



Ix Insights #31

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The Role of Social Networks in Ix: It Ain't Dog Food if the Dog Don't Eat It

Speaker: Neal Sofian, Director of Behavioral Interventions, Resolution Health

Background: At the December 2007 webinar, Neal Sofian made a compelling argument that whether health information helps people make positive behavioral changes does not depend on the information itself, but on the context in which it is presented. And online social networking can provide just the right context for promoting and supporting behavioral change. Sofian explored the principles and applications of “microcultures of meaning” (MoMs) and discussed some innovative online platforms for making information contextually valuable, such as the American Cancer Society’s Cancer Survivors Network—something of a “MySpace” for health care.

Insights from Neal Sofian

Insight #1: It ain't dog food if the dog don't eat it: a behavioral change program is only as good as users' willingness to use it.

- If simply giving people health information were enough to change their behavior, no one would smoke, overeat, or fail to exercise or take their medication.
- Suction works better than pressure. To inspire behavioral change, identify peoples' internal motivations, align the incentives you offer with what people want, and create a context in which people will want to do what you want them to do.

Insight #2: People are hardwired to connect.

- We are biologically primed to find meaning and to learn through our attachment to others.
- Learning is a social activity. It happens within relevant social contexts and the language and stories of a group.

- Some people are readers, some people are listeners, some people are viewers: Many different media are needed to help foster connections among people.

Insight #3: For me to find information relevant, it must always be *about me*.

- People’s identities (their “me’s”) are based on the stories they tell about themselves: who they are, their circumstances, the meaning they find in these circumstances, and the tools they use to navigate their realities.
- The more that information is about *me*, the more effective it will be. People identify most readily with others like them, whether they share demographics, circumstances, experiences, or a disease. Alcoholics Anonymous offers a good example of how, over time, a social networking system has become increasingly tailored to the characteristics of its participants: It is now possible to attend a Spanish-speaking, nonsmoking, gay/lesbian AA meeting that addresses polydrug use.

Insight #4: Most people learn best through stories.

- People fall into one of four behavioral learning types.
 - About 2 percent want to be told exactly what to do.
 - Although fewer than 10 percent of people are planners, who change their behaviors through day-to-day planning, most behavioral interventions have been targeted to this group. Models based on readiness to change, self-efficacy, internal motivators, and identifying pros and cons of change are designed for planners.
 - Trackers learn how to change by tracking their behaviors (e.g., keeping food diaries), but few people actually do this.
 - About 70% of people are storytellers: stories, pictures, audio, and video will work best to help them make behavioral changes.

Insight #5: “Microcultures of meaning” (MoMs) capitalize on our hardwiring to connect, our focus on “me,” and the fact that most of us learn best through stories.

- A MoM is a social network, a group of people with common needs, connections, or backgrounds. A MoM can be a support group for people with cancer or a NASCAR fan online community.
- MoMs create context and/or social connections that drive behavior. They construct “lenses” through which members view their world.
- Online MoMs can:
 - Create self-directed opportunities by matching people to create content and relationships, and/or
 - Use data analytics to create tailored messaging.

Insight #6: Web site designers can greatly increase a MoM’s functionality and versatility by linking all activity back to the user’s personal profile.

- MoM participants are asked to create a personal profile. Everything they post, search for, or retrieve is then tied back to this profile.
- When searches are linked to personal profiles, users can do more targeted searches by saying: “Show me resources that other people like me have found useful.”

Insight #7: Behavioral interventions needn’t be text-centered.

- Most people respond strongly to outreach in the form of pictures and audio or video recordings.
- “Inreach” from participants can also be text-free: Someone keeping a record of their food intake can photograph each meal instead of writing in a food diary.

Insight #8: Don’t start with technology—start with people.

- Most behavioral interventions have asked people to bend to technology, but interventions work better when you start with the behavior and add the functionality. Online MoM designers need to identify the behaviors seen in face-to-face interventions or support groups and convert them into online functionality. For example:
 - An online registration process that includes the creation of a profile and the receipt of an e-mailed information package by the user mimics a “real-world” welcome and introduction.
 - An online member directory allow users to identify and interact with others like themselves, mimicking some of the things that would happen at a face-to-face gathering.

Insight #9: Online MoMs can be linked to more traditional behavioral health interventions to increase bang for the buck.

- For example:
 - Telephone health coaches can introduce their coachees to each other, and the coachees can then help support each other, with some rising to leadership positions within the MoM.
 - Telephone coaches (and other health professionals) can create their own MoMs to share best practices.
 - Interactive voice recognition programs can be used to prompt people to get involved with online MoMs.

Insight #10: MoMs complement the growing concepts of consumer-directed health care and personal responsibility for health by creating a structure that helps us take care of ourselves.

Group Insights

Insight #11: The trust and intimacy that social networks require can be stimulated on online MoMs by nurturing a small group of early users.

- People will be attracted to the site initially by exceptional services, such as a very good search engine and high quality vetted information.
- These early users, like the first arrivals at a party, help the later arrivals feel more comfortable.

Insight #12: Refusing to allow misinformation to be posted on a MoM won't work—people will go elsewhere to have their discussions.

- The host organization should acknowledge the posting containing the misinformation and offer to provide the actual evidence, becoming part of the conversation with the users. Over time, participants will begin to gravitate to a higher level of discussion.

Insight #13: Only about 10-15% of all online MoM users may be highly active.

- This is not a failure—not everyone talks at a social gathering. The majority of users will see, hear, and learn when they need to.

Insight #14: Audio and video podcasting and the conversations around it might be appealing to some users—some will listen synchronously, some later.

- No one intervention or modality will work for everyone.

Insight #15: The best information on the site can either be flagged by the host or subject matter experts, or the host can allow consumers to rate material themselves and create a hierarchy.

- This provides an alternative to the host's eliminating poorer quality information or misinformation.

Additional Resources

Resolution Health, Inc.

Resolution Health is built on the belief that health care can be improved by transforming health care claims and other member-centric data into clinically meaningful, member-specific information. Using its proprietary technology, Resolution Health monitors the care of individual health plan members to identify actionable opportunities to improve quality and reduce cost. These

opportunities are then communicated to members, physicians, and other care managers in the form of personalized messages.

For more information, please visit

<http://www.resolutionhealth.com/home/default.asp>

Neal Sofian's Recommended Reading List

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Schwartz, B. (2004). *The paradox of choice: Why more is less*. New York: HarperCollins.

Examples of MoMs

A Community of Caregivers (Enclara Health): www.mycarecommunity.org

The American Cancer Society's Cancer Survivor Network:
<http://www.acscsn.org/index.html?popup=1>

Meals Matter (The Dairy Council of California): www.mealsmatter.org

Smoker's Circle (under development)