Intertemporal Discounting as a Risk Factor for Obesity: An Economic Approach

Mark Christopher Dodd

Thesis submitted to The University of Adelaide for the degree of Doctor of Philosophy

School of Economics

February 2011



Table of Contents

List of Figures v						
List of Tables v						
Abbreviations v						
A	Abstract ix					
D	eclara	ation >	cii			
A	cknov	wledgements x	iii			
1	Introduction					
2	Bac 2.1	kground and Related Literature	9 10			
	2.1 2.2	Body Weight and Obesity	11 11			
		2.2.2 Problems Associated with Excess Body Weight \ldots	13			
	2.3	Rationales for Intervention	$\begin{array}{c} 16 \\ 17 \end{array}$			
	$2.4 \\ 2.5$		21 24			
	$2.6 \\ 2.7$	1 7 7 0	27 30			
		2.7.1 Income	30 31			
		2.7.3 Sex	32 33			
			50			

		2.7.5	Health Literacy	34		
	2.8	Intert	emporal Discounting and Body Weight	36		
		2.8.1	Intertemporal Discounting: The Theory	36		
		2.8.2	Intertemporal Discounting and Health	37		
		2.8.3	Intertemporal Discounting and Body Weight Outcomes	41		
	2.9	Concl	usion	46		
3	0					
			mporal Discounting	47		
	3.1		luction	48		
	3.2		Ing Intertemporal Discounting Measures	49		
		3.2.1	Elicitation Procedures	49		
		3.2.2	Potential Biases and Confounds	52		
		3.2.3	Properties of Experimentally Elicited Discount Rates .	56		
	0.0	3.2.4	Comparison and Evaluation of Procedures	58		
	3.3		Discount Rates for Health Different?	62 62		
		3.3.1	Eliciting Discount Rates for Health	62		
		3.3.2	Domain Independence	65		
	0.4	3.3.3	Properties of Discount Rates in the Health Domain	68 70		
	3.4		ruction of Intertemporal Discounting Questions	70		
		3.4.1	Background	70		
		3.4.2	The Questions	72		
		3.4.3	Elicitation Procedure	74		
		3.4.4	Imputation of Discount Rates	77		
		3.4.5	Selecting an Appropriate Range for Discount Rates	79		
		3.4.6	Interpretation of Elicited Discount Rates	82		
		3.4.7	Discussion of Potential Biases and Confounds	85		
	0 5	3.4.8	Overall Appraisal of Questions	88		
	3.5	e	sis of Data	89		
		3.5.1	Descriptive Statistics	89		
		3.5.2	Association with Demographic Variables	93		
	0.0	3.5.3	Domain Independence			
	3.6	Concl	usion	99		
4	Boo	ly Wei	ight Outcomes and Intertemporal Discounting	101		
	4.1	Introd	luction	102		
	4.2	Model	l and Empirical Implementation	105		
		4.2.1	A Simple Model of Body Weight Determination	105		

		4.2.2 Empirical Model Specification	. 108
		4.2.3 Potential Endogeneity Issues and Causality	110
	4.3	Data and Descriptive Statistics	115
		4.3.1 Data Source	115
		4.3.2 Body Mass Index	115
		4.3.3 Explanatory and Control Variables	. 117
		4.3.4 Preliminary Variable Associations	120
	4.4	Multivariate Analysis	124
		4.4.1 Multivariate Linear Regression Estimation	124
		4.4.2 Probit Estimation	
	4.5	Quantile Regression Analysis	131
		$4.5.1 \text{Methodology} \dots \dots \dots \dots \dots \dots \dots \dots \dots $	131
		4.5.2 Results	134
	4.6	Discussion and Conclusion	141
۲	C		1 4 5
5		bking, Intertemporal Discounting, and Obesity	145
	5.1	Introduction	
	5.2	Intertemporal Discounting and Smoking 5.2.1 Background	
	5.3	5.2.3 Analysis	
	0.3	5.3.1 Background	
		5.3.2 The Relationship Between Discounting and Obesity:	1/4
		Smoking as a Mitigating Factor	176
		0 0 0	. 170
		5.3.3 Discounting as a Mitigating Factor in the Estimation of Smoking's Effect on Body Weight	101
	5.4	Conclusion	
	0.4		107
6	Sys	tem Estimations of Obesity and Health Behaviours	189
	6.1	Introduction	190
	6.2	Background	191
		6.2.1 The Etiology of Obesity: Diet or Exercise?	191
		6.2.2 Multivariate Probit Systems Estimation of Health Be-	
		haviours and Outcomes	194
	6.3	Empirical Model and Estimation Procedures	195
	6.4	Data	
	6.5	Data Analysis and Estimation Results	200

