

Gaining pounds by losing pounds: research finds financial incentives could help reduce obesity

Key Findings

- Financial incentives can help increase uptake of weight management interventions in the general population.
- People prefer to manage their weight using physical activity interventions over changing their diet.
- Personal behaviour change support for weight management is beneficial, but not valued highly.
- People prefer to maintain their current lifestyle – which poses a challenge for policy-makers aiming to reduce obesity.

What problem was this research addressing?

Obesity is a global problem which is on the increase. Being overweight in early and mid-adulthood increases the risk of developing a wide range of diseases in later life¹ and has large financial implications for the provision of health services.² Policies to increase the uptake of healthy lifestyles are required.

What this research adds

While there is evidence that interventions to prevent overweight and obese people gaining more weight reduce morbidity, less is known about the factors that influence compliance with such programmes. We know that people register for weight loss regimens in huge numbers and drop out in equally huge numbers, but not why this happens. We also know that people differ in their likelihood to take-up and maintain healthy lifestyles. Understanding take-up of, and compliance with, lifestyle intervention programmes is necessary to design effective and efficient interventions.³ We used a discrete choice experiment (DCE) to investigate preferences for alternative lifestyle interventions to reduce obesity.

Methods

DCEs require individuals to make trade-offs between the attribute levels presented. The attributes and levels in this study, derived from literature reviews, focus groups and a survey are shown in Table 1.

Table 1: Attributes and levels within the DCE

Attributes	Levels
Content of programme	Healthy eating; Healthy eating with support for management; Physical activity; Physical activity with support for management; Healthy eating and physical activity; Healthy eating and physical activity with support for management
Weight change after 2 years	No change; Lose half stone; Lose one stone; Lose one and a half stone
Short term goal	Look better; Feel better; Look and feel better
Reduced risk of developing type 2 diabetes	No reduction; Small reduction; Moderate reduction; Large reduction
Reduced risk of high blood pressure	No reduction; Small reduction; Moderate reduction; Large reduction
Time per day	30 minutes; 60 minutes; 90 minutes; 120 minutes
Costs per week	£1; £5; £10; £20

Best practice methods were used to identify 12 choice sets to present to respondents (see Figure 1 for an example).

Figure 1: Example of a choice presented to respondents.

Lifestyle	Lifestyle A	Lifestyle B
The programme	Healthy eating and physical activity	Physical activity
Weight change in 2 years	Lose half a stone	Lose a stone
Short term goals	Feeling better	Looking better
Reduction in risk of type 2 diabetes	Moderate reduction in risk	No reduction
Reduction in risk of high blood pressure	No reduction	Small reduction in risk
Time per day	90 min/day	30 min/day
Costs per week	£5/week	£20/week

Choose Lifestyle A

Choose Lifestyle B

Current Lifestyle

Which option would you choose? (tick one box only)

Responses to these choices were collected through a web-based questionnaire, with 504 UK adults responding. Population quotas were used to match the general population on age and gender. 278 (55%) respondents were overweight or obese, lower than seen in the general population (approximately 65%).⁴ Given individuals overestimate their height and understate their weight⁵ this may understate the number of overweight/obese respondents.

The combination of attributes and levels provide useful policy information addressing key questions such as: How do respondents trade risk of disease against 'poorer' lifestyles which offer immediate

benefits? Are individuals more likely to participate in life style interventions that involve healthy eating or physical activity? Is support for management of programmes valued? How important is looking and feeling better (potentially important for health promotion campaigns)? How much time can we expect individuals to spend on lifestyle intervention programmes?

The box below shows key Research Highlights from the statistical analysis of the response data.

Policy relevance of the research findings

Whilst this study was not set up to look at financial incentives to reduce obesity, the strong preference for maintaining current lifestyle indicated that paying people to participate could increase uptake of exercise and dietary lifestyle interventions. Men required more compensation than women – within the UK this is the group with the biggest health problems, and the most pressing policy issues. It is recognised that financial incentives in the area of lifestyle interventions are likely to be controversial and challenging. However, other work has shown that financial incentives to reduce smoking in pregnancy and increase breastfeeding,^{6,7} and subsidising costs for Football Fans in Training,⁸ have promise.

Our finding that people prefer physical activity and diet to dietary changes alone and that there is limited preference for behavioural support for lifestyle interventions is also important (since evidence suggests that diet and behavioural support are effective in reducing obesity). This raises questions regarding which type of policy interventions will best deal with the obesity epidemic.

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Research Highlights

- Despite evidence that dietary interventions are the most effective way to lose weight, respondents preferred lifestyle interventions involving physical activity.
- Whilst the evidence shows that behaviour change support improves effectiveness of interventions, its value to participants was limited.
- A general preference to maintain current lifestyles, together with the sensitivity of take-up to financial costs, suggests financial incentives could be used to help maximise up-take of healthy lifestyle interventions.
- Men required more compensation to take up healthier lifestyles.

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For further information see the full paper: Ryan, M., Yi, D., Avenell, A., Douglas, F., Aucott, L., van Teijlingen, E. & Vale, L.

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