

The

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**MARC MITCHELL MSc, PhD candidate,
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CHANGEMAKER

**CHANGING PLAN MEMBER BEHAVIOUR IS DEFINITELY A HARD NUT TO CRACK
BUT IT IS CRACKABLE WITH SCIENCE ON YOUR SIDE**



As a researcher, thought leader, and innovator in the field of behaviour change, our ChangeMaker, Marc Mitchell knows all too well that change is hard—especially health behaviour change. Based on his training as an exercise physiologist and past life as a cardiac rehabilitation supervisor, and now pursuing a PhD, Marc has become a leading expert in health behaviour change program design and evaluation. His research is at the forefront of determining best practices for using financial health incentives to address inactivity and sedentary behaviour.

Marc is helping GSC lead the charge in figuring out how to help plan sponsors meet the challenge faced by the growing incidence of chronic diseases and their associated health costs and lost productivity. In this uncharted territory, as corny as it may sound, Marc is truly a pioneer—as an industry, we have a lot to learn from his research. (And he’s no stranger to exercise himself as a former professional football player, but that’s a story for another time.) Here are some highlights of what Marc has discovered so far...



COMPLEXITY IS A GIVEN

Although a lot is still unknown about behaviour change, one thing is certain; there’s no quick fix. Of course, if there were, we’d all choose carrots over cake and the treadmill over the couch and binge-watching Netflix. Chronic conditions would not be the norm with more than one in four Canadians now suffering from two or more chronic health conditions. And for health benefits, chronic conditions would not be the main driver of health costs and lost productivity.

Marc explains that as research into human decision-making evolves, it continues to reveal the complex nature of behaviour change. Long gone are the days when behaviour change was based on a view of human behaviour that sees people as conscious and rational. Research continues to reveal that for the most part, human behaviour is unconscious and irrational. As a result, Marc advises that we need to develop plan member behaviour change programs that address this complexity—programs that are tailored, multi-faceted, and recognize that behaviour change is often driven by external stimuli.



THE BEST AVAILABLE SCIENTIFIC RESEARCH IS A MUST

Behaviour-change programs that incorporate incentives are becoming more common. However, to be effective, Marc cautions that incentive programs must be based on the best available scientific research to define the conditions under which the incentives are most likely to succeed in stimulating behaviour change.

The best available evidence comes from behavioural economic theory, which is a branch of economics that complements standard economic theory with insights from psychology. By acknowledging psychological influences that underlie decision-making, behavioural economics provides a more accurate perspective of human behaviour. As a result, behavioural economics provides a strong foundation from which to develop programs to help plan members change behaviour.

For example, Marc explains that an aversion to exercise provides a good example of the behavioural economic principle called “present bias.” It is the tendency to act in favour of immediate self-interest at the expense of long-term well-being. The “costs” of exercise are experienced in the present (fatigue, discomfort, time commitment), whereas the benefits (better health and improved appearance) are delayed, resulting in the all too common decision to start tomorrow—but tomorrow never comes. Accordingly, Marc recommends that to address present bias—and increase plan members’ inclination to change behaviour—programs should immediately reward behaviour by, for instance, offering more immediate incentives.

NO ‘TOKEN REWARDS’

Also in keeping with behavioural economic principles, not all rewards are created equal. Marc explains that to enhance the potential effectiveness of a reward—the incentive—it must be meaningful, like having a monetary value, even if modest. Marc describes a financial health incentive as a cash reward (or equivalent, like a voucher) given to individuals for doing healthy behaviours. Examples include cash, grocery store vouchers, days off work, retail gift cards, lottery tickets, loyalty program points, free lunches, and gym discounts.

Even when the reward has a monetary value, it doesn’t guarantee behaviour change. Financial health incentive programs can be designed in a multitude of ways, but not all program designs produce the desired effects. This is where tailoring comes into play because a range of variables can influence the effectiveness of financial health incentives.

For example, even when deciding whether or not to incorporate financial health incentives into a program, it’s important to recognize that each employer group is different. What works with one group may not necessarily work with another. Each program must consider variables like demographics and psychographics, as well as the potential incentives themselves like the type of financial incentive (cash versus non-cash), the size (big versus small), and the probability (a guaranteed reward versus lottery).

In addition, regardless of which incentives the program offers, there are a range of techniques that help maintain participant interest. For example, it is more motivating to offer more frequent rewards at the beginning of a program, followed by larger, but more random rewards later. Also, changing the incentives and incorporating fun elements like a gaming aspect can help keep the program fresh.

FOR PLAN MEMBERS TO BUDGE, THEY MAY NEED A NUDGE...

