



Value-Based
Obesity Management
& Cardiometabolic Health

Member Journey

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Member Journey

Affecting more than 40% of the US adult population,⁸ obesity has significant impact on healthcare, society, and personal well-being. Obesity is associated with over 200+ conditions,¹⁶ and individuals with obesity often have higher medical cost and lower longevity, making it a leading—and rapidly growing—public health challenge.

Obesity also has significant societal implications beyond the impact on health, affecting everything from absenteeism to personal compensation. In this white paper, we will examine these societal and economic impacts, as well as explore the limitations and discrimination faced by individuals with obesity. We'll also highlight how a multi-disciplinary team-based approach ensures members receive comprehensive care in a non-judgemental, supportive environment.

Economic Impact

Obesity imposes a significant financial burden at both macro and micro levels. In the U.S., the total annual cost of chronic diseases caused by obesity and excess weight amounts to \$1.72 trillion.⁹ Additionally, in the past three years, the use of anti-obesity medications has tripled, and spending on GLP-1 drugs, which treat diabetes and obesity, has increased nearly tenfold between 2020 and 2024.¹¹

The cost of obesity goes beyond healthcare. Obesity-related health issues significantly impact workplace productivity and increase absenteeism, with annual losses due to obesity-related presenteeism and absenteeism estimated at \$11.7B.¹ Individuals with obesity often face limitations in physical function, decreased mobility, and higher rates of disability, all of which contribute to reduced work performance and productivity losses for employers. Additionally, obesity-related comorbidities such as fatigue, chronic pain, and mental health disorders further impair work capacity and job retention, exacerbating these productivity losses.



THE COST OF OBESITY IN THE US

\$1.72 TRILLION

annual cost due to obesity-related conditions

10X

increased spend on GLP-1s
between 2020 and 2024

\$10.8+ BILLION

Medicare expenditures (pre-rebate)
for GLP-1s, occupying the 2nd and
6th highest cost medications

\$11.7 BILLION

lost worker productivity each year

Source: 1, 9, 11, 12

Research also indicates that wage discrimination related to obesity costs U.S. workers more than \$70 billion annually,¹² affecting individuals of both genders. People with obesity earn less, with larger discrepancies seen among those with higher levels of education. Among men with bachelor's degrees, those with obesity earned 5% less than their colleagues without obesity, even after adjusting for factors such as age, race, and marital status. Men with graduate degrees earn 14% less than their peers without obesity. The disparity is even more pronounced for women: those with obesity with bachelor's degrees earned 12% less, and those with graduate degrees earned 19% less than their counterparts without obesity.¹² For a middle aged woman losing 60 lbs is the economic equivalent of achieving a Masters degree.¹³

Societal Impact

Obesity is often stigmatized, partly because it is immediately visible. Society has also incorrectly associated obesity with laziness, irresponsibility, and a lack of self-control. This leads to individuals living with obesity often facing pervasive social stigma and discrimination, which can adversely affect their quality of life and interpersonal relationships. Obesity-related stigma manifests in various forms, including derogatory stereotypes, bias in employment and educational opportunities, and interpersonal discrimination in social settings. Such experiences can contribute to feelings of shame, low self-esteem, and social isolation, further exacerbating the psychosocial impact of obesity. Additionally, research has suggested that anti-obesity bias and “fat shaming” can actually lead to weight gain.¹⁴

The bias against individuals with obesity compounds inequity and health inequity. Obesity is more prevalent among underrepresented communities, including black and brown individuals,¹⁶ those with lower socioeconomic status,¹⁷ and people with lower levels of educational attainment.^{17,18} Implicit bias against people with obesity can exacerbate and perpetuate other equity issues,¹⁹ as obesity can be passed down through generations due to hereditary, epigenetic, and lifestyle factors.²⁰

Among all racial and ethnic communities, obesity rates are highest in the Black and Native Hawaiian or Other Pacific Islander communities, while the Asian adult population exhibits the lowest obesity prevalence.²¹ These differences amongst these populations support the need for targeted, culturally tailored interventions to address the burden of obesity among racial and ethnic minority groups.

Socioeconomic factors clearly show a correlation in obesity rates among adults, as those with lower incomes and lower education levels exhibit higher levels of obesity. 42.6% of adults with incomes just above the federal poverty line have obesity, compared to 29.7% in people with income levels at or above 400% of the federal poverty level. Education also plays a role, as 35.6% of adults who did not complete high school have obesity, but only 22.7% in college graduates.²⁴

Another consequence is the impact on the U.S military recruitment, with data showing that close to 30% of young people in the U.S. cannot qualify for military service due to weight. Among active-duty service members, the prevalence of obesity rose to 19% in 2020, up from 16% in 2015. Obesity also impacts their medical readiness for deployment, making them 33% more likely to develop musculoskeletal issues.²⁵

