Weight Matters

FOR YOUR HEALTH

FALL 2026

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Joint Replacement, Obesity and BMI: What You Need to Know



p.24

Be the Friend Who Stands Up

KID'S corner





OAC
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NEW ORLEANS, LA

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Weight Matters FOR YOUR HEALTH

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Weight Matters Magazine is the official publication of the Obesity Action Coalition (OAC). The OAC is an independent national nonprofit organization dedicated to giving a voice to those affected by the disease of obesity.

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Message from the

OAC
Obesity Action Coalition

Chair of the Board

Dear Beloved Community,

It seems like just yesterday that so many of us were together in Orlando at the 2026 *Your Weight Matters* National Convention. Yet somehow, fall is now upon us. For many, fall is a return to structured schedules and activities, but I want to remind you to make time for yourself. You're important and you deserve it!

Before we dive headfirst into fall, I wanted to take a moment to reflect on what I saw and heard at this year's convention. This year, more than any other, I walked away with the feeling that we are one community. We each have our own experiences and have chosen individual paths toward our goals, but we come together in support of one another, knowing we are stronger together than we are alone. I can't wait for us to build on that momentum in the coming year, and I'd love for you to join us!

Consider this my personal invitation to join us at the **2027 *Your Weight Matters* National Convention, July 22-24 at the New Orleans Marriott in New Orleans, Louisiana**. Or perhaps you'd like to connect closer to home by attending one of our Your Weight Matters Regional events. Learn more about both at **YourWeightMatters.events**.

Just know that whether you join us in person or online, you are a vital part of this community, and we need you! Please stay connected for the latest information, support and resources, and let us know if we can be of assistance to you.

As we head toward the end of the year, I also want to remind you that another important way you can help our community grow is through giving. I personally love monthly giving because a small amount each month can add up to big progress by the end of the year. Check out the article on page 14 to learn about the various ways you can help the OAC extend its reach through your gifts.

Thank you for being part of the OAC Community. I wish you pumpkin (or, if you're like me, apple) and spice and everything nice this fall and always.

Yours truly,

Nikki Massie

Nikki Massie, MA
OAC Board Chair

Did you stumble on this copy?

If you're not already part of the OAC Community, we'd love to have you join us! Membership is free and connects you with resources, education and support designed for people living with and impacted by obesity.

Want even more? Upgrade to Community+ and receive *Weight Matters Magazine* delivered right to your mailbox, along with other exclusive benefits.

ObesityAction.org/community

Join Today!

NEWS from the OAC

Obesity Action Coalition



New Anti-Bullying Toolkit Helps Families and Schools Take Action

During Childhood Obesity Awareness Month, the OAC launched a new Anti-Bullying Toolkit to help families, educators and young people address weight-based bullying. The toolkit offers guidance for recognizing and responding to bullying, whether it happens in person or online. It also includes template letters that families and students can use to communicate concerns with schools and request support. Explore the toolkit at **ObesityAction.org/resources/anti-bullying-toolkit**.

OAC Advocacy Continues to Grow Nationwide

OAC ACTION

Nearly 250 OAC members from 44 states are now part of OAC's Action Teams, strengthening advocacy efforts across the country. So far in 2026, OAC has been active in more than 25 states working to expand and protect coverage for comprehensive obesity care.

Members are encouraged to get involved by joining an OAC Action Team and helping support advocacy efforts in their own state. Your voice makes a difference, and together we can continue expanding the impact of obesity advocacy. Learn more at: **ObesityAction.org/advocacy/actionteams/**

Your Weight Matters Events Bring Real Support to Communities Nationwide

YOURWEIGHTMATTERS REGIONAL

OAC's *Your Weight Matters* Regional Events deliver free, in-person education and support to cities across the country. These half-day events feature guidance from leading experts in weight management, nutrition and mental health, all in a safe, welcoming and judgment-free setting. Attendees also enjoy a free breakfast and leave with credible information and practical tools to support their health journeys.

Designed to meet people where they are, these events offer evidence-based strategies and resources to help attendees take charge of their weight and health with confidence. Upcoming Regional Events will be held in Birmingham, Alabama, on Nov. 7; and Albuquerque, New Mexico, on Dec. 5. Learn more at **YourWeightMatters.com** and sign up to be among the first to know when 2027 locations are announced.

OAC and GSA Collaborate to Support Healthy Aging

OAC Obesity Action Coalition

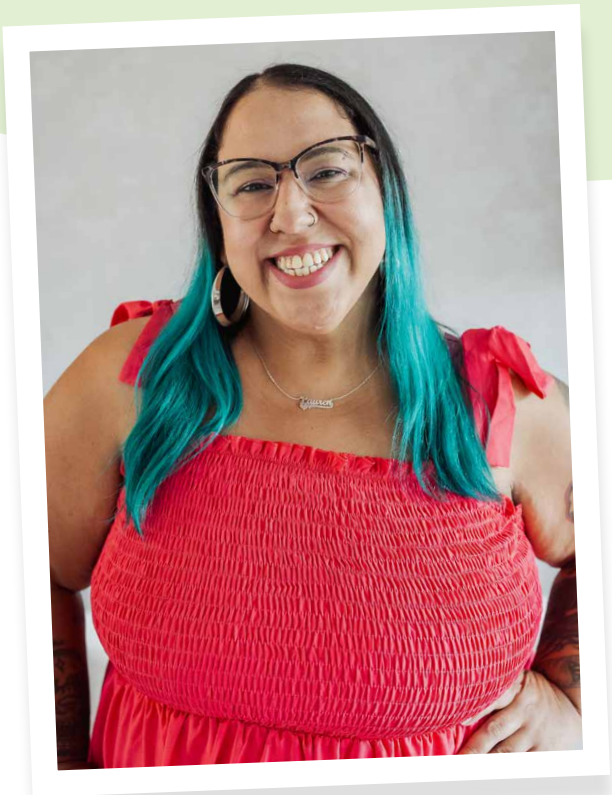
GSA GERONTOLOGICAL SOCIETY OF AMERICA®

The OAC and the Gerontological Society of America collaborated to create Talking With Your Healthcare Professional About Obesity, Health and Aging, a practical guide for older adults. Combining GSA's expertise in aging with OAC's experience in obesity education and advocacy, the guide helps older adults consider their personal health goals and prepare for conversations with healthcare professionals. It focuses on how individualized obesity care may support health, mobility, independence and quality of life while emphasizing improvements in health and daily living, not simply a number on the scale. Explore the guide at **ObesityAction.org/new-resource-gsa-and-oac-partner-to-support-healthy-aging**.

OAC Community Perspectives

Finding Care, Finding Her Voice

by Gianna Toto, OAC Marketing and Communications Manager



Lauren Madera never really thought about her weight growing up. That changed when she hit puberty at 9 years old.

In fourth grade, Lauren's body began changing rapidly. She started developing in ways that made people look at her differently and began gaining weight quickly. She was active, playing softball and soccer and riding her bike after school. Her mom fed her a balanced diet, and nothing about her lifestyle had changed. She could not understand why her body was changing so quickly.

Lauren was fortunate to grow up surrounded by people who did not make her weight an issue. Her mom never commented on her weight or appearance, and her friends cared about people for who they were. Still, she began noticing her body.

"When you're 9 and want to wear cute girl clothes that all your friends are wearing, and you have to start shopping in the teenager section, you start looking at the bigger tummy and thighs," Lauren said.

When Weight Became Part of Her Medical Care

Lauren's first experience with weight bias came from medical professionals. As she grew older, she noticed a pattern during medical appointments. Whether she was seeing a doctor for a sinus infection or pain in a specific part of her body, the conversation often turned to her weight.

"Have you ever thought about losing weight?" For Lauren, the question was painful. "I think about losing weight every single day," she said.

She struggled to understand how losing weight would address unrelated health concerns. Those repeated experiences left her feeling like she was not being heard by her medical teams.

Over time, that feeling developed into a deep distrust of health care. Lauren began avoiding medical appointments, sometimes choosing to endure illness or pain rather than risk another conversation about her weight.

> *"Her goal was simple:* **If one person heard her story and felt less alone, she would consider the experience worthwhile."**

Finding the Right Support

Lauren's path toward rebuilding trust in health care began with therapy. She recognized that she needed support processing what she had been through before she could advocate for her physical health.

In 2022, a close friend referred Lauren to her current therapist, who helped her work through the medical distrust she had developed over the years. Then, in 2024, Lauren began seeing a new primary care provider recommended by another friend. Having a therapist she trusted and a primary care provider who listened gave Lauren a new sense of confidence in her health journey.

"Once I knew I had a therapist to support me mentally and a wonderful new PCP who would support me medically, I knew I was on the right path," she said.

A New Understanding of Bariatric Surgery

Lauren's perspective on bariatric surgery also changed as she learned more about obesity and its treatment. At first, she viewed bariatric surgery as the "easy way out." She believed she simply was not disciplined enough or was not eating and exercising correctly.

A close friend, Dr. Marissa Mendez, helped Lauren see obesity differently. Mendez, a bariatric surgeon at Dartmouth Hitchcock Medical Center at the time, talked with Lauren about obesity as a disease and the role metabolic factors can play in the body. "She was using words and phrases that no medical professional had said to me before," Lauren said. Those conversations helped Lauren recognize that she needed medical intervention. Her perspective shifted from shame to understanding. "I didn't feel shame anymore, and I didn't feel like bariatric surgery was the easy way out. In fact, I knew it would be the key to changing my life," she said.



Getting approved for surgery was another challenge. Lauren worked with her primary care provider and several specialists to secure insurance coverage. The process took more than a year and a half.



Along the way, Lauren was offered the opportunity to speak at the 2026 American Society for Metabolic and Bariatric Surgery (ASMBS) conference, where she shared her experience to help others understand the challenges of seeking care and the importance of feeling heard and supported.



Community Perspectives continued on page 8

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Giving Her Story a Voice

Speaking at the ASMBS conference was especially meaningful for Lauren. She participated in the panel "The Weight of Waiting," where she met three other women who had also advocated for better care and understanding. For Lauren, the opportunity to speak addressed something she had felt throughout her journey: loneliness. "I always felt very alone on this journey," she said. "I have people who love and support me, but nobody lives in this body but myself."

Her goal was simple: If one person heard her story and felt less alone, she would consider the experience worthwhile. She accomplished that goal while also making connections that would ultimately help her find her surgeon. "I am forever grateful for this story and journey and want everyone who helped me along the way to understand how grateful I will forever be to them," Lauren said. "They are truly a part of me forever."

A New Chapter After Surgery

About one month after surgery, Lauren said she was feeling incredibly well. The first few days of recovery were difficult, but she kept returning to a phrase that continues to guide her: "Each day is its own journey." Lauren has followed the recommendations of her surgeon and team as closely as possible. She describes the experience as an opportunity to build a new relationship with her body and health. There are still difficult days when she feels uncertain or wonders whether she is doing everything correctly. When those moments happen, she reminds herself of how hard she worked to reach this point. "It feels like such a gift to get this new shot at this relationship with my body and my health," she said.

