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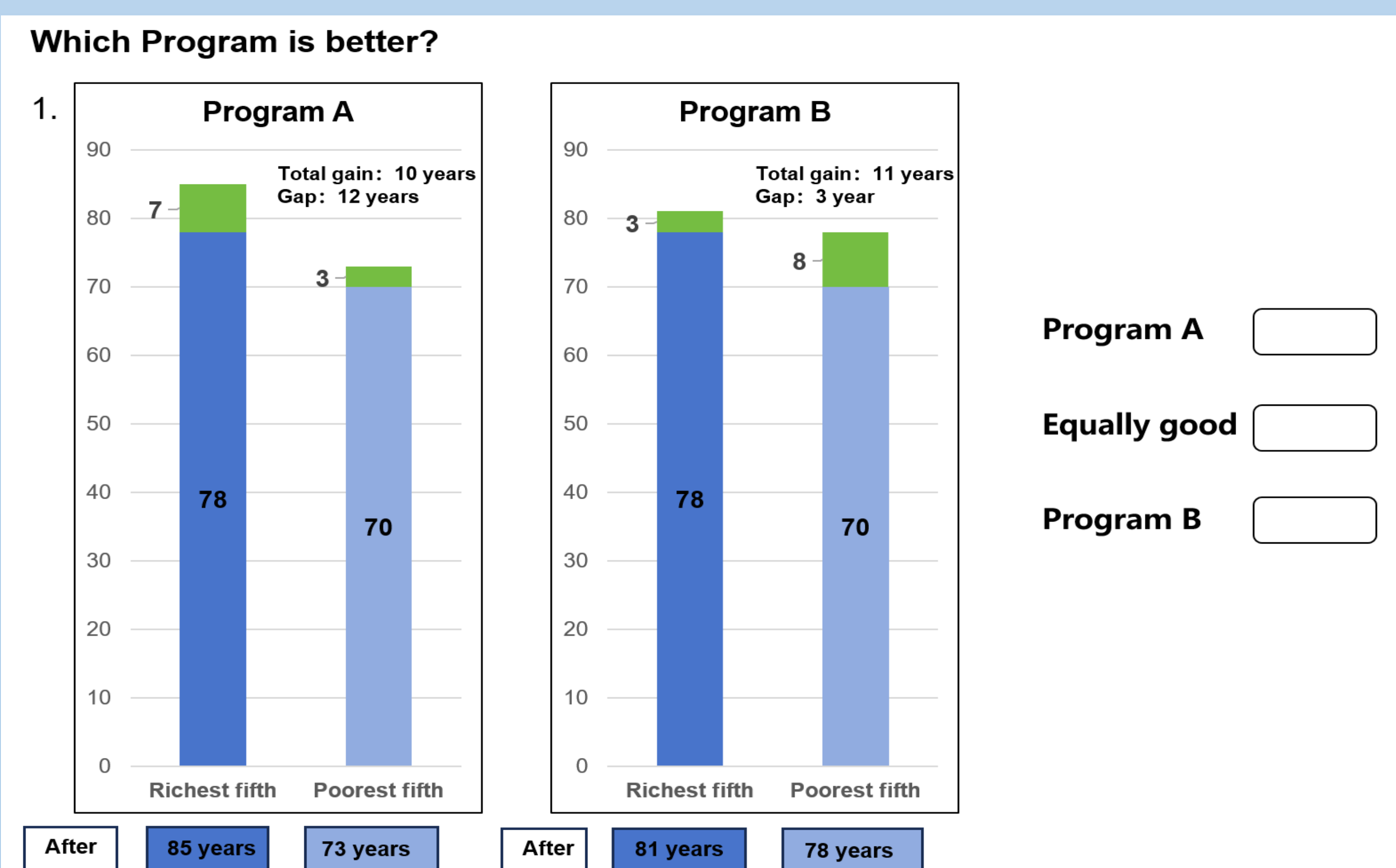
OBJECTIVES

- This study compared preferences for health equity-efficiency trade-off between the Chinese **general public and health policy decision-makers**.
- We tested the hypothesis that institutional role and professional identity shape distributive reasoning, leading to systematic differences in health inequality aversion

METHODS

- We conducted a cross-sectional survey using the validated Benefit Trade-Off (BTO) method to elicit the inequality aversion preferences. (Figure 1)
- The study comprised a **nationally representative sample** of the general adult population (**n=1,001**), recruited via **face-to-face interviews**, and a purposive sample of senior officials from health policy institutions, specifically the healthcare security administration and the health commission (**n=80**).
- Preferences were classified into distinct categories (Pro-rich, Health Maximiser, Weighted Prioritarians, Maximin, and Egalitarians).
- Multivariable regression and subgroup analyses were employed to isolate the effect of stakeholder role from demographic and socioeconomic confounders.

