



Novo Nordisk
STATE OF
WEIGHT & HEALTH™

2026 Inaugural Report

Unveiling complexities of
weight, health, lifestyle,
and culture in America



Actor Portrayals

Acknowledgments

The State of Weight and Health Report™ was created in partnership with healthcare professionals (HCPs) and advocates who have dedicated their careers to working in the obesity space. Throughout this report, you will read their perspectives on the findings.

A special thanks to Dr. Angela Golden, Dr. Veronica Johnson, and Dr. Holly Lofton, along with Obesity Action Coalition leaders Joseph Nadglowski and Patty Nece, JD, for contributing insights and expertise to help create this report.

A note from the State of Weight and Health expert panel

As HCPs and advocates within the obesity community, we are thrilled to be part of the initiative to document the state of weight and health in the US. Based on a comprehensive State of Weight and Health survey of HCPs and those living with and without obesity, this report provides a snapshot in time. Beyond the numbers, you'll see the story of obesity as it is seen and experienced in today's culture.

We trust you'll find this report illuminating as well, as it is a surround-sound effort to surface perceptions, attitudes and beliefs around personal and cultural factors that influence obesity, as well as the impact of the disease in peoples' lives. **As with anything, the greater the understanding, the greater capacity we have to find meaningful management strategies.**

May the State of Weight and Health Report™ be a go-to resource in that effort.



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Actor Portrayal



In 2021, an estimated 172 million US adults age 25 and older had overweight or obesity.¹

A study projects that nearly half of all US adults will have obesity by 2030, with roughly one-quarter having severe obesity.²



According to the State of Weight and Health survey, almost an equal number of people with and without obesity (85% and 83%) somewhat or completely agreed that **obesity is a serious chronic disease.³**

About the State of Weight and Health Report™

For decades, managing obesity has been viewed as a simple equation: eat less, move more.⁴

The inaugural **State of Weight and Health Report™** is a first-of-its-kind resource from Novo Nordisk that empowers us to explore weight at the intersection of health, lifestyle, and culture.

Since being classified as a disease by the American Medical Association in 2013, obesity is recognized as a public health epidemic, but one that continues to be misunderstood and stigmatized.⁵

Over the years, multiple stakeholders have committed to turning the tide through initiatives and partnerships to elevate awareness and aim to educate that obesity is more about biology than willpower or personal failure.⁵ Novo Nordisk, too, has contributed to educating on the causes, cost, and healthcare realities of this chronic disease.

Today, obesity is being taken more seriously.⁶ Conversations have evolved around the kitchen table, in the workplace, on the small screen, and in the exam room. But there is still so much more to explore, understand, and address.

This report, based on a US survey of over 2,000 adults living with obesity, HCPs, and the general public, aims to shed light on these topics and to encourage broader, deeper, and more authentic conversation, everywhere.³

Let's dive in.

The State of Weight and Health Report™ is based on research conducted among **709 HCPs, 1,016 people living with obesity, and 762 adults without obesity** representative of the US general population.³ The findings among the HCP audience reflect the opinions of surveyed HCPs only.

Obesity defined: The Centers for Disease Control and Prevention (CDC) classifies obesity as a body mass index (BMI) of 30 or higher, but obesity is not just about weight or size.⁷ It is a serious, chronic disease influenced by heredity, behavior, and the environment.⁸ Obesity is associated with an increased risk for many other serious health conditions, including type 2 diabetes, heart disease, and high blood pressure.⁷



What we call the Obesity Trap revealed

The State of Weight and Health Report™ reveals a core and complex truth: people with obesity are constantly navigating multiple dynamics that make losing weight and keeping it off difficult.³

For decades, America treated managing obesity as exercising control over your food intake and activity.⁴ Either you had self-control, or you didn't. **But real life is more complex. And so is obesity.⁵**

Genetics can impact our bodies.⁹ Families and cultures condition us.¹⁰ Always-on work culture short-changes our time, making healthy lifestyle choices harder.¹¹ Fast food availability makes convenience the easier option.¹² Healthcare systems can have gaps.¹³

These ever-present tensions can entangle individuals and families in what we call the 'Obesity Trap,' a web of competing forces that make people living with obesity feel caught between multiple personal and societal stressors: their biology vs culture, personal efforts vs systemic barriers, internal motivation vs external stigma.

With all of the nuances and complications of what we call the Obesity Trap, it will take time to untangle the forces that have contributed to the obesity crisis.⁸

Understanding the 'traps' in our lives is always the first step to trying to break through them. We believe the State of Weight and Health Report™ will be an invaluable resource for people living with obesity, the healthcare professionals who help them, the advocates who are championing better care, the policymakers who can enact meaningful change, and the neighbor, friend, or co-worker who can be allies by leading with empathy.

The following chapters explore these personal and societal forces that set the conditions for what we call the Obesity Trap:

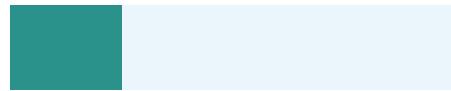
- How our culture can undermine health
- How our food environment can work against us
- How stigma can affect different groups
- Where healthcare can leave gaps

How different people with obesity got caught in what we call the Obesity Trap



30%

of Gen Z adults (ages 18–29) with obesity reported pausing their social lives due to concerns about their weight³



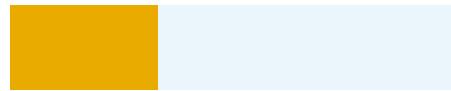
25%

of women with obesity reported delaying medical care fearing weight-related judgment³



46%

of men with obesity answered “none” when presented with choices about self-care and seeking support as coping strategies when dealing with stigma and bias associated to obesity³



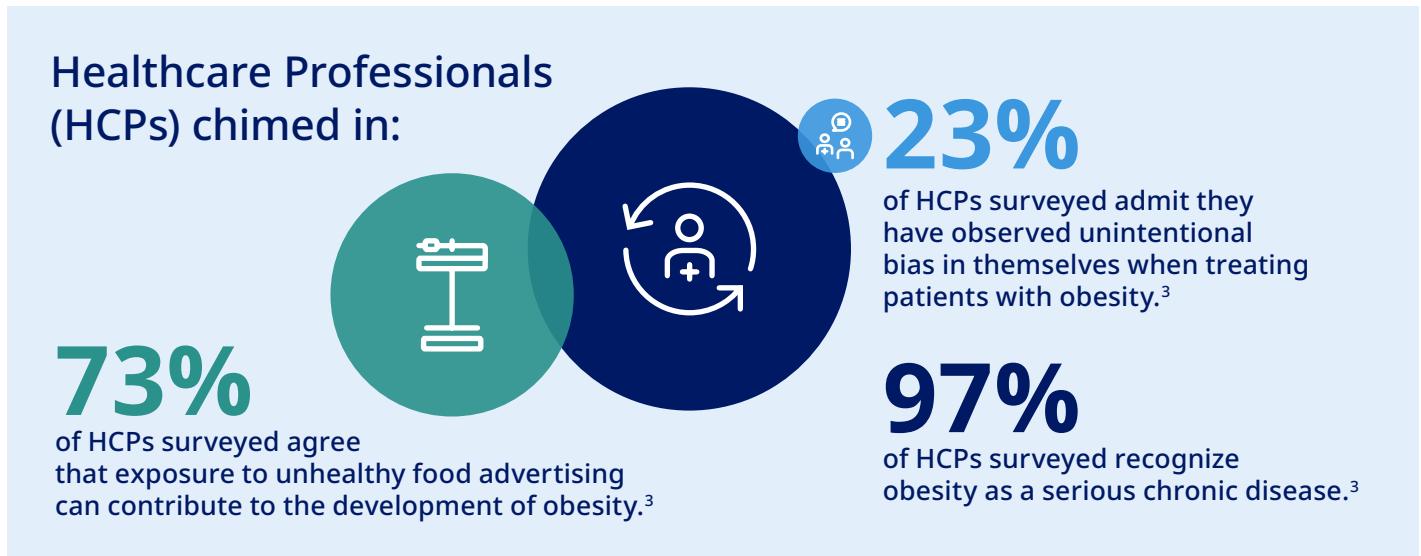
33%

of men with obesity answered “none of the above” when presented with common answers for positive influences on their weight-management journey³



Statistics are based on a May 2025 survey created and fielded in the US by Novo Nordisk, which evaluated responses from 1016 adults living with obesity including, 528 male respondents, 488 women respondents, 103 Gen Z respondents.³

How societal and institutional influences can give power to what we call the Obesity Trap



Obstacles in society

Among people living with obesity surveyed:

49%
said it's more convenient to buy processed or fast food.³

59%
said they're too tired or lack the energy to exercise regularly.³

39%
said their HCP listens to their concerns.³

Among people without obesity surveyed:

44%
said they believe food and beverage companies have some responsibility to address obesity. That's more than people with obesity (34%).³

65%
said they believe emotional factors like stress eating are a significant influence when managing weight, compared to 34% of people with obesity.³

61%
said they believe psychological factors, such as being preoccupied with food or body image, are significant influences when managing weight, compared to 23% of people with obesity.³

They are tuned into health movements:

People without obesity reported being more aware of the following health-related movements compared to people with obesity: Make America Healthy Again (MAHA) (62% vs 47%); Body Positivity (57% vs 47%); Fat Acceptance (31% vs 21%), respectively.³



Actor Portrayal

01

Culture, gender, and generation: Contours of the Obesity Trap

Obesity affects Americans across all demographics, yet the narrative of weight management varies by lifestyle, gender, generation, cultural background, and economic status.⁶ Recognizing these nuances is essential to understanding the multifaceted challenges of what we call the Obesity Trap.

