

Physical Activity Promotion inside and outside the Clinic for Patients with Obesity: **Barriers and Facilitators**

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Disclosures

Consultant and Instructor - Wondr Health
Educational Consultant – seca
Advisory Board - AstraZeneca

Personal Disclosure

Obesity Treatment Advocate



Level Set



Image Credit: Stop Weight Bias Image Gallery



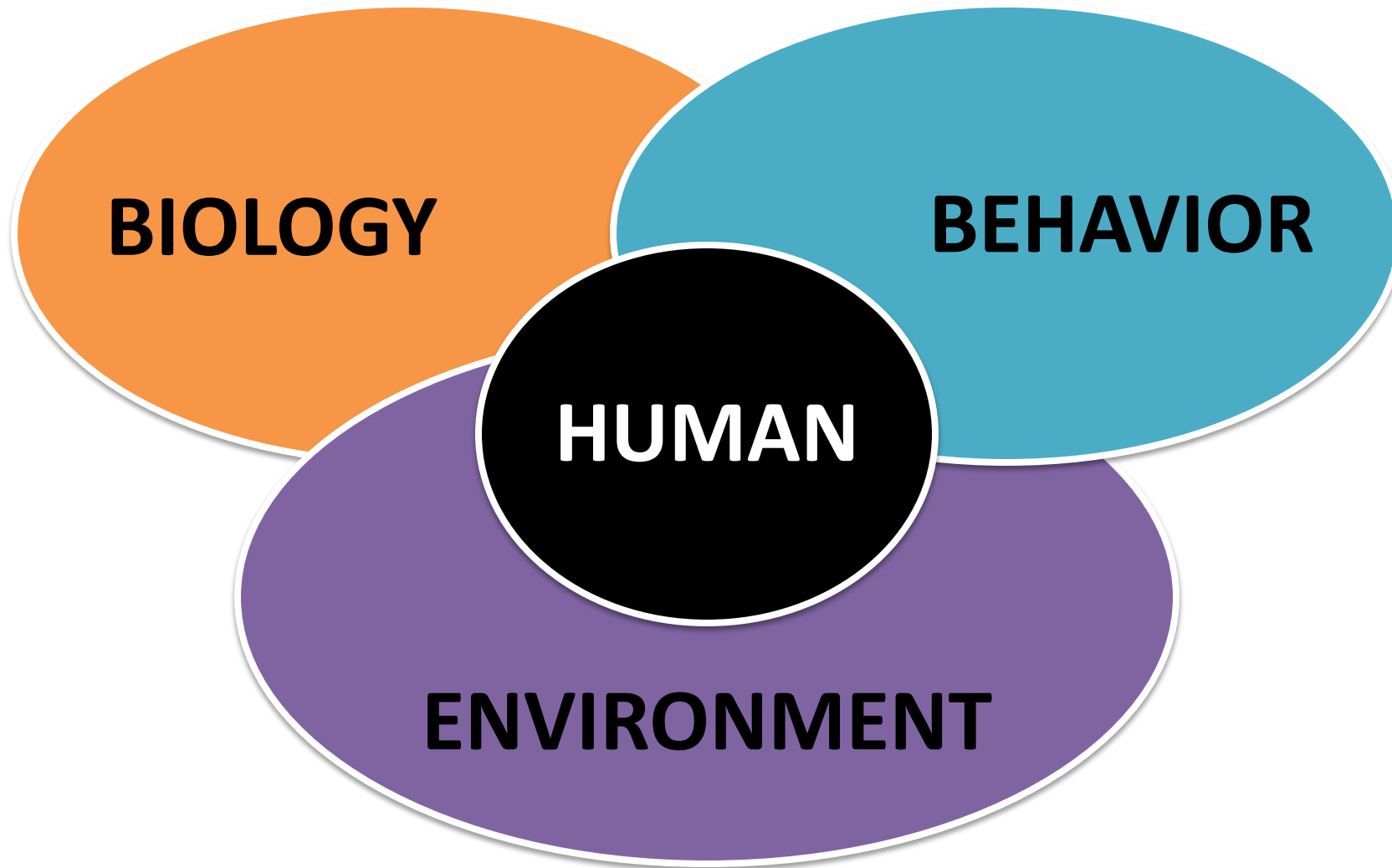
Living with obesity
isn't easy

Treating obesity
isn't easy



one size fits
NONE

Person-Centered
Not
Method-Centered



BIO-BEHAVIORAL APPROACH

BIOLOGY:

WEIGHT AND
NON-WEIGHT-RELATED
OUTCOMES

BEHAVIOR:

PATIENT PRESPECTIVES
PATTERNS OF
ENGAGEMENT



OBESITY TREATMENT
PHYSICAL ACTIVITY TARGETS

Obesity Treatment Pathways



Image Credit: Stop Weight Bias Image Gallery





8-10%

VS.

15-20%

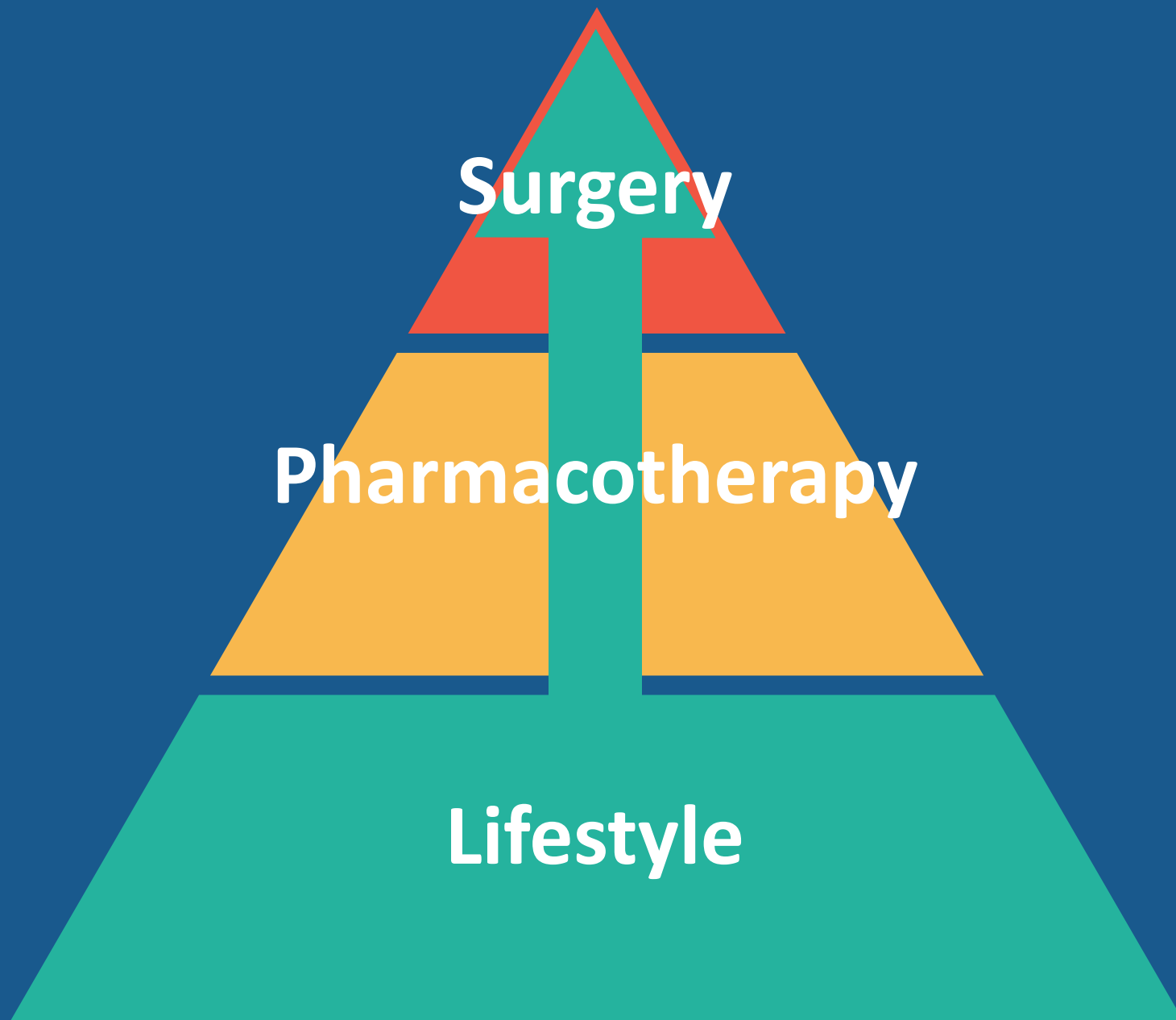
VS.

