based Stigma model. *Appetite*. 2014 Nov;82:8-15.

Impact of Weight Stigma in Metabolic and Bariatric Surgery (MBS) Settings

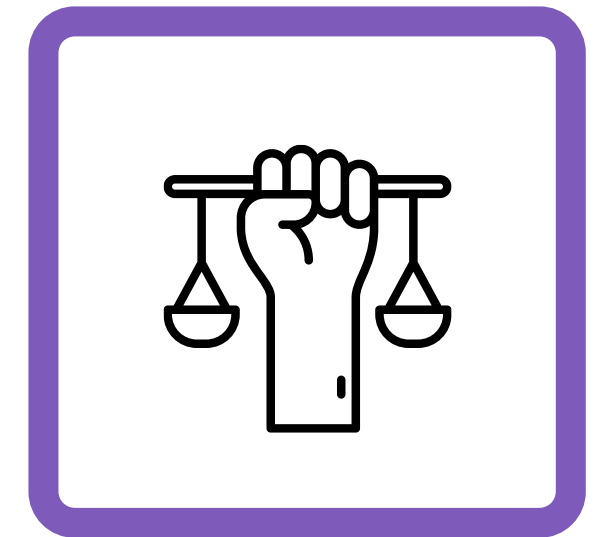
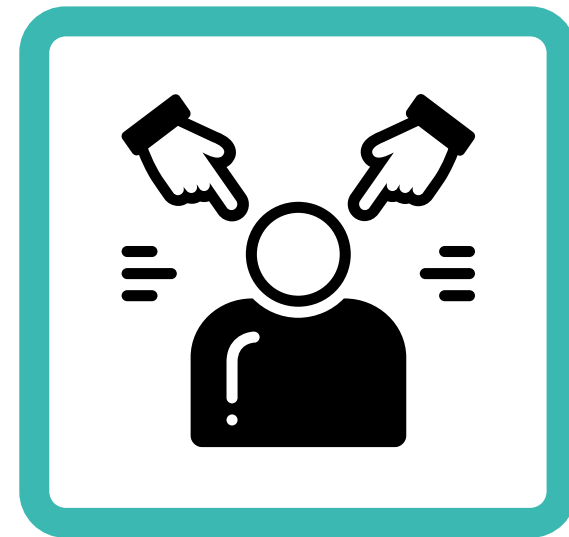
Perceived stigma	Experienced stigma	Internalized stigma	Anticipated stigma
Negative comments and discrimination from family, peers, and healthcare providers	Direct interpersonal attacks and environmental barriers	Shame, self-blame, and reduced self-esteem	Fear of judgment, secrecy, and selective disclosure of surgery plans
Linked to depression, anxiety, stress, and binge eating; Impaired dietary adherence and disordered eating patterns	Undermines self-esteem and body image; concerns persist even post-surgery.	Internalized stigma mediates the relationship between perceived stigma and poor mental health.	Delayed surgery, increased risk-taking; Disclosure avoidance

- Kirk, SFL, Ramos Salas X, Alberga AS, Russell-Mayhew S. Canadian Adult Obesity Clinical Practice Guidelines: Reducing Weight Bias, Stigma and Discrimination in Obesity Management, Practice and Policy. <https://obesitycanada.ca/guidelines/weightbias>.
- D. Sarwer, A. Fabricatore, M. Eisenberg, Laura A. Sywulak, and T. Wadden. "Self-reported Stigmatization Among Candidates for Bariatric Surgery." *Obesity*, 2008
- Danielle M. Raves, A. Brewis, S. Trainer, Seung-Yong Han, and Amber Wutich. "Bariatric Surgery Patients' Perceptions of Weight-Related Stigma in Healthcare Settings Impair Post-Surgery Dietary Adherence." *Frontiers in Psychology*, 2016.
- F. K. Garcia, Bob C. Mulder, E. J. Hazebroek, Maria A. Koelen, Esther J Veen, and Kirsten T. Verkooijen. "Bariatric Surgery Stigma from the Perspective of Patients: A Scoping Review." *Journal of Advanced Nursing*, 2023.
- Hugh Bidstrup, L. Brennan, et al. "Internalised Weight Stigma Mediates Relationships Between Perceived Weight Stigma and Psychosocial Correlates in Individuals Seeking Bariatric Surgery: A Cross-Sectional Study." *Obesity Surgery*, 2022.
- JGiardino, J. B., Keitel, M. A., Patelis, T., & Takooshian, H. (2019). The impact of weight stigma on decisions about weight loss surgery. *Stigma and Health*, 4(1), 19–29.
- Friedman KE, Ashmore JA, Applegate KL. Recent experiences of weight-based stigmatization in a weight loss surgery population: psychological and behavioral correlates. *Obesity*. 2008 Nov;16 Suppl 2:S69-74.
- Dimitrov Ulian M, Fernandez Unsain R, Rocha Franco R, Aurélio Santo M, Brewis A, Trainer S, SturtzSreetharan C, Wutich A, Gualano B, Baeza Scagliusi F. Weight stigma after bariatric surgery: A qualitative study with Brazilian women. *PLoS One*. 2023 Jul 27;18(7):e0287822.

Obesity narrative and framing changes are necessary because...

- Diet culture messages spreads misinformation about weight, health and obesity
- Public health messages like "eat less, move more" contribute to weight stigma
- Stigma is an independent determinant of health
- The focus has been and is on willpower instead of science and lived experience
 - Obesity is not a personal failure
 - The brain resists weight loss
 - Genetics contribute to approximately 40-70% of obesity
- **New Definition: Obesity (Clinical Obesity) is a chronic disease characterised by dysfunctional or excessive adiposity that impairs health (organ dysfunction)**
 - Obesity is not about body size - BMI is a screening tool only

Weight Bias Interventions



Education

General education and a deeper understanding of obesity to reduce implicit bias (beliefs and attitudes).

Attribution

Interventions to change beliefs about an individual's control over their body weight.

Empathy

Empathy-evoking interventions aim to change attitudes and reduce weight stigma by increasing acceptance and liking of individuals with a higher weight or obesity.

Weight Inclusive

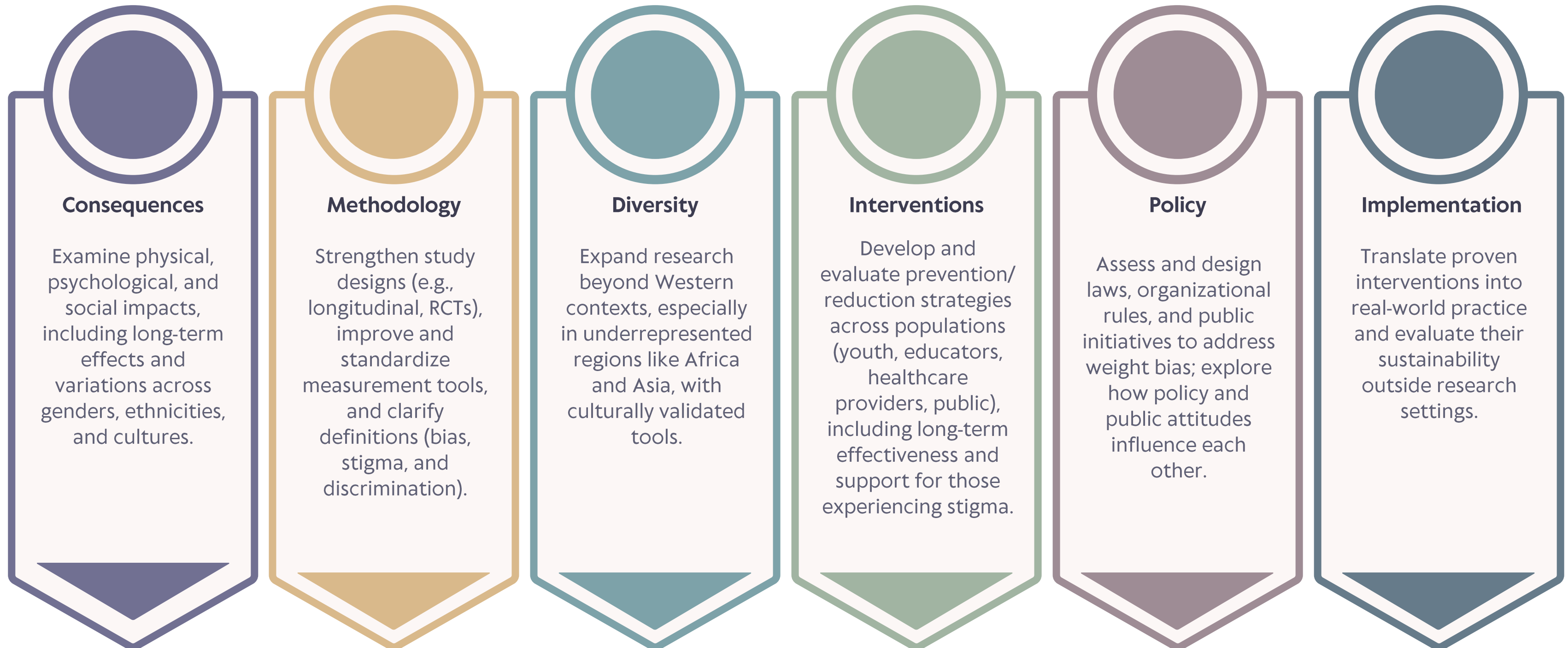
Interventions that aim to change anti-fat attitudes and internalized weight bias and weight-based stereotypes and emphasising the need to move away from weight-centric healthcare.

Human Rights

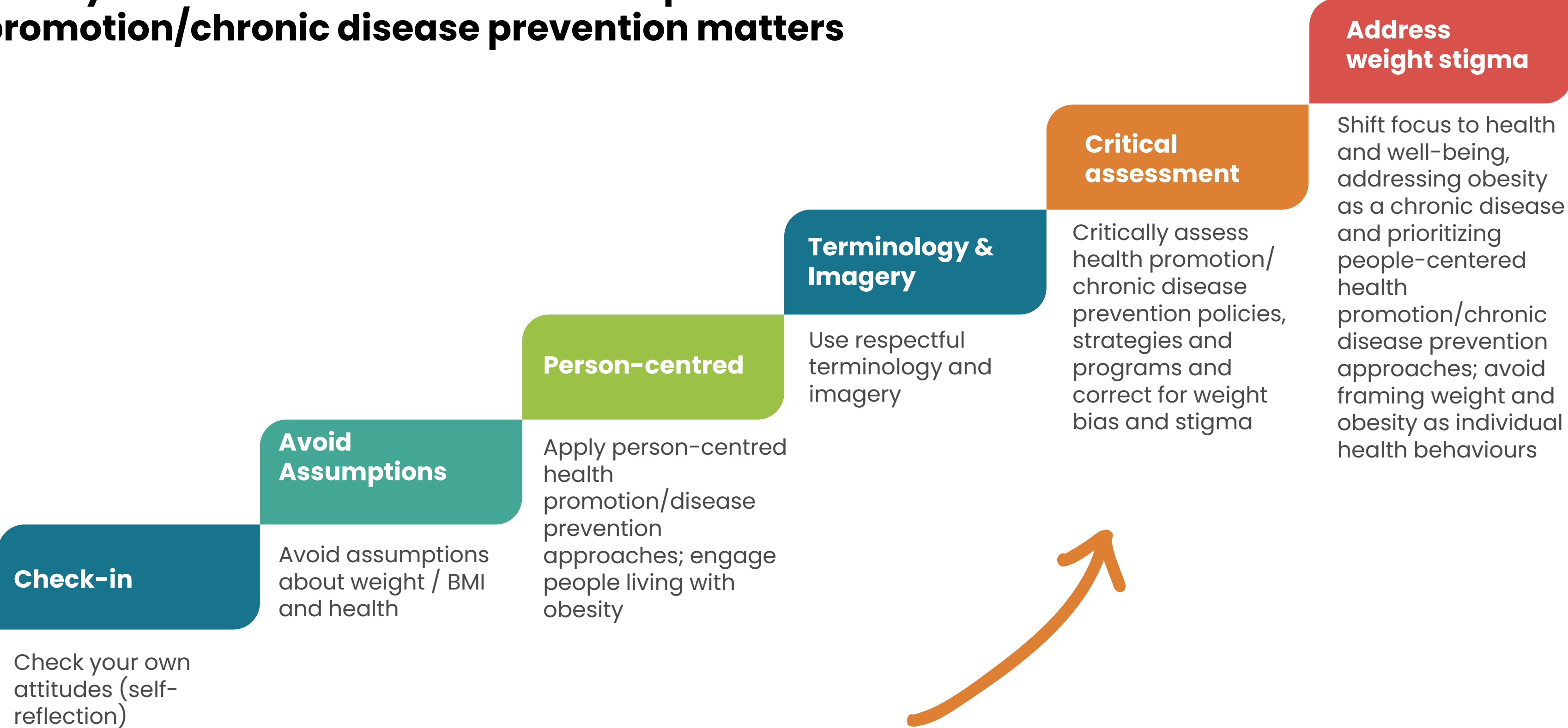
Interventions that emphasise that all individuals, regardless of weight status, deserve dignity and have the right to equal quality healthcare.