For the purposes of this report, State of Weight and Health survey results are represented by the age groups of respondents and further categorized by generation as follows: adult Gen Z (ages 18–29), millennials (ages 30–44), Gen X (ages 45–59), and baby boomers (ages 60–70).

Gen Z: Dealing with obesity on their own terms

Among those with obesity surveyed, Gen Z reported they were more influenced by self-esteem, body image, and the opinions of others as factors influencing their perception of their weight more than older respondents, yet this generation isn't just absorbing the stigma—the State of Weight and Health survey showed they prefer charting their own course in weight management.³

For young adults living with obesity, such as those in Gen Z (ages 18–29), body image and self-esteem loom large in their perception of themselves.¹⁴

Among this same group, including Gen Z (ages 18–29), success was defined less by the number on the scale or the image in the mirror and more to feeling better emotionally, and more confident socially.¹⁴ That being said, fewer than half (**49%**) of healthcare professionals (HCPs) who participated in the State of Weight and Health survey said they were "mostly" or "completely" prepared to address patients' emotional needs

around obesity management, suggesting a gap between what patients need and what HCPs feel prepared to offer.³

In this survey, Gen Z respondents with obesity reported improved self-esteem (**35%**) and better mental well-being (**32%**) as their definition of weight-management success, the highest rate among age groups.³

The majority (**66%**) also reported they preferred to be self-reliant in managing their weight.³

50% of Gen Z respondents with obesity said they seek advice from HCPs—doctors, nurse practitioners, physician

assistants, etc.—on how to start addressing their weight, but they would, over time, plan to manage their weight on their own.³

66% of Gen Z respondents with obesity said they prefer to manage their weight without much help from HCPs.³

The survey suggests that Gen Z's approach to weight management reflects a desire for autonomy and emotional and mental well-being.³ Beyond traditional measures, mental and emotional health appear to be key markers of success for many in this generation.



Actor Portrayal

Statistics are based on a May 2025 survey created and fielded in the US by Novo Nordisk, which evaluated responses from 1016 adults living with obesity, including 103 Gen Z respondents. Additionally, 498 people living with obesity were recontacted, including 45 Gen Z respondents, in August 2025 to answer additional survey questions about their experience living with obesity.³



Actor Portrayal

The mental health impact of obesity:

65% and 62%

of Gen Z surveyed said body image and self-esteem, respectively, are factors in how they perceive their own weight.³

42%

of Gen Z surveyed said mental health struggles can influence weight gain.³

Statistics are based on a May 2025 survey created and fielded in the US by Novo Nordisk, which evaluated responses from 1016 adults living with obesity, including 103 Gen Z respondents. Additionally, 498 people living with obesity were recontacted, including 45 Gen Z respondents, in August 2025 to answer additional survey questions about their experience living with obesity.³

Panel perspective: Gen Z

The findings for Gen Z (ages 18–29) in the State of Weight and Health Report™ are striking. Results showed that many people with obesity in Gen Z are skipping social interactions because of weight concerns, and reported they are more influenced by self-esteem.⁴ Clinically, we're seeing rising obesity, type 2 diabetes, and related conditions in young adults.¹⁵

This age is pivotal. Gen Z has grown up in the age of social media and excess screen time, underscoring the importance of addressing obesity. They are especially influenced by friends' opinions about their eating and exercise habits, and experiencing weight stigma can add extra stress for this age group.^{3,14}

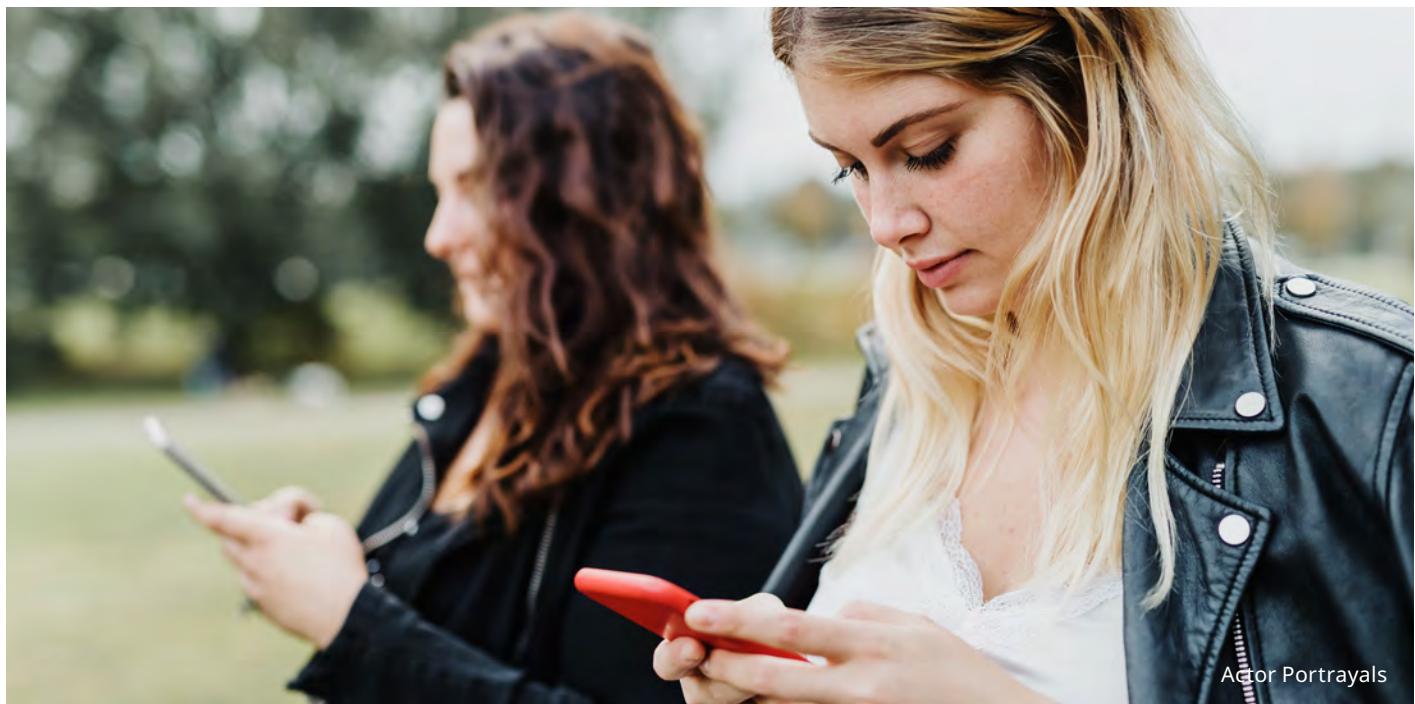
We must meet them where they are—on digital platforms and in universities and workplaces—reducing stigma, offering earlier screening and weight-management plans, integrating mental health support, and building trusted, flexible touchpoints with healthcare professionals (HCPs). The findings in the State of Weight and Health Report™ can help HCPs reassess how younger generations perceive obesity and develop support that helps them engage and connect.



Dr. Veronica R. Johnson
OBESITY MEDICINE SPECIALIST
STATE OF WEIGHT AND HEALTH
PANEL MEMBER

Quote reflects panel member opinion.

// The Gen Z results are striking: They're more withdrawn and focused on social media, often skipping social interactions because of weight concerns. In my practice, I'm noticing more young adults with obesity and type 2 diabetes than before. This age group is critical, and the industry must figure out how to connect with and support them."



Actor Portrayals

Women: Obesity and the struggle with bias

Women with obesity (ages 18–70) face stigma and bias—being judged during healthcare visits—but that doesn't mean they're passive. They are more likely than men to have a regular doctor or place of care they visit for medical concerns.¹⁶

Nearly half (**47%**) of women with obesity responding to the State of Weight and Health survey said they've lost count of the number of times they've tried to lose weight.³ **Two-thirds (66%)** of female respondents with obesity indicated feeling embarrassed because of their weight.³

65% of women with obesity surveyed reported feeling anxious or depressed about their weight.³

For a majority of women with obesity, weight issues carry a

cycle of blame and shame that affects their relationships, social life, and experiences with care.¹⁷

One-third (33%) of women with obesity said they avoid public situations because they hate the feeling of being judged.³ **45%** of Gen Z women respondents with obesity reported they somewhat or completely agree they have avoided romantic relationships because of their weight.³

Stigma also affects how women interact with HCPs.¹⁷ **One in four (25%)** women respondents

with obesity reported delaying or avoiding medical care out of fear of being judged for their weight.³ In contrast, **94%** of HCPs surveyed said they actively listen to patients with obesity concerns and perspectives without judgment.³

Against the backdrop of a culture that elevates thinness as the standard of beauty, the State of Weight and Health Report™ documents the profound stigma and bias experienced by women living with obesity.¹⁸

Finding motivation

Women with obesity surveyed cited many motivations to manage their weight.

