

FitMind+Body: A Digital Health Intervention to Address Obesity and Reduce Health Inequalities Through Behaviour Change

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Module: Population Health and Digital Health Promotion

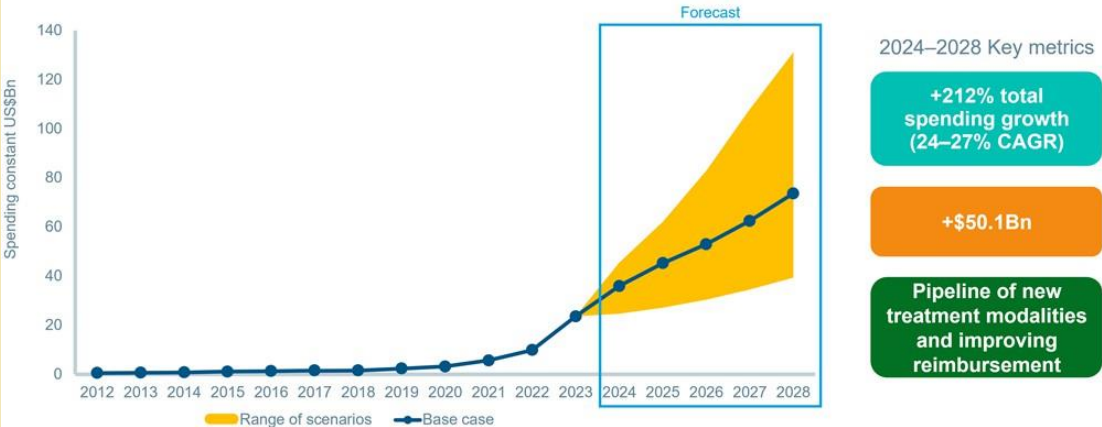


Figure1: The global obesity market forecast (IQVIA, 2024).

BACKGROUND

Two of the most critical issues in terms of global public health, obesity, and physical inactivity result in more than 5 million deaths every year and cause increased susceptibility to cardiovascular disease, type 2 diabetes, and some types of cancer (World Health Organization, 2023; World Obesity Federation, 2023). It is anticipated to increase its prevalence to 25 percent by 2035 with one point nine billion people affected and its economic costs reaching over four trillion globally (IQVIA, 2024). Conventional methods of public health interventions are lifestyle counselling, community weight control programs, and drug interventions like GLP-1 receptor agonist. Although these techniques are effective, they are commonly restricted by access, long-term compliance, and scalability (NICE, 2025; Wharton et al., 2020). The FitMind+Body is an online health app that includes behavioural coaching, wearable tracking, telehealth calls, and medication adherence to supply an individualised and scalable treatment to obesity prevention and management.

HEALTH PROMOTION VALUES AND PRINCIPLES

The Ottawa Charter has 4 principles of empowerment, equity, participation, and prevention in promoting health (World Health Organization, 1986). FitMind+Body conforms to these principles because it gives people the opportunity to proactively control their health behaviours using individualised data and feedback systems. Self-monitoring tools and personalized health insights are the sources of empowerment and contribute to organizing users with more knowledge and trust in controlling weight-related behaviours (Glanz et al., 2015). The engagement is also made possible by the interactive goal setting, interaction, and engagement platforms like gamification. Until now, equity is addressed through the introduction of multilingual support, low-bandwidth use, and compatibility with low-cost devices, which enhances the accessibility of underserved groups (NHS Digital, 2023). Digital health interventions can however still widen inequalities unless digital literacy barriers are considered (van Dijk, 2020).

BEHAVIOURAL CHANGE THEORY

The intervention is based on the conceptualisation of behaviour in the COM-B model which is a set of interactions between Capability, Opportunity, and Motivation (Michie et al., 2011). FitMind+Body increases the capacity through offering assorted educational materials related to nutrition, physical activity, and adherence to medication by way of interactive modules and artificial intelligence (AI). Integration with wearable devices and the ability to receive telehealth consultations facilitate the opportunity to learn more about health services outside of the traditional clinical environment. Gamification, personalised feedback, and tracking progress helps to reinforce positive behaviours in the long run as it enhances motivation. The behaviour changes techniques used in the intervention, including self-monitoring, goal setting, and feedback, are evidence-based and proven to increase adherence to lifestyle changes and weight loss (Michie et al., 2017; Lee et al., 2022). Nevertheless, though the structural framework of behaviour is offered in COM-B, the model has been criticised due to the lack of focus on other macro-environmental factors, including socioeconomic status and environmental limitations (Dionato et al., 2023).