Sound familiar? We provided an introduction to behavioural economics and “nudging” in the October 2014 edition of *The Inside Story*®.

“Most of us can relate to making lifestyle choices that aren’t in fact in our best interest (think chocolate... or caffeine... or watching six episodes of *Breaking Bad* on a beautiful sunny day). But why do we do this to ourselves? Standard economics doesn’t provide many answers because it focuses on ‘rational’ decision-making. However, behavioural economics builds on economic theories by drawing on psychology to demonstrate that decision-making is often ‘predictably irrational.’”



INCORPORATE SELF-MONITORING

An excellent way to have plan members earn or win rewards is based on requiring plan members to self-monitor the healthy behaviours they are trying to adopt. Self-monitoring is a behavioral economics principle prevalent in the research—that people are more likely to change their behaviour if they keep track of it. What might now be considered “old-school” self-monitoring approaches, given the range of innovative approaches to self-monitoring that are emerging, include things like stepping on a scale and counting calories.

Marc explains that increasingly there are a range of technologies available that are making self-monitoring behavior easier than ever, like simple-to-use pedometers, wearable monitors, and the ability to easily and conveniently track progress online. For example, reviews of studies involving different populations wearing pedometers to track the number of steps they take each day revealed an increase of 1,950 steps.¹



FOCUS ON REWARDING BEHAVIOURS RATHER THAN OUTCOMES

In addition to incorporating self-monitoring, research shows that for the best results, programs should reward behaviours rather than outcomes; specifically they should focus on behaviours that are “causally related” to the desired outcome. For example, the program could challenge plan members to adopt the behaviour of consistently monitoring their blood pressure and cholesterol—both important indicators for healthy outcomes. Plan members could also monitor how many cigarettes they smoke each day rather than whether they outright quit or not. This focus on rewarding behaviours rather than outcomes recognizes that even small changes in behaviour are important because...



ALL PROGRESS IS GOOD PROGRESS

Overwhelming, unrealistic, hard work, boring—this is how potential participants often view behaviour change programs. To help your plan members have a more positive attitude toward programs, Marc advises that rather than making the common mistake of asking participants to go from nothing (sitting all day long or subsisting on sugar as a food group) to super-healthy (where veggies and spandex rule), instead challenge them to implement a “small steps” approach.

You can accomplish this by determining a baseline for each participant and then have them track their progress against it. Rather than an “all-or-nothing approach,” this “focus-on-improvement approach” recognizes that all progress is behaviour change—it’s all good—so it celebrates small wins. In addition, Marc recommends that plan members should be allowed to choose how they will make progress.



THE FUTURE IS STILL TBD

It’s definitely exciting times in the behaviour change world as behavioural economics continues to gain attention. Marc’s research will continue to help move us all forward as we learn how to most effectively design plan member behaviour change programs—moving forward to improve plan member health and decrease plan costs.

For instance, there are sure to be important lessons learned from Marc’s current research project with GSC and one of its clients that is a large-scale employer in the health care sector. Throughout this four-month incentive program, employees will track their progress in adopting healthy behaviours. They will then have the chance to win rewards via a gaming feature that is similar to playing a slot machine at a casino.

Marc says it's important to recognize that more research is necessary into long-term behaviour change. For example, research shows that financial health incentives work in the short term in stimulating behaviour change and to some degree in maintaining it. However, whether the behaviour continues in the long term—beyond for example, a six-month study period—is still uncertain. As we've learned, there are numerous variables involved—variables related to plan member characteristics and variables related to the type, frequency, and duration of the incentives—and all require further investigation.

CRACKING DOWN ON CHRONIC CONDITIONS /S POSSIBLE

Although motivating plan members to start making healthy behaviour changes is no simple task, it is absolutely necessary—and it is possible. Marc sums it up by saying that the solution will not be just one approach, but many approaches, and the research is showing that incentives may be an important part of the solution. But this comes with a caveat: programs that use financial health incentives must be structured to get the most behaviour change for the health incentive buck—so be sure to evolve your plan member behaviour change programs as the science evolves.

THE BEST AVAILABLE SCIENTIFIC EVIDENCE...CHANGE4LIFE HEALTH PORTAL

Change4Life™

Using the best research, we designed the Change4Life health portal to follow the latest and greatest scientific evidence. The program is well-positioned to help plan members make important changes.

