GLP-1S AND EMPLOYEE WELLNESS:

A Strategic Guide for Service Providers

CORE HEALTH

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10 MINUTE READ

Introduction

Originally developed to treat type 2 diabetes, GLP-1 medications like Ozempic have quickly gained traction as a promising solution for obesity — and the surge in popularity is reshaping employer health plans. As a result, many organizations are now expanding insurance coverage to keep up with the growing employee demand.

But GLP-1's aren't a magic fix. While they are undoubtedly a scientific breakthrough in the treatment of these chronic and costly conditions, they require more than a prescription — they need proper medical oversight, personalized education, and strong behavioral support to achieve long-term success.

Wellness service providers play a critical role in bridging the gap between medication and meaningful lasting change. Thankfully, with the right tools, you can combine cutting-edge GLP-1 therapy and the latest behavioral science to maximize employee success and reduce organizational healthcare costs.

Is your wellness program ready for the GLP-1 era?

This guide explores the latest research on GLP-1 s and offers ways to enhance your programs for better outcomes and stronger engagement. **Don't miss the checklist at the end to assess your program's readiness and identify opportunities for improvement.**

What are GLP-1s?

Glucagon-like peptide-1 agonists (GLP-1s) are medications that mimic a naturally occurring hormone in the body, used to treat type 2 diabetes and obesity. They work by delaying gastric emptying, suppressing appetite, and increasing insulin secretion, which in turn lowers blood sugar levels.[1,2] Several GLP-1 brands are available in the US, including dulaglutide (Trulicity) and Semaglutide (Ozempic and Wegovy).

Compared to traditional diabetes treatments like insulin, which can cause weight gain and extreme drops in blood sugar, GLP-1s manage sugar levels without these effects.[3] In addition to lowering blood glucose, which makes losing weight easier, research has also found that they may have other benefits, including **lowering blood pressure and cholesterol, decreasing the risk of heart and kidney disease, psychotic disorders, and even respiratory conditions**. [4, 5]

The Astonishing Impact of GLP-1s

GLP-1s have been successfully used to treat diabetes — a condition that affects 537 million people worldwide — since 2005, and the American Diabetes Association recommends them to decrease the risk of heart attack and stroke. [6, 7]

Since their FDA approval for the treatment of obesity in patients without diabetes, prescriptions for GLP-1s have skyrocketed, with Ozempic users increasing from 569 in 2019 to 22,891 in 2022.[8] Wegovy use also tripled from 2021 to 2022, and all brands saw an impressive monthly growth rate. **This rise is meteoric, and experts anticipate the demand for these medications will grow an additional 73% in 2025 alone**. [9]

Dr. Jamie Kane is the Director of the Northwell Health Center for Weight Management, section chief of Obesity Medicine, and associate professor at the Donald & Barbara Zucker School of Medicine at Hofstra/Northwell. He has seen the growth of GLP-1 science over his career and believes its importance cannot be overstated.

> These medications have been on the market since 2005, but it wasn't until the higher dosages were approved that we started to see significant weight loss, at times on par with weight loss surgery. This is a medical breakthrough that has changed the game of obesity treatment.
>
> **Dr. Jamie Kane**

The Business Case for GLP-1 Coverage

As new data continues to confirm the effectiveness of GLP-1 medications, employers are rapidly increasing their coverage and offering wellness programs to support their use. The demand from employees is surging — and shows no signs of slowing down. Yet, while the employee demand for these drugs is only rising, some employers worry about their high cost. With an average monthly cost of $800 — $1,500, it's not hard to understand their hesitation. [11, 12]

However, despite their high price tag, **studies suggest GLP-1s can actually be more cost-effective than lifestyle interventions alone, particularly for people managing diabetes.**[13] [14] This contrast is even more stark when you consider the staggering costs associated with cardiometabolic complications such as heart attack, stroke, amputation, thrombosis, liver disease, kidney disease, and more. [15, 16]

That's why it's critical for organizations to implement comprehensive GLP-1 wellness programs that not only support employees through treatment but also help to prevent long-term complications and reduce healthcare costs.

