

★ WELCOA's News & Views

Rebranding Health as Well-Being

A decorative graphic featuring a large orange curved arrow pointing right, a light blue circle, and several gift boxes with white ribbons. A teal banner is positioned across the middle of the graphic.

A WELCOA Expert Interview with Dr. Michelle Segar

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An Expert Interview with
Dr. Michelle Segar

ABOUT **MICHELLE SEGAR, PhD**



Dr. Michelle Segar is a behavioral sustainability scientist, the Director of the Sport, Health, and Activity Research and Policy Center (SHARP) at the University of Michigan, and Chair of the U.S. National Physical Activity Plan's Communications Committee.

ABOUT **RYAN PICARELLA, MS, SPHR**



As WELCOA's President, Ryan brings immense knowledge and insight from his career that spans over a decade in the health and wellness industry. He is a national speaker, healthcare consultant, and has designed and executed award winning wellness programs. Known for his innovative and pragmatic approach to worksite wellness, Ryan looks forward to furthering the WELCOA mission and vision and continuing to position the organization for success for the future.

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WELCOA President, Ryan Picarella, sits down with Dr. Michelle Segar to discuss the surprising reasons why so many of us attempt healthy lifestyle changes but ultimately don't stick with them. Dr. Segar presents a new science-based paradigm to motivate healthy behavior so it is maintained over time. Keep reading to learn more about an easy-to-adopt, novel approach to promoting health, wellness, and fitness behaviors that leading organizations are starting to adopt.



Q1 What made you first decide to explore motivation as it relates to health behaviors?

Michelle Segar: Well, something happened back in February of 1994 that ignited my passion for this topic. At that time I was conducting a randomized exercise trial with cancer survivors. We were studying whether exercise could decrease depressive and anxiety symptoms, which was our primary study question, and we found that it did. But part of our study asked people to come back in and participate in focus groups about three months after the study had ended. I remember this like it was yesterday. The participants sat around talking about how good exercise was for their health and how great it was. When I heard them talk about the benefits of exercise my initial reaction was *oh, my gosh*. We are not just conducting good science, we are actually helping real people improve their lives! Unfortunately, I was soon to discover that almost everyone had stopped exercising three months before our focus group, when their commitment to our study had ended! I got very curious about this disconnect between their positive views of exercise and its value to them and their actual participation.

So I asked these participants “why did you stop exercising given all of the positives you know that exercise gives you?” They said things like, “Oh, I have to work,” “I have to chauffeur kids,” “I have to cook,” “I have to take care of parents,” “I have all of these other things that are higher priorities.” And in that moment of hearing these people talk I thought, wow, this has nothing to do with cancer and everything to do with just being busy adults living their hectic lives. And if people who face death are not able to prioritize their own self-care then we have a real problem in society. I had a lightbulb moment; I knew that this was my problem to solve and committed myself to discovering a solution to create sustainable behavior change 21 years ago. All of the training, research, and coaching I've done since February 1994 has been in service of learning everything I can to understand the real, hidden reasons people don't stay motivated to sustain self-care behaviors like physical activity and developing interventions to foster the levers of sustainable behavior change.

“If people who have faced death are **unable to prioritize their own self-care** then we have a **real problem in society.**”

- Work
- Take mom to appt.
- Pick up kids
- Cook dinner
- Exercise

Q2 I think sometimes in health promotion, we make the mistake of assuming people do not want to be healthy, but I think people ultimately do want to be healthy and they do not want to face chronic illness. Why do you think that so many of us attempt a healthy lifestyle goal every year, and most of us fail to ultimately sustain the health behaviors we really do want to adopt?

MS: I agree with you Ryan. People do want to change. Every New Year's Eve when their doctor tells them they've got some health issue, people do want to take better care of themselves and try to change their lifestyle behaviors. But it's not people's fault that they fail. This is really important for everyone to know. The reason people are not successful at sustaining healthy behaviors is because the behavior change system our culture (especially health care) has been teaching sets most up to fail.

We've all been socialized to adopt lifestyle behaviors for logic-based, future rewards or outcomes from these behaviors. Think "better health." Think "weight loss" and "disease prevention." But in reality, many people are simply too busy to fit in and prioritize activities that deliver a reward in the future, whether it's two months or 20 years. Our lives are so hectic that if a behavior isn't relevant to what matters most to us today, it's very hard to consider it compelling enough to consistently prioritize.

In essence, the foundational issue related to people's lack of prioritizing their own self-care behavior is that we've been socialized to focus on what I call The Wrong Whys. The Wrong Whys effectively motivate people to *initiate* a behavior change. But what gets people started and what keeps them sustaining are two very different animals.

