



# UNDERSTANDING AND CHANGING THE METABOLIC MINDSET™

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The findings of our new study recommend a new, more effective way to help patients quit smoking, eat better and start exercising. These are behaviors that many in health care consider the biggest contributors to the development of chronic illness and are also the behaviors that are the most impervious to change.

And the need for change is critical.

For the first time in our history, we are raising children who are sicker and who may die younger than their parents. The rise in type 2 diabetes has been called “a public health humiliation,” and, in spite of all the warnings, more than 3,000 young people take up smoking every day. Nearly a third of all adults are obese, and almost half live with at least one of the metabolic diseases in the study.

Besides the human toll, metabolic diseases such as type 2 diabetes, hypertension, high cholesterol and obesity are major contributors to the cost of health care. The American Medical Association estimated that of the \$2.3 trillion spent on health care every year, \$575 billion — one-fourth of the total — is spent on the treatment of diseases or disabilities that result from unhealthy, changeable behaviors.

The way we currently treat these patients is limited by training and tradition. Physicians know how to treat specific conditions, but motivating patients to make healthier lifestyle choices is a challenge. Health care providers understand what patients should do, but often can't tell them how.

These new findings give physicians, public health officials and managed care providers hope. The insights in this study could be the key to helping millions quit smoking, start daily exercise and eat healthier meals. And it's all about treating behavior instead of just the condition.

By studying differences,

## WE DISCOVERED SURPRISING SIMILARITIES

The study started with our desire to understand the differences between patients with type 2 diabetes, obesity, high cholesterol and hypertension so that we could market to them more effectively. Instead, we came away with a deep appreciation for what these patients have in common and what this research could potentially mean to physicians, managed care providers, public health professionals and the entire U.S. health care system.

We studied these patients because they have similar demographic profiles, their conditions are often co-morbidities and their prescriptions often require a change in behavior — a challenge for even the most adept health care marketer. We learned that the conditions, symptoms and complexity of their treatment varied, but their motivations to change, and the barriers that stood in the way of that change, were remarkably similar. We call this the “metabolic mindset™.”



Based on our findings, we suggest that understanding demographics and conditions is less critical than knowing that this metabolic mindset™ is susceptible to change.

To help physicians and other health care providers understand this audience and the actionable opportunities this insight presents, we created a Metabolic Segmentation model.

How can we

## USE METABOLIC SEGMENTATION TO REACH THESE PATIENTS?

More than most other conditions, metabolic diseases place an enormous burden on patients. So much of their treatment relies on changing their diet and their exercise routine, if they have one.

Physicians are successful at prescribing the right medications, but rarely have the time or training to encourage patients to make long-term lifestyle changes. Doctors can be frustrated by lack of adherence and patients, not seeing any measurable benefit, can give up and go back to their unhealthy habits.

To find a way to give patients the confidence and encouragement they need, we examined key psychological factors and found that across metabolic disease states there are four basic types of patients. These profiles, when used to create communications and programs, can improve the dialogue between patients and health care providers and give them both the knowledge and understanding they need to produce healthier outcomes.



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## THE X AND Y OF METABOLIC SEGMENTS

If we assess a patient's level of concern and level of engagement, we can identify which of the four profiles best represents his metabolic mindset.™ In other words, the more a patient perceives his condition as a serious threat to his health and the more he feels he's an active part of his treatment, the more likely he is to stay on drug and make necessary changes in diet, exercise and other lifestyle factors. Using this knowledge to direct communications will help patients make difficult lifestyle changes for better health. The key is to focus on the individual's psychology instead of disease.

The four types of metabolic patients and suggested ways to motivate them are:



### CRUISE CONTROL



- Manage their conditions but are not highly concerned
- Rely on their doctors
- Relatively adherent
- Healthier diet and exercise behaviors

Their level of concern is so low, it puts them at risk for returning to their unhealthy behaviors. Strong and repeated reinforcement by their HCPs can help and self-assessment tools can reinforce how the changes they have made are working.



### TAKING CHARGE



- Have the best diet and exercise behaviors
- Most convinced treatment can help
- Most likely to research their condition

They are aware of the risks of unhealthy behaviors and believe it is their duty to avoid them. They don't require intense investment or intervention by their physicians. Engage these patients as advocates and invite them to share their expertise with other patients.



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## DISENGAGED



- Feel their condition is beyond their control
- Least likely to think treatment is helpful
- Least adherent

Use education, but go beyond the facts. Demonstrate how taking action will improve their personal risk profile. Inertia is a barrier, so allow them to choose which issue to work on first and focus on one behavior at a time. They are susceptible to setbacks, so it is important to acknowledge small successes and to provide plans in case of a relapse.

