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Behavioural policy for healthy ageing.

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Behaviour and ageing

Ageing well is not just about the genes we are born with, but also about the choices we make through life. Our decisions about smoking, drinking and exercise are crucial to whether we will age well. So too, are less obvious factors such as whether we volunteer, get married, or take out a pension.

Worryingly, it appears that our instinctive choices are increasingly working against - rather than in favour of - us ageing well.

When instincts work against healthy ageing

Social contact is important in ageing well[1]. However, we heard from Age Concern that people's natural instincts to preserve their safety and avoid feeling in danger often lead them to remain isolated within small communities, and often at home, as they age. Similar fears can also isolate people from other generations and make them less likely to go out and volunteer.

We also heard from Birmingham City Council that healthcare is often not used by those most in need. For example, flu vaccination rates in Birmingham are lowest in the most disadvantaged communities. People rarely make an impartial assessment of the health benefits of being vaccinated and instead seem to be overly swayed by negative connotations of needles and perceptions of what the social norm is within their community.

Other instinctive behaviours can easily work against healthy ageing. A tendency to go for easy food options results in an over-consumption of junk food. And although exercise opportunities are widely available, many people are still instinctively deterred because exercise is uncommon amongst their peers or evokes the feeling of behaving immodestly.

Incentivising and informing

When lifestyle choices have harmful (or beneficial) social consequences, traditional economic logic suggests 'correcting' these choices, through changing the costs and benefits that individuals face. This correction can come in the form of a tax for harmful activities (taxes on cigarettes, for example) or a subsidy for beneficial activities (subsidised education or training, for example). In theory, such incentives and disincentives can be designed to alter behaviour in a socially desirable way.

Alternatively, when choices have harmful (or beneficial) consequences for the individual themselves, traditional economic logic points towards providing better information about the costs and benefits of different choices. As with taxation, this strategy is widely used to tackle unhealthy lifestyle choices, such as smoking and drinking.
However, policy tools that focus solely on incentives and information often fail to result in the

required behaviour change. In part this is because these policy tools treat people as detached individuals, who rationally weigh the costs and benefits of different options. Instead people are heavily swayed by social norms, react to strong emotional associations with certain options, and have a general tendency to stick with the default option (whatever it may be).

A behavioural approach to public policy

Behavioural approaches to public policy incorporate insights from psychology about the various biases and heuristics that people employ when making decisions. Reflecting people's biases in the design of policies should ensure that people's instinctive choices better match their long-term goals. A recent government report provides a 'user-guide' for policy-makers on some of the traits of instinctive behaviour, summarised by the mnemonic MINDSPACE[2] (explained in box 1)**.**

Box 1: The MINDSPACE approach to incorporating behavioural insights into public policy

- ***Messenger:*** we are heavily influenced by who delivers a message
- ***Incentives:*** our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses
- ***Norms:*** we are strongly influenced by what others do
- ***Defaults:*** we 'go with the flow' of pre-set options
- ***Salience:*** our attention is drawn to what is salient and relevant to us
- ***Priming:*** our acts are often driven by sub-conscious clues
- ***Affect:*** our emotional associations can powerfully shape our actions
- ***Commitments:*** we seek to be consistent with our public promises
- ***Ego:*** we act in ways that make us feel better about ourselves

Policy-makers using 'traditional' tools such an incentives, information or physical interventions, arguably need to take greater account of the systematic traits outlined in the box. So for example, if a policy maker wanted to alter an unhealthy behaviour they should note that a financial incentive may achieve a different response, depending on whether it was framed as a gain or a loss. And when providing information about healthier behaviours, policy-makers need to think about who delivers that message (is it someone similar to the target group?), what the message conveys about social norms (does it actually reinforce the fact that the person is behaving in a similar way to their own social group?) and what emotional associations the information delivery brings to mind (will it sound like the person is being lectured to?).

The great promise of a behavioural approach to public policy is that, by incorporating insights about behaviour more systematically in policy-making, we might be able to deliver changes in behaviour that improve health at a relatively modest cost. Furthermore, in contrast to using regulation, behaviour change can arguably be achieved without affecting individual liberty. As a result there has been substantial policy interest in utilising these ideas to shape public policy. For example the current Coalition government have established a 'Behavioural Insights Team' to develop and draw on this work in policy formulation.

