

conversation

with
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Psychosocial, environmental and behavioral issues have a bigger impact on patient health than many think, says David S. Sobel, M.D., M.P.H., and health plan sponsors, health care providers and policy makers can use research on behavior change to improve health care delivery and benefits structures to produce better health outcomes. Sobel, an adjunct lecturer at the Stanford University School of Medicine, will present “Healthy Pleasures: Why Everything That Feels Good Is Not Bad” during the finale session at the 65th Annual Employee Benefits Conference October 20-23 in San Diego, California. Sobel discussed behavior and its impact on health with editor Kathy Bergstrom, CEBS.

Why is behavior change important for health and in health care?

It’s very natural to associate the presence of health with genetic or biological factors—and that’s certainly valid—and to think about health being produced by the fact that people have access to excellent quality health care. But when you look at what really determines who stays healthy, who gets sick and, among those who get sick, how they get well, you find a different picture. You find that psychosocial, environmental and behavioral issues are actually predominant. The impact actually exceeds that of the provision of health care or medical care, which is where we invest most of our resources to improve health outcomes.

If you look at most of the quality measures in health care, they rely on patients changing some type of behavior. For example, if patients decide to get preventive care, whether it’s mammograms or flu shots, those are behaviors. Patients decide what they’re going to eat and whether they’re going to exercise or take their medication. Patients decide whether to seek medical care or practice self-care, and these behaviors greatly determine the quality of health care as well as cost outcomes in health care. Patient behavior matters. In a real sense, patients are the true primary care providers in the health care system! And yet, how much of our effort and resources are addressing how to successfully equip, empower and

educate patients as the true primary care providers? How can we support patient decision making on when and how to safely self-treat and when to wisely seek and use professional health care services?

Why are healthy behavioral changes seemingly difficult to achieve?

I’m often amused when someone says behavior change is difficult or that behavior change takes three months to set in. There’s very little evidence on that. Think about giving cell phones to teenagers: How long does it take for them to begin texting or socially interacting with their friends? That’s a complex behavior, but how long does it really take, and how hard is it?

Behavior is much more difficult to change if you’re not applying the behavioral science behind successful behavior change.

There are several pathways to behavior change, and I’ve identified four of them. One of them is a *breakthrough behavior change*—People either hit bottom or have something wonderful happen in their lives and, without a lot of planning, they change a lot of behaviors—often suddenly with sweeping changes that seemed intractable and out of reach. It might happen when someone falls in love, after the birth of a child or after a crisis such as a heart attack. They might start eating right and exercising.

The second is a change in the environment that either makes it easier to change or requires the person to change behavior. The third pathway is when a change is pleasurable and feels good and the person continues to do it. The fourth is really small steps—People set very small goals they can achieve and then establish and imprint a habit; once they do that, they can grow the habit.

How can a health care provider help someone make a change through one of these pathways?

I try to find out something that somebody wants to change. One of the prescriptions for failure is telling somebody else what to do and making it very general, lifelong and difficult. If you flip that around, you can use the prescription for success, which is finding a change that people really want to make and then helping them identify some very tiny steps that lead them in the direction of that change. You help make the change easier and build confidence through success experiences.

What kinds of behavior change methods are usually unsuccessful?

If a physician tries to scare people to get them to change their behavior, a small percentage will actually do it. But most people will not come back for another appointment and will try to avoid the topic altogether. Instilling fear doesn't work really well. Badgering and information overload—creating decision paralysis by flooding people

with too many things that they have to do—also don't tend to be very effective.

I think the biggest problem—and it's a problem for patients and for health care providers—is that we often overprescribe. Or we create goals that are unachievable and unrealistic and set people up for failure experiences. Repeated failure experiences make it less likely that people are going to want to change. It also doesn't leverage the emerging science of what works in terms of behavior change.

What behavior change methods are successful?

