DECERA CLINICAL Education

Obesity Care in Primary Care

A Practical Toolkit for Assessment, Treatment, Long-term Management, and Peer Education

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Purpose of this toolkit

A practice-ready resource for primary care physicians, nurse practitioners, and physician associates caring for people with obesity. Use it to support patient-centered care, improve implementation, and prepare for peer education or OCAP capstone activities.

Developed as part of the curriculum titled, *Advancing Obesity Management Through Primary Care Learning Communities.*

In partnership with the Obesity Medicine Association (OMA), American College of Osteopathic Family Physicians (ACOFP), and Obesity Action Coalition (OAC).

Obesity Medicine Association®

OAC Obesity Action Coalition

acofp AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

QUICK START: Use the Toolkit in 5 Minutes

A simple workflow for a busy primary care visit

Step	Practice action
1. ASSESS	Look beyond weight alone: review complications, function, weight trajectory, prior treatment, safety considerations, and patient priorities
2. FRAME	Use nonstigmatizing language and explain obesity as a complex chronic disease that often requires long-term management
3. SELECT	Match the treatment plan to clinical goals, comorbidities, safety, preferences, route/dosing, tolerability, access, and follow-up feasibility
4. SUPPORT	Build nutrition, physical activity, behavioral/team support, adverse effect counseling, and access planning into the treatment plan
5. MONITOR	Reassess response, adverse effects, function, complications, adherence, access, and the patient's goals over time

Key principle

Start with clinical goals and the patient in front of you, not with a medication menu. Weight is 1 outcome; health, function, complications, tolerability, access, and sustainability also matter.

Use the remaining pages as individual tools. They can be printed, shared with care team members, or used as a framework for peer education.

1. ASSESS

Build a complete picture before choosing treatment

PARTNER RESOURCE | OMA: The Chronic Disease of Obesity

Use this OMA field reference to reinforce chronic disease framing, obesity-related health consequences, and assessment beyond a single anthropometric measure.

Source: Obesity Medicine Association, The Chronic Disease of Obesity (2026). | obesitymedicine.org

Assess	Prompts
☐ **Anthropometrics**	Document weight/BMI and waist circumference when appropriate; interpret anthropometric measures in the context of overall health and recognize their limitations.
☐ **Obesity-related complications**	Identify metabolic, cardiovascular, pulmonary, musculoskeletal, gastrointestinal, renal, endocrine, and psychosocial consequences as clinically appropriate.
☐ **Weight history**	Review age of onset, highest/lowest weight, rate of weight gain, inciting factors, major life events, and repeated loss/regain.
☐ **Previous obesity treatment**	Ask what has been tried, what worked, what did not work, and what motivated prior efforts.
☐ **Nutrition and eating patterns**	Assess eating patterns, triggers/cravings, household factors, and relevant eating disorder history.
☐ **Physical activity and function**	Assess current and preferred activities, access to activity options, and physical limitations.
☐ **Medical, family and social factors**	Review current conditions and medications, family history, sleep, social triggers, life stressors, and substance use.
☐ **Physical evaluation and labs**	Assess blood pressure and other relevant examination findings; consider laboratory evaluation for dysglycemia, lipids, thyroid, and other metabolic disease.

Clinical Conversation Starter

"Can you walk me through how your weight and health have changed over time, and what has or has not worked for you before?"

2. START THE CONVERSATION

Use motivational interviewing to support collaborative, patient-centered obesity care

PARTNER RESOURCE | OMA: Motivational Interviewing

Use the OARS skills, importance/confidence rulers, reflective listening, and the elicit–provide–elicit approach to draw out the patient's own motivations, goals, and reasons for change.

Source: Obesity Medicine Association, Motivational Interviewing (2026). | obesitymedicine.org

PARTNER RESOURCE | ACOFP: Motivational Interviewing in Obesity Care

Use clinician course as an additional resource for collaborative obesity conversations and practical motivational interviewing skills.

Open ACOFP course

Helpful Approaches

- Ask permission and partner with the patient rather than directing the conversation.
- Use open questions and reflections to understand the patient's motivations, values, and ambivalence.
- Affirm strengths and prior successes to support self-efficacy.
- Use importance/confidence rulers to uncover barriers and what the patient believes is possible.
- Use summaries to reflect the patient's reasons, abilities, goals, and needs back to them.
- When sharing information, use elicit–provide–elicit: ask what the patient knows, ask permission to add information, then ask for their reaction.

