Using Behavioral Economics to Encourage Parent Behavior Change

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The reality of working in pediatric clinical practice is that it often involves improving child health by changing parents' behavior. We know that strategies from behavioral economics—a field that leverages predictable patterns in human decision-making to overcome barriers to behavior change—can improve health outcomes in adults. But can we apply these approaches to parent behavior change in pediatric settings to improve the clinical effectiveness of child health care? That is the topic of a recent piece my colleagues and I wrote for *Academic Pediatrics*.

You may have heard of the term behavioral economics from popular books like "Thinking, Fast and Slow" and "Nudge" or as the basis of Richard Thaler's recent Nobel Prize in economics, but what is it really? Behavioral economics applies economic and psychological principles to overcome barriers to behavior change. We've grown interested in this work here at PolicyLab as so many of our efforts focus on how can we best support patients and families to improve child health. A key contribution to the field is identifying when individuals may make decisions based on emotion, bias or misinformation that could undermine healthy choices. According to behavioral economics, individuals are "predictably irrational," in that they make biased decisions that are ultimately not in their best interest and defy traditional economic theory.

With its careful attention to decision-making, behavioral economics offers insights and solutions to help individuals optimize their choices. For example, we've seen dramatic results in adult health care contexts when behavioral economics are applied to smoking cessation, physical activity and weight management, medication adherence and end-of-life decision-making.

There is limited but growing evidence for applying behavioral economics approaches to parent behavior change to improve the health of children—the focus of PolicyLab's Intergenerational Family Services portfolio. However, I believe the field is primed for innovative work in pediatric settings, combining a greater understanding of predictable patterns in parent decision-making with the trusted role pediatricians play in optimizing the health-related choices of parents.

In our *Academic Pediatrics* piece, we highlighted four key behavioral economics strategies that we may now be able to apply more broadly in clinical practice to promote parent behavior change:

1. **Message Framing**: We can frame health messages to highlight either the benefits of engaging in a particular behavior (a gain-frame) or the consequences of failing to engage in a particular behavior (a loss-frame). Take one clinically relevant example of a gain-frame: When advising a parent who smokes about smoking cessation, say "Quitting smoking will improve both your health as well as your children's health by keeping them away from secondhand smoke."
2. **Use of Defaults**: The way in which we present choices to people has a tremendous impact on what they actually choose. However, individuals tend to stick with a choice they made even if there are better choices available, and they also stick with a default choice that is presented to them even if new options emerge. Therefore, pediatric clinicians can try to present an important default choice up front. For example, when communicating with families regarding necessary vaccinations, physicians should announce that the child is due for routine vaccines. "Your child is due for routine vaccines today: [state vaccine names.] We'll give those at the end of today's visit."
3. **Enhanced Active Choice**: Active choice involves inserting a decision that is relevant in front of consumer at a time when they are primed to think about it and in a position to say "yes" or "no" without much effort. This approach can be "enhanced" by highlighting the salient benefits of action and losses of inaction. To better understand this, let's take the smoking cessation example again. For the parent who is interested in quitting smoking, say "Since you're interested in quitting smoking to improve your child's health, which of these three smoking programs would you like me to sign you up for today?"
4. **Leveraging Social Forces**: Social comparisons—in which an individual's actions are visible to others—and social support systems—in which existing social relationships are leveraged in positive ways—can amplify the impact of health interventions. Given this, pediatricians could use simple social comparisons to increase adherence. As an example, let's go back to the doctor's office where they are talking about vaccines. That physician could remind the parent that the majority of children in a particular clinic receive their routine vaccines.

While these four strategies are promising, we need additional research in pediatric settings to fully explore how to work best with parents to counter decisions based on emotion, bias or misinformation and guide them towards healthier choices.

We're applying these concepts in our research efforts at PolicyLab—combining message framing and health information technology to help parents quit smoking in pediatric settings and exploring the use of financial incentives to engage teenagers in quitting smoking.

As we create behavioral economics-informed policies and interventions, we must also continuously seek and incorporate input from parents and families to ensure what we're creating aligns with parent goals: helping them protect the health of their children in addition to themselves. Nonetheless, pediatricians are uniquely positioned to guide parental decisions, and behavioral economics holds potential to empower parents to make healthier choices for themselves and their children.

Brian Jenssen
Brian Jenssen
MD, MSHP
Faculty Member