Wonds HEALTH

Unlocking savings:

Tackling the obesity cost challenge

Strategies for a healthier workforce and bottom line

One-third of U.S. full-time employees have obesity.¹This ends up costing organizations, as medical claims are twice the amount for those with obesity.² These costs are a hard pill to swallow, especially with more tools available than ever. And now, employers have the added complexity of finding the right strategy for newer, more expensive weight-loss medications. But by understanding the biggest cost drivers behind obesity–both direct and indirect medical costs, the cost of weight-loss medications, and ineffective solutions–employers can simultaneously improve the health of their people and their bottom line.

44M+

U.S. full-time employees have obesity¹

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Hurdle 1: The impact of obesity on employer health-care costs

Chronic and mental health conditions account for 90% of the nation's annual health-care spend.³ We know that obesity is an underlying factor for many of these health issues. But it's not all bad news. With the right tools, such as behavior change programs or weight-loss medications paired with lifestyle intervention, the path to better health is more attainable than ever.

The heavy hitters: Direct costs.



Type 2 diabetes: Diabetes is a costly chronic disease with a direct correlation to obesity. With 15% weight loss, there's a **90% reduction in type 2 diabetes risk**, but for those already diagnosed, theres a **70% reversal**.^{4,5} Let that sink in—a 15% reduction in weight can significantly reduce the prevalence of type 2 diabetes.



Heart disease: Cardiovascular disease, the leading cause of death for decades, is another expensive chronic condition tied to obesity.⁶ Yet with a 9% weight reduction from weight-loss medications, the **risk of heart attack and stroke decreases by 20%**.⁷ This can have a huge impact on your people—saving money from costly interventions and more importantly, saving lives.



Mental health: Untreated mental health concerns are costly for your organization and, unfortunately, obesity has a direct impact on mental wellness. For example, **obesity increases the risk of depression by 55%**,⁸ which is why weight-loss solutions that also address stress, resilience, and coping mechanisms are key to improving both the mental and physical well-being of your people.

The ripple effect: Indirect costs.



Absenteeism: Employees with obesity exhibit **9.3%** higher absenteeism.⁹

Productivity: Workers with obesity experience over **twice as many work limitations** compared to their counterparts without obesity, diminishing overall workforce productivity.¹⁰



Short-term disability: Employees with obesity-related disease are **twice as likely** to file short-term disability.¹¹

Worker's compensation: Claims from workers with obesity are **1.6x higher** than those without obesity, further underscoring the substantial financial consequences of obesity in the workplace.¹²

Solution: The new frontier of obesity treatment.

The latest weight-loss medications, especially when amplified by behavior change, are demonstrating never-before-seen results with an impact on a wide range of chronic conditions. In addition to diabetes, heart disease, and mental well-being, there's emerging science showing benefits to a number of other costly conditions:¹³



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Hurdle 2: Weight-loss medications are expensive

With the rise of obesity rates, demand for GLP-1s has gone through the roof. Employers are weighing the potential benefits of the reduced risk of obesityrelated disease against the upfront cost of weightloss medications. Additionally, there are several factors contributing to the potential high cost of these medications:



Cost of GLP-1s: The latest generation of GLP-1 weight-loss medications may have an average weight loss of 22%, but they also have a hefty price tag, some over \$1000 a month.¹⁴ The cost of these drugs is financially unsustainable, especially since these medications are not intended for short-term use.

High demand: There is a discrepancy between weight-loss medication workplace supply and demand, as only 22% of employers offer coverage on weight-loss medication while 44% of employees would leave their job to gain coverage for obesity treatment.^{15,16} Covering these desirable medications could be key in retaining and wooing talent in this employeedriven job market.

Focus on GLP-1s: These newer GLP-1 medications might be dominating headlines, but there is a full range of weight-loss medications outside of GLP-1s. More affordable options can be a better fit for many individuals. Not using the full-spectrum of weight-loss medications can be both clinically detrimental and unnecessarily costly. **Treat the whole person, not the scale:** These medications may address the scale, but they do not address a person's quality of diet and physical activity, behaviors, or motivations. Using these medications without also addressing behavior change can lead to early drop-off, lack of engagement, and weight re-gain – all racking up additional costs.

"These weight-loss medications have the potential to revolutionize health outcomes, and employers should keep a close eye on their developments for the benefit of their workforce and the bottom line."

- Dr. Tim Church MD, MPH, Ph.D., Wondr Health Chief Medical Officer

Solution: Get flexible with your plan design

Rather than excluding the benefit of weight-loss medications, employers can adjust their plan design with the following to provide adequate care for their people while responsibly managing this economic burden.

Offer a full-spectrum of weight-loss medications beyond just GLP-1s: There are many more affordable weight-loss medications outside of GLP-1s that have been around for years. It is important to leverage the full range of weight-loss medications, to ensure individuals get the right treatment based on their unique needs. Not using the fullspectrum of weight-loss medications can be both clinically detrimental and unnecessarily costly.

Consider a step-therapy approach: There is no "one-size-fits-all" approach to weight-loss medication, and GLP-1s should not necessarily be the first line of defense. Consider using GLP-1s only when other medication protocols have failed and prescribe the most cost- and clinically effective drug, considering the patient's whole health.