Desire to fit into clothes ranked high across generations³:


62%
of women across age groups


69%
of millennials


68%
of Gen X

Personal goals also ranked high across generations³:


55%
of women across age groups


58%
of millennials


57%
of Gen X

Life milestones (eg, class reunions, weddings, etc.) ranked highest among the youngest generations³:


31%
of Gen Z


20%
for both millennials and Gen X

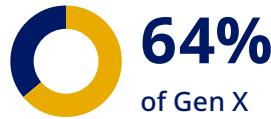


Actor Portrayals

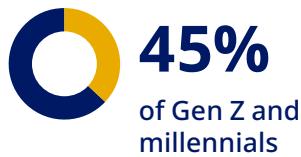
Seeking support

Although many women with obesity surveyed said they may have felt embarrassed and avoided certain situations because of their weight, State of Weight and Health survey findings suggested they lean into their support networks to help in their weight-management journey.³

More than half the women with obesity in this survey said they counted on immediate family for support. This includes³:



Friends are also a source of support for more than four in 10 women with obesity (41%), chief among these³:



To deal with stigma and bias associated with obesity, women reported focusing on emotional and mental well-being, with 24% of women with obesity surveyed for the State of Weight and Health Report™ saying they have turned to a therapist for support to cope with stigma or bias.³

Finally, women with obesity reported they actively sought information to learn about obesity on social channels or through support groups or weight-management programs. Approximately one in five women with obesity said they have turned to social media outlets, with Gen Z ranking the highest (39%).³

What women are saying



“Being overweight can cause emotional scars.”

Age 57



“Talking about weight and body shaming are not allowed in my home.”

Age 57

Women with obesity who turned to healthcare professionals for support with weight management³

35%

of women respondents



48%

of baby boomer respondents

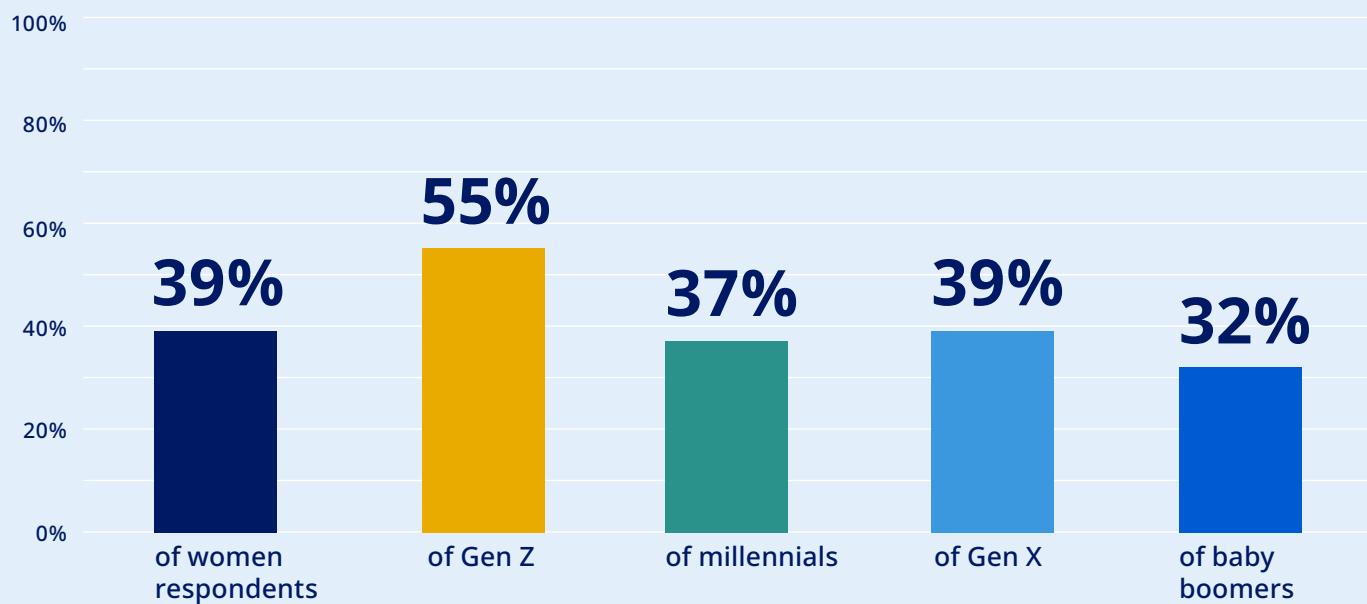


20%

of Gen Z respondents

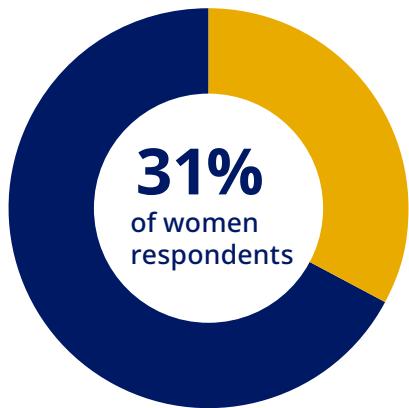


Women with obesity across generations reported that they completely or somewhat agreed they have avoided sexual intimacy because of their weight³



Statistics are based on a May 2025 survey created and fielded in the US by Novo Nordisk, which evaluated responses from 1016 adults living with obesity, including 488 female respondents, 60 female Gen Z respondents, 152 female millennial respondents, 132 female Gen X respondents, and 144 female baby boomer respondents.³

Women with obesity from different generations who have somewhat or completely agreed they have avoided romantic relationships because of their weight³



45%

of Gen Z

30%

of Gen X

35%

of millennials

19%

of baby boomers



“It's hard to lose weight even when you do everything right.”

— 31-year-old woman

Actor Portrayal

Statistics are based on a May 2025 survey created and fielded in the US by Novo Nordisk, which evaluated responses from 1016 adults living with obesity including, 488 female respondents, 60 female Gen Z respondents, 152 female millennial respondents, 132 female Gen X respondents, and 144 female baby boomer respondents.³

Panel perspective: Women

The report findings showed opportunities to better align obesity care for women with what they find most helpful.³ Healthcare professionals (HCPs) have recognized unique factors such as hormonal changes, social expectations, and caregiving that are specific to women and their care needs.^{19–21}

For many women, weight management extends beyond diet and exercise.²²

Day-to-day stress, experiences with stigma, and affordable care all matter.^{17, 20, 23}

Many women stated they are looking for holistic, practical support from their HCPs, but often encountered generalized guidance.³ Younger women increasingly reported focusing on emotional and mental well-being as part of their approach in coping with stigma or bias associated with obesity.³

Addressing the disconnect involves making care more empathetic and tailored.

This includes integrating mental health support, fostering weight-inclusive, respectful care, and expanding flexible weight-management strategies. By aligning with women's priorities and realities, we can help strengthen trust, engagement, and outcomes.



// Women of all sizes feel pressure to conform to society's body image standards. Women with obesity, who have excess weight, feel it even more."

Dr. Angela Golden

HOME AND NP OBESITY
TREATMENT CLINIC
STATE OF WEIGHT AND HEALTH
PANEL MEMBER

*Quote reflects panel
member opinion.*



Actor Portrayals

Men: Quietly coping with obesity

The State of Weight and Health survey reported that many men with obesity didn't seek formal help from healthcare professionals in managing their weight, but relied on family for support.³

When compared to women, the men with obesity surveyed indicated they don't depend as much on self-care routines, professional guidance, coaches, or a "go-to" support person as a helpful way to cope with their weight.³

For example, support and self-care options found helpful in coping with stigma or bias associated with obesity—including practicing self-compassion—were not chosen by nearly half (46%) of

the men with obesity surveyed, compared to 24% of women respondents with obesity.³

So, how are men navigating what we call the Obesity Trap? The data highlighted the quiet signals in how men cope and who they rely on.

While men with obesity said they don't lean into support from family as much as women do, these networks still matter.³ Nearly half (49%) of men with obesity said they find support

in their weight-management journey from immediate family compared to 60% of women.³

While the way men approach weight management may not seem obvious, they are tackling it their way behind the scenes. How? By anchoring their weight-management efforts in family routines, like eating healthy meals together and talking openly about weight management.³

32% of men with obesity

vs 50% of women with obesity said they focus on their own emotional and mental well-being as a way of coping with obesity-related stigma or bias.³

21% of men with obesity

vs 39% of women with obesity said they practice self-compassion as a coping strategy to help with stigma or bias associated with obesity.³



Actor Portrayal

“It can be shameful looking in the mirror and remembering who you were before the weight avalanche.”

