



Episode 2 — Wellthy

[MUSIC PLAYING]

I was at a conference with you and one of the employers speaking on your behalf said we knew it brought value when we had layoffs — that individuals asked that Wellthy be part of their —

Wow —

— Severance package

No kidding...

Welcome to the Cure for the Common Company, a podcast series looking at innovations in the world of employee health and well-being. Steve Blumenfield and Lindsey Conon from Willis Towers Watson's Health and Benefits practice are talking to entrepreneurs and industry leaders who break new ground to meet the needs of today's workforce and deliver benefit solutions that can separate employers from the pack.

[MUSIC PLAYING]

Hey, Lindsey, great to see you.

Great to see you, Steve. So fun to be here with you guys.

Thanks for coming in. Hi, everybody. Welcome to the podcast. This is Steve Blumenfield from Willis Towers Watson Health and Benefits. I'm here with my colleague.

Lindsey Conon. Ditto as to where I'm from.

[LAUGHTER]

And we have Lindsay Jurist-Rosner or LJR —

That's right.

From Wellthy. Lindsay is the co-founder and CEO of Wellthy, a caregiving company. I'll let her describe her mission.

Sure. Our mission is that we've set out to help the 66 million Americans who take care of aging, chronically ill, or disabled loved ones.

Outstanding. And you have a personal story —

I do.

— That drives this. Can you tell us that? Would you mind?

Yeah, sure, and I'll share my founding story, which is a personal story. But it's humbling to share because so many of our team members — I think it's 90% of our team members share their own personal connections to the business. But yeah, my story is that I got involved in my mom's care when I was a kid. And she got diagnosed with primary progressive multiple sclerosis —

Oh, oh.

— When I was nine.

Gosh.

And across 28 years, I was intimately involved in her care as this family caregiver as were called — and the Health Care system calls us caregivers and, which is funny to me, because I never thought of myself as a caregiver. I was just her daughter.

So for 28 years —

28 years.

— You have this role that you started as a child —

That's right.

— That you just came into.

That's right. And as a kid, it was more so just kind of helping out around the house. But in my 20s, I moved home after college and lived at home and got mom up in the morning and on and off the toilet and helped her get dressed and helped her with breakfast. And then I would go into the office and come home and help her with lunch and go back into the office and help her in the evenings.

And we did that for years. And then in my late 20s, had the tough conversation with her that I needed to move out. I mean, every aspect of my life was impacted — my personal life, my career. I felt like I needed a chance to spread my wings. I'm so cheesy — spread my wings.

[LAUGHTER]

I don't think I've ever said that

I think I hear Bette Midler in the background.

[LAUGHTER]

And she cried, and I cried. And she said, but you'll never — will never see each other. And I said, no, we'll see each other. But it'll be as mother and daughter again, not as sort of caretaker and care recipient.

How did she handle that?

It was really tough for a while. But she and I were so, so close. And so I moved out. And then I ended up moving across the country and —

Wow.

— helped her. I was caregiving from afar, which is actually a thing and doing a lot remotely and hopping on last-minute flights when I needed to be there, and hiring and firing in-home aides and finding resources and doing all that for her. And then we went through hospitalizations and surgeries and special treatments. And then the last year and a half of her life, she was on hospice. And then she passed away by about two years ago, now.

So yeah, it was at this kind of full journey, full experience in caring for my mom. And it was the single hardest thing easily that I've ever done in my life, most stressful, overwhelming, loneliest. And the eye opening thing for me was just realizing how many other families out there are similarly struggling and meeting folks who have parents with dementia or Alzheimer's or a child with autism or another form of special needs or a spouse or a sibling and just realizing that it is so many of us out there. So just became — I just became obsessed with this. I became obsessed with creating a better health care experience for families like ours.

Oh, it's beautiful story. Thanks for sharing that.

No, thank you.

So Lindsay, can you tell us a little bit about Wellthy, what wealthy does? And that's W-E-L-L-T-H-Y for our audience out there.

Yeah, definitely. So the whole idea with Wellthy is that we want to help families who are taking care of aging, chronically ill, or disabled loved ones and create a better health experience for these families who are otherwise incredibly stressed and overwhelmed. And so our model is a two-part solution. It's part human and part tech. The human part is that we have a distributed team across the country of care coordinators.

