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Implementation of Obesity Interventions in Primary Health Care: Protocol for a Scoping Review of Barriers and Enablers

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ABSTRACT

Background: Obesity is a major public health challenge worldwide, driving chronic disease and health care costs. Primary health care (PHC) is a key setting for prevention, early identification, and management of obesity, yet implementation of evidence-based interventions remains limited. Identifying the barriers and enablers that influence adoption of obesity care in PHC is critical to strengthen delivery.

Objective: This scoping review will systematically map and synthesize barriers and enablers to implementing obesity interventions in PHC, considering behavioral, nutritional, pharmacological, digital, and organizational approaches, across both adult and pediatric populations.

Methods: The review will follow the Joanna Briggs Institute (JBI) methodology and be reported according to PRISMA-ScR guidelines. Searches will be conducted in PubMed, Cochrane Library, Scopus, Web of Science, and ScienceDirect, complemented by gray literature from OpenGrey, ResearchGate, Google Scholar, and organizational websites. Eligible sources will include peer-reviewed and gray literature published between 2019 and 2025 in English, French, German, Italian, Portuguese, Spanish, or Turkish. Two reviewers will independently screen, extract, and analyze data, with discrepancies resolved by consensus. Data will be synthesized descriptively and thematically, supported by NVivo, and results presented in tables, thematic maps, and conceptual diagrams.

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Expected Results

Anticipated barriers include time constraints, limited provider training, stigma, scarce resources, and inadequate reimbursement models. Enablers are expected to include supportive health policies, training, patient engagement strategies, and team-based care models.

Conclusions: This review will synthesize implementation factors affecting obesity care in PHC, informing scalable strategies and policy to improve obesity management worldwide.

1 | Introduction

Obesity has become one of the most pressing public health challenges of the 21st century [1]. According to the World Health Organization (WHO), in 2022, approximately one in eight people worldwide were living with obesity. This corresponds to 890 million adults, representing 16% of the global adult population [2]. Obesity is not only associated with increased risk of type 2 diabetes, cardiovascular disease, musculoskeletal disorders, and certain cancers, but also with reduced life expectancy and quality of life [3–5]. Beyond its health impact, obesity also imposes significant economic and social burdens on individuals, families, and healthcare systems globally [6, 7].

Primary health care (PHC) occupies a pivotal role in the prevention and management of obesity. It represents the first and most frequent point of contact for individuals within the healthcare system, offering unique opportunities for early identification, long-term monitoring, and delivery of interventions [8, 9]. Family physicians, general practitioners, nurses, and other PHC professionals are well positioned to address obesity, given their longitudinal relationships with patients and ability to tailor care to individual and community contexts. Interventions with demonstrated effectiveness include intensive behavioral therapy, lifestyle counseling, motivational interviewing, structured weight management programs, and pharmacotherapy [10, 11]. However, despite the existence of strong evidence-based guidelines, obesity interventions remain markedly underutilized in PHC worldwide [12].

Several studies and reports have highlighted critical barriers to implementation. These include limited consultation time, competing priorities during appointments, lack of provider training or confidence in obesity management, and weight-related stigma that affects both healthcare professionals and patients [13, 14]. Structural issues such as inadequate reimbursement models, limited access to dietitians and multidisciplinary teams, and insufficient integration of obesity care pathways into PHC systems further exacerbate the problem [15, 16]. At the same time, research has also identified potential enablers: supportive health policies, team-based care models, continuing professional development opportunities, patient engagement strategies, and digital health tools [17, 18]. Understanding how these factors interact at the provider, patient, and system levels is key to improving implementation and ensuring equitable access to obesity care [19].

Although systematic reviews have examined the effectiveness of obesity interventions, there remains a gap in synthesizing the diverse body of evidence regarding their implementation in PHC [20, 21].

Recent reviews have addressed specific dimensions of this gap: Jong et al. examined patient-level barriers to lifestyle interventions in PHC [22], Jeffers et al. synthesized healthcare professionals' experiences of obesity management in primary care settings [23], and Mekonnen et al. conducted a rapid scoping review of barriers and enablers to weight management in English-speaking high-income countries [24]. However, none of these reviews integrate the full spectrum of intervention modalities, professional profiles, and age groups within a single synthesis, nor cover non-English-speaking health systems.

