

# The Impact of a “Well-Timed” Nudge on Individual Physical Activity and Health Outcomes Via Wearable Devices

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PPOL 768

# Agenda

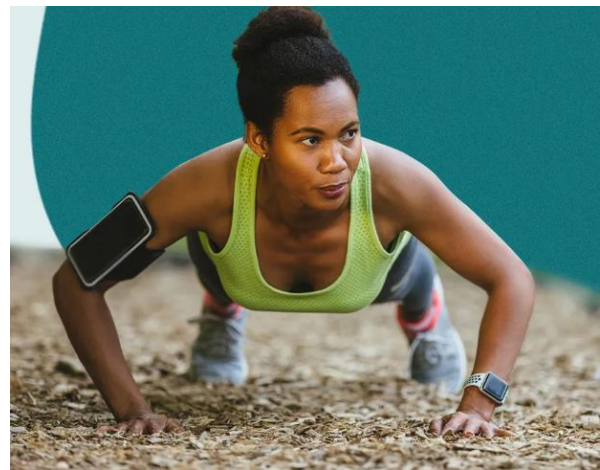
- Introduction
- Motivation and Conceptual Framework
- Outcomes, Data Sources, and Hypotheses
- Intervention
- Samples
- Randomization
- Estimation Methodology
- Conclusion



# Introduction - Using Wearable Devices to Improve Physical Activity and Health Outcomes: A Randomized Control Trial

## Investigating the Effectiveness of Digital Nudges:

- Obesity and sedentary lifestyles are becoming increasingly prevalent, leading to numerous health problems
- Self-monitoring with wearable devices has been shown to modify health behaviors, including physical activity
- Digital nudges have also been found to effectively influence human behavior
- This study aims to examine the effectiveness of a well-timed nudge on a wearable device to promote physical activity and improve health outcomes
- Little research has been conducted on how a nudge via a wearable device impacts physical activity and health outcomes, which is where our study fits in.



# What is a “Nudge”?

*“A nudge... is any aspect of the choice architecture that alters people's behavior in a predictable way without forbidding any options or significantly changing their economic incentives.”*

- Cass Sunstein and Richard Thaler



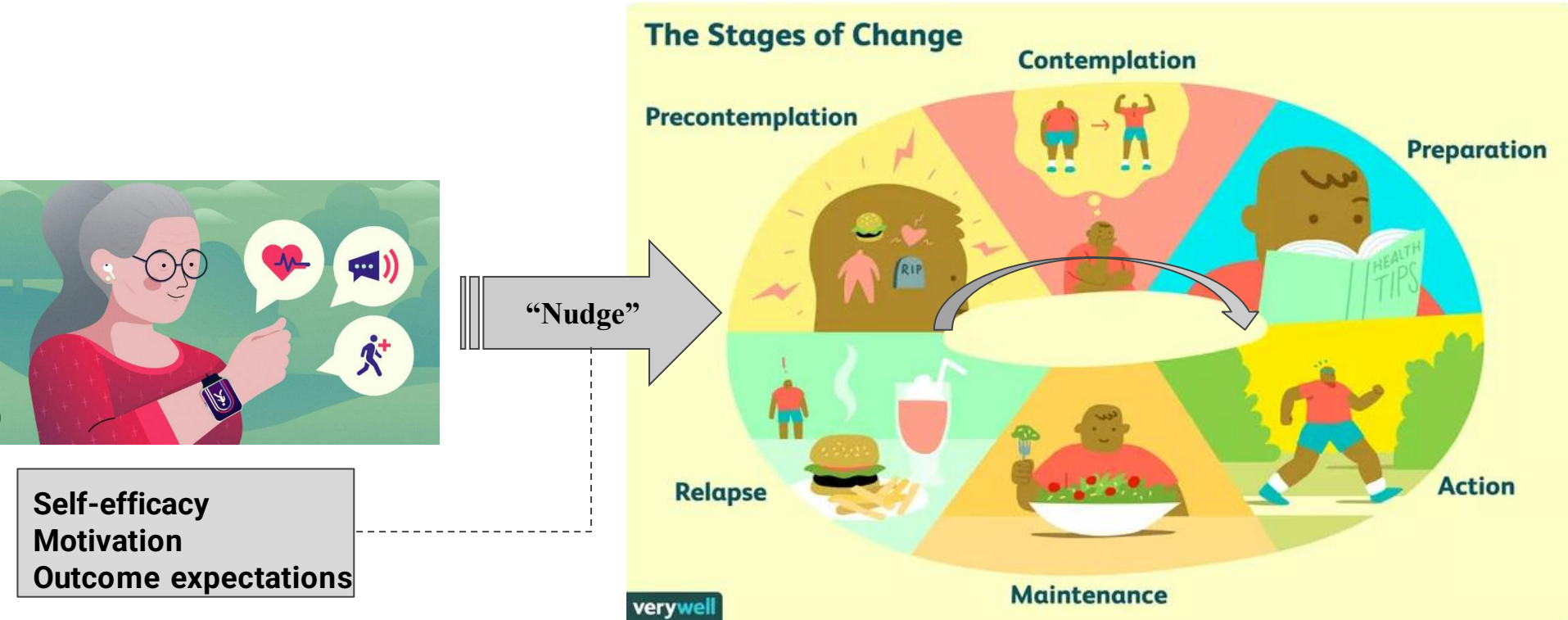
# Motivation - The Urgent Need to Increase Physical Activity Levels in America