Healthcare costs are surging

Employers expect average cost increases of **7.7%** in 2025 compared with **5.0%** in 2022. [13]

GLP-1 use for weight loss

Over **half** of US employers cover GLP-1 use for weight loss. [13]

Benefits of GLP-1 medications

75% of HR decision-makers find GLP-1 medications are beneficial for controlling blood sugar, boosting weight loss, improving blood pressure, and lowering the risk of heart disease. [16]

Lifestyle management programs

14% of organizations currently covering GLP-1 medications for obesity require participation in a lifestyle management program, and **55%** are planning on making it a requirement by 2026. [13]

The Dangers of Using GLP-1s without Behavioral Management Support

Though it's clear that GLP-1s will continue to profoundly impact the average American worker, it's important to understand the recommendations that experts have made to prevent side effects and reduce the risk of complications. **Most importantly, they must be used in conjunction with comprehensive behavioral supports for optimal results.**

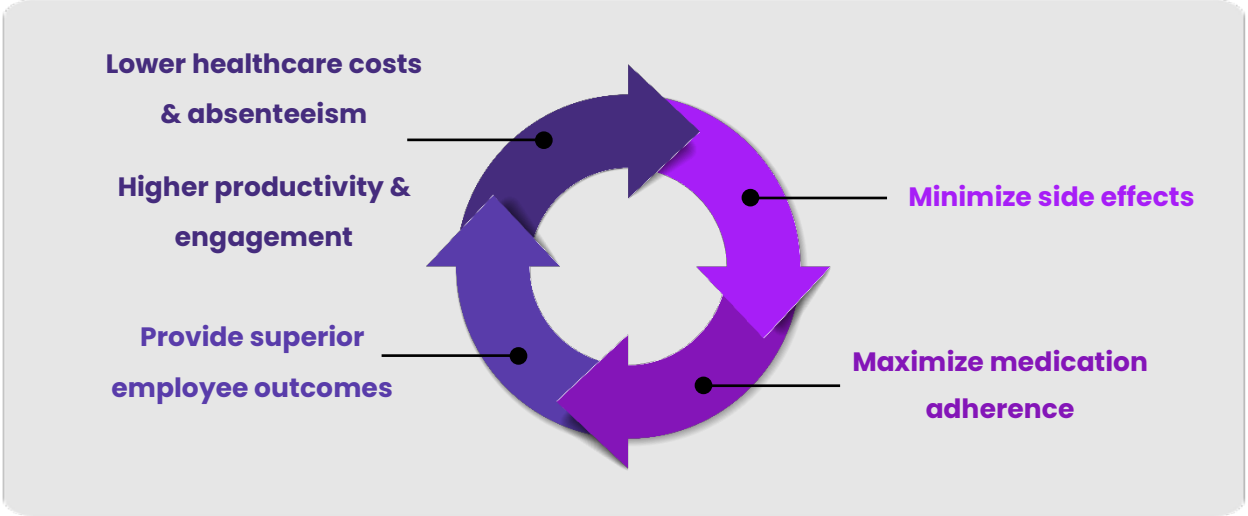
While interest in these drugs has exploded, thanks in large part to celebrity weight loss transformations and social media hype, the reality is that this is a serious medication class. Safe and effective use requires close supervision by qualified medical professionals

That's because, while GLP-1 medications can offer significant benefits for employees managing obesity or diabetes, they also carry a significant side effect profile. Some of the most common side effects include: [2, 18]

- Nausea and vomiting
- Diarrhea
- Dehydration
- Dizziness
- Fast heartbeat
- Infection
- Headaches
- Muscle loss

While most of these symptoms are merely unpleasant and can be managed with the proper support and oversight, some present a significant threat to long-term health. For example, rapid weight loss from any source can cause muscle loss, also known as sarcopenia. This is dangerous because it also results in a loss of strength, stamina, and reduces metabolism.

This is why experts have long warned about the dangers of fad diets that encourage rapid, unsustainable weight loss without long-term habit change. Muscle loss is particularly concerning for adults over 50, so employees taking GLP-1 medications must make every effort to maintain their lean muscle mass. [19]



What Makes an Effective GLP-1 Wellness Program?