Behavioural approaches, the experience so far...

In terms of applying behavioural approaches to policy, particular interest has centred on the role of

default options. In terms of financial security in old age, big strides are already being made. In gathering evidence we heard from our consultation groups how inadequate finance was often to blame when people did not age well. In part, problems occur because people tend to stick with the default 'do-nothing' option when making decisions about pensions and savings.

In the context of finance and ageing, individual savings and pension contribution rates can be increased by changing the default option from one an active opt-in, to an opt-out one. Although the desirability of the option has not changed, and no restrictions are placed on individuals' choices, policies have led to substantial behaviour change. Partly in response, the UK government is adopting 'opt-out' models for occupational pensions. The net benefit for the policy change is anticipated to be £40bn (from smoothing consumption over the life-course) in relation to just £0.3bn of transaction costs to set up the scheme.[2]

Drawing on individuals' desire to stick with public commitments can potentially contribute to healthy ageing. The government's Behavioural Insights Team[3] highlight a scheme taking in place in Japan called 'Fureai Kippu' where people volunteer in helping older people with their shopping and other daily tasks and in doing so the time spent can be 'transferred' to relatives or 'saved' for your use in the future. The idea is based on the public commitment to reciprocate care we have received.

A variety of recent publications[2-6] highlight policies that utilise behavioural insights to achieve individuals' and society's long-term goals. These cover issues from improving organ donation to reducing energy consumption. Many principles no doubt could be used in designing policies to support healthy ageing.

Further potential for behavioural approaches to healthy ageing

In terms of the earlier challenges (social isolation and low uptake of flu services) relating to ageing, policies based on incentives or information may fail to achieve behaviour change. Instead policies need to engage with individuals' emotional associations. This may mean, for example, directly addressing the fear of needles, or ensuring that socialising and volunteering opportunities are available in environments that bring to mind positive associations. Where genuine social norms differ from public perceptions this should be emphasised to people. For example, to encourage uptake of healthcare services, providers might make more effort to point out that most people in a particular group have used the service, if this is the case.

Older people have often had healthy lifestyles in the past. For one reason or another they may have lapsed into unhealthy habits. Rather than intervening to teach people the importance of healthy lifestyles as they age, we heard from Birmingham City Council that effort might be better focused on 'reactivating' healthy behaviours and lifestyles from their past. An important consideration is *who* communicates this message (and not just *what* they communicate). People are more likely to trust and act on advice from people who are like themselves.

The case for pursuing healthy ageing

Population ageing often brings to mind connotations of burden and demographic time bombs. The pessimistic view of population ageing is based on premise that as populations age they will become more ill and more dependent. This need not be the case. Tomorrow's older people do not have to have the same health profiles as today's older people. People aged 62 in the 1960s and 1970s were similar in health to people aged 70 today.[7] If we get healthy ageing right, this age should increase further in the future.

Healthy (as opposed to unhealthy) ageing has some potentially profound financial implications. If people are able to work for longer this is likely to bring economic gains in terms of growth and increased tax revenue. If people are better able to self-manage their chronic diseases as they age this would make big inroads into future healthcare expenditure.[8] And while social care spending is projected to rise rapidly in the coming years, this is largely because healthy life expectancy is not keeping pace with life expectancy more generally.[9] If people can age in a healthy way there is no reason why pressures on the care sector will increase.

Also there are potentially hidden gains from healthy ageing, which should be factored into economic debates about ageing policy. Older people provide a large amount of informal care to people with illness or disability.[10] Healthy ageing potentially reduces the demand for this informal care. It also increases the potential supply and ability of carers to look after their loved ones at home, reducing the need for state support. In a similar vein, the role of grandparents in childcare can be important for working parents. Healthy ageing not only enables grandparents to be more involved in childcare, but, if it is desired, is also likely to free up more parents to work. In addition to the economic arguments, there are also, of course, strong social and moral arguments for pursuing health ageing.

Is behaviour change the way to achieve healthy ageing?

This importance of achieving healthy ageing and the rise of behavioural approaches raises the question—is behaviour change the best, or even an appropriate, way to achieve healthy ageing?

