

# *Cost Utility Analysis Or Cost Benefit Analysis For The Economic Evaluation Of Nutrition Interventions?*

CBA for evaluating nutrition interventions

David Epstein  
University of Granada  
Email: [davidepstein@ugr.es](mailto:davidepstein@ugr.es) Website: [www.ugr.es/~davidepstein](http://www.ugr.es/~davidepstein)  
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CBA for evaluating nutrition interventions



## **CBA v CEA**

- The “C” (cost) methodology is similar in both methods.
- The main difference is in defining and measuring “value”
- CBA: measure value by
  - Sum of individuals' willingness to pay for the intervention
  - Or for the (multiple) consequences of the intervention
- CEA: measure individual health
  - then apply central decision maker's WTP (threshold) for health



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## Principal concerns with WTP for measuring “value” in health

- Unwillingness to monetize health or quantify value of human life
  - Might be mitigated if the perspective or objectives are not only health
- Concern about relation of WTP with income, as health equity is an important outcome
  - Might be mitigated if WTP is used to value market(able) goods
- Concern about complexity of methods and potential for bias
  - Might be mitigated if the consumer is familiar with the intervention
  - Or use incentive compatible mechanisms



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## Circumstances that favour CBA versus CEA

Favours WTP (CBA)

Favours CEA

Stakeholders, population and objectives

Pricing, reimbursement and access

Individual engagement required

Familiarity of consumer with the intervention



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<b>Stakeholders, population and objectives</b>	
Multiple stakeholders, multiple objectives, and healthy consumers	Health service stakeholders; patient population; health objectives,
<b>Pricing, reimbursement and access</b>	
<b>Individual engagement required</b>	
<b>Familiarity of consumer with the intervention</b>	



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Substantial consumer OOP, product available on the market	Substantial cost to health service; only available on prescription
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Effectiveness depends on individual engagement; Use is pleasurable	Passive recipient of therapy; No immediate satisfaction (benefit derived from health)
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<b>Familiarity of consumer with the intervention</b>	
Informed consumer; Product used routinely in daily life	Uninformed patient; Used contingent on illness



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## Main methods used for WTP in this area

- Open – ended WTP
  - Ask directly
- Closed- ended iterative WTP
  - Start from a reference price chosen by investigator
- Discrete choice experiment (DCE)
  - Define attributes & levels
  - Choose between 2 or 3 discrete scenarios (combinations)
- Auctions
  - Real product with real money
  - May require “auction winner” to buy product at stated price



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## Some biases of WTP and possible solutions

Potential bias	Possible solution
Hypothetical bias	
Incentive incompatibility	
Lexicographic preferences (inelastic demand)	
Inconsistent responses	



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## Some biases of WTP and possible solutions

Potential bias	Possible solution
<b>Hypothetical bias</b>	
Participant unfamiliar with the product or intervention; Unable to make an informed choice	Home use testing; Ask "purse-string" holder; WTP experiment preceded by information session
<b>Incentive incompatibility</b>	
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<b>Incentive incompatibility</b>	
Participant may have reasons not to state true WTP; Strategic responses (overstate WTP); Protest valuations	Revealed preference WTP (real goods are exchanged for real money); Auction methods
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Always choosing "none of the above"; Always choosing the same option over all scenarios	Adapt the scenarios to allow more variation; Adapt the estimation model
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<b>Inconsistent responses</b>	
Preferring objectively worse scenarios; Stating WTP that exceeds the participant's income	Pre-test phase to train participants; Simplifying the exercise; Real goods for real money



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## Examples of stated preference WTP

Method	Strengths and weaknesses
<b>Stated preference, closed ended iterative WTP</b>	
<b>Stated Preference DCE</b>	




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<b>Stated preference, closed ended iterative WTP</b>	
<ul style="list-style-type: none"> <li>Fisher et al, 2016.</li> <li>3 hypothetical personalised nutrition interventions. Reference price given by investigator</li> </ul>	<ul style="list-style-type: none"> <li>Little information given to participants</li> <li>Arbitrary anchor price.</li> <li>Large number of zero valuations.</li> </ul>
<b>Stated Preference DCE</b>	



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<b>Stated Preference DCE</b>	
<ul style="list-style-type: none"> <li>Grisolía et al 2013.</li> <li>Current lifestyle vs other lifestyles.</li> <li>Attributes: Diet options, exercise options, risk of fatal CVD, and OOP cost</li> </ul>	<ul style="list-style-type: none"> <li>Information given about personal CVD risk (interactive online QRISK2 calculator) associated with each lifestyle option and current lifestyle;</li> <li>Menus appropriate for region (Northern Ireland)</li> </ul>



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## Examples of revealed preference WTP

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"Revealed preference" DCE	
"Revealed preference" auction	



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"Revealed preference" DCE	
<ul style="list-style-type: none"> <li>• Meenakshi et al 2012. Zambia.</li> <li>• Choose between white, yellow and orange (GM vitamin fortified) maize.</li> <li>• Nutritional information, central location testing, home testing.</li> <li>• Obligated to buy one random choice at stated price</li> </ul>	<ul style="list-style-type: none"> <li>• Real product with real money;</li> <li>• Some lexicographic preferences (price inelastic for orange maize);</li> <li>• Prior nutritional information does influence preferences</li> </ul>
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<b>“Revealed preference” auction</b>	
<ul style="list-style-type: none"> <li>• De Groote et al 2014.</li> <li>• Biofortified protein maize (not GM).</li> <li>• Home use test.</li> <li>• Auction method.</li> <li>• Obligated to buy at stated price.</li> </ul>	<ul style="list-style-type: none"> <li>• Real product with real money.</li> <li>• Nutritional information &amp; familiarity influences preferences</li> </ul>

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## References

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4. Meenakshi J V., Banerji A, Manyong V, Tomlins K, Mittal N, Hamukwala P. Using a discrete choice experiment to elicit the demand for a nutritious food: Willingness-to-pay for orange maize in rural Zambia. *J Health Econ.* 2012;

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## Discussion and Conclusions

- Hypothetical WTP
  - Informs to what extent, and under what conditions, individuals might be willing to adopt hypothetical interventions and healthier lifestyles
  - Helps policy makers to understand "preference formation"
  - Careful design required to mitigate risk of bias
- Revealed preference WTP
  - Informs consumer acceptability (and hence often effectiveness) of real nutritional products that have to be bought
- WTP can be complementary with CEA
  - CEA: whether an intervention (e.g. an information campaign) could offer value for money for NHS
  - WTP: Likely effectiveness of that information campaign to change consumer behaviour.



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**Thank you!**

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**Poll: Which of these approaches is usually more appropriate for the economic evaluation of nutrition interventions?**