

Behavioral insights for healthy behavior

How to enable people to live healthy, happy lives

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This article is the third of a six-part series describing inexpensive, simple solutions to some of society's most seemingly intractable problems. These solutions don't involve billion-dollar investments or comprehensive tax reform. Instead, they're based on behavioral insights that seek to explain the way we make decisions, whether consciously or unconsciously.

Some of the benefits of healthy living are self-evident—who wouldn't like to live a little longer or trim a few pounds of fat?

But healthy life choices aren't simply a matter of personal wellbeing — organizations in both the public and private sector are increasingly realizing that the value of personal health extends well beyond the individual. Healthier people are happier and more productive; and, in starkly quantitative terms, they have lower health insurance premiums — one of the primary reasons that many companies offer fitness subsidies.

Moving water bottles to eye-level increased water consumption by 47%.

For example, each year American workers who are either overweight or have at least one chronic health condition miss an additional 450 million working days, translating into roughly \$153 billion in lost productivity.¹ One could easily make the argument that it is firmly in the national interest for all of us to hit the treadmill this weekend.

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1 Witters, D., & Agrawal, S. (2011, October 11). Gallup, Inc. *Unhealthy U.S. workers' absenteeism costs \$153 billion*. Retrieved from http://www.gallup.com/poll/150026/Unhealthy-Workers-Absenteeism-Costs-153-Billion.aspx?utm_source=tagrss&utm_medium=rss&utm_campaign=syndication.



So, how can the public sector enable people to live healthier, happier lives?

Here are a few examples of ways that government can help to encourage people toward healthier choices. Using an understanding of the inherent biases in human decision making, like our tendency to stick to the status quo or our systematic errors in forecasting and prediction, these examples each change the context in which people make decisions and support them in making better ones.

Reduce childhood obesity with “smart lunchrooms.”

In response to America's continuing obesity epidemic, the federal government has spent considerable energy attempting to influence students' patterns of food consumption. The impact of these efforts, however, has been mixed.² Most existing programs either mandate certain standards regarding cafeteria food (e.g. limiting milk to 1% fat) or attempt to influence students' conscious choices by persuading them to eat better (e.g., First Lady Michelle Obama's recent Let's Move! campaign).

But these may not be the most effective methods to decrease childhood obesity. Google recently used behavioral principles to reform its employee lunchrooms, and the results were striking:

- Moving water bottles to eye-level increased water consumption by 47%
- Moving the water bottles also reduced soda consumption enough to decrease caloric intake from beverages by 7%
- Moving M&Ms from transparent to opaque containers led to a 9% drop in caloric intake from candy in just one week.³

2 Mendoza, M. (2007, July 04). AP: Nutrition education ineffective. *USA Today*. Retrieved from http://usatoday30.usatoday.com/news/health/2007-07-04-fightingfat_N.htm?csp=34.

3 Oumanski, P. (2012, April). 6 ways google hacks its cafeterias so googlers eat healthier. *Fast Company*, (164).

Along the same lines, one recent academic study observed a 17.9% increase in fruit consumption and a 24.5% increase in vegetable consumption when implementing a similar “smart lunchroom” approach in a middle school setting.⁴ As any good chef knows, presentation matters when it comes to food, and making healthier foods more accessible leads to more nutritious patterns of consumption.

Take advantage of commitment devices. Why do we fail to do the things we originally intended, even when everything was within our power? Put simply, we lack the commitment to carry out our plans, whether health-related or otherwise. One way to overcome this problem is to artificially create commitment devices.

Some examples of effective commitment devices include partnered weight-loss plans to counter obesity, company plans that require multiple signers to reach targets in order to activate, and “success groups” in which participants meet each week to report the progress they have made toward their goals.

A 2010 study by Xavier Gine, Dean Karlan, and Jonathan Zinman further demonstrated that commitment devices can be effective in enabling smokers to quit. They developed a voluntary savings account for smokers — after six months, smokers who tested positive for nicotine would forfeit their money to charity. Smokers who participated in the program were, on average, more likely to successfully quit smoking, even when randomly tested more than a year following the intervention.⁵

Identify influencers to improve access and use of health care. The gap between scientific advancement and effective practice in healthcare is wide. In particular, the gap between knowledge and action prevents many people from receiving basic medical care. Often, obstacles to care are not always based on cost or lack of availability. Rather, a significant barrier to action in health policy is poor utilization of programs. To encourage uptake, one important insight social psychology can offer is that sometimes the message matters less than the messenger. That is, people’s openness to an idea can be significantly influenced by the source of the idea.

Understanding this, the UK’s Department for International Development sought to increase uptake of the female condom to reduce HIV incidence in AIDS-ravaged Zimbabwe. Rather than adopting a standard top-down government marketing effort to encourage usage, DFID implemented the “Get Braids not AIDS” campaign, which trained hairdressers in low-income areas to speak to their clients as peers about the benefits of using the female condom. The campaign

4 Hanks, A. S., Just, D. R., & Wansink, B. (2013). Smarter lunchrooms can address new school lunchroom guidelines and childhood obesity. *The Journal of Pediatrics*, 162(4), 867-869. doi: 10.1016.

5 Gine, X., Karlan, D., & Zinman, J. (2010). Put your money where your butt is: A commitment contract for smoking cessation. *American Economic Journal*, 2(4), 213-235. doi: 10.1257.

increased female condom usage from 15% to 28%⁶ — demonstrating how governments can more effectively engage citizens by not being the messenger.

Moving forward

The insights and related behavioral interventions described in this series are designed to be implemented quickly — they don’t necessitate an act of Congress or laborious re-writing of existing policy. Many require a small budget but have great impact. However, even evidence-based changes like those above can have unintended consequences. That’s why we recommend coupling implementation with rigorous but rapid performance evaluation.⁷ Rapid testing and agile evaluation can enable your agency to refine strategy and measure the positive impact that behavioral insights can generate to drive mission achievement.

6 Dolan, P., Hallsworth, M., Halpern, D., King, D., & Vlaev, I. Institute for Government, (2009). *MindSpace: Influencing behavior through public policy*.

7 To learn more about Deloitte’s approach to program performance management and dynamic implementation, visit our *From Data to Impact* practice site to read our most recent report: www.deloitte.com/us/fromdatatoimpact.

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