The literature in this field is heterogeneous, encompassing not only clinical trials but also qualitative studies, policy reports, and practice-based insights. Scoping reviews, by design, are well suited to address such heterogeneity. They allow for the mapping of a broad range of evidence, identification of research gaps, and clarification of key concepts relevant to practice and policy [25, 26].

Given the increasing global prevalence of obesity, the persistent underuse of evidence-based interventions in PHC, and the urgent need for practical, scalable strategies, a comprehensive synthesis of barriers and enablers is timely. Such a review will provide valuable insights to guide future research, inform the design of implementation strategies, and support policy development aimed at strengthening obesity care in PHC settings.

Therefore, the aim of this scoping review is to systematically identify, map, and synthesize the barriers and enablers to implementing obesity interventions in PHC, considering behavioral, nutritional, pharmacological, digital, and organizational approaches. The review will specifically explore how factors at the system, provider, and patient levels influence the delivery and uptake of obesity care, with the ultimate goal of informing strategies to improve accessibility, feasibility, and sustainability of obesity management in frontline healthcare.

2 | Methods

2.1 | Design and Registration

The present study will adhere to the methodological framework for scoping reviews established by the Joanna Briggs Institute (JBI). This protocol is presented in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). When relevant, items from the PRISMA-P checklist will also be incorporated to enhance clarity and transparency in reporting.

This protocol for the scoping review has been registered in the Open Science Framework (OSF) and is publicly accessible at

2.2 | Study Timeline

This scoping review was conceptualized in May 2025. The protocol was developed between June and July 2025. The first phase of title and abstract screening was conducted in August 2025. The second phase will take place during September and October, followed by data extraction in November and December. The final synthesis and manuscript preparation will be completed in March 2026.

2.3 | Eligibility Criteria

The eligibility criteria are based on the Population–Concept–Context (PCC) framework recommended by the JBI:

- **Population:**
 - Patients (children or adults) diagnosed with overweight or obesity and managed within PHC settings. Studies focusing on specific subpopulations (e.g., pregnant women, individuals with mental health conditions, or people with disabilities) will be included only if the reported barriers or enablers are generalizable to PHC.
 - PHC professionals involved in obesity management, including family physicians, nurses, midwives, dietitians, and other relevant healthcare providers.
- **Concept:** Barriers and/or enablers to obesity management in PHC. These may appear as the main focus of the study or as part of the description of an intervention but must be explicitly described. Interventions may include lifestyle counseling, behavioral therapy, nutritional support, pharmacotherapy, digital or remote health tools, or system-level strategies. Studies reporting only clinical outcomes (e.g., weight loss, HbA1c) without discussing barriers or facilitators will be excluded.
- **Context:** PHC settings in any country or region, including academic and non-academic practices.

The inclusion criteria for this scoping review were defined to ensure that only pertinent studies are considered. Studies are eligible if they fulfill the following conditions:

- Published between January 1, 2019, and December 31, 2025. The 2019 cut-off was selected to capture evidence generated in the context of the COVID-19 pandemic and its aftermath, which profoundly reshaped PHC delivery, as well as recent policy and guideline updates relevant to obesity management.
- Any type of study design or literature, including quantitative, qualitative, mixed-methods studies, descriptive reports, review papers, policy papers, theses, program descriptions, institutional reports, and gray literature.
- Articles written in English, Italian, French, Portuguese, Turkish, German, or Spanish. Native speakers will be

involved in screening and data extraction to ensure accuracy.

- Studies that explicitly describe barriers and/or enablers to obesity management in PHC.

The exclusion criteria for this scoping review were defined to omit irrelevant or out-of-scope sources. Sources are excluded if they meet any of the following conditions:

- Studies focused exclusively on surgical interventions (e.g., bariatric surgery) are excluded, as these are delivered in secondary or tertiary care settings and involve implementation factors that fall outside the scope of PHC delivery.
- Studies addressing populations not managed in PHC settings (e.g., hospitals, specialized clinics, or standalone home care services not coordinated by PHC teams).
- Articles written in languages other than those specified above.
- Literature that does not discuss barriers or facilitators to obesity care.
- Animal studies.

