A few weeks ago I was asked a question that forced me to stop and reflect on my own health choices.

“Why do people still make poor health decisions, even when they have all the information?”
And, could I come speak to a group of health professionals about this issue and what they can do about it.

Ouch! “Hello Pot, I’m Kettle…”
Self-reflection is rarely fun, especially when it requires a behavior change.
But the “do as I say, not as I do” philosophy only goes so far.

So what can we do?

The idea of change makes most people uncomfortable.
Especially if that change is something we have “failed” at before.
But change is inevitable and necessary.

So how do we learn to embrace change and use it as an opportunity to run with, rather than something to run from?

What Keeps People from Changing?
The health care providers I know are “fixers” and “helpers”.
They don’t choose this profession for the easy work hours, the relaxing down time or the glamorous scrubs.
They truly want to help people. They are genuine, hard-working, sacrificing people.

Conventional health care says we must “fix” the issue that is causing poor health outcomes.
(Tobacco use, poor nutrition, lack of physical activity, medication compliance, etc.)
We explain why the change must happen.
We share the benefits of change.
We warn of the consequences of not changing.
We give them a plan and accept no excuses.

Our job is to assess, prescribe and fix.
But when that doesn’t work, we feel like this… →

While the person we aimed to help feels angry, irritated, defensive, ashamed, eager to leave, powerless, discouraged or disengaged.

In addition to conventional health care, our traditional notions about people say...
If you can make people see, they will change...
If people know enough, then they will change...
If you can teach people how to change, they will do it....
If you can make people feel bad or afraid enough, they will change....

And yet, sometimes insight, knowledge, skills and feeling bad or fear is still not enough...

In addition to the typical struggles, they have perceived personal barriers.
They fear failure.
(Hi, I’m Jennifer. I’m the chronic dieter that makes a plan for Monday... Then Sunday night, I don’t sleep. I don’t get up and exercise, then I don’t eat right because I’m tired and going through the motions to survive Monday... #crashandburn... You get the picture.)

There are financial restrictions... I can’t afford a gym or the healthy food options or NRT...
Maybe the other people in their family/home/circle of friends have the same behavior and aren’t ready to change. Major changes are hard enough to stick to when you have to fight triggers from those around you.

People also struggle to see the long term.
They view their future selves as strangers, causing them to feel ambivalent about change.

We know Einstein as a genius, but he didn’t always show promise. His early teachers felt he was mentally handicapped, slow and anti-social.
He was expelled from school for his rebellious nature and was refused admittance to the Zurich Polytechnic School.
However he went on to revolutionize science’s understanding of the world, taking physics beyond its Newtonian view by developing the theory of General Relativity.
He went on to win the Nobel Prize and influenced all aspects of culture, from religion, to art, to late-night television.

**What Makes People Change?**

We know that even well-meaning advice or scare tactics will not help a person change. These approaches tend to make people respond in one of 2 ways…

- They resist what is forced upon them.
- They feel disempowered when they are shamed.

On the other hand, there are ways we can help.

- People want to be heard and validated.
- They believe what they hear themselves say.
- They are empowered when they are built up.

Although Abe Lincoln is remembered as one of our countries greatest leaders, he faced numerous setbacks throughout his career.
In his youth, he went to war a Captain, but returned a Private.
He lost his job and failed in business.
He had a nervous breakdown.
He was defeated numerous times when he ran for political office.
But he never gave up. Just two years after his last political defeat, he was elected President of the United States.
He NEVER gave up.

**What Makes Me an Expert?**

“I would do anything to be thin... except diet and exercise.”

I have over 15 years’ experience in Public Health, Cancer Control, Patient Services and Tobacco Prevention and Treatment.

- I have sat with patients who didn’t know how they were going to pay their electric bill or put food on the table.
- Making healthier nutrition choices didn’t feel like an option to them, when they struggled to get food in the first place.
- I have worked with those who didn’t know how they were going to get to treatment even if they had the energy to get to the car.
- Trying to be compliant left them feeling hopeless and helpless, but to add improved diet and exercise to their routine was too much at the time.
- I’ve seen the discouragement on the faces of parents who were watching their children fight for life.
- Talking about their smoking right then just made them feel angry and guilty and frustrated.