— 41-year-old male respondent



Actor Portrayals

Men with obesity were more likely to chart their own course when it came to coping strategies to deal with stigma or bias associated with obesity

Seek guidance from healthcare professionals specializing in weight management³

 **16%**
of men

 **28%**
of women

Assert themselves in situations where they experience bias³

 **9%**
of men

 **13%**
of women

Support brands that are inclusive of different body sizes³

 **11%**
of men

 **32%**
of women

Follow social media influencers who look like them³

 **4%**
of men

 **14%**
of women

Find talking with friends helpful in coping with stigma or bias associated with obesity³

 **21%**
of men

 **33%**
of women

Panel perspective: Men

The first step isn't losing weight—it's letting go of the idea that you have to do it alone. Men with obesity often described a quiet struggle: feeling pressure to "handle it on their own."^{3,24} That self-reliance—shaped by cultural expectations of masculinity—too often led to isolation and delayed care.^{24,25} The State of Weight and Health Report™ highlights these under-recognized challenges.

This aligns with healthcare professionals' feedback that men were less likely than women to have a regular doctor or place of care they visit for medical concerns.¹⁶ Time pressures that make it difficult to fit exercise into a busy schedule and can leave little time for meal planning and preparation were obstacles noted in the survey.³ Men also tended to seek out less professional support in their weight-management journeys.³

At the same time, the report revealed hope about men's motivation to improve their weight and health through personal motivation, family support, and emotional awareness.³ These findings represent real cultural progress and an opportunity to meet men with empathy, science, and weight-management strategies that respect their individuality.



// For many men, talking about weight is connected to pride, control, and strength — so the conversations often don't happen. But silence can be counterproductive."

Joseph Nadglowski

PRESIDENT AND CEO/OBESITY ACTION COLLECTION
STATE OF WEIGHT AND HEALTH PANEL MEMBER

Quote reflects panel member opinion.



Actor Portrayals

Household income: Limited budgets can lead to reduced food choices for people with obesity

For some households, obesity can be shaped by a lack of affordable healthy food options, financial strain, racism, and chronic stress. With less support, systemic barriers can outweigh personal choice.^{3,23}

Income disparities can disrupt the lives of people trying to manage their weight.

Recent US Department of Agriculture data showed that approximately 18.8 million people in the US (6.1% of the population) live in low-income areas where the nearest supermarket is far away—over 1 mile in urban areas and over 10 miles in rural areas.²⁶ These so-called food deserts—geographic areas with limited or no healthy and affordable food options in proximity—can contribute to obesity.²³

A systematic review of 4,118 papers found that having readily available supermarkets, along with greater fruit and vegetable availability, is associated with lower obesity rates.²⁷

The State of Weight and Health survey showed nearly half (46%) of respondents with obesity earning under \$50,000

struggle to find healthy food options they can afford compared to 15% of those earning \$150,000 or more.³

Among people with obesity, 23% in the former group can't afford fresh produce, vs only 5% in the latter.³

39% of lower-income respondents with obesity said they don't have the budget for a variety of healthy choices, compared to 9% of high earners.³

For people in the US who may earn lower wages, financial constraints can be a barrier that makes it harder to afford healthy food.²⁶

Lower-income: earning \$50,000 or less annually

Higher-income: earning over \$150,000 or more annually

21% 

of respondents with obesity said “money issues” (not being able to afford healthy foods, gym memberships, etc.) influenced their weight gain.³

29% 

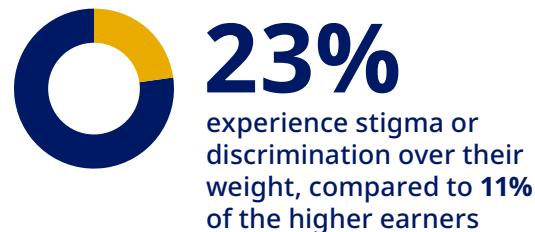
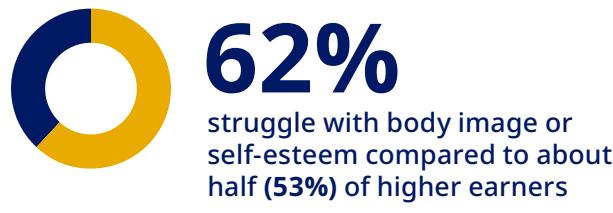
of millennial respondents with obesity reported that “money issues” influenced weight gain.³

“Availability of healthy food is expensive, and understanding a proper diet is even more confusing.”

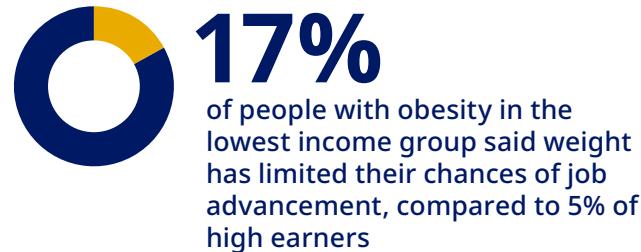
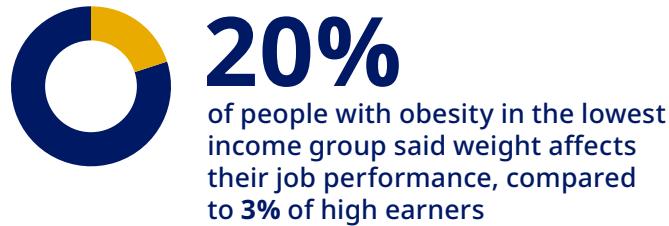
— Male respondent, age 48



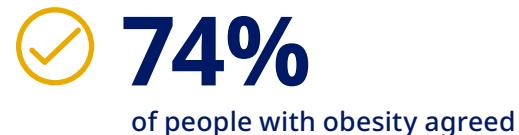
Respondents with obesity from lower-income households reported greater challenges with emotional well-being³



Weight can also disrupt career performance³



One's environment has an impact on obesity³



Panel perspective: Income

The report makes clear that income plays a role in shaping the obesity experience. Obesity reflects the environments we live in, not just individual decisions.⁵ Those with lower incomes often face more challenges, including limited healthy food options, opportunities for physical activity and greater difficulty affording medical care or weight-management options.^{3,23} These challenges show how environment and resources—not just personal choices—can help drive weight and health outcomes and make achieving and maintaining weight loss feel especially daunting.²³

The report also highlights that financial strain related to weight management can result in frustration and discouragement when cost stood in the way of healthier food choices.³ This sense of inequity can deepen feelings of isolation and make it harder to sustain motivation.

It's crucial for healthcare professionals and policymakers to recognize and address these obstacles. By providing resources that are within reach for all, we can help ensure that everyone—regardless of income—has a fair chance of achieving their weight-management goals.



Dr. Angela Golden

HOME AND NP OBESITY
TREATMENT CLINIC
STATE OF WEIGHT AND HEALTH
PANEL MEMBER

// Obesity is not just an individual issue — it's a systems issue. Income shapes more than what people can buy; it determines whether they can secure healthy food, store it safely, and have the time to prepare it. These are significant and real-life challenges faced by many living with obesity."

Quote reflects panel member opinion.



Actor Portrayals

Multicultural: Heritage matters, obesity isn't always the same for everyone

Cultural influences and environmental constraints—food, family habits, and resource availability—can create distinct, lived experiences for people living with obesity.^{28,29}

In the US, Black and Hispanic adults are affected disproportionately by obesity.⁶

Data from the National Center for Health Statistics showed that nearly half (**49.9%**) of Black adults and more than four in 10 (**44.8%**) of Hispanic adults live with the disease.³⁰

For these communities, many factors contribute to how weight is perceived, discussed, and addressed in daily life.^{31,32}

The State of Weight and Health survey found:

39% 

of Hispanic respondents with obesity believe healthy food options are too expensive.³

25% 

of Hispanic respondents with obesity think that their budget doesn't allow for much variety in healthy choices.³



Actor Portrayals

Statistics are based on a May 2025 survey created and fielded in the US by Novo Nordisk, which evaluated responses from 1016 adults living with obesity, including 157 Hispanic respondents and 120 Black respondents.³



Actor Portrayals

The State of Weight and Health survey further supports that there is work to be done between healthcare professionals (HCPs) and diverse communities.

Healthcare experiences can vary in both access and quality of care.