We call them care coordinators. They're majority social workers by background. And we identify social workers as the skill and knowledgeable workforce equipped to help families manage and navigate care. So we match each family up with a dedicated care coordinator who becomes that family's partner or sort of like their personal health care project manager, almost the exact same way you would work with a financial advisor.

And the idea is that the care coordinator gets to know the family's goals, situation, and needs, sets up a plan and then goes about getting things done. So we do everything for a family from find the right in-home aide, handle a move into a facility, find providers, schedule appointments, arrange transportation, contest to negotiate insurance bills, navigate to the right insurance plan, whether it's Medicare or Medicaid, veterans benefits. And the list goes on.

The second part of what we do is we are at tech-powered business. We are a tech-enabled service. And so we have a really powerful platform that provides for our care coordinators a work environment, a set of tools, a dashboard, community, central knowledge base, alerts, and recommendations for them to do the highest quality work, but most efficiently, as well. And then for families, we provide an online account where everything's organized, centralized, and digitized. So we have a care plan.

We have a shared calendar so family members can all see the schedule for mom or a child. We have private security encrypted document storage. We have a contact tracker, which is essentially a shared address book, as well as medication tracker. But a final point here is just that the main way that families experience us is almost just as an invisible messaging app. They're just receiving updates from their care coordinator, updates from the platform, in the platform get pushed out to care team member's emails.

How do they see if it's an invisible messaging app?

It's invisible in that it just —

It's embedded in their workflow.

It just —

— So they don't have to go — they don't have to go to some separate —

Thank you.

— Portal to get something else with some whatever.

That's right.

They make it easy for people, right?

They don't have to log into something every day. The whole idea is that managing care is way too darn difficult. And we want to take as much burden, administrative burden off of the family as possible.

Yeah, I think when I saw your demo, or we were looking — when I was with you a few weeks ago, we were looking at the solution, it looked like — not that I would have experienced here — but it looks like a very simple to use project management tool —

That's right.

— That tells me at the top what needs to get done today, when it's going to get done with some messages. And it was so simple and so familiar to the feel of like something I would see in Google Docs or something like that.

That's right. That's right — yeah.

So friendly interface from a digital standpoint, then care being delivered by or care support being delivered by humans who are just going through that interface, really kind of on-demand or as-needed care coming to you in that way.

It's almost all just showing up in your inbox.

Your email inbox.

Your email inbox. And so if you are an employee, you're really busy or going throughout your day, you're getting updates in your inbox from your care coordinator. Hey, just want to let you know we were able to get this appointment scheduled for mom. And we're still working on contesting these three goals.

And this is that in your standard email? Because some types of care providers have you go to a separate portal —

HIPPA compliant

— To log in to HIPPA complaint —

So we don't require going to log in or unencrypt, decrypted — is that a word? Unencrypt a message. And the way that we do that is we allow the employee to opt in. So the employee says, I want to receive messages in my inbox from my care coordinator.

And then we're incredibly conscious about not putting any personally identifiable information into email. So if we have something to communicate, the care coordinator will say, I want to just quickly get on the phone with you and discuss something that's sensitive.

There was this early kind of belief of patient empowerment. And if we give people the tools and the information and a lot of education, they can get better at being a caregiver — screw that. Nobody actually wants to — I was going to say something else. But screw that because nobody —

What were you going to say?

Well, it was going to be —

Probably a different fastener than a screw.

— Different. But do caregivers really identify themselves in that way, right?

Exactly.

They're not like, I'm a caregiver who wants to get better at my job at caregiving. They're like, I'm a daughter. I'm a mom. I'm a sister. I'm a —

If you had told me as a 22-year-old taking care of my mom that I could get better at taking care of my mom, I would have told you to go, something.

There's a lot of things you're not saying that I want to have some drinks after this and really hear what those words are.

[LAUGHTER]

I'll just let them all out.

[LAUGHTER]

As soon as the podcast's over, sitting here, curses flaring.

