Using Behavioral Science to Support Disadvantaged Populations

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Around the world, institutions from national governments to village preschools are rethinking how they design policies. This is largely the result of a movement to introduce more behavioral science into the way we make decisions that affect our communities, ranging from increasing on-time tax payments to getting people to stop texting while they are driving.

In some cases, the behavioral approaches involve *nudges*, which are simple interventions that encourage "better" choices without forcing them. One example of a nudge is placing healthier food in the grocery store up front, where it is easy to find, and the junk food in the back of the store. Customers can still choose foods they like, but the healthier choice has been made more accessible.

Although the most popular, nudges are not the only such tool. Another popular approach involves *boosting*, which is simply providing more information when people have to make a choice, particularly where a "best" choice may not exist, or may change from person to person. Consider the last time you paid your credit card bill: you were probably shown different options, such as a minimum payment, the full balance, or "other." Rather than choosing blindly which one is best (note: *never* pay only the minimum balance unless you absolutely cannot afford to pay more), a boost approach would show you the effects of each dollar you decide to pay. This could include how much more or less the interest would be in one month or one year, or even the impact of your choice on your credit score. In this way, you decide what works best for you with all the information easily available for calculation.

Right now in HPM, I am leading several studies related to behavioral science in and beyond healthcare. In one study, my team is working with [UN Women through the Fund for Gender Equality to support Atikha](#), a non-profit based in the Philippines that assists women who go abroad as domestic workers to support families at home. Their financial decisions have direct and long-term impacts on their health and well-being, specifically through how they choose between what to save, what to send home, and how to manage while abroad. My team and our partners are designing interventions to assist these women in establishing savings accounts with goals, while dealing with the unique challenges each of them face.

Concurrently, we have been awarded funds from the [Data Science Institute](#) for the project *Nudging New York*. This work is with [Community Healthcare Network (CHN)](#), which is a federally qualified healthcare center in New York City that provides affordable preventive care and treatment to 80,000 of the most disadvantaged people in Brooklyn, the Bronx, Manhattan, and Queens. CHN provides tremendous support and care to extremely disadvantaged individuals and families at virtually no cost; however, these individuals still face many barriers in accessing care. In our work, the first step to using a behavioral approach is to compile large amounts of real-world data—from clinical attendance to subway schedules to admission rates in nearby emergency departments. Using this information, we aim to apply

personalized interventions that help individuals access care, and therein support CHN to provide the best possible services for people that might not otherwise receive care.

Through each of these studies, we promote community well-being by supporting individual autonomy in choices related to finances and healthcare.