RESULTS OF THE 2024 INTERNATIONAL WEIGHT BIAS SUMMIT: ESTABLISHING FUTURE RESEARCH DIRECTIONS IN THE FIELD

(Publication Submitted)



Key Take Aways: Weight bias is everywhere: what we say, how we say it and the context in which we practice health promotion/chronic disease prevention matters





THANK YOU

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Brad Hussey

Strategies to address weight
stigma: Advocacy,
communications, education



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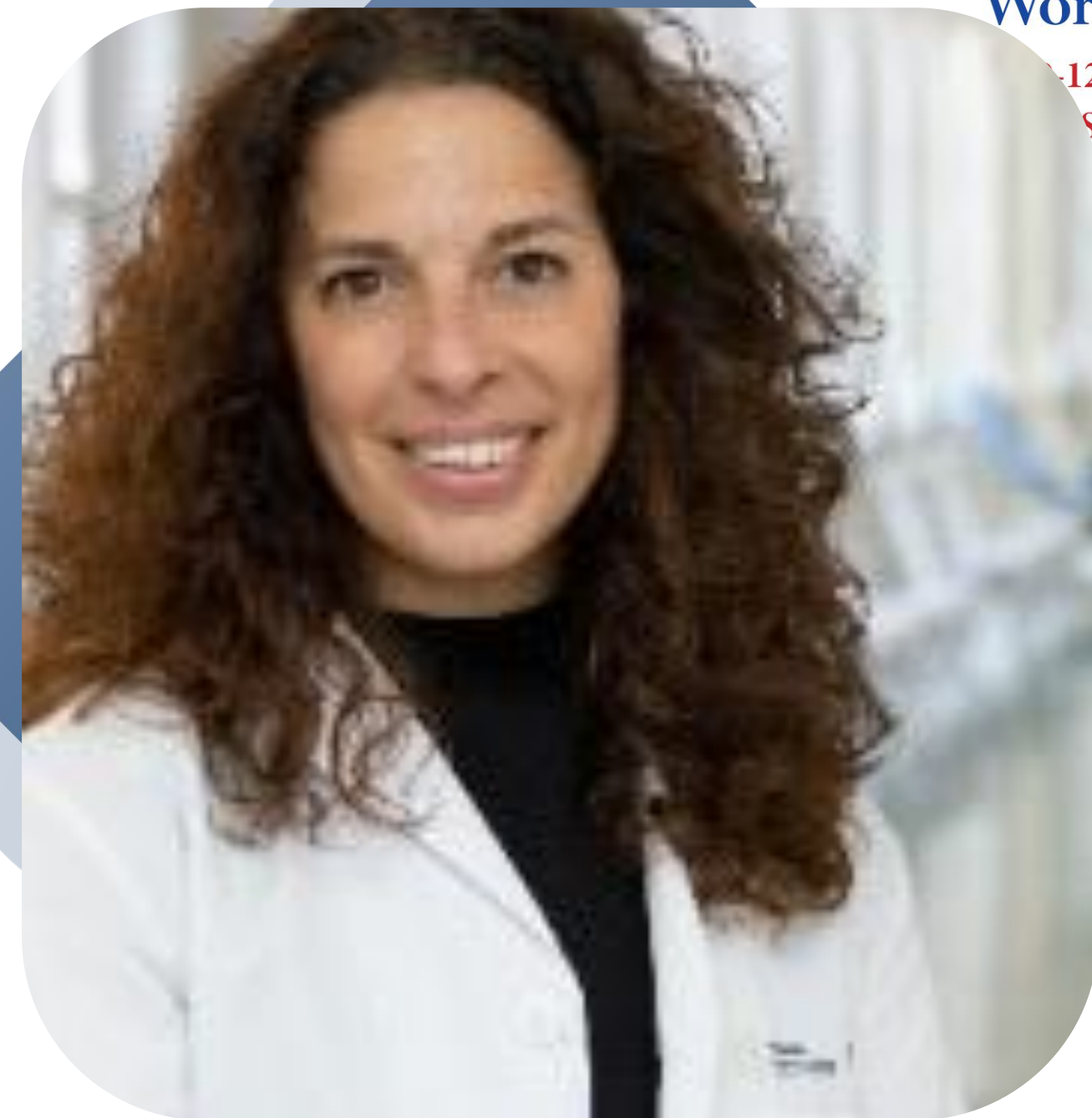


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Violeta Moizé Arcone

IFSO member survey results and
patient engagement activities





IFSO and Bias180 (a global non-profit organization with a mandate to address health stigma) wish to partner on a critical new research and knowledge translation initiative, which they intend to submit for support from industry sponsors.



Activity #1

Assess IFSO members' needs in terms of resources and strategies to address weight bias, stigma and discrimination in obesity care (online survey, individual interviews) --> inform gaps and priorities for stigma initiatives

Activity #3

5-Min CPD (Continuing Professional Development) delivered through IFSO to raise awareness about the impact of weight stigma on the lives of people living with obesity as well as effective strategies to reduce weight stigma in obesity care

Activity #2

Describe patient experiences with weight bias and stigma in the context of obesity care (e.g. international patient survey and focus groups across IFSO chapters) --> inform future IFSO patient-centred and interdisciplinary obesity care strategies

Activity #4

Half-day in-person training program delivered through IFSO regional chapters to provide practical skills and resources that can prevent weight bias and stigma in obesity care



Develop resources and materials for healthcare professionals (e.g., scientific publications, practical tools and guidance, infographics, online learning modules etc.)



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Results

Preliminary analysis
Presented at IFSO Chile
2025

IFSO STIGMA TASK FORCE

Collaboration

Test the survey and gather feedback from early users widely.

Correction

Develop a strong marketing strategy to support the launch addressed to IFSO members.

Survey Design and Testing

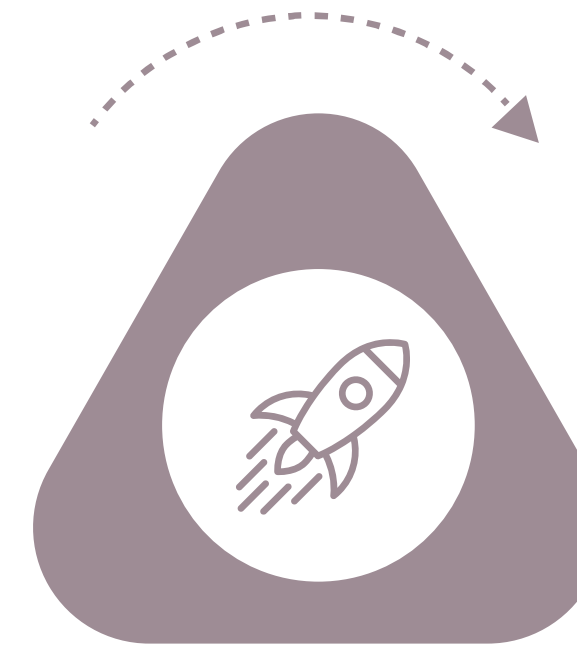
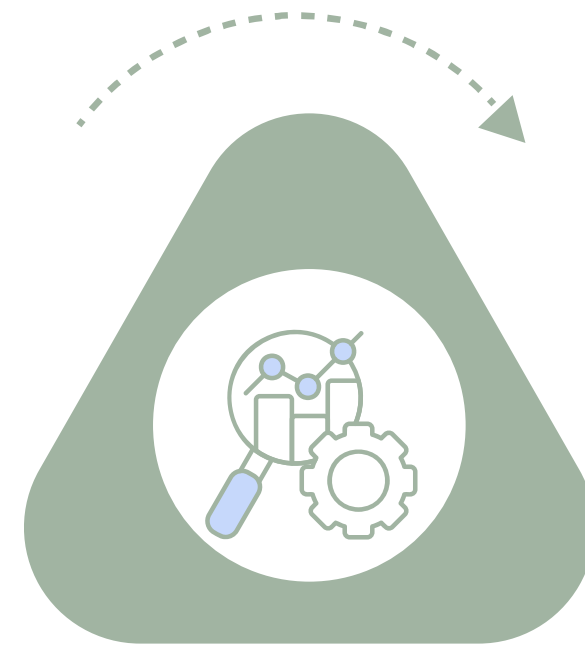
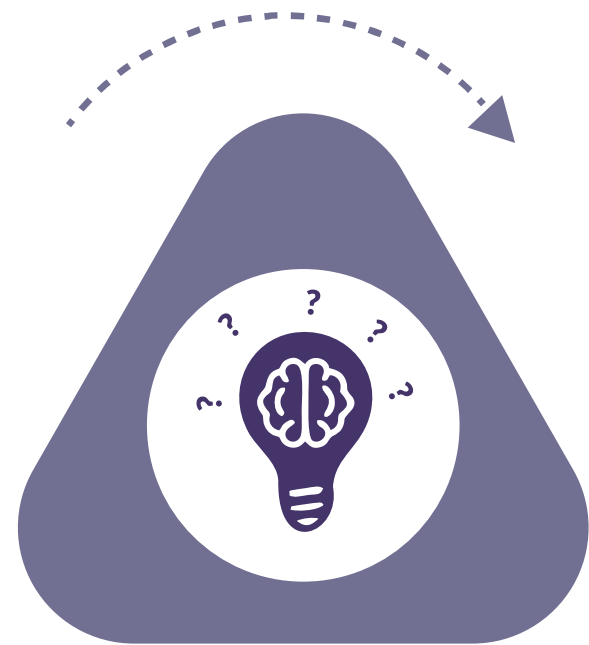
Adjust the survey based on feedback and testing results.

Resend to IFSO Member by mail

Launch the survey to the market with a coordinated campaign (three rounds).

Awareness

Design the product based on existing research.



Acknowledgements: Manuela Mazzarella and Stefanie D'Arco for their strategic contribution to the IFSO Stigma Task Force.



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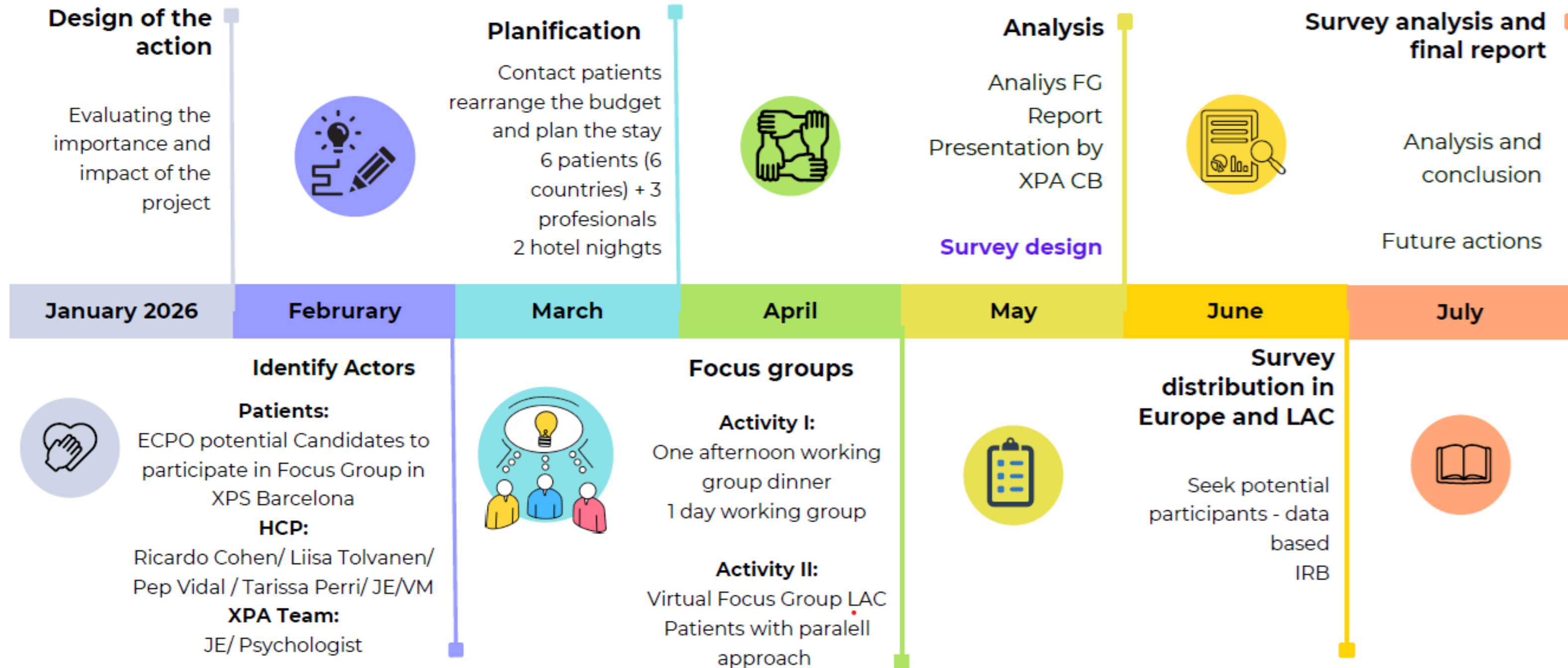
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Patient Engagement Activities: survey (in process)