While GLP-1 medications have been hailed as a scientific breakthrough, their side effect profile and high cost mean that organizations offering GLP-1 coverage for diabetes or weight loss must ensure their employees' success to justify the high expenditure. For the best possible outcome, behavioral education and comprehensive support is vital. [20, 21]

Ideal support for GLP-1s includes instruction on behavioral modification to create lifestyle changes, such as healthy nutrition, a sustainable and well-rounded fitness routine, and side effect management. Despite the hype, it's clear that GLP-1s are not a magic bullet, and education plays an essential role in their success. [22]

For example, research shows that when regular exercise, especially strength training, is combined with GLP-1 therapy, more weight is lost than with exercise or medication alone. This highlights the value of wellness educational programs in achieving optimal results. Studies have also demonstrated the effectiveness of using educational tools and programs designed to improve adherence to a health regimen by building lasting habits. [20, 21]

Comprehensive education and support can also protect against side effects like malnutrition and muscle loss. Without guidance, ensuring adequate nutrient intake can pose a challenge for GLP-1 therapy because of associated appetite suppression, and many report difficulty consuming enough protein and other nutrients while taking them.

Setting realistic expectations, proactively managing side effects, and encouraging lifestyle changes are three vital strategies for achieving GLP-1 success. But active engagement in behavioral modifications can be hard to maintain, and that's where wellness program tools play a pivotal role.

> If I could create the perfect GLP-1 program, it would include eating a whole food, plant-based diet, getting regular exercise, and adequate sleep. On this regimen, I have seen incredible results in my practice for average folks who aren't athletes. I would also love to see patients being coached personally by a qualified professional, either a nutritionist or health coach, who can provide that additional intensive behavioral therapy that makes a difference. Most people do better with some type of external accountability.
>
> **Dr. Jamie Kane**

Combining Behavioral Supports with Medication and Technology for Best Results

Organizations with the best outcomes for employees on GLP-1s offer programs that combine the best evidence-based tools that help employees with behavior modification with the latest wellness technologies for easy program administration, accountability, and support.

What does that look like in action?

Behavioral management for long-term success in managing conditions like diabetes and obesity involves equipping employees with the knowledge and support to build sustainable, healthy habits. GLP-1 therapy can significantly accelerate the weight loss process, but its consistent everyday choices that drive lasting results and reduce the risk of disease. Without meaningful habit change, the risk of regaining weight remains high.

This requires learning about nutrition and exercise, modifying the food environment, building a lifestyle that makes healthy choices easier, building a sustainable exercise regimen, and more.

Want to support employees with lasting weight loss and better chronic disease outcomes? Research points to these key strategies as the game-changers: [23]

- Self-monitoring
- Physical activity
- Goal setting
- Problem-solving
- Support system
- Stressor and stimulus control
- Cognitive restructuring
- Alternative behaviors
- Continuous patient-centered care
- Weight control
- Maintenance plan
- Structured meal plans
- Meal replacements
- Portion control
- Contingency management-making

Employee wellness programs that provide accountability, expert oversight, and evidence-based education that are easy to access and fun to use are at a distinct advantage and are far likelier to lead to employee success. Because obesity and diabetes are lifelong conditions, programs that provide long-term support will yield better results. Organizations that invest in such programs will enjoy lower healthcare costs and have more productive and engaged employees overall.

Evidence-based employee wellness GLP-1 program adjuncts:

- Nutritional oversight and education provided by registered dietitians [24]
- Structured behavior modification programming [25]
- Social and peer support [24]
- Stress management [24]
- Robust education offered in multiple formats i.e. asynchronous, online, in-person
- Health risk assessment [26]
- Reminders, check-ins, and targeted communications
- Incentives, rewards, and gamified program elements [27, 28]
- Strength training with a focus on protein intake [18]

Does your wellness program make the grade when it comes to evidence-based GLP-1 support? Use our checklist to find out!

The Wellness Service Providers GLP-1 Program Checklist

For GLP-1 therapy to deliver real, lasting results, employee wellness programs need more than just coverage — they need to actively support the employee's health journey. That means providing education, behavioral guidance, and medical oversight in a way that's simple, accessible, and engaging.

