

Free versus fee-based personalised nutrition

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Researchers have explored consumer attitudes toward the delivery of personalised nutrition services by national health services. Comparing opinions of consumers based in the UK with those in Ireland revealed that while people in both countries prefer services to be driven by their governments, only those in the UK expect a free service, at point of delivery. But, paying for advice may increase the motivation to stick to the service longer. The research is published as an open-access paper in the [British Journal of Nutrition](#).

Personalised nutrition (PN) is a promising tool to reduce public disease risk to non-communicable diseases (NCD). Drug- or hospital-based interventions are commonly used to reduce chronic-disease risk. Unhealthy diets and physical inactivity account for up to 80% of NCDs. For this study, a supplementary analysis was conducted of qualitative data taken from focus groups collected from the EU-funded Food4Me project that ended in March 2015. The Food4Me project's results are published in a free white paper.

For this study a total of eight focus groups were conducted; four at each site, in Reading, UK, and Dublin, Ireland. Seventy-three fluent English-speaking volunteers were recruited.

Each focus group session comprised eight to ten participants. Participants were divided into groups according to their ages: mixed-aged adults from 18-65 year olds, or adults from 30-65 year olds, in order to identify age-specific issues. Two theme-guided discussions were used to explore attitudes toward PN delivery.

One discussion was focused on 'Consumer Perceptions of PN' and included questions on knowledge, understanding of PN, service delivery, and ethical, legal and social issues. Also, participants took part in three scenarios where they had to imagine different methods of collecting their personal data, e.g. weight, dietary intake, etc.

The second discussion focused on a guided script of 'PN business models', aimed at investigating opinions toward nine PN business models, which differed according to the information that was required, e.g. dietary intake, phenotype or genotype; service provider, e.g. dietitian, company or government; cost plan and other factors.

Analysis by the researchers was done using a 'framework approach', which is a method for practically analysing individual or focus-group data to understand human behaviours, feelings and attitudes.

Results showed, unsurprisingly, that participants in the UK expected free provision of PN services from the National Health Service (NHS), reflected in the 'culture' of the NHS, which is free at delivery point. Participants living in Ireland did not expect services to be free; they have to pay to see health care providers. Instead they considered paying for potential services in relation to existing healthcare costs. For example, a PN intervention could be covered using insurance credits already used to access health professionals.



UK participants perceived that a PN service, based on dietary intake and blood measures, should be provided freely. Also, in a previous survey of public willingness to take personal genome tests, interest dropped from 48% to 5% when the test was associated with a fee of 250 UK pounds sterling.

But, there was doubt among UK participants on whether the NHS could provide a free PN service aimed at NCD prevention. Participants questioned the quality of advice provided by an online-only service; face-to-face consultations were preferred with dietitians, nutritionists and qualified GPs, who were all seen as more trustworthy. The data suggests that participants were more trustful of physicians working for public healthcare companies, compared with those working in private institutions.

Combining a computer-based system with one-to-one contact could provide a more comprehensive PN service. But, motivation is the crucial factor to encourage population-wide dietary behaviour change with PN.

Regardless of preference, participants from both countries agreed that paying for nutritional services would increase commitment and motivation to follow advice. Referral by a health-care professional within the NHS to a private healthcare company could be one possibility. Therefore, providing PN advice at a cost may enhance its effectiveness.

[Fallaise R, Macready AL, Butler LT, et al. \(2015\). The perceived impact of the National Health Service on personalised nutrition service delivery among the UK public. British Journal of Nutrition 113\(8\):1271-1279. DOI: 1017/S0007114515000045](#)