What She Wants Her Younger Self to Know

Lauren has always thought about the person she wants her younger self to become. She describes it as "older Lauren wanting to be the coolest and best version for younger Lauren to look up to."

Today, she would tell her younger self that she deserves to be strong, supported and heard.

"Life will be tough at times, and the universe will throw things at you that you may not ever feel like you can endure," Lauren said. "However, you are your own number one. Nobody is more important than yourself and the life you fight for and deserve."

Lauren also wants others to know how important it is to have people who listen and support you. She credits her mom and friends with loving her without judgment and never making her feel that her appearance determined her worth.

"They never made me feel like I needed to worry about my looks and always loved me for my heart," Lauren said. She knows that not everyone living in a larger body has that same experience. Many people face judgment and misunderstanding and may struggle to find the support they need. Lauren hopes her story reminds others that they deserve compassion, understanding and appropriate health care.

Most of all, she hopes that someone reading her story who feels alone will realize they are not. There are people who will listen. There are people who will stand beside them. And everyone deserves care that sees them as a whole person.

Join the Community

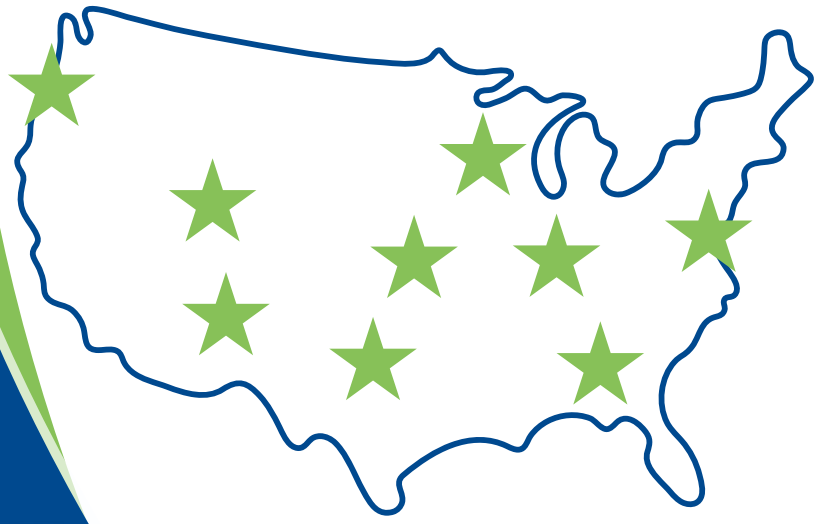


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About the Author:
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Presented by OAC Obesity Action Coalition

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YOUR WEIGHT MATTERS | NATIONAL CONVENTION

OAC's Largest National Convention Brings Education, Advocacy and Community Together

by Gianna Toto, OAC Marketing and Communications Manager





The Obesity Action Coalition's 14th annual *Your Weight Matters* National Convention brought nearly 500 people together in Orlando for three unforgettable days of education, connection and community.

Held July 23-25 at the Renaissance Orlando at SeaWorld, YWM2026 welcomed people affected by obesity, caregivers, health care professionals, advocates and leading experts from across the country. Some attendees came ready to reconnect with longtime friends, while others walked through the doors for the first time, hoping to find people who understood their experiences.

What they found was a community ready to welcome them. From conversations about the latest science in obesity care to new friendships formed between sessions, this year's National Convention reminded us that no one should have to navigate their obesity journey alone.



Learning, Growing and Connecting Together

Education remained at the heart of this year's National Convention. Leading experts in obesity medicine, nutrition, mental health and advocacy shared trusted, science-based information and practical tools attendees could take home with them.

Sessions explored obesity treatments, food noise, mental health, body image, nutrition, sleep, weight bias, advocacy and whole-person health. Attendees had opportunities to ask questions, challenge misconceptions and have honest conversations about the realities of living with obesity.

Just as important as the science were the lived experiences shared throughout the weekend. OAC Community members spoke openly about challenges, difficult decisions, breakthroughs and hope. Their stories demonstrated how lived experience can help others feel understood while bringing valuable perspectives to conversations about obesity care.



This year, OAC also expanded access to the National Convention by awarding a record 50 scholarships. The scholarships helped remove financial barriers so more people could learn from leading experts, build meaningful connections and experience the support of the OAC Community.



Twenty families also participated in Thrive Together, OAC's dedicated program for youth affected by obesity and their caregivers. Young people had a space to build friendships, learn about health and well-being and connect with peers who understood their experiences. Caregivers also had opportunities to meet other families, share perspectives and find support.

The convention's impact extended beyond registered attendees through the free Health Hub, which was also open to Orlando-area residents. Visitors received complimentary health screenings valued at nearly $600 per person, attended educational presentations and spoke with medical experts in a welcoming environment free from weight stigma. The Health Hub offered information about blood pressure, blood sugar, liver health, sleep apnea, mental health, nutrition, obesity medications, bariatric surgery and Medicare.



Together, these experiences reflected what the *Your Weight Matters* National Convention is all about: providing people with trusted information, meaningful support and the opportunity to decide what comes next in their own health journey.



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National Convention continued from page 11

What YWM2026 Meant to Attendees

The heart of the National Convention has always been the people who make up the OAC Community. Throughout the weekend, attendees talked about what it meant to find others who understood, learn something new about their health and simply spend time in a space where they felt accepted. Here are just a few of their experiences from YWM2026:



"For a long time, I believed my experiences with obesity were deeply personal. I never imagined they could help improve care for someone else. But when patients, clinicians, researchers, policymakers, and advocates genuinely listen to one another, we make better decisions, deliver better care, and create better policy."

— Michael Donnelly-Boylan, attendee



"The emotional connections I made with people were amazing. In between sessions, I was able to give and receive hugs, exchange emails and talk, talk, talk. Not enough can be said about all of the love I felt as I navigated several difficulties all at once."

— Barbara F., scholarship recipient

"Anyone living with obesity, or in the field committed to providing the best whole person care for people living with obesity should attend the Obesity Action Coalition Your Weight Matters convention, and get involved with OAC. This organization is incredible and the positive impact it has on so many lives is truly remarkable. I had the best time and learned so much, and especially love the organization's commitment to serving adolescents and their families through its Thrive program."

— Natalie M., attendee



Carrying the Connection Forward



The impact of this year's National Convention cannot be measured only by attendance numbers, sessions or three days on a calendar. It can be seen in the person who finally asked a question they had been afraid to ask. It can be felt in the friendships formed between people who once thought they were navigating their experiences alone. It lives in the attendees who returned home ready to seek care, advocate for change, support someone else or share their own story.

As OAC carries the energy of this year's National Convention forward, we are already looking ahead to the next opportunity to bring our community together. The *Your Weight Matters* National Convention will return July 22-24, 2027, in New Orleans.

Until then, OAC will continue creating spaces where people affected by obesity can learn, connect, share their experiences and know they belong.

Want to join us in New Orleans? Visit **YWMConvention.com** to sign up for event alerts and be among the first to receive registration updates, program announcements and other news about YWM2027.

YWM2026 National Convention events were proudly supported by multiple reputable companies in the health industry. National sponsors supporting OAC's 2026 convention events include: Platinum Level, Eli Lilly and Company and Novo Nordisk; Gold Level, Boehringer Ingelheim; Silver Level, Amgen, Madrigal Pharmaceuticals and Rhythm Pharmaceuticals; Bronze Level, Genentech, Kailera Therapeutics, Pfizer, Regeneron, Structure Therapeutics, Wave Life Sciences and Zealand Pharma; and Patron Level, Bariatric Advantage, Boston Scientific, Currax Pharmaceuticals, Fractyl Health, Viking Therapeutics and Wondr Health. To learn more, visit **YWMConvention.com**.

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OAC
Obesity Action Coalition

PUTTING OUR MISSION INTO MOTION

Every initiative we lead is rooted in our commitment to uplift and support individuals affected by obesity.

LERC Lived Experience Research Collaborative — An initiative by the Obesity Action Coalition
Advancing obesity research through lived experience

Thrive Together
Empowering youth and families with resources to thrive

STOP WEIGHT BIAS
Challenging weight bias and pushing equality forward

OAC ACTION
Mobilizing advocates to create change

obesity care week™
Raising global awareness to rethink how we care for obesity

YOURWEIGHTMATTERS FOR YOUR HEALTH
Helping individuals start the conversation about weight with a healthcare provider

... And that's not all.
Explore more at ObesityAction.org

People. Progress. A Healthier Tomorrow.



365 DAYS OF IMPACT:

The Difference We Make Together

by Lisa Gresco-White, OAC Director of Membership and Development

Fall always seems to give us a natural opportunity to reflect. We look back at what we've accomplished, think about what we're grateful for and start looking ahead to what's next.

At the Obesity Action Coalition (OAC), there is a lot to be proud of. But when I think about OAC's impact, I don't think about one event, one program or even one accomplishment. I think about the people who turn to OAC every day and what they find when they get here.

Some come looking for trustworthy information about obesity and treatment. Others are looking for a community that understands what they're going through. Some want to advocate for better access to care, share their experiences with researchers or find a way to help someone else.

Those individual moments are what OAC's mission looks like in action, and they happen 365 days a year.

> **"When I think about OAC's impact...**
>
> **I think about the people who turn to OAC every day and what they find when they get here."**

It Often Starts With a Question

For many people, their first interaction with OAC begins when they are looking for answers. They may be trying to understand obesity, explore treatment options, prepare for a conversation with a health care provider or determine which information they can trust.

Obesity is a complex, chronic disease, but a tremendous amount of misinformation still surrounds it. OAC works to make that information easier to navigate.

Through *Weight Matters* Magazine, online resources, digital and print education, and events such as the *Your Weight Matters* National Convention and Regional events, we provide science-based information people can trust and use.

But we also know that people often need more than information.

People Need People

Living with obesity can feel isolating, especially for those who have experienced weight bias, discrimination or frustration when trying to access care. Through OAC Community, Community+, our in-person and virtual events, and other opportunities throughout the year, people can connect with others who understand many of those experiences.

Sometimes, finding OAC means learning something new. Other times, it means realizing you're not the only one going through it. Both matter.

CONNECT WITH OAC

Join the OAC Community and connect with people across the country who are learning, sharing and supporting one another.

Your Experience Can Create Change

One of the things I value most about OAC is that we don't just provide information to people affected by obesity. We create opportunities for them to be part of the work.

Advocacy is a great example. OAC gives people tools and opportunities to speak up about issues that affect their lives, from access to evidence-based obesity care to weight bias and discrimination. A policy issue looks very different when a policymaker hears directly from someone who has lived it, and that same lived experience is equally important in research.