The most effective GLP-1 programs go beyond the prescription and deliver a seamless, high-impact employee experience across five essential pillars.

1. COMMUNICATION, EDUCATION & SUPPORT

- ☐ Evidence-based education
- ☐ Communications tools (send scheduled alerts for medication management)
- ☐ Social support (e.g. message boards and community forums)
- ☐ Self-directed, 1-1, and group support programs
- ☐ Coaching via online chat, video, self-directed, or a combination
- ☐ Targeted messaging by group, health risk, or other data point in the platform

2. PROGRAM ADMINISTRATION EASE

- ☐ Administrative tools to design and build new programs
- ☐ Provider and patient scheduling, and event calendar
- ☐ Provider administration dashboard for easy oversight
- ☐ Seamless integration of content and resources

3. SCALABLE TECH

- ☐ Building scalable GLP-1 programs across multiple groups
- ☐ Benchmark health data year over year
- ☐ Innovative continuous development of new features

4. PERSONALIZED, DATA-DRIVEN INSIGHTS

- ☐ Trackable portal and customizable reporting (tools to track progress, engagement, and symptoms)
- ☐ AI for risk stratification to personalized programs, Integrations to access healthcare professionals, mental health programs, etc
- ☐ Configurable questionnaires, surveys, and polls
- ☐ Medication adherence tracking
- ☐ Biometric data integration

5. ENGAGEMENT DRIVERS

- ☐ Incentives and rewards incentivize participation and sustain engagement
- ☐ Goal setting
- ☐ Gamification (Individual and group-based options i.e. social/community support)

About CoreHealth

CoreHealth is a leading well-being technology company trusted by global organizations to power high-impact wellness programs. Our flexible platform supports over 3.5 million employees worldwide—helping businesses boost health, engagement, and performance through innovative, evidence-based solutions.

We believe people are the heartbeat of every organization. That's why we make it easier for them to build healthy habits and for companies to deliver personalized, scalable, and fully customizable wellness experiences that drive real change.

From simple to sophisticated - your wellness solution starts here.

Ready to see what CoreHealth can do for your team? Speak with one of our wellness technology experts today!