- Obesity-related health issues such as diabetes and heart disease are prevalent in America and **negatively impact individuals, families, and society at large**
  - Poor nutrition and low physical activity are contributing factors to these health issues
  - **Over one third of American adults are obese and less than half meet weekly recommended levels of moderate- to vigorous-intensity physical activity**
  - These issues carry financial burdens for agents such as employers and health insurance companies
- Developing **low-cost interventions** to increase physical activity levels is a public health priority
  - By increasing physical activity levels, we can combat obesity-related health issues and their negative impacts on individuals, families, and society at large
  - This presentation will explore the **effectiveness of a low-cost intervention, using wearable devices and digital nudges, to increase physical activity levels.**



# Conceptual Framework - Where the digital nudge fits into the Transtheoretical Model of Behavioral Change



# Data Sources

- **Wearables:**
  - Passively record data such as heart rate and steps.
- **Baseline/endline visits:**
  - Vitals and medical characteristics are recorded.
- **Survey:**
  - Administered at three points throughout the study and measure factors such as eating, exercise, and sleeping habits.



# Outcomes

1. Moderate to Vigorous Physical Activity (MVPA)
  - a. Moderate: 64%-76% of one's maximum heart rate
  - b. Vigorous: 77%-93% of one's maximum heart rate
  - c. Recommended: 150 minutes a week
2. Resting heart rate
  - a. Healthy range: 60-100 bpm
3. Steps
  - a. Recommended benchmark: 10,000
4. BMI
  - a. CDC healthy range: 18.5 - 24.9





# Hypotheses

We hypothesize that compared to the control, the treatment group will have a:

- a. Greater increase in the number of minutes spent engaging in MVPA per week compared to baseline.
- b. Greater percentage of participants that migrated to the healthy heart rate range.
- c. Greater increase in the number of daily steps compared to baseline.
- d. Increased percentage of participant in the healthy BMI range compared to baseline.



# Sample

- The State University of New York (SUNY) and City University of New York (CUNY)
  - One rural, one suburban, and one urban campus in an effort to increase generalizability
- Compensation
- Sample size = 450



# Stratified Sampling and Individual Level Randomization

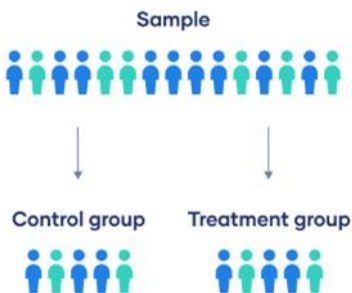
## Study Flow Chart:

- ML nudge intervention will be randomized at the individual level
- 50% of the sample (around 225 individuals) will be assigned to pure control (no nudge)
- 50% of the sample (around 225 individuals) will receive the ML nudge
- n = 150 individuals per campus