Researchers, health care companies and other organizations increasingly recognize that people with lived experience need to be included in conversations about obesity research and care.

Through OAC's Lived Experience Research Collaborative (LERC), focus groups, listening sessions, patient panels and other research opportunities, members of our community are helping bring the patient voice directly into that work.

People affected by obesity shouldn't just be the subject of research, policy and health care decisions. Their lived experiences should help shape them.

USE YOUR VOICE

Advocate. Share your story. Participate in research. Your experience can help create change.

365 Days of Impact continued on page 16













365 Days of Impact continued from page 15

Sometimes Impact Means Opening a Door

There are also times when OAC can help remove a barrier. Each year, scholarships help people attend the *Your Weight Matters* National Convention who might not otherwise be able to participate. The value of a scholarship extends beyond registration and travel. For someone attending for the first time, the Convention may be where they finally find answers to questions they have had for years, meet others who understand their experiences, learn to advocate for themselves or discover a way to become more involved.

Through the RECOVER Program, OAC also helps people who need assistance obtaining vitamins following bariatric surgery.

These programs are very different, but share a common purpose: helping people access something they need.

It's Not About a List of Programs

We could fill these pages with everything OAC does, from the Convention, education and Community to advocacy, research, scholarships and support programs. But that's not really the story. The story is what happens because those things exist.

A resource becomes understanding. A scholarship becomes an opportunity. A community becomes belonging. An advocacy action becomes a voice. A research opportunity becomes a seat at the table.

That's impact.

And none of it happens without people choosing to be part of OAC. Some participate, volunteer or advocate. Some share their experiences or give. Some do all of those things over many years. Every one of those relationships helps make OAC stronger.

How OAC's Work Is Funded Matters

This is also the time of year when we talk about giving, and it's important to explain why individual giving matters to OAC. We are fortunate to have corporate partners and sponsors who believe in our mission. Their support advances specific programs, educational initiatives, events, research collaborations and other opportunities that might not be possible without them.

Individual giving serves a different purpose. An unrestricted charitable gift invests directly in OAC and its mission. Because those dollars aren't tied to one event or specific program, they give OAC something incredibly important: flexibility.

Not every need fits into a sponsorship or grant. Unexpected opportunities arise. Community needs change. Technology needs to improve. Successful programs need room to grow, and new ideas may need an initial investment to become something bigger. Individual giving allows OAC to respond to those needs and opportunities. It also shows that our community believes in this work.

Whether it's a $10 gift, a $50 gift, a $100 gift, a monthly contribution or a future gift through an estate plan, every gift matters. Each represents someone saying, "I believe this mission is worth investing in."

Corporate support and individual giving both play important roles in OAC's success. They simply do so in different ways.

We need both.

MAKE AN IMPACT

Make a gift to OAC and help us continue educating, connecting, advocating and creating opportunities for people affected by obesity.

Giving Isn't the Only Way to Give Back

While we're talking about giving, I also want to make one thing clear: Supporting OAC doesn't always mean making a financial contribution. There are many ways to make a difference. You can join OAC Community or Community+, take advocacy action, share your lived experience with researchers, volunteer, attend an OAC event, share a resource, participate in the OAC Step Challenge or tell your story. Your relationship with OAC may begin with one of these opportunities and grow into something completely different over time.

That's exactly how community works.

TAKE THE CHALLENGE

Join us for the OAC Step Challenge this October and turn intentional movement into impact.

Creating an Impact Beyond Today

For some people, supporting OAC also means thinking about the future.

Including OAC in a will or naming OAC as a beneficiary is another way to make a lasting difference. You don't need an enormous estate to leave a meaningful legacy. It's simply a decision that something important to you today should continue making a difference tomorrow.

Legacy gifts can help ensure that future generations have an OAC to turn to for credible education, community, advocacy and support.

PLAN FOR THE FUTURE

Learn more about ways to include OAC in your future plans and create an impact that lasts.

There Is Still More to Do

We have accomplished a lot, but there is still more to do. There are still people who don't know OAC exists, who are trying to understand obesity without reliable information, who feel alone or who are struggling to access science-based care. Policymakers still need to hear directly from people affected by obesity, researchers need lived experience at the table and there are opportunities ahead that we haven't even imagined yet. That's why continuing to build a strong OAC matters.



What's Your Next Step?

As we enter the fall giving season, I hope you'll think about your own relationship with OAC. Maybe OAC helped you understand something you didn't understand before. Maybe you found people who made you feel less alone. Maybe you attended the National Convention, became an advocate or participated in research. Maybe you've been part of this organization for years. Whatever brought you here, you are part of what happens next. So, what's your next step?

JOIN. GIVE. ADVOCATE. PARTICIPATE. VOLUNTEER. CONNECT.

There isn't one right way to be involved. Find the one that's right for you.

When more people choose to participate, advocate, connect and give, OAC becomes stronger, allowing us to reach more people, elevate more voices and create more opportunities for people affected by obesity. OAC's impact doesn't happen during one event, one campaign or one season.

It happens 365 days a year. And it happens because people like you choose to be part of it.

Find your next way to get involved with OAC.

About the Author:
Lisa Gresco-White is OAC's Director of Membership & Development, where she leads efforts to grow and support the organization's membership through programs like the Sponsored Member Program and Corporate Council. She also oversees fundraising, donor engagement, planned giving and volunteer involvement to strengthen the community and advance OAC's mission.

Together, They Thrive: A Family's Journey

by Rachel Davidson, OAC Program Coordinator and Michelle "Shelly" Vicari, OAC Director of Programs

On the first day of the *Your Weight Matters* National Convention, Emma Grace Peeden was quiet. It was her first time attending, and as a seventh grader entering her teenage years, she was stepping into a new environment filled with unfamiliar people and conversations. She mostly kept to herself.



By the third day, something had changed. Emma Grace had come out of her shell, talking with others and becoming much more comfortable in the community around her. For Emma Grace, that change reflected something she and her older sister, Harleigh, have been learning over the past several years: Understanding your health can also mean learning to see yourself differently.

Emma Grace did not have to figure that out alone. Harleigh had already walked through those doors three times, supported along the way by a family committed to learning and growing together.

Finding People Who Understand



Harleigh first attended the *Your Weight Matters* National Convention in 2023 and has watched the Thrive Together program grow from its early days. Now 18 and beginning adulthood, she has several years of experience and lessons she can pass along to her younger sister.

Before finding Thrive Together, Harleigh did not always feel that the support she needed was available. Meeting other teens at the 2023 convention gave her something different: the chance to connect with young people who did not need an explanation of what she was experiencing. They already understood. Seeing their confidence and hearing how they responded to difficult situations helped Harleigh approach her own experiences differently. "It was different seeing teens that knew, and that had been going through the same thing that we have," she said.

One lesson has remained especially important to Harleigh: Obesity is a disease, not a definition of who someone is. She wants other young people to understand that their weight does not determine their personality, value or future. When someone shares a similar experience with her, she tries to make room for that person's story rather than assuming she already understands everything they have faced. Sometimes, she said, one conversation simply leads to another. That willingness to listen has become part of how she supports others.

Confidence Shared Between Sisters

This year, Harleigh returned as an ambassador for other teens, this time with her younger sister, Emma Grace, by her side. Drawing on the confidence she had gained over the years, Harleigh helped Emma Grace begin to find her own.

Before attending the convention, Emma Grace said bullying had affected how she felt about herself. Being surrounded by people who were welcoming and understanding helped her begin to see herself differently. One seemingly ordinary decision reflected that growing confidence. During the convention, Emma Grace wore shorts because she wanted to, something she had previously avoided. To others, the choice might have seemed small. For Emma Grace, it was another step toward feeling comfortable being herself.

The experience also created a special connection between two sisters at different stages of growing up. Harleigh has learned to stand up for herself, talk openly about her experiences and become more comfortable in her own skin. Emma Grace is just beginning to navigate some of those same challenges, but now she has someone close to home who understands.

Together, They Thrive continued on page 23



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Weight-loss surgery can change how your body processes food. Devrom® helps reduce unpleasant odors from gas and stool, supporting your comfort and confidence as you adapt to your new routine.

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LIVE LIGHTER™

with less weight vs before starting Wegovy®

Proven weight loss with Wegovy®, in a once-daily pill.

On average, adults achieved 14% weight loss

LOST ~33 lb

Based on 235 lb starting weight

AND SOME LOST EVEN MORE

About 1 in 4 adults lost 20% or more

LOST ~47 lb OR MORE

Based on 235 lb starting weight

In a 64-week medical study of 307 adults living with obesity, or with overweight and at least one weight-related medical problem, along with a reduced calorie diet and increased physical activity:

- Adults taking Wegovy® pill lost an average of **14% body weight (~33 lb)** vs 2.4% (~6 lb) taking placebo (not on medicine). Based on 235 lb (Wegovy®) and 231 lb (placebo) starting weights*
  - **76% of adults** taking Wegovy® pill lost **5% or more** weight vs 31% taking placebo
  - 60% of adults taking Wegovy® pill lost 10% or more weight vs 14% taking placebo
  - 47% of adults taking Wegovy® pill lost 15% or more weight vs 6% taking placebo
  - 28% of adults taking Wegovy® pill lost 20% or more weight vs 3% taking placebo

*Results are from a 64-week medical study of 307 adults with obesity (BMI ≥30 kg/m^2), or with overweight (BMI ≥27 kg/m^2) and at least one weight-related medical problem, including high blood pressure or high cholesterol. Adults with type 2 diabetes were excluded. Patients were taking either Wegovy® pill or placebo. During the trial, 18% of adults in the Wegovy® group discontinued treatment compared with 25.5% of adults in the placebo group.

BMI, body mass index.

What is Wegovy®?

Wegovy® (semaglutide) injection and Wegovy® (semaglutide) tablets are prescription medicines used with a reduced calorie diet and increased physical activity to:

- reduce the risk of major cardiovascular events such as death, heart attack, or stroke in adults with known heart disease and with either obesity or overweight.
- help adults with obesity, or some adults with excess weight (overweight) who also have weight-related medical problems to lose weight and keep the weight off.

Wegovy® contains semaglutide and should not be used with other semaglutide-containing products or other GLP-1 receptor agonist medicines.

It is not known if Wegovy® injection is safe and effective:

- to reduce the risk of major cardiovascular events (death, heart attack, or stroke) in people under 18 years
- to help children under 12 years of age lose weight and keep the weight off

It is not known if Wegovy® tablets are safe and effective for use in people under 18 years of age.

Important Safety Information

What is the most important information I should know about Wegovy®?

