

Weight Contracts: A More Effective Motivator for Weight Loss?

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Introduction & Summary

Weight contracts are structured financial incentive plans for individuals to lose and maintain weight. Results from a trial in the UK suggest that weight contracts are considerably more effective than previously tested financial incentive programmes (1) and traditional interventions alone such as self-dieting and exercise, counselling, commercial weight loss programmes and diets, meal replacement schemes and supervised exercise regimes.(2, 3)

Background

I conducted a survey of UK individuals in summer 2007 on weight loss motivation. The panel was composed of individuals interested in weight loss. The survey identified financial incentives as the most attractive motivator in weight control, and informed my development of an effective weight loss incentive programme. The goals of the programme were behaviour modification inducing non-dieters to undertake a weight loss regime.

1 "Systematic Review of the use of financial incentives in treatments for obesity and overweight," V. Paul-Ebhohimhen and A. Avenell, *Obesity Reviews*, The International Association for the Study of Obesity, 2007

2 "Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States," Adam Gilden Tsai and Thomas Wadden, *Annals of Internal Medicine*, January 2005

3 "A pilot study testing the effect of different levels of financial incentives on weight loss among overweight employees," Finkelstein, E.A., Linnan, L.A., Tate, D.F., & Birken, B.E., *Journal of Occupational and Environmental Medicine*, September 2007

I concluded that the best programme for most individuals was a 'weight contract': a structured weight loss plan with rewards tied directly to weight loss results over the short and long term. Other features could be the addition of a penalty for falling short of goals, encouragement from third parties, and peer competition.

I believed that weight contracts, if successful, could be made available directly to the public, as well as to public health authorities, medical insurers, gyms, employers, and weight loss groups on behalf of their members and patients.

Weight Contracts

Weight contracts may take a variety of forms. The basis is a contractual arrangement between the subject/patient and the provider/contractor, where the weight contract is highly structured and ties substantial rewards and/or penalties to interim and final results. The elements of a complete weight contract are presented below.

1. A person's weight loss plan shall consist of a sequence of diminishing target weights, ending with a realistic weight goal. *People tend to respond to goals.*
2. The plan may also include a plan to maintain the goal weight for a given time period.
3. The subject shall select their plan based on a number of factors including their time horizon and potential rewards.

- Self-selection of plan will result in an optimum plan for the individual, and make them more accountable.*
4. **The greater the target weight loss, the greater the incentive.** *This ties reward to effort, and encourages individuals to set more ambitious targets.*
 5. **The longer the plan to maintain the weight loss, the greater the incentive.** (ibid)
 6. **The more challenging the goals for a person of a certain profile, the greater their incentive.**
 7. The subject shall weigh-in at one month intervals, supervised by a health professional and their weight reported to a third party. *The weigh-in is the 'moment of truth.' Weigh-ins at one month intervals offer the best balance of frequency and convenience. The third parties' involvement creates a sense of accountability in the subject.*
 8. **The subject will be eligible for a large financial reward if they reach goal weight, either in the course of or at the end of their plan.**
 9. **The subject will be eligible for smaller, monthly financial rewards as they lose weight. They will earn money for each unit of weight (kilo/pound) lost from beginning weight.** *This is an incentive to remain in the plan even if goal weight cannot be attained.*
 10. The higher the incentive, the more people will join. Marginal joiners will be less likely of success, but all participants will have higher incentives to succeed and may, as a whole, be more successful.
 11. The individual should be encouraged to 'pay to play,' even if their plan is sponsored by an organisation. The greater the fee the more they can earn. *Payment demonstrates a commitment to losing weight. Higher stakes create greater motivation. Payment by*

individuals makes a programme less costly to the sponsor who can therefore afford to offer it to a larger population.

12. The greater the fee to individuals, the less individuals will join and the more likely of their success in their weight loss plan.
13. If the subject succeeds, they earn their fee back and the plan is therefore free.
14. If the subject does not reach their goals or if they drop out of the plan, they shall pay a penalty. Penalties may be loss of accumulated earnings and penalty fee for dropping out without a valid medical reason. *Penalties are often more motivating than rewards.*
15. To encourage long term success, every plan must be followed by another plan until target weight has been reached and maintained (using maintenance plans), and good diet and exercise habits are ingrained.

A number of other motivational features may be offered to the subject that are external to the contract itself:

16. The subject may receive feedback and encouragement from counsellors / programme organiser.
17. The subject may receive general or specific advice on losing weight.
18. Subjects may observe how they perform against their peers. They may choose to display their full name and results on leader boards. *This creates a sense of competition and a sense of solidarity at the same time.*
19. Subjects may compete directly, both one-on-one and in teams. Competitions may be for prizes.

Trial

I recruited 80 volunteers from the survey panel for a three-month trial to lose 15

pounds in weight and earn up to £100. The response rate was 26% (only a minority of panellists needed to be invited to reach quota). Participants weighed in each month and earned money for each pound they have lost from their beginning weight (up to a safe amount of weight loss of 5 pounds per month), totalling £50. The other £50 was earned at the end of the plan if the participant has lost all 15 pounds. No fee was charged. No diet or exercise advice was offered, and no weight loss services were recommended.

Trial Results

56 volunteers (24 men, 32 women) submitted initial proof of weight certified by health professionals. Mean weight was 83.3 kilos, and mean BMI was 28.9.

32 volunteers (57% of starters) completed the trial and lost an average of 6.7 kilos (8% of body weight), with 20 (36%) losing at least the target 15 pounds (6.8 kilos) and earning £100 for following the entire plan successfully. The greatest weight loss was 13.6 kilos (19% of body weight).

The average weight loss for all 56 participants was 4.2 kilos (based on last reported weight), and the average payout was £41.

There were variations in results by gender, BMI, social class, and previous weight loss and diet history.

A post-trial survey was carried out, with 35 questionnaires returned (57% from successful participants, 43% from partly or not at all successful ie. dropped out).

63% of survey respondents said they undertook to lose weight as a result of the

invitation; the remainder were already on a regime.

Participants used a variety of regimens for losing weight. 40% paid money to one or several commercial schemes, including gyms, diet meals and weight loss groups.

94% of respondents said they were glad they took the challenge, and 97% would recommend it to a friend or family member.

89% said they would be interested in an incentive plan to maintain their new weight, with the most popular maintenance period being 6 months.

Conclusion

I am conducting further research into the effect of weight contracts on larger target amounts of weight loss and on long term contracts and results.

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