		6.5.1	Descriptive Analysis		200
6.5.2		6.5.2	Single Equation Probit Estimation		201
		6.5.3	Multivariate Probit System Estimation		205
		6.5.4	Comparison of Average Partial Effect Estimates		209
	6.6 An Extension: Incorporating 'Planning'		212		
	6.7	Conclu	usion		221
7	Conclusion			223	
Appendices				231	
A	A Chapter 3 Analysis: Unrestricted Sample 2			231	
В	3 NWAHS Data Description			235	
Bi	Bibliography 2				

List of Figures

2.1	Obesity and Overweight Status by Sex and Age, Australia
	2007-2008
4.1	BMI Histogram
4.2	Quantiles of BMI
4.3	Quantile Regression Estimation Results (Discounting Indicators)135
4.4	Quantile Regression Estimation Results (Continued) 136
4.5	Quantile Regression Estimation Results (Continued) 137
5.1	Prevalence of Current Smokers aged 18+, Australia 150
5.2	Trends in Current (Weekly) Smoking for Youths, Australia 150
5.3	Change in smoking rates by gender, 1990 to 2005 151
5.4	Survival Rate from Age 35, of a Sample of Smoker and Non-
	Smoker UK Doctors
5.5	Transition Path of Smoking Behaviour

List of Tables

2.1	BMI Categories
3.1	Implied Monetary Discount Rates
3.2	Implied Health Discount Rates
3.3	Summary of Responses to Question One (Monetary Domain) . 90
3.4	Summary of Responses to Question Two (Health Domain) 91
3.5	Variable Means by Discounter and Non-Discounter Sub-samples 94
3.6	Regression Estimates of Demographics on Discounting Variables 96
3.7	Contingency Table for Binary Discounting Indicators 97
3.8	Contingency Table for Discounting Responses
4.1	BMI Categories in Sample
4.2	Variable Descriptions
4.3	Inter-Quantile Means
4.4	Multivariate Linear Regression Coefficient Estimates 125
4.5	Probit Regression Estimates
4.6	Quantile Regression Estimates
4.7	Hypothesis Tests of Equality Across Quantiles (PDR-M) 140
5.1	Proportion of Respondents in Each Smoking Status by Demo-
	graphics $(\%)$
5.2	Estimation of Smoking Outcomes: Binary Logit (Odds Ratios) 168
5.3	Estimation of Smoking Outcomes: Binary Logit Models With-
	out Controlling for Covariates (Odds Ratios)
5.4	Smoking Status Probabilities
5.5	Estimation of Smoking Outcomes: Sequential Logit Model 173
5.6	Linear Regressions on BMI, With and Without Smoking Vari-
	ables

5.7	Logit Regressions on Obesity ($BMI \ge 30$), With and Without
	Smoking (Odds Ratios)
5.8	Linear Regressions on BMI, The Effect of Smoking 184
5.9	Logit Regressions on Obesity (BMI \geq 30), The Effect of Smok-
	ing (Odds Ratios)
6.1	χ^2 Tests of Independence of Obesity and Each Lifestyle Indicator 200
6.2	Partial Correlations of Lifestyle Variables with Obesity 201
6.3	Single Equation Probit Estimates for Obesity
6.4	Single Equation Probit Estimates for Lifestyle Variables 204
6.5	MVP System Estimation: With Exclusion Restrictions 206
6.6	MVP System Estimation: Without Exclusion Restrictions 207
6.7	Correlation Coefficient Estimates from MSL Procedure 209
6.8	Estimates of Average Partial Effect on Obesity Propensity 210
6.9	Single Equation Probit Estimates for Obesity; Including Plan-
	ning
6.10	Single Equation Probit Estimates for Lifestyle Variables; In-
	cluding Planning
6.11	MVP System Estimation, Including Planning in Lifestyle Equa-
	tions
6.12	MVP System Estimation, Including Planning in All Equations 219
6.13	Correlation Coefficient Estimates from MSL Procedure $\ . \ . \ . \ 220$
6.14	Estimates of Average Partial Effect on Obesity Propensity $\ . \ . \ 220$
A.1	Summary of Responses to Question One (Monetary Domain) . 232
A.2	Summary of Responses to Question Two (Health Domain) . 233
A.3	Contingency Table for Binary Discounting Indicators 234
A.4	Contingency Table for Discounting Responses
B.1	Variable Descriptions
B.2	Variable Descriptions (continued)
B.3	Summary Statistics