Wegovy® may cause serious side effects, including:

- **Possible thyroid tumors, including cancer.** Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rodents, Wegovy® and other medicines that work like Wegovy® caused thyroid tumors, including thyroid cancer. It is not known if Wegovy® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people
- Do not use Wegovy® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)

Do not use Wegovy® if:

- you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- you have had a serious allergic reaction to semaglutide or any of the ingredients in Wegovy® injection or Wegovy® tablets. See symptoms of serious allergic reaction in **"What are the possible side effects of Wegovy®?"**

Before using Wegovy®, tell your healthcare provider if you have any other medical conditions, including if you:

- have or have had problems with your pancreas or kidneys
- have type 2 diabetes and a history of diabetic retinopathy
- are scheduled to have surgery or other procedures that use anesthesia or deep sleepiness (deep sedation)
- are pregnant or plan to become pregnant. Wegovy® may harm your unborn baby. You should stop using Wegovy® 2 months before you plan to become pregnant
- are breastfeeding or plan to breastfeed. Breastfeeding is not recommended during treatment with Wegovy® tablets. It is not known if Wegovy® when received through an injection passes into your breast milk

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Wegovy® may affect the way some medicines work and some medicines may affect the way Wegovy® works. Tell your healthcare provider if you are taking other medicines to treat diabetes, including sulfonylureas or insulin. Wegovy® slows stomach emptying and can affect medicines that need to pass through the stomach quickly.



What are the possible side effects of Wegovy®?

Wegovy® may cause serious side effects, including:

- **inflammation of your pancreas (pancreatitis).** Stop using Wegovy® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without nausea or vomiting. Sometimes you may feel the pain from your abdomen to your back
- **gallbladder problems.** Wegovy® may cause gallbladder problems, including gallstones. Some gallstones may need surgery. Call your healthcare provider if you have symptoms, such as pain in your upper stomach (abdomen), fever, yellowing of the skin or eyes (jaundice), or clay-colored stools
- **increased risk of low blood sugar (hypoglycemia), especially those who also take medicines for diabetes such as insulin or sulfonylureas.** This can be a serious side effect. Talk to your healthcare provider about how to recognize and treat low blood sugar and check your blood sugar before you start and while you take Wegovy®. Signs and symptoms of low blood sugar may include dizziness or light-headedness, blurred vision, anxiety, irritability or mood changes, sweating, slurred speech, hunger, confusion or drowsiness, shakiness, weakness, headache, fast heartbeat, or feeling jittery
- **dehydration leading to kidney problems.** Diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems. It is important for you to drink fluids to help reduce your chance of dehydration. Tell your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away
- **severe stomach problems.** Stomach problems, sometimes severe, have been reported in people who use Wegovy®. Tell your healthcare provider if you have stomach problems that are severe or will not go away
- **serious allergic reactions.** Stop using Wegovy® and get medical help right away, if you have any symptoms of a serious allergic reaction, including swelling of your face, lips, tongue, or throat; problems breathing or swallowing; severe rash or itching; fainting or feeling dizzy; or very rapid heartbeat
- **change in vision in people with type 2 diabetes.** Tell your healthcare provider if you have changes in vision during treatment with Wegovy®
- **increased heart rate.** Wegovy® can increase your heart rate while you are at rest. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes
- **food or liquid getting into the lungs during surgery or other procedures that use anesthesia or deep sleepiness (deep sedation).** Wegovy® may increase the chance of food getting into your lungs during surgery or other procedures. Tell all your healthcare providers that you are taking Wegovy® before you are scheduled to have surgery or other procedures

The most common side effects of Wegovy® may include: nausea, diarrhea, vomiting, constipation, stomach (abdomen) pain, changes in skin sensations, headache, tiredness (fatigue), upset stomach, dizziness, feeling bloated, belching, low blood sugar in people with type 2 diabetes, gas, stomach flu, heartburn, and hair loss.

For additional information, please see Brief Summary of Information about Wegovy® on the following page.

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US26SEMT00411 October 2026

novo

Brief Summary of Information about
WEGOVY® (semaglutide) injection and WEGOVY® (semaglutide) tablets

wegovy®
semaglutide tablets 25mg injection 1.7mg | 2.4mg | 7.2mg

Rx Only
This information is not comprehensive. How to get more information:
- Talk to your healthcare provider or pharmacist
- Visit www.novo-pi.com/wegovy.pdf to obtain the FDA-approved product labeling
- Call 1-833-Wegovy-1

Do not share your pen WEGOVY® FlexTouch® or needles with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

What is the most important information I should know about WEGOVY®?

WEGOVY® may cause serious side effects, including:

- **Possible thyroid tumors, including cancer.** Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rodents, WEGOVY® and other medicines that work like WEGOVY® caused thyroid tumors, including thyroid cancer. It is not known if WEGOVY® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.
- Do not use WEGOVY® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

What is WEGOVY®?

- WEGOVY® injection is a prescription medicine used with a reduced-calorie diet and increased physical activity to:
  - reduce the risk of major cardiovascular events such as death, heart attack, or stroke in adults with known heart disease and with either obesity or overweight.
  - help adults and children aged 12 years and older with obesity, or some adults with excess weight (overweight) who also have weight-related medical problems to lose weight and keep the weight off.
  - treat adults with metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver scarring (fibrosis), but not with cirrhosis of the liver.
- WEGOVY® tablets are a prescription medicine used with a reduced-calorie diet and increased physical activity to:
  - reduce the risk of major cardiovascular events such as death, heart attack, or stroke in adults with known heart disease and with either obesity or overweight.
  - help adults with obesity, or some adults with excess weight (overweight) who also have weight-related medical problems to lose weight and keep the weight off.
- WEGOVY® contains semaglutide and should not be used with other semaglutide-containing products or other GLP-1 receptor agonist medicines.
- It is not known if WEGOVY® injection is safe and effective:
  - to reduce the risk of major cardiovascular events (death, heart attack, or stroke) in people under 18 years.
  - to help children under 12 years of age lose weight and keep the weight off.
  - for the treatment of MASH in people under 18 years of age.
- It is not known if WEGOVY® tablets are safe and effective for use in people under 18 years of age.

Do not use WEGOVY® if:

- you or any of your family have ever had a type of thyroid cancer called MTC or if you have an endocrine system condition called MEN 2.
- you have had a serious allergic reaction to semaglutide or any of the ingredients in WEGOVY® injection or WEGOVY® tablets. See **"What are the possible side effects of WEGOVY®?"** for symptoms of a serious allergic reaction.

Before using WEGOVY®, tell your healthcare provider if you have any other medical conditions, including if you:

- have or have had problems with your pancreas or kidneys.
- have type 2 diabetes and a history of diabetic retinopathy.
- are scheduled to have surgery or other procedures that use anesthesia or deep sleepiness (deep sedation).
- are pregnant or plan to become pregnant. WEGOVY® may harm your unborn baby. You should stop using WEGOVY® 2 months before you plan to become pregnant.
  - **Pregnancy Exposure Registry:** There is a pregnancy exposure registry for women who use WEGOVY® during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk to your healthcare provider about how you can take part in this registry or you may contact Novo Nordisk at 1-877-390-2760 or www.wegovypregnancyregistry.com.
- are breastfeeding or plan to breastfeed. Breastfeeding is not recommended during treatment with WEGOVY® tablets. It is not known if WEGOVY® when received through an injection passes into your breast milk. You should talk with your healthcare provider about the best way to feed your baby while using WEGOVY®.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. WEGOVY® may affect the way some medicines work and some medicines may affect the way WEGOVY® works. Tell your healthcare provider if you are taking other medicines to treat diabetes, including sulfonylureas or insulin. WEGOVY® slows stomach emptying and can affect medicines that need to pass through the stomach quickly.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I use WEGOVY®?

- If you take too much WEGOVY®, you may have severe nausea, severe vomiting and severe low blood sugar. Call your healthcare provider or Poison Help line at 1-800-222-1222 or go to the nearest hospital emergency room right away. Advice is also available online at poisonhelp.org.

WEGOVY® Injection

- **Your healthcare provider should tell you which WEGOVY® product you will be using (for example – single-dose pen or syringe, single-patient-use pen, or tablets).**
- If you are prescribed a different WEGOVY® product at any point, make sure you receive new training for the new product and read the Instructions for Use that come with it.
- WEGOVY® is injected under the skin (subcutaneously) of your stomach (abdomen), thigh, or upper arm. **Do not** inject WEGOVY® into a muscle (intramuscularly) or vein (intravenously).
- Change (rotate) your injection site with each injection. **Do not** use the same site for each injection.
- **Use WEGOVY® 1 time each week, on the same day each week, at any time of the day.**

WEGOVY® Tablets

- Take 1 WEGOVY® tablet by mouth on an empty stomach in the morning with water (no more than 4 ounces). **Do not** take WEGOVY® tablets with any other liquids besides water.
- **Do not** split, crush, chew or dissolve WEGOVY® tablets. Swallow WEGOVY® tablets whole.
- **Do not** take more than 1 WEGOVY® tablet each day.
- After 30 minutes, you can eat, drink, or take other oral medicines.
- If you miss a dose of WEGOVY®, skip the missed dose and go back to your regular schedule for the next dose.

What are the possible side effects of WEGOVY®?

WEGOVY® may cause serious side effects, including:

- **See "What is the most important information I should know about WEGOVY®?"**
- **inflammation of your pancreas (pancreatitis).** Stop using WEGOVY® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without nausea or vomiting. Sometimes you may feel the pain from your abdomen to your back.
- **gallbladder problems.** WEGOVY® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
  - pain in your upper stomach (abdomen)
  - fever
  - yellowing of skin or eyes (jaundice)
  - clay-colored stools
- **increased risk of low blood sugar (hypoglycemia) in patients with type 2 diabetes, especially those who also take medicines to treat type 2 diabetes mellitus such as an insulin or a sulfonylureas.** Low blood sugar in patients with type 2 diabetes who receive WEGOVY® can be both a serious and common side effect. Talk to your healthcare provider about how to recognize and treat low blood sugar. You should check your blood sugar before you start taking WEGOVY® and while you take WEGOVY®. Signs and symptoms of low blood sugar may include:
  - dizziness or light-headedness
  - blurred vision
  - anxiety
  - irritability or mood changes
  - sweating
  - slurred speech
  - hunger
  - confusion or drowsiness
  - shakiness
  - weakness
  - headache
  - fast heartbeat
  - feeling jittery
- **dehydration leading to kidney problems.** Diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems. It is important for you to drink fluids to help reduce your chance of dehydration. Tell your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away.
- **severe stomach problems.** Stomach problems, sometimes severe, have been reported in people who use WEGOVY®. Tell your healthcare provider if you have stomach problems that are severe or will not go away.
- **serious allergic reactions.** Stop using WEGOVY® and get medical help right away, if you have any symptoms of a serious allergic reaction including:
  - swelling of your face, lips, tongue or throat
  - severe rash or itching
  - problems breathing or swallowing
  - very rapid heartbeat
  - fainting or feeling dizzy
- **change in vision in people with type 2 diabetes.** Tell your healthcare provider if you have changes in vision during treatment with WEGOVY®.
- **increased heart rate.** WEGOVY® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take WEGOVY®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes.
- **food or liquid getting into the lungs during surgery or other procedures that use anesthesia or deep sleepiness (deep sedation).** WEGOVY® may increase the chance of food getting into your lungs during surgery or other procedures. Tell all your healthcare providers that you are taking WEGOVY® before you are scheduled to have surgery or other procedures.