Three key themes emerged from our evidence gathering about support for healthy ageing. First, it was seen as important to view ageing as a lifelong issue and not just as an 'older person' issue**.** Our expert witnesses emphasised the role that early life influences had on outcomes in later life. A second theme was the relationships angle to supporting healthy ageing. People are not just passive users of services, but also have assets and expertise which can help improve those services. Third, relatively low-cost and low-tech interventions and support might go a long way to supporting healthy ageing. Behavioural approaches to public policy can certainly be used throughout the life course and are indeed usually low-tech. The evidence gathering therefore suggests that behavioural approaches may be broadly suitable for healthy ageing although extra consideration might be given to their role in using and promoting relationships as people age.

There has been support for using behaviour change policy to improve in health in the UK for at least the last decade. The 2002 Wanless report outlined the vastly different trajectory that health spending would take if the population could become 'fully-engaged' in looking after their health.[11] In a follow-up report about implementing a fully-engaged scenario, the Wanless team suggested "*People need to be supported more actively to make better decisions about their own health and welfare ...".*[12] In fact, the Wanless team directly called for collective action to shift social norms, alongside the use of more traditional tools such as regulation, tax and subsidy.

Despite the importance of addressing the issue of healthy ageing there are important grounds for debate over the widespread use behavioural policies in health. For example, there is still a lack of evidence of an evidence base for behavioural interventions.[5] There is also the potential for unintended and perverse impacts from behavioural policies.[6] Much of the focus has been on changing the behaviour of people rather than private sector organisations.[13] Finally, there is a general concern that behavioural policies could crowd out proper regulation at the government level, or positive behaviours at the individual level.

Identifying what policies to pursue

If there are behavioural policies that are deemed broadly acceptable, which ones should be prioritised? Criteria developed for studying the value of commitment contracts (a specific behavioural intervention)[14], can equally be applied to behavioural interventions more widely. The authors propose considering: (i) Is the intervention is efficacious (i.e. how effective is the intervention in promoting healthy ageing across the life course?); (ii) Is the intervention likely to be widely acceptable? (i.e. is it only beneficial for a select few or will it engender behaviour change across a wider population?); (iii) How cost-effective is the intervention? (i.e. how do the long-term benefits compare with the costs of the policy?).

Cost-effectiveness is perhaps the over-arching question in selecting specific behavioural approaches (from a those judged to be ethically appropriate). However, judging the cost-effectiveness of behaviour change interventions is not easy. Although the direct costs of the policy may often be small, the costs may be difficult to tie down. There is clear potential for example for unforeseen costs, for example a behavioural policy that increased medication adherence may improve the patient's but also result in increases in medication costs.

Measuring the benefits of behavioural policies is likely to be difficult too. Standard economic techniques are more suited to valuing tangible interventions delivered at an individual level, rather than subtle changes in choice framework affecting large numbers of people. Although methods to measure and value health gains are well developed,[15] it is also not at all clear that health maximisation alone is a sensible objective in when trying to achieve good ageing. Both the literature we reviewed, and the expert testimony we gathered, strongly emphasised the importance of retaining freedom for as long as possible. Progress has been made, at the University of Birmingham, in developing measures of capability (freedom to do the things people value in life) for use in evaluative work.[16;17] However, further work is needed to operationalise these measures to assist in deciding which behavioural interventions offer the best value for money.

Conclusion

There is clearly still an important role for traditional policy initiatives to promote ageing well, whether this is in tackling the fear of crime, subsidising transport or providing better information to tackle the 'information poverty' of old age. However, the wider use of behavioural insights, to improve population ageing is recommended.

Using behavioural insights might mean designing policies that use individuals' instincts—to stick with defaults for example—to create behaviours that result in better long-term health and wellbeing. It also means designing traditional policy tools (such as incentives, information campaigns, treatments) with an appreciation of the way people instinctively behave.

In doing all this it is important that behavioural interventions are carefully trialled and evaluated. Specific attention should be focused on the policy's effectiveness, cost-effectiveness and any potential 'crowding out' effects. Light touch behavioural policies cannot be the only approach to public policy. Equally, however, public policies need to be clearly designed with individuals' instincts and behaviours in mind.

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