Episode 81: "Using BI to Make the Healthy Choice the Easy Choice"

with Meghan Martin, Regional Immunization Leader working in Population and Public Health.

Meghan Martin discusses how the intersection of behavioural science and public health draws on the longstanding public health mantra: "make the healthy choice the easy choice". Meghan shares recent examples of how BI is influencing public health practice, including work on the pandemic response, legal substances, and childhood immunizations. She also talks about opportunities ahead, including reducing sludge and tailoring to meet the needs of different populations.

Transcript:

KIRSTIN APPELT, HOST: Welcome to this edition of Calling DIBS. I'm your host, Kirstin Appelt, Research Director with UBC Decision Insights for Business and Society, or DIBS for short. Today, we're calling DIBS on Meghan Martin.

Meghan works in population and public health in BC with a specific focus on immunization. And I met Meghan several years ago when she reached out about a potential BI project, which I think we'll hear a little bit more about today. Since then, we've roped Meghan further and further into the BI community, and she's now even on the BIG Difference Advisory Board. Paralleling Megan's journey, I've seen a real explosion of interest in BI from the BC health sector over the last several years, so I'm thrilled to dig into this a bit with Megan and share a bit more about this exciting nexus. So welcome to the podcast, Megan!

MEGHAN MARTIN, GUEST: Thank you so much for having me.

APPELT: Let's start by just hearing a little bit about who you are.

MARTIN: Absolutely. So as you mentioned, I'm a public health professional working in BC. I completed a Master's of Public Health with a focus on social inequities in health, and I've applied that in a few different ways during my career.

So I've worked as a Research Assistant in Adolescent Psychology, I worked as a Community Health Specialist supporting healthy public policy. I worked as a Policy Analyst in a regional health authority, and most recently I've supported strategic planning and project management for immunizations programs. So I don't have a lot of spare time, but when I do, I like to watch movies with my family, walk my dog and take the occasional ballet class.

APPELT: Ooh, wow. That's exciting. And I love hearing about those previous stops along your career journey. It feels like those could be three different podcast episodes, in addition to this one. Well, as regular listeners know, we always like to hear about people's journeys to BI because we all kind of have our own unique winding path to get there. How did behavioural science get on your radar?

MARTIN: So behavioural science and behavioural insights first showed up for me in 2019. So, I had just been hired as the Regional Immunizations Leader. And in this role, I was really tasked with helping to find ways to increase immunization rates, which means figuring out why people are making the decisions they are and finding ways to change their behaviour.

So just after I started the Medical Health Officer role I was working with handed me a copy of Nudge and suggested that I should read this book and see if there's something we could do with that. So, I read it cover to cover in a couple of days and came back to work on Monday and basically said, “We need to do all of these things, and we need to do them all at once”. So, I was very enthusiastic, probably more than she expected, but that's okay.

Right after that, the BI forum was coming up in November of 2019. And so that's the first place that I encountered you and your team and the work of UBC DIBS. So, after attending that forum, it really inspired me to look for a way to formalize this as a project within our program, to really see if this could be the silver bullet that got everyone immunized in the region. And we were successful in getting a grant. And then, of course, the pandemic shut everything down in 2020. So, it took a little longer to actually get that up and running. But being able to partner with you on that project really shifted BI from this concept in a book that I'd read about, to something that was real and evidence based and gave us some more tools in the toolkit in public health.

APPELT: That's awesome. It's so cool to hear about Nudge just kind of falling into someone's lap and then resonating so well and just immediately seeing all the applications. And probably never going to be a silver bullet for anything. But at least, like you said, being an extra tool in the toolkit when there's problems as multifaceted as this. So, one thing that strikes me is that your journey to BI seems like a microcosm of public health's journey to BI in BC. Does it feel to you like it's more on the radar of public health these days? And if so, how did it get there?

MARTIN: Well, I would say it's absolutely more on the radar of public health these days. But in a sense, it's also always been there. When I think back to my training, which started in 2010, in public health and through my early career, we always talk about making the healthy choice the easy choice. So, although we weren't using the language of behavioural economics and behavioural insights, we were recognizing that decisions aren't made in a vacuum and they're not just made based on good intentions.