Consider this: the "health promotion" and "disease prevention" paradigm promotes lifestyle behaviors (and disease management behaviors) out of a logic-based, medically-focused model. That framework gets people to try, and try, and try again. They have to keep trying because it doesn't stick long term. Research around the world shows that people don't even adhere to taking their pills, another medically focused behavior. While taking pills is not a simple behavior it is a lot less complex than changing one's diet or exercising every day. So the idea that we should be promoting behaviors like exercise and getting more sleep out of a medical model or analogizing these behaviors to medicine is a misguided strategy. Persuading clinicians that lifestyle counseling is like medicine to help patients improve their health outcomes (e.g., "exercise is medicine") is a great "hook"—for *clinicians*. But it doesn't translate well to the end user: people. Think about the association many have with medicine. It's often a "Yuck!" Yet, in general, our society has been branding self-care as medicine instead of the life-enhancing actions they actually are. We are creating medicalized meanings for behaviors (e.g., think "chore") that actually have the potential to help us feel as good as we can and fuel what matters most. Talk about a gift! It's not rocket science: gifts are better than chores.

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Q3 So, can you tell us more about these logic-based reasons and why, in general, they are not good at fueling sustainable behavior?

MS: Logic-based reasons for behavior change, in general, reflect instrumental, pragmatic outcomes, often realized in the future, such as trying to lose weight and trying to achieve better health. These reasons for change can either be abstract, like “disease prevention” or something specific like increasing “good” cholesterol or decreasing blood pressure.

When we proclaim at New Year’s, “Yes—I am finally going to do this!” we are actually very committed and want to make this intended behavioral change. Then two months later when we have to stay late for work and our kids come home with extra homework, where does that pledge for “better health” (proclaimed at New Year’s) sit on our list of priorities? What typically happens is that when we begin with these well-intended and desired logic-based reasons, they have a hard time competing with our other daily priorities once we get past that initial burst of motivation. Where do you think self-care behaviors like exercise sit on people’s daily “to do” lists if the reason for these behaviors won’t be realized until weeks, months, or even years later (if at all)? My research suggests that when our primary Why for a behavior change aims to achieve a future, logic-based outcome, feels controlling and/or has a negative associations, many do not stay motivated and also don’t consider these behaviors as relevant and compelling *priorities* today. It would be tempting to think that retired folks or those who have a chronic illness are more motivated by medical, future Whys, but that doesn’t seem to be the case. An internationally renowned expert in chronic disease management, past dean of the University of Michigan School of Public Health, Noreen Clark (now deceased), was quoted in the Wall Street Journal as saying that chronically ill patients will follow their clinical regimen if it helps them feel and function better every day. I used to believe that “good or better health” was a great motivator for sustainable behavior change until my research challenged me to look beyond my assumptions about this.

The research on framing is clear. When you frame a behavior as something that you “should” do it feels like work to do, as opposed to something that you want because it will help you feel and/or function better now. The reasons we promote behavior change create the frame that influences whether doing these behaviors is perceived as depleting or energizing. So our framing of behavior ultimately influences whether we stay motivated to keep it up—or not. To help with this shift, we as professionals have to change our frames, too. We’ve been talking about behavior change. But to give us the lens we need to see how to create changes that last we have to start thinking and talking about sustainable behavior change. That shift in perspective really changes everything.

