

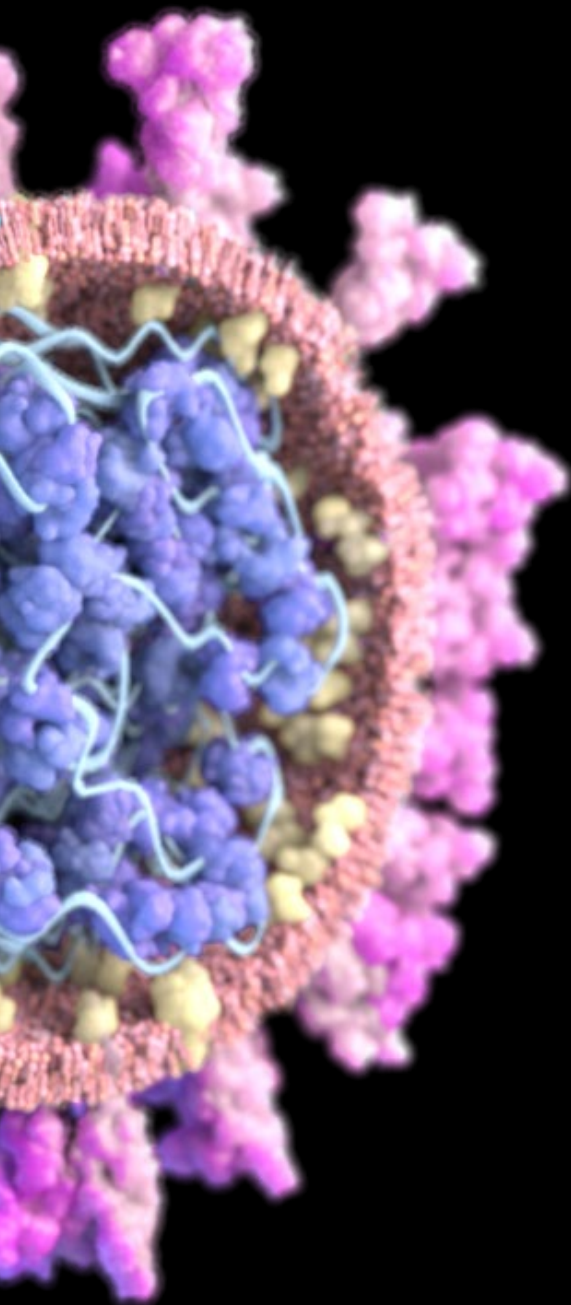
LIFE
(SCIENCES)
AFTER
COVID-19



Could a Roadmap to Wellness Solve Adherence to Health Regimens?

Authored by
Tim Fisher, VP Behavioral Science, PhD Sociology





The piece you're about to read is from Klick Health's Life (Sciences) After COVID-19 series, a collection of expert perspectives designed to inform and inspire the life sciences community for the coming changes and opportunities we anticipate as a result of this global health crisis.

We invite you to engage with a multitude of these viewpoints by seeking out other pieces from this series, including *The Doctor Will Zoom You Now* and *Can COVID-19 Design a Better World for People Living with Chronic Conditions?* at **covid19.klick.com**.

THE INSIGHT

"Reckless"

"Dangerous"

"Selfish"

"Absolutely and categorically wrong"

"In defiance of public-health rules... of common sense, and of basic human decency"

These are actual words—spoken by politicians or printed in the news media—used to describe 20 and 30-somethings as they casually lounged in a public park on an unseasonably warm Saturday in May. As photos of the park-loving "deviants" quickly spread, people seemed to talk about them everywhere, *"Did you hear about the park on Saturday? Can you believe that? It looked like Coachella!"*

This is life with COVID-19. We've been prescribed a new health regimen to which we are all expected to adhere: sheltering at home, physical distancing, hand washing, and face masks. And we risk public shaming if we don't maintain adherence. Calling out "deviant" or counter-normative behavior is a powerful tool that reinforces the rules and brings rule-breakers back in line.