25-30%

Lifestyle

Pharmacotherapy

Surgery



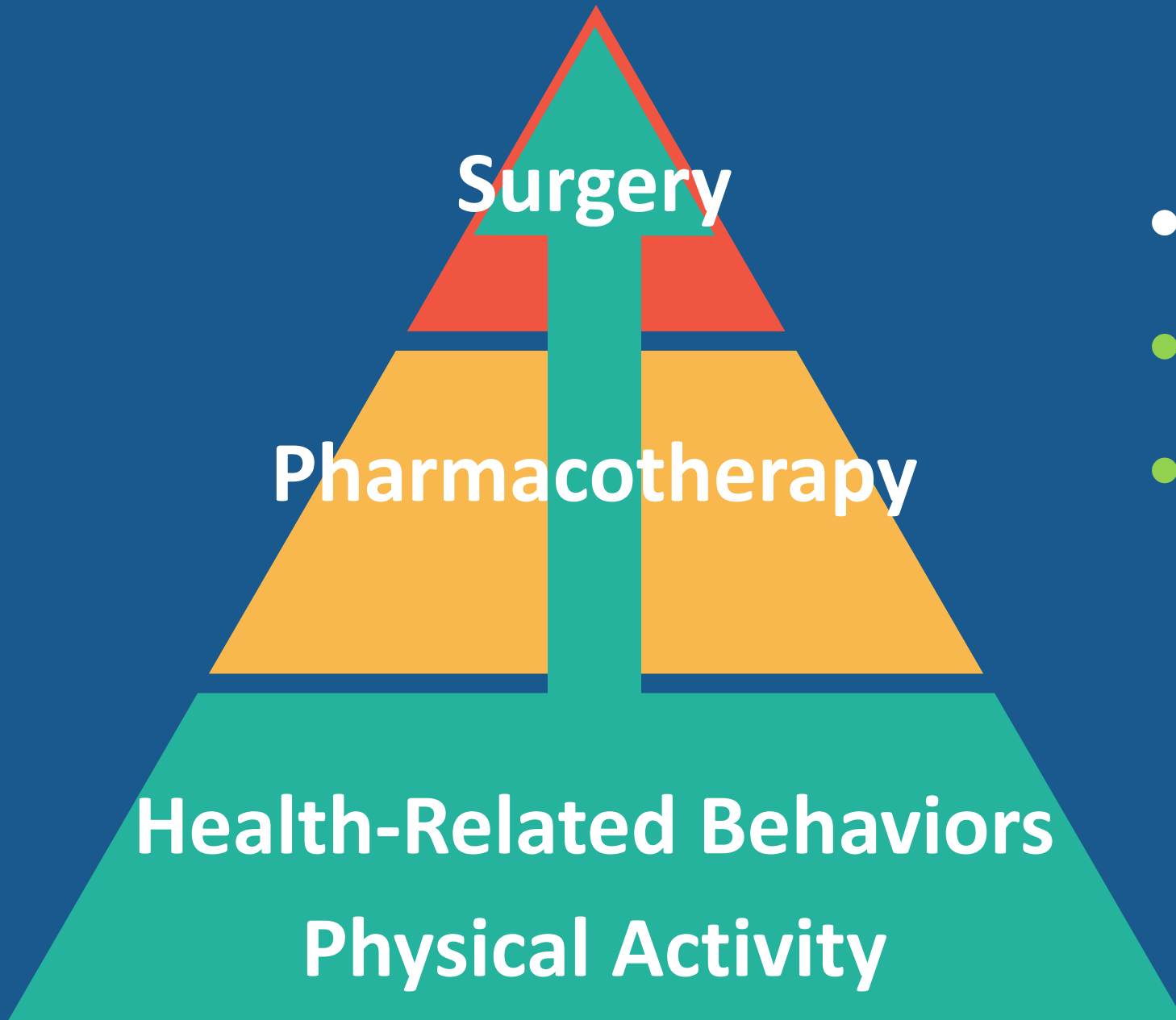
UNPOPULAR

Lifestyle

*“Lifestyle” or “Healthy Lifestyle”
makes me feel
like I **have to behave** a certain way
to have a **correct lifestyle**.*

