



Beyond Engagement: Strategies for Persuasion and Influence

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Engagement has been a focus in healthcare for the last decade and continues to be a major strategy asserted to improve health outcomes. The idea is that if healthcare consumers (e.g., health plan members, patients, employees, etc.) are more actively involved in their healthcare, better health outcomes will result along with reduced costs. As a result, healthcare organizations (i.e., payers and providers) have optimistically sought strategies to engage healthcare consumers. However, a critical question still needs to be addressed: What needs to happen within the engagement journey to maximize success?

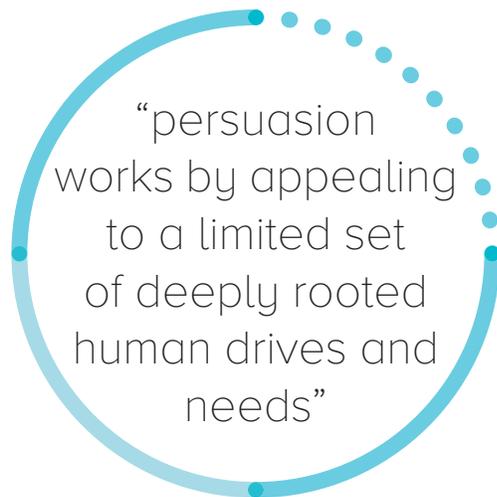
When talking about healthcare consumer engagement, most resources talk about multi-channel communication strategies including the use of digital technology. Although engagement has been increasingly associated with technology, there is some debate regarding its role. "...you can't just throw technology at the problem and expect to solve patient engagement...patient engagement is a far more nuanced challenge, one that's directly tied to adherence and outcomes. The answer, therefore, cannot merely be to 'go digital.'"¹

There is less discussion regarding the art of dialogue and nuance that must accompany the communication, regardless of the communication avenue.

While engagement is a necessity, there is a need to explore how tools such as influence and persuasion fit into the model to achieve activation whereby a person implements a behavior change or action to achieve a health goal.



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Maximizing Engagement Potential through Influence and Persuasion

Behavior change models are helpful in understanding what stages the individual experiences and internalizes in order to change a behavior. In addition, models borrowed from the communication and marketing business disciplines are also helpful when applied to healthcare, including:

- Social Marketing – Involves the application of proven concepts and techniques drawn from the commercial sector to promote changes in diverse, socially important behaviors such as decreasing or eliminating drug use and smoking.²
- E-health Behavior Management Model – Uses persuasive communication concepts to explain how actions should assist an individual toward stage-specific information and interaction that moves the person to active stages of change. This more recent model addresses how the internet and tailored communications can match individual health needs with a set of pre-developed messages to improve readiness to change behavior.³
- Persuasion Profiles – People respond to persuasion strategies based on their distinct personality. Just as individuals have preferences for different types of food and music, they have preferences for different types of persuasion strategies. As an example, consumer-purchasing patterns are analyzed to inform and personalize future customer communications and product marketing.⁴ This persuasion profiling is usually invisible to the individual.⁵
- Principles of Persuasion – Robert Cialdini, PhD, an expert in the field of persuasion and compliance, proposes that persuasion skills enable far greater influence over other people’s behavior than formal power and authoritarian relationships. Psychological science and research shows that “persuasion works by appealing to a limited set of deeply rooted human drives and needs” that leads people to change. Cialdini suggests there are six basic laws of influencing people, which are outlined below.⁶

Persuasion and Influence

A review of the aforementioned models reveals that many people use the terms persuasion and influence interchangeably. However, numerous authorities on the subject suggest there are differences between the two terms. Both persuasion and influence can be used for motivation. In this context, they are motivational techniques.⁷

Persuasion is a behavior change method that involves a purposeful attempt to impact an individual’s course of action through communication. It also attempts to sway a person’s opinion by presenting a compelling case in a way that motivates the person to change his or her behavior.⁸ Influence, on the other hand, involves leveraging another person’s personality to change a person’s thoughts or behaviors. Whereas persuasion requires strategic communication to lead to a change, influence can work through a person’s personality and charisma. When persuasion and influence are used together, the behavior change usually lasts longer and works better.⁹

The term persuasion is used to represent the concept applicable to healthcare and engagement strategy in the further discussion for this article.