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## OVERWHELMED



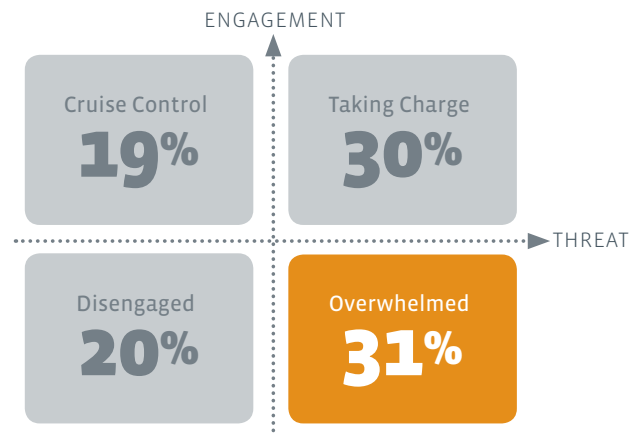
- More likely to be depressed
- Have the worst diet and exercise behaviors
- Lower confidence in their ability to manage conditions

These people care, but they don't know where to begin. Too much information will overwhelm them and they'll give up. Instead, raise their self-confidence by doling out information in easy-to-digest bites. Create an action plan with a step-by-step approach that focuses on setting small goals and celebrating successes.

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Of these four segments, the last is often overlooked and yet, based on our experience, it's this segment that offers the biggest opportunity for change. Don't tell an overwhelmed patient to lose weight and get more exercise. Tell him to lose two pounds and walk fifteen minutes, twice a day. This patient will learn to see achievement rather than failure. And success brings more success.



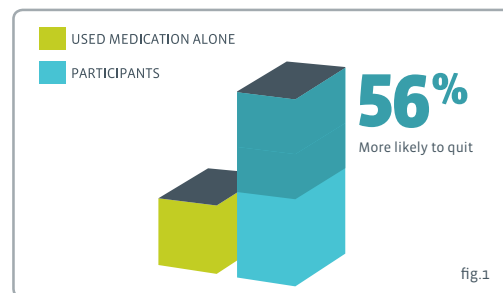
## A RECORD OF SUCCESS

Programs built around behavioral models have been successful. The CDC used behavioral science to create WISEWOMAN, a program for low-income women. The purpose of the program was to lower their risk for cardiovascular disease. Participants changed their habits and the result was a nearly 9% reduction in their 10-year risk for coronary disease.

The program also drove significant reductions in the number of women with hypertension (down by almost 16%) and high cholesterol (down 13%).

Decades of behavioral research demonstrate that one-size-fits-all interventions are largely ineffective. Programs like WISEWOMAN take into account individual motivations for changing diet and exercise. Consequently, they are more successful.

MicroMass has created several support programs using behaviorally targeted messages, including a program to help smokers quit. Participants were 56% more likely to quit than those who used medication alone (fig.1).



In a program addressing hypertension, 65% of participating patients lost weight and started a regular exercise routine (fig.2).



These programs are successful because they recognize that individuals respond differently to different messages. One program doesn't have to hit all of the key motivators, but based on a behavioral model, a program can speak with several voices through a variety of media to reach people with messages that resonate. When asking people to change lifelong, often culturally ingrained habits like diet, one size does not fit all.



By viewing unhealthy behaviors through this metabolic lens, we can see that treating the behavior can yield better results than just treating the condition, particularly when a patient suffers from several metabolic diseases.”

## THE POTENTIAL FOR CHANGE IS ENORMOUS

What can we achieve by taking this research and using it as a foundation for patient support programs? Across the board, everyone benefits.

When physicians have reliable ways to help metabolic patients change unhealthy behaviors, they gain confidence in their ability to improve their patients’ lives. Managed care providers benefit from fewer claims. Public health professionals see a turnaround in unhealthy trends and even for-profit weight loss and smoking cessation programs get new insights into improving their rates of success.

Creators of support programs don’t have to address each and every disease. With these four patient profiles, health care providers can be confident that their programs will successfully change behavior, regardless of the disease.