The insight we found early in the business is we created this freemium model initially where you can — today, you can use are very well-developed, not-cheap system — thank you to our investors — but our very well-developed platform experience that's essentially project management software for

complex care. You can use it for free. And nobody does because nobody actually wants to be better at their own management of their own family care issues and understandably —

Well, I don't want to build my car. I just want to drive it.

That's right.

[MUSIC PLAYING]

If your company is an animal, which would it be and why?

If Wellthy were an animal, we'd be an elephant. So elephants are gentle and empathetic. They mourn. They go through a mourning process when a fellow elephant dies. And they're just loving and kind. They can take a big load. They're really strong.

Nice.

So we like the elephant. If I were to choose an animal for myself — I was thinking about this.

[LAUGHS]

What's the —

[LAUGHTER]

That's not even a question, right?

Go for it.

OK.

I'm really curious what this one is.

[LAUGHTER]

I would be a woodpecker, just like I'd just chip away.

You're a woodpecker.

[INAUDIBLE] says chip away.

And you love insects.

I love insects.

And you hate wood.

[LAUGHTER]

Yeah, pretty much.

You and I have talked about this. And I think one of the things you touched on is how it impacts so many people, 66 million. But you had also shared in the past. Like, you hadn't talked about it. You hadn't shared about it. And so you didn't realize what an issue that it was. So as you're out with Wellthy, and you're talking to employers and people about your solution, is it a surprise to them that there are so many people that are carrying this burden?

It is totally a silent crisis. I think you're spot on with that. My personal situation was that I barely told anyone. I barely told friends. I didn't tell colleagues. I didn't tell my manager.

And it wasn't until I was actually in business school, and I had to miss — I can't remember — it was like my first year midterms or finals. And my mom was in the hospital, and I had to fly home. And it was the first time that I had to tell people. I mean, they were going to notice that I was missing such a critical moment.

And so I went to my professors, and I went to my learning team members and friends. And I said, my mom has MS. It was like my coming out. My mom has MS, and she's in the hospital.

She was actually doing a special NIH treatment that was really experimental, whatever. So I flew back to DC. And it was the first time that I had really opened up. And the amazing thing was that everybody opened up back to me.

Absolutely.

And people shared their stories. So I had professors who said, my mom has dementia, and I go every weekend, and it's a two-hour drive away. And I help her grocery shop and clean up the house. And I worry about her throughout the week. And I wait for that phone call to come in that something's happened. A learning team member of mine who said, my mom has MS, too. How have we never talked about this?

Wow, and you never —

And it just doesn't come up.

Isn't it amazing, the outpouring? Because as someone who's been through issues that I've felt the need to hide, I stigmatized myself, myself around those after years of trying to solve the problem ineffectively or sometimes stumbling upon an answer. Once we went public with it, that the outcry from the strangers and the people around you who wondered what's been going on was just heart-warming and made me wonder why the heck didn't I do this earlier?

Why don't we talk about it? I know.

We don't want to talk about it.

And it's been pretty amazing. And so we launched the business direct to consumer private pay, family first, as we say. We started working with employers in 2016. And the interesting thing in pitching employers is that same dynamic happens. We tell the Wellthy story. We share customer examples, how we're supporting families. And usually the —

You find your buyer has the same experience.

— Person on the other side says, I'm going through this now. I can really use your support. Or there's someone on my team who I know is troubling —

Say, the demographics of benefits couldn't be better —

That's right.

— In many cases for the stage of life.

I know. Sandwich generation.

The gender that's often, the care giving gender as well.

Often women.

Absolutely.

Two thirds of caregivers are women. And it's that squeezed —

The people in HR tend to be the caregiving types.

That's right.

If we could generalize that much.

We can. Right. People who — I mean, taking on the — and that's a sort of side point for employers. Taking on a caregiving responsibility is a choice that some people don't make —

That's true.

— And others do. And so if somebody is taking on the caregiving role, that is the type of employee that an employer wants to retain, someone who is accountable and conscientious and caring.

You kind of stumbled on something that I want to ask you about, which is, what have you learned from employers? What else have you learned, aside from that compassion?

I think the learning for me with the employer market and working with benefits leaders is just the tremendous responsibility that benefits leaders have right now to make happy and healthy and a satisfying working experience for their employees.