But I’ve also lived the struggle myself.
I’ve had to stare in the mirror and decide if I was going to make the hard choices and change, or continue on the unhealthy path I was on.

I know what I should do.
I don’t use tobacco. (Go me!)
But I do love carbs and sweets and “comfort food”.
And I live a busy life...
 And my “numbers” are really good. All except for one…. (*Scales are stupid.*)

But I have a family history of heart disease and cancer...
I remind myself how it felt to lose my mom at 13 and my girls need me.

So I had to decide I was going to walk the walk while I talked the talk.

**What Can You Do?**

What motivates people to change?
What makes them ultimately take charge of their health?
What can you do to help your patients move forward and find their “why”?

First, we have to understand what motivates people.

**Priorities and Values** – Understanding what they value is a key to their motivation.
› What do they hope for?
› What do they care about the most?
› How do they hope their life will be different in a month, a year or five years from now?

**Perceived Benefits and Consequences** – The benefits of change will have to outweigh the consequences.
› The severity of a potential illness
› Their susceptibility to that illness
› The benefits of taking a preventative action, and
› The barriers to taking action must be considered.

**Verbalizing the Benefits of Change** – People believe what they hear themselves say.

**Self-Efficacy** – Self-confidence impacts behavior change.
› Knowing change is important isn’t enough.
› Must believe we are capable of changing behavior.

**Planning** – Change requires a plan.
› Plan out in advance how to address potential barriers and triggers.
› Change or variance in daily routines and habits.

Learning these steps is a start, but we must also understand what makes people motivated to take charge of their health.

On a scale from 1 to 10...

**Importance** – How important is it to you?
› (9) I know that it is important to my health to make better food choices and be more physically active.
› (10) It is important to me that I set the example for my daughters.

**Confidence** – How confident are you that you can change?
› (7) I have made these changes before, so I know I can do it, but it is really hard to make it a priority in a busy day.

**Readiness** – How ready are you to change?
› (8-9) I am ready to feel better and set that example for my girls.

It takes ALL THREE of these to motivate and cause change.

Finally, we need to take a different approach, since we know the traditional “medical model” isn’t working for behavior change.
The “medical model” is what makes us “assess, prescribe & fix” our patients, when what they need is to feel heard, supported and shown empathy.

To do this, we need to use open ended questions to generate more discussion, allowing the patient to determine their own arguments for change.

We also must find a way to balance our responsibilities of “treating the patient” with their need to own their own behavior change using Motivational Interviewing.

Remember....

Behavior change is difficult, but not impossible.

Since traditional methods aren’t effective, we must change our approach to help people overcome their perceived barriers.

Behavior change takes empathy, support and practice.

It takes assessing Importance, Confidence, Readiness (and Ownership) for people to change.

By re-framing ours and their failures, we can learn what does and doesn’t work for each individual.

Theodor Seuss Geisel has a unique story & mind, but his path was far from easy. He began writing children’s books because it was the only thing that his original employer didn’t exclude him from writing; but 27 different publishers rejected his first book To Think That I Saw it on Mulberry Street.

They tried to limit his creativity by restricting his writing to no more than 225 vocabulary words & he nearly gave up. “I read the list three time & almost went out of my head. I said, I’ll read it once more & if I can find two words that rhyme, that’ll be the title of my book... I found ‘cat’ & ‘hat’ and said the title will be The Cat in the Hat.”

Dr. Seuss found his inspiration in those who attacked him through prejudice growing up, telling readers that “even the smallest, apparently insignificant person has an important role to play.”

In the final message of Dr. Seuss, “We can... and we’ve got to... do better than this.”

Until next time,

Jennifer W. Roysdon, MS
Tobacco Treatment Systems Coordinator
Hospitals Helping Patients Quit: Advancing Tobacco Treatment Initiative
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“There is no clinical treatment available today that can reduce illness, prevent death, and increase quality of life more than effective tobacco treatment interventions.”

-Treating Tobacco Use and Dependence, US Public Health