



Improving Lifestyle Choices? Behavioral Economics, Happiness Research and Health Promotion^(*)

Stefan Immerfall

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Individual decisions in general are greatly, and perhaps increasingly, affecting health and illness. Lifestyle choices and sedentary lifestyle in particular are known to have an arguably significant impact on health, healthy ageing and disease. As a consequence, ideas of behavioral change as a remedy to rein in health costs are flourishing. Politicians are eagerly listening to the claims of “libertarian paternalists” to improve decisions about health through “choice architecture”.

This focus on the importance of people’s behavior for their health has met with criticism as well. Critical social scientists dismiss it as a new way of blaming the victim and individualizing health care.

The presentation reviews different ways approaching the challenge of affecting individuals’ lifestyle choices. Reviewing empirical evidence, it finds that claims about the effects of choice architecture are overblown. Nevertheless, the contribution of recent research on self-reported preferences and cognitive biases need to be incorporated in health promotion programs. Not trying to affect individual behavior is simply not choice for public health.

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Prof. Dr. Stefan Immerfall
Pädagogische Hochschule Schwäbisch Gmünd
University of Education
Soziologie/Politikwissenschaft
Oberbettringer Straße 200
D – 73525 Schwäbisch Gmünd
Tel: +49 (0)7171 983-349 / 276
Fax: +49 (0)7171 983-369
E-Post: Stefan.Immerfall@ph-gmuend.de

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Many public health regulations prohibit or require certain behavior. They outlaw behavior that could harm other people (such as smoking in public places) or put oneself at risk (such as the requirement to wear helmets or the use of seat belts).

These state interventions are meant to protect and to promote health. They may be debatable, but their putting limits to individual liberty are plain to see. They target behavior rather than decision processes. Lifestyle choices itself are usually not regulated, at least not in the western hemisphere, even though when it comes to stimulating public goods the distinction between lifestyle and behavioral regulations is not always easy to draw (sugar tax being an example).

More recently, new approaches claim to retain individual freedom and still help people “improving decisions about health wealth and happiness” (Thaler and Sunstein 2008). These approaches intend to apply behavioral economics to health behavior (Rice 2013). They are premised on the idea that it is justified to shape the context in which people make important choices in a way that they are “nudged” to options they perhaps would not choose otherwise but that are better for them.

Their most influential publication is Thaler’s and Sunstein’s “Nudge” in which they present strategies to improve people’s decisions. A recent report to the British Economic and Social Research Council found that there is “Nudging All over the World” (Whitehead, et al. . 2014). The Danish, the US and, most, of all the British government do it. Recently, even the sober Merkel administration hired nudging experts¹ thereby causing protests about perfidious manipulation and warnings of a Nanny State.

In this presentation I will try to clarify three questions: What is the fuss about? Is it possible to nudge? Is it justified to nudge?

- 1) *What is the fuss about nudging?*
- 2) *Does nudging work?*
- 3) *What role should nudging play within public health policy?*

1) What is the controversy about?

Nudging means to unobtrusively move people in a direction that they make certain (“better”) decisions.

Nudging strategies are based on behavioral economics. The central premise behind Thaler and Sunstein’s nudging approach is that individuals are not ‘Econs’. In other words, people frequently behave in a way that economic theory finds difficult to predict (Thaler and Sunstein, 2009: 7). This finding is, of course, even within economics no novel insight. One could go back to least to Herbert Simon’s work on bounded rationality in the fifties or, more recently to Kahneman and Tversky and many others. But what is novel is Thaler’s and Sunstein’s emphasis to put human irrationalities to work.

One example is the default inertia: when presented a menu of options people tend to stick with the default option for no other reason than that they do not have to make an active choice. Based on this effect, in order to increase organ donations, the choice architecture of donation systems could be set in a way that organ donation is the default option. Citizens still would have the possibility to make other choices. But those not willing to donate would have to actively express their unwillingness (Thaler and Sunstein 2008: chpt. 11).

¹ "Merkel will die Deutschen durch Unding erziehen", Die Welt vom 12.03.15

Proponents of this approach call themselves “libertarian paternalists”. They hold that paternalism through choice architecture is justified because decisions are improved while freedom of choice is maintained (Thaler and Sunstein 2008: 5).

Some critics see nudging as part of the neoliberal onslaught contributing to the moralization and individualizing of health behavior and intending to rein in healthcare costs by commodifying healthcare (cf. Jones et al. 2010; Rozin 2014). But also left leaning governments have called in “nudge squads”. It is the dream of policy makers of all political persuasions to better understand and influence people’s behavior. And it is exactly the promise of nudge theorizing².

But what when citizens are not informed and unaware of nudge intentions? Then critics have a good point accusing libertarian paternalism to violate the principles of individual freedom. After all, under a truly effective nudge regime individuals would no longer be able to make their own choice. But how truly effective are nudges?

2) Does nudging work?

