



Viewpoint

Viewpoint: Beyond carrots and sticks: Europeans support health nudges

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ABSTRACT

All over the world, nations are using “health nudges” to promote healthier food choices and to reduce the health care costs of obesity and non-communicable diseases. In some circles, the relevant reforms are controversial. On the basis of nationally representative online surveys, we examine whether Europeans favour such nudges. The simplest answer is that majorities in six European nations (Denmark, France, Germany, Hungary, Italy, and the UK) do so. We find majority approval for a series of nudges, including educational messages in movie theaters, calorie and warning labels, store placement promoting healthier food, sweet-free supermarket cashiers and meat-free days in cafeterias. At the same time, we find somewhat lower approval rates in Hungary and Denmark. An implication for policymakers is that citizens are highly likely to support health nudges. An implication for further research is the importance of identifying the reasons for cross-national differences, where they exist.

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1. Introduction

1.1. The popularity of nudges

Despite millions of euros and dollars spent by governments worldwide to combat obesity and steer individuals towards healthier lifestyles, global obesity rates have risen substantially over the last three decades, presenting a major public health problem in both the developed and developing world. In Europe, obesity levels are high and rising.¹ Unhealthy diets now rank with alcohol and tobacco smoking as a global cause of preventable non-communicable diseases (Ng et al., 2014; WHO, 2013). Particularly alarming is the fact that child overweight and obesity rates have risen markedly to high levels in many countries worldwide.²

Public health policy directed at countering this pandemic has included a range of health interventions using a multitude of instruments and policies, executed on all levels (individual, family, school, neighborhood, city, nation state). The outcomes, however, have been mixed (Bailey and Ross Harper, 2015; Dobbs et al., 2014). While public policies promoting healthier lifestyles are broadly accepted (in particular when directed to children), public acceptance seems to depend on a range of factors that have yet

to be fully specified, including the perceived level of intrusiveness of the policies (which may or may not match the actual level) as well as the preexisting attitudes of the respondents (Mazzocchi et al., 2015).

As a result, governments worldwide have become increasingly interested in innovative policy tools to curb the obesity crisis, including “nudges” (e.g., Cohen et al., 2016), such as disclosure policies, warnings, reminders, and feedback (e.g., Halpern, 2016; Hawkes et al., 2015). Like a GPS device, these nudges are designed to steer individuals in certain directions without limiting their freedom of choice (Thaler and Sunstein, 2008). Examples include simplification of information and choices, framing and priming of messages, defaults, positioning of products in supermarkets and cafeterias, self-pledges, and multiple elements of purposeful choice architecture applied to physical or virtual contexts (e.g., Sunstein, 2014). The promise of such approaches is that they may have large effects on health without forcing anyone to do anything and indeed without imposing strictly economic incentives (such as taxes or subsidies) of any kind (id.). Of course such effects must be established rather than merely assumed.

A notable incident occurred in the summer of 2016, when a surprised public witnessed the virtual game Pokémon GO motivating a hard-to-reach target group of teenagers (and also playful adults, including one of the present authors) to move and walk through the parks and streets. The game, having been downloaded over 500 million times worldwide, did so by harnessing *homo ludens*' competitiveness and quest for fun; a little nudge that (at least for a while) did what years of education and information could not

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E-mail address: lr.ikl@cbs.dk (L.A. Reisch).¹ http://ec.europa.eu/eurostat/statistics-explained/index.php/Overweight_and_obesity_-_BMI_statistics (accessed 30.12.2016).² <http://www.who.int/end-childhood-obesity/en/> (accessed 30.12.2016).

do. Although this gamification nudge has since lost most of its appeal, it increased physical activity also for younger age groups over several weeks (Althoff et al., 2016; Howe et al., 2016). Small as it is, the incident underscores the potential effects of behavioural stimuli other than regulation, financial incentives, and taxes.

In fact, growing evidence demonstrates the potential effectiveness of nudges (see Sunstein and Reisch, 2017, for an extended overview) in areas as diverse as health and wealth, poverty and development, and environment and climate change. Public officials across the globe are currently “testing-learning-adapting-sharing” their practical experiences with nudging strategies (e.g., BIT, 2015; SBST, 2016; Sousa Lourenco et al., 2016). Not only is nudging a low-cost intervention with the potential to promote healthier lifestyle choices without the need for restrictive regulation (Arno and Thomas, 2016), but nudge-based policies have also led to increases in healthier dietary or nutritional choices as measured by changes in healthy choice frequency or overall caloric consumption (ibid.). In light of the increasing empirical evidence, therefore, the question whether behavioural economics is contributing to making our populations healthier (Loewenstein et al., 2012) can be answered in the affirmative.