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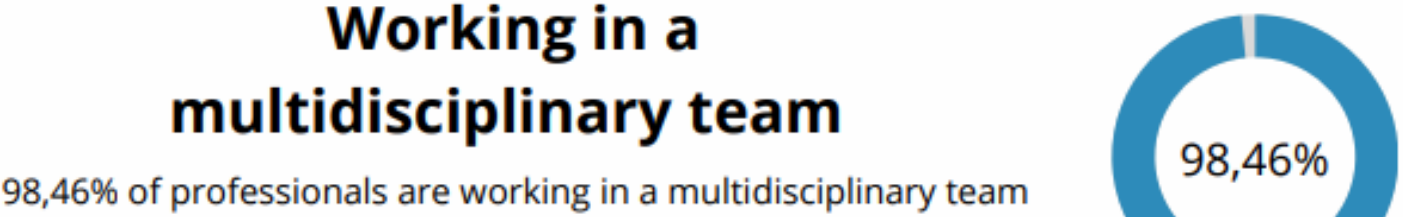
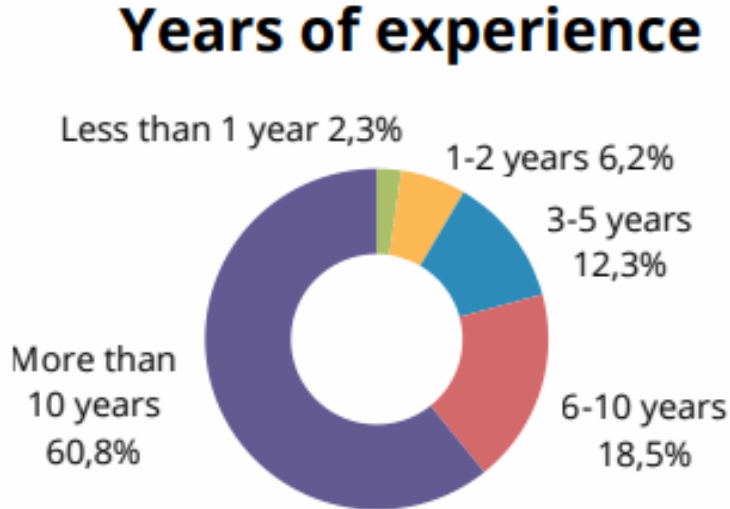
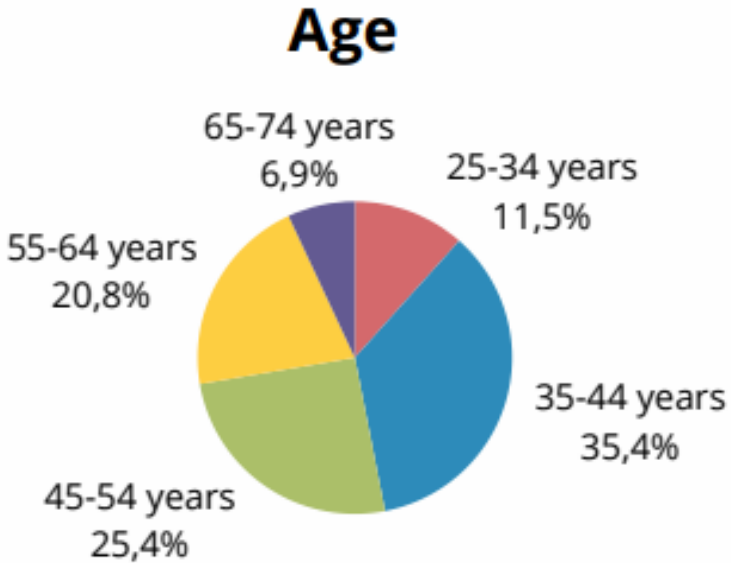
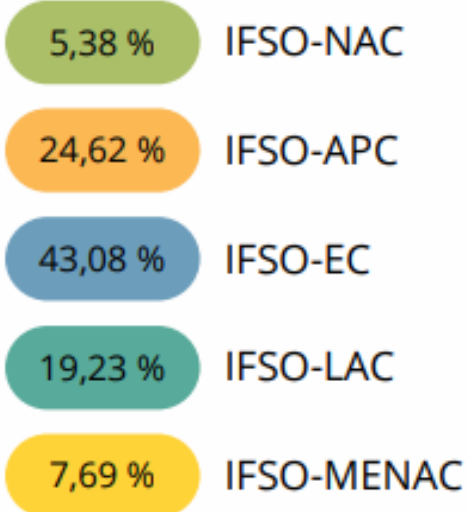


Demographics

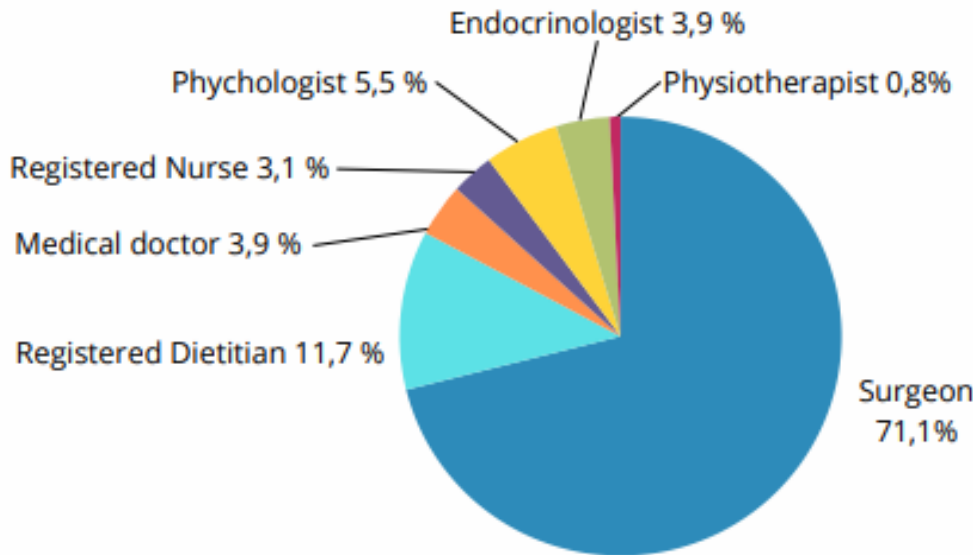


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Healthcare Profession



Healthcare setting

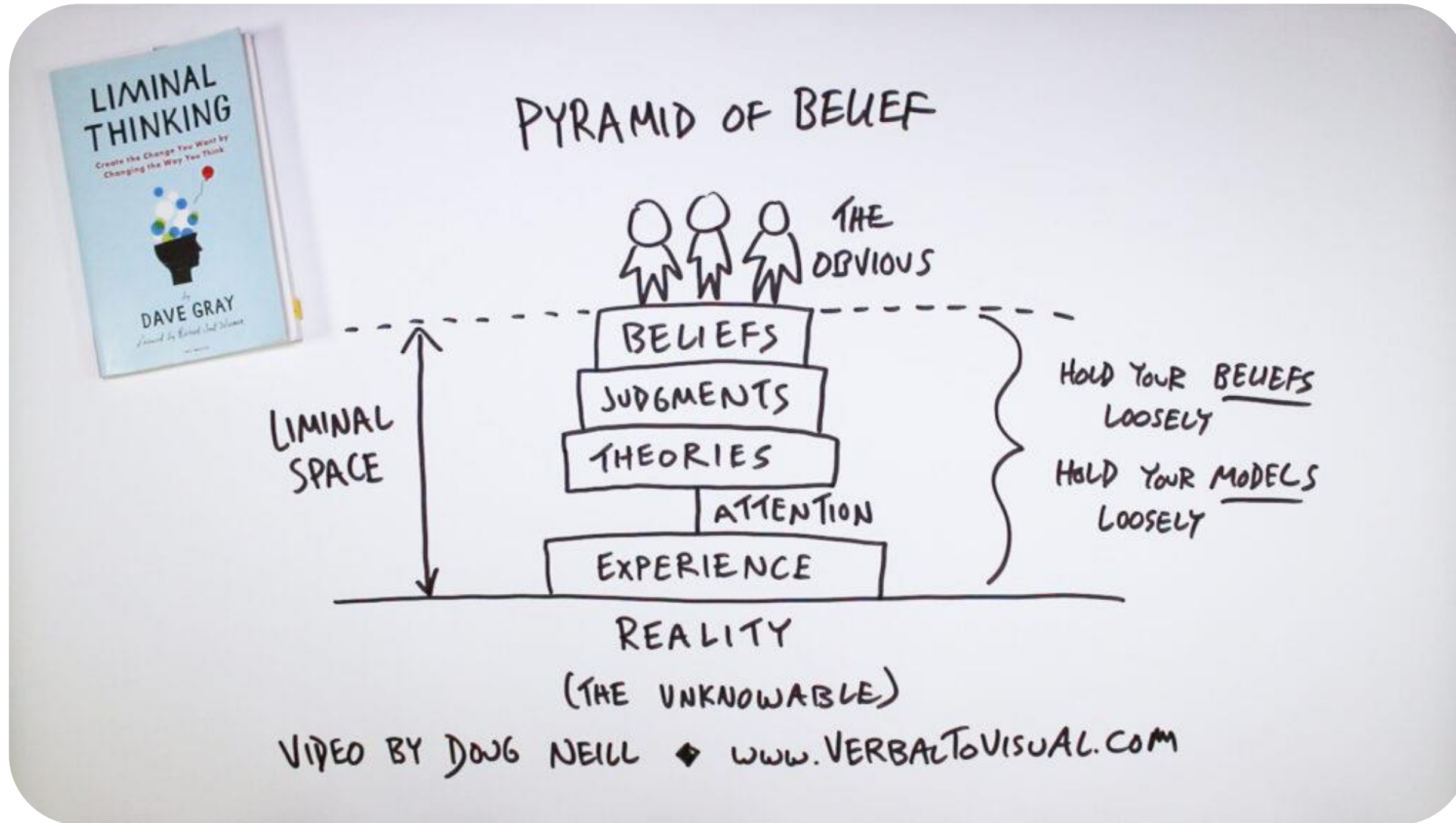


We take action based on our beliefs



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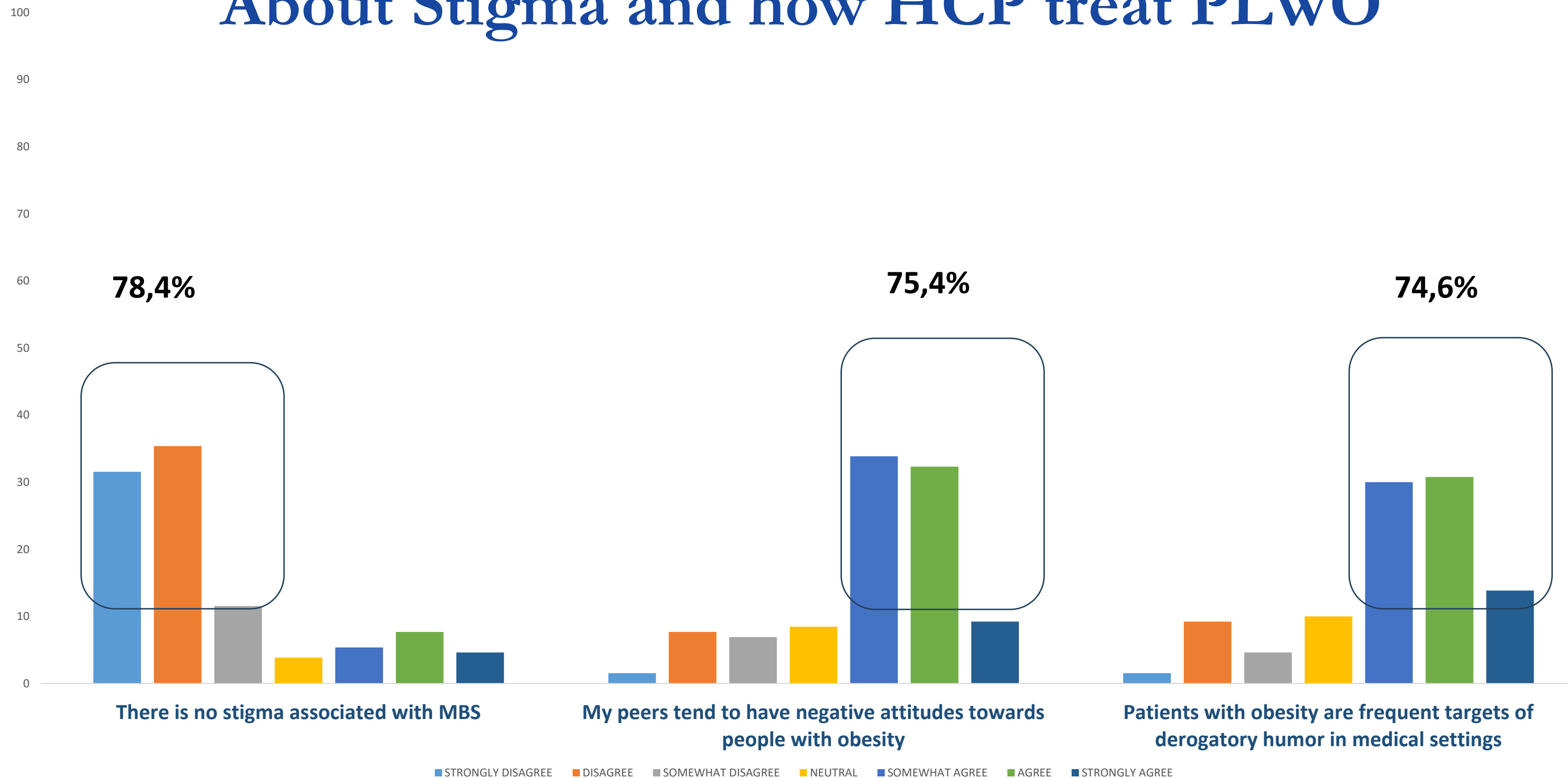
<https://youtu.be/NAjQdifIBns>



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About Stigma and how HCP treat PLWO

