



INTEGRATING DE&I

DIVERSITY, EQUITY AND INCLUSION

into

GROUP BENEFITS PLANS



New innovative research

Life's brighter under the sun



The importance of workplace DE&I

Many organizations are looking to expand their diversity, equity and inclusion (DE&I) initiatives. And for good reason. Employees and employers both are gaining a greater understanding of the importance of doing so. A majority (60%) of job candidates said they'd decline a job at a company that didn't value workplace diversity.¹



Recent studies point to the significant benefits of DE&I to organizational performance:

- Diverse organizations have revenue from innovation that is 19% higher than their less diverse peers²
- Diverse leadership teams are 30% better at assessing risk³
- Highly diverse organizations are 25% more likely to be leading financial performers versus their less diverse industry peers.⁴



Organizations looking to embed DE&I principles into the workplace are taking many actions. These are a few of the actions employers are taking:

- Establishing clear representation commitments
- Mandating diverse interview panels and candidate slates – and ensuring job postings are gender neutral
- Establishing policies and promoting core values that foster respect, support and collaboration
- Partnering with external experts and organizations to drive positive DE&I changes



How does DE&I fit into group benefits?

So far, benefits plans have been largely left out of the DE&I conversation. They are worth including.

We now have the tightest labour market in recent history, and employee attraction and retention is front and centre. Also, there's a growing need to support employee health – both physical and mental – post pandemic. A strong, inclusive group benefits plan is more important than ever to help you achieve your organization's goals.

We wanted to learn whether benefits plans were meeting the needs of those belonging to diverse communities and what changes could be made to make plans more inclusive.

Our new research provides insights that can help ensure you've optimized your plan to support employee health and wellness.



About our new innovative research

There’s been considerable research on DE&I in the workplace. But little has touched on the interaction of DE&I and group benefits. Until now.

In February 2022, we worked with Ipsos to conduct a national survey of 2,313 working people aged 18-65. Participants were either working full-time, part-time or owned their own business and were self-employed.

Communities	Number of survey participants
White	293
Black	302
Indigenous	310
Other Race / Ethnicities*	402
LGBTQ2+	464
Persons with Disabilities	542

We wanted to learn how members of diverse groups perceived and valued group benefits. We also wanted to identify opportunities for benefits plans to better meet their needs.

See the **About this survey** section at the end of this document for more details about the survey methodology.

**Participants who identified as Asian, Latin American, Arab, Other, Multiple visible minorities (mixed minorities), or White and visible minority (mixed-white) were classified as Other Race / Ethnicities. Those who identified as part of multiple communities were asked to reflect more specifically on one of those identities for the purposes of this survey.*