Evaluate eligibility criteria: Even outside of the strict criteria that individuals must meet to be considered eligible for a prescription, GLP-1s are not the right choice for everyone. Consider offering this class of drugs only to the most acute participants in your population. When prescribing weight-loss medication, a provider also should consider co-morbidities, contraindications, drug indications, and more affordable alternatives to ensure optimal results for every patient.

Require a comprehensive behavior-change program:

While GLP-1s are game changers, they do not address underlying behaviors, which often are the root cause of weight gain, and anyone who discontinues a weight-loss medication without additional support is likely to regain weight. Adding a comprehensive behavior-change program can lead to sustained weight loss, improved physical health, and increased quality of life.

The future of weight loss: THE POWER OF 15%

With the rise of weight-loss medications, a **15-20% weight loss will become the new norm.** And who would not want to shed a few unwanted pounds? But here's the thing: weight-loss medications' biggest impact is not actually weight loss—it is helping people live better, healthier, and longer lives.

Hurdle 3: Your solutions are costing you

There is a discrepancy between what works in theory and what will engage a population. Only 17% of employees with obesity viewed wellness programs as beneficial, compared with 72% of employers.¹⁷ So, what is causing the disconnect?

Too many point solutions: 50% of organizations work with four to nine digital health solutions, which can be overwhelming for organizations and individuals, resulting in underutilization of benefits.¹⁸

Low engagement: Preventive and chronic care often takes a backseat, with 63% of employees opting not to use their preventive care benefits and 83% not utilizing available care for a chronic condition.¹⁹

Lack of awareness: In a recent study, only 13% of employees with obesity were aware that their employer offered coverage for weight management, including weight-loss prescriptions.¹⁷

Weight stigma and bias: Many solutions on the market contain underlying implicit biases such as diet-culture language, and materials or language that are not weight-inclusive. This perpetuates the obesity cycle.²⁰

Solution:

A comprehensive solution that checks the boxes for clinical, cultural, and financial ROI.

Clinical: What is the impact on the health of your population and ultimately, health-care expenses? Look for solutions that target metabolic syndrome, a cluster of risk factors that increase the likelihood of heart disease and diabetes and deliver clinical improvements in weight, hypertension, pre-diabetes, and type 2 diabetes.

Cultural: How can this program improve engagement among your population? Look for solutions that deliver quality of life improvements in factors like physical activity, sleep, confidence, energy, and mood.

Financial: For each pound of excess weight your employees carry, your organization pays \$82 in medical and disability costs annually.²¹ Look for solutions that have a third-party validated analysis of ROI due to decreased health-care claims.

A brighter, healthier future

The hidden costs of obesity, ranging from increased medical claims to reduced productivity, absenteeism, and chronic conditions, present a substantial challenge for businesses. Complicating matters are the latest weight-loss medications. However, amidst these challenges, there is a path forward. By taking a multifaceted approach and embracing these outlined strategies, you can effectively manage obesity-related costs, prioritize employee wellbeing, and ensure long-term organizational success.

Learn more about Wondr Health solutions at wondrhealth.com.

- CDC. National Health Interview Survey, 2018. 1.
- Hammond RA, Levine R. The economic impact of obesity in the United States.
- 3 CDC. Cost of Chronic Disease
- Hamman, RF, et al. Effect of Weight Loss With Lifestyle Intervention on Risk of Diabetes 5. Leslie WS, et al. The Diabetes Remission Clinical Trial (DiRECT): Protocol for a
- clusteredand randomised trial. 6. National Center for Health Statistics. Multiple Cause of Death 2018-2021 on CDC WONDER Database.
- 7. Lingvay, I, et al.Semaglutide for cardiovascular event reduction in people with overweight or obesity: SELECT study baseline characteristics
- 8 Luppino FS, et al. Overweight, obesity, and depression.
- Andreyeva T, et al. State-level estimates of obesity-attributable costs of absenteeism.
- Hertz RP, et al. The impact of obesity on work limitations and cardiovascular risk factors 10. in the U.S. workforce
- 11. Van Nuys K, et al. The association between employee obesity and employer costs.

- 12. Tao X, et al. Is obesity associated with adverse workers' compensation claims outcomes? 13. Fruh SM. Obesity: Risk factors, complications, and strategies for sustainable long-term weight management.
- GoodRX. Prices for popular GLP-1 Agonists. 14.
- 15. International Foundation of Employee Benefit Plans. Employee Benefits Survey: 2022 Results.
- Obesity Action Coalition, ro. Survey: Living with obesity in the time of GLP-1s. Jinnett K, et al. Insights into the role of employers supporting Obesity management in 16. people with obesity.
- Plescia, M. Employer point solution: How can health startups rise above? One Medical. The State of Workplace Health: 2023 report. 18
- 19.
- Puhl RM, Brownell KD. Confronting and coping with weight stigma. 20.
- Ramasamy, A, et al. Direct and Indirect Cost of Obesity Among the Privately Insured in 21. the United States.

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