But, now it's been months. We started our COVID-19 health regimen diligently and with our best efforts. And then come the nice day in the park. People needed a break. They didn't want to hear any more pandemic-talk. No more statistics about the number of new cases or deaths. No more stories about the economic fallout. No more Zoom relationships, wondering why can't we just have a real coffee in the sunshine with my friend? People feel surrounded and restricted by COVID-19 all day, everywhere. It's inescapable.

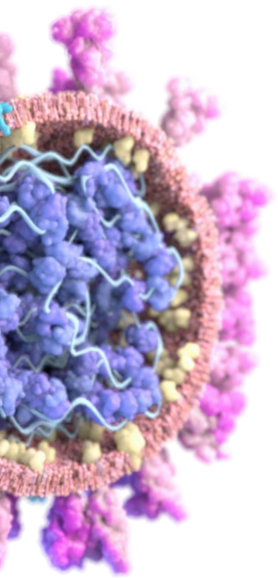
The controversial park gathering and other breaches of our new health regimen have been explained as the result of "isolation fatigue" whereby people act on feelings of restlessness resulting from the extended period of sheltering at home.¹ Words like "fatigue" and "restlessness" imply that non-adherence to the rules is a weakness of strength or character.

If only people had more inner fortitude and commitment, they would stick with it. They would stay home by themselves on a beautiful day.

There is, however, an alternative way to think about what happened in the park that sheds new light on what it's like to adhere to a health regimen and how we can best support patients. People can only live so long with illness in the foreground of their experience. Just like the people in the park wanted to feel the warmth of the sun surrounded by friends, so too do people living with chronic conditions want to feel a sense of wellness in the foreground of their lives.

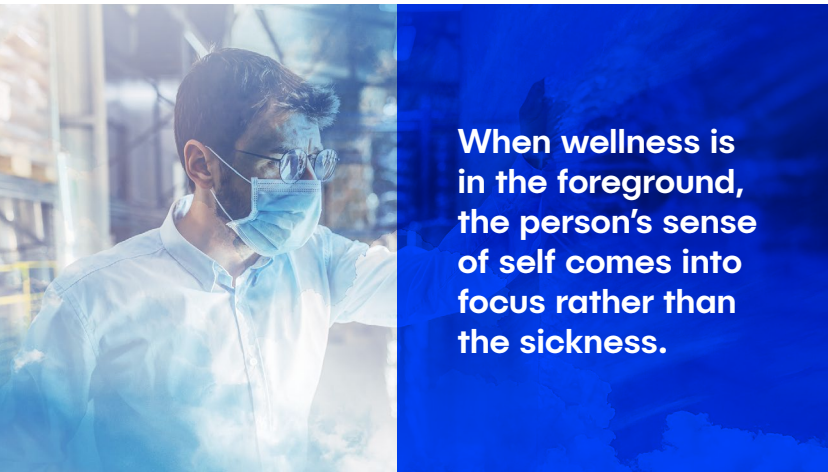
Wanting wellness is not a deficit of character. It's a need that must be fulfilled. And when there's no way to experience it in the midst of a health regimen, people will sometimes break the rules to get it.

- **What does it mean to have illness vs. wellness in the foreground?**
- **Do our programs, services, and communications bring a sense of illness, or wellness, to the foreground of the patient's experience and try to keep it there?**
- **How can we help create wellness for patients as they manage a chronic condition? And could this be a strategy to boost adherence?**



THE EVIDENCE

Barbara Paterson, a nursing scholar, published a paper entitled The “Shifting Perspectives Model of Chronic Illness” nearly two decades ago, and the core concepts continue to resonate today.² In the model, Paterson points out that people living with a chronic condition oscillate between phases where illness is in the foreground of their experience and phases where wellness takes center stage. Living with illness or wellness in the foreground isn’t right or wrong. Rather, what’s prioritized reflects individual needs and situations at the time.



When wellness is in the foreground, the person’s sense of self comes into focus rather than the sickness.

Illness in the foreground:

When illness is in the foreground, there is “a focus on the sickness, suffering, loss, and burden.”³ Illness becomes the main focus when a person feels threatened or when they worry that they might not be able to control their situation.

