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Research Interests

My primary research focus lies at the intersection of decision-making processes and health outcomes. People have been found to deviate regularly from standard models of rationality in certain settings. This deviation from rational decision-making happens especially frequently in the sorts of choice scenarios—decisions made infrequently, when there are high stakes, or when benefits and costs of decisions occur at different points in time—that people face when making decisions affecting their health. For instance, many people experience eating unhealthy food as an immediate benefit, while the potential costs—poorer health, obesity, etc.—will occur later. Behavioral economics provides a framework—rooted in economics and psychology—to understand these choices. It also offers principles to guide policymakers, health-care professionals, or individuals themselves to choice structures that can engender healthier decisions. I intend to apply these concepts to the study of both health and disparities in health outcomes among populations.

I am also interested in studying another important component to disparities in health: differences in access to resources needed to achieve healthy outcomes, and societal forces that may contribute to these disparities. Topics in this area could include, for example, availability of translated materials or translation services to provide non English-speaking populations equal access to health knowledge, the effects of changing ethnic composition of communities on the willingness of the electorate to support public services, or whether different segments of society face fundamentally different trade-offs.

My past experience in health and disparities has been overseas. For the two and a half years prior to starting my current position, I lived in Tanzania, managing an on-going project that is providing community-requested education to pastoralist communities on livestock health and human nutrition (particularly targeted towards women and children). The three pastoralist communities we work with in Tanzania—the Barabaig, Maasai, and Sukuma—differ in their access to resources and influence at the local level, though all three groups are relatively marginal within the broader Tanzanian society. The Sukuma, a Bantu-speaking community, comprise the largest ethnic group in Tanzania, while the Barabaig and Maasai speak Nilotic languages and have moved into the area in the more recent past. The Sukuma tend to have greater livestock and material wealth, and control more arable land, generating a significant amount of income from their crops. We are collecting longitudinal data on health, nutrition, and economic outcomes to examine the effects of education on the relevant outcomes. We are also emphasizing the role of women in the project, requesting women's participation in the education workshops, and aiming educational materials at resources that women control, such as poultry and poultry products.