Try This/Avoid This

Try This	Avoid This
"Would it be okay if we talk about how your weight may be affecting your health?"	Opening with advice or recommendations before asking permission
"What feels most important to you about your health right now?"	Assuming the HCP already knows what should motivate the patient
"You've made changes before. What helped you succeed then?"	Focusing only on what has not worked or implying a lack of effort
"What would make you feel more confident about taking the next step?"	Arguing against resistance or pushing the patient toward a decision

Teaching Pearl

Motivational interviewing is not about persuading a patient to change. Guide the conversation, listen for change talk, and help the patient identify personally meaningful reasons and a realistic next step.

3. DEFINE SUCCESS

Move beyond weight-only goals

Use the patient's priorities and obesity-related complications to define treatment targets.

Domain	Examples of Meaningful Outcomes
Health	Cardiometabolic risk, glycemic status, blood pressure, sleep-related symptoms, liver/metabolic health, and other obesity-related conditions as clinically relevant
Function	Mobility, knee or joint symptoms, strength, endurance, ability to participate in daily activities
Quality of life	Energy, sleep, confidence in self-management, and ability to sustain the care plan
Treatment experience	Tolerability, convenience, adherence, access, and confidence with long-term management
Weight trajectory	Use weight change as 1 important outcome, interpreted alongside health, function, and complications

Shared Goal-Setting Prompt

"If the scale changed less than you hoped, but your blood pressure, mobility, energy, or another health problem improved, which outcomes would matter most to you?"

4. SELECT TREATMENT

Use a practical 5 C's framework

PARTNER RESOURCE | OMA: Clinical Obesity Treatment

Use the OMA Clinical Obesity Treatment field reference as a companion resource for comprehensive obesity treatment. The 5 C's below provide a practical Toolkit framework for organizing treatment considerations in primary care.

Source: Obesity Medicine Association, Clinical Obesity Treatment (2026). | obesitymedicine.org

PARTNER RESOURCE | ACOFP: The Osteopathic Perspective - Comprehensive Obesity Medicine Treatment

This 9-module certificate program provides a comprehensive, evidence-based approach to obesity care, including clinical assessment, lifestyle and medical treatment modalities, shared decision-making, and individualized treatment planning. Use it as a companion resource alongside the practical 5 C's framework below.

Open ACOFP certificate program

5 C's	Questions to Answer
1. Comorbidities	Match treatment to the patient's obesity-related conditions, complications, function, and clinical priorities.
2. Contraindications and cautions	Screen for treatment-specific contraindications, warnings, interactions, pregnancy considerations, and relevant safety concerns.
3. Cues from the patient	Consider hunger/cravings/satiety, prior tolerability, route preference, dosing routine, treatment expectations, and adherence history.
4. Combinations	Use a layered treatment toolbox: nutrition, physical activity, behavioral support, pharmacotherapy when appropriate, and procedural/surgical referral when indicated.
5. Cost and coverage	Plan for benefit verification, prior authorization, affordability, supply, continuity, and a backup option if access is interrupted.

Do not sequence care as "lifestyle first, then everything else."

Present appropriate options as complementary parts of chronic disease management. Selection should be individualized and revisited over time.

5. SHARED DECISION-MAKING

Turn treatment selection into a shared care plan

Before the patient leaves, make sure you have discussed:

- Expected health benefits and realistic treatment goals
- Safety considerations and common adverse effects
- Route, dosing, administration logistics, and treatment burden
- Tolerability concerns and what to do if symptoms occur
- Access, insurance coverage, affordability, and supply continuity
- Expected duration of treatment and why long-term management may be needed
- How response will be monitored and when the next follow-up will occur
- Which parts of the plan the patient feels ready and able to sustain

Time-constrained visit?

When a routine primary care visit does not allow enough time for assessment, shared decision-making, treatment selection, and follow-up planning, consider a dedicated obesity-management visit.

Conversation Close

“We have several reasonable options. Let’s choose the plan that best fits your health goals, preferences, safety needs, and what you can realistically sustain.”

6. IMPLEMENT

Build access, ownership, and follow-up into the care plan

PARTNER RESOURCE | OAC: Access to Care Resources

Use OAC's patient-facing Access to Care Resources to help patients navigate insurance coverage and treatment access barriers. The implementation framework below translates these access principles into practical steps for the primary care team.

