



RESEARCH NEWS

Financial incentives help people change health behaviours, review shows

Susan Mayor

London

Personal financial incentives help people to change health behaviours, but these effects are lost within three months of the payments stopping, says a study of the overall effect of payments across various health related behaviours.¹

Researchers analysed 34 studies including 10 585 adults that assessed the effect of financial incentives on a range of health behaviours, including smoking cessation and healthier eating, measured for at least six months from baseline. Around half of the studies offered incentives of less than \$400 (£271; €374), and the rest were higher. Most of the studies (n=30) offered incentives together with other support such as counselling, self help manuals, or professional advice.

The results, published in *Preventive Medicine*, showed that payments increased the chances of people changing their health behaviours overall by 70% at six months when compared with controls (summary odds ratio 1.70 (95% confidence interval 1.42 to 2.02)). The beneficial effect was sustained until 18 months from baseline.

Financial incentives improved the likelihood of smoking cessation by 80% at six months (1.80 (1.37 to 2.37)) and healthier eating by 66% (1.66 (1.28 to 2.15)). Although assessed in only four studies, physical activity also increased (1.29 (0.97 to 1.72)). Behaviour changes were sustained two to three months after stopping the financial incentive (2.11 (1.21 to 3.67)) but were lost by six months (1.10).

Results also showed that the effectiveness of financial incentives depended on the recipient's level of deprivation. High levels of deprivation doubled the behaviour changing effects of incentives compared with non-deprived participants (2.17 (1.22 to 3.85)), but only at six to 12 months from baseline.

Eleni Mantzari, the lead author from King's College, London, said, "We found that personal financial incentives can change habitual health related behaviours, especially amongst deprived

populations, highlighting their potential contribution in reducing health inequalities." But she added, "The offer of financial incentives does not seem to lead to changes that are sustained beyond a few months after their removal."

Given the lack of sustained effects and the costs and acceptability of using financial incentives, the research group said that future research and policies should consider individual financial measures in the context of changing environments at the population level—making health behaviour change easier to sustain.

Change was sustained for longer in studies involving financial incentives for smoking cessation in pregnancy, the researchers found. Theresa Marteau, coauthor from the University of Cambridge, concluded, "This study suggests that the most promising use of financial incentives is for smoking cessation in pregnancy, which complements the results of other studies showing that incentives are the most effective intervention for smoking cessation in pregnancy."



1 Mantzari E, Vogt F, Shemilt I, et al. Personal financial incentives for changing habitual health related behaviours: a systematic review and meta-analysis. *Prev Med* 2015; <http://dx.doi.org/10.1016/j.ypmed.2015.03.001>.

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