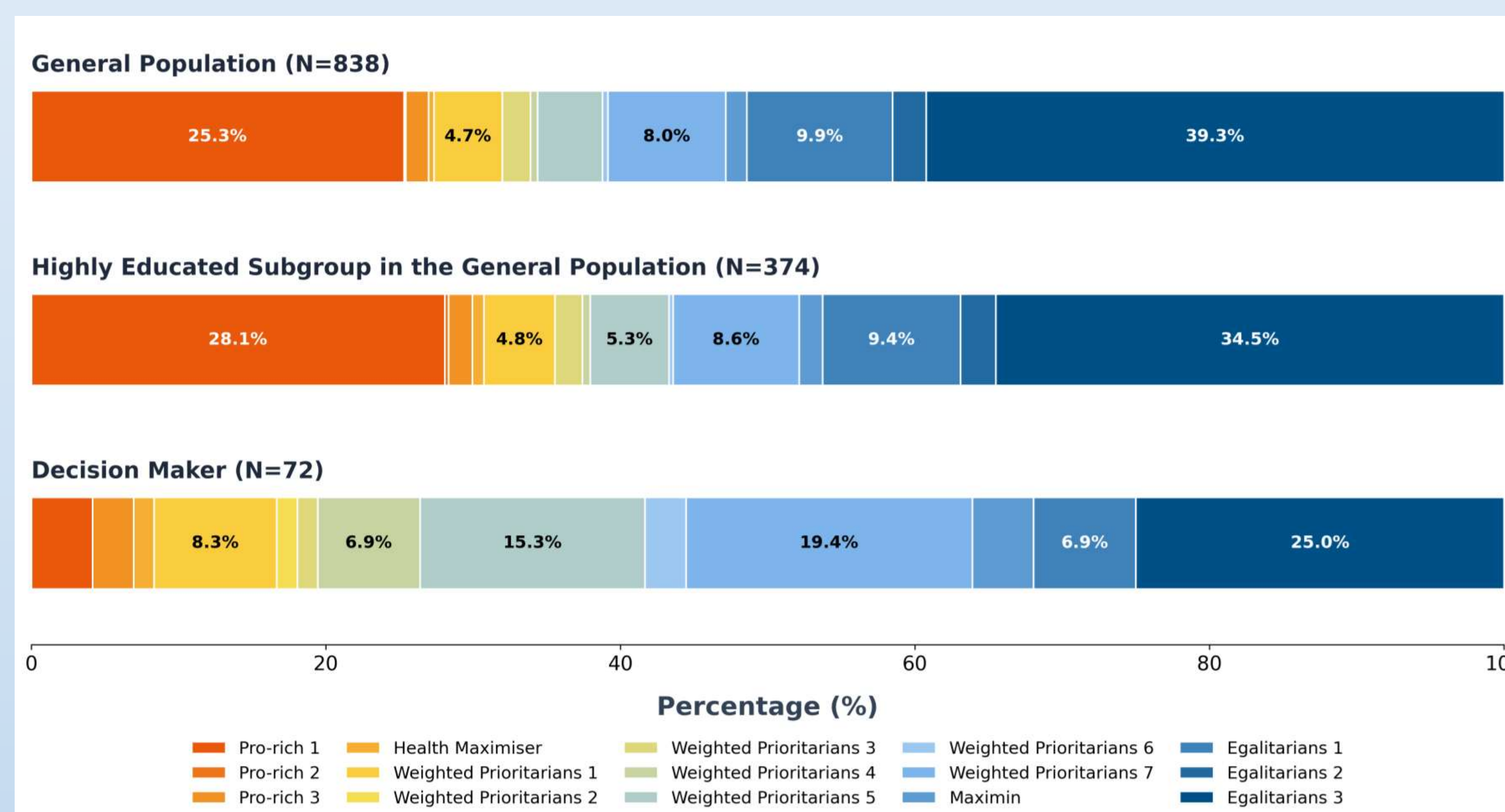
Figure 1. Cumulative distribution of the level of health inequality



RESULTS

- Preference Divergence:** Decision-makers' preference profiles differed markedly from the public's (Figure 2).