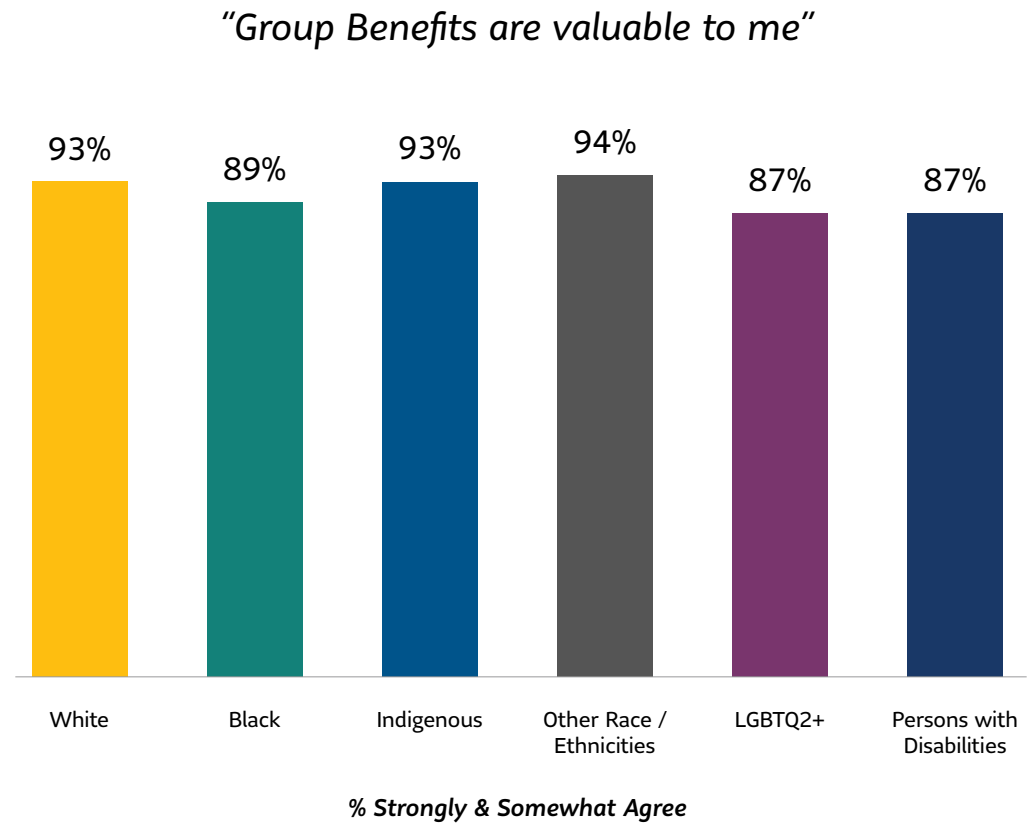
What our research revealed

Group benefits are valued by all

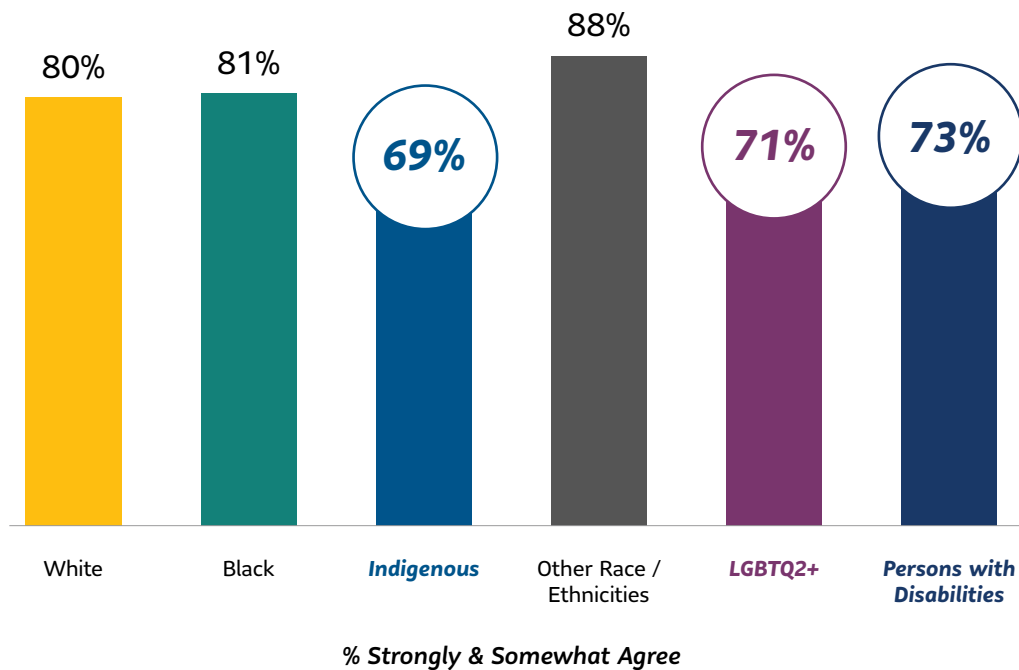
The vast majority of respondents value group benefits, including those belonging to diverse groups.



92%
(Total across diverse groups)
Members of diverse groups value their benefits plans



"I am satisfied with the group benefits I receive through my place of work"



Satisfaction varies across groups

Most of those who have a plan are satisfied with it. However, there were some differences among groups. The lowest satisfaction scores were from the Indigenous, LGBTQ2+ and Persons with Disabilities communities.

The high overall "value and satisfaction" results suggest that simply providing group benefits is an important DE&I support in itself. It helps level the health playing field across all groups.