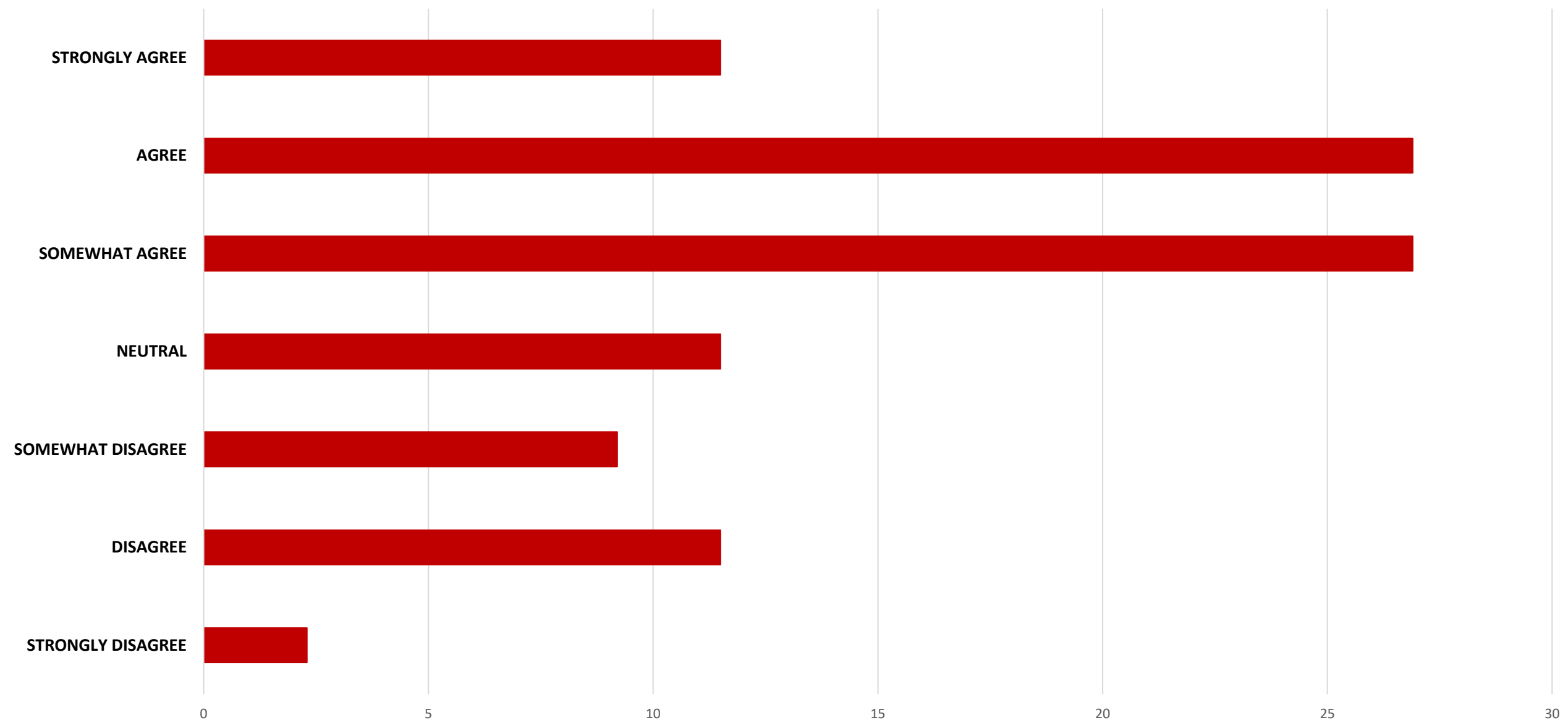




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Patients undergoing obesity treatment who experience RWG are mistreated by healthcare providers.



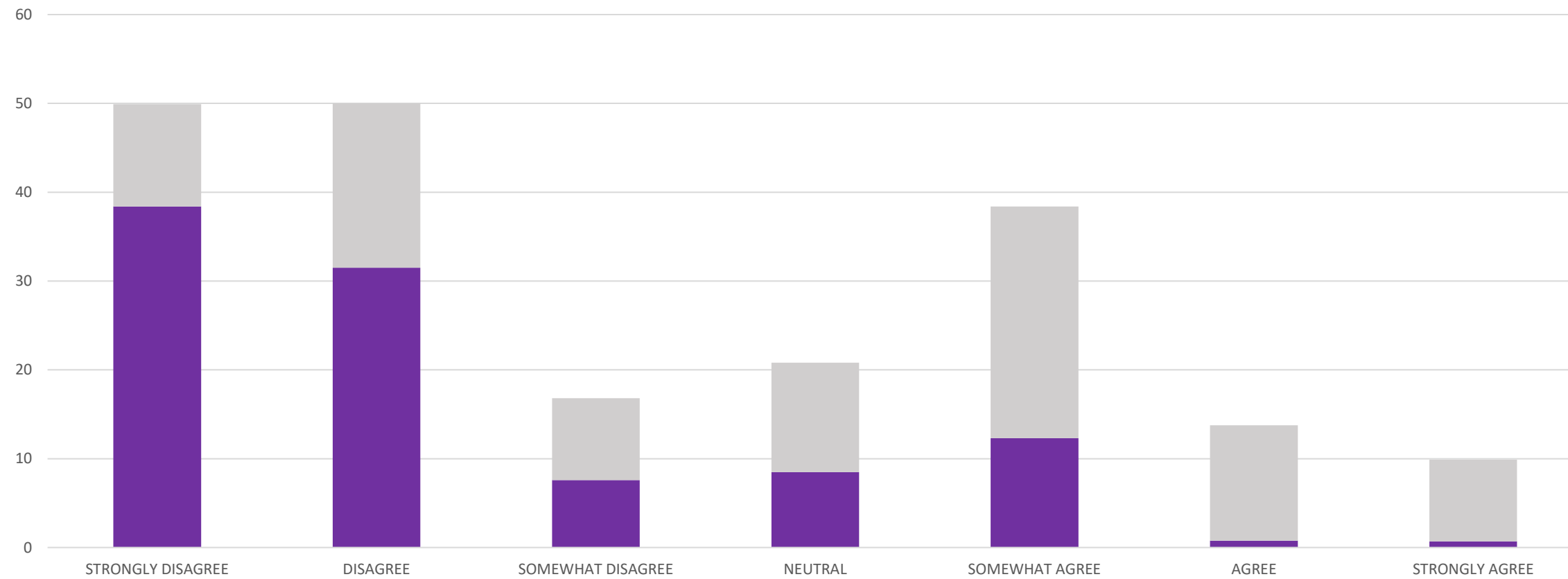
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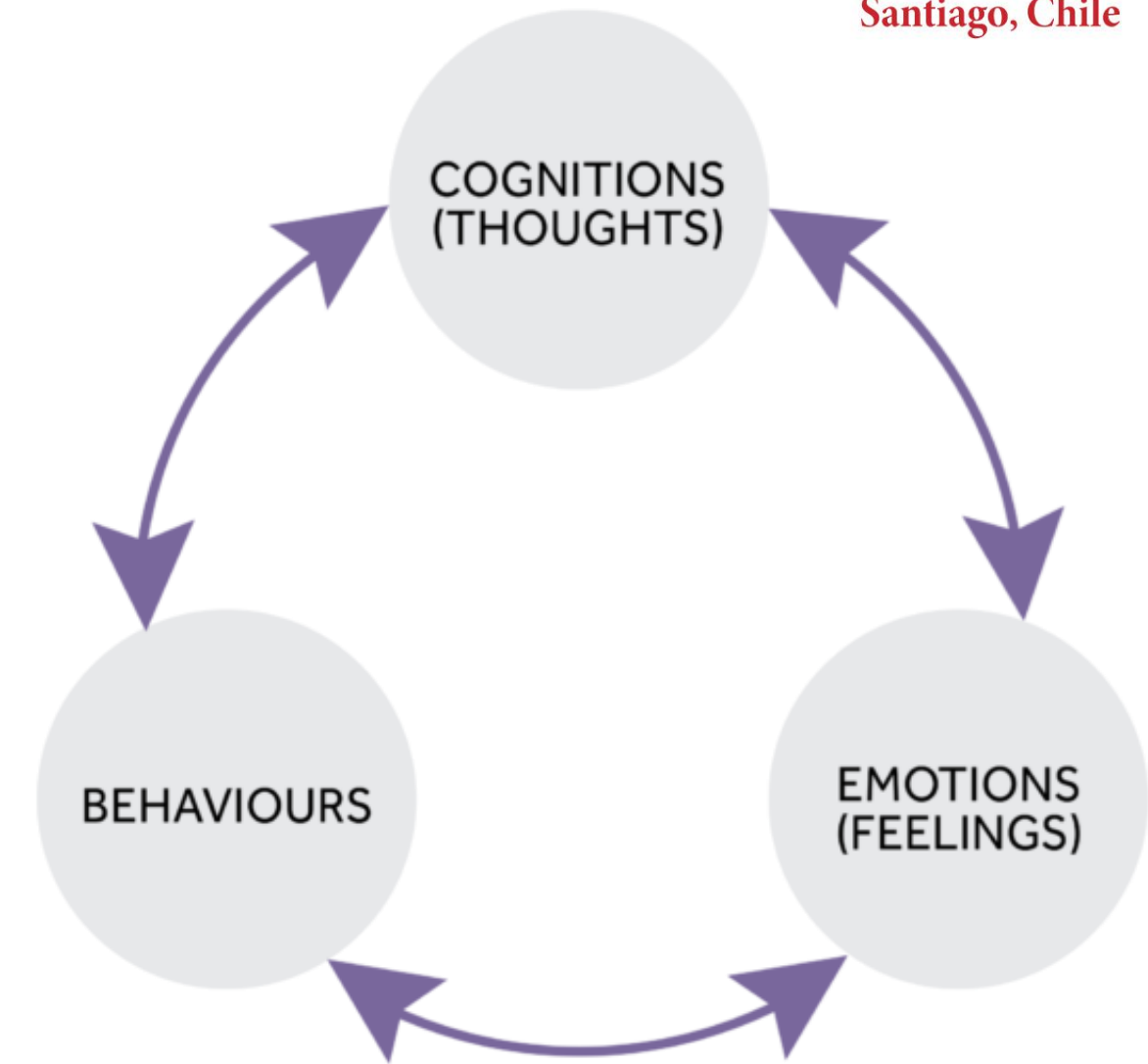
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How do HCP feel treating PLWO



■ I feel frustrated with people with obesity.

■ People with obesity can be difficult to deal with.

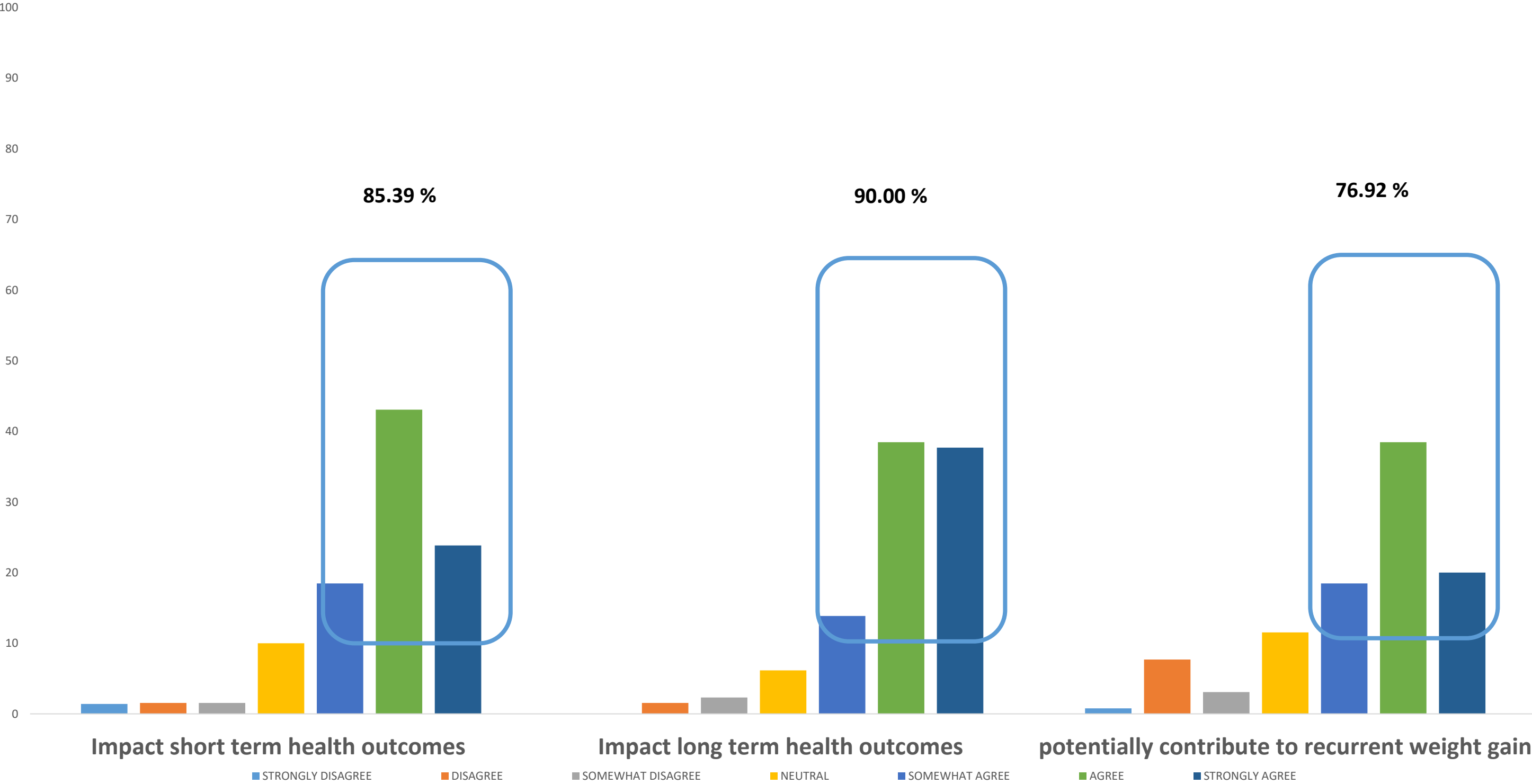


Impact of Stigma on health outcomes



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PLWO who lack of willpower will experience more recurrent weight gain.