2.4 | Information Sources

A comprehensive search will be conducted across five bibliographic databases to identify relevant literature on barriers and enablers to obesity management in PHC. These databases include PubMed, Cochrane Library, ScienceDirect, Scopus, and Web of Science (WoS). This choice provides extensive coverage of biomedical, health services, and interdisciplinary research pertinent to obesity management in PHC settings.

In addition to the selected databases, a systematic search of gray literature will be conducted to identify unpublished, non-peer-reviewed, or non-indexed materials that could provide valuable insights. This search will cover sources such as OpenGrey, Google Scholar (limited to the first 200 results to maintain feasibility and reduce algorithmic bias), ResearchGate, and the websites of key organizations, including the WHO, the World Organization of Family Doctors (WONCA), and other relevant professional associations. Eligible documents may include policy briefs, institutional reports, program descriptions, and other non-peer-reviewed publications.

By employing this multifaceted approach, the review aims to ensure comprehensive identification of relevant sources, reduce publication bias, and enhance the overall coverage of the scoping review.

2.5 | Search Strategy

The search strategy was designed to identify relevant literature on barriers and enablers to implementing obesity interventions in primary care. To ensure both sensitivity and specificity, controlled vocabulary (MeSH/EMTREE terms) was combined with free-text terms, applying Boolean operators (“AND”, “OR”) to appropriately structure the searches across databases.

Table 1 summarizes the draft search strategies and results obtained for each database, including the key terms and filters used. Gray literature sources were also explored using broad search strings.

Preliminary searches will be conducted to refine query terms. Citation chaining (backward and forward) and reference list screening will supplement database results. Authors of included studies may be contacted for clarification or unpublished data, with outcomes of such contacts reported. Searches will be updated immediately prior to manuscript submission.

By combining multiple databases, gray literature, and citation tracking, this strategy aims to ensure comprehensive coverage of barriers and enablers to implementing obesity care in PHC across diverse health systems. All search strategies, retrieval numbers, and interfaces will be documented for transparency.

2.6 | Study Selection and Data Management

All references identified through the searches will be imported into Mendeley Reference Manager, which will be used to automatically detect and remove duplicates. Study selection will then proceed in two consecutive steps:

- 1. **Title and Abstract Screening:** Two reviewers will independently evaluate the titles and abstracts of all retrieved records using the predefined eligibility criteria. Studies that are clearly irrelevant will be excluded at this stage. Any disagreements will be resolved through discussion and consensus.
- 2. **Full-Text Screening:** For records considered potentially relevant, the full texts will be retrieved and assessed independently by the same two reviewers. Exclusion decisions at this stage will be recorded along with the specific reasons, ensuring a transparent selection process.

If consensus cannot be reached after discussion between the two reviewers, a third reviewer will arbitrate to determine the final decision.

To reduce potential bias, the eligibility criteria will be applied in a consistent manner across all stages of the process. Prior to the main screening, the reviewers will pilot the criteria on a small sample of records to ensure shared understanding and uniform application.

The overall selection procedure will be reported following the PRISMA-ScR framework, using a flow diagram that details the number of records identified, screened, assessed for eligibility, and ultimately included, together with documented reasons for exclusion at each stage.

TABLE 1 | Draft search strategies by database.