So you drew empathy for them.

I think it's a lot of pressure. And you hear it. Every benefits leader we talk to you feels like they have a laundry list of priorities that they feel responsible to take care of, various segments of their employee population.

Did that impact your solution, Wellthy, as a product at all?

It's impacted us a lot. And one of the things we've started to do is tune into sort of the different needs of different segments of a working population. So for example, one of the things we're hearing and seeing is that low-wage earners, lower-wage earners have slightly different needs than more executive-level professional-services-type individuals. Low-wage earners are looking to — a lot of times, they're taking on the burden of caregiving, as well as really worrying about their own day-to-day expenses and family's —

They don't have the resources.

They just don't have the resources. And part of that is a lack of empowerment and feeling like they don't have the voice to fight or question. And so providing the advocacy, but providing the financial aid resources that are local, state, federal level, as well as provided by their employers, so critical.

And then the other constituency that we're starting to see — and this goes into kind of diversity and inclusion — we're starting to focus in on veterans. We see employers focusing on hiring — wanting to hire more veterans. And yet veterans are coming into the workforce. First of all, 41% of recent vets, people who have served after 2001, have a disability. 41% have a disability. And so they're coming into the workforce with more complex health care needs.

And then on top of it, navigating TRICARE, the health insurance provided by the VA, as well as what's offered by their employer. And on top of it, their family is not covered by TRICARE. So what does their family get access to? So there are some unique challenges, caregiving family care issues that we see impacting different segments of the workforce. And so we've started to tune in to that in a more focused way.

We've talked about certain populations. But can you maybe take a step back and talk through what are some of the challenges that caregivers face?

Sure

For those that don't know someone that has been caregiving or are not a caregiver themselves?

Yeah, it's great question and great point. So what our hypothesis early in the business, which has stayed true. We've evolved a lot, but the one thing that we've stayed focused on is that the hardest thing for caregivers is actually the day-to-day administrative and logistical to-dos. The medical system is pretty good at prescribing and diagnosing.

And we find that it's everything outside of a clinical setting that's really challenging for families. Families take 90% of long-term care in this country, today, by the way. And that could be for parents, spouse, sibling, child. And so its things like if I'm going to work all day, and my older mom needs some support in the home, who do we find to come into the home?

How do we pay for that person who's going to come into the home? And how do we make sure mom is set up to be in the home and be safe and be happy, have a life a little bit? So the types of things we do for families — a big thing we do is finding the right in-home aide.

We do a lot around helping families who have older loved ones to find the right long-term care facilities, assisted living facility, memory care facility, finding providers, scheduling appointments,

arranging transportation, and then just the day-to-day stuff. We find that for families of children with autism or special needs, it's just the day-to-day management of the schedule and the people.

So how do you match your care coordinators with their families?

The matching process of how we match families to the right care coordinator is really critical. The analogy we gave is it's sort of like working with a financial advisor. So you need someone who you trust and who becomes a partner and gets to know you and your family. And so for us, we're matching the family up with the care coordinator who has the right set of experiences, the right areas of expertise.

So we have care coordinators who have extensive experience working with older adults with cognitive decline or extensive experience working with children. And then the critical thing is some sort of local knowledge. So the local knowledge that matters to us is more so state based knowledge since a lot of the financial aid programs are at a state level. And so having some state-based knowledge helps.

And then the final factor is just the kind of functional expertise. So when a family comes to us, and they've a pile of insurance bills, we have care coordinators who have worked in claims departments of insurance companies. And so the matching process, we do have an algorithm, but it's definitely part art, part science. But it's critical to find the family, that right partner.

Can you talk a little bit about sort of the credentials of your care coordinators, and why you've chosen the approach you have?

Yeah, so our care coordinators, for the most part, are licensed clinical social workers by background. Most have master's degrees. We do require that there's some advanced degree of some sort. We don't operate a call center. We don't have a room of people picking up the phone.

Our care coordinators are distributed across the country. And the reason is because almost all of them are caregivers, themselves. And so one of the things that we're so proud of that we are able to do is provide somewhat flexible work from home income-generating work for these talented and skilled individuals.

