

In Focus

In for Penny, In for a Pound

Let's just say your 2012 is getting off to a good start. You're getting emails from fellow employees and your wellness program vendor stating that a lot of folks have made New Year's resolutions to lose weight. No doubt these resolutions are the result of that well-crafted weight loss incentive program you spent so many hours designing, and then twice that many hours securing funding with your CFO. Getting all those declarations of dietary determination almost makes you want to pop another cork of the bubbly. This is why you bought all those pedometers, right?

Well, you may *be* just the benefits manager who'll be very interested in the major article the *New York Times* published New Year's Day: [\(Click here\)](#). What it amounts to is this:

If you actually get your employees to do all the hard work of losing weight, you and they are probably not done. For many, losing the weight, and ironically, especially if they lost the weight quickly, may be the easier part. The challenging possibility is that the real war on their fat may only have just begun. That's because of the long-term, steeply uphill battle many people who have become fat must fight to sustain their victory.

What's up with this New Year's party pooper piece of news not to be found on Jenny Craig's™ website? The *Times'* article reports on research published in last fall's *New England Journal of Medicine* as well as other relevant studies. Taken altogether, the science suggests that many of your people, *as a direct result of their weight loss*, will experience their once-plump bodies acting like they are starving, and not just for a while.

The culprit seems to be biological and genetic. The *Times* reports that researchers have identified 32 genetic variations that can be associated with a higher risk of obesity. If you are born with one of these genetic variants, called FTO, your chances of becoming obese are 30% to 60% greater than someone born with a different make-up. The dispiriting impact of this genetic reality is that if such a person loses weight, they probably must, and for a very long time, eat far fewer calories and exercise far more than a person who is at that same weight without the genetic variations. It's not that they are genetic victims and are prevented from substantially changing the way they will go through life. Instead, it's that it is very difficult for many people to sustain weight loss – especially rapid weight loss - probably much more difficult than some benefits managers realize and that many wellness vendors advise.

More specifically, the *Times' article* shows that once a person loses about 10% of their body weight, he or she becomes metabolically different than a similar-size person who is “naturally” the same weight. This new metabolic state can mean that the person who lost the weight needs to consume 250 to 400 fewer calories daily than their genetically more fortunate friend of the same weight. That's a big caloric difference that has to be achieved and maintained every day through extraordinary effort.

“After you've lost weight, your brain has a greater emotional response to food,” says Michael Rosenbaum, a Columbia University researcher. “You want it more, but the areas of the brain involved in restraint are less active. Combine that with a body that is now burning fewer calories than expected, he says, “and you've created the perfect storm for *weight re-gain*.”

Well, can you suck it up, get really vigilant and just bust through all this genetic-brain response stuff and reach some kind of healthy-weight equilibrium? Yes, but for many, it will require more time, greater will, perseverance

They Said It

“We don't want to make them feel hopeless, but we do want to make them understand that they are trying to buck a biological system that is going to try to make it hard for them.”

Rudolph Leibel,
obesity researcher at
Columbia University

and discipline than they have ever called upon before.

How long this weight loss - weight re-gain tension lasts isn't known for sure. Research at Columbia suggests that for as many as six years after the weight loss, the body continues to defend the old, higher weight by burning off far fewer calories than would be expected. The *Times* observes: "Weight loss is an intense struggle, one in which we are not fighting simply hunger or cravings for sweets, but our own bodies."

In response, don't stop what you are doing - just consider revising your playbook. What probably needed is more a matter of recalibration and repositioning than starting over. Here are some suggestions:

1. Start with what's often overlooked; take the advice of the Wolverine Wizard, Dee Edington, and "reward your champions". It is easier for those whose weight is within desired ranges to stay there than it is to move the obese downward in weight (and to maintain that reduction). Re-orient your incentives to substantially reward those people who already are where you want them to be. Don't buy the bit that says, "Why pay money to people who'd go to the gym on their own anyway?"
2. Consider rewarding people just for not gaining any more weight. Treat no-gain as a victory.
3. As hoary as it sounds, this *is* a marathon and not a sprint. We didn't get here in a year and it may take decades to reverse the obesity trend. Victory is losing the weight forever, not losing the most this year. Align your incentives with that reality.
4. Moderate your percentage-of-weight loss targets. The *Times*' article reports that a 5% loss is enough to reduce the risk for diabetes, heart disease and other obesity related conditions. It's not only an easier target to hit and be enough to affect health; it's also one that may trigger less resistance from the genetic variants that frustrate weight loss maintenance.
5. Inform your people of the hard road ahead and the benefits of small changes over long period. Counseling may help, but in the end, the war against the genes will be won or lost by your employees, not their counselors.
6. Lighten up on your BMI targets. A BMI target of 25 is probably lower than you need to impact claims. Instead, target 27.5. That's where Dr. Edington's research suggests you will have an impact on health claims.

Remember: Sustaining weight loss is much more than a battle. For many of your people, it will be the war of a lifetime for their lifetimes.

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