

Obesity in the Workplace

What Employers CAN Do DIFFERENTLY

Dr. Wade Larson
Wagstaff, Inc. / Optimal Talent Dynamics

[in](#) [f](#) @DrWadeLarson
Wagstaff.com or OptimalTalentDynamics.com
Wade@WadeLarson.com

Slides  
<http://bit.ly/obesity23>

1

We Keep Talking About It...



Is Anything Changing?

Slides  
<http://bit.ly/obesity23>

2

We Keep Talking About It...

It can, but...here's what's coming:

- We're moving FAST...
- Using a CASE STUDY...
- TOO MUCH INFO...


DOWNLOAD SLIDES...  
<http://bit.ly/obesity23>

3

A Different Way of Thinking

RESULTS
BEHAVIOR MODIFICATION
MINDSET

Approach to Change

Slides 
<http://bit.ly/obesity23>

4

A Different Way of Thinking

wagstaff.

Ready for Change

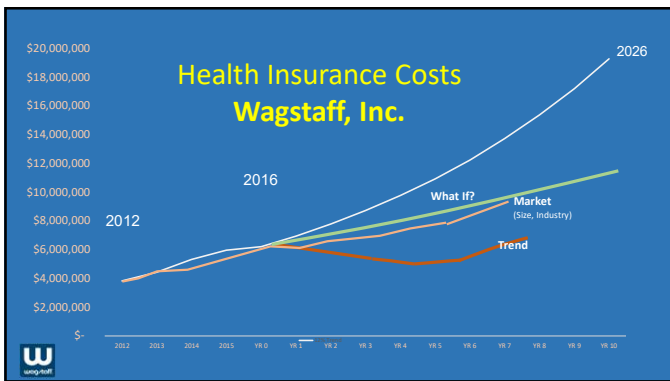
- **Urgency, Costs** (Not enough)
- **Belief, Willingness**

A Partner to Help

- **Knows the game**
- **Sparks partnerships**
- **Not afraid of "crazy"**

Slides 
<http://bit.ly/obesity23>

5



6

Applied to Obesity

W
wagnerstaff

GENERALLY HEALTHY

OVERWEIGHT

NEEDS IMPROVEMENT

OBESE +

URGENT TO CRITICAL

RELATED

- Weight
- Diabetes
- Cancer
- Cardiovascular
- Co-Morbidities +

↓

- Productivity
- Absenteeism
- Safety/Injury
- Retention
- Mental Health +

7

Why Is It So Hard?

We Don't Treat Obesity as Disease Management

Managing it as a disease (not a "condition") requires a different strategy.

8

Your Population

High ROI
Low Cost

←

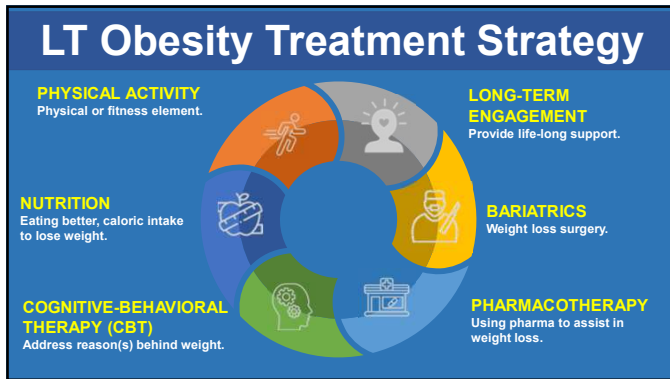
→ Lower ROI
Higher Cost

| | | | | |
|--|---|---|--|---|
| Healthy Low Risk Active No Comorbidities | Some Overweight Low Risk Healthy No Comorbidities | Overweight 1+ Risk Factor Slow Lifestyle ≈1 Comorbidity | Obese ±1 Risk Factor Docile ±1-2 Comorbidities | Morbid Obesity 2+ Risk Factors Risky Lifestyle ±2 Comorbidities |
|--|---|---|--|---|

What are your goals?

Need a strategy requisite to your desired outcomes...

9



10

Part 1: Physical Activity

Experience: Exercise More

What We Tried

- Focus: Weight
- Onsite Gym
- Group Activities
- Wellness Focus
- Onsite Trainer
- Education

Examples

- Challenges
- BMI Focus
- Team Sponsorships
- Rewarded Behavior
- Wagstaff Olympics

Good

- Messaging, Culture
- Camaraderie
- Commitment
- Lower Cost of Access

Outcomes

- Obese - minimal impact
- Overweight – positive impact
- Maintained results IF they participated in ONSITE and EMPLOYER PAID
- Cost drove participation
- Participants returned to previous state w/o program

11

Part 1: Physical Activity

Prescription: Personalize

Approach: Not "One-Size-Fits-All"

- Initial Exam
- Educate
- Best Approach
- Comprehensive (create baseline)
- Physical Activity isn't scary
- What paths are available? Best approach...