So, when I was working as a community health specialist, we really focused on healthy public policies and healthy built environments. And how do we change the systems and structures around people. And we would typically look to public health literature to help us do that. Look at what had been tested elsewhere and what were the health outcomes of that.

And I think that, as I said, you know, Nudge put it on my radar and things like Nudge and Freakonomics, I think put it on a lot of people's radar, and it really resonated with public health professionals. So, it gave us a whole new set of evidence to look at and really formalized in research this work that we had been doing all along in little fits and starts of “Let's try this and see what happens. Let's try that and see what happens. And now there was this whole body of work that we become more and more aware of.

APPELT: Yeah, it's really neat with health because I think, like you were saying, it's basically been implicitly baked in for a long time, but this was a bit more making it explicit. And health has this amazing, long history of randomized controlled trials, and it's kind of bringing that from not only the health aspect, but the choice architecture surrounding health. So not just doing RCTs on treatments, but on how we encourage people to actually follow those treatments and other things.

So we've talked about how it's been getting more onto the radar. Does it feel to you like there's just been a huge jump? Like to me, it doesn't feel like there's a linear increase where it's building a little bit. It feels like it went from, I won't say 0 to 60, but maybe like 20 to 60 really quick in the last few years. Does that feel that way to you as well?

MARTIN: I think everything in health care is gone from 20 to 60 in the past few years. But I think in health care and like everything, COVID really drove forward a lot of this work. Behaviour change had been happening all over the health care system, we're trying to change behaviour, we were trying to get people to live healthier in a whole bunch of different ways.

And then all of a sudden, in March 2020, the entire system and really large portions of society, outside of the health care system, became focused on one particular set of behaviours that we needed everyone to adopt. And so those social distancing, masking, those types of things, the entire system became focussed on getting those into people's heads and getting them to perform those behaviours. And then in December of 2020, when vaccines landed, suddenly it was all focused on one behaviour. “How do we get people to go get vaccinated?” So there was this immediate need to put resources behind figuring out why people might have an intention or not in some cases, and what we needed to do to get them to take that behaviour.

So we started testing different communication tactics for different audiences, created new reminder systems in appointment booking systems. Your listeners in BC will probably all have had a few emails or texts from BC’s system by now, reminding them to get vaccinated. We didn't have anything like that before, on that scale and the way that our service delivery model changed to, again, reduce the “sludge” in the system, for lack of a better word. We were immunizing people in 24-hour vax-a-thons at two in the morning, or parking a bus at the beach and immunizing on a sunny day on the weekend. And we saw the payoff of applying these different tactics.

So, all of this that was happening during COVID, I think as we started to come out of this, kind of emergency response attitude is still being applied now. We've seen the success of it. And so now there's more openness to try some of these things where previously would have felt unnecessary or like, not a big payoff for this kind of thing. We're seeing now that we do need to work differently for different populations and serve people in different ways.

APPELT: Yeah, absolutely. And I think in some ways Covid was this really vivid example for all of us of how behavioural insights could be used on some of these things. And so again, that idea of taking what was implicit about making healthy behaviours easy and making it explicit and seeing those ties with BI, and I saw a lot of partnerships where health folks and behavioural scientists were working together. And I think having that modeled and the ability to do the fast tests. And then I think it also accelerated changes where, as we know, BC isn't always the leader in updated infrastructure and data systems when it comes to how things are stored and communicated across offices.

But like you said, COVID really led to changes in how things were recorded and when and where they were shared. And I think that enabled a lot of tests where previously we'd say, "Oh yeah, that'd be interesting, but that data is really hard to track or to match on to other data sets." So, pulling on this idea of COVID and other recent examples, what are some recent behavioural science projects in the public health space that you've seen that you think are neat?

