# Journal of Diabetes Research Reviews & Reports



Review Article Open de Access

# A New Era in Fitness: Holistic Support for Individuals Managing Obesity

Bob Esquerre<sup>1\*</sup> and Ann Gilbert<sup>2</sup>

<sup>1</sup>CEO & Business Solutions Consultant Esquerre Fitness Group, LLC 6344 Pond Apple Road Boca Raton, Florida, USA

<sup>2</sup>Creating Health & Fitness Sector Programming Solutions for Active & Inactive Agers. Florida, USA

# \*Corresponding author

Bob Esquerre, CEO & Business Solutions Consultant Esquerre Fitness Group, LLC 6344 Pond Apple Road Boca Raton, Florida, USA.

Received: February 20, 2025; Accepted: February 24, 2025; Published: March 06, 2025

### **Preface**

Starting in Q1 2024, the health and fitness sector became engaged through various conference presentations, panel discussions, focus groups, and podcasts-both virtual and live-regarding the potential impact that Anti-Obesity Medications (AOMs) could have on the industry.

As of May 2024, approximately 40% of U.S. adults are classified as obese. This statistic is based on data collected between August 2021 and August 2023, which reported an obesity prevalence of 40.3% among adults [1].

Additionally, in 23 states, more than one in three adults (35%) have obesity [2].

It's important to note that while the overall obesity rate has remained relatively stable, the prevalence of severe obesity has been increasing. From 2013–2014 through August 2021–August 2023, the age-adjusted prevalence of severe obesity in adults rose from 7.7% to 9.7% [1].

As of May 2024, approximately 12% of U.S. adults have ever taken a GLP-1 agonist, a class of medications prescribed for weight loss and diabetes management, with 6% currently using such a drug [3].

Given the U.S. adult population of about 258 million, this translates to approximately 31 million adults who have ever used these medications, with around 15.5 million currently using them [3].

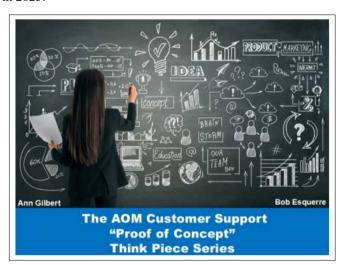
These numbers do not even account for the additional potential demand if Medicare Part D or adult Medicaid enrollees gain access to AOMs. According to the Penn Wharton Budget Model, it is estimated that in 2026, about 14 million Medicare beneficiaries and 33 million Medicaid beneficiaries would be newly eligible for anti-obesity medications [4].

The questions we continue to hear from various stakeholders in the Healthcare Sector, the Health and Fitness Sector, and Obesity Advocacy Support Groups are:

"Can—and/or when will—the Health and Fitness Sector be ready to proactively support consumers managing their weight challenges while taking AOMs?" In response to these questions, Ann Gilbert and I had created a "Think Piece Series" of 11 Articles—a collection of questions, topics, concepts, and ideas that are designed to explore what it would take to develop viable customer support programming for individuals at various stages of managing their weight challenges with AOMs.

During this process, we had solicited input from various stakeholders with either an actual or potential interest in the obesity management space.

Their feedback helped us create (1) a 'Proof-of-Concept' baseline of best practices to launch viable, customer-centric support programs and, ultimately, (2) successfully implement customer-centric AOM support programs within clubs, studios and facilities in 2025.



We would like to acknowledge that there is a segment in our Sector who actually believe that AOM's are a trend that will not have an impact on our Sector. These organizations are the ones who have not had a desire, knowledge or skills to work with the 80+/-% of consumers who are outside of our organizations.

The Obesity Epidemic is here! It's Real! And Customers want & need support.

The Noise is Deafening! We Need to Listen, Plan and Engage!

J Diabet Res Rev Rep, 2025 Volume 7(2): 1-5



# Where Do We Begin? Planning Assumptions.



As a minimum, these 6 Planning Assumptions should be incorporated into each Operator's Business Planning Process:

# **Planning Assumption 1**

Operators need to conduct internal operational reviews to determine if they can successfully support customers who are in various stages of managing their weight challenges with AOMs by addressing Planning Assumptions #2 through 6.

# **Planning Assumption 2**

We need to create customer-centric operational & programming strategies that support positive customer outcomes.

# **Planning Assumption 3**

We need to create, deliver & manage a comprehensive series of blended customer-centric programming options that include, as a minimum:

- Appropriate Movements, Activities and Exercises (when ready).
- Nutritional Guidance. and
- Lifestyle change & behavior modification facilitation support.

