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Who Deserves Care? The Role of Lifestyle and Health in Healthcare Decision-Making



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Motivation and Background I

- Healthcare providers often must prioritize patients, and this may involve **judgments about health or lifestyle**.
- Previous research (e.g. Balsa et al., 2003; Li et al., 2021; Shi et al., 2014; Wisniewski & Walker, 2020) shows disparities in healthcare access.
- But we know much less about how providers react specifically to health status vs. lifestyle risk (see Wang et al., 2013).



Motivation and Background II

- **Our Research Questions**
 - **Q1:** Are resources allocated differently based on health status?
 - **Q2:** Are lifestyle choices (e.g., smoking) penalized?



Study Overview

- **Two-Experiment Framework**
 - **Field Experiment:** Real-world appointment access
 - **Online Experiment:** Controlled decision-making
 - Parallel structure allows us to compare **actual behavior** with **decision-making in a clean, randomized environment**



Field Experiment – Real-World Gatekeeping

(see Walker et al., 2024)

Physicians decide whether to provide an appointment to a patient.

Physicians are randomly assigned to one of three conditions.



Control

GOOD HEALTH STATE	LOW RISK LIFESTYLE
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“My aunt (uncle) NAME has recently moved to your area and I am helping her (him) find a doctor there.

Could you please tell me when the earliest appointment for a physical exam is available with Dr. NAME?”

Poor Health State

POOR HEALTH STATE	LOW RISK LIFESTYLE
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*“My aunt (uncle) NAME has recently moved to your area, she (he) is worried about her (his) **weight** and I am helping her (him) find a doctor there.*

Could you please tell me when the earliest appointment for a physical exam is available with Dr. NAME?”

High-Risk Lifestyle

GOOD HEALTH STATE	HIGH RISK LIFESTYLE
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*“My aunt (uncle) NAME has recently moved to your area, she (he) is worried about her (his) **smoking** and I am helping her (him) find a doctor there.*

Could you please tell me when the earliest appointment for a physical exam is available with Dr. NAME?”

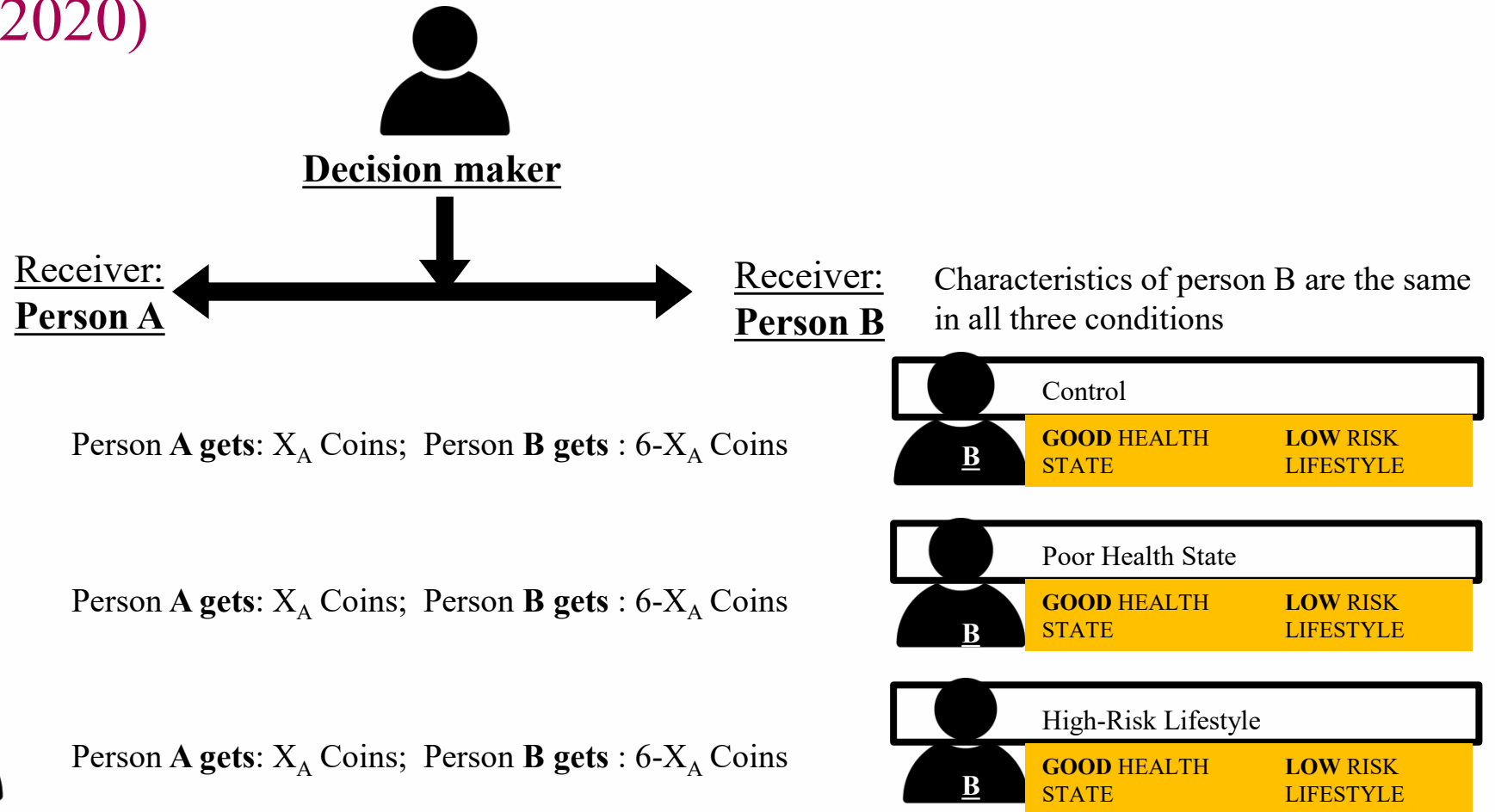


Online Experiment – Controlled Allocation

(see Almås et al., 2020)