- **Focus on behaviours rather than outcomes:** Plan members make pledges based on areas they would like to improve, like to be physically active, to eat more fruits and vegetables, and to quit or reduce cigarette smoking.
- **Incorporate self-monitoring:** Plan members self-monitor their activities by using a range of tools to track diet, steps, fruit and vegetable consumption, physical activity, blood pressure, cholesterol, sleep, and stress levels.
- **No “token rewards”:** Plan members earn points for each activity they track, which they can use to win rewards—ranging in value from \$10 to \$500—in not just one draw, but numerous draws where the frequency varies.
- **All progress is good progress:** Plan members create a baseline by completing a Health Risk Assessment questionnaire. Their responses are the basis for a personalized health “report card” and action plan to help them take a “small steps” approach to improving their health behaviours.

¹“A systematic review of studies using pedometers as an intervention for musculoskeletal diseases,” Suliman Mansi, Stephen Milosavljevic, G. David Baxter, Steve Tumilty, Paul Hendrick, *BMC Musculoskeletal Disorders*, 2014. Retrieved June 2015: www.ncbi.nlm.nih.gov/pmc/articles/PMC4115486/

COMMUNITY GIVING PROGRAM

HERE'S HOW WE ADD TO THE GREATER GOOD...



Creating brighter futures is what we do. Through our GSC Community Giving Program, we make a difference by providing critical funding that community-based not-for-profit organizations need to achieve significant, concrete results.

Survivors of domestic violence often face ongoing social challenges

When a woman who has survived domestic violence looks in the mirror and sees her injured face, it is easy for her to feel hopeless. In addition to low self-esteem, she may have trouble chewing because of issues with her teeth, or she may experience difficulty sleeping, eating, and speaking because of jaw pain. Unfortunately, the cost of dental care is rarely covered by social services. As a result, it can be extremely difficult for survivors to get the dental care they need.

Restore a smile. Empower a woman. Reclaim a life.

Located in Toronto—and the only one of its kind in Ontario—the Dr. Borna Meisami Foundation operates *Restoring Smiles*, a not-for-profit program that provides free dental treatment to female survivors of domestic abuse who are living in the shelter system and are not covered by other dental programs. *Restoring Smiles* provides the full scope of dental treatment, including fillings, crowns, veneers, bleaching, cleanings, root canals, dental implants, dentures, orthodontic treatment, jaw and facial reconstructive surgery, and surgical and nonsurgical scar revision.

By providing dental treatment, the goal of *Restoring Smiles* is to eliminate pain, restore function and proper speech, and to some degree, alleviate the emotional trauma caused by domestic violence. Since the program began in 2010, the project has snowballed into a thriving organization with over 13 female service providers and dozens of patients. To date, the project has provided over \$150,000 worth of free dental treatment.

A step toward transitioning back into society

Funding from the GSC Community Giving Program will enable *Restoring Smiles* to double its number of patients. In addition, the grant will allow the program to introduce support for patients facing employment barriers. *Restoring Smiles'* newest project is to develop one staff position each year for former patients to work as spokespeople and administrators. Through these positions, the project aims to not only restore ailing dental health, but also to provide social and economic opportunities and a chance for patients to rebuild their lives.

“While survivors of domestic violence have access to medical support and services of various kinds, dentistry is not currently offered as a support service in Ontario. We wanted to do something within our own skills to help other women exit the cycle of abuse and treat ramifications such as poor oral and overall health.”

Dr. Tina Meisami
Oral & Maxillofacial Surgeon
Founder, Dr. Borna Meisami Foundation

INTERESTED IN LEARNING MORE? Please contact us at communitygiving@greenshield.ca or visit greenshield.ca



CORPORATE SOCIAL RESPONSIBILITY IS AT THE CORE OF GSC. HERE'S WHAT WE'VE BEEN UP TO...

At GSC, integral to our success is that we are always striving to make a positive impact on the community and the environment. Accordingly, in our inaugural corporate social responsibility (CSR) report in 2013, we sought to define what CSR really means to GSC: "At GSC, corporate social responsibility is about the way we integrate economic, social, and environmental considerations into our decision-making processes and day-to-day operations."

Now with the release of our 2014 CSR report, we'd like to share our progress across our five CSR pillars: Customer, Employee, Community, Environment, and Governance. Our Health Vision is the inspiration for many of our projects. 2014 saw the launch of our five-year focus on the third principle of this Vision: "Canadians should be encouraged to take personal ownership and responsibility for their health." This topic is increasingly at the forefront of discussions with Canadians today—and GSC will continue to be front and centre in driving change.

For example, we rolled out the GSC Change4Life™ health management initiative to our customers, as well as introduced an internal employee health program called "My Health Advantage". In addition, we aligned our community investment across GSC and the GSC Foundation under a new strategy called GSC Frontline Care™, which is focused on making basic health care more accessible to the uninsured and underinsured in Canada.