Principles of Persuasion

The aforementioned model by Cialdini provides a relevant model for implementing an engagement strategy. Persuasion theory can help develop strategies to influence healthcare consumers to make positive health changes. Following are the six key elements necessary for persuasion.¹⁰

1. *Authority: People feel obligated to comply with authority figures.*

Many studies have demonstrated that people who appear to have authority can help a person make a particular decision (e.g., celebrity-endorsed or doctor-recommended products and services). With engagement strategies, this principle can be practiced by using terminology in healthcare consumer communications that emphasizes physician endorsement of a desired behavior.¹¹

Another example of applying this principle is positioning a nurse advice line conversation as an opportunity to talk to a registered nurse with over “X” years of experience in emergency medicine and patient guidance with healthcare decisions.

Engagement strategies using the authority principle of persuasion could also include educational content written or sponsored by registered nurses and physicians. While many healthcare organizations use blogs to boost authority in the marketplace, the same principle could be used to engage healthcare consumers in healthier behaviors. Blogs on health topics can be generated and distributed to healthcare consumers, just as blogs on healthcare industry topics are developed for business customers.

2. Scarcity: *If I can't have it, I want it more.*

Two historical examples of this principle include the 1985 announcement that Coca-Cola was changing its recipe, leading to stockpiles and even protests, and the 2003 announcement by British Airways that it was discontinuing the Concord, causing ticket sales to soar.¹² Ads frequently proclaim “limited time only” or “limited supply” to encourage immediate action. Cialdini also equates this principle with information, saying “Information that is exclusive is more persuasive.”¹³

To drive engagement, it is important to inform healthcare consumers about what they stand to gain by proactively participating in their healthcare, and even more importantly, what they're likely to lose if they fail to act.

3. Social Validation (Consensus): *People look to others to decide what is correct behavior.*

“One fundamental way that we decide what to do in a situation is to look to what others are doing or have done there. If many individuals have decided in favor of a particular idea, we are more likely to follow, because we perceive the idea to be more correct, more valid.”¹⁴

To test this social proof principle, Cialdini and his research colleagues experimented with printing two different messages on the signs placed in hotel bathrooms that encourage guests to reuse their towels.

“One [sign] was designed to reflect the type of basic environmental-protection message adopted throughout much of the hotel industry. It asked the guests to help save the environment and to show their respect for nature by participating in the program. A second sign used the social proof information by informing guests that the majority of guests at the hotel recycled their towels at least once during the course of their stay.

Guests who learned that the majority of other guests had reused their towels (the social proof appeal)...were 26 percent more likely than those who saw the basic environmental protection message to recycle their towels.”¹⁵

Engagement strategies that take advantage of social validation inspire healthcare consumer adherence by demonstrating (or providing information) that others, just like them, have already completed a task or health goal, such as scheduling a health screening.

However, Cialdini warns that at times consensus may have the opposite effect than desired. Many health educators initiate campaigns informing the public about the frequency of a health problem, e.g., the opioid epidemic is overwhelming or adolescent suicide rates are alarming. Information framed in this manner calls attention to the undesired behavior, which in some cases, may result in even more of the undesirable behavior. “Of greater effectiveness are campaigns that honestly depict the unwanted activity as damaging despite the fact that relatively few individuals engage in it.”¹⁶

When communicating with healthcare consumers, regardless of communication channel, displaying a metric reflective of a benefit to the member (e.g., how many members successfully completed a wellness appointment and their overall satisfaction) is beneficial based on this principle.

4. Liking: *We say “yes” to people we like. Liking a person facilitates being persuaded by him or her.*

We like people who are: similar to us, pay us compliments, and cooperate toward mutual goals.¹⁷ One study found that 90 percent of people came to an agreeable outcome after getting to know each other for a few minutes before starting negotiations opposed to just 55 percent who jumped straight into negotiations without investing time to get to know each other.¹⁸

When first contacting a healthcare consumer for engagement, the healthcare staff does not know the person, therefore it is critical to find a common connection. It's important that people perceive empathy as genuine and feel a mutual interest in helping them achieve their goals.¹⁹

5. Reciprocation: *People feel obligated to respond when someone does something nice for them.*

When a request is made by a person who has given something or offered a good experience, the receiver is more inclined to adhere to the request.²⁰ Whether it's free information, a free sample, or a compliment, people are more likely to give something in return. Persuasion science expert Steve Martin provides the following information about the principle of “reciprocation.”

