HEALTH PROMOTERS SHOULD STOP PROMOTING HEALTH:

NEW SCIENCE FOR BEHAVIORAL SUSTAINABILITY

by: Michelle Segar, PhD, MPH

Building Behaviors to Last a Lifetime www.michellesegar.com

Associate Director, Sport, Health, and Activity Research and Policy (SHARP) Center for Women and Girls

Health Policy Fellow, Center for Healthcare Research and Transformation
University of Michigan









Tweet this report. Share on Facebook. Share on LinkedIn. Share on Google+

Please Stop Promoting Health

The suggestion to stop promoting health might seem heretical in the context of health and even business.

Health promotion is an intersection of medical and business interests. The general aim is to foster healthy lifestyles (eat more fruits and vegetables, move more, get enough sleep) among individuals as a means to promote better health and disease prevention and also improve other desired outcomes, such as reduced stress, increased productivity, and reduced absenteeism.

Yet it has been an expensive assumption that promoting health as the reason for living in healthy ways is effective for engaging patients and employees in taking better care of themselves and fostering long-term behavioral sustainability. In fact, this presumption has no basis in science – it has simply been the convention.

Based on research on behavioral economics and self-determination theory and my own published studies about how to motivate healthy lifestyles, here are four reasons why organizations should stop promoting *health*:

Health Promoter's Goals Are Irrelevant to What Is Most Motivating to Individuals: Marketing 101 Revisited

The logic behind promoting healthy living to people is easy to understand: "If my patients or employees make healthier choices, they will be healthier and use fewer health care dollars, so let's promote healthy living." The problem is that logic doesn't motivate. Emotions do.

Most successful businesses (think Apple) do not develop marketing campaigns that explicitly promote their goals (i.e., profit). Instead, they conduct extensive market research and use their *target customers' needs*, wants, and worries as the hooks in their marketing campaigns and social media initiatives.

Successful businesses brand products and services in strategic ways so that customers decide to try them and then continue to buy them. Businesses that are successful don't want one-time buyers, they want repeat customers.

For the most part, there has not been a *repeat customer* mentality when it comes to promoting lifestyle changes within organizations, health care, or society. Health promotion programs, services, and marketing tend to feature the desired medical outcomes that health promoters hope for,^{1,2} instead of the wants and worries of their audience. This has been a strategic error that has expensive consequences for health promoters, organizations, and individuals.

In order to prevent and manage illness and achieve other desired outcomes (e.g., less stress, higher productivity), people have to *sustain* the lifestyle behaviors that they start. Taking a Health Risk Appraisal or participating in a competition won't achieve sustainable behavior for most. In fact, the majority of people who try to change health-related behaviors do not maintain them – they eventually drop out.^{3,4,5}

2. Health Is Too Abstract to Be Compelling

University of Michigan research published in fall 2011 showed that there is a gap between what people say they value and what they actually do when it comes to exercising.⁶

Figure 1, below, shows how much study participants said they "valued" their reason or goal for exercising. As can be seen below, participants reported *equally* valuing exercise as a way to achieve "health-related" goals and "daily quality of life."

Figure 1: Value of Exercise Goals

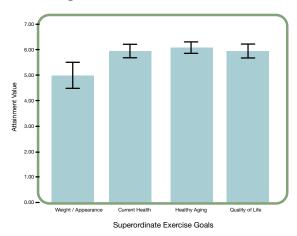
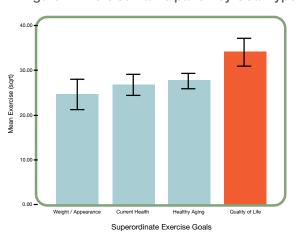


Figure 2: Exercise Participation by Goal Type



Yet when followed over one year, participants with goals to improve their "daily quality of life" were more motivated and exercised about 20% more over one year compared to those having "health-related" goals. See Figure 2 below showing the average exercise participation by type of goal.

The difference between these two graphs illuminates the important *gap* between what people say they value and their actual behavior. The key point is that it's easy to say being healthy is "important" but it's another matter entirely to make health-related behaviors a must-do priority on a daily basis.

Taking medication offers another example to support the notion that despite being valued, health may not be the optimal frame to promote sustainable behavior. The purpose of taking medication is to improve health and prevent disease, not unlike physical activity. Taking pills, however, while not a simple behavior, does not include the same level of logistics and negotiating time that is necessary for sustaining behaviors like physical activity and healthy eating. Despite this, there are well-documented low adherence rates to prescription medication around the world.⁷

Behavioral economists have taught us that people have a present-focus bias, meaning that we choose things that will reward us *now* over selecting rewards in the future.^{8,9,10} In other words, larger distant rewards ("better health") are not as motivating as smaller rewards that can be immediately experienced. Think increased energy.