Lessons

- "Challenges" promote engagement
- (a) Onsite Facilities (b) with Showers and (c) flex schedules to use them
- (a) Incentives Drive Activity, (b) must be big enough, and (c) with digital tools.
- Onsite Trainer – YES!

ONSITE CLINIC

- Physical Exams, Health Checks, Physical Checks
- Health Coach, Physical Therapy

12

Part 2: Nutrition
Experience: Eat Better, Less

What We Tried

- Education
- Nutrition Coach
- Eating Program
- Food at Lunches

Examples

- Healthy options at employee lunches
- Nutrition coaching
- Offered Lunch & Learns
- Offered cooking classes

Good Stuff

- + FB: Healthy lunches
- + FB: Nutrition coaching
- + FB: Classes

OBSERVATIONS

- Obese - minimal impact
- Programs worked IF paid for
- When after-hours program was paid, participants flaked.
- Cooking classes attended during work, but managers complained about time away.
- Convenience mattered: After-hours hours cooking classes not attended. Off-site classes were not attended well.

13

Part 2: Nutrition
Prescription: Eat Right

Approach: Eat to Your Body

- Example
- Educate
- Opportunities
- Insulin Resistance
- Solutions to Expand Awareness
- Resources to Learn, Solutions Available

Lessons

- Control Onsite Food Options (Vending, Meetings, Lunches)
- Reduce Costs of Healthy Options
- Offer Onsite Education, Nutritional Counseling

ONSITE CLINIC

- Nutritionist, Nutritional Counseling
- Dietitian, Bloodwork

14

Part 3: Cognitive-Behavioral Therapy
Experience: Root Cause (of Obesity)

What We Tried

- EAP
- Medical Coverage
- Education

Examples

- Promoted EAP resources
- Promoted use of mental health resources
- Lunch & learn to discuss solutions

Good Stuff

- Expanded EAP benefits
- Expanded resources

OBSERVATIONS

- Obese minimally impacted
- EAP underutilized
- CBT not recognized
- Denial a problem in males, industry
- Mental health is complicated by other factors

15

Part 3: Cognitive-Behavioral
Prescription: Bring Mental Health to the Front

Approach: It's Mental

- Promote Services
- Educate Managers
- Advertise expanded EAP/Mental health services
- Expanded information to employees, families
- Create support at the front line

Lessons

- Ensure CBT is covered under the health plan
- Speak openly about depression, anxiety, insomnia, other conditions
- Remove "Stigma" – Make it "OK" not to be OK, if they go get help

ONSITE CLINIC

- Onsite mental health services
- Access to prescriptions for meds (depression, anxiety, ADD, ADHD, etc.)

16

Part 4: Pharmacotherapy
Experience: Right Meds that Work

W Our Experience

| | | |
|---|---|---|
| <p>What We Tried</p> <p>Cover Meds</p> <p>Cover Diabetic Meds 100%</p> | <p>Examples</p> <ul style="list-style-type: none"> • Launched 100% coverage of diabetic supplies • Robust med coverage • Cover GLP-1 agonists (Ozempic), Mounjaro, etc. <p>Good Stuff</p> <ul style="list-style-type: none"> • Sent message to diabetics "stay the course" • GLP-1 drugs work • Employees get what need | <p>OBSERVATIONS</p> <ul style="list-style-type: none"> • Obese impacted (some) • GLP-1 drugs spike costs • Employees who drop GLP-1 drugs gain weight back • No serious improvement in diabetic outcomes • No causal relationship between program, behavior |
|---|---|---|

17

Part 4: Pharmacotherapy
Prescription: If Chemistry Works...