Source: Obesity Action Coalition, Access to Care Resources. | Open OAC Access to Care Resources

Workflow Step	What Good Implementation Looks Like
Document eligibility	BMI/waist when appropriate, obesity-related complications, prior interventions and response, safety screening, and rationale for treatment.
Document shared decision-making	Record the goals and treatment options discussed, patient preferences, and why the chosen plan fits.
Verify access early	When possible, verify benefits and formulary requirements before or at prescribing.
Assign ownership	Clarify who handles prior authorization submission, tracking, patient communication, and appeals.
Build a Plan B	Identify an alternative if coverage, affordability, supply, or tolerability interrupts the initial plan.
Close the loop	Confirm that the patient obtained or initiated the planned treatment and knows whom to contact with access or treatment questions.

Practice Improvement Question

Who owns each step in your current workflow: benefit verification, prior authorization, patient education, follow-up, and troubleshooting? If the answer is "no one," make ownership explicit.

7. MONITOR AND SUSTAIN

Follow-up is part of the treatment plan

Monitor	What to Revisit
Response	Track weight trajectory together with cardiometabolic, functional, symptom, and quality-of-life outcomes.
Adverse effects	Ask proactively about tolerability and intervene early so side effects do not undermine nutrition, hydration, adherence, or quality of life.
Nutrition quality	Support adequate, individualized nutrition; address reduced intake and protein adequacy when relevant.
Physical activity	Encourage activity tailored to pain, mobility, and access, including resistance training to support strength when appropriate.
Access and adherence	Reassess coverage, supply, affordability, administration burden, missed doses, and persistence.
Long-term plan	Discuss maintenance, adjustment, switching, or discontinuation decisions in the context of chronic disease management and the patient's overall response.

Course Correction Is Expected

Adjust support, monitoring, and the treatment plan before labeling therapy a failure. Maintenance decisions should be individualized and should not be based on weight loss alone.

8. ADAPT CARE TO THE PATIENT

Support diverse cultural, socioeconomic, linguistic, and health literacy needs

PARTNER RESOURCE | OMA + OAC: Pediatric and Family Resources

For pediatric and family needs, use the OMA Pediatric Obesity field reference and OAC Thrive Together Youth & Families Program as supplemental resources.

Source: Obesity Medicine Association, Pediatric Obesity (2026); Obesity Action Coalition, Thrive Together.
obesityaction.org/thrivetogether/

OMA obesity medicine resources | OAC Thrive Together

PARTNER RESOURCE | ACOFP: Pediatric Obesity

Use this clinician course alongside the OMA and OAC pediatric/family resources when pediatric obesity care is relevant to the learner's practice.

Open ACOFP Pediatric Obesity course

Use these prompts to make the plan more usable and equitable.

Consider	Practical approach
Language	Use preferred language and qualified interpretation resources when needed; avoid jargon and confirm understanding.
Health literacy	Use plain language, short action steps, teach-back, and written instructions that match the patient's needs.
Culture and preferences	Ask rather than assume how food practices, family roles, beliefs, or prior experiences may affect care.
Cost and access	Ask directly about affordability, coverage, transportation, pharmacy access, food access, time, and competing priorities.
Bias and stigma	Acknowledge prior negative experiences when raised, use person-first language, and avoid moralizing weight or treatment choices.
Follow-up feasibility	Adapt visit cadence, communication method, and team support to what the patient can realistically access.

Teach-Back Prompt

"I want to make sure I explained this clearly. Can you tell me in your own words what the plan is and what you'll do if a problem comes up?"

9. USE THE FULL CARE TEAM

Coordinate support when local resources allow

Obesity care may require expertise beyond a single visit or HCP. Build referral and collaboration pathways before they are urgently needed.

Resource	When it May Help
Nutrition support	Dietitian or other qualified nutrition professional for individualized nutrition planning, side effect–related intake issues, and long-term support.
Nursing support	Reinforce education, monitor response and adverse effects, support follow-up, and help coordinate care across the team.
Pharmacy support	Assist with medication education, access and prior authorization, drug interactions, adherence, titration support, and adverse effect management.
Behavioral support	Behavioral health or other support when emotional, behavioral, stigma-related, or adherence barriers affect care.
Physical activity/function	Exercise, rehabilitation, or physical therapy resources when mobility, pain, function, or strength needs targeted support.
Sleep/complications	Coordinate evaluation and management of obesity-related conditions such as suspected sleep apnea or other complications.
Obesity medicine	Refer or comanage when complexity, treatment response, safety, or access needs exceed local primary care resources.
Metabolic/bariatric procedures	Discuss procedural or surgical referral when clinically indicated and aligned with patient goals.

