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# Government intervention in food markets when firms react

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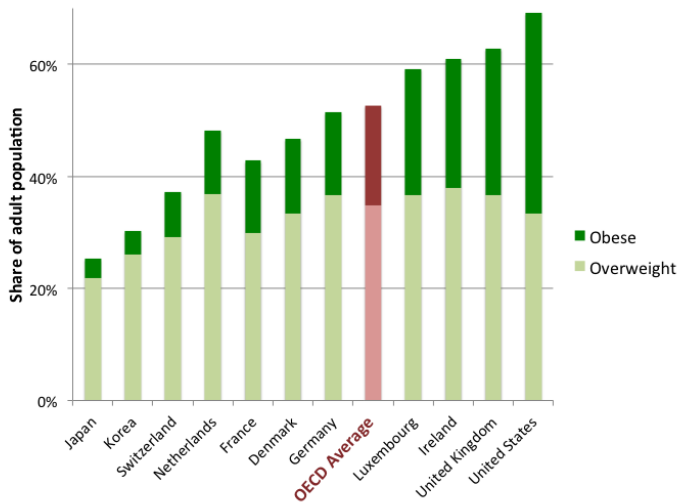
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# Outline

- Motivation
  - increase in weight and obesity
  - rise in other diet-related disease
- What role for government interventions?
  - externalities
  - information failures, self-control problems
- Evaluating (possible) policy responses
  - ex post and **ex ante**
  - consumer response **and firm response**
- Example: restrictions to junk food advertising
- Summary and avenues for further research

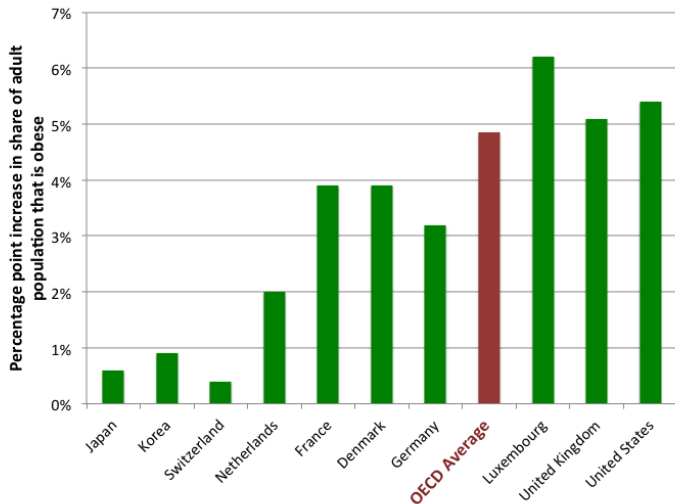
# Motivation

- Latest figures suggest high levels of obesity and overweight adults, particularly in US, UK and Ireland



# Motivation

- Share of adults that were obese rose by 5 percentage points from 2000-2010 in US and UK (figures not available for Ireland)



# Motivation

- Childhood obesity more difficult to measure, figures taken from various (inconsistent) studies
- England
  - 4-5 year olds: 9.3% obese, 13% overweight
  - 10-11 year olds: 18.9% obese, 14.4% overweight
  - 2-15 year olds: 28% obese or overweight
- Ireland
  - *“currently there are no agreed criteria or standards for assessing Irish children for obesity some studies are indicating that the numbers of children who are significantly overweight have trebled over the past decade”* (Irish Department of Health)
  - 9 year olds: 7% obese, 20% overweight (Growing Up In Ireland)
- US
  - 6-11 year olds: 18% obese, up from 7% in 1980
  - 12-19 year olds: 21% obese, up from 5% in 1980

# Motivation

- Excess weight leads to health problems
  - increased risk of cardiovascular disease, hypertension, diabetes, joint problems, certain cancers, depression

*Relative risk factors for obese people*

Disease	Men	Women
Type II diabetes	5.2	12.7
Hypertension	2.6	4.2
Heart attack	1.5	3.2
Colon cancer	3.0	2.7
Angina	1.8	1.8

*Source: National Audit Office. Figures for England*

# Motivation

- Not only obesity, also rise in other diet-related disease
  - excessive salt
    - can lead to increase in hypertension
  - excessive saturated fat
    - can lead to high cholesterol and increase risk of heart attack, stroke, narrowed arteries
  - excessive sugar
    - can lead to diabetes and impaired immune system
  - low fruit and vegetable intake
    - accounts for about 20% of cardiovascular disease worldwide
  - low consumption of wholegrains
    - contain folic acid, B vitamins and fibre which are important protectors against heart disease
- Obesity and poor nutrition in children
  - can lead to longer term health and developmental problems
  - and feed through into poor social and economic outcomes