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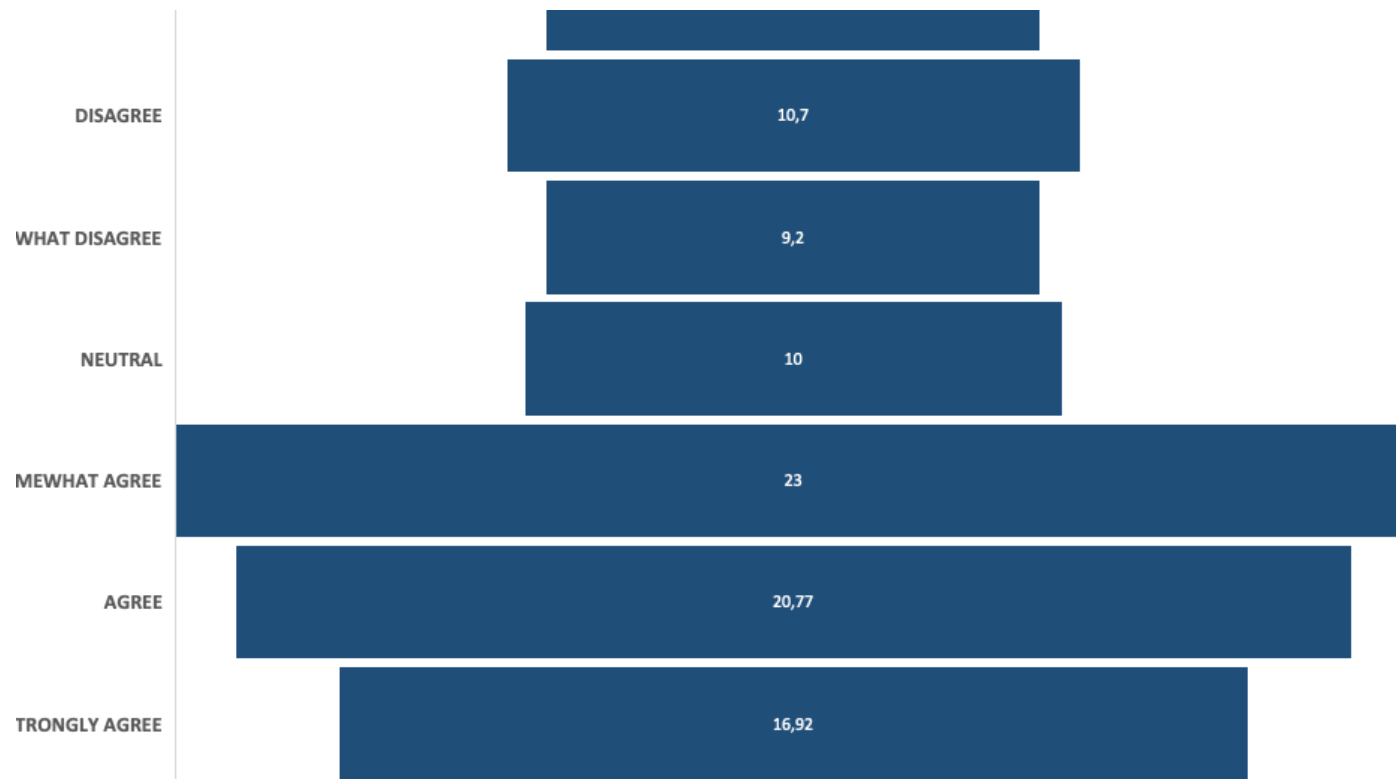
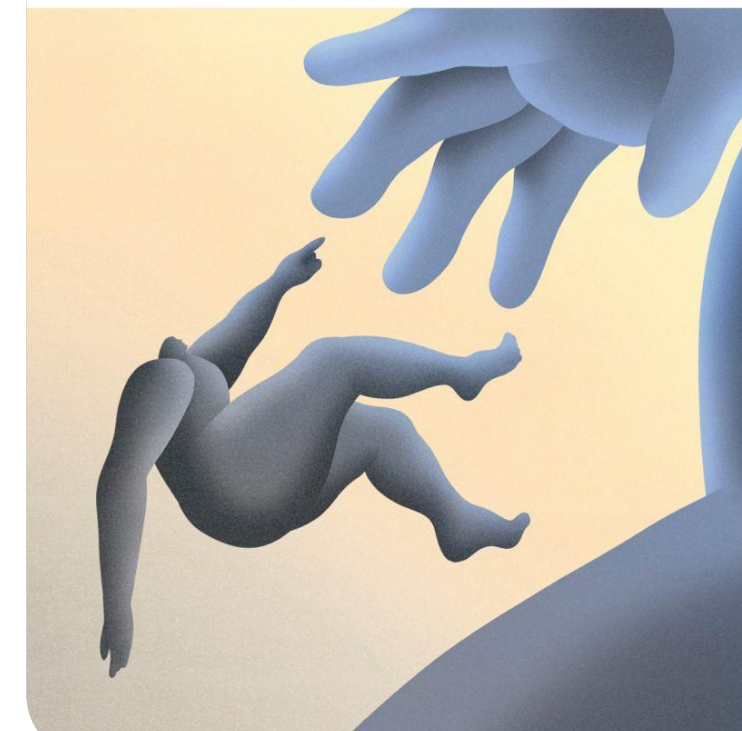
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The New York Times

OPINION
GUEST ESSAY

Scientists Don't Agree on
What Causes Obesity, but
They Know What Doesn't

Nov. 21, 2022

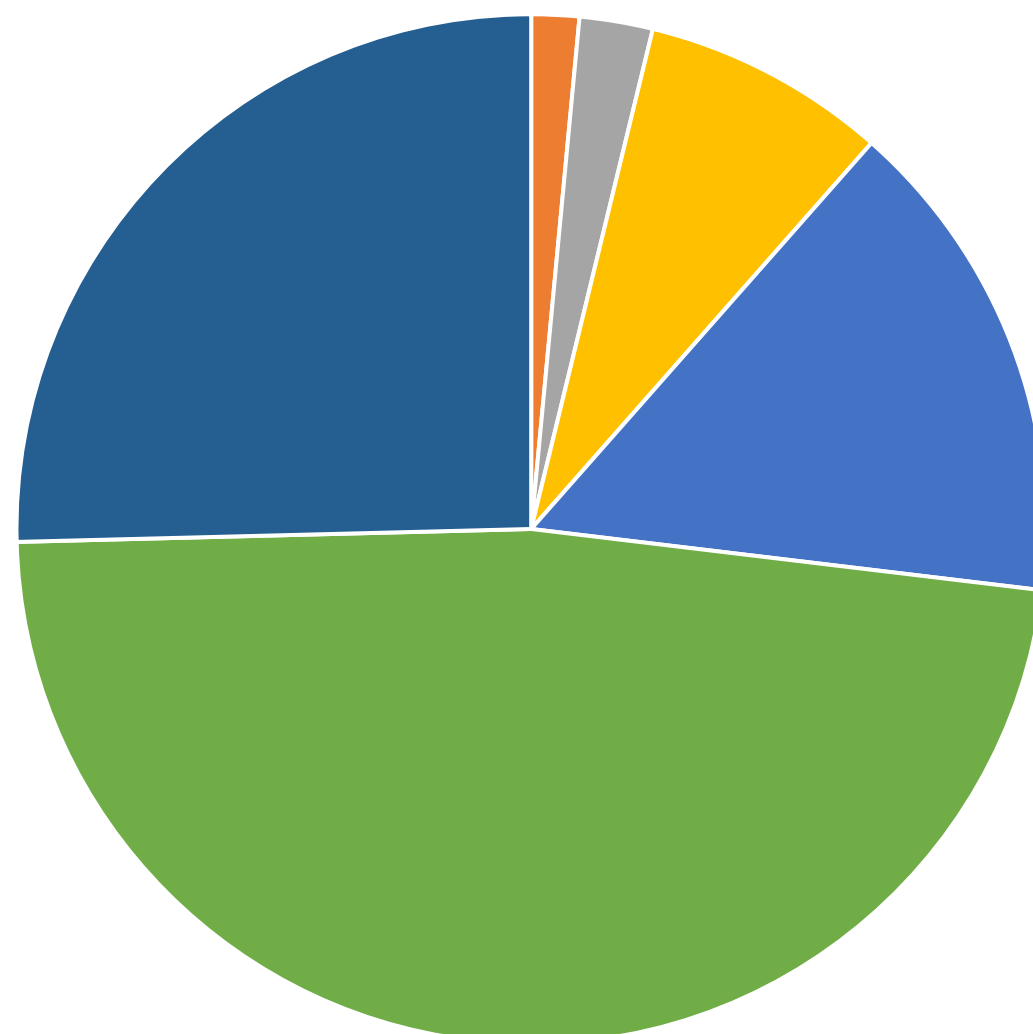


RWG will affect patients' willingness to return for follow-up care or consider additional obesity treatment options



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■ STRONGLY DISAGREE ■ DISAGREE ■ SOMEWHAT DISAGREE ■ NEUTRAL ■ SOMEWHAT AGREE ■ AGREE ■ STRONGLY AGREE



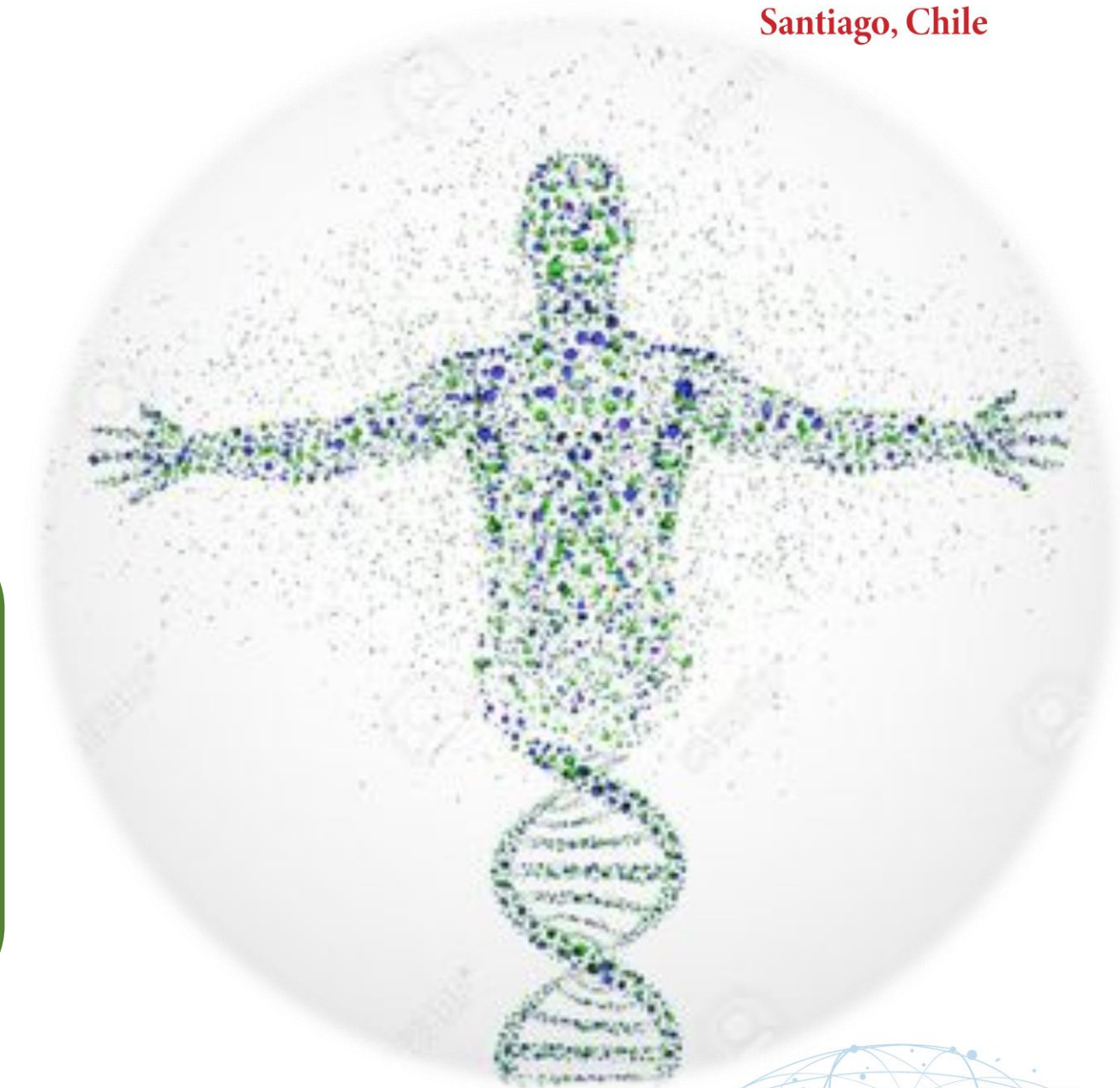
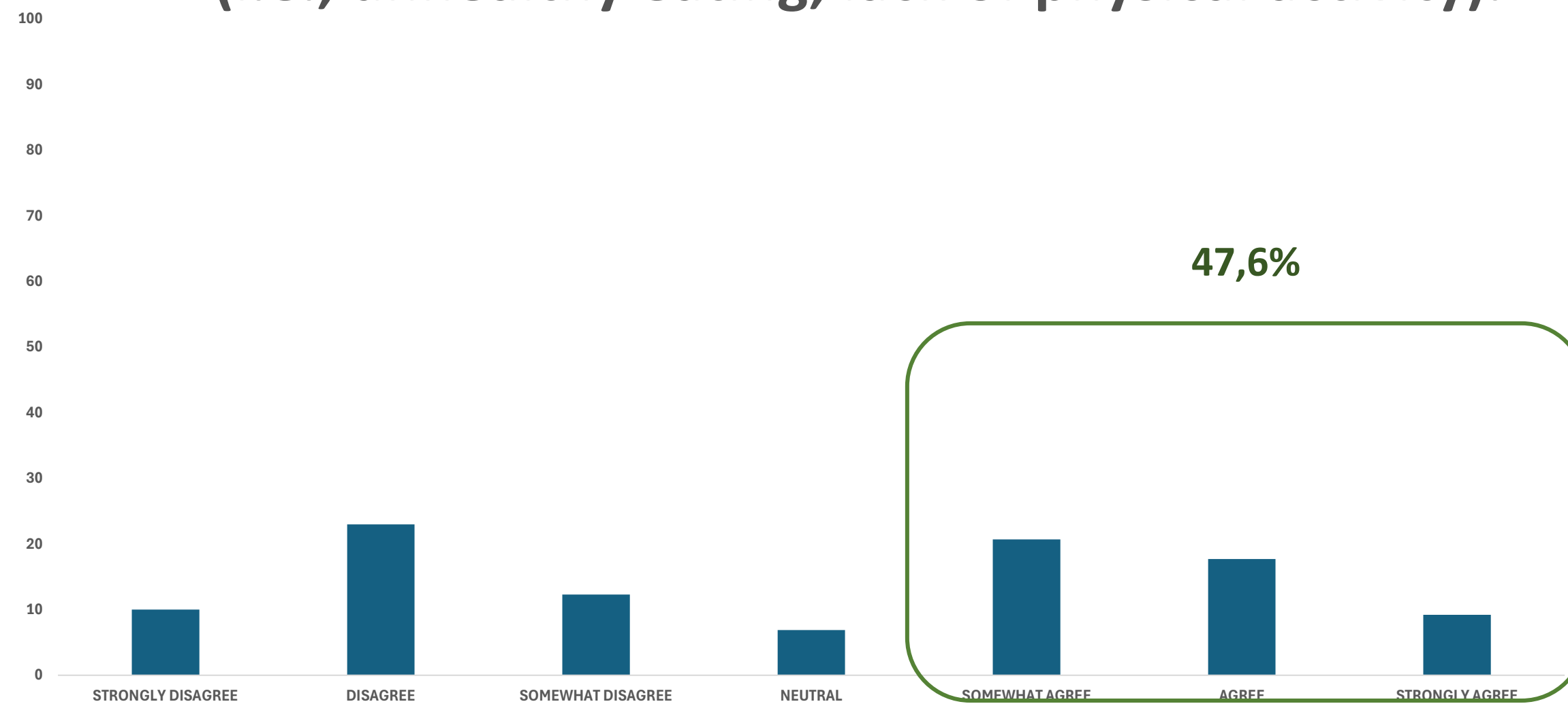