Abbreviations

AIC	Akaike Information Criterion
BIC	Bayesian Information Criterion
BMI	Body Mass Index
DALY	Disability-Adjusted Life Year
FIML	Full Information Maximum Likelihood
GHK (simulator)	Geweke-Hajivassiliou-Keane (simulator)
HRQoL	Health-Related Quality of Life
MSL	Maximum Simulated Likelihood
MVP	Mutivariate Probit
NVS	Newest Vital Sign
NWAHS	North West Adelaide Health Study
OLS	Ordinary Least Squares
PDR-M	Positive Discount Rate in Monetary Domain
PDR-H	Positive Discount Rate in Health Domain
QALY	Quality-Adjusted Life Year
REALM	Rapid Estimate of Adult Literacy in Medicine
RCT	Randomized Controlled Trial
SAHOS	South Australian Health Omnibus Survey
SES	SocioEconomic Status
TOFHLA	Test Of Functional Health Literacy in Adults
WC	Waist Circumference
WHR	Waist-Hip Ratio

Abstract

Body weight outcomes, although mediated by genetic and biological factors, are determined to a large extent by lifestyle choices such as diet and exercise. These choices involve a trade-off between immediate pleasure, and expected future wellbeing, since a large part of the health costs of weight gain occur in the future. Understanding of the complex issues around weight-related choices has been contributed to through research in various disciplines including psychology, economics and health research. This thesis contributes from an economic perspective, by focusing on the importance of intertemporal choices as an important determinant of body weight.

To analyse the association between body weight and intertemporal choices, it is important to have an appropriate measure of the rate at which individuals discount future payoffs. This thesis compares various methodologies for eliciting discount rates, before developing a set of stated-preference questions to elicit discount rates that were included in the South Australian Health Omnibus Survey 2008. Based on theory and previous empirical findings, it is investigated whether the standard monetary questions, or questions framed in a health context, are more appropriate to use in the analysis of health outcomes. Evidence is shown of domain independence of the elicited discount rates, and the more standard monetary domain questions are shown to be more useful descriptors of discounting behaviour in the required contexts.

Using the data obtained on individuals' heterogeneous rates of discounting, as well as the health and demographic data contained in the survey, analysis is conducted to determine if intertemporal discounting is an important risk factor for high body weight, after controlling for other demographic risk factors. There is also some investigation of how these relationships might differ across the relative weight distribution, and by BMI category. It is robustly shown that a high rate of intertemporal discounting in the monetary domain is a significant and quantitatively important risk factor for high body weight.

Discounting behaviour may also be associated with smoking behaviour, and this could complicate the estimation of the relationship between discounting and body weight. Analysis is conducted first to show that the expected association between discounting and smoking behaviour is present, and then to understand how this relationship might bias the estimates of the association between discounting and body weight. Evidence is presented that shows that the estimated association between discounting and body weight is moderated by smoking behaviour, and thus the independent association between discounting and body weight may be higher than first estimated.

Many of the estimation procedures used in this thesis abstract from the pathways of diet and exercise as is appropriate. Separate analysis investigates the joint determination of obesity, diet, and exercise, by estimating a Multivariate Probit system of equations using Maximum Simulated Likelihood. Evidence is shown of the benefits of this approach for the estimated partial effects of diet and exercise on obesity propensity. This analysis also considers the importance of an individual's degree of planning within this system, and finds evidence that the effect of planning operates primarily through diet and exercise choices.

Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution to Mark Christopher Dodd, and to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library catalogue, the Australasian Digital Theses Program (ADTP) and also through web search engines.

Mark Christopher Dodd

Acknowledgements

I thank all who supported me in various ways throughout my candidature, including more people that can be listed here.

Important thanks goes to Christopher Findlay, who provided the main necessary support to enable me to complete my thesis. Special thanks also go to Robert Adams and David Wilson, who provided valuable supervision from the health perspective, patiently dealing with the idiosyncrasies of economics. Thanks also to all School of Economics academic staff, many of whom read drafts or gave me specific advice along the way.

The analysis in this thesis would not have been possible without the data, and so I thank the following organizations and individuals for providing access to datasets, or particular variables within those datasets: The North West Adelaide Health Study team, the Population Research & Outcome Studies unit at SA Health, Cancer Council SA, and Jennifer Buckley.

I am grateful to all members of the School of Economics professional staff team, who have been wonderfully helpful over the last several years. A broad thank you to all academic staff, professional staff and fellow students for friendship and support over these years; and a particular thank you to Virginie Masson for her friendship, and for the many coffees that I owe her!

Finally, thank you to my parents, family and all my friends from outside the University, who have put up with me over some stressful periods. Most importantly thank you to my wonderful partner Matt for his consistent support and encouragement, without which I could not have completed this thesis.