Figure 2. Cumulative distribution of the level of health inequality



- Polarized vs. Moderate Views:** They were significantly less likely to hold polarized views, with a **21% lower probability** of being Pro-rich and a **27% lower probability** of being Egalitarians. Conversely, they were **34% more likely** to endorse the moderate, compromise-oriented Weighted Prioritarians position (all $p < 0.05$). (Table 1)

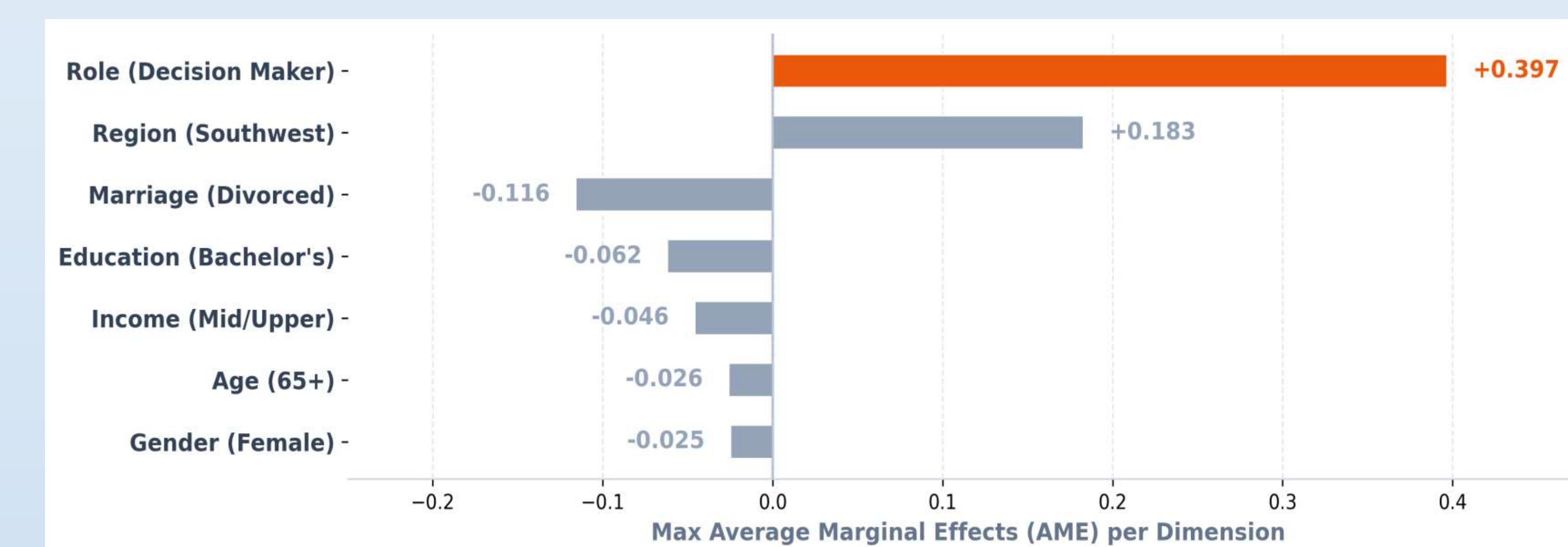
Table 1. Differences in responses between general population and decision maker samples, before and after adjusting for socio-demographic characteristics

Category	Unadjusted difference	P value	Adjusted difference	P value
Logistic model				
Polarized (vs. Moderate)	-36.78%	<0.001	-39.71%	<0.001
Multinomial logistic regression				
Pro-rich	-20.00%*	<0.001	-20.99%*	<0.001
Weighted prioritarians	36.80%*	<0.001	34.41%*	<0.001
Egalitarians	-16.70%*	0.006	-13.42%*	<0.001

Note. * Average marginal effects (AME). Larger absolute values of AME indicate a stronger influence of the variable on the probability of the outcome category; a positive value indicates an increase in the probability, whereas a negative value indicates a decrease. *statistically significant difference. The covariates included in the regression are age, gender, geographic region, income, education, and marital status.