The most common side effects of WEGOVY® in adults or children aged 12 years and older may include:

- nausea
- diarrhea
- vomiting
- constipation
- stomach (abdomen) pain
- changes in skin sensations
- headache
- tiredness (fatigue)
- upset stomach
- dizziness
- feeling bloated
- belching
- low blood sugar in people with type 2 diabetes
- gas
- stomach flu
- heartburn
- hair loss

Talk to your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of WEGOVY®.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store WEGOVY®?

WEGOVY® injection

- Do not store WEGOVY® in the freezer or directly beside the refrigerator cooling element.
- **Do not freeze WEGOVY® and do not use WEGOVY® if it has been frozen.**
- **WEGOVY® single-dose pen and single-dose syringe:**
  - Store in the refrigerator between 36°F to 46°F (2°C to 8°C).
  - If needed, before removing the pen or syringe cap, **WEGOVY® single-dose pen** and **single-dose syringe** can be stored from 46°F to 86°F (8°C to 30°C) in the original carton for up to 28 days.
  - Keep **WEGOVY® single-dose pen and syringe** in the original carton to protect it from light.
  - Throw away the **WEGOVY® single-dose pen or syringe** if it has been frozen, has been exposed to light or temperatures above 86°F (30°C), has been out of the refrigerator for 28 days or longer, or after use.
- **WEGOVY® FlexTouch® single-patient-use pen:**
  - Store in the refrigerator between 36°F to 46°F (2°C to 8°C).
  - After first use, store WEGOVY® FlexTouch® pen between 59°F to 86°F (15°C to 30°C) or in the refrigerator between 36°F to 46°F (2°C to 8°C) for up to 56 days.
  - Protect WEGOVY® FlexTouch® pen from excessive heat and light.
  - Keep the pen cap on when not in use.
  - Always remove and safely discard the needle after each injection.
  - Store WEGOVY® FlexTouch® pen without an injection needle attached.
  - Always use a new needle for each injection.
  - Throw away if the WEGOVY® FlexTouch® pen if it has been frozen, has been exposed to light or temperatures above 86°F (30°C), or has been out of the refrigerator for 56 days or longer.

WEGOVY® tablets

- Store WEGOVY® tablets at room temperature between 68°F to 77°F (20°C to 25°C).
- Store tablets in the original closed WEGOVY® bottle until you are ready to take one. Do not store in any other container.
- Store in a dry place away from moisture.

Keep WEGOVY® and all medicines out of the reach of children.

Marketed by: Novo Nordisk Inc., Plainsboro, NJ 08536

More detailed information is available upon request.

Available by prescription only.

WEGOVY® and FlexTouch® are registered trademarks of Novo Nordisk A/S.

Patent Information: http://novonordisk-us.com/products/product-patents.html

For more information, go to startWegovy.com or call 1-833-Wegovy-1.

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Together, They Thrive continued from page 19

Learning Together as a Family

Their parents, Roger and Amanda, are learning right alongside them. Roger has lived with obesity since he was young, yet he said he grew up without ever hearing obesity described as a disease. His understanding began to change when the family was introduced to the Thrive Together program and the *Your Weight Matters* National Convention.

"I'm 40 years old, and only in the last four to five years did I realize it's a disease," Roger said. "Watching your kids go through something that you went through is the hardest thing in life to me." He and Amanda have taken in a great deal during the family's three years of involvement. Sometimes, they attend a session and hear an idea they have heard before. They still listen. That sentiment captures much of the family's approach. They are not treating health as one person's challenge to solve. They are learning together, talking together and finding ways to carry those lessons home. When the family talked about what support looks like in their home today, Harleigh offered perhaps the simplest answer: "uplifting each other."

Our OAC Community

The circle of support is continuing to grow. The Peeden family considers the OAC Community part of its extended family, and they are already planning to return to the next *Your Weight Matters* National Convention with friends who are navigating their own experiences with weight. The support they found is now something they want to share with others.

Families can stay connected to Thrive Together throughout the year by signing up for the program's quarterly newsletter. Each issue shares trusted information, helpful resources, program updates, upcoming events and opportunities to learn about advocacy issues affecting families. It also offers ways for children, teens and parents to connect with the OAC Community and make their voices heard.

To learn more about the Thrive Together program and sign up for the quarterly newsletter, visit **ObesityAction.org/ThriveTogether.**

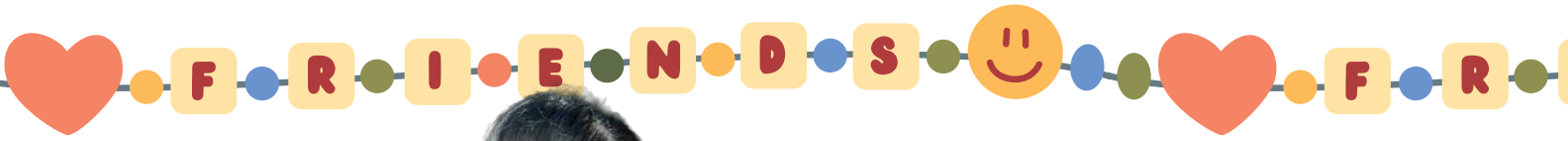
About the Authors:
Rachel Davidson is OAC's Program Coordinator, helping manage programs, events and initiatives. Inspired by her own experiences, Rachel is passionate about obesity advocacy and helping people access the resources and community they need. She earned a bachelor's degree in child development and family relations, with a minor in psychology, from the University of Maine.

Michelle "Shelly" Vicari is OAC's Director of Programs, leading education and support initiatives, including Thrive Together, OAC's program for children, teens and families affected by obesity. She studied Child Development and Family Studies and Political Science at San Diego State University and brings a background in childhood education, nonprofit leadership and lived experience to her work.

KID'S corner

Be the FRIEND Who Stands Up

by Michelle "Shelly" Vicari, OAC Director of Programs





You may see someone being teased, left out or treated unkindly because of their appearance, body size, food choices or abilities. It can happen at school, during activities, among friends or online. You may want to help but feel unsure about what to say or do. There is no single right way to respond. You might speak up, invite the person to join you, check on them privately or ask a trusted adult for help. Even a small action can remind someone they are not alone.

Ways You Can Help

There are several ways to respond when someone is being treated unkindly:

- **Speak up.** If you feel safe doing so, say something. It can be as simple as, "That's not kind," "Please stop" or "We don't need to comment on someone's body."
- **Show your support.** Sometimes the most helpful thing you can do is remind someone they are not alone. Sit with them, invite them to join you or check in by asking, "Are you OK?"
- **Don't join in.** It can be difficult to go against a group, especially when everyone else is laughing. You can choose not to laugh at an unkind joke, repeat a hurtful comment or share an embarrassing photo or post.
- **Ask an adult for help.** You do not have to handle bullying on your own. Talk to a parent, caregiver, teacher, coach, counselor or another adult you trust. Asking for help when someone is being hurt is not tattling. It is one way to help keep someone safe.



Being a Good Friend Online Counts, Too

Group chats, texts, online games and social media can be great ways to connect with friends. But they can also be used to exclude someone or spread hurtful comments and images.

If you see a mean comment, message or photo about someone, do not like, share or forward it. Passing along hurtful content can make the situation worse, even if you did not create it.

Instead, check in with the person privately. A simple message such as "Are you OK?" or "I'm here if you want to talk" can mean a lot.

You can also encourage them to:

- Save screenshots of what happened.
- Block or report the account.
- Talk to a trusted adult.

Before You Hit Send

Pause for a moment and ask yourself:

- Would I say this to someone's face?
- Would I be comfortable if someone posted this about me?
- Could this message hurt or embarrass someone?

If you would not say it face to face, would not want it posted about you or think it could hurt someone, do not send it. Take a moment to reconsider what you want to say or choose not to post at all.

Be the Friend continued on page 26

FRIENDSHIP CHALLENGE: What Would You Do?

What would you do in these situations? Circle the answer you think would help most.

1. Someone at lunch makes a joke about another student's body. What could you do?

A. Laugh because everyone else is laughing.

B. Say, "That's not funny," and change the subject.

C. Repeat the joke to someone else later.

2. You see someone sitting alone after other students have been teasing them. What could you do?

A. Invite them to sit or spend time with you.

B. Walk away because you are unsure what to say.

C. Ask if they are OK.

Hint: Sometimes there is more than one helpful answer.

3. Your friend tells you someone is posting mean comments about their body online. What could you do?

A. Tell them to ignore it.

B. Help them save the messages, block or report the person and talk to an adult they trust.

C. Post something mean in response.

4. Someone starts commenting on what another student is eating. What could you do?

A. Join the conversation about their food.

B. Say, "Let's talk about something else."

C. Say, "We don't need to comment on what someone else is eating."



Be the Friend continued from page 25

F R I E N D S

CHECK YOUR ANSWERS!

1. B. Speak up and change the subject.

You can interrupt an unkind moment and show the other person that someone is on their side.

2. A or C. Invite them to join you or ask if they are OK.

Both are thoughtful ways to reach out and help someone feel less alone.

3. B. Help your friend save what happened and find support.

Do not respond with another mean post. Help your friend document what happened, block or report the account and talk to a trusted adult.

4. B or C. Change the subject or speak up.

Both responses can stop the conversation and show that commenting on another person's food is not appropriate.

Your Turn

Think about what being a supportive friend means to you.

Finish this sentence:

I can help others feel like they belong by _____.

There are many ways to stand up for someone. You can speak up when you hear something unkind, check in with someone who has been hurt or ask a trusted adult for help.

You do not have to make a big or dramatic gesture to make a difference. A small act of kindness can help someone feel supported and remind them they are not alone.

You Have Backup

If you or someone you know is being bullied, you do not have to handle it alone. The *Obesity Action Coalition's Anti-Bullying Toolkit* offers practical tips to help kids, teens, families and schools understand bullying, respond when it happens and help prevent it. Ask a parent, caregiver or trusted adult to explore it with you.



For Parents and Caregivers: Bullying can affect a child's confidence, relationships and sense of safety. Explore the toolkit with your child to learn how to recognize possible signs of bullying, begin supportive conversations and address concerns with schools or other trusted adults. Remind your child that they can come to you when something feels wrong, whether it happens in person or online. Visit **ObesityAction.org/resources/anti-bullying-toolkit/** to learn more.

About the Author:
Michelle "Shelly" Vicari is the Director of Programs for the Obesity Action Coalition (OAC). She studied Child Development & Family Studies and Political Science at San Diego State University and previously served as Curriculum Director for the largest NAEYC-accredited child care centers in Southern California. At OAC, she leads a variety of education and support initiatives, including Thrive Together, a youth and families program that provides resources, community and events for children, teens and parents affected by obesity.