3. Health Is Not the Goal

Health isn't really the goal we all think we want. It is only valuable because it helps us live our daily lives well.

Health is valuable *because without it* we lack energy. Lack of vitality challenges our happiness, sense of well-being, and ability to fulfill the daily roles and responsibilities that make life meaningful. Health is really just a *proxy* for the experiences we desire and that make our life worth living.

Research on goal striving and behavioral self-regulation (how we manage and negotiate goals in our busy lives) clearly shows that *if people are to continue* to strive towards their goals, *they need feedback that they are approximating them.*¹¹ Without evidence that they are making progress, people quit.

While there are biomarkers that can show people that they are progressing toward their health and disease prevention goals (i.e., blood pressure), this type of feedback is not compelling enough to motivate the *numerous decisions* that most people have to make *every day* that are necessary for sustaining healthy lifestyles.

In contrast, when individuals make decisions to practice self-care behaviors as ways to feel good, increase well-being, and have more energy, they get feedback *immediately* that they have achieved their goal.

Health promoters need a better hook than "health" if they want to achieve their better health and bottom-line objectives related to successfully promoting sustainable self-care behaviors.

Rebrand Health as Well-Being

Health and self-care behaviors have been, unfortunately, branded as "medicine" and are promoted in clinical, instrumental, and uninspiring ways. Instead of branding "health" or self-care behaviors in the realm of medicine, it would more strategic to rebrand them as *direct vehicles that ignite daily success, well-being, and fulfillment* – as they truly are.¹²

Many of the behaviors that improve health (getting more sleep, moving more, making better eating choices) also lead to experiences (reduced stress, feeling strong, lifted mood) that help us better succeed in our roles and responsibilities, all of which contribute to happier lives.

We just have to look toward Big Pharma to know that marketing outcomes like "happiness" and "quality time with family" for their behavior of interest (taking their drug) is a smarter strategy. They've been doing it for years. Even Oprah understands the value of this idea. She changed the name of her magazine's column from "Health" to "Feeling Good" in 2010.

A recent article in the Wall Street Journal also reported that having a "focus on quality of life helps medical providers see the big picture – and makes for healthier, happier patients." This WSJ article talked about

helping patients living with a chronic illness and shows that even individuals who have lost their "health" are more motivated by feeling good than improving their health.

Even new research *among the elderly*, another group that should be hyper focused on their health, showed that "feel good" reasons to exercise motivate more participation than reasons tied to staying healthy.¹⁴

I must reveal that before 2006, I would have been one of the strongest advocates of "health" being a great reason to sustain self-care behaviors. In fact, I hypothesized that "health" as the primary reason to exercise would be optimal for motivation and participation in a longitudinal study among working individuals. I couldn't have been more wrong. Individuals who exercised to benefit their health were among the least active and also had non-optimal motivation profiles. ^{15, 16}

Sustainable self-care behaviors are made up of a multitude of decisions every day. Research shows that people often don't do what is in their best interest, and that willpower depletes with use.^{17, 18} So, to better motivate consistent decisions that favor self-care and "health," it is helpful for people to notice immediate, experiential rewards,¹⁹ ones that can be tied to well-being and enhance the areas of life that are most meaningful. Consider these as better reasons, or "Whys," for creating sustainable behavior.

4. Motivation Is the Result, Not the Source

Until now, we've been taught to think about motivation in terms of "quantity" and how much of it people have – or don't have. Thinking about motivation in this black-and-white way is not very helpful because it doesn't address how to change it.

We've also been taught to think of motivation as the *primary driver* of behavior. Yet, research shows that motivation *results from* the main reason *why* individuals initiate any behavior change.^{20, 21} The foundation of motivation is people's primary reason for initiating that behavior.

Motivation isn't the cause. It's actually the result.

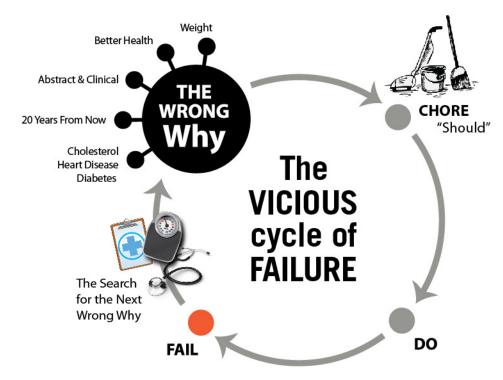
How Behavior Actually Works

When people initiate a behavior change out of pressure or for abstract reasons, such as "better health," this does not bode well for long-term motivation or behavior. Consider these types of reasons for behavior change as "The Wrong Whys." These types of reasons are The Wrong Whys not because they are inherently "wrong," but rather because they have a hard time trumping the other daily tasks and responsibilities against which they constantly compete.