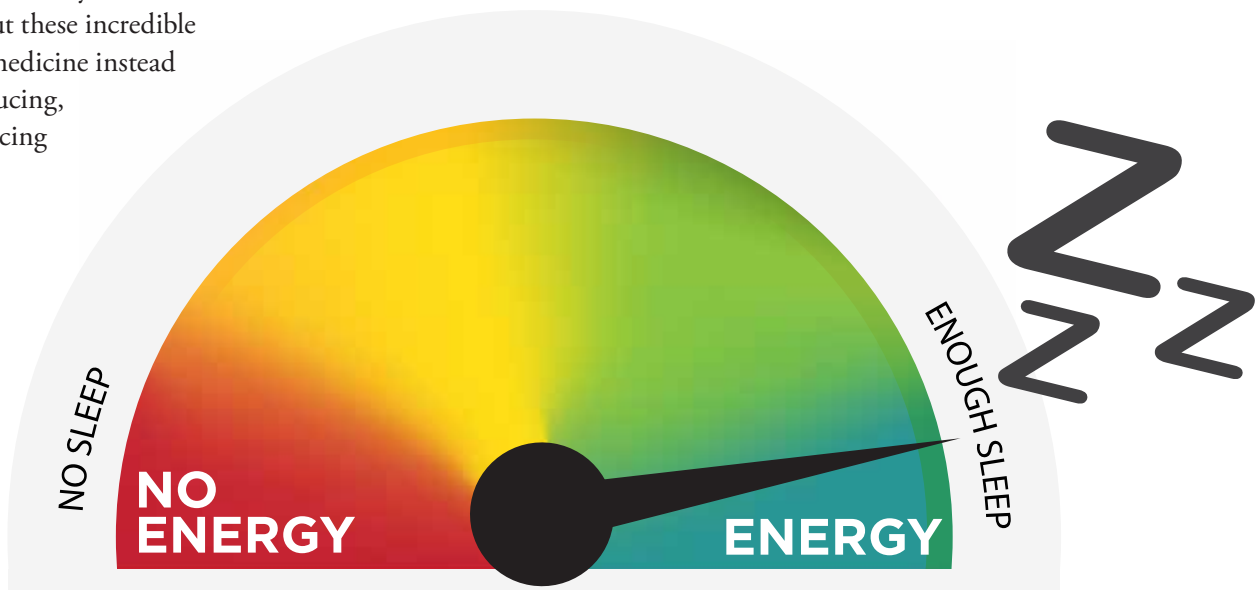
Research shows that when you frame a behavior as something that you “should” do it **feels like work**, as opposed to something that **results in positivity and well-being**. This frame actually influences whether doing this behavior **depletes** or **energizes** you.”



Q4 I love that; that makes perfect sense. In the research that you have conducted on motivation and sustainable behavior change, what is the biggest way that traditional employee health promotion gets it wrong? How can we start reframing things differently to have more sustainable success?

MS: I think the way we get it wrong is the same way that health care gets it wrong (it is really a societal issue at this point). We perceive and approach behaviors like sleep, physical activity and eating as vehicles to prevent disease, control weight, and improve our health. But we just have to look back over the last 30 years to see that what we have been doing is producing cycles of starting and stopping but not behavioral sustainability. What if, instead, we understood that these same behaviors are actually fuel for us to feel better, live better, and be better? In general when people get “enough” sleep (whatever that might be for any given individual), they are energized, they are in a better mood, and what does that translate into? All of a sudden you have more energy to be who you are and live your life; you are better able to be who you really are. That translates into being happier and more enthusiastic to face your day and the many responsibilities it contains. How different is this from starting your day after getting five hours of sleep and waking up feeling exhausted? In my twenty years of health coaching, I’ve witnessed what happens when someone understands the real trade off from their daily choices on their energy level and well-being, and how that further influences their enjoyment and performance in the roles they care most about. It’s game changing. Given how much we know about marketing and consumer behavior, I think it is kind of amazing that in today’s world we are still thinking about these incredible behaviors as medicine instead of the joy-inducing, success-producing behaviors that they actually are.

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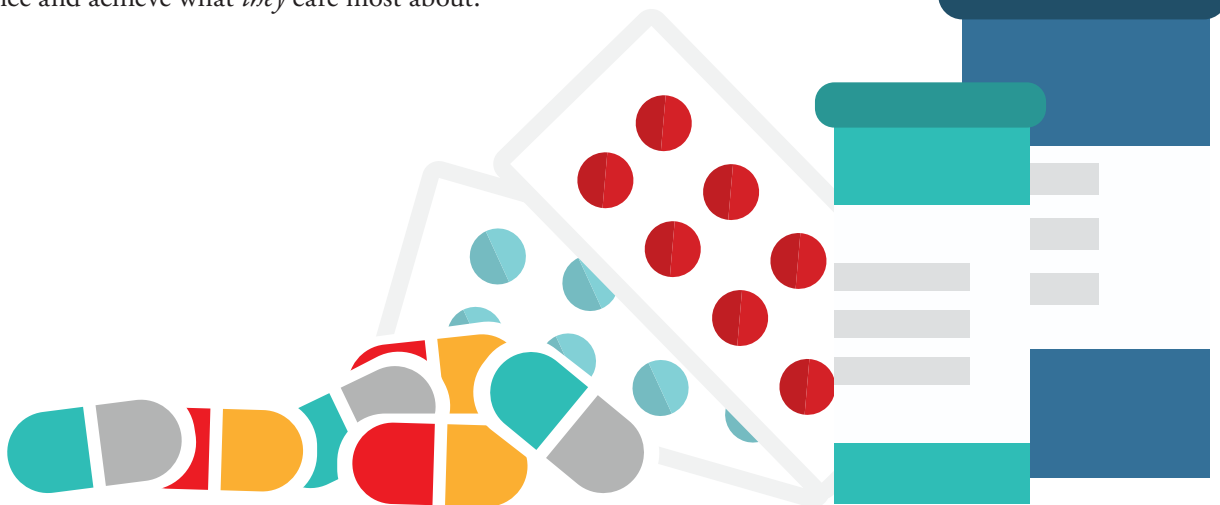
Q5 That is interesting; it is a paradigm shift really. So why do you think we have struggled as an industry with using that logic-based, medical approach for motivating employees for long-term behavior change? Why do we just look at healthy lifestyle behaviors as medicine?