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Main cause of obesity

Obesity is mainly caused by behavioural factors (i.e., unhealthy eating, lack of physical activity).



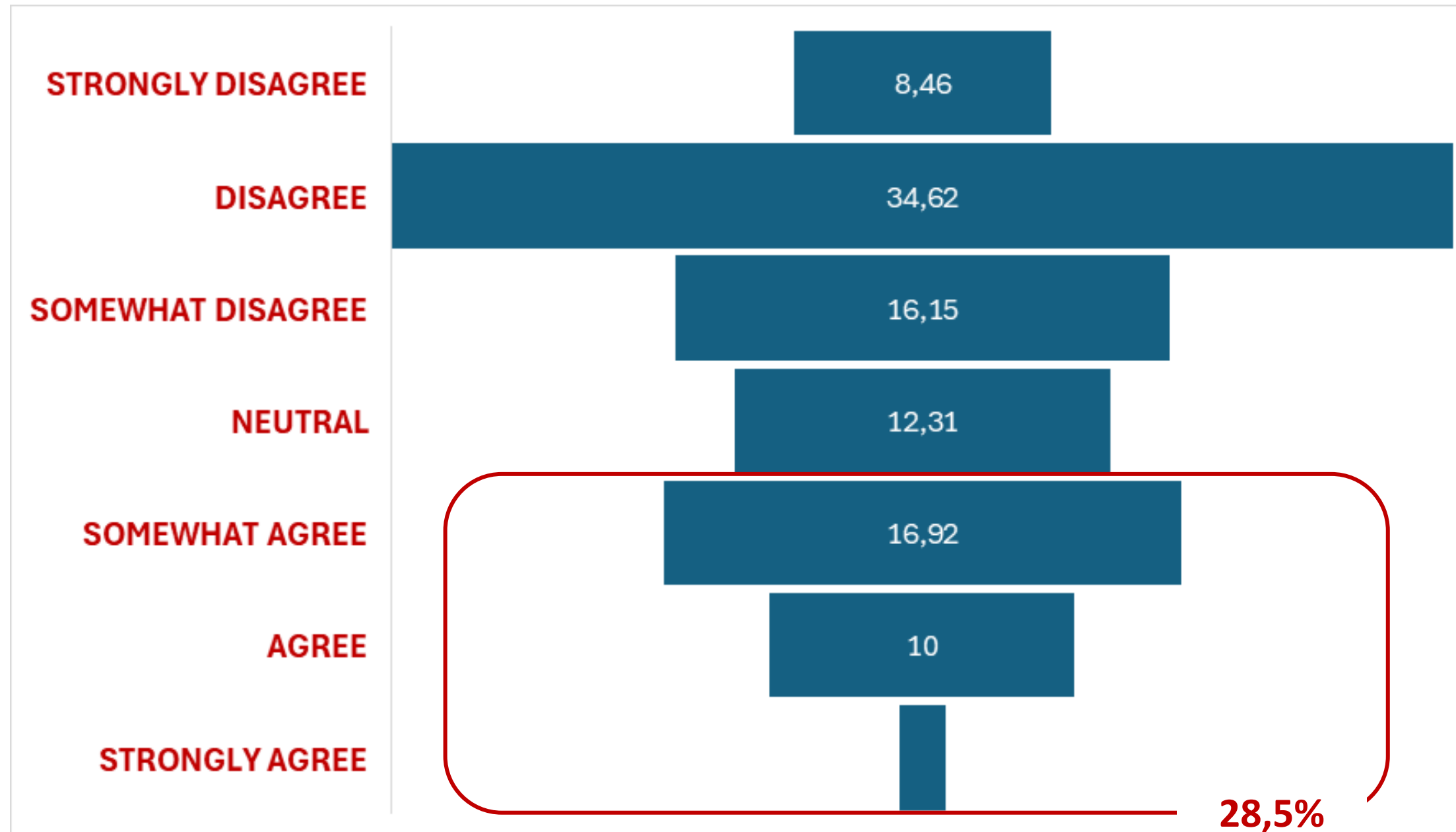
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Who is primarily responsible of RWG ?

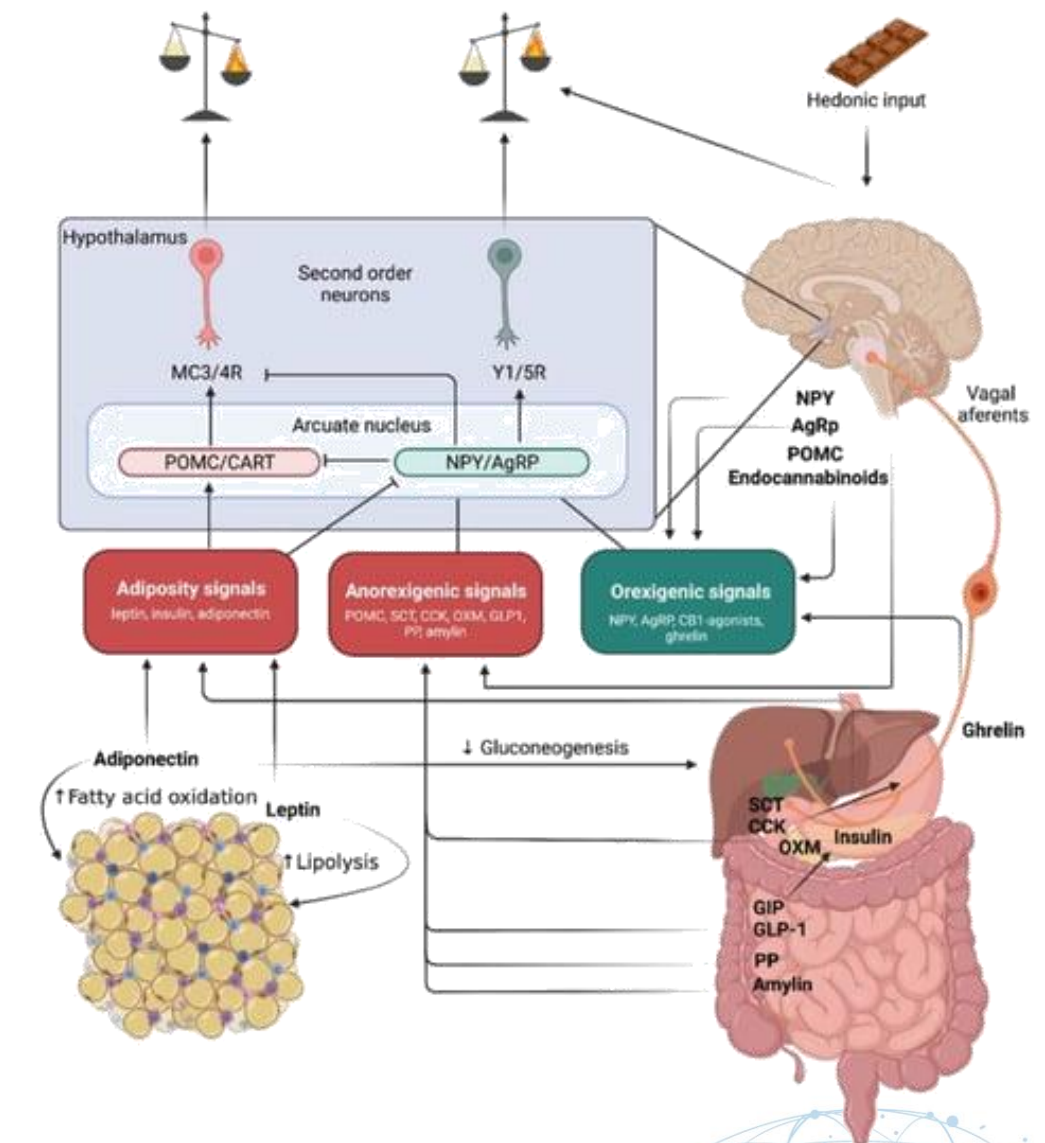


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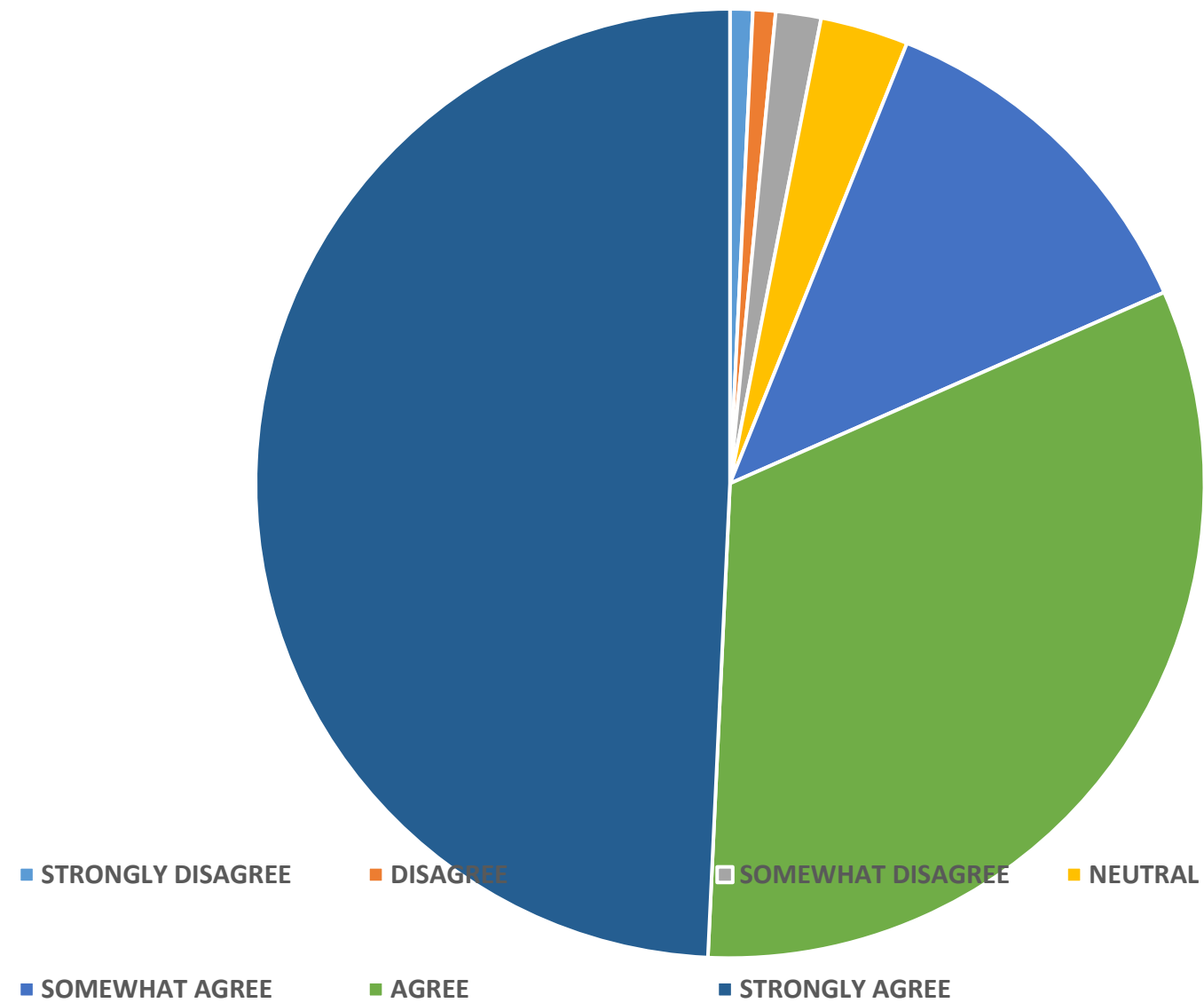


Recurrent weight gain after metabolic or bariatric surgery (MBS) is primarily the responsibility of the patient.