Database	Search strategy
PubMed	(“primary health care”[All Fields] OR “primary care”[All Fields] OR “family practice”[All Fields] OR “general practitioners”[All Fields] OR “community health services”[All Fields]) AND (“obesity”[All Fields] OR “overweight”[All Fields] OR “body weight”[All Fields] OR “adiposity”[All Fields] OR “body mass index”[All Fields] OR “weight loss”[All Fields]) AND (“nutrition intervention”[All Fields] OR “behavioral therapy”[All Fields] OR “pharmacotherapy”[All Fields] OR “weight management”[All Fields] OR “healthcare delivery”[All Fields]) AND (“barriers”[All Fields] OR “facilitators”[All Fields] OR “enablers”[All Fields] OR “challenges”[All Fields] OR “implementation”[All Fields])
Web of Science	TS=(“primary care” OR “primary health care” OR “family practice” OR “general practitioners” OR “community health services”) AND TS=(“obesity” OR “overweight” OR “body weight” OR “adiposity” OR “body mass index” OR “weight loss”) AND TS=(“nutrition intervention” OR “behavioral therapy” OR “pharmacotherapy” OR “weight management” OR “healthcare delivery”) AND TS=(“barriers” OR “facilitators” OR “enablers” OR “challenges” OR “implementation”)
Scopus	TITLE-ABS-KEY(“primary care” OR “primary health care” OR “family practice” OR “general practitioners” OR “community health services”) AND TITLE-ABS-KEY(“obesity” OR “overweight” OR “body weight” OR “adiposity” OR “body mass index” OR “weight loss”) AND TITLE-ABS-KEY(“nutrition intervention” OR “behavioral therapy” OR “pharmacotherapy” OR “weight management” OR “healthcare delivery”) AND TITLE-ABS-KEY(“barriers” OR “facilitators” OR “enablers” OR “challenges” OR “implementation”)
ScienceDirect	“primary care” AND “obesity management” AND (“behavioral therapy” OR pharmacotherapy) AND (“barriers” OR implementation)
Cochrane Library	(“primary care” OR “primary health care” OR “family practice” OR “general practitioners” OR “community health services”) AND (“obesity” OR “overweight” OR “body weight” OR “adiposity” OR “body mass index” OR “weight loss”) AND (“nutrition intervention” OR “behavioral therapy” OR “pharmacotherapy” OR “weight management” OR “healthcare delivery”) AND (“barriers” OR “facilitators” OR “enablers” OR “challenges” OR “implementation”)

2.7 | Data Extraction

A standardized data extraction form, developed specifically for this review and pilot-tested to ensure clarity and consistency, will be employed. Two reviewers will independently extract data from each included study. Extracted variables will encompass bibliographic details, study design, and key characteristics related to obesity care in PHC.

The main domains of interest are outlined in Figure 1.

2.8 | Data Synthesis

The data extracted will be analyzed using both descriptive and thematic methods, in line with the objectives of a scoping review. Quantitative information—such as intervention types, healthcare settings, and target populations—will be summarized narratively to identify common trends and variations across studies.

Qualitative findings, including accounts of barriers, facilitators, and implementation strategies, will undergo thematic analysis using an inductive coding process. Two reviewers will code the material independently with the aid of NVivo or similar software. Codes will then be compared, refined collaboratively, and organized into overarching themes through iterative team discussions. This process will enable the development of an integrated synthesis of barriers and enablers.

Results will be reported using summary tables, thematic maps, and visual representations such as matrices and conceptual diagrams to clearly illustrate the interconnections between barriers, facilitators, and implementation strategies in PHC contexts.

2.9 | Anticipated Barriers and Enablers

Preliminary evidence suggests that barriers and enablers to obesity care in PHC cluster around provider, patient, and system levels (Table 2).

2.10 | Data Management and Software

The review protocol has been registered on the OSF to ensure transparency and reproducibility. References will be managed using Mendeley, which will also be used to remove duplicates prior to screening. Microsoft Excel will support the screening process, data extraction, and organization of study characteristics. Where qualitative coding or thematic synthesis is required, NVivo (or equivalent qualitative analysis software) will be employed to facilitate systematic data management and thematic analysis.

2.11 | Quality Appraisal

In line with scoping review methodology, no formal risk of bias or methodological quality assessment will be undertaken.

2.12 | Ethics and Dissemination

As this review will use data from publicly available sources, ethical approval is not required. Results will be submitted to a peer-reviewed open-access journal, presented at relevant conferences, and disseminated to stakeholders in PHC and obesity management. [Supporting Information](#), including detailed search strategies and data extraction forms, will be made publicly accessible via OSF.