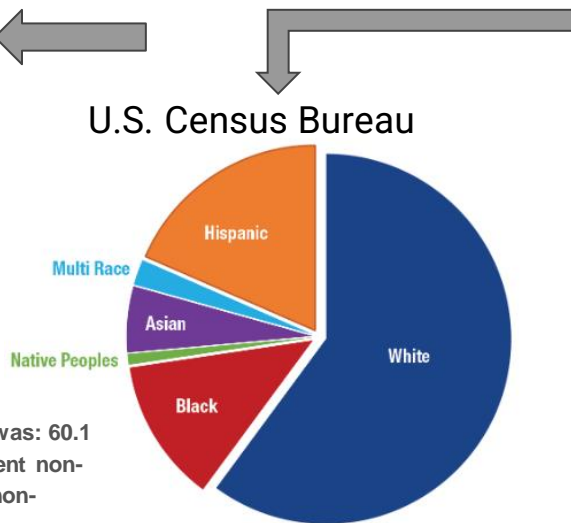
### Random sampling



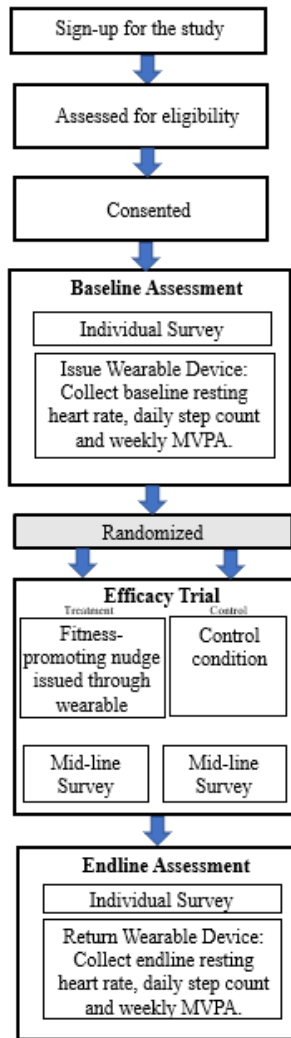
### Random assignment



### U.S. Census Bureau

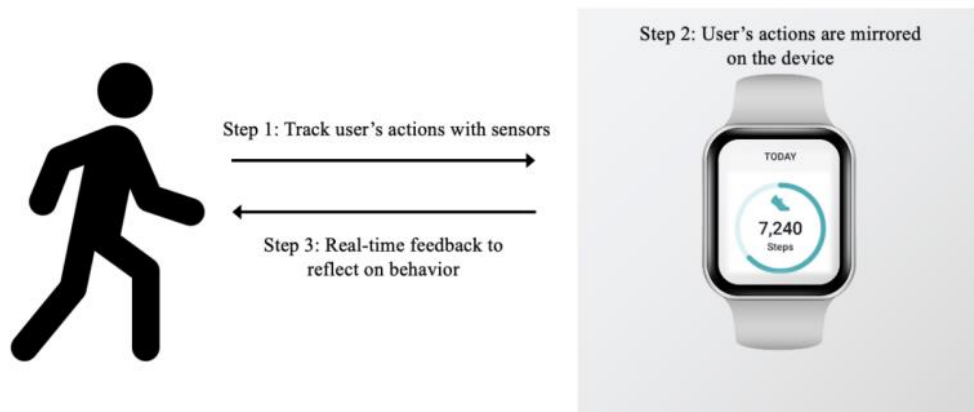


\*The latest Census Bureau estimates are that the population was: 60.1 percent non-Hispanic White; 18.5 percent Hispanic; 12.5 percent non-Hispanic Black; 5.8 percent non-Hispanic Asian; 2.2 percent non-Hispanic of two or more races; and .9 percent Native Peoples