Plan: Education

Surgeons should focus on educating patients about the biological and psychological causes of RWG.



Are We Doing Enough?

Content of Obesity Educational Interventions in Medical Schools and Residency Programs



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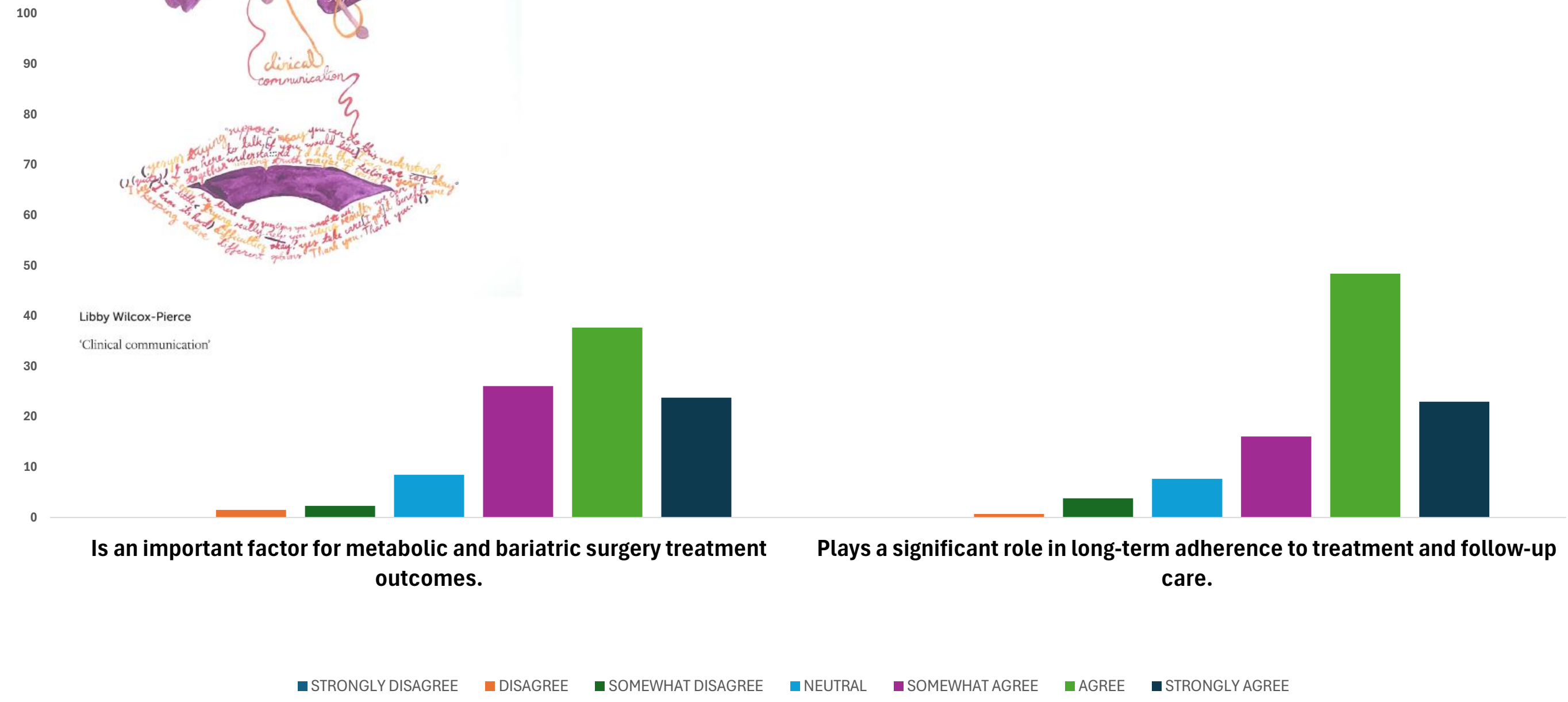
Elhag W, El Ansari W. *Obes Surg.* 2025



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Patient's self stigma...



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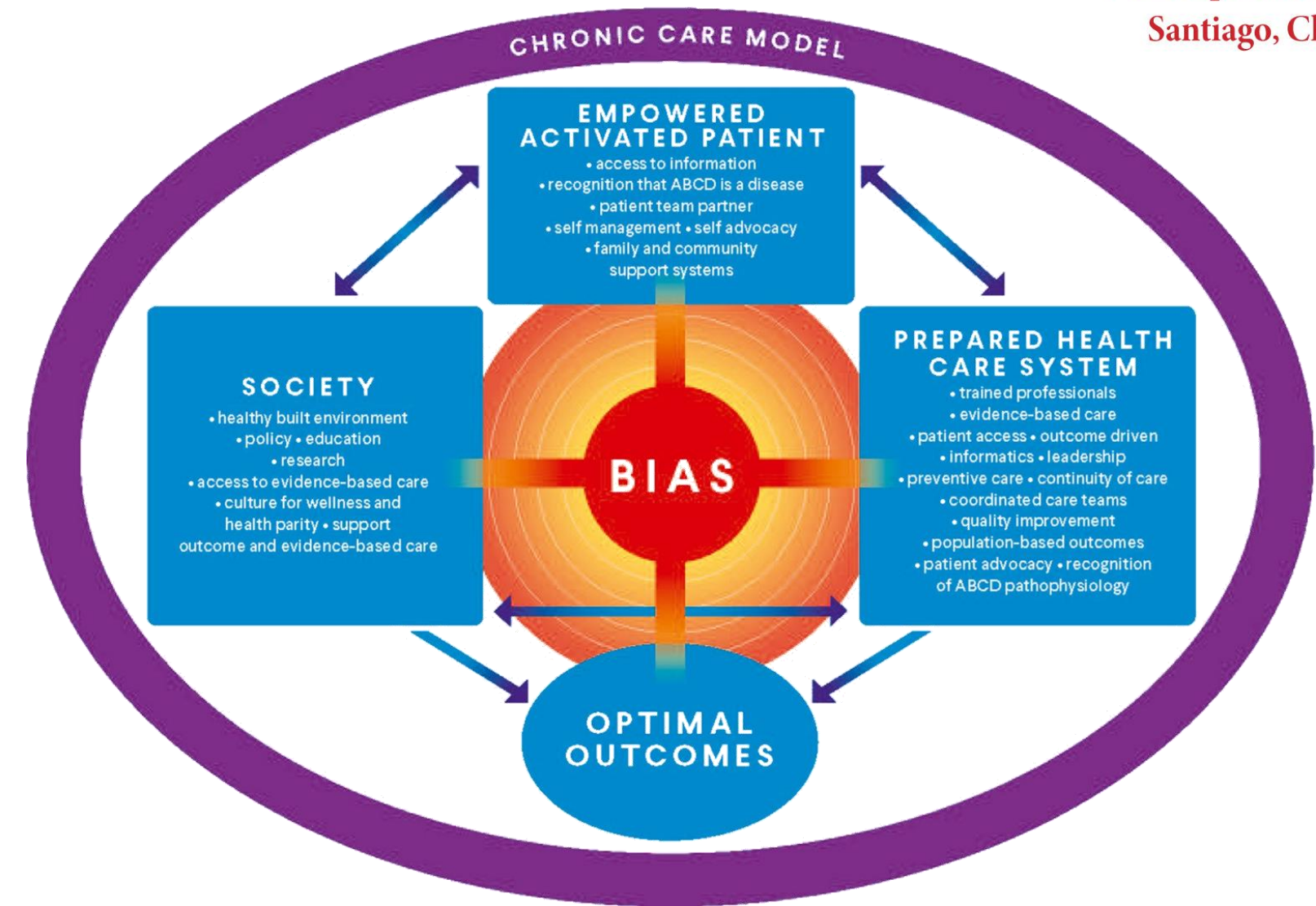
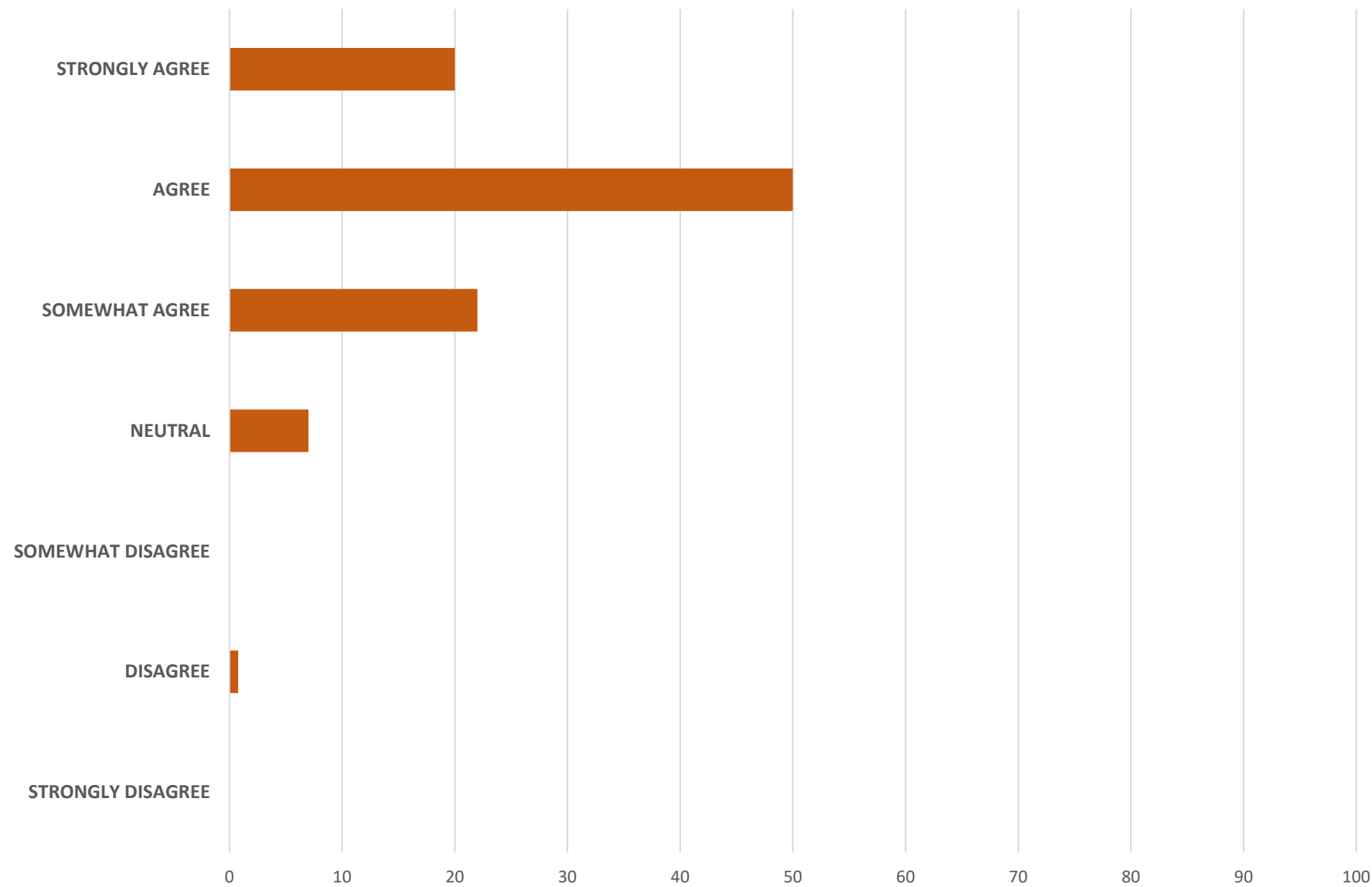
Cultural differences and stigma



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Cultural differences impact the stigma associated obesity and obesity treatments such as MBS.