MARTIN: There's so much always happening in public health, but I think an area that's getting more and more attention in the past few years is some of the work around legal substances. So, when we talk about legal

substances in public health, we're really talking about alcohol, tobacco and cannabis now as well, and seeing a lot of changes with how we warn about potential harms related to those products. And that can be quite controversial because people don't necessarily want to see graphic warning labels on all of their cigarette packages, for example. But recently in Canada, there's been a shift to putting those warnings on individual cigarettes, now.

But beyond cigarettes, there's an example I heard about recently happening in BC, where a new product hit the market, some sort of a nicotine replacement pouch. It's meant for smoking cessation. But our concern with some of these products is always is it instead going to go the other direction and be used by people who do not previously smoke? So this new product was really interesting. It was being marketed and placed in stores alongside gum and TicTacs and everything else by the checkout and the marketing of it, it really looks like a pack of Chiclets. So some of our local public health professionals saw this and went, “That's concerning”, and advocated for this to be treated as a pharmaceutical product, that this was a medical product that people could seek out, but it should be located in the pharmacy, not next to the checkout. And they were successful in getting that change made.

So really changing that and considering the built environment, considering where that product placement in the store occurs, so that the healthy choice for one person may require going to the pharmacy and purchasing that. But the healthy choice for the other person is not picking up that product on their way through the checkout. So that's a really interesting example that's come up recently.

The other legal substance, of course, we deal a lot with is alcohol. It's so ubiquitous in our society, and it's probably one of the most accepted substances in our society. But we know that it can have really serious health consequences, not just from accidents, motor vehicle accidents, but also the link to cancer. And recently we did some work in my health authority around trying to get people aware that alcohol causes cancer. We were shocked to find that the majority of the population was not really tuned into this link. And when we dug a little bit deeper into the research, we found that if people are aware of the link, this is coming from some work in Australia, I believe, if they were aware of the link, then they were more likely to think about changing their behaviour, and they were more likely to support policies that would make it more difficult to access alcohol.

So after some, you know, creative development and some focus group testing, we went with a message that we plastered across the transit system that said, quite simply, "Alcohol causes cancer. Now, you know." And that was it. There were links, of course, to a website with more information and tactics you could use to reduce your drinking. But that was the message. Just get people aware of the link and we'll see if this starts to change behaviour.

We were able to evaluate through sort of pre and post survey whether people who recalled the message did change their behaviour or their perspectives on policies. And it was shown that those that did recall the message and seeing it more reported, at least, that they were trying to drink less alcohol. So that was really exciting for us to be able to see that that type of knowledge sharing, with a particular audience in mind, could potentially change behaviour towards healthier behaviours.

So those are some recent examples that are happening kind of across the system. But the other one that comes to mind for me is the one that we worked on together, which was the immunization reminder postcard project. So the health authority sends our reminder postcards to every family, with a kid turning 18 months to let them know that they're due for immunizations. And we have pretty good uptake of immunizations in Canada and in the Lower Mainland. But we could still be higher. And so we wanted to see if we could encourage more people to get their kids immunized at this point.

So we created some variations on postcards, with your help and the help of your team, and wanted to have, of course, the control postcard, but we wanted to test that if adding a deadline, making it seem really urgent, you need to get immunized now, if that makes no difference. And adding a checklist so it was easier to navigate the steps that you needed to take, and then testing one that combined both that deadline and checklist.

The great thing about working in the health authority is that we have access to the whole population, and we can do a pretty big trial, pretty quickly. So we randomized for four months the families that would receive each of the postcards. And then we monitored which of those families went on to book an appointment and get their child immunized. And it was really exciting to actually see this getting into practice, an RCT and public health, but unfortunately no version of the postcard actually seemed to change the immunization rates, and while that was initially very disappointing to us, I think it spoke to us that this wasn't the intervention that was needed. Just by sending the reminder, we were probably having a pretty good impact on people taking up appointments, and now we need to look for something else. We needed to find another way to reduce the barriers and motivate people to change their behaviours. And that just leads us on to more work to come basically in the immunization program.