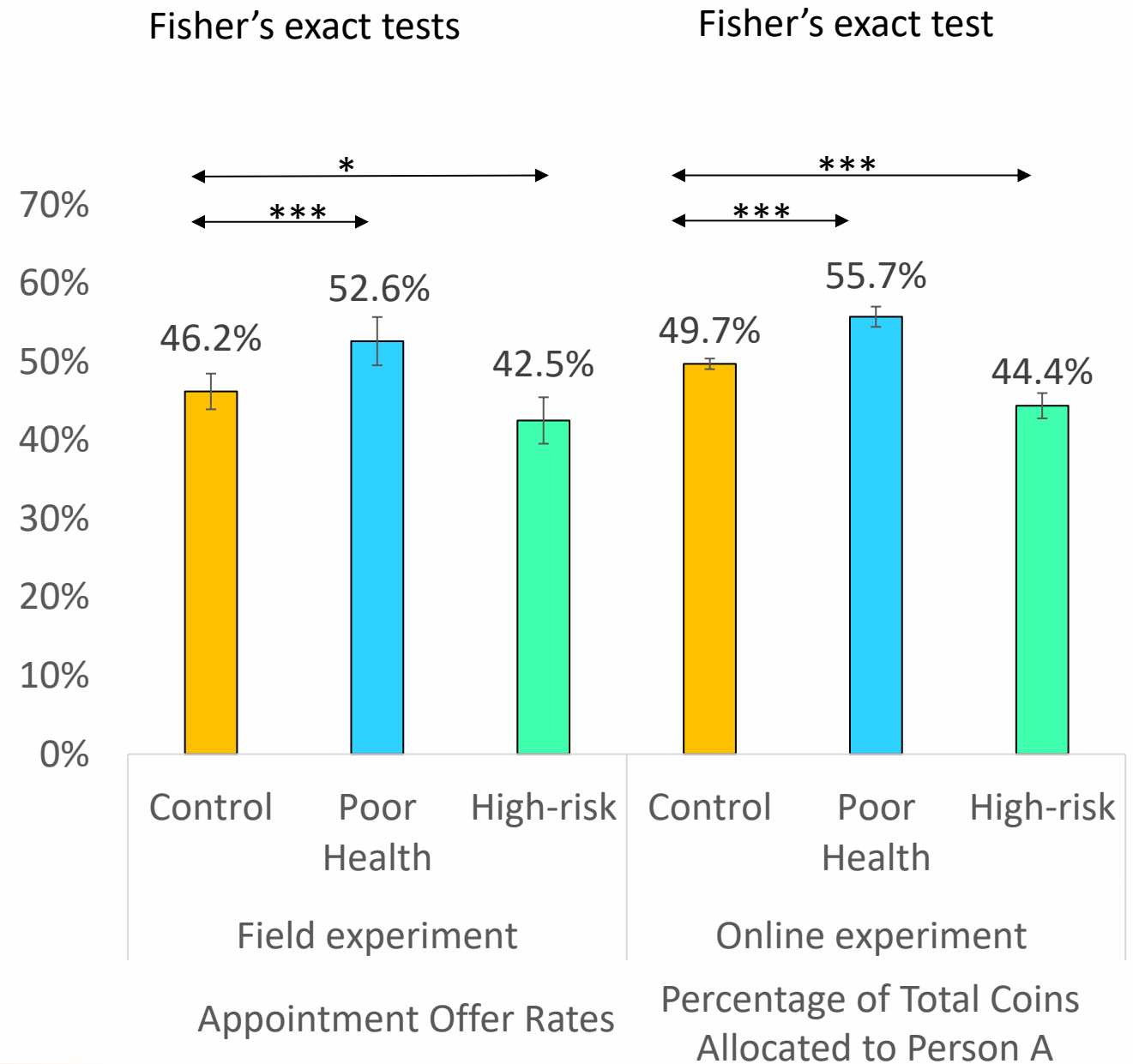
Decision makers decide whether and how to re-allocate money between two receivers (person A and person B.)

Decision makers are randomly assigned to one of three conditions.



Results

- **Poor Health State increases** appointment offer rate and coins allocated (↑)
- **High-Risk Lifestyle has a negative effect** (↓)



Discussion



- **Key Insights**
 - Providers appear empathetic toward poor health but penalize risky behavior.
 - This pattern emerges both **implicitly in real clinics** and **explicitly in controlled experiments**.
 - These patterns shape who receives care.
 - To improve equity, **prioritization guidelines** and **provider training** must account for the tendency to penalize lifestyle risks.



Questions?

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