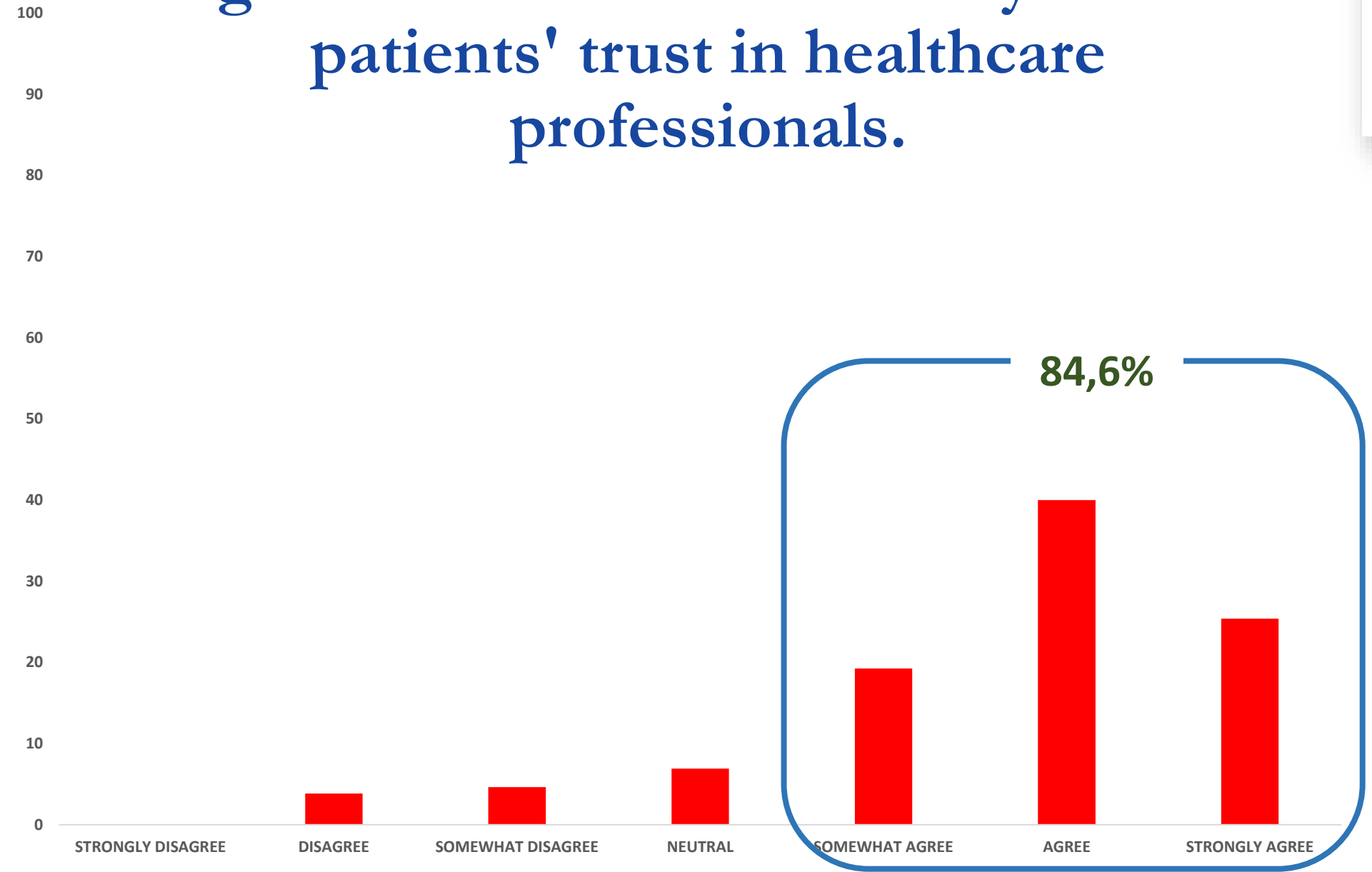


Karl Nadolsky et al. Endocrine Practice (2023)



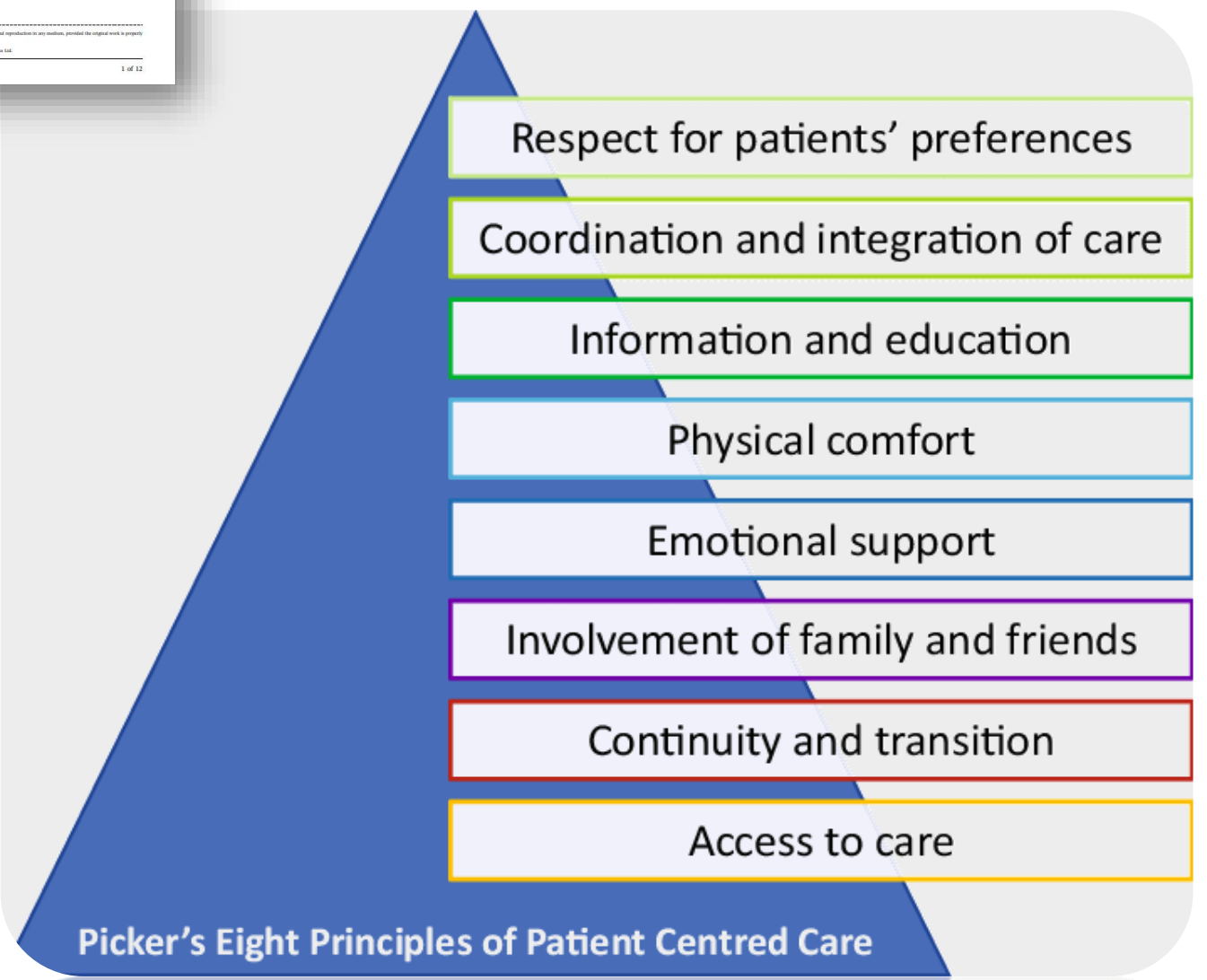
Trust as the pillar of therapeutic partnership

Stigma associated with obesity reduces patients' trust in healthcare professionals.



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Picker's Eight Principles of Patient Centred Care



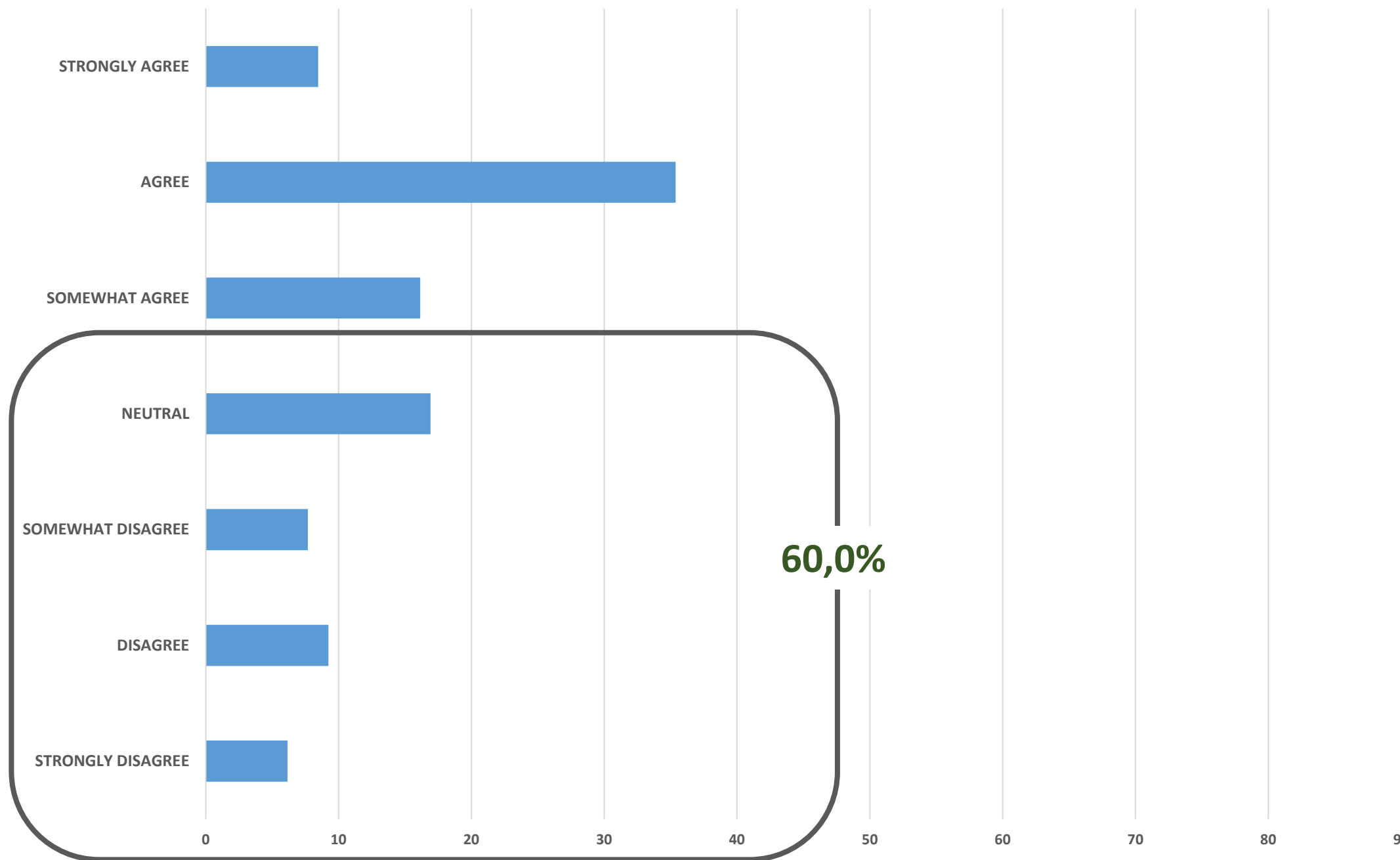
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I am aware of my own potential weight bias (negative attitudes and beliefs) or stigmatizing practices towards people with obesity



IFSO Stigma Task Force

Understanding
the bigger
picture.



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Thank you!

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IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

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Facilitated discussion:

**Bridging the Gaps - Advancing Equity by
Addressing Weight Stigma in Bariatric Care
and Beyond**

Slido

In your view, which area should be prioritized first to reduce weight bias in bariatric healthcare settings?

- A. Provide training for members on obesity as a chronic disease and weight stigma
- B. Advocate for training on weight stigma into medical, nursing, and allied health curricula
- C. Amplifying focus of obesity care to health outcomes rather than only weight centric outcomes
- D. Adopt policies against weight bias, stigma and discrimination (e.g., Avoid sensationalist language in MBS communication)
- E. Patient engagement and support initiatives (e.g. Partner with people living with obesity to co-design services, educational materials, and research; Include patient advocates in staff training sessions to share lived experiences)
- F. Research and data collection on weight bias impacts in bariatric care (e.g. Monitor patient experiences of stigma)

How confident are you that your organization (where you work) can effectively address weight stigma in bariatric practice today?

- 1 Not at all confident
- 2 Slightly confident
- 3 Moderately confident
- 4 Confident
- 5 Very confident

Which of the following barriers most hinder progress toward equitable obesity care?

- A. **Stigmatizing culture:** Media and social norms perpetuate stereotypes that obesity is a personal failure.
- B. **Policy gaps:** Lack of national strategies or funding for obesity prevention and treatment.
- C. **Low awareness:** Some individuals may not recognize obesity as a chronic disease.
- D. **Weight bias and stigma:** Providers may hold implicit or explicit negative attitudes, affecting quality of care.
- E. **Knowledge gaps:** Many providers receive little formal training in obesity management.
- F. **Limited access to specialists:** Endocrinologists, dietitians, psychologists, surgeons, and obesity medicine specialists may be scarce.
- G. **Focus on weight alone:** Overemphasis on BMI or weight loss rather than holistic health outcomes.
- H. **Inadequate coverage:** Medications, behavioral programs, and bariatric surgery often have poor insurance coverage.
- I. **Lack of integrated care:** Fragmented systems fail to coordinate between primary care, nutrition, psychology, and surgery.
- J. **Inadequate infrastructure:** Clinics may lack appropriate equipment (scales, blood pressure cuffs, chairs, imaging machines).

THANK YOU