MS: Well, the short answer is that organizations want to decrease their healthcare cost and so they are thinking about what drives this decrease. This pragmatic view and objective does make sense. Yet, it's also overly focusing the "strategy" on our goals rather than on the goals of the end user we hope to influence. This is surprising because we have so many examples of effective consumer marketing and what produces repeat consumer behavior. Let's start leveraging and applying this knowledge in our field!

There is even a very successful example within health care that we can look to: the pharmaceutical industry. The pharmaceutical industry has been very successful with their direct-to-consumer advertisements. Think about their ads. They don't promote a *"reduction of 20 percent in this."* They do not talk in medicalized terms. Their ads focus on how their drug will help people feel and function better; be better. These ads are everywhere now because they work. These life-enhancing frames for very real medical issues have clearly been successful at motivating people to go to their doctors and ask about these medications. If the ads were not working, the industry would not keep investing in them.

Yet, in general, we ignore this example in our field. We explicitly ask employees to become healthier and control their weight through lifestyle behaviors. Do you see the parallel? Promoting the behaviors we want out of our own goals is not aligned with marketing principles: the target behavior is a key way that helps the end user experience and achieve what *they* care most about.

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Q6 At the WELCOA Summit in March we were talking about a very similar idea. The wellness industry is selling sweat, hard work, quinoa and fitness centers, while the fast food and tobacco industries are selling good times and rock and roll. It is hard to compete with that. That sounds like a similar conversation to the one we are having now.

MS: Absolutely. In plain terms, if we want people to adopt lifestyles that consistently favor health, we need to brand the behaviors in ways that are going to make them relevant and compelling to people's daily lives. We have got to see ourselves as marketers. The other thing is that this rebranding process has to start at the beginning of the process, not the middle or the end. The branding has to start with the outreach for the initial phases of getting people interested, and it has to be integrated into the programing and continually reinforced throughout. If there is an organization that is doing this really well in their internal communications and then they use a vendor that is not doing this through their programming, they will be delivering inconsistent messages and this will undermine the process. The messages have to be consistently aligned across platforms and stages.

Q7 How do you think we begin to get people to have these intrinsic sort of desires to be healthy? Can we help people change their behaviors for good?

MS: Absolutely. Research on self-determination theory clearly shows that the context in which we communicate about behaviors strongly influences whether someone feels autonomous (e.g., self-determined) towards the behavior and intrinsically motivated, or whether they feel controlled and pressured and are extrinsically motivated. (This is across a lot of different types of behaviors). This is so powerful because organizations create the context for people's perceptions and experiences. So if organizational communications and offerings repositioned, or rebranded, the reason, The Why, for self-care away from medicine into fueling what matters most in people's lives, they could have a dramatic effect on people's perception of and desire to adopt these behaviors. The organization is a context where these ideas can be scaled and you can influence a lot of people. It's an efficient way to create large scale change, especially within health care contexts

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because health care employees are the ambassadors of self-care to patients. Do you think a health care service provider who has energy and well-being will better help patients create better health than one who feels depleted? Talk about a big bang for the self-care buck. I'm really excited to be working on these issues within health care.

Q8 You talk about rebranding health as well-being. What approach do you think will help us more successfully design wellness initiatives to change behavior? How do we begin to start reframing wellness into more of an attractive thing for people?

MS: When you rebrand health as well-being, you are shifting away from an external, ideal in the future to positivity and effectiveness in the now.

So, how do we do it? Well, the first thing we have to address is that many people (e.g., employees and patients) may be cynical at this point about the motives of organizations promoting lifestyle changes as well as doubting their own abilities to be successful (based on their past lack of success). Even though people really do want to change and have tried many times they have gotten stuck in what I call The Vicious Cycle of Failure. So some people, if not many, erroneously feel like failures and lose hope that they can ever really make a significant and lasting change. Then on top of these negative feelings, here comes their employer asking them to do something again they have already failed at before.