22% of Hispanic respondents with obesity said they have delayed or avoided medical care for fear of being judged about their weight.³

The same is true for nearly **one in five (19%)** Black respondents.³

Patients with obesity who have felt heard by their doctor³



Many HCPs tailor food choice and meal planning conversations to patients' culture.³

Six in ten considered cultural background when discussing food choice and meal planning (**60%**), and **about four in ten** proactively addressed weight-related cultural stigmas and biases with sensitivity (**39%**).³

About half (48%) of the surveyed HCPs reported involving family members in discussions around weight management, when appropriate.³



Surveyed HCPs said they talked with patients about how cultural or religious practices can affect eating habits (**35%**) and health beliefs relevant to their culture (**36%**).³

Personal and systemic factors influence how Black adults with obesity view weight

2023 Centers for Disease Control and Prevention (CDC) data reported that in 38 states, at least **35%** or more of Black adults live with obesity.³³

The State of Weight and Health survey revealed that this group faces challenges spanning personal, social, and cultural aspects of life.³

In this survey, **47%** of Black respondents with obesity said their existing health conditions affect how they perceive their own weight, more so than other groups.³

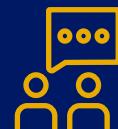
27% of Black respondents with obesity stated that they felt HCPs have attributed unrelated health issues to their weight.³

According to the CDC, environmental factors can also impede access to healthy choices.²⁸

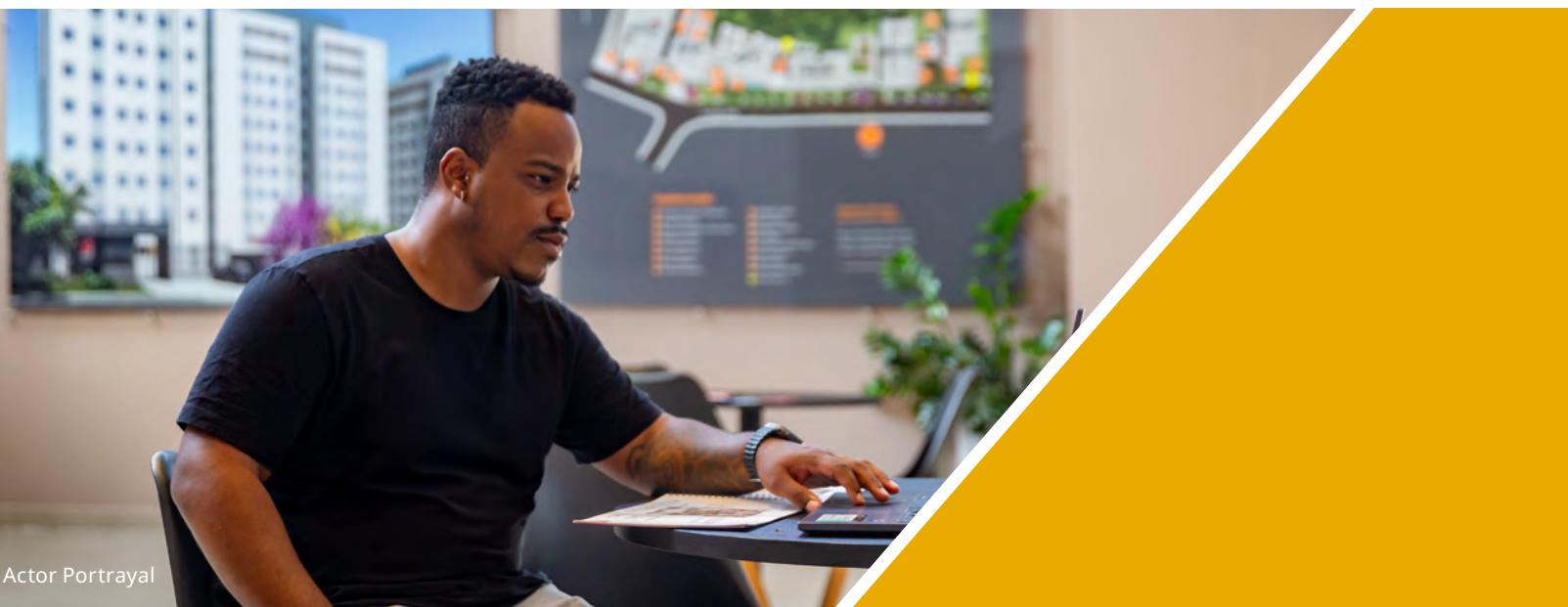
The State of Weight and Health survey showed that **48%** of Black respondents with obesity said they can find healthy food relatively easily where they live.³ Conversely, **24%** reported facing obstacles that limit access to fresh produce they can afford, such as transportation, with **11%** relying on public transit.³

37%

of Black respondents with obesity said they find processed food more accessible than healthy alternatives.³



Social pressures exist as well. While **fewer than three in 10 (29%) Black respondents with obesity compared themselves to others**, the same number felt judged by family and friends about their weight.³



Actor Portrayal

Statistics are based on a May 2025 survey created and fielded in the US by Novo Nordisk, which evaluated responses from 1016 adults living with obesity, including 120 Black respondents.³



Actor Portrayal

Hispanic adults with obesity surveyed cited family, friends, and cultural norms as key influences in how they perceive weight.

Hispanic respondents with obesity said cultural norms about body size can influence how they perceive their weight.³

This group reported that immediate social circles play a considerable role in how they feel about their own weight.³



26%

cited family's
opinions³



22%

cited friends'
opinions³

31% 

of Hispanic respondents with obesity noted cultural norms about body size are a key factor in their perception of weight.³

Economic obstacles can also affect food choices.

30% 

of Hispanic respondents with obesity described finding affordable healthy food options as "somewhat" or "very" difficult.³

Panel perspective: Ethnicity, trust, and diversified Obesity Care Teams

We understand that many Black and Hispanic patients prefer clinicians who share their background or, at a minimum, who practice cultural humility.³⁴ Findings in the State of Weight and Health Report™ can help point the path forward for diversified care teams and language-appropriate counseling that involve families and can turn weight-management plans into daily habits that people can maintain over time.³

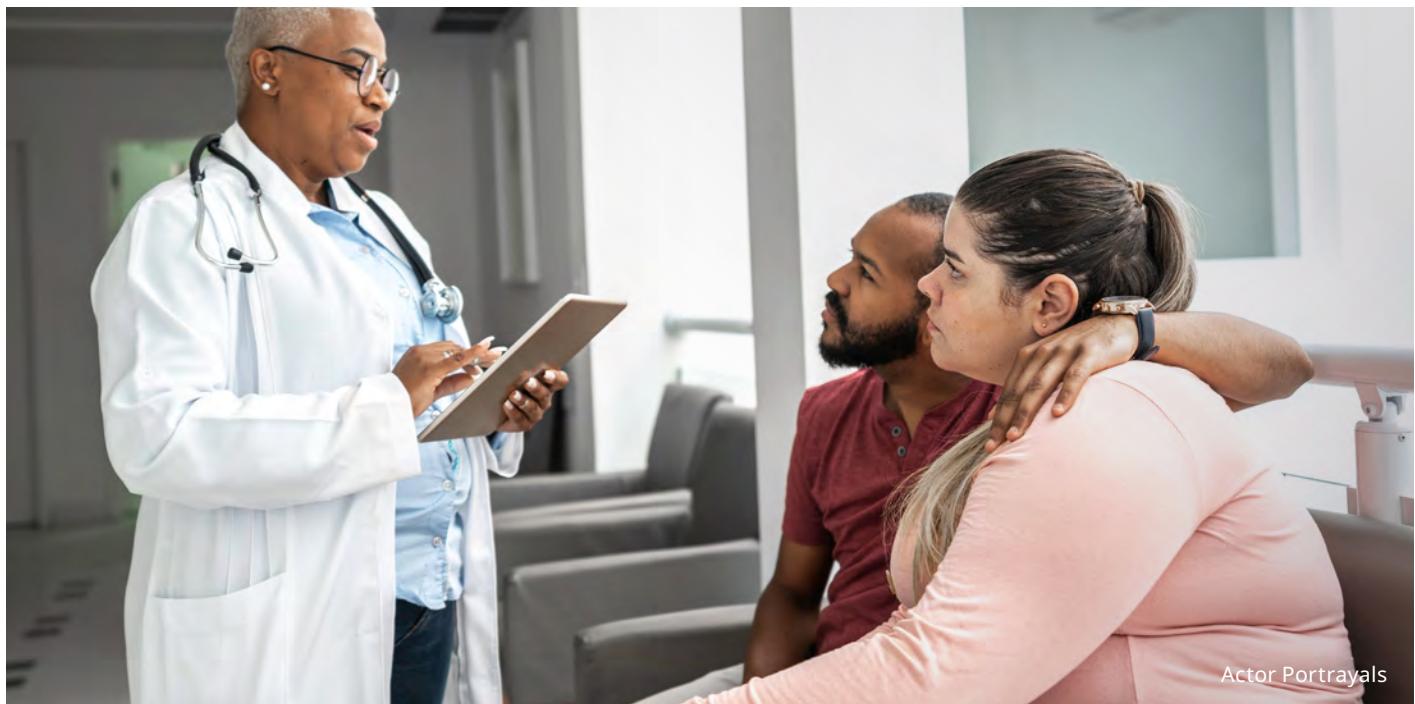
For many Hispanic patients, family and cultural norms strongly influence body image and lifestyle choices.³ With this population expanding faster than the non-Hispanic population in the US according to the Census Bureau, obesity care must engage families, honor traditions, and offer practical pathways that don't feel like cultural rejection.^{35,36} For Black patients, experiences of being judged attributed to weight erode trust.³⁷ Care must overcome weight bias and the tendency to blame unrelated symptoms on weight while building trust through listening.^{3,36}

External influences, including food advertising, can add pressure to these groups.^{38,39} A 2022 Rudd Center for Food Policy & Health study found that US food companies disproportionately target Black and Hispanic consumers with advertising for low-nutrient products.³⁹ Only by pairing culturally rooted care with changes to the environments that shape food choices can we dismantle what we call the Obesity Trap for all.

