JANUARY 2011

HEALTHY BEHAVIOUR

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MOTION:

INCENTIVES TO BEHAVIOUR"

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KEY TERMS

<u>Nudge</u>

Paternalism

Personal autonomy

Public health

INTRODUCTION

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NOTES

According to the latest national statistics, though life expectancy is steadily increasing, many in the UK will face major health problems across their lives due to a marked increase in 'lifestyle diseases' – illnesses and conditions related to the way we live our lives [Ref: Office for National Statistics]. 'Lifestyle diseases' include illnesses such as smoking-related cancers and lung and heart disease caused by obesity. Aside from the impact on personal health, the cost to the public purse is significant; with the NHS paying out billions of pounds a year on treatments. When the Coalition government launched its white paper on health, many commentators noted a shift in emphasis in the discussion on lifestyle and health, with health minister Andrew Lansley distancing himself from the 'lecturing' tone of New Labour public health campaigns and instead making the case for a renewed sense of personal responsibility [Ref: BBC News]. One of the more controversial attempts to instil personal responsibility has been the suggestion that the government introduce economic incentives to encourage people to better health. Some argue that incentives amount to a form of bribery, that they mistakenly 'reward bad behaviour' or that they undermine our autonomy and capacity to make choices about the kind of lives we choose to lead. The debate around incentives reflects a broader discussion about the changing face of public health, where some ask whether concerns about lifestyle have led to a 'moralisation' of health and an over-emphasis on individual behaviour whilst others argue it's imperative to experiment with new measures to improve public health. Are economic incentives a positive step towards instilling a sense of 'personal responsibility' or are they bad news for moral autonomy?



Where have financial incentives been used and do they work?

The use of economic incentives and disincentives to encourage healthy behaviour has been trialled by a number of NHS trusts over the last few years [Ref: NICE] and been strongly endorsed by Health England [Ref: LSE]. In May 2010 the National Institute for Health and Clinical Excellence (NICE) asked the public for its views on whether incentives have a role in encouraging people to live healthier lives, kick-starting a debate on their efficacy [Ref: NICE]. After receiving the broad support of its Citizens Council, NICE's expert groups will take this view into account if asked to produce guidance which includes consideration of such schemes[Ref: NICE]. But do incentives actually work? Experts are divided. Although research by Health England suggests that incentives could be effective in encouraging healthy behaviour [Ref: LSE], others warn that there is no evidence to suggest that they work in the long term and that they will be unsatisfactory in tackling more complex behaviours such as smoking.

Coercion and autonomy

Even if incentives were proven to have a positive impact on health, some critics argue that their use can amount to coercion on the part of medical professionals and government [Ref: BMJ]. In assessing the value of incentives, argues one writer, we need to consider how their use is likely to impact on an individual's sense of autonomy and agency in regards to their health [Ref: Guardian]. Some also predict that incentivising health will erode the trust between doctors and their patients, as doctors may be expected to take on the role of policeman in the running of such schemes. But proponents suggest that far from being coercive,

incentives enable patients to make choices they find difficult to commit to in the short-term because of the lack of immediate reward [Ref: <u>Health England</u>]. Incentives, they argue, in fact promote autonomy by making it easier for people to act in line with their considered preferences about their long term health.

Health and inequality

The link between poor health and social inequality has been a concern of government for many years [Ref: Department of <u>Health</u>]. One of the reasons that health inequalities exist, say some, is that unhealthy behaviours are more prevalent amongst lower socio-economic groups. Despite ongoing health promotion messages under the previous Labour Government, most now agree that that such 'information-providing' measures are ineffective [Ref: Kings Fund]. In arguing for the use of economic incentives, supporters such as Richard Cookson draw attention to the success rates of schemes such as Oportunidades in Mexico [Ref: World Bank] and Opportunity New York City [Ref: Opportunitynyc] which he suggests have successfully used incentive schemes to improve health amongst the poorest sections of these countries. In making the case for the use of economic incentives, proponents such as Cookson suggest that the cost that disease caused by unhealthy behaviour places on the NHS justifies the degree of intrusion that such schemes imply [Ref: BMJ]. But others argue that the new enthusiasm for economic incentives is worrying. There are a variety of complex reasons why people continue to behave 'unhealthily' – not least that it is 'enjoyable'. But importantly what the use of economic incentives also encourages is the marking out of individuals as 'irresponsible' and unwilling to behave in a socially acceptable





way [Ref: <u>BMJ</u>]. Some argue that economic incentives are just another example of the growing trend towards 'health paternalism' and a political obsession with individual behaviour. This not only enforces a uniform idea of what the 'good life' should be, but also represents an attack on individual choice and 'working class culture' [Ref: <u>Guardian</u>].

Changing nature of public health—does it matter if we're fat?

The debate around economic incentives and health takes place alongside a broader discussion about the changing nature of public health. The Nineteenth century focus on acute, infectious diseases caused by social factors like poor sanitation and housing has now been replaced by a concern for lifestyle diseases. Some suggest that this shift is the consequence of our improved health and a growing understanding of the behavioural factors that contribute to poor health. But others suggest that we need to be more wary of alarmist public health messages. In a striking example, Phil Collins points out that if the UK were to adopt the international measurement for obesity we would effectively halve the number of 'obese' children in one fell swoop [Ref: The Times]. But more than this, the reticent 21% who continue to smoke or the person who persistently exceeds the recommended daily intake of alcohol have to be free to make those choices. When choice is distorted by the use of incentives, critics argue, what we are left with is no choice at all.



ESSENTIAL READING 4 of 6 NOTES

Should people be paid to be healthy?