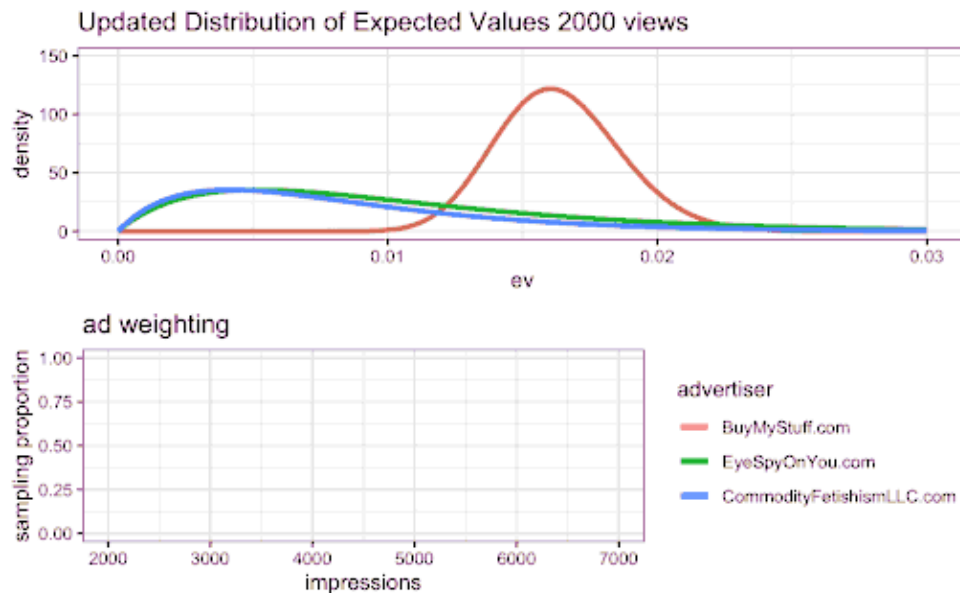
# Intervention

- Thompson sampling based algorithmic “nudge” protocol
- Participants will receive timed notifications encouraging them of their current daily activity level and encourage them to engage in exercise
- “Prompting Nudge”
- Nudge will never occur more than 4 times within a day



# Thompson Sampling Model for Nudges

- Best use cases are multi-armed bandit problems - learning while influencing
- Commonly used algorithm for maximizing the opportunity of behavioral change while also allowing for some exploration
- Optimizes the nudge based on prior behavior but isn't "greedy" like decision tree models



# Controls & Treatment Effect Heterogeneity

- Controls:
  - Substance use
  - Prior health status
  - Gender
  - Race
  - Age
  - Prior use of wearable
- Treatment Heterogeneity
  - Weather
  - Relative free time
  - Gym/ fitness accessibility



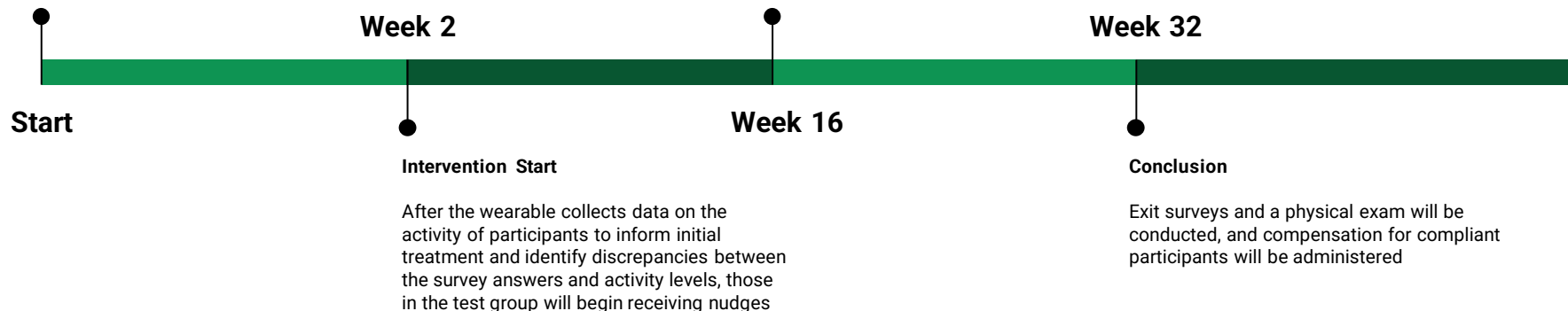
# Timeline of Study

## Intro and Survey

Eligible participants selected for the study will receive their wearables, receive a physical exam, have all required compliance documents submitted