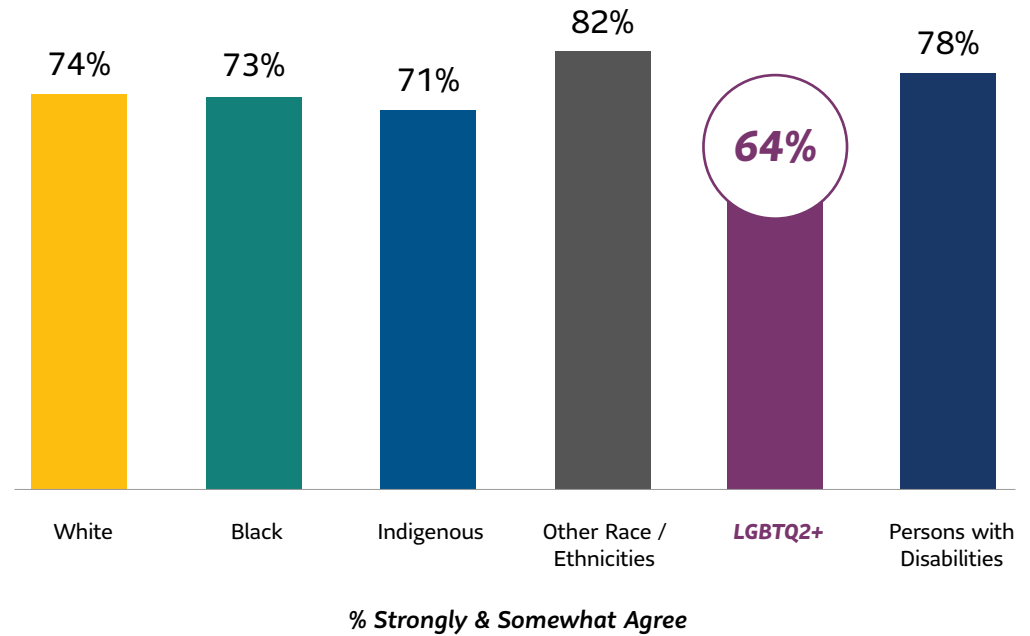
Benefits help recruit and retain talent from diverse groups

A majority across all groups said that benefits offered by their employer helped retain them in their job. There are some differences across groups, with those in the LGBTQ2+ communities less likely to say this.

And diverse communities especially valued group benefits plans when considering their employment choices.

Benefits appear to be a **stronger recruitment** draw for members of diverse groups

“The group benefits offered by my employer help retain me and keep me working here”

