

When persuasion fails: the use and implications of direct and indirect sanctions for 'bad' health choices within healthcare systems

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Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)

The MOCHA project

- Scientific team from 11 European countries (+ USA and Australia)
- All 30 EU/EEA countries
- Identify the optimal models of children's primary health care
 - analyse what factors will help the results of this knowledge be adopted across Europe
 - provide indicators for policy makers of the health and economic gains that can be achieved.
- Strand focusing on use of incentives and penalties within child health



Methodology

- Draws on input of Country Agents (one per country, based in that country)
- Multiple rounds of questions set by scientific experts
- Data here from responses of 24 CAs
- Wider review of relevant health and criminological literature
- To be supplemented by data from focus groups conducted by DIPEX organisation



Who is using levers, and to what public health ends?

- ‘Levering’ countries and their ‘levered’ behaviours
 - **Croatia , Czech Republic, Slovakia** – Compulsory vaccination with *possibility* of financial penalty for noncompliance
 - **France** – compulsory vaccination with *possibility* of financial penalty, criminal convictions and imprisonment for noncompliance
 - **Czech Republic** – insurance discounts for additional vaccinations (above those mandated by State)
 - **Hungary** – Failure to attend /refusal of vaccinations *may* be referred to child protection agencies. Vaccination required for preschool attendance (which is compulsory for age 3+)
 - **Lithuania** – MMR (since 2016), as well as annual certificate of general and dental health required for childcare and school attendance.
 - **Romania** – Proof of vaccination needed in some childcare settings (local discretion)
 - **Austria, Finland** – Clinic attendance required during/after pregnancy to qualify for benefits/goods
 - **Scotland** – Smoke-free breath tests lead to vouchers for pregnant smokers
 - **England** – Obese adults receive cash rewards for achieving weight-loss goals, banning of smoking in cars carrying children
- Types of ‘lever’
 - Financial (withheld benefits, vouchers)
 - Denial of/access to goods (e.g. Finnish maternity package, Dutch HPV Ipad lottery)
 - Denial of /access to service/access (childcare, school camps etc.)
 - Right to reside/right to work



Vaccination case study

- ‘Mandatory’ can mean different things, and type of penalty can vary (no consequence, unused threat or social law, to imprisonment)
 - Can also only be mandatory for some groups (e.g. girls, at risk groups, healthcare workers)
- French example
 - ‘Right to health’ is the child’s right, not that of the adult who is refusing the vaccination-INDIRECT
 - Assuming the safety of vaccines, the ‘Right to health’ supports vaccination, not its avoidance
 - At some point the wellbeing of the ‘herd’ becomes a valid public health concern
- Some countries opposed
 - For some (UK, Sweden, Norway, Denmark, Netherlands) the idea of compelling vaccination was deemed inappropriate
- Does compelling vaccination ‘work’?
 - Immunisation rates similar between mandating and recommending countries
 - High coverage achieved through other methods
 - Experiments with penalties – no significant improvements in vaccination status (Maryland experiment)
 - Unintended consequences...



Issues and consequences

- Different motivations for refusal (religious, health, philosophical, “neglect or indifference”)
- Compulsory vaccinations galvanise anti-vacc movements
- Implementation concerns
 - Poor design of schemes (e.g. targets parents not providers)
 - Financial and administrative burden
 - Penalty guidelines not followed by authorities
 - One-off, or continuing penalties?
 - Only feasible if majority are already pro-immunisation (see point 2)
- Procedural justice
 - State’s relationship with citizens/health service relationship with parents)
 - Stigmatizing of parents as not caring about their children (desired or undesired outcome?)
 - Alienation of parents, and potentially future generations (disrespect, denial of voice, absence of neutrality etc...)
 - Disrespect: Putting a financial value on an ideological decision?
- Differential impact on lower incomes/marginalised/excluded
- Alternatives
 - Could a nudge or incentive work better?
 - Target providers instead of parents?