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Medicare GLP-1 Bridge Program: What You Need to Know



A new pathway makes obesity treatment more accessible for some people with Medicare.

The Medicare GLP-1 Bridge program can help eligible Medicare beneficiaries access certain FDA-approved GLP-1 medications for obesity care for a **$50 monthly copay.**

OAC can help.

Understanding eligibility, coverage and how to get started can be confusing. That's why OAC created **FREE** resources to guide you through the Medicare GLP-1 Bridge program.

- Learn how the program works
- Find out who may qualify
- Prepare for a conversation with your doctor
- Get answers to common questions
- Navigate your next steps



Get the FREE resources today.

Visit: **obesityaction.org/medicare-bridge**

Your Benefits, Your Voice:

Advocating for Better Obesity Coverage at Work

by Sarah Bramblette, MSHL,
OAC Senior Advocacy Manager

"Who Would Have Asked?"

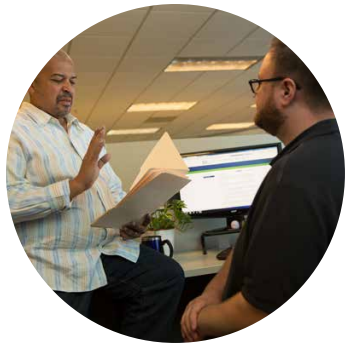
Several years ago during open enrollment, I noticed that the health plan offered by a former employer excluded bariatric surgery. I had already had surgery, so although I noticed the exclusion, it didn't directly affect me at the time and I didn't question it.

The next year, the exclusion was gone. I mentioned to our HR director that I was glad to see the coverage had returned. To my surprise, she told me the surgery had never really been unavailable. If it were medically necessary and an employee asked, she said the company would consider covering it.

My immediate thought was: ***Who would have asked?***

If your health plan says a treatment is excluded, most people are going to assume it isn't an option.

That experience taught me that what's written in our benefit information shapes the choices we think are available to us. Employees need to understand their coverage, ask questions and know they can advocate for change.



Why Employers Provide Health Benefits – and Why Obesity Care Matters

Employer-sponsored health insurance expanded significantly during the 1940s, when benefits became one way employers could compete for workers during wartime wage controls. Today, health benefits are an important part of employee compensation and can help employers recruit and retain employees and support a healthy workforce.

But having health insurance and having coverage for the care you need are not always the same thing.

The Affordable Care Act expanded access to certain obesity-related preventive services but does not guarantee coverage for the full range of obesity treatments. Coverage for prescription obesity medications, metabolic and bariatric surgery and endoscopic procedures can still depend on the health plan and benefits offered.

Obesity is a chronic disease, and employees living with obesity should have the same opportunity to access science-based care as their co-workers managing other chronic conditions. Not every treatment is appropriate for every person, which is why access to different treatment options matters.



When an Exclusion Affects More Than You Expect

That same health plan taught me another lesson. The plan that excluded bariatric surgery also had broader exclusions related to obesity care. I didn't anticipate how those exclusions could affect healthcare I needed for something else.

When I sought treatment for lymphedema, my claim was denied because obesity was also among my diagnoses and my plan excluded obesity care. I ultimately appealed the denial and got the care covered, but the experience showed me how an exclusion for one condition can create unexpected barriers elsewhere.

Most employees aren't insurance experts, and they shouldn't have to be. But open enrollment gives us an opportunity to look more closely at our coverage.



Know Your Coverage – and Know What to Ask

During open enrollment, look beyond premiums, deductibles and provider networks. Understand what your plan actually covers, especially when it comes to obesity care. This may mean digging deeper than the one-page benefits summary.

Look for coverage of nutrition counseling with a registered dietitian, behavioral and mental health services, prescription obesity medications, metabolic and bariatric surgery and endoscopic procedures. Check eligibility and prior authorization requirements, exclusions or limitations and changes from the current plan year.

Also understand the difference between care that isn't covered and care that is covered but denied. An exclusion is a coverage issue you may be able to raise with your employer or other benefits decision maker. If a covered treatment is denied, you may need to use your health plan's appeals process.

Most importantly, don't assume an exclusion means there are no questions to ask or actions you can take.

Your Voice Matters – Who Needs to Hear It?

The people making decisions about your health benefits may not understand the barriers employees face unless employees tell them. That's why speaking up matters — but so does knowing who needs to hear from you.

Depending on where you work, that could be human resources or benefits staff, company leadership, a benefits or compensation committee, a public employee benefits board or a union representative.

Start by asking: Who has the authority to make or recommend changes to my health benefits? When are decisions made about next year's benefits?

Your experience can help decision makers understand how benefit decisions affect the people those benefits are intended to serve.

Make Your Ask – Start the Conversation

Looking back, I wish I had asked more questions when I first saw that exclusion. That was my first job that offered health insurance benefits, and I didn't know what questions to ask. I've since learned that what appears to be the end of the conversation may actually be the place to start one.

You may be asking your employer to add coverage that isn't offered, maintain coverage at risk, reinstate coverage that was removed or expand coverage to include all comprehensive obesity treatment options.

Keep your ask simple and specific:

Explain the issue → Share why it matters → Make a specific ask → Provide supporting information → Ask what happens next and when you can follow up.

You decide how much personal health information you're comfortable sharing. You don't have to share your medical history to explain how a coverage decision affects you.

You can email HR or benefits staff, request a meeting, contact your union representative or participate in a benefits meeting. And there is power in numbers. One employee can start the conversation, and other voices can help demonstrate why it matters.

Follow Up – and Keep Advocating

Improving health benefits may take more than one conversation. Follow up in writing and keep track of responses, commitments and next steps. If someone promises an answer by a certain date, follow up if you haven't heard back.

You may hear, "Our benefits are already finalized for next year." If so, ask: "When does planning begin for the following year, and how can employees provide input?"

A decision that can't be changed today can still become part of the conversation about tomorrow's benefits.

A Healthier Tomorrow

Advocacy often begins with necessity. That experience with my employer many years ago was a catalyst for the advocacy work I do today. It taught me the importance of understanding my benefits, asking questions and speaking up when something doesn't seem right.

For the past decade, I've carried those lessons into advocating for better health coverage, including the Lymphedema Treatment Act, which became law, and the Treat and Reduce Obesity Act (TROA), which seeks to expand Medicare coverage for obesity care.

You don't have to consider yourself an advocate to start advocating for yourself. Know your coverage. Know your coverage. Ask questions. Use your voice. And when the coverage you need isn't there, don't be afraid to ask for change.

Together, we can advocate for better access to comprehensive obesity care and a healthier tomorrow.

We're With You Along the Way

You don't have to navigate coverage issues alone. OAC's Employer Coverage Roadmap can help you understand your benefits and advocate for the care you need.

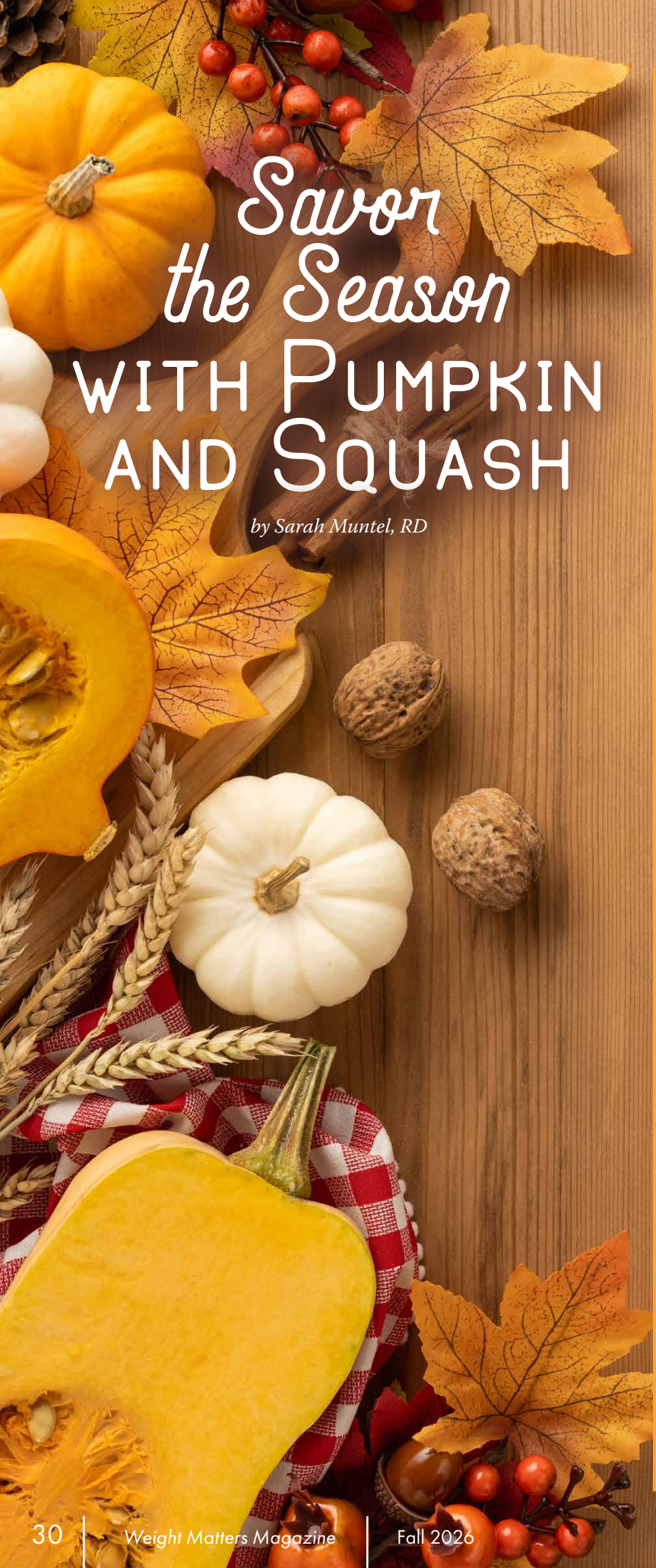
Check your coverage → Understand your options → Prepare → Connect → Ask → Meet → Follow up → Keep advocating

Start wherever you are. Whether you're addressing an exclusion, appealing a denial or asking for better coverage, you'll find coverage information, sample letters, talking points, appeals guidance and other resources to support your advocacy.

Scan the QR code to explore the Employer Coverage Roadmap.

And if you face a coverage barrier, tell us. Your experience helps OAC advocate for better access to comprehensive obesity care.

About the Author:
Sarah Bramblette, MSHL, is the OAC Senior Advocacy Manager and a longtime health advocate who uses her personal experiences to raise awareness about obesity, access to care and weight bias. In her role with OAC, she helps develop and mentor new advocates through OAC's Action Teams program, equipping individuals with the tools and confidence to share their stories and take action in their own communities and beyond.