# What role for government?

## Externalities

- If consumption imposes costs on others
  - an individual has no incentive to take these costs into account
  - leads to excessive consumption from a social perspective
- What externalities are there from food consumption?
  - costs of healthcare (or insurance)
    - hospital admissions with a primary diagnosis of obesity in England tripled from 2007 to 2011 from 3,860 to 11,570
  - lost economic output due to sickness absence and lower productivity
- BUT need to be careful, are these all externalities?
  - what are incremental costs of treating obesity
  - some costs fall on the individual (eg through lower wages)

# What role for government?

## Externalities on your future self

- Consumers might not be fully forward looking
  - in which case the externality is on the person's "future self"
  - children the most compelling case
- Information failings
  - people may be capable of processing information, but lack the necessary information to make informed choices  
or
  - people may be cognitively unable or unwilling to process it, even if all the information is there
- The policy response to these will differ

# What role for government?

## Information failings

- Consumers may be badly informed about:
  - their own nutritional needs
  - the nutritional characteristics of a specific food product
  - costs associated with the consumption of certain foods (particularly when uncertain and are borne in the future)
- Example
  - 48% respondents thought they did not need to worry about their saturated fat intake if they exercised regularly, were not overweight or ate lots of fruit and vegetables (FSA, 2009)
  - this view is incorrect - excessive consumption of saturated fat can have negative health consequences for anyone



# What are the policy options?

- Directly provide information through schools, government advertising, labelling, etc.
- Provide education to help individuals process information
- Alter incentives and choice sets through changing relative prices or incomes
  - Fiscal measures
  - Regulation
  - Cash transfers
- “Nudge” policies
  - alter the “choice architecture”, the way choices are presented to individuals and the context in which they are made

# Policy analysis and evaluation

- Need clarity about aims of policy intervention
  - simply aim to achieve a reduction of unhealthy behaviours?
  - which market failures are we trying to correct?
  - an increase in welfare?
- Evaluation of the effect of policies
  - ex post versus ex ante policy analysis
  - many policies have not been implemented, or only in limited form
  - where they have it has not usually been in a good “experimental” set up
- Important to consider what new market **equilibrium** will be after policy intervention
  - consumer responses
  - firm responses (e.g. changing price of goods, product offering, or way products are advertised)

## Example: Ban on advertising junk foods

- The food industry is heavily regulated e.g. for health and safety reasons; recent moves to extend to health related regulation
  - ban junk food in schools
  - voluntary regulation to reduce salt through reformulation
- One proposal is to restrict advertising of “junk foods”
- We carry out an **ex ante** evaluation of the likely impact of such a policy in the crisps market

“The Effects on Demand, Supply and Welfare of Banning Junk Food Advertising: Structural Estimation on a Junk Food Market”

joint work with Pierre Dubois and Martin O’Connell









# Ban on advertising junk foods

## Consumer choice model

- We need to allow advertising to effect demand flexibly (so allow us to potentially pick up expansion or contraction and to allow advertising to inform or distort consumers)
  - we estimate a random coefficients discrete choice model
  - payoff to consumer from choosing a product is:

$$\bar{v}_{ijt} = \alpha_i(\mathbf{a}_{jt}, p_{jt}) + \psi_i(\mathbf{a}_{jt}, x_j) + \gamma_i(\mathbf{a}_t) + \eta_i(\mathbf{z}_j, \xi_j) + \epsilon_{ijt}$$

payoff from choosing outside good is:

$$\bar{v}_{i0t} = \eta_{i0} + \epsilon_{i0t}$$

where:

- $p_{jt}$ : price;  $j$  indexes products,  $t$  time
- $x_j$ : nutrient characteristics
- $\mathbf{a}_{jt}$ : advertising stock;  $\mathbf{a}_t = (\mathbf{a}_{1t}, \dots, \mathbf{a}_{Jt})$
- $\mathbf{z}_j$ : other observed product characteristics
- $\xi_j$ : an unobserved product characteristic



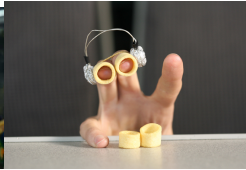
# Ban on advertising crisps

## Data

- We consider the UK crisps market
- Consumer purchase choices from market research data
  - Kanter/TNS Worldpanel, June 2009 - October 2010
  - all snacks brought into home (161,513 transactions) AND all snacks bought for consumption outside the home (99,636 transactions)
  - product characteristics (including nutrients)
  - household demographics
- Advertising expenditure by brand and month from 2001-2010

# Ban on advertising crisps

Is advertising of crisps a valued characteristic or persuasive?