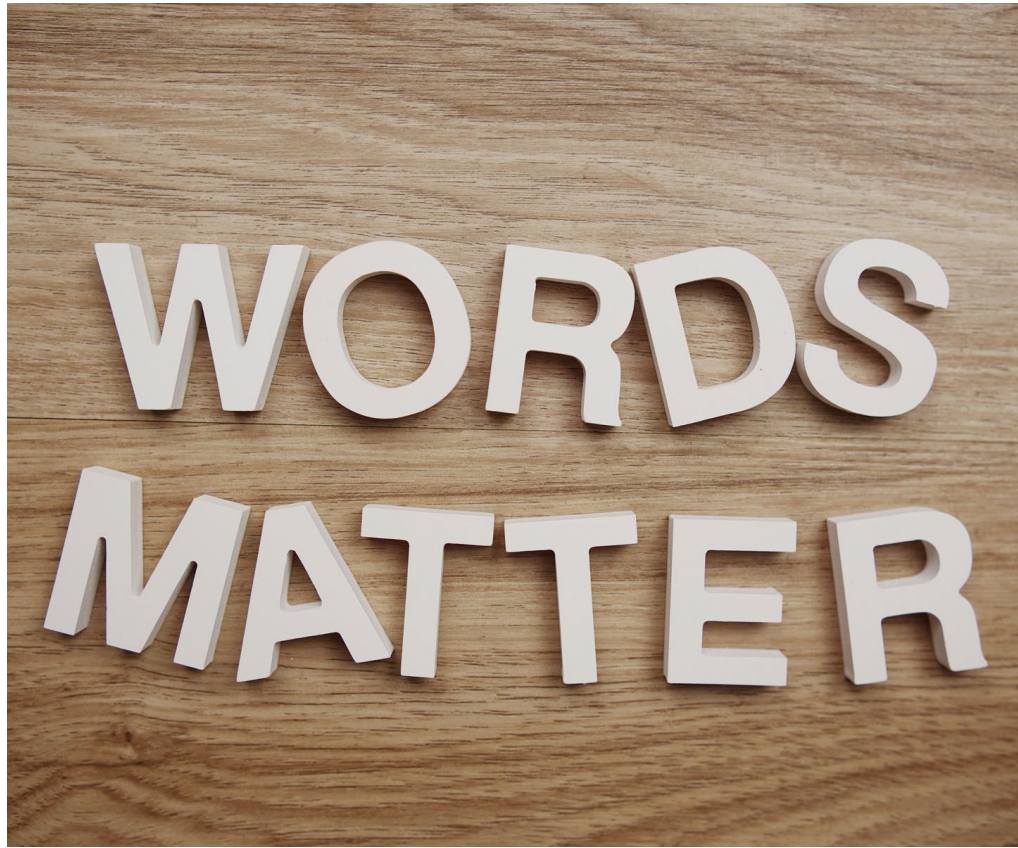
MY lifestyle is wrong.

Are we ignoring the **Barriers** and **Facilitators**?

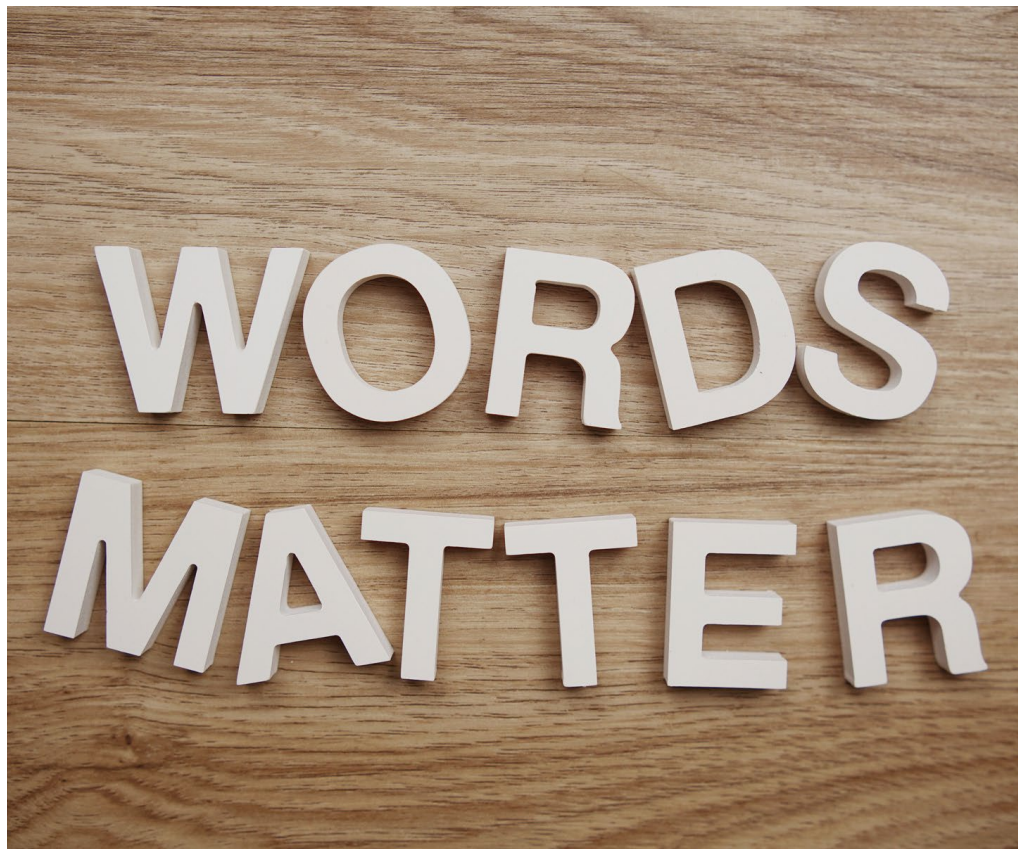


- Exercise
- Movement
- Function





**Inside and
Outside
the Clinic**



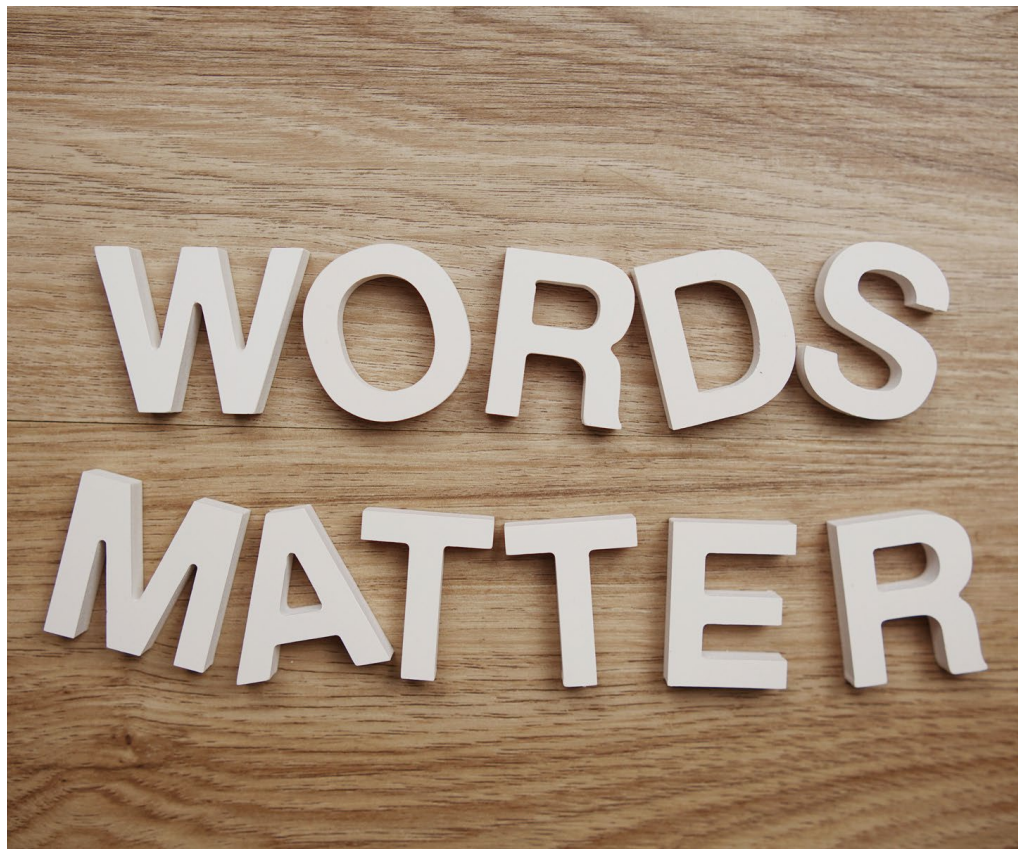
Inside and Outside the Clinic

Obesity is a **complex**,
relapsing neuroendocrine
disease

Person-first language
“Glp-1 user”