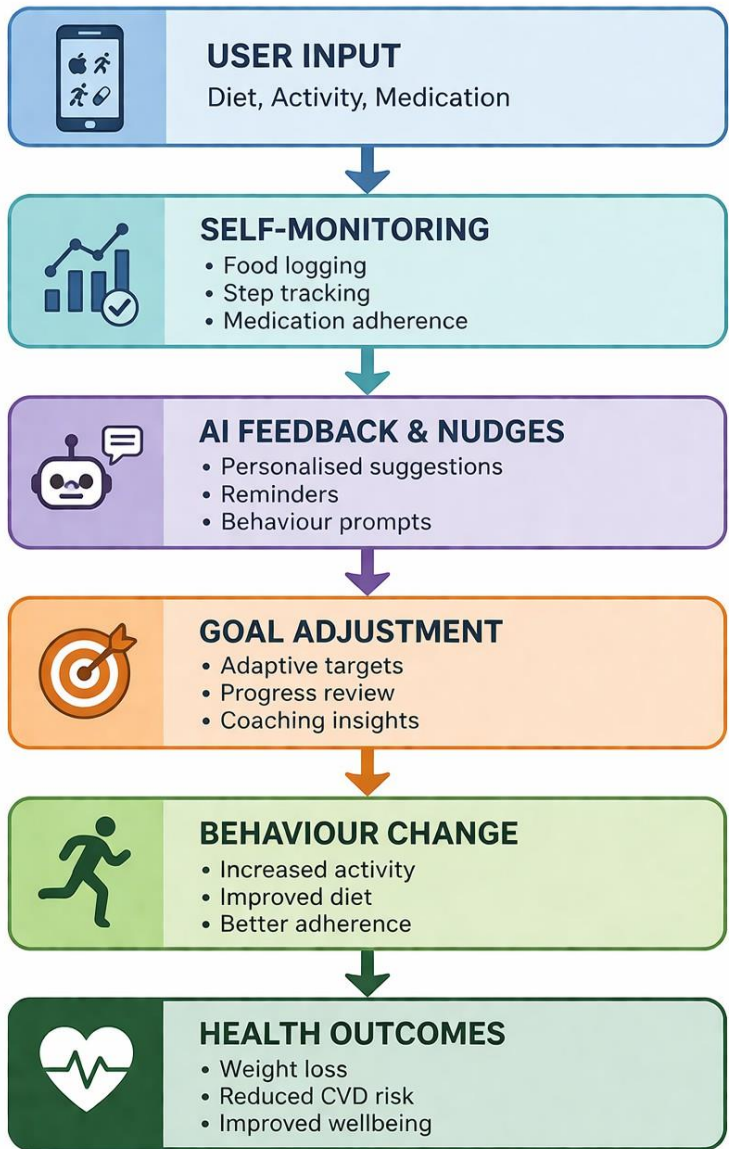


Figure 2: FitMind+Body integrates behaviour tracking, AI coaching, and medication adherence into a single platform (Author, 2026).

EXPECTED OUTCOME

Implementation of behavioural change theory in FitMind+Body should enhance physical activity, nutrition behaviour, and drug compliance, which will result in quantifiable weight loss and exposure to obesity-related illnesses. There is an indication that digital interventions have the potential to produce an average weight loss of 2.5-5 kg in 12 weeks (Lee et al., 2022; Pal et al., 2018), whereas pharmacotherapy-based interventions may lead to weight loss of up to 15 percent (Klasa et al., 2025). Nevertheless, there is a too large extent reliant on the persistence of user participation and the rate of attrition is a major weakness of mobile health interventions (Dennison et al., 2013). Thus, the engagement strategies and its inclusion into larger healthcare systems are necessary to achieve success in the long term.

BEHAVIOUR CHANGE PATHWAY



Digital behaviour change pathway illustrating how self-monitoring, AI-driven feedback, and adaptive goal setting facilitate sustained lifestyle modification and improved health outcomes (Lautenbach et al., 2025).

Conclusion

Online health interventions like FitMind+Body have immense implications on the policy, education, and research of the populace. Digital inclusion should be a priority to the policymakers so that people can have equal access and not increase the inequality in health. The need to integrate digital health in education and practice is due to the fact that healthcare professionals need education to deliver and support digital intervention effectively. The next steps in the area of research ought to involve long-term efficacy, cost-effectiveness, and how digital interventions can be used to decrease health disparities. Although digital technologies offer innovative and scalable solutions, it requires integration with the current healthcare systems and consideration of the overall social determinants of health.

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