So, how do we turn this situation around? We need to get people curious! If they are not curious, they will not listen when we have these new messages and meanings from our rebranding. The pre-step to rebranding: introduce some ideas and messaging that can spark their curiosity because when people are curious they are open and receptive. So igniting curiosity is the first key step.

Q9 So what do you think are the major threats to health promotion program success if we as professionals continue to be focused on logic-based reasons and incentives to motive employees?

MS: Wow. That is a good and a hard question. If we keep doing what we've been doing we will be unsuccessful at creating sustainable behavior change, and if we do not create sustainable behavior change, we are not going to decrease healthcare

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costs. There is also another potential issue with continuing with this approach. If employees feel pressured it is easy to become resentful, and that does not lead to loyalty, it does not lead to retention, it does not lead to quality work. It does not likely lead to good health either.

Q10 We as an industry have been using incentives to motivate employees for behavior change for several decades now—is there research to back-up that approach to motivation?

MS: My sense of this literature is that incentives are successful in motivating one time behaviors like getting someone to take an HRA or get screened, but they have not been successful in promoting or fostering sustainable behavior changes in general. There is one example I can think of, a smoking cessation study, where people who are given incentives were more successful than people who were not given incentives. To date, I don't think there is published research showing incentives have the potential to drive *long-term* dietary change or exercise. If you were to give someone an additional \$1,000 per month to go exercise, I think that would be a pretty compelling incentive, but, once that incentive was removed, people would likely stop as other research suggests happens.

Q11 The last thing I want to ask you is what is one piece of advice or one thing that you think professionals can do right now to begin rebranding health as well-being in their own organizations or client organizations and to begin to start getting people to think a little bit differently about behavior change and health?

MS: The exciting thing, Ryan, is that, we can turn this situation on its head! We can rebrand health as well-being by helping people create The Right Whys for change, ones that feel *relevant, compelling, meaningful* and *positive*. We can start creating associations with self-care behaviors that are aligned with our sense of self, including how we feel and function every day. If we want people to make choices day in and day out, we have to create meanings for these lifestyles behaviors that position them as great ways to foster happiness and refuel ourselves for our most cherished daily roles and goals. We have to embed these behaviors with a meaning that aims to help

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us feel, live, and be better. I explain the specific messages and methods that create this transformation in my new book *No Sweat: How the Simple Science of Motivation Can Bring You a Lifetime of Fitness*. In addition, however, to creating a new brand and meaning for these behaviors we also need to teach people to notice how much better they feel when they make these choices. Science shows that immediate rewards are more motivating than ones you have to wait for. Once someone understands deeply how much better they feel when they get enough sleep, move more or eat certain foods over others; they can't ignore this awareness. Given that our primary motivation for adopting a new self-care behavior (e.g., sleep, exercise) determines our resulting relationship with that behavior and whether we stay motivated in the face of challenges, wouldn't we want that Why for behavior to be as potent as possible?!

I have been fascinated to see in my own coaching clients that people do not notice the feel good effects of their self-care behavioral choices because they are so focused on the external, often weight-focused, outcomes that they hope their target behavior will deliver. They simply miss this other link that is happening because they have never been asked to notice! But when we explicitly shine a light on and ask people to start to notice how their bodies and minds feel when they make the choices that favor self-care, and also when they don't, this awareness becomes a *powerful motivator*. There are a few more components that are needed in order to create sustainable behavior change but the ideas we've been talking about are the first step and foundation for the rest. This is a very exciting time for people whose professional work aims to incite behavioral changes that last. [NWV](#)

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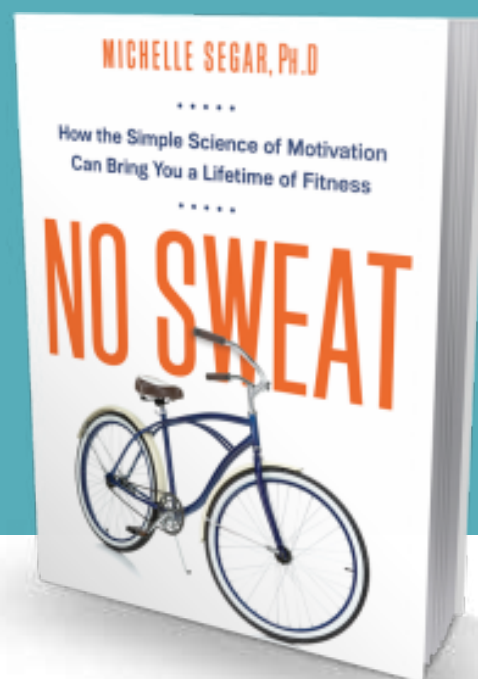
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