- Role Identity Effect:** Statistical models indicated these gaps were primarily driven by **institutional role identity**. (Figure 3)

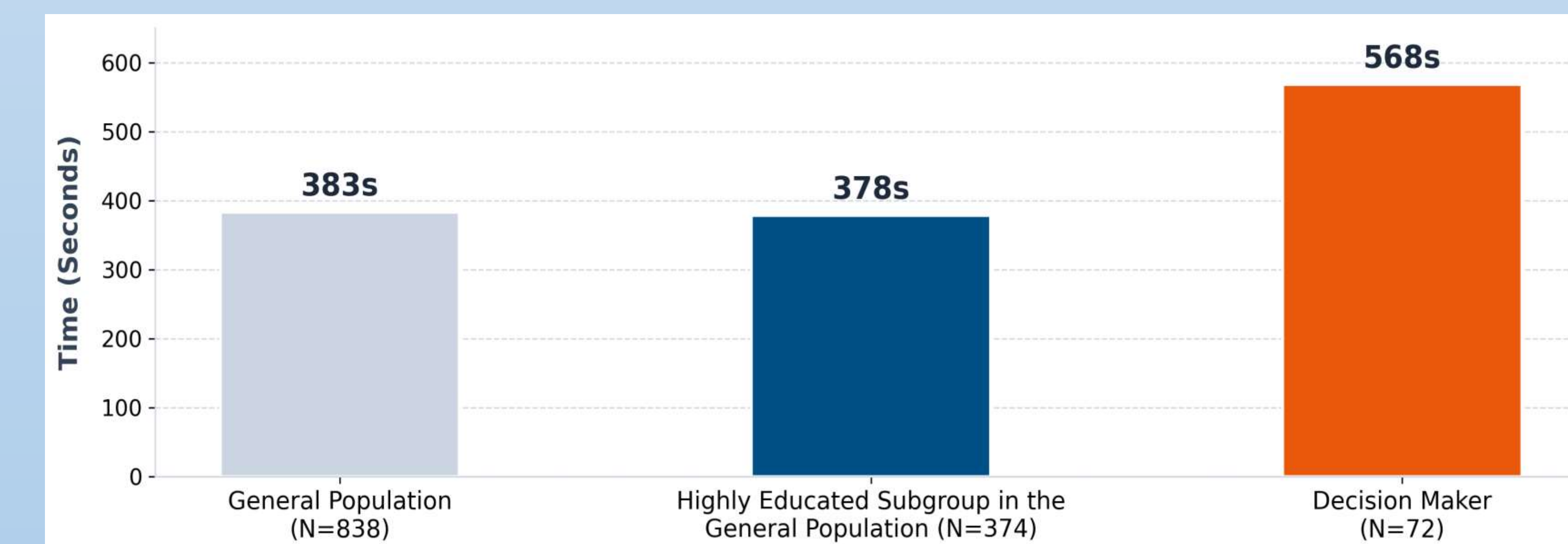
Figure 3. Key Predictors of Moderate Views: Maximum Average Marginal Effects across Dimensions



Note. The dependent variable is binary (0 = polarized, 1 = moderate). The average marginal effects (AMEs) from the logistic model represent the change in probability of $Y = 1$, while the change in probability of $Y = 0$ equals $-AME$. If the 95% CI does not include zero, the effect is considered statistically significant; if it includes zero, the effect is not statistically significant and should be interpreted only in terms of direction. Larger absolute values of AME indicate a stronger influence of the variable on the probability of the outcome category; a positive value indicates an increase in the probability, whereas a negative value indicates a decrease.

- Deliberation Time:** Furthermore, decision-makers spent **substantially longer completing the BTO task** (mean difference = 185 seconds, $p < 0.001$), indicating more effortful and deliberative reasoning. (Figure 4)

Figure 4. Cumulative distribution of the level of health inequality



CONCLUSIONS

- A significant divide exists in distributive reasoning. The public leans toward **intuitive, value-polarized preferences**, whereas health decision-makers engage in **slower, pragmatic evaluations**, favoring balanced trade-offs. For health policy, these findings highlight the value of integrating public normative values with the deliberate, pragmatic perspectives of institutional decision-makers to inform resource allocation.