They're able to have continuity in their resume. They're able to use their degree, feel like they are impacting lives and do so in a way that works with their family caregiving schedules and needs. And it's the ultimate —

Sure.

— kind of connection for the family, because when a family has a child with special needs, and we match them up with a care coordinator who is not only skilled to support them, but also has a child with special needs, herself, there's this bond and this connection that goes beyond just getting —

It's also cathartic for the caregiver to —

Yes.

It's kind of reconfirming —

— To help somebody else feel like they've got to value this thing that —

— To pay it forward.

Yeah, well, yes, absolutely to pay it forward, but there's also this feeling like when I've got my own stuff, it's a problem, and it's a burden, and I'm somehow less. But when I can give it to somebody else and help them, I feel like I'm more. I've got a question about your model versus some other models we've seen in the market.

Yeah, sure.

There are these network models out there where caregiving is provided by companies that are actually, run the networks of care facilities on their own, and they may — that they have algorithms they use to match people, both with maybe a call center or some local, but ultimately with a facility.

So what we see is that there are care coordinators, care managers, care navigators, whatever you want to call them, across the health care system, everywhere, and especially when you have complicated care needs. So there will be a care coordinator who's going to help guide you in a hospital setting and a discharge setting, in a long-term care facility, in a rehab or a short-term care facility setting provided by the pharma company, provided by the insurance company. The problem is that all of these individuals, at the end of the day, work on behalf of their employer, right? And I just feel strongly that for people, there needs to be someone on the side of the family who strictly works for the family.

Yeah, so Steve, you really bring up an interesting point, because when I think about friends and family and the diversity of caregiving needs they have, I think some of those solutions are more focused in specific areas than others. And employers have so many vendors already that they're really looking for a solution that can span a continuum of caregiving care, whether that's for a child with different needs or a parent or an aunt or an uncle. And so I think that's what employers are really looking for, to help their employees and the families of their employees.

That's right. And I think you're bringing up the right points — exactly, Lindsey. And I'll just add to that, which is that for most of the networked businesses that you're referring to, Steve, the type of work we're doing to support families is an ancillary service. And the core business is usually in-home aide providers. Or many of them are long-term care facilities that also provides some care coordination.

Which potentially could be one of these large networks, right?

That's right. That's right.

If a family says that's what we want for our loved one. You're working to that.

So we would think of you more — or Wellthy, more as, I would say, some combination of navigator members support concierge. So if we think of as model here, and you described a lot of those different parts of it, this caregiving space is quite enormous because it's covering large and different types of populations with different needs. You mentioned health systems and hospitals and health plans.

There is EAP or Employee Assistance Program services provided. There are services for individuals with autism or with individuals with dementia. And then there's these care facilities out there. So these are — there's an intersection point —

Sure

— For all of those that you are experts in navigating people around.

That's right. And I'll say, the unique part of our model is this being strictly on the side of the family and building these longer-term relationships. We don't see many other models where there is the human support that is this real kind of close partnership, an ongoing relationship. For example, I mean, Medicare covers coordinated care management for individuals with two or more chronic conditions. And so there are tons of health insurance companies that have teams of people that call up.

But what the code covers is a half hour a month of support. And so when we think about — and same thing with an EAP. Traditional EAPs have been good about offering some support for families with complex care. And most of them do resources and referrals. And for some families, that's enough. Give me a list, and I'll go chase down my research.

For many families, that's only the starting point because then they need to take that list and call around for availability and pricing and somehow assess quality. And so we just feel strongly that care is so complicated. Family care issues, what families are facing is so complicated. And there are massive financial implications for the family. There are massive family dynamic issues that there does need to be this real partnership, this hand holding, more support for families than what most providers do today.

[MUSIC PLAYING]

So we've been talking about kind of the need and how you're fulfilling needs for a very diverse audience and why employers want that. But for a lot of the clients I have, yeah this is the right thing to do. But we talked about the laundry list, priorities, whatever. What is the value they're seeing in you?

And what is something — we haven't even talked about the burden of caregiving on employers. Can you talk a little bit about that just to give our audience a little bit more information?