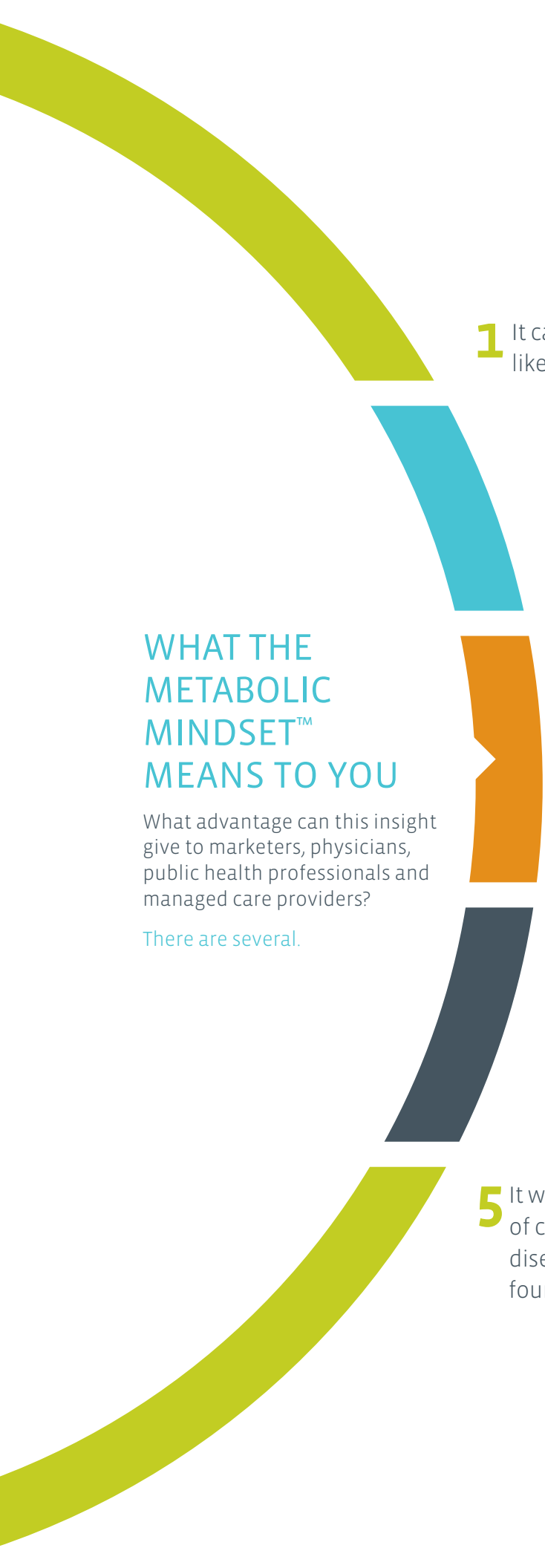
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This research has the potential to reshape America’s health debate. Smoking, lack of exercise and poor diet are not easy behaviors to turn around, but it can be done. Behavioral programs have improved the rate of success in each of these areas and this research identifies specific ways we can build and improve programs.

The burden of metabolic disease on physicians, patients, managed care organizations and public health is enormous, as is the benefit of this new way of motivating patients.

People can be moved to do the hard things. We can give people who have lost hope the encouragement to keep trying. We can turn declining health trends around and build a healthier, and wealthier, America.

We’ve given you an opportunity to see what behavioral factors go into identifying a patient’s profile. [Go to micromass.com](https://micromass.com) and answer a few quick questions based on a patient’s attitude and metabolic mindset. The answers will show you how this segmentation could be applied in changing that patient’s behavior.



## WHAT THE METABOLIC MINDSET™ MEANS TO YOU

What advantage can this insight give to marketers, physicians, public health professionals and managed care providers?

There are several.

- 1** It can help identify those patients most likely to change and how to reach them.
- 2** It can help direct what information is right for each patient, even to the tone of the communications.
- 3** It maps out where you can reach your patients and what messages have the best chance of being relevant.
- 4** It will help improve the conversation between the patient and the HCP.
- 5** It will save money by improving efficiencies. Instead of creating programs based on each individual disease, programs can be built on the behavioral foundation of four metabolic segments.

**JESSICA BRUEGGEMAN, RN, MPH, CHES, [Director, Behavioral Services](#)**

Jessica uncovers insights that connect patients with health care providers. She blends clinical knowledge and behavioral models to develop strategies that change both patients' and health care providers' behavior. Jessica joined MicroMass in 2000 and currently leads our behavioral services team. She brings experience in nursing and consumer health behavior, with emphases in renal disease, hypercholesterolemia, osteoporosis, COPD, asthma, neurohealth, overactive bladder, erectile dysfunction, allergies and cardiovascular health.

Jessica is a certified health education specialist. She has a Master of Public Health from the University of North Carolina at Greensboro and a Bachelor of Science in nursing from the University of North Carolina at Chapel Hill.



**About [MicroMass Communications, Inc.](#)**

Founded in 1994, MicroMass offers unrivaled capabilities in the application of behavioral science to marketing challenges. The company's approach is founded on the belief that understanding the critical factors that influence individual behavior is the best way to create dialogue and build enduring relationships between customers and brands.

Unlike traditional agencies that are structured by discipline, MicroMass brings together under one roof the expertise and services for building sophisticated, multi-channel programs that span the full marketing continuum.

Headquartered in Cary, N.C., MicroMass is one of the fastest growing agencies in its field. With experience in dozens of therapeutic categories, the company has a roster of clients that includes some of the most respected names in the health care industry.

For additional information on MicroMass, visit [micromass.com](http://micromass.com).

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