It is important to note that The Wrong Whys are different for different people, often depending upon their life stage, gender, etc. We still need more research to determine which reasons for adopting behavior are more or less optimal for behavioral sustainability. (My team is currently researching which "Whys" for heath-related behaviors are more or less effective by gender and life stage.) You can, however, identify a Wrong Why by how people feel about pursuing it. In general, the Wrong Whys (and the behaviors they are attached to) feel

like chores or "shoulds," and because of that, they tend to result in unstable motivation and less persistent behavioral pursuit.²³

Importantly, when people start any behavior with The Wrong Why, it often leads to cyclical rather than sustainable behavior. Because this is the only model people have been taught, most have been stuck repeating the same cycle for 10, 20, or even 30+ years. See the image below for "The Vicious Cycle of Failure." It starts at 11:00, with The Wrong Why.



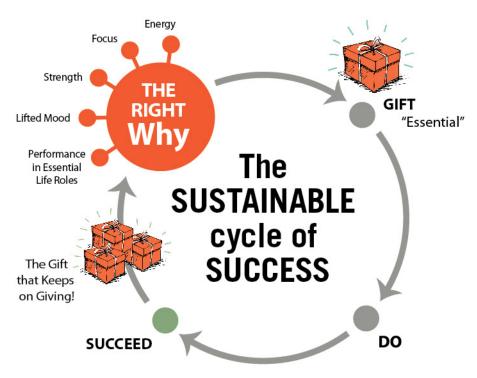
Copyright © Michelle Segar

Luckily, escaping The Vicious Cycle of Failure is actually quite simple.

We can create high-quality motivation and lasting change by going to the origin: The *primary reason* for initiating any desired behavior change.

The Sustainable Cycle of Success

In contrast to The Vicious Cycle of Failure, "The Sustainable Cycle of Success," depicted below, starts with "The Right Why," rewards from behavior that can be immediately experienced and that help people fulfill their most cherished roles and responsibilities. These types of Whys often result in good experiences, as well as being personally meaningful. Because of that, the behavior starts to feel like an essential part of the day and is considered as a "gift." It's easy to see why high quality and more stable motivation results from starting the behavioral cycle with The Right Why.^{24,25,26}



Copyright © Michelle Segar

The Right Whys initiates a cycle that is more likely to successfully result in sustainable behavior.

Thus, health promotion efforts based on Right Whys should be more cost-effective than those based on Wrong Whys because they are more likely to lead to higher quality motivation and greater behavioral persistence.

If on-going daily decision making in favor of self-care is the goal, we must reconsider which reasons and purposes for behavior are actually the most motivating. Will power is vulnerable to fatigue, but the pursuit of daily well-being offers immediate, fulfilling rewards.



Meet Michelle Segar

Michelle Segar, PhD, MPH is a behavioral sustainability and motivation researcher at the University of Michigan. She is the Associate Director of the Sport, Health, and Activity Research and Policy Center for Women and Girls and a Health Policy Fellow at the Center for Healthcare Research and Transformation.

Widely quoted in the media, and consulted as an expert by major publications like *The New York Times*, government agencies like the U.S. Department of Health and Human Services, and industry, Segar's novel insights on creating sustainable behavior are informed by three synergistic perspectives.

As a:

- Behavioral sustainability and motivation researcher
- Health behavior program development and evaluation specialist
- Physical activity and self-care coach to women

Her award-winning research challenges the status quo within the health promotion and health care industries by showing that logical rewards like "health" and "weight loss" do not motivate most people to sustain behavior as well as immediately-experienced and emotional rewards such as "well-being." Segar's multidisciplinary perspective on sustainable behavior reflects an intersection of culture, socialization, gender, motivation, decision making, and behavior.

Segar translates complex, interdisciplinary behavioral science into real-world solutions. For almost 20 years, she has been investigating what prevents individuals from achieving the sustained motivation and consistent decision making that underlie fitness, health, and well-being and creating systematic protocols and novel messaging strategies to overcome these barriers. She also trains health behavior professionals in methods to foster long-term sustainability and speaks internationally (MichelleSegar.com).