“What is particularly fascinating about the way reciprocation works is the order of the exchange. Unlike a traditional ‘if you help me then I will help you’ transaction, reciprocation requires us to take the lead and be the first to give in the hope that the recipient will play by the rule and respond accordingly...However, the key to the reciprocity approach lies in your response to the message of thanks for the initial favor...you should highlight the help and assistance you have given in a specific way that will

increase the likelihood that it will be reciprocated fully in the future. For an individual, that means ‘Happy to help — I know how valuable it would be to get your help if I ever need it.’ Or, ‘No problem — I know that if the situation were ever reversed, you’d help me.’”²¹

This principle is exemplified when mobile apps are offered for free with upsell options embedded after downloading the free version. In healthcare, people can be influenced by offering free educational materials, free apps that provide a useful tool, or complimentary reminder calls for appointments.

6. Consistency: *Once committed to something, most people are inclined to stick to their choices.*

People try to be consistent with previous behavior. If a persuasive request aligns with previous behavior, people are more inclined to comply. When engagement specialists and health coaches facilitate small initial commitments, bigger more complex commitments to follow have a greater opportunity of being achieved.

An example from a research study demonstrated this principle. “A safe driving campaign was run between two streets. Both sets of residents from Street A and Street B were asked to display an ugly display board outside their homes to show support for the campaign. At the end of the campaign, Street A had 4 times more boards outside than Street B. The reason for the huge difference was that the residents on Street A had been asked to display a small postcard in the window of their home 10 days earlier.”²²

Building on commitment to working on small goals is a typical example of this principle. Both personal contact and digital engagement tools can utilize this principle.

Cialdini introduced the concept of “pre-suasion” in his book, *Pre-suasion: A Revolutionary Way to Influence and Persuade*.²³ Here he introduced a seventh principle: unity. Unity refers to the perception of shared identity. The more a person identifies with being a member of a group, the more powerful the unity effect.

In his latest book, Cialdini emphasizes that asking a simple question in the right way can get people in the right frame of mind to make a change. Research supports more positive results are possible by reframing a question like “Are you happy with your current situation?” to “Are you dissatisfied with your current situation?” or “Are there problems with the solutions you use now?” This alternative phrasing helps identify a person’s thoughts about things in his or her life that are driving discontent and the desire to change.²⁴

Persuasive Technology

Persuasive technology is becoming more and more individualized and ubiquitous.²⁵ It involves “interactive computing systems intentionally designed to change people’s attitudes and behaviors.”²⁶

Key elements for successful persuasive technology include: ²⁷

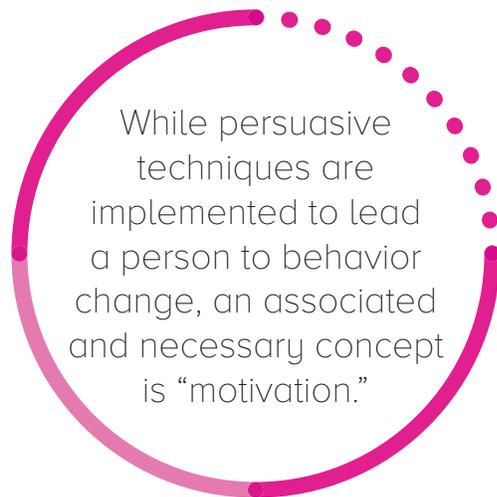
- Timing and Intelligence: Timing is critical to effectively trigger a desired behavior. Technology solutions that know when to engage an individual have greater success rates in changing behavior. The system must employ intelligence to learn about the individual and deploy targeted messaging at the right time.
- Presence and Ease: Consumers have multiple health apps on their phone, but their data resides in various silos. One app is used to log water intake and another to track fitness information. Persuasive technology must be integrated and interoperable. In addition, it must try to have a presence in a variety of locations. At the very least, the consumer should be able to engage regardless of the device they are using.
- Choice and Tone: Most people do not respond well to commands. This includes receiving text messages, emails and push notifications. The receiver should view the notification as helpful and supportive as well as offering options, if possible.

An example of how persuasive technology can be used in engagement strategies can be seen in the research by Kaptein and van Halteren.²⁸ The researchers used the concept of persuasion profiles in a study designed to research the impact of persuasive technologies on behavior.