# **Planning Assumption 4**

We need to create a series of reasons for AOM Customers to Join our Programs, to Stay in our Programs and to Refer their friends, family members & colleagues to join our AOM Programs.

# **Planning Assumption 5**

Create an In-House Training Program for our Teams so that:

- They understand how AOMs manage chronic obesity.
- They understand the potential physiological & psychological profiles of customers who are taking AOMs and how these Profiles will impact the Program Design Process.
- They can understand the potential support needs, wants, goals & objectives of our new customers.

# **Planning Assumption 6**

Operators need to collaborate with their local Obesity Advocacy Support Groups so that our Sector can be positioned as viable support options for customers who are taking AOMs.

Partnering with obesity advocacy groups is a game-changer for members of the Health & Fitness Sector supporting individuals using AOMs. Advocacy groups provide firsthand insights into the physiological, psychological, and emotional challenges faced by AOM users. This will ensure that our Sector has the potential to maximize the development & delivery of customer-centric programming options that can result in effective outcomes.

Beyond expertise, advocacy organizations offer educational resources that train fitness professionals in inclusive coaching approaches, fostering a supportive and stigma-free environment. Programs that integrate advocacy support often see higher adherence rates, as participants feel understood and empowered throughout their health & wellness journey.

Additionally, advocacy groups are recognized authorities in obesity care, adding credibility and trust to our support programs. By working together, we can create customer-centric, science-backed programming solutions that truly meet the needs of individuals managing obesity.



# **Initial 5 AOM Service Plan Questions**

The following 5 questions were designed to be addressed in conjunction with our 6 Planning Assumptions in our "Think Piece" Series.

As we continue to receive more feedback from our global audiences and more research is published, these questions will continue to evolve and develop accordingly.

J Diabet Res Rev Rep, 2025 Volume 7(2): 2-5



None of our questions are "absolutes". But we're using them as a base line so that we can start our dynamic planning discussions.

## o Question 1

Do we currently have a "Branded Sense-of-Community" that is supportive, engaging, inclusive and authentic so AOM Customers will Join, Stay & Refer to your branded communities?



The Items in the above GRID are not listed in a vacuum. These values have stood-the-test-of-time" with Ann Gilbert in her 30+ years of training both Inactive & Active Female Customers in Tampa, Florida.

# o QUESTION 2

Have Operators defined the Initial & evolving support requirements and services that may be needed by our AOM Customers who are in the different phases of their "Journeys-To-Success"?



As a minimum, the above graphic represents subject-matter experts that may be needed to support AOM Customers on the various stages of their journey.

By having access to these Licensed Professionals as and when needed, Fitness Professionals will be able to stay within the scope of our practice.

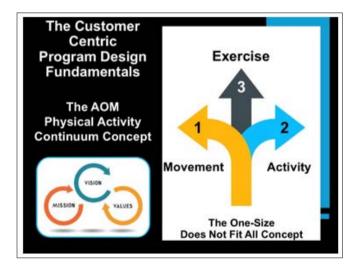
# Question 3

Do we have the flexible Operational & Programming ability to service & support the AOM Customer?

Programming flexibility is crucial because every AOM Customer will have different & unique physiological & psychological goals, objects, needs & wants.

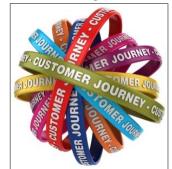
This flexibility will enable our Sector to meet our customers where that are at physiologically and psychologically. We have developed the Physical Activity Continuum Concept that is built around individual needs. If someone is new and uncomfortable with "exercise", we have an initial movement option....walking for example as Option (1). Option (2) would potentially be activities of daily living. The exercise option is used with individuals who are comfortable with the physiological & psychological responses to various types of exercises.

In any event, these options can be delivered in either a land-based or aquatic based programming format, depending on available facilities.



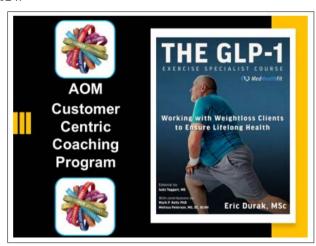
# Question 4

Have we defined the Upskilling, Reskilling & New Skills that may be required so that our teams can successfully support AOM Customers who are in various stages of their Journeys-to-Success?



J Diabet Res Rev Rep, 2025 Volume 7(2): 3-5

Eric Durak's GLP-1 Certificate Program was the 1st Teaching/ Learning Program for Fitness Professionals that was released in 2024.