Exercise is **not** about:

Slimming Down
Looking Better
Fixing - “root causes”



Inside and Outside the Clinic

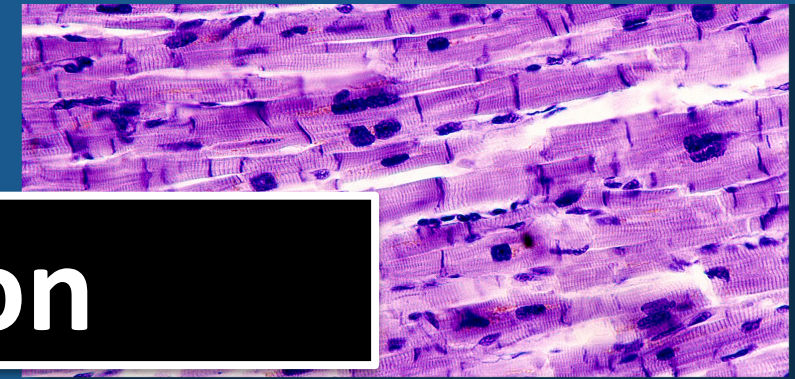
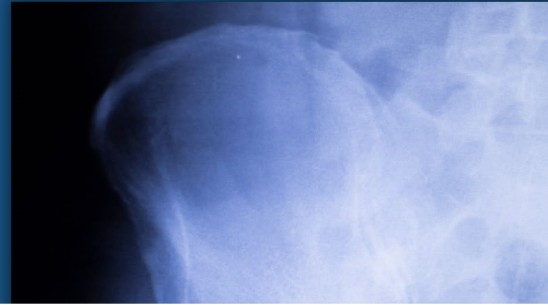
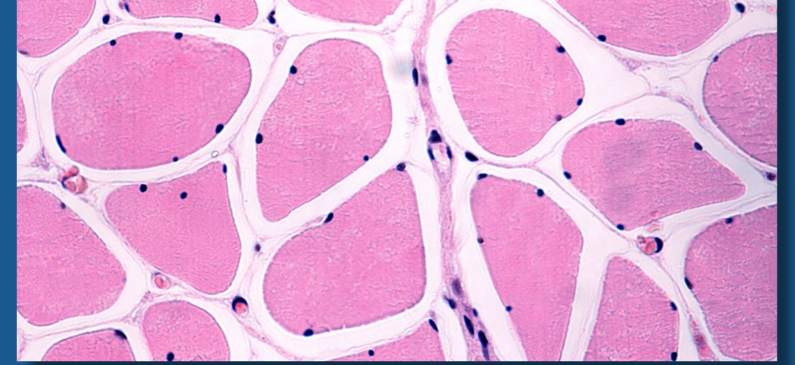


What should the focus be?

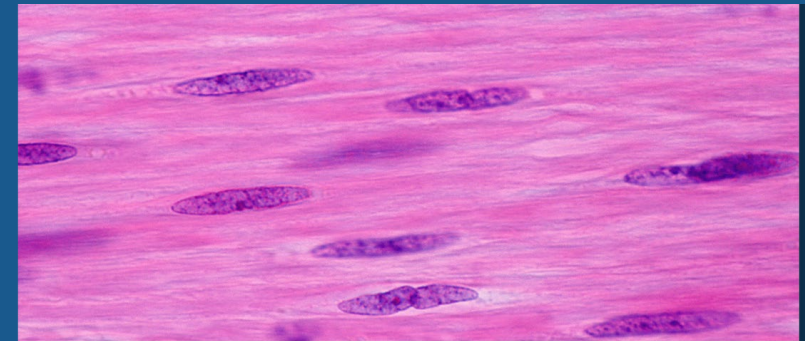
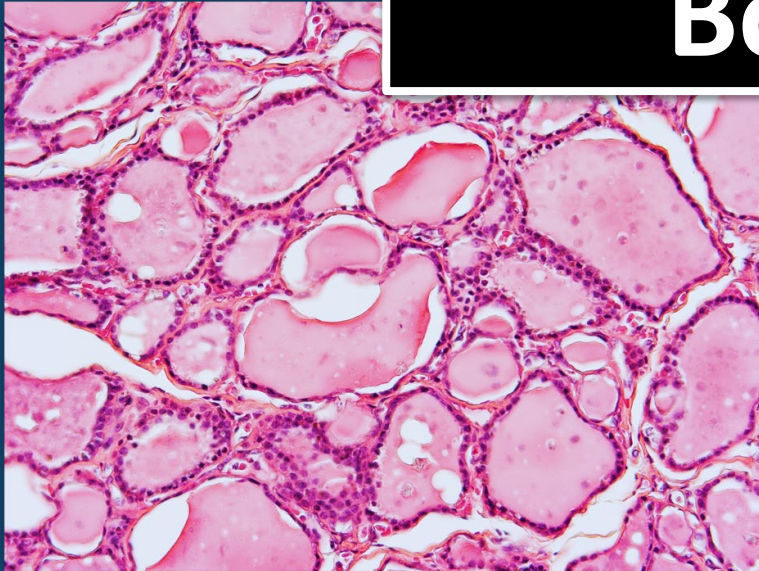
Body Weight