Practical Implementation

Create a 1-page local referral list and update it regularly. Include what each service offers, referral criteria, expected wait time, and whether telehealth is available.

PARTNER RESOURCE | ACOFP: Primary Care's Role in Gastric Bypass and Postop Care

Use this course as a supplemental resource when discussing referral, care coordination, and the ongoing role of primary care before and after bariatric procedures.

Open ACOFP gastric bypass/postop course

10. PATIENT CONVERSATION TOOL

Questions to bring to an obesity care visit

PARTNER RESOURCE | OMA: TreatingObesityFirst

TreatingObesityFirst.org equips healthcare professionals with patient education resources, an AI patient conversation simulator, practical tools to support obesity care, and free CME to strengthen patient-centered care.

Visit TreatingObesityFirst.org

PARTNER RESOURCE | OAC: Patient Education and Support

Connect patients to Your Weight Matters, the OAC Resource Library, Stop Weight Bias, and OAC Community for trusted education, practical support, and peer connection.

Source: Obesity Action Coalition patient education and support resources.
obesityaction.org/library

Open OAC Resource Library

PARTNER RESOURCE | ACOFP: Weighty Topics

Share this patient-focused resource to help people understand obesity as a chronic disease, explore evidence-based weight management options, address weight bias and stigma, and prepare for conversations with an HCP. The site also includes video FAQs, infographics, patient testimonials, and an HCP conversation simulation.

Visit Weighty Topics

This page can be copied or printed for patients.

- How is obesity affecting my health right now?
- What health measures should we follow besides weight or BMI?
- What treatment options are appropriate for me?
- What benefits might I expect, and how will we know if treatment is helping?
- What side effects or safety concerns should I know about?
- How do route, dosing, or administration requirements differ among my options?
- What should I do if treatment is not covered, is too expensive, or is unavailable?
- How often should I follow up, and what will we monitor?
- Is this likely to be long-term treatment? What happens if treatment is stopped or changed?
- What nutrition, physical activity, behavioral, or team-based support could help me sustain the plan?

My top 3 goals

1. _____
2. _____
3. _____

My biggest concern or barrier

_____

_____

_____

11. TEACH YOUR PEERS

A 5-minute obesity care mini-session

Use this structure for a huddle, grand rounds discussion, chapter program, or OCAP teaching/ capstone preparation.

Timing	Teaching Message
Minute 0-1: Reframe	Obesity is a complex chronic disease. Timely treatment and long-term management should focus on health impact, not blame.
Minute 1-2: Assess	Look beyond BMI: complications, function, weight trajectory, patient priorities, safety, and practical barriers.
Minute 2-3: Select	Use patient-centered shared decision-making to match treatment to goals, comorbidities, safety, route, tolerability, access, and follow-up.
Minute 3-4: Sustain	Build nutrition, activity, adverse effect counseling, monitoring, access planning, and long-term follow-up into the prescription.
Minute 4-5: Commit	Ask colleagues to identify 1 change they will make in assessment, treatment selection, communication, or follow-up.

Teach-Back Question

"A colleague says antiobesity medication is only a short-term tool. How would you explain obesity treatment using a chronic disease model in 30 seconds?"

PARTNER RESOURCE | ACOFP: Incorporating Obesity Medicine into the Residency Curriculum

Use this course as a supplemental teaching resource for faculty, residency educators, and OCAP participants who are preparing to educate peers or trainees.

Open ACOFP residency curriculum course

12. CASE-BASED TEACHING

Use 1 evolving patient story to drive discussion

Case: Monica, age 46

BMI 34 kg/m²; waist 43 in; prediabetes, hypertension, knee osteoarthritis, possible obstructive sleep apnea; repeated weight cycling; priorities include mobility, diabetes prevention, energy, and sustainability; concerns include nausea, injections, cost/coverage, and long-term treatment.

Decision point 1: Where do you start?

Ask learners what they would assess before discussing treatment options. Debrief toward health impact, weight trajectory, patient priorities, complications, safety, access, and follow-up feasibility.