3 | Discussion

This scoping review addresses a critical gap in the literature by synthesizing evidence on barriers and enablers to implementing obesity care in PHC. Previous reviews have largely focused on the effectiveness of interventions, whereas our study emphasizes the contextual factors that determine whether such interventions are adopted, scaled, and sustained in real-world practice [28].

Consistent with this, a recent expert consultation involving 36 international stakeholders identified implementation in primary care, particularly for children within family contexts and persons with chronic comorbidities, as a leading priority for future

Category	Variables to be extracted
Bibliographic information	Author(s), publication year, country.
Study characteristics	Study design, PHC setting, type of facility.
Intervention characteristics	Type of obesity intervention (behavioral therapy, pharmacotherapy, nutritional counseling, digital/remote tools, system-level strategies, etc.).
Implementation factors	Reported barriers and enablers, including provider-, patient-, and system-level determinants.
Outcomes	Adoption, acceptability, feasibility, reach, sustainability.
Developers/Implementers	Institutions or organizations responsible for design and implementation.
Population characteristics	Target population features (e.g., age group, comorbidities, underserved or at-risk groups).

FIGURE 1 | Data extraction variables.

TABLE 2 | Examples of anticipated barriers and enablers.

Category	Barrier/enabler	Description barrier
Provider-level	Time constraints	Limited consultation time for obesity discussions/follow-up
Provider-level barrier	Lack of training/knowledge	Insufficient guideline familiarity, low confidence in obesity management
System-level barrier	Limited resources/referral options	Lack of dietitians, programs, or community services
Patient-level barrier	Motivation/engagement	Low motivation, psychological barriers, resistance to change
Cross-cutting barrier	Stigma/sensitivity	Discomfort discussing weight, risk of perceived stigma
Provider-level enabler	Training and education	Improved provider confidence and competence
System-level barrier	Financial/logistical constraints	Costs of services, lack of reimbursement, accessibility issues
System-level enabler	Reimbursement structures	Incentives for obesity management services
System-level enabler	Multidisciplinary teams	Integration of GPs, nurses, and dietitians in care pathways
Patient-level enabler	Engagement strategies	Personalized, patient-centered approaches to behavior change

evidence synthesis [21]. Moreover, a 2025 joint clinical review from the Obesity Medicine Association highlighted that failure to recognize obesity as a disease, inadequate training, and insufficient reimbursement structures remain the dominant systemic barriers in PHC globally [16].

The findings are expected to highlight the multidimensional nature of obesity care delivery, with barriers and enablers operating simultaneously at the provider, patient, and system levels. For example, provider time constraints, lack of training, and weight-related stigma may limit care delivery, whereas supportive reimbursement models, team-based approaches, and digital tools may facilitate implementation [14]. Importantly, this review will integrate perspectives from diverse study designs—including clinical, qualitative, and policy literature—offering a holistic view that reflects the complexity of obesity management in PHC.

By systematically mapping this evidence, the review will contribute to identifying where current strategies fall short and where opportunities exist for improvement. The results will inform the design of tailored implementation strategies, ensuring that interventions are not only evidence-based but also feasible, acceptable, and sustainable in frontline healthcare. Additionally, by including studies from different health systems and geographic regions, the review will allow exploration of contextual differences and equity considerations, highlighting unique challenges faced by underserved populations.

This work will also inform future research agendas by identifying gaps, such as limited evidence on long-term sustainability, lack of studies reporting facilitators relative to barriers, and underexplored opportunities for leveraging digital health and team-based care. These insights will support both academic inquiry and the development of health policies aimed at strengthening PHC responses to obesity.

4 | Conclusion

PHC plays a central role in tackling the global obesity epidemic, yet implementation of effective interventions remains

inconsistent. This scoping review will map and synthesize evidence on the barriers and enablers influencing obesity care in PHC, providing critical insights to inform practice, research, and policy. By highlighting both challenges and opportunities, the review aims to contribute to the development of practical, scalable, and equitable strategies that improve obesity management across health systems.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** Supplementary Information.