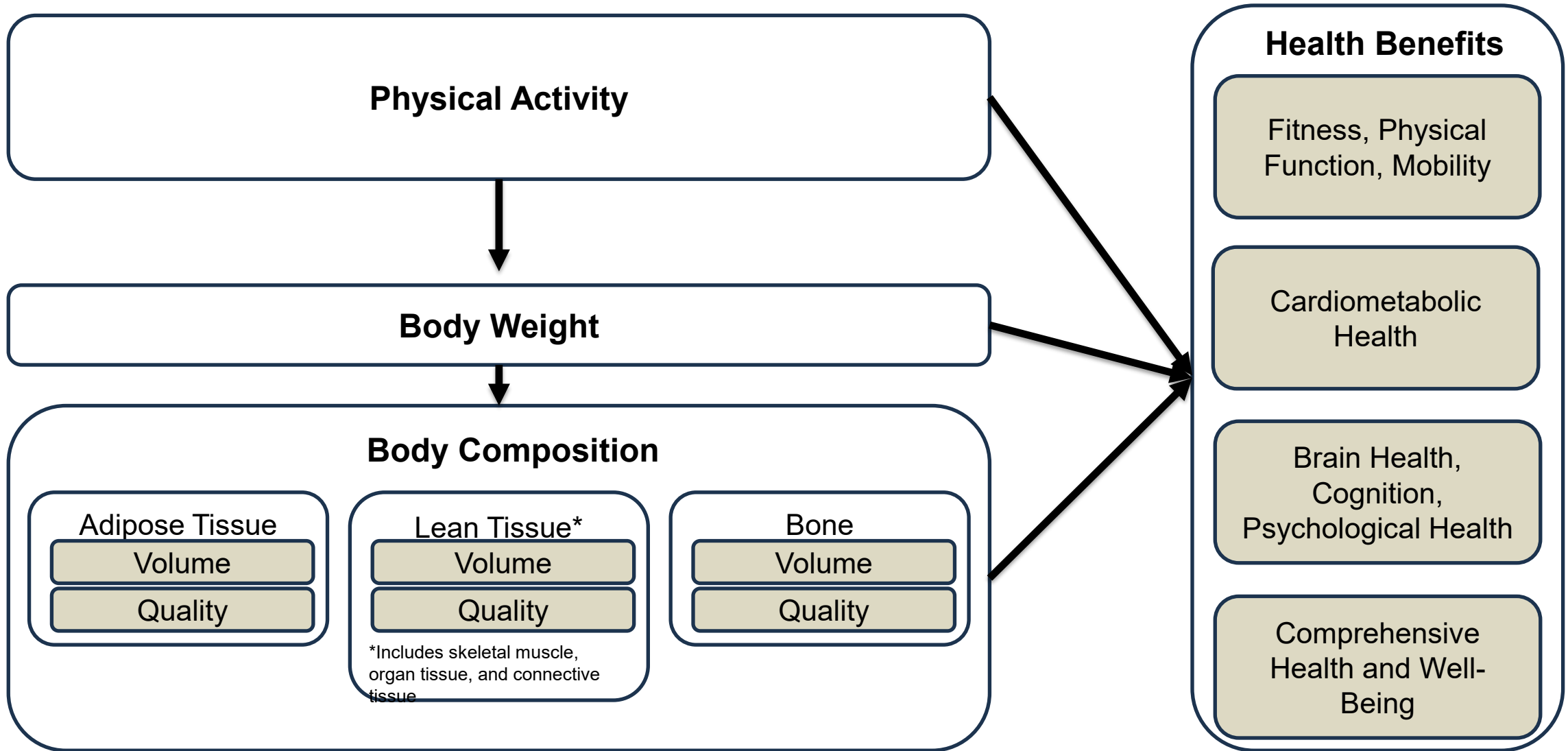
What should the focus be?



Body Composition



Goals of Physical Activity in Obesity Treatment



What should the focus be?

Health and Well-Being



Guidelines: Good or Bad?

American Journal of Health Promotion



Rogers RJ et al., 2025

What we...

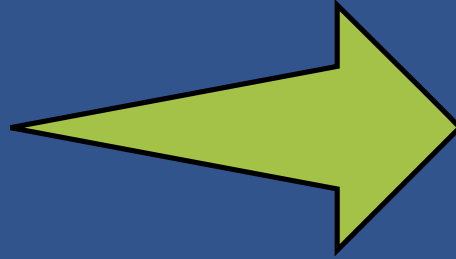
know,
think we know, and
don't know

...about exercise and physical activity for the treatment of obesity



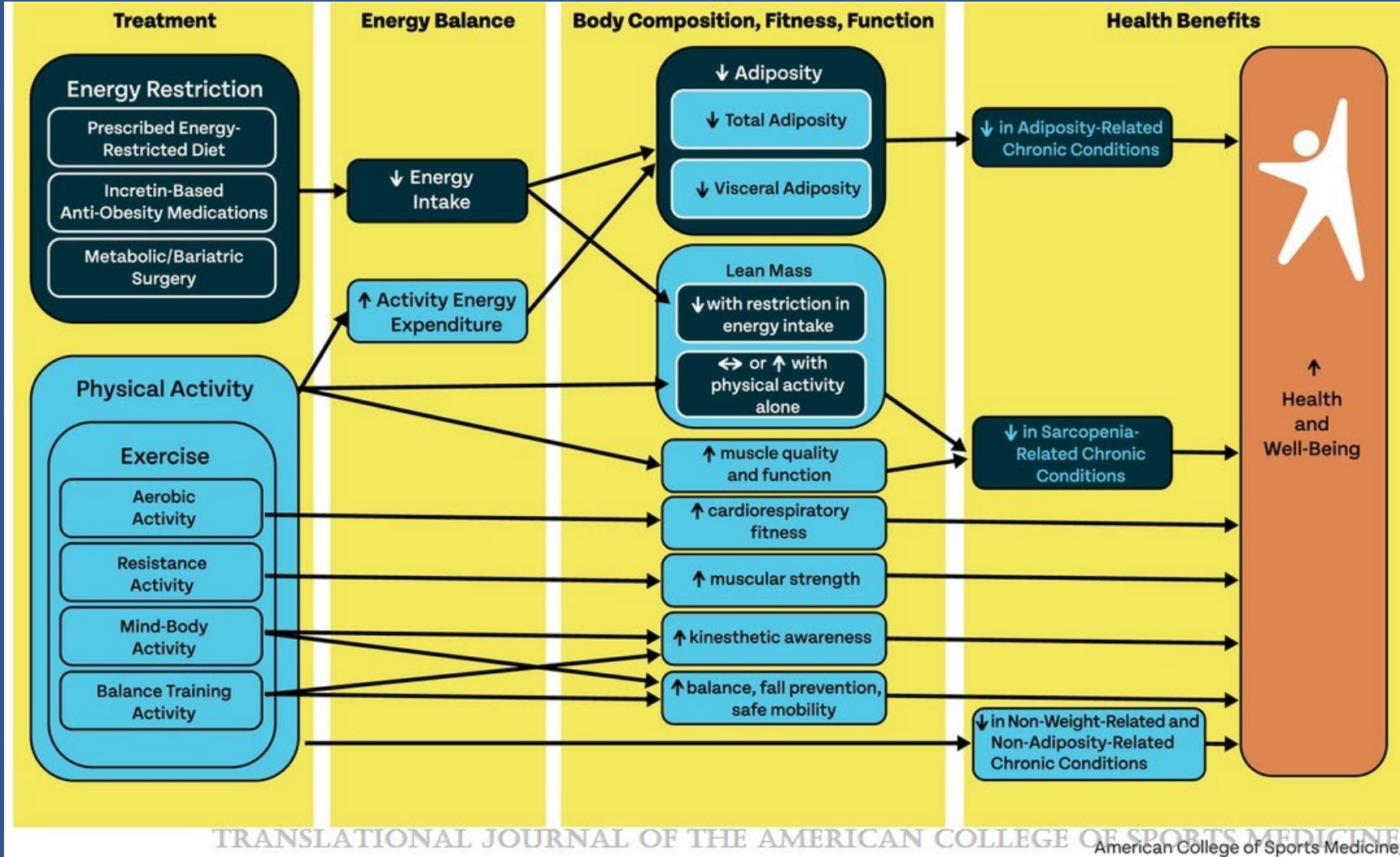
It's Not Just “Exercise”