Savor the Season with Pumpkin and Squash

by Sarah Muntel, RD

Crunchy leaves, cooler temperatures and cozy sweaters signal the arrival of fall, along with a new selection of seasonal produce and favorite dishes. As the seasons change, so do meal patterns, seasonal produce and favorite dishes. This is the perfect time to add fall favorites that boost nutrition. Squash and pumpkin are great places to start.

Why Pumpkin and Squash Deserve a Place on Your Plate

High in Carotenoids

- Pumpkin and orange-fleshed squash are particularly rich in beta-carotene, which the body can convert to vitamin A.
- Vitamin A supports vision, immune function and cell health.

A Source of Fiber

- Fiber can help you feel full and support bowel health.
- Squash can provide 2 to 3 grams of fiber per 100 grams.
- For extra fiber, try keeping the skin on when it is edible.

Nutrient-Dense and Relatively Low in Calories

- Pumpkin and squash provide vitamins, minerals and phytochemicals for relatively few calories, about 40 to 50 calories per 100 grams.
- This makes them a great choice for weight management.

A Source of Potassium

- Squash can contribute to dietary potassium intake. Potassium is an important nutrient for cardiovascular health and blood pressure regulation.
- Squash and pumpkin provide about 200 to 300 milligrams of potassium per 100 grams.

Naturally Sweet Without Added Sugar

- Their natural sweetness makes pumpkin and squash useful substitutes for some added sugars or higher-calorie ingredients in recipes.

Try These Fall Favorites



There are many types of squash and pumpkin, each with a variety of uses. Do not limit yourself. Try them all.

Pumpkin



This low-calorie choice provides potassium and beta-carotene.

Quick Tip Canned 100% pumpkin is a convenient, nutrient-dense option. Add it to soups, stews and oats.

Butternut Squash



This squash is an excellent source of carotenoids, vitamin C and potassium.

Quick Tip Its natural sweetness and versatility make it a flavorful addition to many dishes.

Acorn Squash



This squash is a good source of fiber and provides vitamin C, potassium and magnesium.

Quick Tip The edible skin adds fiber to your day.

Spaghetti Squash



This squash is lower in calories and carbohydrates than many other winter squashes.

Quick Tip Use it in place of pasta to decrease calories and carbohydrates while adding nutrients.

Pumpkin Oatmeal

Adapted from: Allrecipes.com

Cool mornings call for a warm breakfast. A hearty bowl of oatmeal provides whole grains, fiber, protein and vitamin A.

Ingredients

- 1 cup quick-cooking rolled oats
- ¾ cup milk, or as needed
- ½ cup canned pumpkin puree
- ¼ teaspoon pumpkin pie spice
- 1 teaspoon cinnamon sugar

Directions

Mix the oats and milk in a microwave-safe bowl. Microwave on high for 1 to 2 minutes, stirring once. Add more milk or oats to reach the desired consistency, then cook for another 30 seconds. Stir in the pumpkin puree, pumpkin pie spice and cinnamon sugar. Heat through and serve.

Makes 2 servings

Per serving: 229 calories; 5 grams fat; 39 grams carbohydrates; 9 grams protein

Savor the Season continued on page 32



Savor the Season continued from page 31

Baked Chicken With Butternut Squash

Adapted from: DietitianMade.com

Try this quick, nutrient-packed, all-in-one meal. Enjoy it for dinner, then pack the leftovers for lunch the next day.

Ingredients

- 4 boneless chicken breasts, about 145 grams each
- 3 cups cubed butternut squash
- 3 cups halved Brussels sprouts
- 4 garlic cloves, minced
- 2 teaspoons chopped fresh thyme
- 1½ teaspoons chopped fresh rosemary
- 3 tablespoons olive oil
- 2 tablespoons fresh lemon juice
- ½ teaspoon sea salt

Directions

1. Preheat the oven. Preheat the oven to 425 F and set a rack in the middle position. Line a large, rimmed sheet pan with parchment paper or leave it bare for deeper browning.

2. Prepare the vegetables and aromatics. Peel the butternut squash, scoop out the seeds and cut the flesh into even, bite-size cubes so they cook at the same rate. Trim the dry stem ends from the Brussels sprouts, pull off any loose outer leaves and halve each one through the root. Mince the garlic cloves and finely chop the fresh thyme and rosemary.

3. Roast the vegetables first. On the sheet pan, toss the squash and Brussels sprouts with olive oil, minced garlic, thyme and rosemary until everything is glossy. Spread the vegetables in a single layer, keeping the sprouts cut-side down for better color, and roast for 10 minutes. This head start allows the dense squash to soften before the chicken goes in.

4. Season the chicken. Pat the chicken breasts dry with paper towels. Rub them with olive oil, a little more chopped thyme, fresh lemon juice and sea salt until evenly coated.

5. Add the chicken and finish roasting. Remove the pan from the oven, push the vegetables to the edges and place the chicken breasts in the cleared center in a single layer. Return the pan to the oven and roast for 22 to 25 minutes, until the vegetables are tender and lightly caramelized and the thickest part of each chicken breast reaches 165 F on an instant-read thermometer.

6. Rest and serve. Transfer the chicken to a cutting board or plates and let it rest for about 5 minutes before slicing. Spoon the roasted squash and Brussels sprouts alongside the chicken and finish with any pan juices.

Makes 4 servings

Per serving: 354 calories; 14 grams fat; 37 grams protein; 22 grams carbohydrates



Slow Cooker Butternut Squash Soup

Adapted from: Skinnytaste.com

Try this recipe on a cool fall evening. Pair it with grilled chicken or beef for added protein and a whole-grain roll for a complete meal.

Ingredients

- 32 ounces butternut squash from 1 small squash, halved and seeds removed but not peeled
- 2 large shallots, quartered
- 2 cups chicken or vegetable broth, or 1½ tablespoons Better Than Bouillon mixed with water
- ¾ cup light coconut milk, plus more for optional garnish
- Pinch of nutmeg
- Chives and pepitas for optional garnish

Directions

1. Place the squash, shallots and broth in the slow cooker.
2. Cook on low for 8 hours or high for 4 hours, until the squash is soft and cooked through. A knife should insert easily.
3. Remove the squash from the skin and discard the peel.
4. Stir in the coconut milk and nutmeg.
5. Blend in a blender or with an immersion blender.
6. Season to taste with salt and pepper. Garnish with more coconut milk and chives, if desired.

Makes 4 servings, 1¼ cups each

Per serving: 152 calories; 35 grams carbohydrates; 3 grams protein; 3 grams fat



Pumpkin Pie Dip

Adapted from: LaurenFitFoodie.com

Bring this fun dip to fall get-togethers and parties. Serve it with apples, pretzels or graham crackers.

Ingredients

- 8 ounces light cream cheese, softened
- 3 tablespoons sweetener of choice
- ½ cup canned pumpkin, 120 grams
- 1 teaspoon pumpkin pie spice
- ¼ teaspoon ground cinnamon
- ½ cup light whipped topping, 36 grams

Directions

1. Beat the cream cheese with a hand mixer or stand mixer until smooth.
2. Add the sweetener, pumpkin, pumpkin pie spice and cinnamon.
3. Fold in the whipped topping. Taste and add more sweetener if desired.
4. Cover and refrigerate for at least 30 minutes. For the best flavor, refrigerate for 2 to 3 hours before serving.

Makes 8 servings

Per serving: 78 calories; 5 grams carbohydrates; 2 grams protein; 6 grams fat

Savor the Season

However you choose to enjoy them, pumpkin and squash offer an easy way to bring seasonal flavor, color and nutrition to your meals. Try a new recipe, revisit an old favorite or experiment with a variety you have never prepared before. With so many possibilities, these fall favorites can add something delicious to your table all season long.

About the Author

Sarah Muntel, RD, is a registered dietitian who has worked with people pursuing surgical and medical obesity treatment for more than 20 years. She loves helping people reach their health and wellness goals! In her free time, Sarah enjoys spending time with her husband and children, watching her children's activities, and going on walks with friends.

Joint Replacement, Obesity and BMI:

What You Need to Know

by Kristine Godziuk, PhD; Lynn Rubinett, JD; Nicholas J. Giori, MD, PhD; and Anna Cohen-Rosenblum, MD



If you are living with obesity and severe hip or knee osteoarthritis, you may have been told that you need to lose weight or lower your body mass index (BMI) before you can have joint replacement surgery.

For many people, that message can be discouraging and confusing. You may wonder: Is my weight the biggest factor in determining whether surgery is right for me? Will losing weight make surgery safer? What can I do if I am denied surgery because of my BMI?

Research over the past decade has changed how many experts think about these questions.

Can a Higher BMI Keep You from Having Joint Replacement Surgery?

For many years, some hospitals and surgeons required people to reach a BMI below 40 before offering elective joint replacement. The goal was to reduce complications after surgery.

However, these policies can also create barriers to care. Some people are unable to lose enough weight despite significant effort. While waiting to qualify for surgery, others may experience worsening pain, reduced mobility, loss of independence and declines in their overall health.

Current guidelines from the American College of Rheumatology and the American Association of Hip and Knee Surgeons no longer recommend delaying joint replacement solely because a person's BMI is above 40. Instead, they recommend an individualized assessment and shared decision-making between you and your healthcare team.

People with obesity may have a higher risk of certain complications after joint replacement, including infection and delayed wound healing. Surgery may also require additional planning and time. Your surgeon should discuss your individual risks with you.

Research also suggests that people with obesity can experience substantial improvements in pain, mobility and quality of life after joint replacement, comparable to those experienced by people with a lower BMI.

BMI has important limitations in assessing surgical risk. Two people with the same BMI may have very different health profiles and individual risks.

Joint Replacement continued on page 36



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List as of 10/9/2026



Joint Replacement continued from page 35

Your healthcare team should consider BMI alongside other factors that can affect your risk of complications, including:

- Diabetes management
- Heart and lung health
- Nutrition
- Nicotine use
- Muscle health and strength
- Mobility
- Severity of osteoarthritis

The decision to proceed with surgery should also consider what could happen if surgery is delayed. Continuing to live with severe arthritis may lead to worsening pain, less physical activity, muscle weakness, loss of independence, financial challenges and declining mental health. Those consequences deserve consideration alongside the potential risks of surgery.

Should You Lose Weight Before Surgery?

Weight loss is often encouraged before joint replacement, but the evidence is more complicated than many people realize. Weight loss can offer health benefits as part of obesity and osteoarthritis management. It may improve blood sugar and blood pressure, reduce stress on painful joints and improve overall health. Some people also find that losing weight reduces their arthritis symptoms enough to postpone or avoid joint replacement surgery. But if you are planning to have surgery, research has not consistently shown that losing weight before joint replacement reduces the risk of surgical complications.