In the 2011 study, researchers investigated the use of influence principles and persuasion profiles to increase user engagement with an activity monitor. To keep users engaged and facilitate uploading of data for monitoring and feedback, personalized emails were sent to users who failed to upload data for a certain number of days. The researchers and device company deployed different persuasion methods in their messaging. Seven different reminder messages were created, one standard and the others incorporating each of Cialdini’s persuasive principles.

The effect of the personalized email messages was measured based on their open rates and click rates including how many users clicked on the link to log their activity and behavior. Results of the evaluation demonstrated that using persuasion profiles was more effective than using the default control message. The researchers demonstrated the effectiveness of adaptive persuasion in ubiquitous technologies, and introduced the concept of persuasion profiling for designers of ubiquitous technologies. Ubiquitous technology is well suited to implement adaptive persuasion requirements.

Persuasive technologies are based on the premise that there are large individual differences in persuasion strategies. Adaptive persuasive technologies in ubiquitous applications are a future tool that can address the effects of persuasive strategies for an individual and facilitate behavior change. The new ubiquitous computing frontier provides a framework and tools to address individual responses to persuasive principles.



and experiences as proposed by external authorities, teachers, physicians or other experts, as well as social influence. Research provides evidence that previous positive experiences and social influence lead to behavior change.³¹

The motivational readiness model is depicted in the figure below:

From Persuasion to Motivation

While persuasive techniques are implemented to lead a person to behavior change, an associated and necessary concept is “motivation.”

Motivational Readiness

Motivational readiness is a theory introduced by Kruglanski et al and indicates a willingness to act to achieve a desire or goal.²⁹ The researchers built on prior theories that included learning models and personality approaches. The major components of this theory include:

- Want – an individual’s desire of some sort
- Expectancy of being able to satisfy the desired “want”
- Match – the degree that a “want” and the specific situation align to help the person fulfill the “want”

Kruglanski et al emphasize that “Willing does not necessarily produce doing, and the road from awakened desire to concerted action often is tortuous.”³⁰

While considering prior older classic behavior change theories, motivational readiness includes new advances in motivation science. Motivational readiness entails an experience of the willingness to attain a given goal and is depicted in the model as lying on a scale of intensity or magnitude, from low to high degrees of readiness.

The “want” construct is interpreted as an outcome that a person desires at a given moment and encompasses two basic aspects: content and magnitude. The content aspect pertains to what it is that the individual wants, and the magnitude addresses how much the person desires the “want” content.

The concept of “expectancy” indicates the probability that the person consciously or unconsciously believes they can achieve the “want.” Expectancy is similar to the concept of self-efficacy and is associated with experiences and specific actions that previously satisfied the “want.” In addition, “expectancies” or self-efficacy may develop from information