Definitely. And we're so — first of all, when we first started talking about caregiving to employers, it was like crickets. Like, people were like, can you define care — like, you're talking about people who come into the home. Those are caregivers. Like —

Where's the ERISA or the tax code or other implication I've got to think about? Yeah.

Yeah, so we started talking about the caregiving topic. And what's been really interesting to see is in the last year — and you, Lindsey, you're sitting with this study in front of you from the National Business Group on Health. In the last year, there have been several tremendous studies put out by Harvard Business School and National Business Group on Health, Northeast Business Group on Health. And it's raising awareness of the impact of caregiving on employers. And —

88% of employers, according to MBGH, believe caregiving will become an increasingly important issue over the next five years. That's a massive amount of employers.

It's a massive amount. And it's just simply because of the sheer kind of demographics. We have these tectonic shifts happening in our country, in our world's demographics. And you sort of can't ignore them. I mean, employers see them every day manifesting.

So what we see is that for individuals who are serving as caregivers, they come to work with this extra burden. They come to work, stressed and distracted. And we do see that family care issues are a major reason for missed work — so missed shifts for hourly workers, time off. Family leave has become a more visible topic because of the new state laws.

And then we also just see these individuals making tough decisions to step out of the workforce because they can't — and we hear this every day. Just yesterday, we had a senior employee at a massive company who said to us, I've just made the decision — she signed up for Wellthy, by the way, and said, I really need your help. And by the way, I'm also stepping out of my career because it's all too much. And I want to write a blog post that says, don't quit your job. Because —

Lets us do that for you.

Yeah. And well, listen, there's a reason. Why we're seeing fewer women at the executive suite and the board levels and that's because women are stepping out of — not to make this a women's issue, but it is a women's issue. We see women stepping out of their careers, not after they're having kids, more so mid-career. And it's when they start to get squeezed, that sandwich generation.

They have kids in the home. They have parents. They have in-laws. They have maybe a spouse, their own health care needs, and it just becomes too much. And so I think for the sake of creating more balance for purposes of gender equality, I think the caregiving topic is under discussed and so critically important.

But yeah, the value a company like ours delivers to an employer is increased productivity, reduced leave. I feel strongly leave is incredible. But leave is not always the right solution for caregivers. If you're taking care of a parent with dementia or a child with autism, that's going to be a caregiving experience for years, if not decades. And taking three weeks out of the workforce to get your stuff in order.

[LAUGHS]

I was going to say something else. Get your stuff in order is a very short-term, temporary solution that doesn't actually help the kind of larger impact. And I'll say, we see different impacts for different industries. I'm probably going on too long.

But oil and gas industry, when we talk to oil and gas companies, the biggest thing they worry about is safety. And safety is driven by stress and distraction. And one of the major reasons why an employee's coming into work, stressed or distracted is family care issues.

Sure.

And then you look at professional services or law firms. And any missed time is missed billable hours. So every industry kind of has their own unique kind of ROI.

Yeah, I mean, getting out the measures there the companies use.

Sure.

But ROI is tough, especially when you talk about things like productivity, which employers and we will say that's important. Of course, it's important, but it's also not the budget that they're drawing from.

Right.

That's right.

So it gets trounced by that quite often. So are companies looking for ROI or not when they look in this space?

It's so interesting. We hear companies asking for a sense of ROI in the selling-in process. They need to talk about ROI with their procurement team or their CFO or their head of HR. Once we're working with an employer, we don't hear a lot of that anymore. The support speaks for itself.

I was at a conference with you. And one of the employers that was speaking on your half said, we knew it brought value when we had layoffs, that individuals ask that Wellthy be part of their severance package.

Wow!

That's right.

No kidding.

And she said —

This is amazing.

— We believe the most effective benefits are the ones that employees ask for as part of their severance.

Wow.

And there were people that said, this is the mandatory.

They can't live without it.

I need this as part of my —

It's part of their lives. No, we've got our chief Doc Jeff Levin-Scherz, who a lot of folks know is famous for saying, "nothing has ROI except seat belts and maybe smoking cessation."

And I think immunizations, too.

And right. You're right. He does say that, as well. My take away from this is, incredible value for the right organizations.