Researchers have studied several approaches to weight loss, including behavioral programs that reduce calorie intake and metabolic and bariatric surgery. Some studies have suggested potential benefits, while others have found little difference or even higher complication rates. Overall, the evidence remains uncertain.

This does not mean weight loss cannot be helpful for managing obesity and osteoarthritis. Instead, it means weight loss should not automatically be considered a requirement for surgery or a guarantee that surgery will be safer.

Decisions about weight management should be individualized based on your overall health, the severity of your arthritis and your personal goals.

What the Research Tells Us

BMI is only one piece of the picture. A higher BMI can increase the risk of certain complications, but BMI alone does not tell your healthcare team everything about your health or surgical risk.

Weight loss does not guarantee a safer surgery. Research has not consistently shown that losing weight before joint replacement reduces surgical complications. Weight management may still benefit your overall health and osteoarthritis symptoms.

Muscle health matters, too. Preparing for surgery is about more than weight. Maintaining muscle, getting adequate nutrition and staying physically active when possible may also be important for your recovery.

What About GLP-1 Medications Before Joint Replacement?

GLP-1 medications, including semaglutide and tirzepatide, have changed obesity treatment for many people. These medications can support meaningful, sustained weight loss and health improvements when used as part of long-term obesity care.

Researchers are studying whether these medications may also reduce the risk of complications after joint replacement surgery. Right now, the evidence is still developing and more high-quality research is needed.

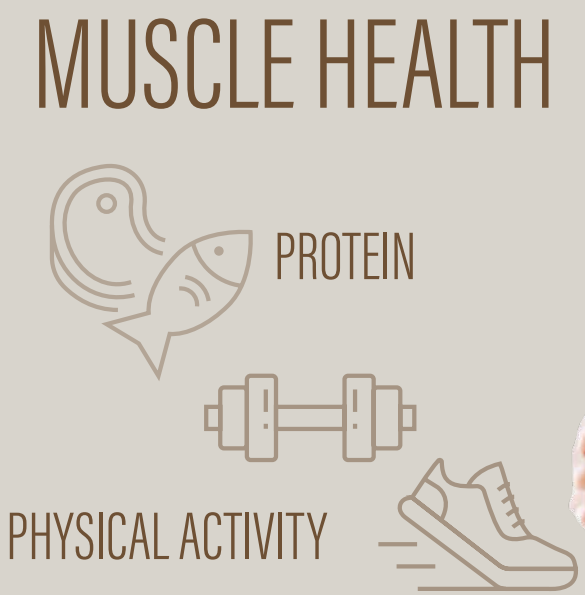
If you are considering a GLP-1 medication before surgery, talk with your healthcare team about the potential risks and benefits as well as your long-term treatment plan. Obesity medications should be considered part of ongoing obesity treatment rather than simply a way to reach a specific BMI before joint replacement surgery.

Don't Overlook Muscle Health

When considering weight management before surgery, there is another important part of your health to think about: your muscles. Weight loss, whether through changes in nutrition, GLP-1 medications or metabolic and bariatric surgery, can result in the loss of both fat and muscle mass.

Muscle loss may be particularly concerning for older adults who already have reduced muscle mass or strength, a condition known as sarcopenia. Sarcopenia can also occur alongside obesity. Losing additional muscle before joint replacement may reduce physical function and potentially affect infection risk and recovery after surgery.

For this reason, weight management before surgery should include attention to adequate nutrition, including sufficient protein, and physical activity whenever possible. Protecting muscle health can be an important part of preparing for surgery.



"No single number can capture the complexity of your health or determine your individual surgical risk."



Joint Replacement continued on page 38

PASS IT ON – BE PART OF OUR GREEN INITIATIVE!



Finished enjoying this issue? Don't let the journey end here! Pass this copy of *Weight Matters Magazine* along to friends, family or colleagues to give this OAC resource new life. By passing this magazine on, you help reduce waste and promote sustainability. Let's keep the pages turning and make a positive impact on the environment. Thank you for being part of our green initiative!

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Joint Replacement continued from page 37

You Should Be Part of the Decision

No single number can capture the complexity of your health or determine your individual surgical risk. If you have been told that your joint replacement needs to be delayed or that you cannot have surgery because of your weight, consider asking your surgeon:

- What specific factors increase my surgical risk?
- Is my BMI the only reason surgery is being delayed?
- Are there other health conditions we can address before surgery?
- What are the risks of delaying surgery in my situation?
- What can I do to prepare for surgery and recovery?

Joint replacement can be more technically challenging to perform in people with a higher BMI. You may also want to consider seeking another orthopedic opinion. Surgeons can have different levels of experience performing joint replacement in people with a higher BMI.

These conversations can help ensure that the decision about whether to proceed with surgery reflects your overall health, values and treatment goals.

The Bottom Line

Obesity is a complex, chronic disease and BMI alone does not provide a complete picture of a person's health. People with obesity may have a somewhat higher risk of certain complications after joint replacement, but they can also experience substantial improvements in pain, mobility and quality of life.

Current evidence does not clearly show that losing weight before surgery consistently reduces surgical complications, regardless of the weight-loss approach used. Weight management may still improve overall health and help some people manage arthritis symptoms, but it should be considered as one part of an individualized treatment plan rather than a universal requirement for joint replacement.

The decision about surgery should be made through shared decision-making with your healthcare team. Your surgeon should consider your complete health picture, not BMI alone, with the goal of helping you safely regain mobility, reduce pain and improve your quality of life.

About the Authors:
Kristine Godziuk, PhD, is an assistant professor of physical therapy and rehabilitation science at the University of California, San Francisco. She leads a research team of surgeons and people with lived experience working together to address challenges related to obesity and joint replacement. Learn more at accessoa.org.

Lynn Rubinett, JD, is an attorney, mediator and arbitrator in Austin, Texas. She has lived experience with hip replacement surgery and serves as a patient partner in research focused on improving access to surgical care.

Nicholas J. Giori, MD, PhD, is chief of orthopedic surgery at the Veterans Administration hospital in Palo Alto, California, and a professor of orthopedic surgery at Stanford University.

Anna Cohen-Rosenblum, MD, is an associate professor of orthopedic surgery at NYU Langone Health and specializes in hip and knee replacement. She is deputy editor-in-chief of Arthroplasty Today and will serve as the 2027-2028 president of the Ruth Jackson Orthopaedic Society, an organization that supports women in orthopedic surgery.



Her soccer dreams didn't change. Her brain did.

Not all obesity is the same. Issues with weight, hunger, and fatigue after a brain tumor or brain injury could be a sign of a distinct form of obesity called acquired hypothalamic obesity, or acquired HO.

Learn more about Rhythm's educational resources at **HO.DifferentObesity.com** or scan the QR code on the right.

Actor portrayal

Rhythm® PHARMACEUTICALS

LET'S GET CONNECTED!

Social media can be a powerful tool in your weight and health journey. The Obesity Action Coalition has created a supportive social media community where we raise awareness about obesity, share valuable educational resources, advocate for ending weight bias and promote expanded access to care. Join us and connect with others who share similar experiences in a safe and welcoming space.

@ObesityAction

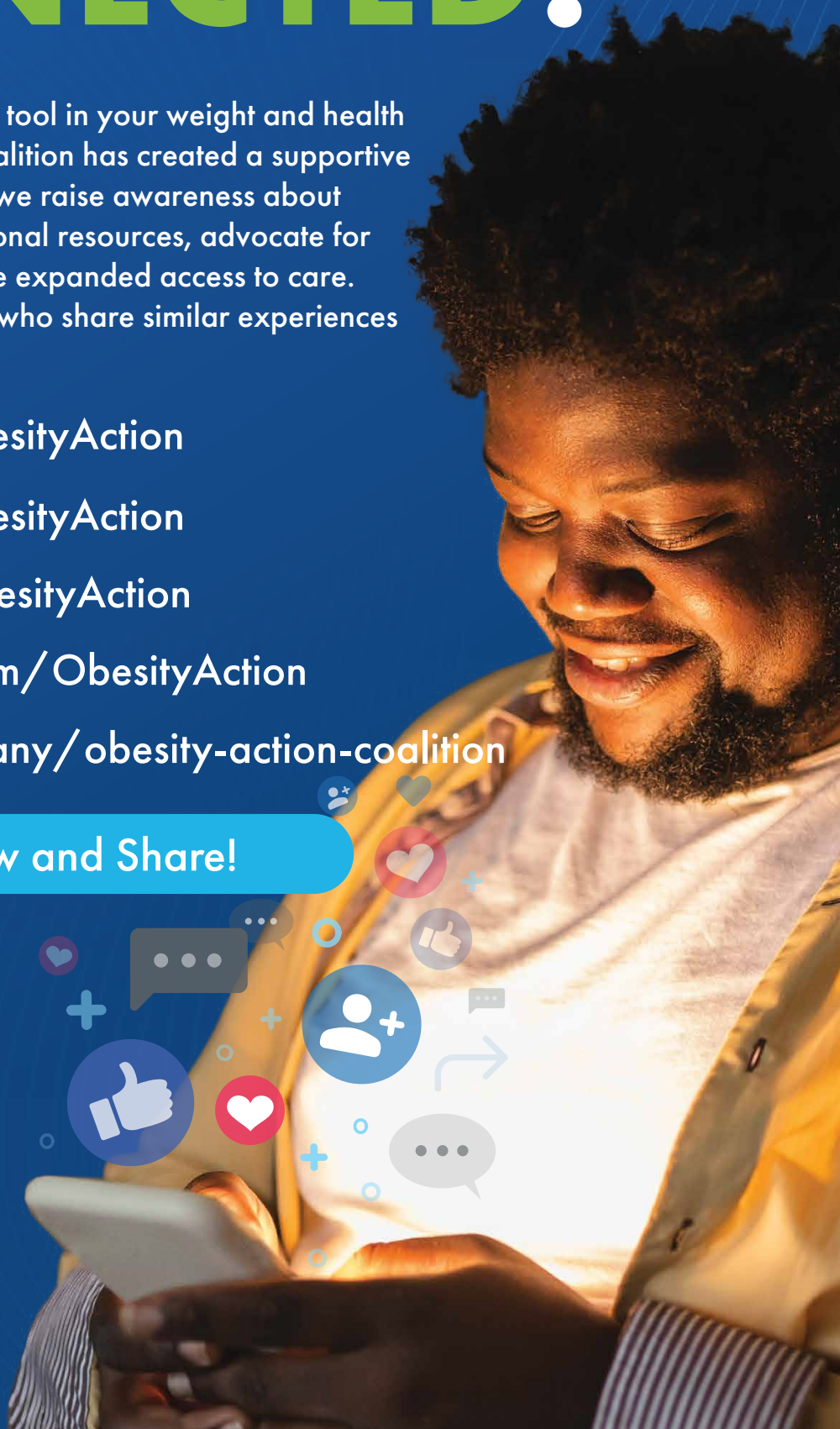
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