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References

1. Zheng, Z., Zong, Y., Ma, Y., Tian, Y., Pang, Y., Zhang, C., & Gao, J. (2024). Glucagon-like peptide-1 receptor: Mechanisms and advances in therapy. *Signal Transduction and Targeted Therapy*, *9*(1).
2. Collins, L., & Costello, R. A. (2024, February 29). *Glucagon-like peptide-1 receptor agonists*. In StatPearls. StatPearls Publishing.
3. Yao, H., Zhang, A., Li, D., Wu, Y., Wang, C.-Z., Wan, J.-Y., & Yuan, C.-S. (2024). Comparative effectiveness of GLP-1 receptor agonists on glycaemic control, body weight, and lipid profile for type 2 diabetes: Systematic review and network meta-analysis. *BMJ*.
4. Cleveland Clinic. (n.d.). *GLP-1 agonists*. Cleveland Clinic.
5. Xie, Y., Choi, T., & Al-Aly, Z. (2025). Mapping the effectiveness and risks of GLP-1 receptor agonists. *Nature Medicine, 31*, 951–962.
6. Hossain, M. J., Al-Mamun, M., & Islam, M. R. (2024). Diabetes mellitus, the fastest growing global public health concern: Early detection should be focused. *Health Science Reports, 7*(3), e2004.
7. American Diabetes Association. (2023, December 11). *The American Diabetes Association releases the Standards of Care in Diabetes—2024*.
8. Catanese, L. (2024, February 5). *GLP-1 diabetes and weight-loss drug side effects: "Ozempic face" and more*. Harvard Health Publishing.
9. Watanabe, J. H., Kwon, J., Nan, B., & Reikes, A. (2023). Trends in glucagon-like peptide 1 receptor agonist use, 2014 to 2022. *Journal of the American Pharmacists Association, 64*(1), 133–138.
10. Kaiser Family Foundation. (2024, May 15). *KFF Health Tracking Poll May 2024: The public's use and views of GLP-1 drugs*.
11. WTW. (2025, April 17). *GLP-1 drugs in 2025: Cost, access and the future of obesity treatment*.
12. GoodRx. (2024, February 23). *GLP-1 drugs: Cost and savings*
13. Sell Reagan, C., & Midlam, C. (2025, April 11). *GLP-1 drugs in 2025: Cost, access and the future of obesity treatment*. WTW.
14. Kim, N., Wang, J., Burudpakdee, C., Song, Y., Ramasamy, A., Xie, Y., Sun, R., Kumar, N., Wu, E. Q., & Sullivan, S. D. (2022). Cost-effectiveness analysis of semaglutide 2.4 mg for the treatment of adult patients with overweight and obesity in the United States. *Journal of Managed Care & Specialty Pharmacy, 28*(7), 740–752
15. Trogdon, J. G., Finkelstein, E. A., Nwaise, I. A., Tangka, F. K. L., & Orenstein, D. (2012). The economic burden of chronic cardiovascular disease for major insurers. *American Journal of Preventive Medicine, 43*(5), 449–455.
16. Mayer, K. (2023, October 18). *Employers covering GLP-1 drugs in health plans could nearly double in 2024*. Society for Human Resource Management.
17. Rodriguez, P. J., Zhang, V., Gratzl, S., Do, D., Goodwin Cartwright, B., Baker, C., Gluckman, T. J., Stucky, N., & Emanuel, E. J. (2025). Discontinuation and reinitiation of dual-labeled GLP-1 receptor agonists among US adults with overweight or obesity. *JAMA Network Open*, *8*(1).
18. Neeland, I. J., Linge, J., & Birkenfeld, A. L. (2024). Changes in lean body mass with glucagon-like peptide-1-based therapies and mitigation strategies. *Diabetes, Obesity and Metabolism, 26*(Suppl 4), 16–27.
19. Ma, X.-Y., & Chen, F.-Q. (2021). Effects of anti-diabetic drugs on sarcopenia: Best treatment options for elderly patients with type 2 diabetes mellitus and sarcopenia. *World Journal of Clinical Cases, 9*(33), 10064–10074.

20. Popoviciu, M.-S., Păduraru, L., Yahya, G., Metwally, K., & Cavalu, S. (2023). Emerging role of GLP-1 agonists in obesity: A comprehensive review of randomised controlled trials. *International Journal of Molecular Sciences, 24*(13), 10449.

21. CU Anschutz Health and Wellness Center. (2024, October 1). *The crucial role of balanced nutrition and exercise with weight loss medications*.

22. Despain, D., & Hoffman, B. L. (2024). Optimizing nutrition, diet, and lifestyle communication in GLP-1 medication therapy for weight management: A qualitative research study with registered dietitians. *Obesity Pillars, 12*, 100143.

23. Olateju, I. V., Ogwu, D., Owolabi, M. O., Azode, U., Osula, F., Okeke, R., & Akabalu, I. (2021). Role of behavioral interventions in the management of obesity. *Cureus, 13*(9), e18080.

24. Kelley, C. P., Sbrocco, G., & Sbrocco, T. (2016). Behavioral modification for the management of obesity. *Primary Care, 43*(1), 159–175.

25. Poston, W. S. C., II, & Foreyt, J. P. (2000). Successful management of the obese patient. *American Family Physician, 61*(12), 3615–3622.

26. Buse, J. B., & Freeman, J. L. (2009). Diabetes and obesity: Therapeutic targeting and risk reduction. *Diabetes, Obesity and Metabolism, 11*(10), 883–890.

27. Kullgren, J. T., Williams, G. C., Resnicow, K., An, L. C., Rothberg, A., Volpp, K. G., & Heisler, M. (2016). The promise of tailoring incentives for healthy behaviors. *International Journal of Workplace Health Management, 9*(1), 2–16.

28. Corehealth (2024, June 4). *Discover the power of gamification in employee wellness programs*: *Essential white paper insights*. Workplace Wellness Blog. https://blog.corehealth.global/discover-the-power-of-gamification-in-employee-wellness-programs-essential-white-paper-insights