I present two nudging experiments in which nudging seems to have worked.

The first example is about motivating pro-environmental, i.e. meat-free food choice in a student cafeteria (Campbell-Arvai et al. 2014). An experiment was conducted in which a default menu, presenting meat-free meal options, was compared with more conventional menu configurations. The experimental situation also contrasted in how appealing or unappealing the food choice was presented.

Results indicated that the meat-free option was significantly chosen more often. Even more remarkable is the fact that, compared to the easy-to-choose default option, attractiveness of the food presentation or additional information had no significant influence. Retention of food choice change over time, however, was not studied. This is a limitation many other nudge experiments in the realm of food habits share (Nørnberg et al. 2015).

My second example concerns preventing risky behavior of young people. Exposure in music venues poses a serious risk of developing tinnitus and noise-induced hearing loss. A study of 4 and 16 weeks examined whether distributing hearing health information would increase in the use of hearing protection at music venues, or whether provision of one-size-fits-all filtered music earplugs alone would be sufficient to change behavior (Beach et al. 2015). Again, as in the former example, information did not bring about behavioral change, whereas the provision of earplugs was sufficient to remind the young people to using the protective gear more often. Practical access to beneficial choices steered the participants in a direction that promoted their welfare.

In general, nudging approaches are not as clearly effective as their proponents would have it (see also Kosters und Van der Heijden, J. 2015). But what they seem to demonstrate that practical access to beneficial choices trumps information.

² The design ideas is also eagerly picked up by the European Commission; cf. Applying Behavioral Sciences to EU Policy-making, European Commission, Joint Research Centre, Institute for Prospective Technological Studies, 2013 [http://ec.europa.eu/dgs/health_food-safety/information_sources/docs/30092013_jrc_scientific_policy_report_en.pdf]; Influences on consumer behaviour Policy implications beyond nudging, Final Report, 8 April 2014. Prepared by Katharina Umpfenbach and colleagues, Ecologic Institute, Berlin & European Commission, and Environment Directorate-General. [http://ec.europa.eu/environment/enveco/economics_policy/pdf/Behaviour%20Policy%20Brief.pdf]

3) What role should nudging play within public policy?

Education and information, at least in the short run, loose out to steering by incentives or to making some options more salient than others. This is certainly no new news to the health promoting community. One, indeed may questions the unifying and novel feature of nudge policy. “There does not seem to be an obvious common denominator that truly defines nudges as a different approach to steering individuals’ behaviour than other governance interventions” (Kosters und Van der Heijden, J. 2015: 279).

Should we then dismiss nudges altogether?

This does not seem to be a valid option. It certainly does not enhance individual autonomy in a given world of commercial choice architecture. The novel aspect of the nudge approach is its explicit emphasis on choice architecture. I concur with Lieberman et al. (2013, S. 523) who argue that by ignoring opportunities to make environmental changes we reinforce the status quo, including the structural forces that currently support and/or reinforce unhealthy behaviors. No to nudging is no choice because we live in an environment in which nudges are shaped largely by industry, many of them unhealthy. “People don’t know what they want until you show it to them”, Steve Jobs once famously said³.

In that sense the nudge approach is a welcome reminder of one of the tools in the public health tool box: modifying the physical, social, political, and economic environment in which people make health-related decisions. To mitigate charges of paternalism related to this approach, we should attend to the processes through which they are implemented. This includes:

- Awareness of the contradiction within the nudge approach. On the one hand it is constructed around a more humble assumption about the nature of human decision-making. On the other it makes grand claims about the possibilities of policy intervention. More modesty is certainly in place.
- Questioning the ambiguity of the nudge approach: On the hand it claims to assist individuals to make choices that are in their own best interest, such as in the two examples I presented. But it can also mean to steer individuals’ behavior to achieve desired collective goods, such as in the organ donor example. Liberal critics of the approach have certainly a good point with regard to the second aspect. Who is to decide if and which individual interests align with the collective one? This cannot be left to the experts.
- Obviously one could call the whole idea of helping people to make decisions that are better for themselves into question. It certainly smacks paternalism. However, subjective welfare research rather convincingly demonstrates that people themselves are ex ante not satisfied with some of their life style decisions. Yet they are unable to do otherwise and therefore willing to accept patronage to change unwanted decisions (notable examples are too much television or too little exercise, cf. Frey/Stutzer 2002).
- Informing the citizens of any nudge intentions. Under this condition, they seem to be generally appreciative of nudging both as a general concept and when targeting health behaviors (Junghans et al. 2015)

In summary, one of the lessons of the nudge approach for public health could be a renewed attention to experimental, carefully crafted, smaller-scale interventions. Choice architecture and setting interventions, so dear to health care practitioners, may not be so different after all.

³ In an 1997 in an interview with Business Week, see [<http://www.forbes.com/sites/chunkamui/2011/10/17/five-dangerous-lessons-to-learn-from-steve-jobs/>]

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