OBESITY IMPACTS



PHYSICAL HEALTH



MENTAL HEALTH



LONGEVITY



HEALTH EQUITY



PRODUCTIVITY & ABSENTEEISM



WORKERS COMP & DISABILITY



PERSONAL COMPENSATION

SOCIOECONOMIC FACTORS

INCOME



42.6%

obesity rate for incomes just above the federal poverty line

29.7%

obesity rate for incomes at or above 400% of the federal poverty level

EDUCATION



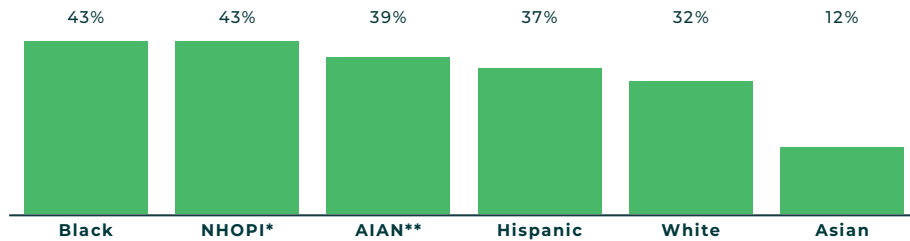
35.6%

obesity rate of adults who did not complete high school

22.7%

obesity rate for college graduates

Figure 1: Obesity Rate Among Adults by Race/Ethnicity



*Native Hawaiian or Other Pacific Islander (NHOPI)

**American Indian or Alaska Native (AIAN)

Percentages above capture level of obesity as defined by BMI, but may not capture severity of obesity impact on different populations.

Source: 21 KFF analysis of 2021 Behavioral Risk Factor Surveillance System

Limitations in Care Today

Perhaps the most insidious place of discrimination against persons with obesity is in the very same setting they are supposed to turn to for help—their healthcare providers. A survey of physicians found that 40% reported a negative reaction towards a member with obesity, and 50% of primary care providers report regarding members with obesity as “awkward, unattractive, ugly, and non-compliant.”¹³

Studies reveal that 66% of those subjected to weight stigma encountered it within healthcare settings. Another study uncovered that the majority of those with a BMI > 25 received substandard treatment and reported instances of insensitive and judgmental remarks from various healthcare providers.⁵

Unfortunately, this is likely due to a knowledge gap that begins in medical school. Alarming, only 10% of medical schools believe their students are “very prepared” to manage patients with obesity, and

one-third of these institutions lack an obesity education program altogether.²² Furthermore, only 14% of resident physicians report being trained in nutrition.²³

Research shows that primary care providers (PCPs) often allocate less time to consultations with patients with obesity, attributing this disparity to perceptions of non-compliance, and less than 10% of PCPs use evidence-based guidelines to inform obesity treatment decisions.⁷ This lack of knowledge and training contributes to an improper utilization of obesity treatments, including intensive lifestyle counseling, anti-obesity medications, and bariatric referrals.

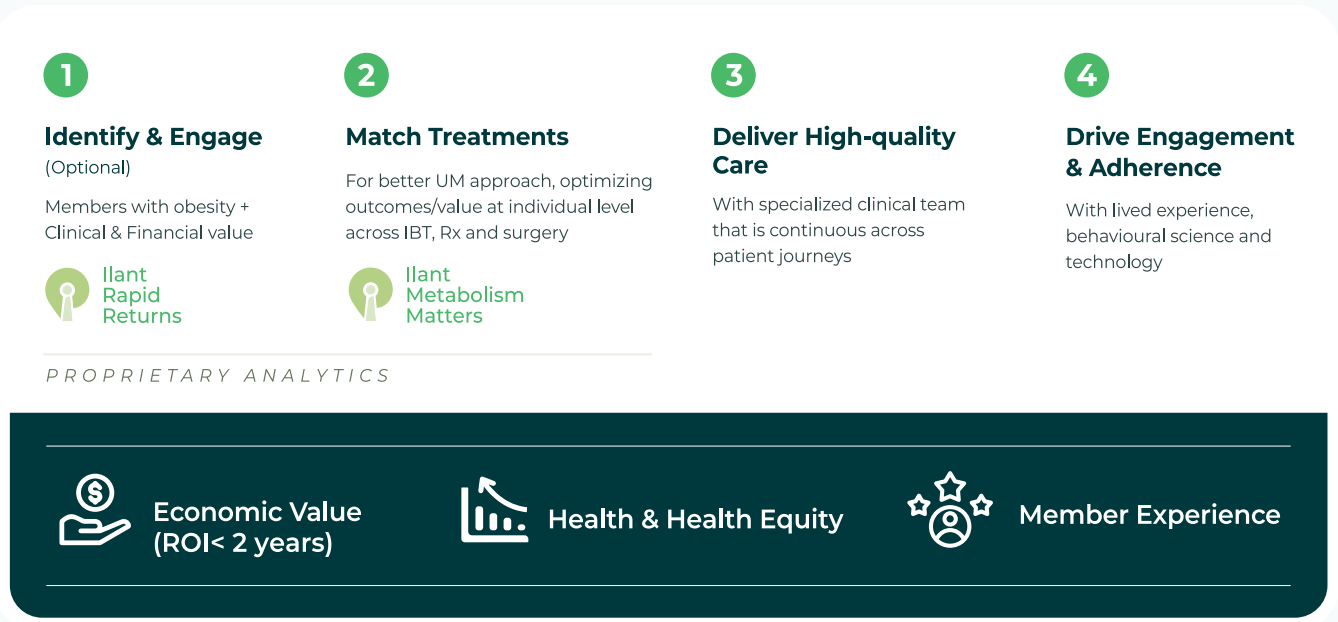
Consequently, these discriminatory experiences may dissuade individuals affected by obesity from seeking essential healthcare services, leading to diminished utilization of preventive and screening measures and exacerbation of high-cost conditions.³

