WHY WE RESIST

The surprising truths about motivating behavior change

A guidebook for healthcare communicators, advocates and change agents

Kathleen R. Starr, Ph.D.
& Leigh Householder
DO I CONTRADICT MYSELF?

- WALT WHITMAN
Acknowledgements

One of the gifts of working in healthcare is that you are constantly surrounded by people who invest their careers, their time and their passions in helping people live healthier lives. They are obsessed with how to create change. As a close colleague once said, they “never stop flying the airplane,” always looking for a new way to motivate and connect with people.

Their work inspires our work as we watch them make powerful impacts on lives and health, simply by focusing on what people most need to succeed.

We owe particular gratitude to our closest partners and fellow researchers, including Jeff Brodscholl, Ph.D. (behavioral science), Linda Adams Matanovic and Joe Immen (book design), Benjamin Abramowitz (editor), Carolyn Stephenson (insights), Alex Brock (insights), Baba Shetty and Amy Hutnik (collaborators).

All proceeds from this book will be donated to The STARR Coalition, a nonprofit organization working to bring together thought leaders within clinical research, pharma and advocacy.
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Introduction

Why do you do the right things for your health? Is it because you want to meet a doctor’s expectations? Because you want to finally succeed at that diet and exercise plan? Or just simply because you want to feel in control?

Most of our healthcare environment is built around commands and promises: *this is what you should do* or *this is what I will do*. But that approach gets people caught up in a cycle of credit and debit behavior that’s hard to get out of. One small win is followed by a small miss or an everyday failure that leads to guilt and apathy, sapping motivation to continue. If you ever try at all, that is.

Success is a one-time measure. The ability to keep going, to succeed again and again, and ultimately meet those healthcare intentions—that’s about motivation and resilience.

Yet the ability to help people stay motivated is often lost in healthcare communications that aren’t connected to how people actually make decisions and change their behavior.

**So, how do we motivate people? How do we give them the resilience to try and then try again?**

Our industry and our world are fascinated by that question right now. We’ve seen a rapid expansion of our understanding of human behavior driven by new insights from the behavioral and social sciences – disciplines including behavioral economics, psychology, and neuroscience are all adding to this collective knowledge base. That new understanding is landing on consumer bookshelves, favorite podcasts and major television programs. Of course it is: because we all want to know *why* people do what they do.

Healthcare was among the first realms to nurture this curiosity about how to help people realize the change they want for themselves. The industry has piloted evidenced-based nudges and other programs designed to influence choices and behaviors. Papers have been written on the small-population impact of those programs, pointing to incredibly compelling opportunities to scale.
And, yet, despite the new knowledge, the compelling experiments, and the momentary *ah-ha*, healthcare advocates, professionals and companies still communicate and behave in counterintuitive ways that impact both the topline of patient health and the bottomline of sector growth.

Why do many of our organizations and colleagues continue to communicate healthcare information in ways that are outdated and unexamined? Maybe because behavioral science is – at its core – science. It’s big, complex and interconnected. Most healthcare professionals and communicators receive it bit by bit. A headline here, a presentation there. They don’t have a comprehensive view into how to make relevant connections to their own objectives. That bit-by-bit science might look interesting but not be actionable. Or, it might lead to experiments with one well-publicized model and leave more relevant approaches on the table.

**What would healthcare innovation look like if stakeholders had that comprehensive view and felt well equipped to use evidence-based levers of change in every communication or customer solution?**

In this book, we teamed up a behavioral scientist and a healthcare communicator to work together to create one clear picture of what we know and how we can apply it in the everyday work of helping more people live healthier lives.

**First, let’s agree, this is hard work.**

Adding behavioral science to existing healthcare communications or solutions introduces a new, challenging piece to the puzzle. It will require you and your team to think about every aspect of your current communications and solutions in new ways. To give old puzzle pieces new roles and learn how to put all the pieces together for each patient and healthcare stakeholder.