The CHART below identifies additional teaching/learning content that can also be used to successfully support staff development needs.



# o Question 5

Have we adequately addresses Weight Bias within our Organizations? As a prominent Obesity Advocacy Support Group, the Obesity Action Coalition (OAC), defines weight bias as negative attitudes, beliefs, and judgments directed toward individuals based on their body weight. This bias can result in stereotypes and unequal treatment, often causing social stigma [5].



Weight bias within our Sector was initially addressed by Amy Thompson and IDEA with the original publication of *Weight Bias in the Health and Fitness Industry*, written by Cassandra Padgett and Natalie Digate Muth. This article was initially published on July 13, 2020, and then updated on July 9, 2024 [6].



We will Finish this Question by Recommending that our Sector consider and Reflect on these 7 points that were Referenced by IDEA in 2020:

- The Fitness Sector has a cultural bias towards Fit People.
- The Sector has been focused on getting Fit People Fitter.
- The Sector tends to be judgmental & spread the stigma about Obesity.
- We have to de-stigmatize our Industry that focuses on ideal, thin & muscular body types.
- In fitness settings, our Sector has to create welcoming spaces for all body sizes that can encourage participation and reduce fear of judgment.
- With additional training, the Sector must create, deliver & manage inclusive programming options that support the outcome goals of Customers who are facing obesity-related challenges.
- We must create a teaching/learning environment that is inviting, welcoming, supportive & psychologically safe [6].

# Conclusion

This is where we are. Ann & I have flushed out each of these Planning Assumptions and initial 5 Reality Check Questions for our global audience to consider throughout our 11 "Think Piece Articles. Please remember, nothing is "Absolute".

Based on our collective effort, Ann has successfully launched her "MY FUTURE ME" Customer Support Program on February 19th in Brandon, Florida.

Ann is scheduled to provide a status report on her GLP-1 Support Program at the 2025 World Obesity Conference in Orlando, Florida in October.

If you have any questions, please reach out to either one of us. Bob Esquerre: Business Growth Strategist & Operations Analyst: Health & Fitness Sector Hybrid FitPro, Coach, Speaker, Educator, Author. Creating Health & Fitness Sector Operational & Business Solutions Since 1993. bob@esquerrefitnessgroup.com

Ann Gilbert: Club Owner/Operator, Hybrid FitPro, Coach, Speaker, Educator & Author. Creating Health & Fitness Sector

J Diabet Res Rev Rep, 2025 Volume 7(2): 4-5

# Programming Solutions for Active & Inactive Agers Since 1983. annfitt@verizon.net

# Legal Disclaimer

The information that Ann & I provide is for educational, operational & programming purposes only. It is not intended to replace professional medical advice, diagnosis or treatment. Our intention is to provide customer-centric operational & programming support for AOM Customers while we stay within our "Scope-of-Practice as Fitness Professionals.

# References

- Emmerich SD, Fryar CD, Stierman B, Ogden CL (2024)
  Obesity and severe obesity prevalence in adults: United
  States, August 2021–August 2023. CDC National Center
  for Health Statistics. NCHS Data Brief: https://www.cdc.
  gov/nchs/products/databriefs/db508.htm.
- Centers for Disease Control and Prevention (2024) New CDC data show adult obesity prevalence remains high. https:// www.cdc.gov/media/releases/2024/p0912-adult-obesity.html.

- Montero A, Sparks G, Presiado M, Hamel L (2024) KFF Health Tracking Poll May 2024: The Public's Use and Views of GLP-1 Drugs. KFF Health Tracking Poll. Available at: https://www.kff.org/health-costs/poll-finding/kff-healthtracking-poll-may-2024-the-publics-use-and-views-of-glp-1-drugs/.
- 4. Penn Wharton Budget Model (2024). Medicare and Medicaid anti-obesity medication eligibility projections. Available at: https://budgetmodel.wharton.upenn.edu/issues/2024/11/27/medicare-medicaid-anti-obesity-medication.
- 5. Obesity Action Coalition. Weight Bias: Understanding and Addressing Prejudice Against Individuals Based on Weight. Obesity Action Coalition. Available at: https://www.obesityaction.org/action-through-advocacy/weight-bias.
- 6. Padgett C, Muth ND (2020). Weight Bias in the Health and Fitness Industry. IDEA Health & Fitness Association. Available at: https://www.ideafit.com/weight-bias-in-the-health-and-fitness-industry.

**Copyright:** ©2025 Bob Esquerre. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

J Diabet Res Rev Rep, 2025 Volume 7(2): 5-5