One of the most interesting findings resulted from a study of patients with chronic disease who got together in small groups and changed their behavior. The interesting things to come out of the study were a complete surprise. The change in behavior did not necessarily predict who got better and who didn't, and that was a shock. The people who changed their behavior said they felt more confident and more in control and had better health. When you talked to the people who did not improve, they said their behavior did not matter. They felt hopeless. The strongest predictor of the improvement in health outcomes was not the change in behavior itself but rather an increase in confidence and feelings of self-efficacy and a sense of control.

The reason that's so important is that there are two ways behavior change can affect health outcomes. One of them is successfully chang-

ing a health-related behavior and sustaining it—whether it's changes in diet, exercise, smoking, alcohol, stress management or taking medications as prescribed. Another way is having a small success experience that increases your sense of confidence and control and that directly affects your physiology and health outcomes. It suggests that helping people really master very small changes that boost their confidence and create success experiences can improve health and, conversely, it suggests that when people have failure experiences, either because they or others set themselves up for them, their sense of confidence and control decreases and works against the improvement of health outcomes.

Another thing to look at is motivation. We often talk about people not being motivated to change. But are they unmotivated or overwhelmed? Do we really know what people in their complex, busy lives really care about? What are their priority concerns or passions? It may be just surviving, managing financial or relationship stress, sleeping or a myriad of other personal concerns. The starting point might be finding out what their concerns and passions are or what truly motivates them, even if what they might want to change isn't what we would want them to change. We also need to invite their solutions. Very often when somebody wants to change something, we flood them with suggestions. Instead, it's often very helpful to say, "It sounds like you

really want to change something. Do you have any hunches or guesses about what might work for you?” They may unearth opportunities or barriers that you hadn’t even thought about.

Has progress been made in implementing behavioral science in health care?

Some people are making progress largely because some very effective programs and health plans are starting to harness and integrate evidence-based medicine and, in this case, evidence-based behavioral science. There is a lot of evidence out there in the behavioral sciences that is just creeping into health care to influence delivery. I am very optimistic about that.

It turns out that everyone has a stake in this. If some of the major drivers of poor health and rising health care costs are patient behaviors, then everybody has a role in trying to help with behavior change. That includes government policy, environmental change, structure of health plan benefits and incentives, and how providers or clinicians communicate with patients and integrate behavioral science into practice teams.

More psychologists, social workers and health educators/coaches are becoming part of practice teams to supplement the care that nurses and physicians can provide. I see much more of a transformation taking place within the delivery of health care itself. I think we’re on the steep part of the curve where even very little investment in terms of bringing behavioral science into improving health care delivery can yield major results.

learn more

David Sobel’s book *Healthy Pleasures* will be available for sale in the on-site International Foundation bookstore during the 65th Annual Employee Benefits Conference October 20-23 in San Diego, California.

What role can health plan sponsors play in behavior change?

It’s really important for health plan sponsors, as well as those delivering health care, to be brought up to date on the best that we have in terms of health behavior change and behavioral science. We need to stop sending patients to very boring, disengaging health promotion or health education activities or classes that end up having very little effect. We need to train clinicians in how to integrate successful behavior change into busy practices—or at least train them not to prescribe failure experiences for patients. Health plan sponsors, as well as those designing and paying for these interventions, need to make sure that they’re state of the art in terms of the application of successful behavior change and behavioral science. Writing a blank check or checking a box for a health education program is a waste of resources as well as the precious time of plan participants.

Is there promise for the use of mobile apps or other wearable devices to change behavior?

There’s been a lot of hype and excitement about big data and about people daily monitoring their steps and activity. I like to think about those devices as sort of a jump-start to behavior change. In other words, they can be very useful in the initial stages by giving very specific feedback to establish a habit. The goal of coaching, mobile devices and behavior change is not to create lifelong dependence. It usually is to help people get started and to help them learn the skills so that they integrate these behaviors into their lives as healthy habits. Once the habit is established, the obsessive focus on counting steps and monitoring every step seems to be misplaced for me. The purpose is to establish a habit in your life so you don’t have to think about it. You don’t worry about getting enough steps because it’s natural and built into your life. Life becomes your gym.