**Dr. Holly Lofton**STATE OF WEIGHT AND HEALTH
HCP PANEL MEMBER

Quote reflects panel member opinion.

// As a physician, I see that Black and Hispanic patients relate more to clinicians who share their background or, at minimum, practice cultural humility. To dismantle what we call the Obesity Trap we must pair diverse, family-centered, language appropriate care that honors traditions and confronts weight bias with the ever-evolving environment."



Actor Portrayals



Actor Portrayal

02

When societal dynamics reinforce what we call the Obesity Trap

While people mistakenly perceive weight management as a matter of individual willpower, the reality for people living with obesity is that external forces can also shape their relationship with food, weight, health, and wellness.⁵

Food industry marketing, the convenience of processed food, and healthcare system limitations can each create an environment that can undermine even the most determined efforts to achieve and maintain weight loss.⁴⁰

The health costs of America's hyperproductive work culture

The State of Weight and Health survey revealed that factors that drive work productivity in the US can simultaneously contribute to challenges for people with obesity.^{3,41}

It's often said that time is one of our most valuable assets, but survey data has shown that the work culture in America can leave us little of it.⁴²

According to the 2024 American Time Use Survey, the U.S. Bureau of Labor Statistics reported that full-time employees worked an average of 8.4 hours on weekdays and 5.6 hours on weekend days.⁴³

America's reputation for a hyperproductive work culture, a fast-paced, results-driven

environment, often leading to burnout, stress, and guilt over rest, is further solidified by being the only wealthy country that doesn't guarantee paid vacation or holidays.^{41,44} About one in four private-sector workers gets none at all.⁴⁵

Having so many must-do work and caregiving tasks that there's little dependable time left—can also contribute to what we call the Obesity Trap by creating constant time scarcity.^{3,44}



The State of Weight and Health survey results showed that **millennial respondents** with obesity who have tried weight-management approaches are often the most pinched for time in maintaining lifestyle changes across age groups surveyed.³

State of Weight and Health survey respondents with obesity said:

■ Gen Z ■ Gen X
■ Millennials ■ Baby boomers

Don't have time to cook healthy foods from scratch³:



The 2025 Randstad's Workmonitor survey revealed that **work-life balance surpassed pay in importance (83% vs 82%, respectively).**⁴⁶

Not as much time for meal planning and preparation³:



Gen Z said they found it more convenient to buy fast food³:



Working-age people across age groups said they found it difficult to fit exercise into their busy schedules³:



A 2023 OnePoll survey showed that the average American admits they'd need an **extra four hours** in the day to finish off their to-do list.⁴⁷

Among State of Weight and Health survey respondents with obesity who have tried weight-management approaches:

36%

of respondents said they lack the time to plan and prepare meals.³



42%

said they have difficulty fitting exercise into busy schedules.³



59%

felt too tired or lack the energy to exercise regularly.³

For millennial respondents with obesity who have tried weight-management approaches, these stats rose, with **67%** reporting feeling too tired to exercise regularly and **53%** too busy to do so.³

The State of Weight and Health survey showed that many people living with obesity have a plan to manage their weight but lack the time to implement it.³

Actor Portrayal



Statistics are based on a May 2025 survey created and fielded in the US by Novo Nordisk, which evaluated responses from 1016 adults living with obesity, including 291 millennial respondents and 866 people with obesity who have tried weight-management approaches.³

Panel perspective: Hyperproductive work culture

The State of Weight and Health Report™ underscores the reality of how our universally time-pressed daily lives can shape the experiences of people living with obesity.

Work culture in America is a big contributor to time scarcity.⁴¹ Between long hours and commuting alone, schedules can be pressed.⁴⁸ Add in caregiving and household upkeep, and it can feel like our days can be tapped.⁴⁵ Many people surveyed reported having little bandwidth for planning meals, getting consistent physical activity, or lack the time to put a plan in place to manage their weight and stick with it.³ When time feels scarce, routines are harder to build and maintain.

Time scarcity can also reshape decision-making in subtle ways. Convenience can become the default, short-term tasks crowd out longer-term goals, and fragmented schedules can make consistency challenging.⁴⁵ Individuals lacking discretionary time can find it difficult to turn intention into action without structures that fit into small, reliable pockets of the day.⁴⁵

These realities reinforce how important it is for healthcare professionals and patients to engage in open dialogue about prioritizing weight and health in everyday, realistic ways. Small routines matter: five-minute movement breaks, one consistent meal per day, and tasks scheduled like any other essential appointment. By designing care plans around limited time, we can help people living with obesity make meaningful progress within the constraints of their daily lives.

The views expressed on this page are those of the panel members and reflect their opinions on the State of Weight and Health survey findings.



// The data should remind us how important it is for patients and healthcare professionals to talk about how to prioritize weight and health in daily life."

Joseph Nadglowski

PRESIDENT AND CEO/OBESITY ACTION COLLECTION
STATE OF WEIGHT AND HEALTH PANEL MEMBER

Quote reflects panel member opinion.



Actor Portrayal

When food noise and external noise collide

The concept of food noise is entering the lexicon.⁴⁹ But the external noise from the food advertising industry can be just as loud.⁴⁰

Food noise can be defined as persistent thoughts about food that are perceived by the individual as being unwanted and/or dysphoric and may cause harm to the individual, including social, mental, or physical problems.⁴⁹ Add to that an external environment that mass promotes unhealthy food, and one's best efforts to lose weight can be derailed.⁴⁰

The State of Weight and Health survey shed light on the difficulty navigating this landscape.

73% of surveyed healthcare professionals (HCPs) said they believe that exposure to unhealthy food marketing influences the development of obesity.³

44% of people without obesity surveyed said they believe food and beverage companies have, or should have, some responsibility to address obesity.³

Nearly half (**49%**) of surveyed HCPs indicated they believe regulation of healthcare policies

and practices of food marketing and advertising should adapt to address obesity.³

Many people blame obesity on willpower, but those who live with this disease face many challenges and factors beyond their control.⁵



Actor Portrayal



\$14.1 billion

That's how much the food and restaurant industry in the US spent on local advertising in 2024, according to an estimate.⁵⁰

In comparison, the CDC's 2024 budget for all chronic disease prevention and health promotion is ~ \$1 billion.⁵¹

81%

of food and beverage company advertisement spending in 2021 went to TV advertising.³⁹

73%

of food ad dollars on Black-targeted and Spanish-language TV in 2021 went to candy, soda, snacks, and cereal, according to The Rudd Center.³⁹

35%

of people with obesity reported in the State of Weight and Health survey that healthy foods are too expensive.³

Panel perspective: Food forces

The report findings underscore the importance of addressing both environmental and biological factors in obesity care. External influences—particularly the constant presence of food advertising—can play a role in what ends up in the grocery cart.⁴⁰ Fast food ads on television, targeted promotions online, or tempting displays in public spaces can all make it especially challenging for people with obesity to stay focused on healthy choices.⁵²

Internal food noise—defined as persistent thoughts about food that are perceived by the individual as being unwanted and/or dysphoric and may cause harm to the individual, including social, mental, or physical problems—can be influential.⁴⁹

Many people mistakenly attribute obesity solely to lack of willpower, believing that individuals should be able to manage their weight through determination alone.⁵

Surround-sound advertising can intensify external cues even without directly causing the internal experience. Education, along with advocating for more responsible marketing practices, and fostering supportive environments remain crucial.

**Patty Nece**

PATIENT ADVOCATE

STATE OF WEIGHT AND HEALTH
PANEL MEMBER

// As someone living with obesity, I know firsthand the impact of over-saturated food advertising. It's not just about willpower; it's an ongoing external pressure that compounds the challenge of managing our weight."

Quote reflects panel member opinion.