Nonetheless, critics of behaviourally based regulation protest that citizens, on principle, do not like to be “nudged” by their governments. One objection is that nudges can be manipulative and insufficiently transparent (as opposed to legal instruments or fiscal instruments). Another complaint is that paternalistic nudgers are themselves prone to biases and use heuristics; that is, the same behavioural anomalies that nudgers seek to compensate for or harness may beset public officials. Yet another critique is that nudges focus on the individual while the substantial problem lies in the food environment (e.g., Schröder and Lyon, 2013). We believe, however, these concerns can successfully be addressed by insisting on avoiding manipulation, with full transparency of the nudges and their aims, and with a kind of choice architecture for choice architects (Sunstein, 2016b). It is noteworthy that when made transparent, nudges have been found to be effective (e.g., Brunus et al., 2016; Loewenstein et al., 2015; Steffel et al., 2016). And highlighting the non-conscious processes by which some nudge interventions may work has not decreased their acceptability in earlier studies (Petrescu et al., 2016; but see Jung and Mellers, 2016).

At least to appearances, however, the public debate on nudging seems more positive in the English-speaking world (i.e., the UK, U.S., Australia) than in, for example, German-speaking countries, where prominent individuals and groups have seemed (and we emphasize that word) more critical of official use of behavioural science (i.e., a policy of experimenting, pilot testing, and thinking in feedback loops) and of the policy tools (the nudges) themselves. The ideological, legal, and philosophical issues underlying these objections are discussed elsewhere (see e.g., Blumenthal-Barby and Burroughs, 2012; Cohen et al., 2016; Department of Health Ireland, 2015; Sunstein, 2016b,c). Instead of relying on appearances, impressions, and anecdotes, we take an empirical approach here. As we shall see, the appearance of public debates is misleading; there is broad majority support for health nudges in a variety of nations.

To assess popular attitudes across Europe, we conducted representative online surveys in Denmark, France, Germany, Hungary, Italy, and the UK, asking respondents whether they approved or disapproved of a list of 15 nudges.³ These nudges covered a wide range of topics (including health, environment, donations, green

energy) and represented different levels of intrusiveness from weak (e.g., educational campaigns against overeating) to strong (e.g., a default of one meat-free day per week in public cafeterias). Stretching the research question and offering an extreme case, we deliberately included one item in the survey that we would not count as a nudge: subliminal advertising, even for a good cause (healthy eating), is clearly manipulative, not transparent, and is hence not acceptable to be used by governments. Somewhat surprisingly, the responses identified a substantial consensus among disparate nations – including majority opposition to subliminal advertising (Reisch and Sunstein, 2016).

The simplest and most important lesson we take from our findings is that if individuals believe that a nudge has legitimate goals and conforms to the interests or values of the majority, they are overwhelmingly likely to favour it. For this reason, and to that extent, public officials have a kind of permission slip from citizens in diverse nations, as they may not for mandates. This finding also fits with other research evidence that individuals do not oppose nudges as such. Rather, their judgments usually depend on whether the particular nudge is perceived as well-motivated and to fit with the interests and values of most of those it affects (Reisch and Sunstein, 2016). In this respect, policymakers need not worry that health nudges will run into the kind of objections, from majorities, that have sometimes surfaced in the academic and even public domain. Of course, public approval is not a sufficient justification for proceeding. Whether the public approves or disapproves, officials must consider the effects of any intervention on people’s welfare. They still have the challenging task of carefully weighing the costs and benefits of the respective nudges, of comparing their efficacy with other potential policy tools, and of fitting them into the larger policy toolbox (Gorski and Roberto, 2015; Hawkes et al., 2015).

1.2. Nudging for health

As noted, much of the individual and societal health burden is caused by such modifiable behaviours as smoking, unhealthy food consumption, and sedentary lifestyles. For that reason, governments worldwide have been drawn to health nudge interventions to steer individuals into healthier eating and, more generally, into healthier lifestyles (Bailey and Ross Harper, 2015; Cohen et al., 2016; Halpern, 2016; Matjasko et al., 2016; Wansink, 2013). Such tools are appealing as complements to or substitutes for other tools, including required nutritional standards (e.g., salt content) and fiscal measures (e.g., fat or soft drink taxes). Even isolated attempts at hard regulation (e.g., banning advertisements in children’s TV programming in Sweden or Quebec) and voluntary self-regulation by industry (e.g., the EU Pledge) appear to have achieved less than their advocates hoped. Increasing research evidence suggests that a key to changing nutritional and activity patterns is the purposeful design of living and consumption environments – the so-called choice architecture (Bucher et al., 2016; Halpern, 2016). Such architecture can influence the amount of calorie intake (Wansink et al., 2009); it might also assist in the maintenance of healthier lifestyles once adopted (Kelly et al., 2016).

In fact, policymakers have achieved good results with different types of health nudges, including commitment contracts for smoking cessation (Giné et al., 2010) and temptation bundling (Milkman et al., 2014). Health communication can be improved by the priming and framing of key information (Wilson et al., 2016). All such research combines to provide mounting empirical evidence for the World Health Organization’s mantra: “Make the healthier choice the easy choice” through easy access and broad availability and affordability of healthier options.

³ The full study has been published as: Reisch and Sunstein (2016), Do Europeans like nudges? *Judgment and Decision Making*.

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