APPELT: Wow, so many cool recent examples. I love just the variety of ones you pointed out from things that were changing where messages are, to where things are placed in a store, and how important that is in our mental maps of where products fit. And then also this idea of something that helps one audience can hurt another audience with the new smoking cessation product. And like, if that's too available, then it's getting the wrong people on to starting tobacco and that's, yeah, so interesting. And then of course with our project, it was such an interesting one, partly because we started it right before COVID hit. So there were some interesting bumps along the way.

But beyond that, I think it really was a great example of why we test, because of course I'm biased, but if you had showed me postcards, the postcards we did, where they put in that deadline information and they broke down the steps you needed to take, I would have thought that would really be more helpful for people. And then seeing that they didn't work and maybe the deadline was too far in advance, or maybe it was just that this audience is already, you know, aware. And so the barrier is language, or the barrier is when the appointments are, or where they are, or the need to get childcare for their other children for the appointments, or something entirely different, really showed the value of testing.

And like you said, it just gives us lots of new research questions and ideas for what might be the solution that meets the barriers and really just makes me even more curious about the problem and how we can tackle it. So lots of opportunities there. And actually, that brings me to another question. Beyond projects that you've seen happen in recent years, what are some emerging opportunities? We've talked about the health and BI intersection with some folks in previous episodes like with Jen Parisi, Andrea MacNeill and Tak Ishikawa. But there's so many opportunities in this space. What are some of the ones that you're excited about?

MARTIN: So, I'm really excited about our communications, perhaps building on that postcard project. But I think we're recognizing that different tactics are needed for different populations. We had a bad habit for a long time in health care of putting the information out there. These things are effective. They're safe. They work. So you should just do this because that's the healthy choice. And then we didn't understand why people didn't do the thing that would make them healthier. So I think there's a much deeper understanding now of how our communication tactics can influence behaviour. And we're getting much more specific on the subpopulations of the groups that we're trying to reach and approaching them differently. So I think there's a lot of opportunities in that space.

And the other I think that gets me really excited is, I used the term “sludge” earlier, and I'll use it again, is reducing the sludge in the system. So you mentioned that during COVID, we were able to advance in things that we hadn't done for a long time. The number of faxes that still need to be spent in health care is shocking, that we hadn't found a better system yet, but I think we've finally started to shift to better digital service for clients.

So whether that's digital access to people's immunization records, text message invitations and online booking platforms. All of these things that a lot of the private sector has been doing for a long time, we're finally getting into the public sector and looking for ways to expand this type of service, making the information and the options accessible to people. Expanding that throughout the system, I think, is going to be the next big step in health care.

APPELT: Yeah. And I think that one in particular was something, as you said, that COVID really showed the impact of, like you said, with the immunization outside of normal business hours and at locations where people are bringing the immunizations to the people rather than people to the immunizations. I think all of that really showed the impact of these small amounts of friction, where before we would have said, "Worldwide pandemic, people will travel, they'll take off work, they'll come and they'll get immunized no matter what." And then realizing, “Okay, some will, but there's a lot who won't”.

And so meeting people where they are, whether that's physically or temporally or just metaphorically, I think reducing sludge is so impactful with all of us in our busy, modern lives where it feels like we're just navigating sludge at all sides, having at least one area of our life that's less sludgy is very welcome.

MARTIN: Absolutely.

APPELT: One thing that I have been thinking about, and we've talked about a little before, is the idea that public health is such a mammoth thing. So many problems impact health, from direct links between things like vaping and the pandemic and their links, impacts on health, but also things that are maybe less direct, like the climate crisis impacts on health. When we talk about public health, it's just overwhelming. So how do you find a place to start when you're thinking like, “Oh, I'm excited about behavioural science and public health”, how do you tackle something like that?

MARTIN: I appreciate that you use the word “overwhelming” because that's what it can feel like working in public health. Sometimes everything seems like a public health issue. I'm remembering this story that a prof shared when I was in my MPH program, where she discovered that her local public library was not providing library cards to a certain area of the city because of the way taxes were allocated and things like that. And she was outraged and wanted to speak to the manager because this was a public health issue.

