At the University of Pennsylvania’s Center for Health Incentives & Behavioral Economics (CHIBE), researchers have conducted hundreds of impactful studies investigating how behavioral science can improve health outcomes and reduce the disease burden from major public health problems. Our work uses principles of economics and psychology to understand how individuals make decisions, and we use those insights to help people make choices that are consistent with their own long-term interests.

Since 2008, CHIBE has worked with dozens of private and public sector partners to develop and test scalable and cost-effective interventions that have improved the health of tens of millions of individuals. CHIBE and its affiliated faculty members from Penn and beyond help inform health policy, improve health care delivery, and increase healthy behavior.

**WHAT WE DO**

- Test ways to increase adherence through incentives and new programs
- Increase HIV testing access in sub-Saharan Africa
- Examine structural racism and its impact on health
- Use gamification to increase physical activity
- Help people lose weight through financial incentives
- Test innovative approaches to prevent distracted driving
- Evaluate the effectiveness of sugary beverage taxes
- Work with primary care doctors to prevent gun injury and death
- Increase smoking cessation rates
- Increase vaccine uptake and optimize contact tracing
- Use machine learning-based nudges to improve cancer care
- Assess the effectiveness of bundled payment programs
Within Penn Medicine, we changed the default electronic health record choice from brand-name prescriptions to generics in a number of practices and found the percentage of generics prescribed increased overnight from about 75% to 98%, saving millions of dollars annually.

Our researchers helped provide important evidence on the effectiveness of sweetened beverage taxes on consumption of sugary beverages. Our researchers’ work published in JAMA demonstrated that Philadelphia’s 1.5-cent-per-ounce sweetened beverage tax led to a 38% drop in the sales of the taxed beverages. These findings have informed national and international discussions about taxes and efforts to lower sweetened beverage consumption.

We’ve proven we can take behavioral science ideas to scale. After a small pilot study indicated that incentives can double smoking cessation program enrollment, our team conducted three large-scale trials, each published in The New England Journal of Medicine, that demonstrated a tripling of smoking cessation rates in General Electric employees, CVS employees, and members of 54 other employers. This led to benefit design changes at GE and CVS and contributed to 44% of large employers now using incentives for smoking cessation.

Since 2017, our team has provided guidance and conducted research to inform the roll-out of a new HMSA (Blue Cross Blue Shield of Hawaii) provider payment initiative that shifted primary care provider payment from a fee-for-service model to a new value-based framework. This payment model, which incentivizes providers for both efficiency and effectiveness, has now been implemented throughout most of the state of Hawaii.