That's right.

And there may be indeed some savings in maybe specific areas like leave.

That's right.

But that's not the primary purchasing criteria.

It can't be. It can't be. I'll tell you something that we've observed that's really interesting. Is if an employer helps an employee, you're dealing with your own health care issue. You get a diagnosis, and your employer helps you, as the employee, the employee's grateful. If that employer helps that employee's family — other level.

Oh, it's huge.

It's huge. There's an employer — I love this. They talk about pamper benefits versus family care benefits. Pamper benefits being, free food and —

Let me guess, tech?

— Haircuts and tech. Exactly.

[LAUGHS]

Exactly. Tech companies.

That's good because I thought you were talking about free diapers for a second there. So OK, I think I'm in the right realm now.

Good. So they see just a much higher ROI. They talk about how there's a higher ROI family care benefits than from pamper benefits. And we've seen that in our business, as well.

If your company were a god or goddess, other mythological figure —

Yeah.

— What would that be?

So I had to do some research. I'm very close to Roman and Greek gods and goddesses because —

And when you say you're close to Roman and Greek gods —

Yeah, what does that mean?

— So what do you mean by that?

Well, it's only because my — so my partner's 7-year-old is very into Greek and Roman gods and goddesses, and so we've been reading a lot of books on those —

All right.

— guys. But I didn't feel like there was a good — I'm sort of thinking Athena — I don't know if that's the right fit. But I did my research. And I came up with a Chinese Buddhist goddess of the sea. I'm not sure if I'm going to pronounce this correctly, Mazu.

And she's this patron of sailors and seafarers. But she would come to the aid of those who called her, called for her. And she was named after this woman who is this big healer and would look after the sick and the poor. And so kind of like that.

Nice.

She's like a Mother Teresa.

She's like a Mother Teresa.

Ooh, I have to look her up.

Like a Chinese Buddhist.

Wellthy clearly is valuable for a variety of different types of family situations. There's a family that I think about quite often. It's the Incredibles. And they've got this kid, Jack Jack.

Yeah.

And I don't know if you've seen the movies, but Jack Jack, one minute, he's just normal kid, playing. Next minute, he's falling out of the sky, turns into devil. He's flames. Next minute, he's popping in other dimensions. What does that family do? How would Wellthy help that family?

And by the way — I can't remember the mom and dad's name — but the whole second —

Mr. Incredible is his name.

— Movie, Mr. Incredible — the whole second movie is Mr. Incredible so beyond stressed and overwhelmed by Jack Jack —

Look at you. You're so empathetic

— right?

— That you actually — look at that.

But that's like-

You can help these people. I've got a phone number.

Do you have it? Can we call them up? So yeah, so I mean, it is actually a totally valid analogy. We do see — we have families who come to us all the time. And there are tremendous resources for everything. There's tremendous resources for older adults with dementia and Alzheimer's, tremendous resources for children with every type of situation. The problem is just the sheer kind of navigation, the setting up of those resources, the knowing —

The time to finding themselves

The time to find them.

You're not in that space —

Time to vet them.

— Of looking for those things, what's new —?

Time to vet them.

— To you.

Just to call them —

Just to call —

— During working hours and actually reach them. That's like a full-time job.

I've been trying to call a painter for a week. I haven't gotten to it.

Well, we don't do paint.

Did you call painters?

Sorry.

Damn it.

We don't —

[LAUGHS]

We draw the line at house painting, but we do everything else — no.

[CHUCKLES]

But the problem for families like the parents of Jack Jack is just the identifying the services, the resources, the providers that are the best fit, that are affordable, that are offered by the state or locally — maybe they're volunteers, or offered through their employer, even.

So it's five years from now. There's a cover story in The Atlantic on you. What would the cover story say? What would the title of the article be?

The title of the article would be, "The Health Care Support that Your Family Deserves."

Very good. Well, with that, I think we're going to end our pod today. Lindsay, thank you so much for joining us.

Thank you, Lindsey.

Steve, a pleasure, as always, but I got to work with you every day.

[CHUCKLES]

Thanks, right back at you.

[LAUGHTER]

[MUSIC PLAYING]

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