Evolution of Physical Activity
tailoring in Obesity Care



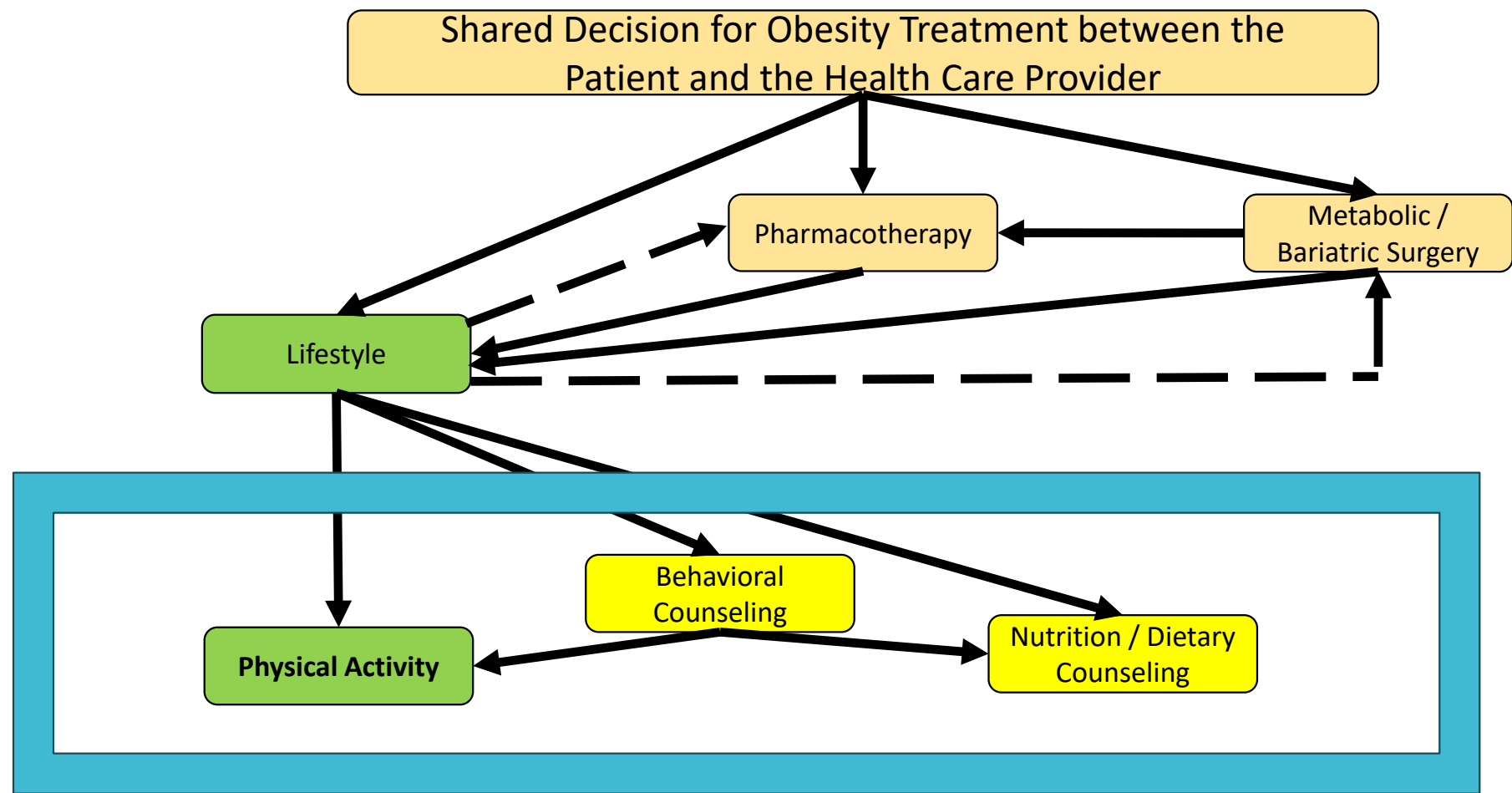
Goal:
Increase Activity
Energy Expenditure
WEIGHT LOSS

Goal:
Maintain Activity
Energy Expenditure
WEIGHT LOSS MAINTENANCE



Jakicic, John M.¹; Apovian, Caroline M.²; Barr-Anderson, Daheia J.³; Courcoulas, Anita P.⁴; Donnelly, Joseph E.¹; Ekkekakis, Panteleimon⁵; Hopkins, Mark⁶; Lambert, Estelle Victoria^{7,8}; Napolitano, Melissa A.⁹; Volpe, Stella L.¹⁰. Physical Activity and Excess Body Weight and Adiposity for Adults. American College of Sports Medicine Consensus Statement. Translational Journal of the ACSM 9(4):e000266, Fall 2024. | DOI: 10.1249/TJX.0000000000000266

Comprehensive Care



Lifestyle Alone

- **Focus:** Eat Less, Move More
- **Outcome:** Modest Weight Loss
 - 8-10% - 6 to 12 months
- **Strategies:**
 - Hypocaloric Diet
 - High Dose - moderate-vigorous physical activity
 - 250-300 min/week



Medical Management

Pharmacotherapy



Metabolic / Bariatric Surgery



Medical Management

Acknowledge:
We do not yet have
all the answers

- **Focus:** Metabolic/Bariatric Surgery, Pharmacologic
- **Outcome:** Significant Weight Loss
 - 15-20% - 68 to 72 weeks (3-year maintenance data) Rx
 - 25-30% - 1 year (7-year maintenance data) Sx
- **Strategies:**
 - ~~Hypocaloric Diet~~ **Diet Quality, Nutrient Intake**
 - ~~High Dose - moderate-vigorous physical activity~~
 - **What should our new prescription be?**

~~Body Weight~~

Quality of Life

Body
Composition
“Quantity”

Independent
Effects of
Activity



Tissue Health
“Quality”

Healthy Activity
Relationship



**Person
living with
Obesity**

**Clinical
Provider**

**Exercise
Professional**

**Person
living with
Obesity**

**Healthy Relationship
with Physical Activity**

**Clinical
Provider**

**Exercise
Professional**

Balancing Biology **and** Behavior



Image Credit: Stop Weight Bias Image Gallery



Tailoring Physical Activity
in *Collaboration* with the
Medical Management
of Obesity

Finding the Appropriate Target



BIOLOGICAL

BEHAVIORAL

FIDELITY

ADAPTATION



Exercise for Clients Taking an Anti-Obesity Medication

Rogers, Renee J. Ph.D., FACSM

[Author Information](#) ✓

ACSM's Health & Fitness Journal 28(3):p 21-26, 5/6 2024. | DOI:
10.1249/FIT.0000000000000959