For more information, please access the report at <http://greenshield.ca/sites/corporate/en/who-we-are/Corporate-Social-Responsibility/Pages/default.aspx>. And we're always interested in your feedback; please feel free to email us at csrfeedback@greenshield.ca.

REPORTS, REPORTS, AND MORE REPORTS...HERE'S OUR REPORT ON THE LATEST REPORTS

- **2015 Sanofi Canada Healthcare Survey, Benefits 2020: Shifting gears toward health management:** A strong theme emerged in the survey—more plan sponsors are trying to understand the connections between different health benefits and potential health and productivity outcomes. As a result, plan sponsors are interested in a deeper understanding of their health benefit plans. For example, three-quarters (76%) of the plan sponsors surveyed want a better understanding of how their benefit plan affects health outcomes and productivity, and seven in ten (72%) want better reporting/evaluation of the return on investment of health and wellness programs. In addition, members of the advisory board recognized the high use of paramedical services (especially massage therapy); this raised questions about value and the need for evidence-based criteria. For more information, the report is available for download at www.sanofi.ca/l/ca/en/layout.jsp?cnt=65B67ABD-BEF6-487B-8FC1-5D06FF8568ED
- **Moving Ahead: Taking Steps to Reduce Physical Inactivity and Sedentary Behaviour, Conference Board of Canada:** Due to the fact that the majority of Canadians are inactive, this report suggests criteria that decision-makers can use when planning strategies and programs to address physical inactivity. A review of the literature reveals that the most effective (and scalable) interventions to reduce physical inactivity involve teaching what are referred to as self-regulatory strategies

(like planning and self-monitoring), exposing people to positive physical activity experiences, and creating environments that are activity friendly. For more information, the report is available for download at www.conferenceboard.ca/e-library/abstract.aspx?did=7022

- **Canadian Cancer Statistics 2015, Canadian Cancer Society in collaboration with the Public Health Agency of Canada and Statistics Canada:** For the first time, this annual report presents long-term predictions of the number of new cancer cases in Canada, which are expected to rise by approximately 40% by 2030. This rise is mainly attributed to Canada's aging and growing population. Incidence rates, which measure the risk of getting cancer, remain steady, decreasing slightly for men and increasing slightly for women. The report emphasizes the need for Canada to plan ahead and work together to face this challenge. The report also highlights the need for continued cancer prevention efforts. For more information, the report is available for download at www.cancer.ca/~media/cancer.ca/CW/publications/Canadian%20Cancer%20Statistics/Canadian-Cancer-Statistics-2015-EN.pdf

- **Prevalence of the Metabolic Syndrome in the United States, 2003-2012, published in The Journal of the American Medical Association:** Metabolic syndrome occurs when people have a cluster of risk factors that increase the risk for a range of diseases like diabetes, heart attack, and stroke. This study conveys that although the prevalence of metabolic syndrome increased in U.S. adults from about 33% in 2003 to about 35% in 2012, the prevalence remained fairly stable between 2008 and 2012 and it decreased among women. The researchers say they are only cautiously optimistic, and even with stable rates, approximately a third of the U.S. adult population is affected. For more information, the research article is available here: <http://jama.jamanetwork.com/article.aspx?articleid=2293286>

REMEMBER IT'S COMING AUGUST 31, 2015...

GSC PREFERRED PHARMACY NETWORK FOR SPECIALTY DRUGS

As outlined in the July edition of *The advantage*TM, the new GSC Preferred Pharmacy Network (PPN) for specialty drugs will be up and running August 31, 2015. The PPN will ensure that your plan members who are taking specialty drugs receive the support they need. For your plan, the PPN will help limit the cost impact of high-cost specialty drugs. For more information about how the PPN works, please ask your account executive. You can access the July edition of *The advantage* at http://greenshield.ca/sites/corporate/en/whats-new/The_Advantage/Pages/default.aspx

OUT & ABOUT... EVENTS NOT TO MISS

CPBI Quebec – September 14–16

Fairmont Manoir Richelieu, La Malbaie, Quebec

<http://www.cpbi-icra.ca/Events/Details/Qu%C3%A9bec/2015/09-14-21e-Conf%C3%A9rence-r%C3%A9gionale-14-au-16>

CPBI Atlantic – September 16–18

Delta Prince Edward, Charlottetown, PEI

<http://www.cpbi-icra.ca/Events/Details/Atlantic/2015/09-16-2015-Atlantic-Regional-Conference>

July/
August
Haiku

What will really make us change
The science is here
And incentives can move us

Winner of the draw for an iPad mini

Congratulations to J.Donnely, of Angus, Ontario, the winner of our monthly draw for an iPad mini. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month.



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