Providing Non-Judgemental, Holistic Care

Rather than a one-size-fits-all approach, Ilant de-averages obesity care by matching the right member to the right care with the right support. We focus on matching treatment to individual from a whole-person standpoint, accounting for medical, mental health, nutrition, physical activity, and SDOH considerations, and optimizing the care model for the individual's specific needs and personal journey. We particularly focus on populations bearing the highest disease burden, often—but not always—those with the highest BMI and associated higher healthcare costs. This ensures each member, regardless of who they are or where they live, receives the appropriate care that is personalized to them.

A core element of our approach is providing a non-judgmental, individualized journey tailored to each member's needs. This starts with our peer navigators—individuals with lived obesity experience who are matched on an affinity basis and help—who provide a compassionate entry point into services and non-judgmental sustained engagement. Each team member is also trained in weight-biased language, and truly emulates Ilant's core values of empathy and understanding. Our approach not only provides members with comprehensive treatment across all modalities, but also ensures that it occurs in a stigma-free and supportive environment. This results in sustained engagement, as members

Figure 2: How it Works



do not feel judged during the inevitable setbacks of their journey. Instead, they seek support from our team during these times, helping them get back on track more quickly.

In addition to non-judgemental support, Ilant's holistic care model has been designed to address all aspects of obesity management. In addition to important medical, nutrition, and physical activity considerations, we also focus on behavioral changes and emotions that arise from the journey, addressing the shame and stigma that often comes with obesity. Our multidisciplinary, integrated team is led by board-certified obesity medicine physicians, with licensed mental health specialists, registered dietitians, peer navigators, and registered nurses.

Board-certified obesity medicine physicians lead the care team, ensuring personalized and appropriate care for each member. For many individuals this is their first interaction with a clinician that actually understands obesity and is trained to provide care in obesity. Our dietitians create customized nutrition plans that align with the member's current lifestyle, cultural needs, and social determinants of health. We do not believe in "red foods" or "green foods" and instead, focus on helping individuals fuel their bodies while also interacting with family and friends and living their life. Our team of trained mental health professionals provide comprehensive support, as we understand the complex interplay between mental health and obesity. This encompasses addressing behaviors, fostering

the development of new habits, ensuring emotional readiness for treatment, implementing safety measures (such as monitoring for eating disorders and emotional stress), offering coping mechanisms to alleviate shame, stigma, and other negative thoughts and feelings, and providing psychosocial support to promote behavior change, improve self-efficacy, and foster a positive mindset towards weight management. Addressing these areas can significantly impact adherence to weight loss interventions and long-term success.

Understanding an individual's readiness for change and their knowledge of necessary lifestyle changes is crucial, as are the social determinants of health that may hinder the execution or maintenance of the program. Our team meets each member where they are at, and provides comprehensive support. Additionally, we provide ongoing education and resources to empower members, ensuring they have the tools and support needed to make lasting, positive changes.

Technology is used to support the care team in individualizing care and to support members in gaining awareness on their personal health journey, building habits, learning, and celebrating success. Through our member portal, members complete assessments and weekly check-ins, connect their devices, access personalized resources, and see progress not just on weight but on health metrics and personal success, whether it's the ability to hike for longer or join a child on an amusement park ride.

Figure 3: Holistic Care Model



YOUR ASSIGNED CARE TEAM



Obesity
Medicine
Physician



Mental
Health
Professional



Dietitian



Peer
Navigators

ON CALL



RN
(Nurse Line)

Habit building, regular tracking, and peer-based engagement have all been shown to support ongoing adherence and long-term success. This engagement also gives our care team information on how a member is doing, enabling us to proactively engage when someone may be struggling and intervene at challenging times.

While there are valid concerns that obesity treatment may inadvertently drive health inequity, we believe that a value-based approach, focused on engaging individuals who need care, and supporting them with a diverse team and personalized care can actually promote equity. By matching the right member to the right care with the right support, and addressing social determinants of health, we ensure that treatment is both accessible and relevant for all populations. Our diverse care team is reflective of the communities we serve, and crucial in providing culturally competent and

empathetic care. By focusing on these principles, we can bridge the gap in obesity treatment and create a more equitable—and healthier—healthcare landscape for all the communities we serve.

"I just feel so supported since I have started. I really connected with my peer navigator, and I feel like I have what I need with the support you guys have provided so far. It is really nice that you guys all work together, and I do not have to repeat myself and my background at every meeting that I have."

-ILANT MEMBER

WANT TO LEARN MORE?

Contact
partners@ilanthhealth.com to learn
more and set up a demo.



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