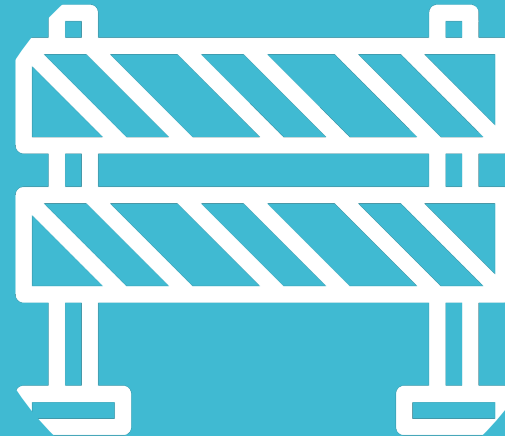
ENHANCING YOUR BEHAVIORAL TOOLKIT

Anti-Obesity Medications

Targeting Exercise Engagement

by Renee J. Rogers, Ph.D., FACSM

Patient Perspectives + Barriers





**Person
living with
Obesity**

**Clinical
Provider**

**Exercise
Professional**


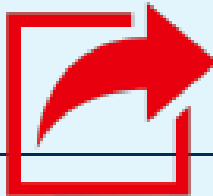




**Person
living with
Obesity**

28(4):p 66-69, 7/8
2024. | DOI: 10.1249/FIT.0000000000000972

28(3):p 21-26, 5/6
2024. | DOI: 10.1249/FIT.0000000000000959

Some data in review and/or in press

	Survey Preparation
	Survey Distribution
	Semi-Structured Interviews
	Data Analysis Interview Coding

Variable	Total	Males	Females
N (%)	190	41 (21.6%)	149 (78.4%)
Age (years)	55.7±12.3	57.2±12.0	55.2±12.4
Weight (kg)	97.8±22.8	121.6±33.0	92.5±22.5
Weight Loss (kg)	18.7±14.0	22.6±16.8	17.6±13.0

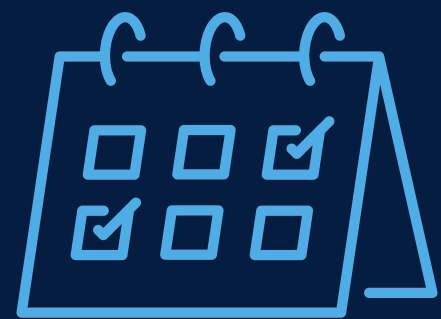
Mid-50s



-19 kg



Days / Week		
Sample Average		2.8 ± 1.7
Report ≥1		84.3%
Minutes / Week		
Report ≥ 150 (34%)		238 ±104
Report ≤ 150 (66%)		63 ± 46
Mode of Activity		
Aerobic		42.2%
Resistance		2.4%
Mind Body		2.4%
Other		1.2%
Aerobic + Resistance		15.7%
Aerobic + Resistance + Mind Body		12%
Resistance + Mind Body		1.2%



2.8



66%



aerobic

Variable	Category of Current importance			p-value
	Low	Moderate	High	
N (% of total sample)	21 (11.1%)	50 (26.3%)	119 (62.6%)	-----
Physical Activity (min/wk)	45.7±82.9	95.5±148.1	156.0±131.1	0.002
Physical Activity (days/wk)	1.1±1.6	1.9±1.7	3.3±1.7	<0.001
% (within category) meeting ≥150 min/wk	4.8%	18.0%	47.1%	<0.001*

importance



days



minutes



≥ 150

Variable	Category of Confidence			p-value
	Low	Moderate	High	
N (% of total sample)	42 (11.9%)	60 (31.6%)	88 (46.3%)	-----
Physical Activity (min/wk)	67.4±82.3	125.7±152.3	158.3±137.5	0.002
Physical Activity (days/wk)	1.6±1.5	2.6±1.9	3.3±1.8	<0.001
% (within category) meeting ≥150 min/wk	11.9%	23.3%	53.4%	<0.001*

confidence



days

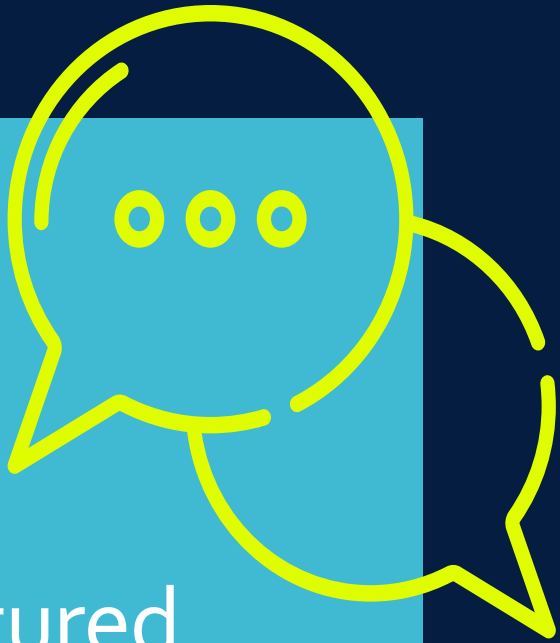


minutes



≥ 150

Semi- Structured Interviews



DISCOMFORT

With way look and
feel during
exercise

ENERGY

Primary reason for
exercising

SELF-EFFICACY

Lack of knowledge and
skills to exercise

Never been an "Exercise
Person"

Negative Past
Experience

Safety concerns

STIGMA SUPPORT

Feels judged for
"Taking Easy
Way Out"

Feels size / co-
morbidities
influence activity
counseling

LOSS OF STRENGTH / MUSCLE

Primary concern related to AOM therapy that
exercise may impact

DISCOMFORT

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Some data in review and/or in press

SELF-EFFICACY

Lack of knowledge and skills to exercise

Never been an "Exercise Person"

Negative Past Experience

Safety concerns

DISCOMFORT

With way look and feel during exercise

ENERGY

Primary reason for exercising

SELF-EFFICACY

Lack of knowledge and skills to exercise

Never been an "Exercise Person"

Negative Past Experience

Safety concerns

STIGMA SUPPORT

Feels judged for "Taking Easy Way Out"

Feels size / co-morbidities influence activity counseling

LOSS OF STRENGTH / MUSCLE

Primary concern related to AOM therapy that exercise may impact

Weight Bias

STIGMA SUPPORT


Feels judged for
"Taking Easy
Way Out"

Feels size / co-
morbidities
influence activity
counseling


**Clinical
Provider**

**Exercise
Professional**

WHY?