New York Times 15 June 2010

Special Report: In austere times, can bribery be healthy?

Kate Kelland Reuters 15 June 2010

Bribery – the key to better health

Jeremy Laurance Independent 10 April 2009

Using financial incentives to achieve healthy behaviour

Theresa M Marteau et al BMJ 2009

FOR

The role of health incentives

Harald Schmidt Guardian 30 September 2010

Don't take offence if we lecture you on how to stay alive and

healthy

Steve Field Observer 8 August 2010

Paying for good behaviour?

Yvonne Roberts The Young Foundation August 2010

It is right that we should be responsible for our health

Denis Campbell Guardian 27 July 2010

Should disadvantaged people be paid to take care of their

health? Yes

Richard Cookson BMJ 2009

AGAINST

Lib-con's following New Labours diet

Rob Lyons spiked 6 January 2011

A White Paper won't stop my mum smoking Philip Collins *The Times* 3 December 2010

A nudge too far

Libby Brookes Guardian 15 October 2010

Is bribery really the best way to wean people off chips?

Catherine Bennett Observer 13 June 2010

Should disadvantaged people be paid to take care of their

health? No

Catherine Popay BMJ 2009

IN DEPTH

Reith lecture: a price for everything but at what cost?

Michael Sandel The Times 13 June 2010

Public health and the obsession with behaviour

Dr Michael Fitzpatrick spiked 5 May 2010

Patients as Mercenaries? The Ethics of Using Financial Incentives

in the War on Unhealthy Behaviours

Scott Halpern et al *Circ Cardiovasc Qual Outcomes* 1 September 2009

Incentives for Prevention

Julian Le Grand and Richard Titmuss *Health England Report No.3* 2009

Ethics and Incentives: A Political Approach

Ruth W. Grant American Political Science Review February 2006





WWW.DEBATINGMATTERS.COM

BACKGROUNDERS 5 of 6 NOTES

'Healthy Lives, Healthy People' sets out the future for public

health: Health improvement to be

Department of Health 30 November 2010

Sugaring the pill

BBC Radio 4 27 October 2010

Health

Social Trends Office for National Statistics 2 July 2010

The use of incentives to improve health

NICE Citizens Council May 2010

Working class are under attack from health paternalism

Patrick Basham and John Luik Guardian 29 April 2010

The rise of the new paternalism

Glen Whitman Cato Unbound 5 April 2010

Michael Marmot Speech

Fair Society Healthy Lives 12 February 2010

Debate: To Nudge or Not to Nudge

Daniel M. Hausman and Brynn Welch Journal of Political

Philosophy 2010

Judging nudging: can nudging improve population health?

Theresa Marteau et al BMJ January 2010

Nudge state, nanny state or no state

Rt Hon Alan Johnson MP RSA 19 March 2009

Kicking bad habits final report

Tammy Boyce, Ruth Robertson, Anna Dixon Kings Fund 8

December 2008

Can you pay people to be healthy?

Emma Wilkinson Lancet 19 April 2008

Take two servings of paternalism

David White The American 21 December 2006

The Avuncular State

Economist 6 April 2006

Healthism is a vile habit: It is no longer enough simply to be

well...

Bryan Appleyard Independent 21 September 1994

Publications

Medical Research Council and Chief Scientists Office Scottish

Collaboration for Public Health Policy and Research

Lords Select Committee: Behaviour Change

Parliament

Do wellness incentives work?

Adam Oliver Healthcare Cost Monitor







IN THE NEWS 6 of 6 NOTES

'Great Swapathon' voucher bid to boost healthy living BBC News 2 January 2011

Healthy lifestyle role for all society
BBC News 30 November 2010

<u>Children will be given shopping vouchers for walking to school</u> *Telegraph* 28 November 2010

Lose weight on the NHS? Fat chance
KentOnline 19 November 2010

Nice consults on incentives to encourage a healthy lifestyle *Pulse* 28 September 2010

NHS 'Should Pay Obese People To Lose Weight'
Sky News 27 September 2010

<u>Taxpayers should fund 'bribes' for obese and smokers</u> <u>Telegraph</u> 26 September 2010

Personal responsibility health agenda 'welcomed' BBC News 2 August 2010

Britain faces drink, drugs and obesity health crisis Guardian 2 July 2010

Minister rejects 'Jamie Oliver' approach on health BBC News 30 June 2010

NHS explores paying people to become healthier BBC News 19 May 2010

<u>Super-obese mothers to be weigh down the NHS</u> *Guardian* 21 April 2010

Economic incentives needed in preventive health care LSF 19 March 2009

NHS offers pregnant smokers £100 to quit Daily Mail 23 January 2009

<u>Liberal Democrats call for financial incentives to stay healthy</u> *Nursing Times* 17 September 2008

Cash carrots for obese people to lose pounds

The Times 24 January 2008

Child obesity fears 'over-hyped'
BBC News 15 February 2005

ORGANISATIONS

Behavioural Insights Team

Cancer Research UK

Centre for the Study of Incentives in Health

Free Society

Health England

Kings Fund

MRC Social and Public Health Sciences Unit

National Institute for health and clinical excellence (NICE)

National Obesity Forum

NICE Citizens Council

Oportunidades

<u>Opportunitynyc</u>

Scottish Collaboration for Public Health Research and Policy





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Professional role (if applicable)	
Address	
Postcode	
Email address	
School/work phone	
Mobile phone	



"TEENAGE CITIZENS THINKING DEEPLY ABOUT...SOCIAL ISSUES"

IAN GRANT, CEO, BRITANNICA