Jason Choi, the Science Department Chair at a New York high school called Sleepy Hollow, explained that kind of interruptive thinking to his students with a simple tangram puzzle.¹ Want to try it?
Start by cutting out these five pieces from his experiment:
Set the small square aside.
Now, try to build a square with the remaining four pieces.

Most people can build that puzzle pretty quickly, in just a few minutes.

Now, add that small square back into the mix. Can you remake the puzzle with that one additional piece? Solved correctly, it will still make the same shape.

You can see the solution to both puzzles on pages 126-127.

Reprinted with kind permission from Jason Choi.
INTRODUCTION
Did that second puzzle take a lot longer? Of course it did. To solve it, you couldn’t simply slide another piece in. Instead you had to think differently about how each piece worked. What was once pointed in is now pointed out. What was once on the top is now on the bottom.

To leverage behavioral science to its greatest ends for your goals, you’ll have to challenge the long-held conventions about how healthcare companies and advocates engage people. Advocating for that kind of new approach isn’t easy. It requires deep insight and bold moves that interrupt some thinking that healthcare is pretty comfortable with.

A story about sports as seen through the eyes a couple of financial strategists, Cliff Asness and Aaron Brown, seems really relevant here. Asness and Brown believe that, across the entire sport of hockey, coaches are doing something suboptimally. They’re pulling the goalie at the wrong time. You know how this play goes: if it’s late in the game and your team is down by one goal, the coach typically benches the goalie and subs in an extra attacker. It’s a tradeoff. The extra attacker increases your team’s chances of scoring, but the unguarded goal increases your opponent’s chances of scoring, too.

A bold strategy. A bold strategy that according to Asness and Brown is executed at entirely the wrong time.

Coaches pull goalies in the final minutes because it’s part of hockey tradition. It’s the way they know. But what if they looked at the data? That’s what our two economic strategists did. They played moneyball with pucks.

They built a computer model that showed the most effective time to pull the goalie. If the team is down by one goal, then pull the goalie when there are 5 minutes and 40 seconds left. Down by two goals? It’s even sooner: 11 minutes and 40 seconds.

Imagine that. That’s the kind of insight healthcare and life science leaders are looking for today. How would we do differently if we could see healthcare interactions clearly instead of through the lens of the conventions and traditions of our category? How could we change our organizations if we were able to act on what people really need, as opposed to what we’ve done before? How can we leverage behavioral science to deliver our own game-changing strategy?
In This Book

To build that comprehensive picture of what we know about behavioral science and make it actionable for your work or your business, we’ve divided this book into two parts:

Part 1: The Nine Principles of Influence

We aren’t so different.

When you think about how people are fundamentally wired, we have a lot in common. We all have basic needs and are uncomfortable when they’re interrupted. We are all defined in part by the social connections in our lives. We all behave irrationally at moments – and probably wouldn’t have it any other way.

Those are just some of the core behavioral principles that make us human. You will see how these principles can act as barriers that wire us to resist health behavior change as well as how they have the power to activate change.

In Part 1, we’ll unpack 9 Principles of Influence; each is founded on a core understanding of behavioral science. These principles both help explain the why behind the perplexing problems facing the healthcare industry and provide actionable strategies for innovating communications, products or services.
Part 2: The (Behavioral) Science of Segmenting

We can be really different.

Part two is a much smaller part of the book. In fact, you might simply call it a tenth chapter. But, it’s critical in showing how we move from these broad principles to customizing behavioral design for specific segments of your audience.

In this section you’ll dig into three specific ways to segment your audience to get even closer to what specifically motivates them. Understanding these segments will change the interventions you create, leading to simple personalization schemas that keep your audience engaged and motivated as they move from awareness into interest, interest into commitment, commitment into action, and action into resilience.
### Core Needs Worksheet

**WHO**
are we designing a behavioral intervention for:

<table>
<thead>
<tr>
<th>Healthcare Professional</th>
<th>Patient</th>
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**What point are they at in the healthcare journey:**

- Having an unexplained symptom
- Getting a diagnosis
- Preparing for a medical procedure
- Adjusting lifestyle to take care of medical condition
- Other