And while having illness in the foreground sounds undesirable, it can be a valuable and necessary space for people to inhabit. Consider, for example, how a newly diagnosed patient channels their attention and efforts to learn about their condition, how to manage it, and how to come to terms with the implications for their sense of self.

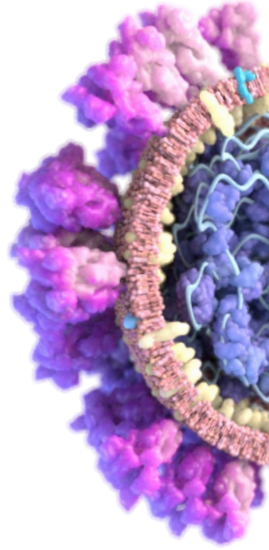
Wellness in the foreground:

By comparison, when wellness is in the foreground, the person’s sense of self comes into focus rather than the sickness. There’s a shift away from feeling controlled by their circumstances to being a creator of their circumstances.⁴ The focus turns to the emotional, social, and spiritual aspects of life.

Wellness in the foreground could take different forms for different patients. For example, wellness could be:

- **Living with a condition that limits your mobility... and feeling confident to go on a hike in the woods by yourself.**
- **Living with chronic pain... and having the attention and stamina to build your own business.**
- **Living with a condition that restricts what you eat... and finding pleasure and feeling like a full participant in a family meal.**

In each of these cases, the illness is still present, but it recedes to the background and enables the individual to experience a state of wellness more fully, as long as risks to their health are well managed.

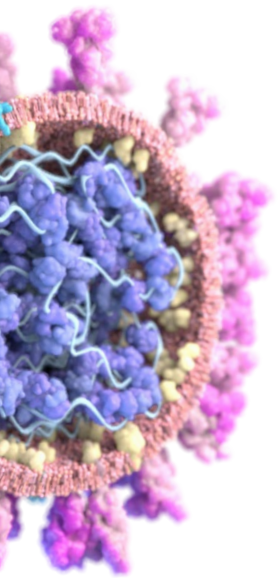


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The Shifting Perspectives Model provides a lens through which we can see our experience with COVID-19 and the behavior of the “deviant” park loungers in a new light. With COVID-19, we have lived with illness in the foreground for months, and it’s been necessary and productive. We had to learn about the new virus, how we’re vulnerable, and how best to manage risk. But, it’s also been exhausting. As we feel a greater sense of control, many of us now want to focus on the emotional, social, and spiritual aspects of life once again. We just don’t know how to do this within the confines of our current restrictions. Experts have focused on telling us *what not to do*, but we don’t yet know *how to* more fully experience wellness, safely in this new world. We need a roadmap to help us get there.

Paterson points out that there’s a major paradox when wellness is in the foreground: “although the sickness is distant, the management of the disease must be foremost; that is, the illness requires attention in order not to have to pay attention to it.”⁴ Ignoring the potential health threat we face to focus on wellness can lead to negative health consequences. This paradox describes the park-goers’ dilemma; they prioritized wellness but at the risk of the future health of the people they came in contact with and themselves. Wellness in the foreground isn’t about neglecting our health.

How can we help our patients experience wellness in the foreground of their lives while enabling them to continue effectively managing their disease?





THE POSSIBLE FUTURES

Making the case against...

Can a life sciences company help bring wellness into the foreground in a meaningful way without triggering thoughts of disease? Historically, life sciences companies have operated within a different paradigm—if we solve for illness, people will experience wellness.

Companies that continue to operate in this paradigm will focus on bringing illness to the foreground

Companies that continue to operate in this paradigm will focus on bringing illness to the foreground by educating patients and clinicians about disease, and its management, and by supporting patients in their adherence to therapy.

Making the case for...

With a chronic condition, we can't completely solve for illness. If we want to bring wellness to the foreground, we need to develop strategies that can help do this while also helping patients keep their disease under control.

Life sciences companies are looking for ways to stand out in crowded therapeutic areas. Not surprisingly, the bulk of communications and solutions delivered to patients focuses on aspects of the illness experience. We regularly remind our patients that they are sick. We often remind them of all they should be doing to manage their condition as ideally as possible, but how often do we give them a roadmap to do this and experience wellness?