Segar's ideas have generated accolades from prestigious organizations such as the Society of Behavioral Medicine, Blue Cross and Blue Shield of Michigan Foundation, North American Menopause Society, among many others. She has a PhD in Psychology (focused on goals and motivational processes) and Master's Degrees in Health Behavior/Health Education (MPH) and in Kinesiology (MS) from the University of Michigan.

To contact Michelle Segar please email her at Michelle (at) MichelleSegar.com.









Tweet this report. Share on Facebook. Share on LinkedIn. Share on Google+

References

- 1. American College of Sports Medicine. Exercise is medicine. 2008; http://www.exerciseismedicine.org/public.htm Accessed January 22, 2008.
- 2. American Cancer Society. Choose you. 2010; http://www.cancer.org/healthy/index Accessed November, 2010.
- 3. Dishman R. The problem of exercise adherence: Fighting sloth in nations with market economies. *QUEST*. 2001;53:279-294.
- 4. Berlant NE, Pruitt SD. Adherence to medical recommendations. In: Cohen LM, MCChargue DE, Collins FL, eds. The health psychology handbook. London: Sage; 2003:208-222.
- 5. Dunbar-Jacobe J, Mortimer-Stephens MK. Treatment adherence in chronic disease. Journal of Clinical Epidemiology. 2001;54:S57-S60.
- 6. Segar M, Eccles J, Richardson C. Rebranding exercise: closing the gap between values and behavior. International Journal of Behavioral Nutrition and Physical Activity. 2011;8:94:1-14.
- 7. DiMatteo MR. Variations in patients' adherence to medical recommendations A quantitative review of 50 years of research. Medical Care. Mar 2004;42(3):200-209.
- 8. Hariri AR, Brown SM, Williamson DE, Flory JD, de Wit H, Manuck SB. Preference for immediate over delayed rewards is associated with magnitude of ventral striatal activity. Journal of Neuroscience. Dec 2006;26(51):13213-13217.
- 9. Rath T, Harter J. Well-being: The Five Essential Elements. New York: Gallup Press; 2010.
- 10. Ariely D. Predictably Irrational: The hidden forces that shape our decisions. New York: Harper Perennial; 2009.
- 11. Carver C, Scheier M. On the self-regulation of behavior. Cambridge: Cambridge University Press; 1998.
- 12. Brody J. Changing our tune on exercise. *The New York Times*. August 27, 2012.
- 13. Landro L. The simple idea that is transforming health care: A focus on quality of life helps medical providers see the big picture—and makes for healthier, happier patients. *The Wall Street Journal*. 2012. http://online.wsj.com/article/SB10001424052702304450004577275911370551798.html Accessed August, 2012.
- 14. Gellert P, Ziegelmann JP, Schwarzer R. Affective and health-related outcome expectancies for physical activity in older adults. *Psychology & Health*. 2012;27(7):816-828.
- 15. Segar ML, Eccles JS, Richardson CR. Type of physical activity goal influences participation in healthy midlife women. *Women's Health Issues*. 2008;18(4):281-291.
- 16. Segar ML, Eccles JS, Peck SC, Richardson C. Midlife women's physical activity goals: Sociocultural influences and effects on behavioral regulation. *Sex Roles*. 2007;57(11/12):837-850.
- 17. Vohs KD, Heatherton TF. Self-regulatory failure: A resource-depletion approach. *Psychological Science*. May 2000;11(3):249-254.
- 18. Baumeister RF, Muraven M, Tice DM. Ego depletion: A resource model of volition, self-regulation, and controlled processing. *Social Cognition*. 2000;18(2):130-150.
- 19. Rath T, Harter J. Well-being: *The Five Essential Elements*. New York: Gallup Press; 2010.
- 20. Segar ML, Eccles JS, Peck SC, Richardson C. Midlife women's physical activity goals: Sociocultural influences and effects on behavioral regulation. Sex Roles. 2007;57(11/12):837-850.
- 21. Vansteenkiste M, Lens W, Deci EL. Intrinsic versus extrinsic goal contents in self-determination theory: Another look at the quality of academic motivation. Educational Psychologist. 2006; 41, 19-31.
- 22. Deci EL, Ryan RM. The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*. 2000;11(4):227-268.
- 23. Deci EL, Ryan RM. Intrinsic motivation and self-determination in human behavior. New York: Plenum; 1985.
- 24. Sheldon KM, Elliot AJ. Not all personal goals are personal: Comparing autonomous and controlled reasons as predictors of effort and attainment. *Personality and Social Psychology*. 1998;24:546-557.
- 25. Ryan RM. Psychological needs and the facilitation of integrative processes. *Journal of Personality*. 1995;63:397-427.
- 26. Ryan RM, Deci E. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*. 2000;55(1):68-78.