Approach: Get the Right Meds

- Right for Person
- Educate
- Best Approaches
- Some meds work great
- Help employees know options
- Watch claims data

Lessons

- GLP-1 agonists (Ozempic, Mounjaro, etc.) work....and...then what?
- Evaluate...do they work? What's next? Watch trends, market, data.
- Value (not just price) – Plan design – Data – Market trends – EE Behavior

ONSITE CLINIC

- Clinicians – Bloodwork, Labs
- Healthcare Providers – Prescriptions, Monitoring Outcomes
- Coaching, Condition Management

18

Part 5: Bariatric Surgery
Experience: Surgical Solutions

What We Tried

- Not Covered
- Medical Tourism
- Local Hospital Option
- Covered 100%

Examples

- Started with "we don't"
- Tried medical tourism
- Found domestic option
- Now cover, if makes sense

Good Stuff

- When it works, it works
- ROI from LT cost savings
- Overall: Not overused

OBSERVATIONS

- Obese had handful of cases
- Positive ROI so far
- Control location, cost, quality
- International med tourism not competitive
- Local near-site clinic concept has been "golden"

19

Part 5: Bariatric Surgery
Prescription: Surgical Solutions

Approach: **Sometimes...this is the RIGHT answer**

- Not First Option
- Quality Counts
- Best Approach
- Evaluate LT success probability
- Do your homework (price + quality + outcomes)
- Work with doctor + patient

Lessons

- Incorporate pre-program with foundation for life changes
- Be open about post-surgical realities, involve family
- Consider multiple options (not just the local ones)
- Consider "near-site clinic" concept through direct contracting

ONSITE CLINIC

- Labs
- Pre-Surgical Coaching, Nutrition, Psychiatric Services
- Post-Surgical Support

20

Part 6: Long-Term Engagement
Experience: Support the Individual Before, After the Change

What We Tried

Examples

Good Stuff

OBSERVATIONS

- After the change, we don't have a support tool to maintain comes.
- Without a complete lifestyle shift, conditions return (and may worsen)

21

Part 6: Long-Term Engagement
Prescription: Support the Individual After the Change

Approach: Disease Management

- Addiction Mgt
- Maintain Health
- Behavior Changes
- May be a lifelong challenge to support
- Example: Chemical imbalances may linger
- How to sustain behavioral shifts over time

Lessons


- Maintenance Mindset – Keep (New) Healthy people healthy
- Mental health support – extend to bariatric, obese
- Proactive approach to nutrition, physical (incentives, CBT, accountability)
- Treat employees with empathy

ONSITE CLINIC

- Mental Health, Coaching
- Nutrition & Lifestyle
- Follow-Up Medical

22


Getting Personal



| | |
|---|--------------------|
| Wade | Lauri |
| 331 lbs. | 274 lbs. |
| High Cholesterol | Cholesterol "fine" |
| A1c "fine", Glucose <100 | A1c "fine" |
| Heart "fine" | Glucose <100 |
| Thyroid (Synthroid) | Heart "fine" |
| Minor apnea, asthma | Aches (back) |
| Aches (knees) | No critical issues |
| No critical issues | |
| Insulin Resistance | |
| Diet, Exercise, Standard Regimen | |

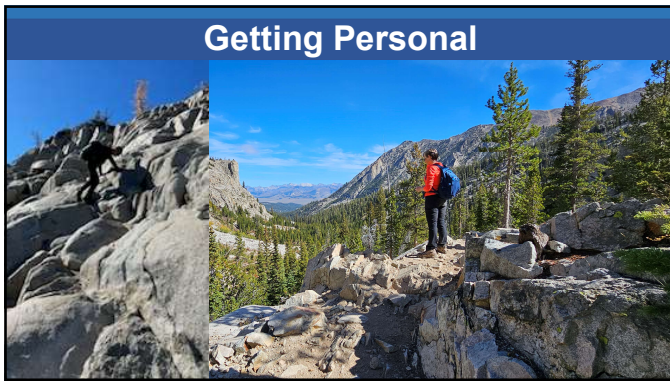
23

Getting Personal



| | |
|----------------------------------|----------------------|
| Wade | Lauri |
| <i>5 years later</i> | <i>5 years later</i> |
| 145 lbs. | 145 lbs. |
| TOTAL | |
| <i>5 years later</i> | |
| -314 lbs. | |
| <i>What does it really mean?</i> | |

24



25

Before You Apply a Model
Consider...

What do you want?

- What do you want to achieve?
- What are you willing to do? (mindset)

What do employees want?

- What do they want? (mindset)
- What are they willing to do?

Creating a **CULTURE of WELLBEING** is key to success.

26

Questions? Connect?

Dr. Wade Larson
Optimal Talent Dynamics

in f @DrWadeLarson

Wagstaff, Inc.
www.Wagstaff.com
Wade.larson@wagstaff.com

OPTIMAL TALENT DYNAMICS
Optimal Talent Dynamics
www.OptimalTalentDynamics.com
Wade@WadeLarson.com

Slides

<http://bit.ly/obesity23>

27