**What do they have to do to be successful:**
(e.g. make complex treatment decisions; change eating behavior)

**What decision do you want to effect:**
(e.g. talk to your doctor about a troubling symptom)

**What core needs might be violated?**

<table>
<thead>
<tr>
<th>Core Need</th>
<th>How? (Describe the approach)</th>
<th>Can we mitigate the violation?</th>
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<tbody>
<tr>
<td>Autonomy</td>
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<td>Purpose</td>
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<td>Fairness</td>
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**What specific intervention or communication would help?**

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Social Influence Mapping Worksheet

**WHO**
are we designing a behavioral intervention for:

Decision moment
that person is at:

What social signals might be interfering with an important healthcare decision or change?

Consider norms and barriers at each of the stakeholder’s circles of influence:

**Family and Close Friends:**
What shared norms might dictate day-to-day behavior (think, we always or our way)?

**Community:**
What are the rules for interacting, for information disclosure and for the availability of support (think, we talk about or we expect)?

**Culture:**
What are the definitions for how we think of health, medicine and wellness (think, we believe or we fear)?

Circle the norms you think are most important to elevate or interrupt.
Create ideas for how:
What’s one higher-order goal or ambition you have?
Think about something that’s connected to how you see yourself or who you want to be.

What’s a specific objective that you have against that?
Think about something concrete that you would spend energy against but that likely has multiple steps underneath it.

What’s one action you’re taking against that objective?
Think about something you could do and track today or tomorrow.

Now, try to create a micro intention against that objective:

I will [what]
at [when]
by [how].
Habit Map Worksheet

**WHO**
are we designing a behavioral intervention for:

Healthcare Professional  Patient

**What habit do we want to interrupt?**

---

**Cue**

**Routine**

**Reward**

Circle your top hunch for which is the most likely reward and the most likely cue.

**Now, design a new plan.**

What will give people that reward with a healthier behavior? What context cue can you remove or interrupt to short-circuit the existing habit? What context cue could you add to promote the new habit?

---

What does that routine look like today?

What are your hypotheses about what the rewards are for that routine?

What are your hypotheses about what the cues are? Remember, most habit-forming cues fall into one of five categories: location, time, emotional state, other people, preceding action.
About the Authors

Kathleen R. Starr, Ph.D.

Kathleen is one of the great teachers of our industry. She has been a professor, a clinician, a business leader, and now a leading voice for how behavioral science can fuel more powerful, effective healthcare communications and education. Kathleen has developed behavioral interventions with some of the leading brands in healthcare and is working to innovate omnichannel communication programs leveraging behavioral segmentation. She’s learned about people 1:1 as a practicing psychologist and now scales that knowledge through research and ethnography programs that seek to understand the everyday challenges, barriers, and joys of life and health.

Leigh Householder

Leigh began her career creating digital, social and loyalty strategies for Fortune 1000 brands. Ten years ago, she made the move to healthcare and never looked back. Leigh was a strategic lead on one of medicine’s biggest launches and has been an important partner to brands working to improve the lives of people fighting both chronic and acute diseases. Today, she invests a lot of her time interviewing and engaging people who work on the frontlines of healthcare around the world to both understand and prioritize the shifts changing the industry and the world. You can see her annual compilation of leading life science trends at trends.health
We all set healthcare intentions for ourselves. We want to do better. We want to feel better. What holds us back from succeeding?

Behavioral science has uncovered a number of fundamental underlying human truths that reveal why people reject healthcare change.

In this book, we teamed up a behavioral scientist and a healthcare communicator to work together to create one clear picture of what we know and how we can apply it in the everyday work of helping more people live healthier lives.

Inside, you’ll find nine principles of behavioral science that point to new ways to design communications, interventions and programs to help people make better, more confident decisions about their health. All while building the motivation to try and the resilience to try again when they have a setback along the way.

Each principle comes with tools, examples, and new ideas to help quickly upskill you and your team on how to use what motivates people to unlock real change.

Let’s get changing...
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