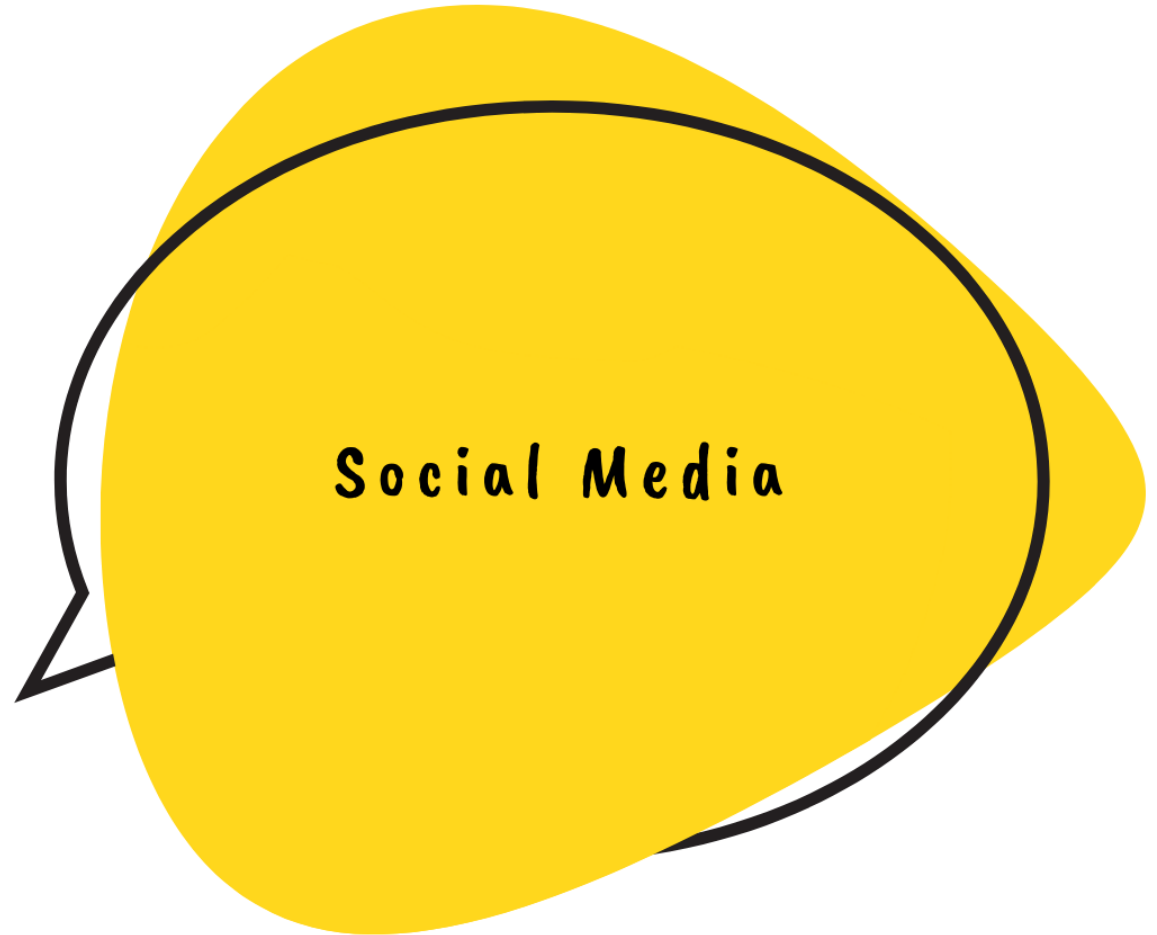
A yellow speech bubble with a black outline and a tail pointing towards the bottom left. It contains the text: "If I knew you were an 'Exercise Person' I wouldn't have talked to you."


If I knew you were an
"Exercise Person"
I wouldn't have talked
to you.

A yellow speech bubble with a black outline and a tail pointing towards the bottom left. It contains the text: "People that act like everyone can do it alone don't understand life long obesity well."


People that act like
everyone can do it
alone don't
understand life long
obesity well.

**HELP ME
UNDERSTAND
WHY YOU FEEL
THIS WAY?**



A yellow speech bubble with a black outline and a tail pointing towards the bottom left. It contains text in a black, handwritten-style font.

Can you help me get
access to an exercise
person that knows
weight loss and is
empathetic?

A yellow speech bubble with a black outline and a tail pointing towards the bottom left. It contains text in a black, handwritten-style font.

3 trainers
told me...
You don't need those
drugs - my method works
better.

I never went back.



**Exercise
Professional**

A diagram consisting of two overlapping rounded triangular shapes. The top shape is cyan and contains the text 'Person living with Obesity'. The bottom shape is blue and contains the text 'Exercise Professional'. The two shapes overlap in the center, with a thin purple line extending downwards from the intersection point.

**Person
living with
Obesity**

**Exercise
Professional**



**Person
living with
Obesity**

**Clinical
Provider**

**Exercise
Professional**

DISCOMFORT

With way look and
feel during
exercise

ENERGY

Primary reason for
exercising

SELF-EFFICACY

Lack of knowledge and
skills to exercise

Never been an "Exercise
Person"

Negative Past
Experience

Safety concerns

STIGMA SUPPORT

Feels judged for
"Taking Easy
Way Out"

Feels size / co-
morbidities
influence activity
counseling

LOSS OF STRENGTH / MUSCLE

Primary concern related to AOM therapy that
exercise may impact

DISCOMFORT

With way look
feel during
exercise

LOSS OF STRENGTH / MUSCLE

Primary concern related to AOM therapy that
exercise may impact

SELF-EFFICACY

Lack of knowledge and
skills to exercise

Never been an "Exercise
Person"

Negative Past
Experience

Safety concerns

SUPPORT

Feels judged for
"Taking Easy
Way Out"

Feels size / co-
morbidities
influence activity
counseling

LOSS OF STRENGTH / MUSCLE

Primary concern related to AOM therapy that
exercise may impact

ENERGY

Primary reason for exercising



LOSS OF STRENGTH / MUSCLE

Primary concern related to AOM therapy that exercise may impact

RELEVANT TARGETS

ENERGY

Primary reason for exercising

21%

weakness
loss strength

35%

fatigue
low energy



Low Levels PA

**Person
living with
Obesity**

**Healthy Relationship
with Physical Activity**

**Clinical
Provider**

**Exercise
Professional**

A diagram consisting of two overlapping triangles. The top triangle is cyan and contains the text 'Person living with Obesity'. The bottom triangle is purple and contains the text 'Clinical Provider'. The triangles overlap in the center, with a small blue line segment extending from the bottom right corner of the purple triangle.

**Person
living with
Obesity**

**Clinical
Provider**

A diagram consisting of two overlapping rounded shapes. The top shape is a cyan diamond containing the text 'Person living with Obesity'. The bottom shape is a blue rounded rectangle containing the text 'Exercise Professional'. The two shapes overlap in the center, with a thin purple line extending downwards from the intersection point.

**Person
living with
Obesity**

**Exercise
Professional**



**Clinical
Provider**

**Exercise
Professional**



**Person
living with
Obesity**

**Clinical
Provider**

**Exercise
Professional**

Better Conversations



Image Credit: Stop Weight Bias Image Gallery



Having Better Conversations About Exercise & Lifestyle

What are your
Previous
Experiences?

What do YOU
Like / Dislike?
What are your Fears?
How is Your Energy?

Refer for the
Individual
(not the service)

Having Better Conversations About Exercise & Lifestyle

KEY TARGETS

Self-Efficacy

Previous
Experiences

Environmental
Considerations



Comprehensive
Care Teams

Person-Centered
Not
Method-Centered

Acknowledge:
We do not yet have
all the answers

Focus on Research and
Application related to
Health
Feel and Function

Thank You

Renee J. Rogers, PhD, FACSM

Senior Scientist

University of Kansas Medical Center, Internal Medicine
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Image Credit: Stop Weight Bias Image Gallery