I HAVE written here before about the potential gains to government from involving social and behavioral scientists in designing public policies. My enthusiasm comes in part from my experiences as an academic adviser to the Behavioral Insights Team created in Britain by Prime Minister David Cameron.

Thus I was pleased to hear reports that the White House is building a similar initiative here in the United States. Maya Shankar, a cognitive scientist and senior policy adviser at the White House Office of Science and Technology Policy, is coordinating this cross-agency group, called the Social and Behavioral Science Team; it is part of a larger effort to use evidence and innovation to promote government performance and efficiency. I am among a number of academics who have shared ideas with the administration about how research findings in social and behavioral science can improve policy.

It makes sense for social scientists to become more involved in policy, because many of society’s most challenging problems are, in essence, behavioral. Using social scientists’ findings to create plausible interventions, then testing their efficacy with randomized controlled trials, can improve — and sometimes save — people’s lives, all while reducing the need for more government spending to fix problems later.

Here are three examples of social science issues that have attracted the team’s attention:

**THE 30-MILLION-WORD GAP** One of society’s thorniest problems is that children from poor families start school lagging badly behind their more affluent classmates in readiness. By the age of 3, children from affluent families have vocabularies that are roughly double those of children from poor families, according to research published in 1995.

The research found that one of many reasons that poor children often have difficulty learning to read is that they suffer at home from what might be called a “word deficiency.” The caregivers of these children simply don’t speak or read to them as often as those in better-off families. The study estimated that by age 3, a poor child would have heard 30 million fewer words than a child growing up in a family of higher socioeconomic status.
Until recently, this word gap has been hard to address. One promising new approach is being tested by Dr. Dana Suskind, a professor of surgery and pediatrics at the University of Chicago. Parents or caregivers who want to improve their children’s language skills can be coached to improve their interactions with them. (For example, interactive exchanges are better than soliloquies.)

New technologies, like the digital language processor developed by the LENA Research Foundation, whose work focuses on language problems in young children, can aid in this effort by letting parents receive feedback on the frequency and nature of their verbal interactions with their children. (Think of it as a box score for those interactions.) Providence, R.I., has won a $5 million grant from the Bloomberg Philanthropies for a Providence Talks program to use these kinds of techniques to improve school readiness for low-income children.

In this domain, the team’s role is multifaceted. There is no silver bullet for closing the word gap, but by encouraging more trials nationwide, providing evaluation expertise and distributing results, we can help give poor children their best chance to succeed.

DOMESTIC VIOLENCE The team will primarily lend support and expertise to federal agency initiatives. One example concerns the effort to reduce domestic violence, a problem for which there is no quick fix. But a good place to start is to ensure that each component of a victim’s support system works as well as it can. One such component is the National Domestic Violence Hotline, which victims can call for advice and support. Like other call-in centers, it can become busy and put callers on hold. Many victims hang up before they’ve had a chance to speak with a counselor.

In this case, the Administration for Children and Families is building an alliance of call centers to collaborate on experimental trials to see how best to keep callers on the line long enough to get assistance. Avoiding long periods of silence with callers, and offering an estimate of the waiting time, can help achieve that goal. So can composing the initial message in a way that maximizes the chances that a caller won’t hang up.

HEALTH COMPLIANCE One reason for high health care costs is that patients fail to follow their treatment regimen.

A good way to approach this problem is via a behavioral assessment, identifying obstacles to that compliance. As Sendhil Mullainathan, a Harvard economist, discussed in this space recently, one such obstacle is the co-payment, the patient’s share of a treatment’s cost.
He sensibly suggests that for some highly effective treatments, there should be no co-payment at all. That’s a good place to start.

A thorough assessment could also uncover other factors that reduce patients’ adherence to best medical practices. If forgetting to take a medicine is the problem, a variety of interventions can help — from changing the medication’s design (a once-a-day dose is easier to remember than one taken three times a day) to using technology that reminds patients to take their pills.

Similarly, offering phone or text reminders of medical appointments can reduce no-shows and ensure that lab tests are done on time. Information technology makes these mental crutches easy to use, and is the focus of the team’s collaboration with the National Coordinator for Health Information Technology.

All of these examples show that the role of behavioral science in policy isn’t for the government to tell people how to think or act. It is to help them achieve their own goals. Parents want their children to excel, callers to a victims’ hot line want help, and sick people want to get well. Offering aids is like providing an alarm clock: it may help people get to an appointment on time, but no one is forcing them to use it.

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