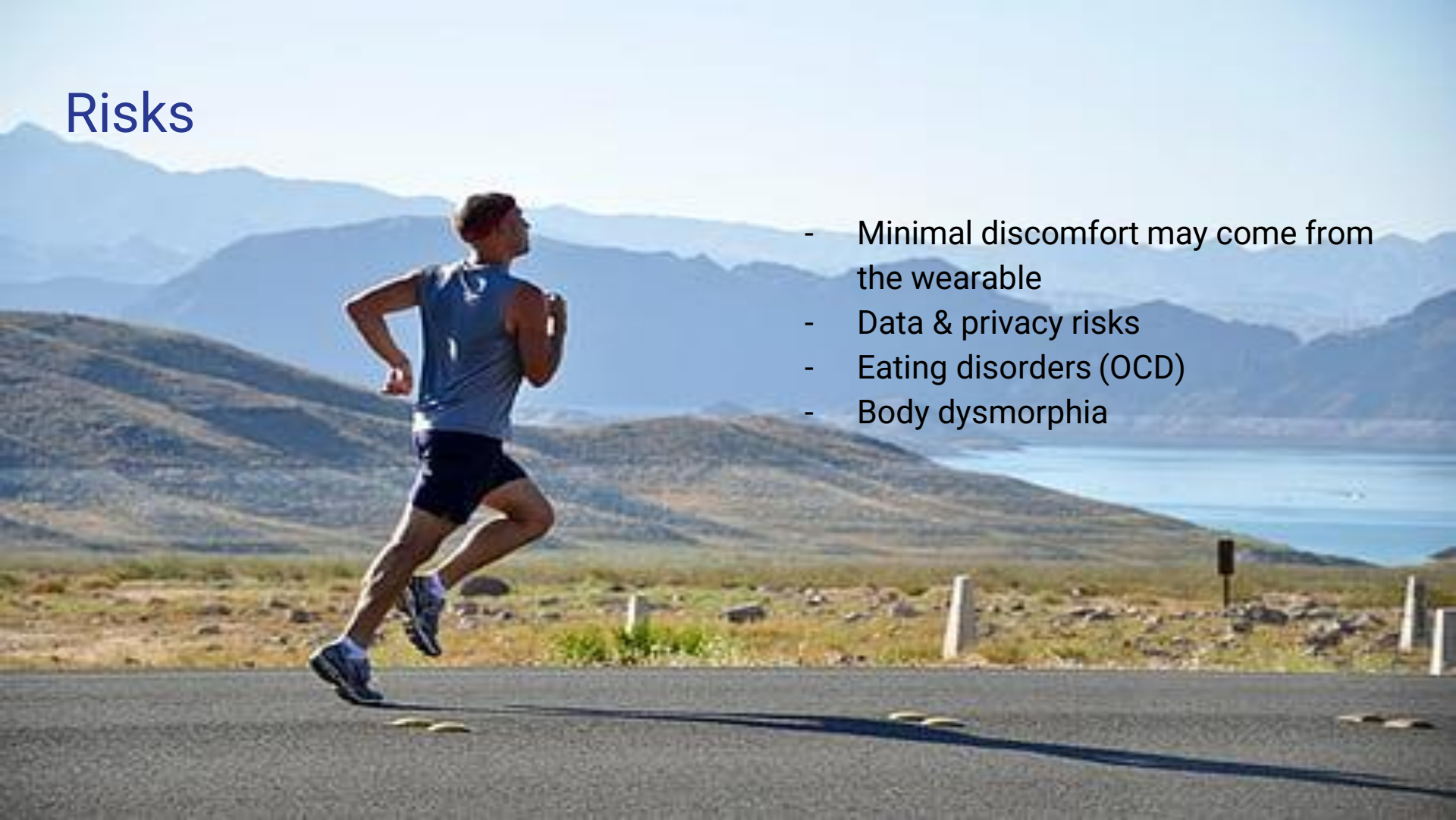
## Midpoint Evaluation

Midpoint surveys will be administered asking identical questions to the intro survey (free time, activity level estimates, etc.)



# Risks

- Minimal discomfort may come from the wearable
- Data & privacy risks
- Eating disorders (OCD)
- Body dysmorphia





# Study Threats



- Attrition
  - Resale or damage of device
  - Competing device preferences
  - Non-standard use / non-compliance
- Self-selection bias

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# Conclusion

# References

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