

# When health-beneficial behavior becomes a habit





**Björn Bartling**

**Professor of Behavioral and Experimental Economics and Vice Chair of the Department of Economics, University of Zurich.**

Author — Björn Bartling

Merging insights from behavioral economics and health economics offers a fascinating insight into the complex relationships between individual behavior, treatment outcomes and decision-making processes in healthcare. This interdisciplinary perspective allows us to understand the complex influences that shape the behavior of patients, providers and decision-makers in the healthcare system. By analyzing psychological and economic factors, well-grounded approaches can be developed to improve the effectiveness and efficiency of healthcare measures and improve quality of care.

In the last three decades, behavioral economics has gained in-depth insights into how people make irrational decisions in a predictable manner (Kahnemann, 2011). Psychological factors and cognitive biases are relevant in many areas of life, not only with regard to ‘classic’ economic issues, but also notably in healthcare. The relatively new interdisciplinary field of ‘behavioral health economics’ combines elements of both behavioral economics and health economics to better understand how individual behavior influences treatment outcomes and decisions in the healthcare system (Hanoch et al., 2017, Attema et al. 2022).

### **Immediate rewards versus future benefits**

Assuming the human concept of the rational ‘homo economicus’, it would be sufficient to impart knowledge on appropriate health care and sensible behavior. However, behavioral economics has in various ways demonstrated that it would be naïve to assume that an informed individual would then make the appropriate decisions and consistently follow a plan once it has been made. So-called ‘present-biased preferences’ (Frederick, Loewenstein und O’Dono-

ghue 2002, O’Donoghue and Rabin 2015) are a major obstacle.

The ‘present-biased preferences’ model plays a pivotal role in classic behavioral economics and describes the human tendency to value immediate rewards or benefits over future benefits, even if the future benefits objectively outweigh them. The underlying pattern of behavior can be easily described using an example. If a child is asked if they want one toy in exactly one week or two toys in one week and one day, they will be willing to wait the extra day to get two toys. The decision makes sense, as the ‘return on investment’ is high: by deferring the reward for just one day, they can get two toys instead of just one. Moreover, from today’s perspective, it hardly makes a difference whether they have to wait seven or eight days – both dates are ‘far’ in the future. However, a week later, the decision is often reversed. It is still true that they would only have to wait one day to double the number of toys. But the earlier point in time is no longer a point in the ‘distant’ future, but the present moment. And: most people – not just the chil-

dren in our example – assign particular weight to the immediate now. They do not stick to their original plan to wait a day but succumb to the temptation of the present: A lack of willpower and self-discipline means that they do not follow through with the decision that is more beneficial in the long term.

### **Benefits are often in the future**

What may seem like a trivial problem in our example describes a general decision-making error that can have serious consequences. After all, many important life areas are structured in such a way that costs or sacrifices are incurred immediately, while the benefits occur in the future:

- I have to curb my spending today in order to achieve better economic security in the future.
- I have to make the effort to learn today in order to achieve a higher future income thanks to a better education.
- I need to invest in my health today – exercise, eat healthily, spend time on proper dental care, etc. – in order to reap the benefits of better health in the future.

The problem is exacerbated by the fact that many people are overly optimistic

about their willpower and self-control. For instance, a classic study has shown that many members of gyms misjudged their future gym use and opted for monthly subscriptions instead of single admissions. Purchasing a monthly subscription meant that they paid more on average per visit than if they had opted for single admissions. The study is an example of how present-biased preferences and overestimation can lead to suboptimal decisions (DellaVigna und Malmendier, 2006).

### Steering behavior in a beneficial direction

‘Nudges’ are a type of intervention that can help people overcome problems that arise from a lack of willpower and self-discipline in everyday life. Fundamental to this type of intervention is that it aims to steer people’s behavior in a certain, often socially or individually beneficial direction without restricting their options. A wide range of nudges have been tested in the field of preventive healthcare. These include displaying healthy foods prominently in school canteens, simple text message reminders for preventive checkups or communicating social norms. (Thaler and Sunstein, 2008).

A prompt to make concrete action plans, known as ‘implementation intentions’, is also a classic nudge (Gollwitzer, 1999). This nudge was examined, for example, in the context of a free, in-house flu jab. All employees were informed in writing about the opportunity to receive a flu jab on the company premises during working hours. Participants in an intervention group were

## One key mechanism is building ‘good habits’

also encouraged to make a note on the information sheet of the date and time when they intended to get the jab. The core finding of the study: vaccination rates increased when the invitation to make specific implementation intentions was included on the information sheet. The vaccination rate among the employees in the intervention group was 4.2 percentage points higher than in the control group, which had a vaccination rate of 33.1 percent. Nudges help transform abstract goals into concrete action plans. Deviating from the specific intention would incur a mental cost, which contributes to people actually taking advantage of health-related measures, such as the flu vaccination in this case (Milkman et al., 2011).