Decision point 2: What fits Monica?

Ask learners to compare treatment approaches using expected benefits, safety, route, tolerability, access, and follow-up needs rather than prioritizing 1 factor alone.

Decision point 3: Three months later

Monica has 6% weight loss on selected agent, improved energy and blood pressure, mild intermittent nausea, reduced protein intake, and no structured resistance training. Ask what should happen next. Debrief toward tolerability management, nutrition, physical activity, function, and reassessment of the overall treatment response.

Facilitator Tip

Do not rush to the "right answer." Ask what additional information would change the learner's decision, then compare approaches and identify where efficacy, safety, preferences, access, and long-term management were integrated.

13. CONNECT TO THE LEARNING COMMUNITY

Use the Toolkit for self-study, peer education, and OCAP activities

Use	How it Supports the Program
Self-study	Use individual toolkit pages to reinforce assessment, treatment selection, implementation, and long-term management.
Team education	Use the mini-session and case pages for practice huddles, journal clubs, or local teaching.
Train-the-Trainer	Use the tools to practice concise, evidence-based messages and implementation planning.
OCAP capstone	Use toolkit concepts to support peer education or patient outreach activities completed within the OCAP Recognition Pathway.
Resource Hub	Return to the Hub for certified education, enduring webcasts, ClinicalThought commentaries, microlearning, newsletters, AI-enabled learning support, and updated practical resources.

OCAP Pathway Reminder

The OCAP Recognition is a longitudinal pathway spanning foundational learning, Train-the-Trainer participation, and a capstone teaching or patient outreach experience.

14. PARTNER RESOURCE QUICK GUIDE

Curated OMA, ACOFP, and OAC resources to extend implementation, patient support, and peer education

Obesity Medicine Association (OMA)

Resource	Best Use in This Toolkit	Access
The Chronic Disease of Obesity	Chronic disease framing; health consequences; assessment beyond BMI; diagnostic methods	Obesity Algorithm
Motivational Interviewing	Bias-aware conversations, OARS skills, collaborative goal setting, importance/ confidence rulers	Motivational Interviewing for Obesity Treatment
Clinical Obesity Treatment	Field reference for assessment, nutrition, physical activity, behavior, medical interventions, and long-term care	Obesity Algorithm
Pediatric Obesity	Supplemental pediatric/family guidance, shared decision-making, stigma, assessment, treatment, and referral	Pediatric Obesity Algorithm: A Clinical Tool for Treating Childhood Obesity
Clinical Education Pathways	Structured, practical pathways designed to support clinicians at every stage of practice	Micro Credentials
Fundamentals of Obesity Treatment	Learn evidence-based approaches to evaluating, diagnosing and treating obesity. Start applying them in clinical practice	Fundamentals of Obesity Treatment Course
Obesity Pillars Journal	Open access journal that serves as a resource to assist clinicians to deliver patient-centered obesity medicine care	Obesity Pillars Journal

American College of Osteopathic Family Physicians (ACOFP)

Resource	Best Use in This Toolkit	Official Link
Weighty Topics	Patient education, weight bias/ stigma, treatment options, patient testimonials, video FAQs, and conversation preparation/simulation	Educating Patients About Obesity
The Osteopathic Perspective: Comprehensive Obesity Medicine Treatment	HCP certificate program for comprehensive obesity medicine education	The Osteopathic Perspective: Comprehensive Obesity Medicine Treatment | ACOFP
Pediatric Obesity	Supplemental HCP education for pediatric obesity care	Pediatric Obesity | ACOFP