And so there's the risk of a little bit of white knight syndrome sometimes in the public health that you want to save the world through public health action. But I've appreciated some of my mentors and instructors giving sort of three guiding questions that we use in public health, which is “Is this a real problem?” Second is, “Is it a public health problem?” And third, “Is it my problem?” And that helps really carve off what's our piece of the puzzle, and where is it actually more appropriate for other people to participate. So we're able to collaborate with others to chip away and really focusing on what's our expertise, what's our sphere of influence, and where can others join us in that work.

I think one of the benefits of working in public health is we tend to have pretty long timelines. We often say the things we're doing today, we're not going to see the benefits of for 50 years. And so we can start to take

sort of the wise next step, the small action and then see it grow over time. So that's helpful sometimes for not biting off more than we can chew.

APPELT: Yeah, I think that is really wise in multiple ways. I think also just really helpful advice because I see it in myself as well and others, when you get excited about the idea of like, oh, behavioural science can apply here, and then you're like, “Oh, there's too many ways, too many problems. How do we start?” And so, like you said, asking questions to help figure out which is the right problem and recognizing that you're going to be tackling a problem among many and even probably a sub part of the problem.

And that doesn't mean that you're going to solve that problem, but you're going to start chipping away at it. And then over time, across projects, across partners, you can have a real meaningful difference. But the important part is to scope off a piece and to get started, rather than to get locked into the scoping vortex, where you just keep adding new ideas to the whiteboard you never actually get anywhere.

MARTIN: Exactly.

APPELT: Well, I have two final questions that I'll ask. The first of which is do you have a message for our BI practitioners in training, folks who are new to the practice of BI.

MARTIN: Yeah, I think that there are a lot of areas where this can be applied that probably like myself and like health care weren't really thinking in these terms before. So I'd encourage new practitioners to look for those opportunities in areas where this isn't bread and butter, this isn't something that they're doing day in, day out because there's so many ways this can be applied.

I think the caution I would give them as well is be prepared for it to take a while. When you're working in something as big as a health authority, it's like turning the Titanic. It can take a long time to make, what we would consider relatively simple changes, for a whole host of reasons. And so I hope that your practitioners in training won't get discouraged when sometimes the best ideas take a little bit longer to come to fruition. It's definitely needed, and I think that it will help to improve our systems and our structures for the whole community, and especially those that are facing barriers to access and service.

APPELT: That's a great message. And I think it also goes back a little bit to your point around carving off bits of the problem. Often some pieces take a very long time to change, but there's often other pieces that are faster to change. And so working on different projects at the same time gives you the opportunity to sometimes chip away while you're working on the big, long run.

MARTIN: It's nice to have success sometimes, amongst the hard work.

APPELT: Absolutely. Well, any last thoughts? Questions I should have asked and didn't or anything else you want to add?

MARTIN: I think we just need to talk about what's happening next. Time to do some more projects. I think we're at a different place than we were in 2019 and 2020 when we started this. I think people are ready for this work, and I think there's a lot more that we can apply behavioural insights to. So hopefully I'll be able to come on again and talk about whatever project we do next.

APPELT: Awesome, love that note. Yeah. And I think maybe also just adding a little bit on to some of the things you brought up before is just the idea of partnership as such a great way to tackle these when I find that working with the health authorities and other folks in the public health space, it's just such a great opportunity

for partnership to bridge together the different types of expertise. So I'm very excited to partner on additional projects.

MARTIN: Glad to hear it.

APPELT: Well, thank you so much for joining us. I really am quite excited about all of the opportunities in the space and the power of the partnerships, and there are a lot of challenges, but chipping away together. I know with folks like you in the public health field, there will be an impact. And just so excited to have you in the field and dabbling in behavioural science. And thank you for sharing your ideas and your insights.

MARTIN: Thanks for having me.

APPELT: And thanks to our listeners for joining another episode of Calling DIBS.