### Building ‘good habits’

If people are able to realistically assess their willpower and self-control, self-commitment mechanisms can provide support. One key mechanism is building ‘good habits’. Once a healthy behavior becomes a habit, people automatically engage in it without much thought. Habits also ensure behavioral consistency, reduce decision-making stress or reinforce a positive self-identity that is consistent with health-related behaviors (Wood 2019).

A pivotal question is how we can successfully build good habits. The literature identifies various techniques. ‘Temptation Bundling’ combines an enjoyable activity with one we tend to put off, such as only listening to gripping audio books while at the gym. The aim is to utilize the pleasure of one activity (listening to an audio book) to make the less enjoyable activity (exercising) more attractive and thereby more regular. A classic economic strategy is to create ‘commitment devices’, such as financial stakes which we lose if we fail to reach the set goal. One example of this is using apps or platforms that withhold money or even donate it to undesirable organizations if we fail to meet self-imposed targets. Ultimately, it is important to have social support when building habits, as involving friends or family in personal goals can provide additional motivation (Milkman 2021).

### Knowledge alone is not enough

The key insight – that it is not sufficient to equip people with the knowledge of how important preventive health care is, and which behaviors would be beneficial to their health – is sometimes referred to as the ‘last mile problem’. The term generally refers to the difficulties in designing and implementing effective health-promoting measures and information in such a way that they reach and influence people’s actual everyday decisions. The behavioral economics model of present-biased preferences offers a convincing explanatory approach and a starting point for possible solutions that should be incorporated into a more comprehensive approach to promoting preventive healthcare.

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# Rituals shape our lives – let's draw strength from them

Author — Bruno Affentranger

Anyone who performs an action and repeats it every day is familiar with this phenomenon: the power of habit. Humans need rituals. They provide stability and reliability. They give us the assurance that we exist and will continue to exist. If we want to change or accomplish anything in a social context, we need to embrace rituals – and get the timing right.

Curaden is a global oral hygiene company that provides products and services and sells them in ninety countries worldwide. Why is this Swiss family-owned business taking the initiative and commissioning a study from the Gottlieb Duttweiler Institute in Switzerland to research rituals? The study is titled “Prevention in transition. Stable routines in unstable times”. Read the interview with David Bosshart starting on page 34.

Let's start by answering the question of ‘why’ with another question: When is the one tiny moment in which the average private household can take a big step towards protecting the climate?

Correct! When our old oil-fired heating system reaches the end of its lifespan. When we finally switch to a heat pump, which extracts energy from the air, water or ground to conserve the planet's fossil reserves. This moment of transition in our own home is the moment

when our life and actions change direction. It is the moment when we can change our behaviour and start protecting the climate.

Figuratively speaking, this is the decisive moment that Curaden is looking for. We want prevention to play a more important role in general health. Today, industrialized Western countries spend no more than three percent on prevention. Three percent of total healthcare expenditure on meaningful prevention, which has the potential to save billions of euros and significantly improve the health of the population.

We have been convinced for decades that by stepping up prevention, we can save a lot of money and suffering. We are equally convinced that this will also enable us to grow as a company.

This is why Curaden is committed to

prevention, certain in the knowledge that doing it right can ensure a healthy mouth for life.

## Changing behaviour is crucial

Having recently invested extensively in studies with the Gottlieb Duttweiler Institute in Zurich, we have discovered that human behaviour is the key starting point. Scientists such as the American professor Wendy Wood and others are researching this on a global scale. It is thanks to them that we now know that we need to change our behaviour to boost the importance of prevention. The concept of self-care and personal responsibility needs to grow. It's just a shame that engrained behaviours are not so easy to change.

But there are these moments when new situations arise. During these periods, people are particularly receptive to new behaviours. This doesn't just happen out of the blue. These moments don't usually happen of their own accord. They can and must be brought about.

But how to do this? We have also conducted research into this and are continuing to do so. We are firmly convinced that state intervention, for instance, is important. This is not about more bans, but rather offering new incentives and through structural measures. Through a changed, new training programme for specialists at universities. By educating professors and students and winning them over to our cause. Through lobbying political decision-makers. By means of campaigns that are about more than just selling goods.

## It can't be done alone

Despite all our efforts, all our good intentions and the full commitment of the entire company, one thing is clear to us Swiss oral hygiene specialists: we are too small on our own. We can't do it alone. On paper, we simply aren't a game-changer. But thanks to scientific principles, new media and plenty of groundwork, Curaden can have more influence and impact than many people think. Many allies are forming and share the same intentions. Curaden is by no means alone with its prevention-led approach. As always, it is about taking the first step. Without this, behaviour will not change and new rituals of good prevention cannot develop.