Resource	Best Use in This Toolkit	Official Link
Motivational Interviewing in Obesity Care	Supplemental HCP education in motivational interviewing and patient-centered communication	Oh MI! Applying Motivational Interviewing in Obesity Care | ACOFP
Primary Care's Role in Gastric Bypass and Postop Care	Supplemental education on primary care coordination around bariatric surgery and postoperative care	PCP Role in Gastric Bypass and Postop Care | ACOFP
Childhood Obesity: Approach to Individualized Treatment	ACOFP journal article supplied by the partner for supplemental reading	Childhood Obesity
Risks of Obesity	ACOFP journal article supplied by the partner for supplemental reading	Risks of Obesity
Fat Shaming in Medicine: Overview and Alternative Patient Strategies	ACOFP journal article supplied by the partner for supplemental reading on stigma and patient communication	Fat Shaming in Medicine
Understanding Obesity as a Chronic Disease	ACOFP Voice blog supplied by the partner for supplemental reading	Understanding Obesity: A Chronic Disease Requiring Comprehensive Care
Weight, Obesity, and the Role of the Family Physician	ACOFP Voice blog supplied by the partner for supplemental reading	The Weight of Obesity and the Role of the Family Physician
Obesity as a Barrier to Achieving Patient Wellness	ACOFP Voice blog supplied by the partner for supplemental reading	Obesity Is a Barrier to Achieving Patient Wellness. Osteopathic Family Physicians Can Help.
Family Medicine Residents and Preparedness to Treat Obesity	ACOFP Voice blog supplied by the partner for supplemental reading	Study Shows Family Medicine Residents Are Unprepared to Treat Patients with Obesity
Addressing the Obesity Epidemic Through Nutrition Education	ACOFP Voice blog supplied by the partner for supplemental reading	Addressing the Obesity Epidemic: A Look at Where We've Come From and Where We're Going with Nutrition Education
GLP-1 Weight Loss Drugs and Patient Demand	ACOFP Voice blog supplied by the partner for supplemental reading	The GLP-1 Coverage Gap: Great Press, Strict Guidelines
Time-Restricted Feeding: A Review	ACOFP Voice blog supplied by the partner for supplemental reading	Time Restricted Feeding: A Review

Resource	Best Use in This Toolkit	Official Link
Medical Weight Management	ACOFP Voice blog supplied by the partner for supplemental reading	Medical Weight Management
OMT and the Patient Navigating Weight Loss	ACOFP Voice blog supplied by the partner for supplemental reading	Osteopathic Manipulative Treatment (OMT) in the Patient Navigating Weight Loss
Nutritional Intervention and Metabolic Syndrome	ACOFP Voice blog supplied by the partner for supplemental reading	Nutritional Intervention Improves all Components of Metabolic Syndrome

Obesity Action Coalition (OAC)

Resource	Best Use in This Toolkit	Official Link
Your Weight Matters Campaign	Supports patients in starting conversations about weight and health with an HCP	Home - Your Weight Matters
OAC Resource Library	Patient-friendly education on obesity, related conditions, treatment, nutrition, mental health, and more	Resource Library - Obesity Action Coalition
Stop Weight Bias Campaign	Education and tools to recognize weight bias and promote respectful, compassionate care	Stop Weight Bias - Stop Weight Bias
Access to Care Resources	Helps patients navigate insurance coverage, treatment access, and obesity care barriers	Access to Care Resources - Obesity Action Coalition
OAC Community	Peer connection, education, advocacy opportunities, events, and support	Community - Obesity Action Coalition
Your Weight Matters Regional Events	Free community-based education and practical health information	Your Weight Matters Events | Presented by OAC
OAC Digital Education	Free patient-focused digital education featuring trusted experts	OAC TV - Obesity Action Coalition
Weight Matters Magazine	Quarterly patient stories, expert insights, and practical health education	Weight Matters Magazine - Obesity Action Coalition
Thrive Together Youth and Families	Supportive education and community opportunities for youth affected by obesity and their families	Thrive Together - Obesity Action Coalition

Additional OAC options supplied for the program include the Your Weight Matters National Convention, OAC Action Center, Obesity Care Week, and other community education and advocacy resources.

15. SELECTED REFERENCES

For clinical review and certification

Selected evidence cited in the current 102555 educational materials:

- American Diabetes Association Professional Practice Committee for Obesity. BMJ Open Diabetes Res Care. 2026;13(Suppl 1):e005729.
- Nadolsky. Endocr Pract. 2025;31:1351.
- Kane. PLoS One. 2025;20:e0314269.
- Horn. Postgrad Med. 2022;134:359.

Program and partner resources

- Obesity Learning Collaborative Resource Hub Visit Hub
- Obesity Medicine Association (OMA): evidence-based clinical education, practice resources, and guidance to support comprehensive obesity care Visit OMA
- Obesity Action Coalition (OAC): patient education, access-to-care, bias, and peer-support resources Visit OAC
- American College of Osteopathic Family Physicians (ACOFP): clinician education, patient resources, journal articles, and obesity-focused primary care learning Visit ACOFP