# Ban on advertising crisps

Estimates of willingness to pay for one point reduction in nutrient score

- coefficient estimates allow us to show that advertising reduces consumers' willingness to pay for healthier products

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Food on-the-go market	Level of advertising:		
	Zero	Medium	High
Willingness to pay (pence)	2.31 [2.04, 2.59]	1.19 [1.02, 1.33]	0.06 [-0.10, 0.52]
% of mean price	4.6% [4.02, 5.09]	2.3% [2.01, 2.62]	0.1% [-0.19, 1.02]

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*Numbers are median WTP in pence; [] are 95% confidence interval.*









# Ban on advertising crisps

## Welfare effects

- the welfare effects of the ban depend crucially on the view one takes on whether advertising is a characteristic that consumers value, or distorts decision making

	Characteristic	Distorting
Characteristics effect (£m)	-48.00 [-54.14, -41.21]	
Choice distortion effect (£m)		33.21 [31.77, 36.37]
Price competition effect (£m)	14.22 [12.00, 16.45]	14.22 [12.00, 16.45]
<i>Total comp variation (\$m)</i>	<i>-33.78</i> [-40.21, -26.62]	<i>47.43</i> [45.31, 51.41]
<i>Change in profits (\$m)</i>	<i>-13.05</i> [-16.50, -9.30]	<i>-13.05</i> [-16.50, -9.30]
<b>Change in welfare (£m)</b>	<b>-46.83</b> [-56.84, -36.31]	<b>34.38</b> [31.45, 38.96]

# Summary

- Policy concern
  - public health concern about obesity and diet
- Economic rationale for intervention
  - there may be externalities, but probably small
  - consumers possibly lack information, and more importantly the ability/willingness to process it or act on it
  - and firms might act to exploit this
- Policy options
  - need to think clearly about aims of government intervention in order to effectively target policy
  - as well as considering consumer responses, it is important to consider the likely supply-side responses of firms
  - and to consider impact on total welfare, not only on the object of public health concern

# Summary

- When evaluating policy we need to consider how firms will respond, i.e. what new market equilibrium will be after policy intervention
  - firms may respond to policies in ways that make the policy less effective, e.g. by changing price of goods, product offering, or way products are advertised, or potentially more effective
  - structural estimation has an important role to play in allowing us to do this
- In the example of banning advertising in crisps market:
  - the ban lead to a reduction in quantity purchased
  - but the increased competition in prices, lowered price which expanded the market, meant that the effect was much lower than if only the direct effect of the advertising ban was considered





# Further research

## Evaluation of other policies: taxes

- Increase the price of unhealthy food so consumers substitute towards healthier alternatives
  - e.g. a “sugar tax”, “fat tax” or “soda tax”
- Effectiveness of the policy depends on:
  - how consumers respond to price changes
  - how firms change prices in response to the tax
  - the two are linked through the shape of the demand curve
- With linear demand curve :
  - and *perfect competition* a tax is entirely passed through
  - and *monopoly* the price increase is less than the tax
- More generally the price increase could be **less than, equal to or greater than the tax imposed**, depending on the demand curve and market structure

# Further research

## Evaluation of other policies: nudge policies

- “Standard economic” interventions work through changing incentives by changing relative prices or incomes
- Nudge policies aim to “alter choice architecture” or exploit consumer biases in decision making
  - growing influence at the heart of government (Behavioural Insights Team, Obama’s Nudge Unit)
  - labeling effects, default options, mental accounts, ...
- Called “nudge” or “libertarian paternalism”
- Recent emphasis comes from “behavioural economics”, but
  - lacks formalism
  - economists have for a long time considered deviations from the “standard” model, for example, incomplete information

# Further research

## Evaluation of other policies: cash transfers

- Households with higher income have better diets
  - would giving poor households money improve their diets?
  - i.e. does income have a causal effect on the quality of diet?
- In kind or conditional cash transfers give money tied to expenditure on a specific item
  - Childcare vouchers
  - US food stamps
  - Healthy Start Vouchers
- Often combined with a “nudge” (e.g. labeling effect)
  - can we distinguish the standard economic effects from the nudge?



# Further research

## Sloth

- Large changes in time use
  - work and travel account for a lot of energy expended
  - also housework for women
- Big shift from manual to non-manual work
  - in 1975 about 50% non-manual and 50% manual
  - by 2009 80% non-manual and 20% manual
  - non-manual work uses a lot fewer calories
- More car use, less public transport, walking, cycling
- How important is reduced activity, e.g. changes in labour market behaviour, in accounting for rising obesity?