Nudging health: Lessons from across the globe

Short description

According to nudge theory, knowledge of ‘what drives human behaviour and how to change it for the common good’ (John 2016, 113) should improve attempts at redesigning public policy. This includes a systematic way of applying evidence on human behaviour that is produced through scientific experiments based on randomised control trials (RCTs). The behavioural insights derived from such experiments allow policymakers to develop an understanding of people’s bounded rationality that is largely framed by environmental cues (e.g. people stick to a certain behaviour unless they are externally prompted to behave differently). By definition, nudges seek ‘to alter people’s behaviour in a predictable way, without forbidding any options or significantly changing their economic incentives’ (Thaler & Sunstein 2021, 6). As a guiding principle, ‘nudge theory goes with the grain of human nature instead of trying to change it’ (Vlaev et al. 2016, 552). In recent years, nudging has become a synonym for a range of techniques designed to influence human behaviour such as norms, defaults and salience. At the same time, behavioural insights have provoked a good deal of conceptual, methodological, ethical and ideological criticism. Health and health promotion are key application fields of the nudge approach. Across the globe Behavioural Insights Teams (BITs) or “nudge units”, working on arm’s length with governments and international organizations (e.g. WHO, OECD, UN), design health nudges to steer people’s behaviour into socially desired directions. Thus, in this study project, we will investigate amongst others

- the spectrum of health nudges and country-specific particularities;
- whether health nudges are applied in isolation or are combined with other health promotion approaches;
- the relationship and division of labour between governments / international organizations and BITs / “nudge units”;
- real-world manifestations of criticism of health nudges.

Methodology

The module consists of a mix of short inputs by the lecturer, shared reading, longer phases of guided group work and common discussions. Students should prepare a presentation of a Behavioural Insights Teams (BITs) or “nudge unit”. Examples are, for instance, the World Health Organization’s Technical Advisory Group on Behavioural Insights and Sciences for Health (see https://www.who.int/initiatives/behavioural-sciences/tag-on-behavioural-insights-and-sciences-for-health), the Western Cape Government’s Behavioural Insights programme in South Africa (see https://bi4gov.org/who-we-are) or the European Union’s Competence Centre on Behavioural Insights (see https://knowledge4policy.ec.europa.eu/behavioural-insights/topic/behavioural-insights-health_en).

Learning products by study groups

- A structured policy brief (5 pages)
- An oral presentation (30 minutes)

Key Literature


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