Companies that figure out strategies to bring wellness into the foreground have an opportunity to stand out in the market and develop a longer-lasting relationship with patients that endures beyond the moments when illness takes center stage.

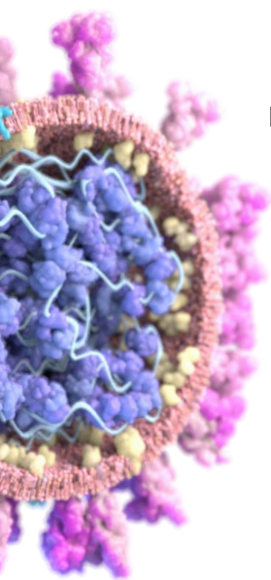
Companies that figure out strategies to bring wellness into the foreground have an opportunity to stand out in the market



THE ACTION PLAN FOR LIFE SCIENCES LEADERS

1. Change the conversation to focus on understanding wellness vs. illness experience:

- a. In life sciences, we tend to see the world through the lens of illness. It's our default. When we conduct market research, design campaigns and communication material, and build interventions and programs, the illness experience is front-and-center. Start intentionally looking at things through a wellness-oriented mindset. Take an initiative that you're building and consider: what would I do differently if I were helping to bring wellness into the foreground for my patients?
- b. Does your organization have a group that focuses on patient wellness? If not, consider appointing a patient wellness ambassador to become a champion for the cause.



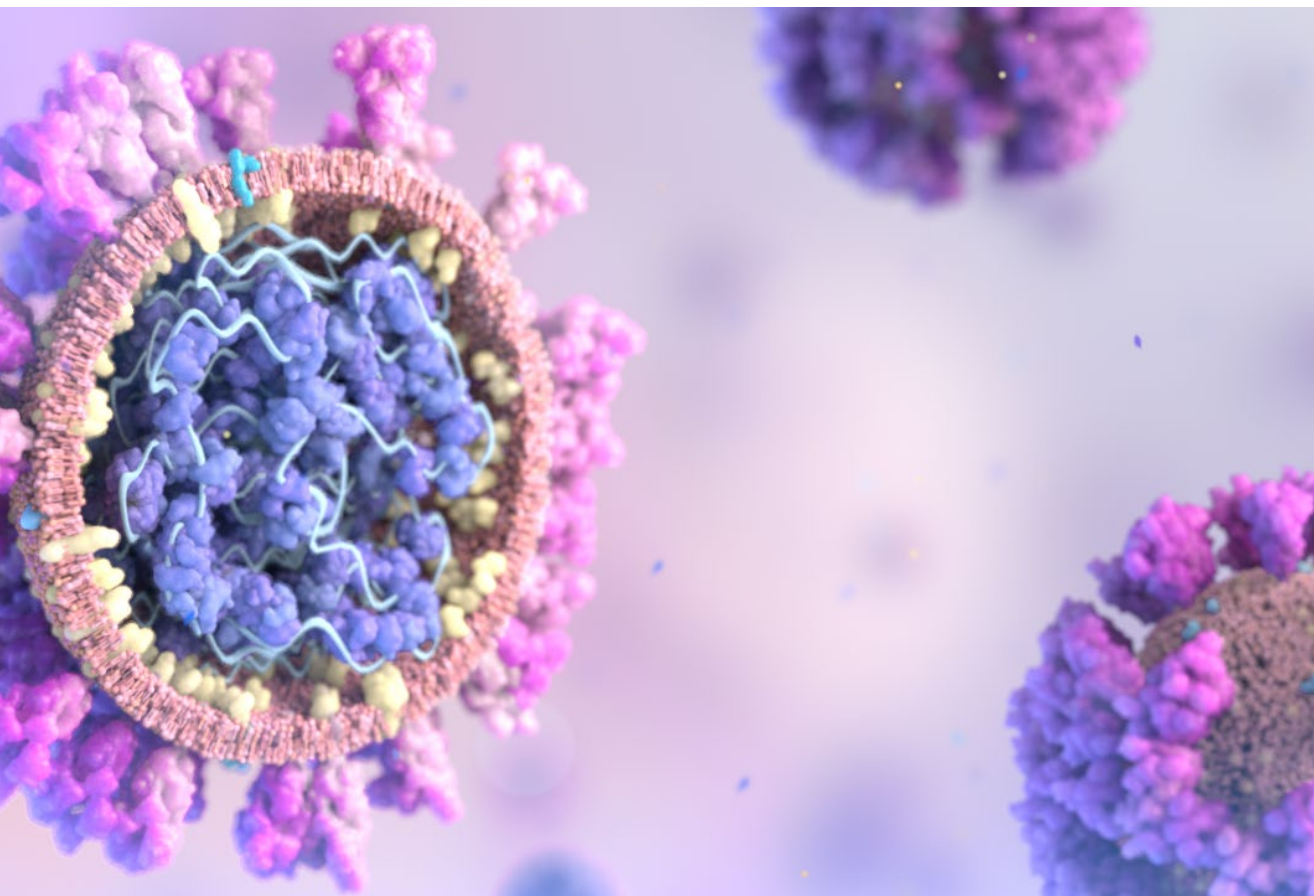
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2. Conduct small wellness-foregrounding experiments:

- a. Helping bring wellness to the foreground might seem like a big task, but it doesn't have to be. It's possible to help patients by bringing something small and positive to their daily experience. Choose a moment that matters to your patient and ideate around how you might bring wellness to the foreground at that point in their experience. Ask...
 - What is the patient trying to accomplish?
 - What are their underlying needs?
 - How can we help them to achieve what is important and unfulfilled? For example, if they're feeling isolated because a dietary restriction keeps them from experiencing dinners out with friends, how can we give them small strategies to help them regain a sense of belonging?
- b. As mentioned above, having illness in the foreground isn't wrong. Periods where illness is at the foreground can be important and functional (for example, learning to manage a new phase of the disease). Do you have the data to know when your patients are experiencing illness in the foreground and the type of support they need in those moments?
- c. Conversely, when wellness is in the foreground, patients might benefit from a different communication strategy. Do you have the data to know when wellness is in the foreground? If not, how can we develop a data strategy that enables us to know our patients' mindsets and shift the way we communicate to help enhance or preserve states of wellness?

3. Use data wisely to know when and how to communicate (and support wellness):

- a. If you're tired of hearing about COVID-19, ask yourself: are we doing the same to our patients? Perform an audit of your communication strategy and tactics to determine what you say and how often you say it. Are we constantly reminding patients of their illness? Now, also imagine if the patients you communicate with are on multiple medications and/or have comorbidities. How much "illness" is being directed at them? Because of this, are they tuning you out?



References:

1. The term "isolation fatigue" has been cited in a number of news articles and has even been added recently to [urbandictionary.com](https://www.urbandictionary.com).
2. Based on a metasynthesis of 292 qualitative research reports on the lived experience of a chronic condition. Paterson, Barbara L. (2001) "The Shifting Perspectives Model of Chronic Illness," *Journal of Nursing Scholarship*, 33:1, 21-26.
3. *Ibid.*, 23.
4. *Ibid.*, 24.

We hope you've found this piece from our Life (Sciences) After COVID-19 series valuable and engaging. For more content like this, download our other published perspectives at **covid19.klick.com** and sign-up to receive future insights as soon as they become available.



Tim Fisher

Vice President, Behavioral Science

Tim has a PhD in Sociology from the University of Southern California.

He started his career as a professor of sociology and has developed a unique expertise in translating theories about human behavior into actionable strategies that create meaningful brands, programs and solutions. He is passionate about understanding the human dynamics underlying healthcare challenges and how—when we take these into account—we can improve well-being and create better healthcare experiences.

Tim has worked in numerous therapeutic areas and has applied behavioral science thinking in the design of strategies and solutions for a wide range of target audiences.



While change can create challenges, it also opens the door to new opportunities. Join us as we explore the many imaginable paths to post-pandemic growth. We welcome you to start a dialogue with the author of this piece:

Tim Fisher
tfisher@klick.com

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