Actor Portrayals

The obesity care disconnect: Intentions vs impact

Healthcare professionals (HCPs) recognize obesity as a chronic disease, but gaps in training, unintentional bias, and time constraints can compromise care.³

State of Weight and Health survey respondents with obesity said they didn't feel their concerns were heard, and some HCPs surveyed said they didn't feel prepared to address weight management in their patients with obesity.³

The survey data showed that **94%** of HCPs strived to create safe and non-judgmental environments for people with obesity to share their concerns.³ Yet only **58%** of HCPs surveyed said they have office equipment (eg, furniture, scales, gowns, and blood pressure cuffs) adequately sized for people with obesity.³

HCPs surveyed for the State of Weight and Health Report™ said they have observed unintended biases in office settings, such as the sizes of gowns and exam tables or routinely asking patients to step on a scale, from both themselves (**23%**) and their staff members (**29%**).³ To address these shortcomings, **70%** of surveyed HCPs that responded they observed bias from staff members said they educate their staff on respectful communication.³ Yet only **7%** of people with obesity surveyed found supportive and empathetic staff members.

While the State of Weight and Health survey reported that half of people with obesity rely on medical professionals (doctors, nurses, and dietitians) for information, only about one-third (**29%**) viewed them as a positive influence or part of their support network on their weight-management journey (**32%**).³

Still, the survey found a high level of trust between people living with obesity and their HCPs, which can help serve as a catalyst for conversations and action around care.

When discussing obesity, nearly three-quarters (73%) of surveyed HCPs said they strive to use language that puts their patients first, and most (**94%**) attempt to create non-judgmental spaces for patients to share their concerns.³

60% of people with obesity surveyed said they were comfortable discussing weight-management goals with their HCP, while **39%** felt their HCPs listen to their concerns.³

Gen Z (ages 18-29) respondents with obesity noted feeling this gap most of all, with **41%** saying they felt uncomfortable discussing their weight with HCPs.³

52% of HCPs surveyed said they believe that their patients are responsible for their own obesity, and **72%** reported believing obesity is preventable.³





The obesity training gap

In the State of Weight and Health survey, **22% of people with obesity** reported feeling that their healthcare professional (HCP) attributed unrelated health issues to their weight, and **28%** felt uncomfortable discussing their weight with their HCP.³ There may be some truth to their concerns. **83%** of HCPs surveyed said they had re-educated patients on weight loss myths taught by other professionals—highlighting a major training gap.³

40% of HCPs surveyed indicated limited familiarity with comprehensive obesity care guidelines

HCPs surveyed reported varying degrees of comfort in addressing obesity³:

36% felt “very” or “moderately” prepared to prescribe obesity medication

32% felt their training “very” or “moderately” prepared them to address weight bias and stigma in patient care

36% felt “very” or “moderately” prepared to factor in cultural background and beliefs to patient conversations



For HCPs surveyed, **time constraints during visits, patient hesitancy, and perceived discouragement from past weight loss setbacks** were top barriers to discussing weight management with their patients with obesity, according to the State of Weight and Health survey.³

Panel perspective: The care gap

The State of Weight and Health Report™ highlights that healthcare professionals (HCPs) want to meet the needs of people living with obesity and have a desire to improve care quality and respect.³ The report findings highlight clear opportunities to turn that intent into consistent, high-quality care. Many HCPs are working to create welcoming settings and to use respectful, person-first language, yet practical details—like appropriately sized furniture, equipment, and office workflows—still vary widely.³ Patients often feel heard, but their experiences also point to environments that don't always feel fully supportive or empathetic.³

Strengthening care means deepening familiarity with comprehensive obesity care guidelines and creating space for more training, so that HCPs can feel more prepared to address obesity management.³ HCPs are also taking on the challenge of countering misinformation, and re-educating when myths interfere with weight-management strategies, ensuring conversations are grounded in evidence and compassion.³

Closing the care gap requires concrete, shared action around the areas where we need to make progress in everyday practice, echoing recent calls from professional societies for stronger education and collaboration. When our environments and skills align with the science—and with individuals—we can create true momentum in the ongoing effort to improve strategies for how obesity is managed.

**Patty Nece**

PATIENT ADVOCATE
STATE OF WEIGHT AND HEALTH
PANEL MEMBER

// The momentum is encouraging — but there's more to do. Respectful language, an office environment that accommodates patients, and teams trained to challenge stigma and myths all add up to care that meets the realities of what people with obesity need.”

Quote reflects panel member opinion.





Actor Portrayal

03

US initiatives aim to break out of what we call the Obesity Trap

Personal and systemic forces, from biology to culture, have ensnared many US adults in what we call the Obesity Trap. This can only be disrupted through committed and concerted efforts by advocates, the medical community, policymakers, and individuals. While more initiatives are taking shape, some work has already begun. Surveys like the State of Weight and Health can be used to help inform where gaps in understanding and perception of obesity exist.

Here is a snapshot of the efforts intended to address long-standing issues and realities that have challenged personal and societal progress in fighting the US obesity epidemic.

Change is underway

Obesity's impact is not evenly distributed across different demographics.⁶

The following efforts address obesity challenges related to gender, race, age, income, and geography.

The Society for Women's Health Research's Policy Agenda—addresses gender disparities in obesity care, calling for more research on sex-specific metabolic differences.

The Strategies to Overcome and Prevent (STOP) Obesity Alliance—promotes awareness, advocacy, and policy changes to improve Medicaid coverage and access to behavioral therapies for obesity care.

The Council on Black Health™ (formerly known as the African American Collaborative Obesity Research Network, or "AACORN")—focuses on Black men's holistic well-being by addressing the mental, physical, social, economic, and spiritual aspects of health.

The US Centers for Disease Control and Prevention High Obesity Program (HOP)—funds 16 land-grant universities to improve access to nutritious foods/safe physical activity spaces.

The Council on Black Health's Getting to Equity Toolkit—helps healthcare professionals implement equity-focused obesity prevention with resources on healthy food options, racial discrimination, and food and housing insecurity.

The Alliance for Women's Health and Prevention—launched EveryBODY Covered, the first campaign advocating for insurance coverage of obesity care.

External/societal implications

Shifts in workplace culture, food policy, medical education, and technology are reshaping how America confronts the broader societal drivers of obesity.⁵³⁻⁵⁵

Employers: Contributing to a healthier work culture

More companies are stepping up to help employees with their weight and overall health.⁵⁶

Through a partnership with 9amHealth, Amazon employees receive tailored healthcare support from a multidisciplinary care team.

Government: Tackling food and nutrition

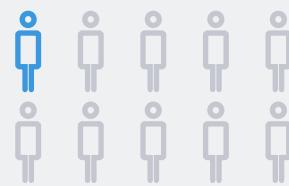
The current administration's Make America Healthy Again (MAHA) initiative seeks policy reforms in dietary guidelines for Americans, ultra-processed foods, nutrition labeling and GRAS (Generally Recognized as Safe) reform, among other topics.⁵⁷

The medical community: Advancing education around obesity

The Obesity Society's Education QI Project was created to close gaps in obesity education and better prepare future healthcare professionals to care for people living with obesity.⁵⁸

A recent study found that introducing an obesity curriculum for internal medicine residents increased their confidence in obesity care, highlighting the value of focused intervention in medical schools.⁵⁹

40 US medical schools completed surveys in 2018 and found:



10%

of medical school respondents feel their graduating medical students are "very prepared" to manage patients with obesity⁶⁰

33% 

of medical schools surveyed reported lacking obesity education programs.⁶⁰

Source:
BMC Medical Education

AI and its role in the future of obesity

HCPs surveyed said they anticipate AI being used in obesity care—from enhancing data analysis and research, supporting patient education and engagement, and developing personalized treatment plans.³ AI, used as a supportive tool, can help reimagine weight management—advancing management strategies and enabling greater personalization.⁶¹

Panel perspective: Societal implications

Building a supportive environment for the obesity community requires collective action. That means reshaping systems so they support public health for everyone; expanding training so healthcare professionals can deliver evidence-based, bias-aware care; making nutritious foods and safe spaces for activity more available; and setting policies that curb harmful marketing. When we move from blame to understanding—and from isolation to coordinated action—we honor people living with obesity.

THE STATE OF WEIGHT AND HEALTH PANEL



Patty Nece, JD



**Dr. Angela
Golden**



**Dr. Veronica R.
Johnson**



**Dr. Holly
Lofton**



**Joseph
Nadglowski**

The views expressed on this page are those of the panel members and reflect their opinions on the State of Weight and Health survey findings.



Actor Portrayals

Partner bios

The Novo Nordisk State of Weight and Health survey questionnaire and resulting report were informed by an esteemed group of obesity experts who lent their expertise to this project, including:



Patty Nece

Patty Nece, JD, is a dedicated advocate for people living with obesity and a leading voice against weight bias and stigma. As a current Weight Bias Committee Chair and Board Member of the Obesity Action Coalition (OAC), and former Board Chair, Nece works to eradicate weight bias and stigma and to advance science-based obesity care and education. Drawing on her long career at the US Department of Labor and her personal experience with severe obesity, she has spoken at numerous national conferences and serves on expert panels, including the National Academy of Sciences' Roundtable on Obesity Solutions and The Lancet Commission on Obesity. Nece's efforts have been recognized with the OAC's Barbara Thompson Award for Advocacy.