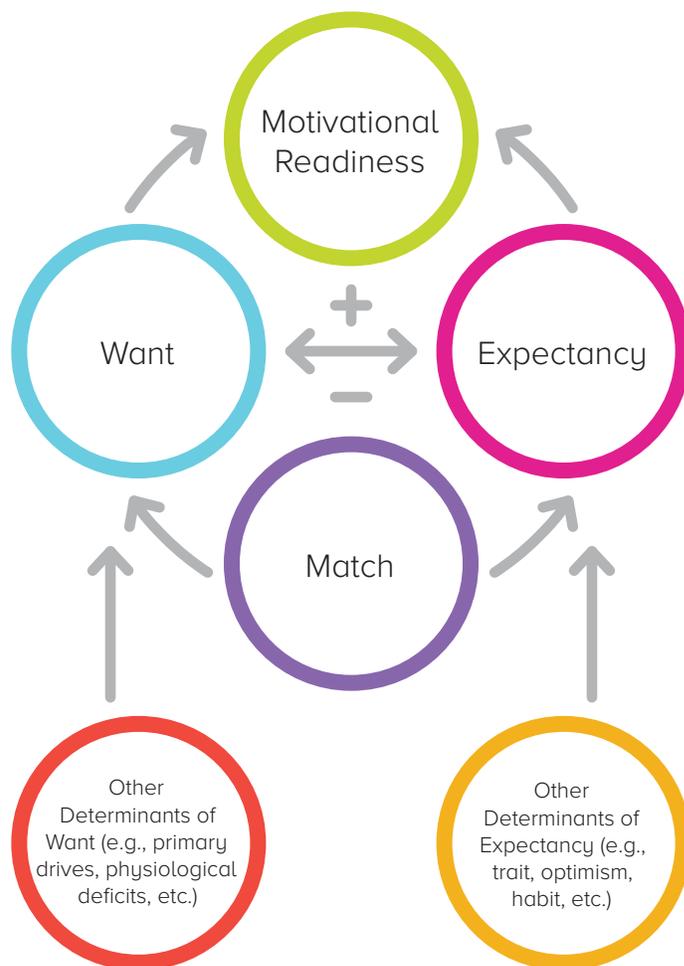


Figure 1. Determinants of motivational readiness.³²

Application of the motivational readiness theory is extremely relevant when considering healthcare consumer engagement strategies. The end goal for engagement is facilitating activation and behavior change. Embedding questions to estimate motivational readiness in care management and coaching — in order to focus engagement approaches and dialogue based on the readiness level — has major implications for improving successful engagement and achieving health goals. While more research is needed, questions that quantify a person’s health goal (want), self-efficacy (expectancy) and perception of barriers and strengths (match) can help direct the intensity and messaging that best addresses a person’s motivational readiness level.



New Strategies

Engagement has become the focus of not only payers, but also providers. New engagement strategies have begun to heavily rely on technology, and include outreach through multiple communication channels (e.g., mail, email, text, social media).

Messaging is designed to capture the healthcare consumer's attention and encourage access to care and healthy decisions. However, only recently have engagement strategies started to include technology and other tools that go beyond engagement to influence behavior and motivate people to adopt healthy behaviors. Some recent models make use of engagement as a precursor to implement behavior change triggers to evoke a change in a behavior. New models include:

- Motivational Interviewing – A person-centered model with a conversational method for enhancing intrinsic motivation to change by exploring and resolving ambivalence toward a change. Dialogue is then directed to motivation and reinforcing specific skills.³⁷
- Patient Activation Measure – Hibbard et al developed a measure to assess patient activation. The Patient Activation Measure (PAM) is used to “assess individual patients and to develop care plans tailored to that patient and integrated into the processes of their care. Because the measure is developmental, interventions could be tailored to the individual's stage of activation.”³⁸

Numerous studies have been initiated to validate the Patient Activation Measure (PAM) as well as interventions that are predicated on activation potential. For example, one study evaluated an activation and empowerment strategy for increasing minority patients' attendance and retention in mental healthcare. As defined by Hibbard et al, activation focused on patients being able to communicate concerns to healthcare providers, manage symptoms, get information to make treatment decisions, take an active role in their healthcare, discuss treatment options, discuss medication side effects, and know what to do when experiencing symptoms. The results of the study showed a significant improvement over patients in the control group. After adjusting for age, sex and race/ethnicity, intervention participants were more than twice as likely to be retained in treatment.³⁹

In an article by Hibbard and Greene, they use the term patient activation to focus on “patients' willingness to take independent actions to manage their health care” not just follow the advice of the medical professional.⁴⁰ Activation interventions are tailored to the person's activation level, and range from self-management skill development, to problem solving and peer support. Interventions are just beginning to embrace digital technology. The review of studies, as referenced in the article, show that “more activated patients have better health outcomes and better care experiences than patients who are less activated...and certain interventions are effective in increasing activation.”

Strategies in Action

Historical Strategies

Long before the concept of engagement, healthcare professionals sought to reach healthcare consumers and facilitate behavior change in order to improve health outcomes. Huge volumes of research and educational articles have been published on behavior change models. When addressing the science behind engagement and coaching models, behavior change models are most often cited.

Traditional behavioral change models include:

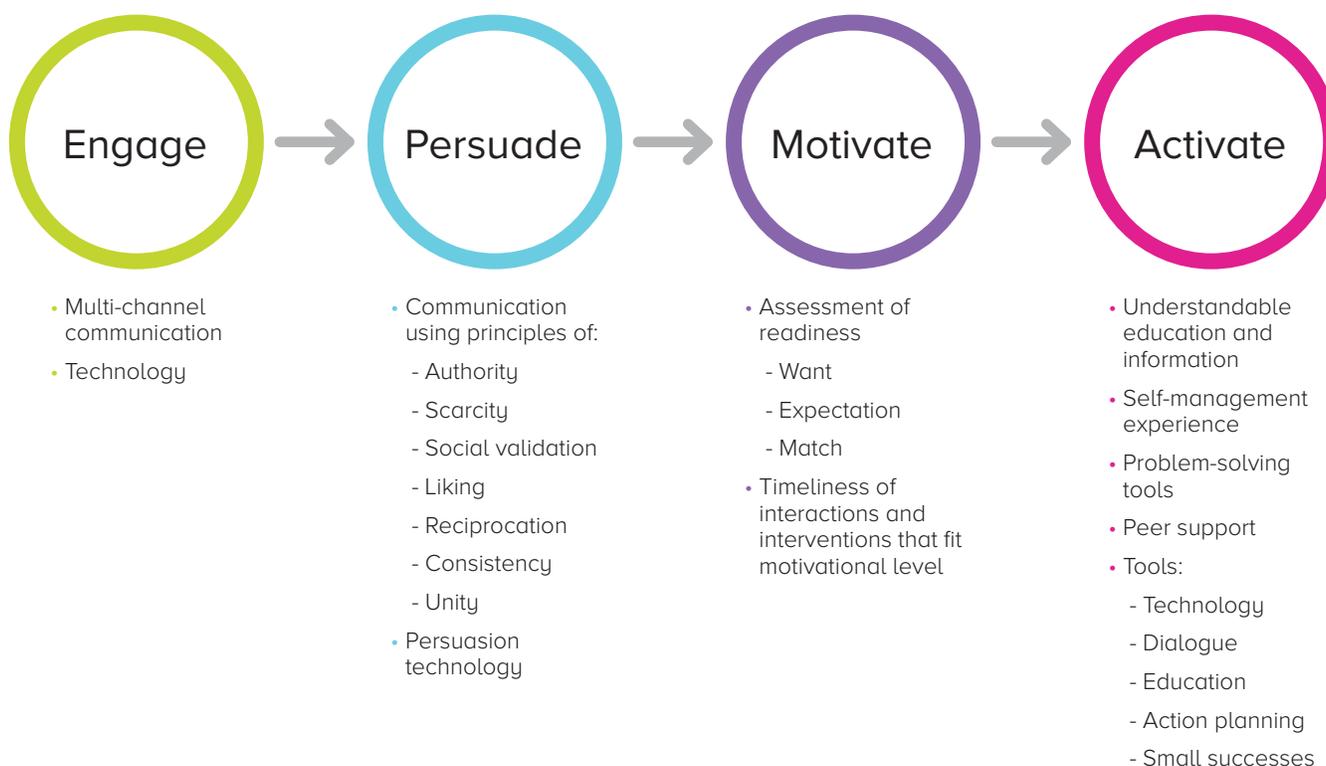
- Cognitive Theory (Self-Efficacy) – Bandura³³
- Transtheoretical Model – Prochaska & DiClemente³⁴
- Health Belief Model – Hochhaum, Kegels, Rosenstock³⁵
- Theory of Planned Behavior – Ajzen and Fishbein³⁶

These more traditional behavior change models often place more emphasis on stages of change that are more intrinsically experienced before change can happen. These models help health coaches and care managers evaluate an individual's potential for change and implement more empowering dialogue with him or her.

Engagement strategies in the past mainly focused on the identification of individuals with a particular chronic condition followed by outreach by nurses for recruitment to disease management programs. However, these historical programs continued to involve efforts where nurses collected a lot of information, formulated care plans and set goals “for” the person. Education was the primary intervention. Strategies to maintain engagement and empower people were missing from most outreach and care management programs. Historical behavior change models, however, did serve as the theoretical foundation for research studies aimed at finding interventions that proved evidence-based strategies for achieving behavior change.

Putting It All Together

Taking engagement further requires an understanding of persuasion principles and motivational readiness implemented within a framework to achieve activation in the individual to reach health goals. These expanded strategies are illustrated in the figure below.



Engagement on its own without a specified outcome seems meaningless. Yet, engagement is critical and opens the door to techniques and strategies that help achieve the goals of healthcare consumers, providers and payers.

It is important to master and integrate many strategies to improve the effectiveness of healthcare. The techniques and strategies described in this article seek to engage and communicate with healthcare consumers in individualized ways to accommodate their personalities, responsiveness, belief structures, and readiness to embrace and commit to healthcare goals.



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