DIET

GLP-1 Coaching in Kansas City: Barbecue Weekends, Car Commutes and Two-State Clients — What a Coach Does Alongside Your Prescriber

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Short answer: Kansas City clients on a GLP-1 medicine often live in a car-first metro that spans two states, with a food culture built around big shared plates. A good coach builds small, steady habits (protein-first smaller portions, two strength sessions, short walks woven into the commute) without stepping into medical decisions. Side effects, dosing, sourcing and anything about the medicine itself go to the prescriber.

This page is education only, not medical advice. See our [Kansas City hub](/us/kansas-city) for local context.

The medicines, briefly

GLP-1 receptor agonists mimic a gut hormone involved in appetite, fullness and blood-sugar control; tirzepatide also acts on GIP receptors. FDA-approved US products include semaglutide (Ozempic, Wegovy, Rybelsus) and tirzepatide (Mounjaro, Zepbound), each for the indications on its label ([Drugs@FDA](https://www.accessdata.fda.gov/scripts/cder/daf/)). In the STEP-1 and SURMOUNT-1 trials, average weight loss was substantial alongside lifestyle support ([Wilding et al., 2021](https://pubmed.ncbi.nlm.nih.gov/33567185/); [Jastreboff et al., 2022](https://pubmed.ncbi.nlm.nih.gov/35658024/)), and gastrointestinal side effects were common. Averages are not promises for any one person.

Kansas City-specific habit frictions

Barbecue and big plates. Shared platters and generous sides are part of social life here. On a GLP-1 medicine, many clients feel full quickly, and rich, fatty meals can be harder to tolerate. Coaches can practise ordering lean protein first, taking a smaller plate and stopping at comfortable fullness rather than banning outings ([Mozaffarian et al., 2025 joint advisory](https://doi.org/10.1016/j.ajcnut.2025.04.023)). Which foods worsen nausea, and what to do about it, is a prescriber conversation. **Car-first days.** Many commutes are by car, which squeezes out incidental walking. Lean-mass loss is a known concern on these medicines ([Neeland et al., 2024](https://pubmed.ncbi.nlm.nih.gov/38937282/)), so the movement plan needs two short strength sessions a week plus walking minutes toward the [Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines). **Two states, one metro.** Clients may live in Kansas and work in Missouri, or the reverse. Coaching is habit work, but telehealth prescribing, pharmacy and dietetics rules differ by state. Medicine and sourcing questions go back to the client's own clinician and pharmacist. **Parks as the default.** [KC Parks](https://kcparks.org/) runs parks, trails and community centres across the city, a free base for weekday walks and bodyweight sessions.

A Kansas City GLP-1 coaching playbook (habit layer only)

1. **Protein-first smaller plates.** Agree on tolerable foods and a "half-plate, protein first" rule for barbecue and

family meals. Medical nutrition questions go to the prescriber or a registered dietitian. 2. **Two strength sessions booked like meetings**, at a community centre, gym or at home with bands. 3. **Commute walks.** Park farther away, take a 10-minute walk at lunch, and a short walk after dinner. 4. **A game-day plan.** Eat a protein snack before tailgates, carry water, and decide in advance how to handle alcohol, which is a label and prescriber question. 5. **Weekly symptom check.** Anything medical leaves the coaching lane.

Food that works on low-appetite days

Coaches can help clients keep a short list of foods that are easy to eat when appetite is low: Greek yoghurt, eggs, cottage cheese, tofu, lean fish or chicken, beans and lentils, soups, and milk or soy drinks. Smaller, slower meals and stopping at comfortable fullness tend to be easier than large plates. Vegetables, fruit and whole grains still matter for fibre. The coach's role is to help the client plan, shop and practise, not to write a medical diet. Anyone with kidney disease, diabetes on insulin or other conditions needs individual advice from their clinician or a registered dietitian.

What to bring to your next prescriber visit

Coaches can help a client arrive prepared. A one-page summary works well: a typical day of eating, how many protein-first meals they manage, strength sessions completed, any side effects with dates, and questions written down in advance. The coach does not interpret the summary or suggest changes. The client takes it to the clinician, who decides what it means.

Red flags: refer, don't coach

Persistent vomiting, inability to keep fluids down, severe abdominal pain, fainting, chest pain, vision changes, signs of dehydration, or any symptom the client fears: contact the prescriber or urgent care. Mood changes, a loss of interest in food that looks like an eating-disorder pattern, or talk of restricting further to "speed results" also leave the coaching lane.

What a coach must never do

- Suggest a dose, a dose change or skipping a dose. - Source, resell or recommend pens, vials, compounded products or "research" peptides. - Interpret labs or glucose-monitor traces as a diagnosis. - Promise a weight number or a timeline. FDA has clarified its compounding policies as national GLP-1 supply has begun to stabilise ([FDA statement](https://www.fda.gov/drugs/drug-alerts-and-statements/fda-clarifies-policies-compounders-national-glp-1-supply-b Coaches can explain approved versus compounded at a high level and send product decisions back to the clinician. Scope reference: [NBHWC scope of practice](https://nbhwc.org/scope-of-practice/).

Common Kansas City client questions

- *"Can I skip my dose before a barbecue weekend?"* "Dose timing is your prescriber's call. Let's plan the meal so you feel comfortable, and you can ask them." - *"I get bloated after heavy meals."* "Note when it happens and tell your prescriber. Meanwhile, we can practise smaller portions and leaner choices." - *"My cousin in Missouri gets it cheaper online. Should I?"* "I don't source medicines. Please ask your clinician and pharmacist."

A winter week that still hits the guidelines

Kansas City winters can be cold and grey, and appetite patterns shift indoors. Aim for the aerobic and strength minutes across the whole week: two 30-minute strength sessions, daily indoor or mall walks, and one longer

weekend walk in a park when the weather allows. Pair that with protein-first meals so a lighter appetite does not quietly cost muscle. Snow and ice days are for indoor sessions, not for skipping entirely.

Scope reminder for Kansas and Missouri coaches

Write your scope down and use [NBHWC](https://nbhwc.org/scope-of-practice/) language. Practising medicine, pharmacy, dietetics and physical therapy are regulated professions. Decline sourcing requests in writing when they become persistent.

Want to coach this? LetsGo Academy

Start free with [Level 1](/academy). [Level 3 (US$300)](/academy/level-3/glp1-what-they-are) and [evidence quality](/academy/level-3/evidence-quality-for-coaches) cover foundations. [Level 4](/academy/level-4/glp1-coach-alongside-prescriber) covers working alongside prescribers, [monitoring](/academy/level-4/monitoring-alongside-prescriber) and [US state scope](/academy/level-4/us-state-coach-scope). Already coaching? Create your profile at /coach. We do not promise income or client results. *Education only. Not medical advice. LetsGo Academy is not a licence to practise.*

Safety note

If you have a medical condition, are pregnant, or take prescription medicines, check with your own doctor first.

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