Dr. Angela Golden

Dr. Angela Golden is a family nurse practitioner and the owner and sole provider at NP From Home and NP Obesity Treatment Clinic, and Vice President of Clinical Affairs at The Obesity Society. Dr. Golden earned her doctoral degree with an emphasis on health policy and evidence-based practice at Arizona State University in Phoenix, Arizona. She is a member and fellow of the American Association of Nurse Practitioners, where she served as past president and founding co-chair of the Obesity Specialty Practice Group/Community. Dr. Golden has presented at conferences regionally, nationally, and internationally. She is the author of several book chapters and books. Her research has been published in periodicals, including the *Journal of the American Association of Nurse Practitioners*, *Nurse Education Today*, *Obesity*, *Population Health Management*, and *Postgraduate Medicine*.



Dr. Veronica R. Johnson

Dr. Veronica R. Johnson is an Assistant Professor at Northwestern University Feinberg School of Medicine and an obesity medicine specialist at Northwestern Medicine. Her research addresses healthcare disparities in obesity management, treatment plans for adolescents with obesity, as well as adults with obesity, and integrating obesity care into primary care settings.

Dr. Johnson is a member of The Obesity Society, American College of Physicians, and American Academy of Pediatrics.



Dr. Holly Lofton

Dr. Holly Lofton is Director of the Weight Management Program at NYU Langone Health and a nationally recognized expert in obesity medicine and teaches at NYU School of Medicine. Inspired by her own health journey as a preteen, Dr. Lofton has dedicated her career to helping others achieve healthy lifestyles through evidence-based weight management. Dr. Lofton completed her medical training at Boston University. She also served on the Bariatric Medicine Committee for the American Society for Metabolic and Bariatric Surgery, and on the board of directors for the Obesity Action Coalition. Dr. Lofton is committed to training physicians and educating the public on nutrition and weight management through workshops, lectures, and media appearances.



Joseph Nadglowski

Joe Nadglowski is President & CEO of the Obesity Action Coalition (OAC)—a nonprofit organization formed in 2005 dedicated to elevating and empowering individuals affected by obesity through education, advocacy, and support. Mr. Nadglowski is especially passionate about educating elected and other public policy officials, healthcare professionals, and the public about the need for access to obesity management plans and tackling weight bias by sharing his own experiences with obesity.

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Actor Portrayals

04

Appendix

About Novo Nordisk

Novo Nordisk is a leading global healthcare company with a heritage of more than 100 years. Building on this foundation, our purpose is to drive change to defeat serious chronic diseases by pioneering scientific breakthroughs, expanding access to medicines, and working to prevent and ultimately cure disease. We are committed to long-term, responsible business practices that deliver financial, social and environmental value. In the United States, Novo Nordisk has a 40-year presence, is headquartered in New Jersey and employs over 10,000 people across more than 10 manufacturing, R&D and corporate locations in eight states plus Washington, D.C.

About Ipsos

Ipsos is the world's third-largest market research company, present in 90 markets and employing more than 18,000 people. Their passionately curious research professionals, analysts, and scientists have built unique multispecialist capabilities that provide true understanding and powerful insights into the actions, opinions, and motivations of citizens, consumers, patients, customers, or employees. Ipsos serves more than 5,000 clients across the world with 75 business solutions.





Actor Portrayal

State of Weight and Health™ survey methodology

US adults

Ipsos fielded an online, 30-minute, self-administered, cross-sectional survey from May 9–25, 2025, using the probability-based KnowledgePanel®. Invitations were sent to 15,149 panelists, resulting in 1,778 completes among adults 18–70, with 271 people with obesity who are current/past obesity medication users.

A secondary follow-up recontact online, 5-minute, self-administered survey was conducted from August 1–13, 2025, by Ipsos using a subset of respondents from the original poll who agreed to be recontacted for further research, resulting in 498 completes among adults 18–70, with 74 people with obesity who are current/past obesity medication users.

The survey was conducted using Ipsos' ongoing KnowledgePanel®, the most well-established online probability-based panel that is representative of the adult US population. The recruitment process employs a scientifically developed addressed-based sampling methodology using the latest Delivery Sequence File of the USPS—a database with full coverage of all delivery points in the US. Households invited to join the panel are randomly selected from all available households in the US. Persons in the sampled households are invited to join and participate in the panel. Those selected who do

not already have internet access are provided a tablet and internet connection at no cost to the panel member. Those who join the panel and are selected to participate in a survey are sent a unique password-protected login used to complete surveys online. As a result of our recruitment and sampling methodologies, samples from KnowledgePanel® cover all households regardless of their phone or internet status, and findings can be reported with a margin of sampling error and projected to the general population. KnowledgePanel® members receive a per survey incentive, usually the equivalent of \$1 (though for some it is \$2) in points, that can be redeemed for cash or prizes. No prenotification email was sent prior to field. Panelists receive a unique login to the survey and are only able to complete it one time.

The main consumer study was conducted in both English and Spanish and the recontact in English. The data were weighted to adjust for gender by age, race/ethnicity, education, Census region, household income, and language dominance, 2024. The demographic benchmarks came from 2024 March Supplement of the Current Population Survey from the US Census Bureau. Language dominance benchmarks were from the 2023 American Community Survey.

The weighting categories were as follows:

- a. Age (18–29, 30–44, 45–59, 60–70) by Gender (Male, Female)
- b. Race-ethnicity (White/Non-Hispanic, Black/Non-Hispanic, Others/Non-Hispanic, Hispanic, 2+ Races/Non-Hispanic)
- c. Census region (Northeast, Midwest, South, West) by Metropolitan Area (Yes, No)
- d. Education (Less than HS, HS, Some College, Bachelor or higher)
- e. Household income (under \$25,000; \$25,000–\$49,999; \$50,000–\$74,999; \$75,000–\$99,999; \$100,000–\$149,999; \$150,000 and over)
- f. Language proficiency within Hispanic (English Proficient Hispanic, Bilingual Hispanic, Spanish Proficient Hispanic, Non-Hispanic)

The weights for the recontact qualified respondents were adjusted to align with the above geodemographic distributions of the aged 18–70 eligible benchmarks using an iterative proportional fitting (ranking) procedure. Weighting demos were all from Wave 1 survey with the exception of language proficiency.

The margin of sampling error for the original study was plus or minus 2.6 percentage points at the 95% confidence level, for results based on the main sample and 6.6 for obesity medication users. The margin of sampling error for the recontact was plus or minus 4.9 percentage points at the 95% confidence level.

The margin of sampling error takes into account the design effect, which for the original study was 1.21 for the main sample and 1.21 for the obesity medication users sample; 1.27 for the recontact sample.

The margin of sampling error was higher and varies for results based on sub-samples. Sampling error was only one potential source of error. There may be other unmeasured non-sampling error in this or any poll. In our reporting of the findings, percentage points are rounded off to the nearest whole number. As a result, percentages in a given table column may total slightly higher or lower than 100%. In questions that permit multiple responses, columns may total substantially more than 100%, depending on the number of different responses offered by each respondent.





Actor Portrayal

Healthcare professionals (HCPs)

Ipsos fielded an online, 30-minute, self-administered, cross-sectional survey among HCPs in the US during the period between May 9–25, 2025. A secondary follow-up 5-minute, self-administered recontact survey was conducted from August 1–19, 2025 among a subset of HCPs from the original study who agreed to be recontacted for further research, resulting in 462 completes.

Respondents were recruited from opt-in panels of HCPs across the country. In order to participate in the survey, all HCPs had to be a practicing Primary Care Physician/General Practitioner/ Family Medicine or Internal Medicine [PCP], Nurse Practitioner/Physician Assistant [NP/PA] in a Primary Care Physician/General Practitioner/ Family Medicine or Internal Medicine office, Endocrinologist/Diabetologist [Endocrinologist], Obstetrician and Gynecologist (OB-GYN), Nephrologist or Cardiologist. All HCPs included in the study manage at least 100 adult patients in a typical month, have 3–35 years in practice post-residency, and spend at least 50% of their professional time in direct patient care.

Potential HCP respondents were excluded from participation if they were unwilling to provide informed consent to participate in the study, were located in Vermont or Minnesota (due to transparency reporting laws in these states for HCPs), were or had an immediate family member currently employed by a pharmaceutical company, government regulatory agency, or as a consultant to any pharmaceutical or market research agencies.

The final sample size in the main study of **709** HCPs consisted of **300** PCPs, **105** NP/PAs, **78** Endocrinologists, **75** OB-GYNs, **76** Nephrologists and **75** Cardiologists.

The final sample size in the recontact study of **462** HCPs consisted of **228** PCPs, **81** NP/PAs, **42** Endocrinologists, **40** OB-GYNs, **35** Nephrologists and **36** Cardiologists.



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