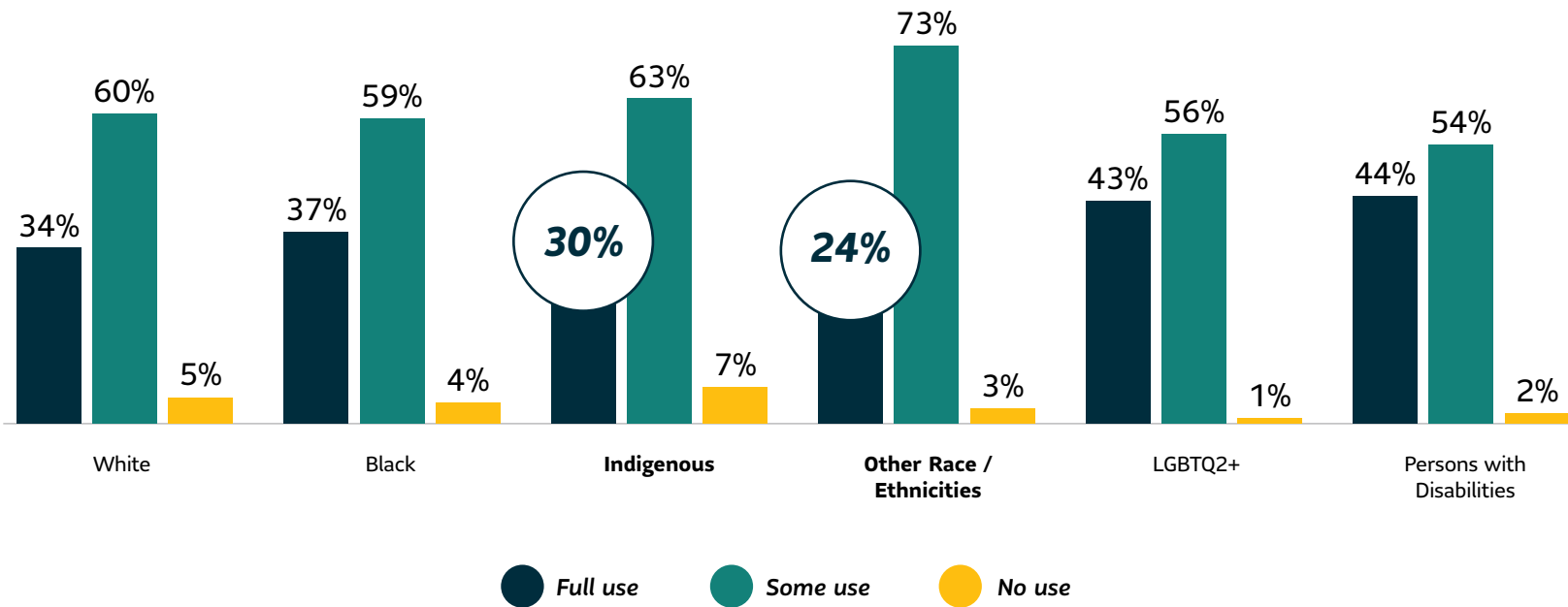


	White	Black	Indigenous	Other Race/ Ethnicities	LGBTQ2+	Persons with Disabilities
“I wish my employer offered group benefits”	62%	75%	72%	72%	77%	68%
“I will be looking for a different job that does offer group benefits”	28%	50%	39%	46%	32%	34%

Respondents who currently do not have group benefits



“To what extent do you use your benefits?”



Use of benefits plans varies across diverse groups

It’s great that employees see value in benefits plans. But we wanted to know how much they used their plans to support their health and well-being.

One of the questions we asked was the extent to which they felt they made use of their benefits plans.*

The data shows that there are differences among groups. The Indigenous and Other Race / Ethnicities groups are less likely to report making full use of plans.

*Respondents were asked to rate how much they used their core group benefits, including some or all of the following: extended health care (for things like chiropractors, massage therapy, psychologists), prescription drug coverage, dental coverage.



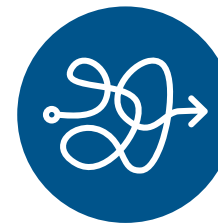
Diverse groups are more likely to cite barriers to using their benefits

White respondents were much more likely to say their reason for not making full use of their benefits was due to a lack of need.

“Reasons for not using benefits”



Diverse groups are much **less likely** to say they don't need the benefit – but instead are **more likely to cite other reasons or barriers**



It's too complicated

- 29% of those in LGBTQ2+ communities
- 28% of Persons with Disabilities



Better served by something else

- 31% of those in the Indigenous communities
- **Have had a bad experience in the past**
- 17% of those in the Indigenous communities



Uncertain of how to access a service

- 15% of those belonging to Other Race / Ethnicities

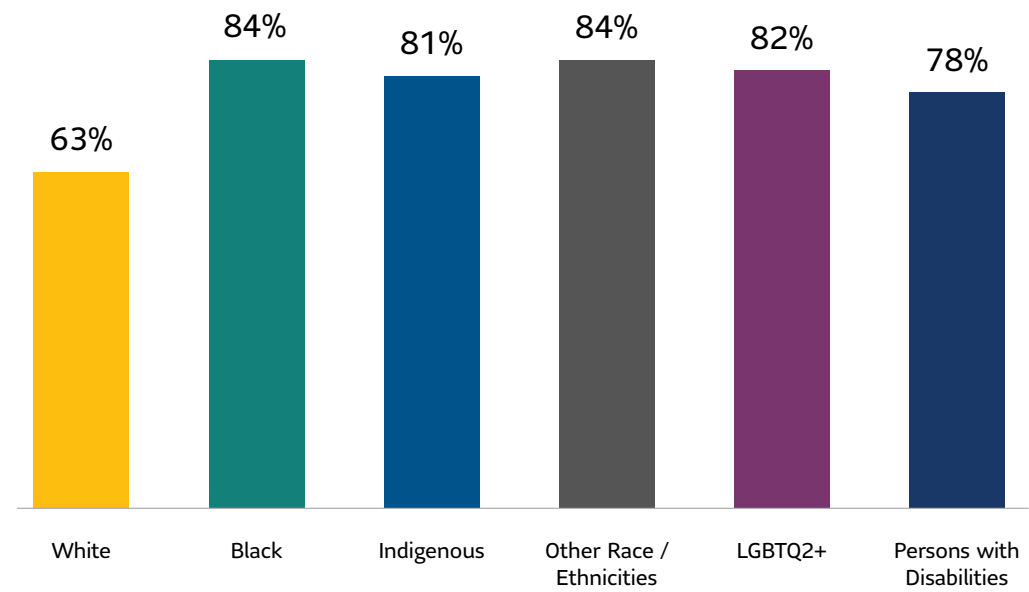
Base is those who report not using their benefits. These results should be considered directional due to smaller base sizes.



Access to diverse providers is important

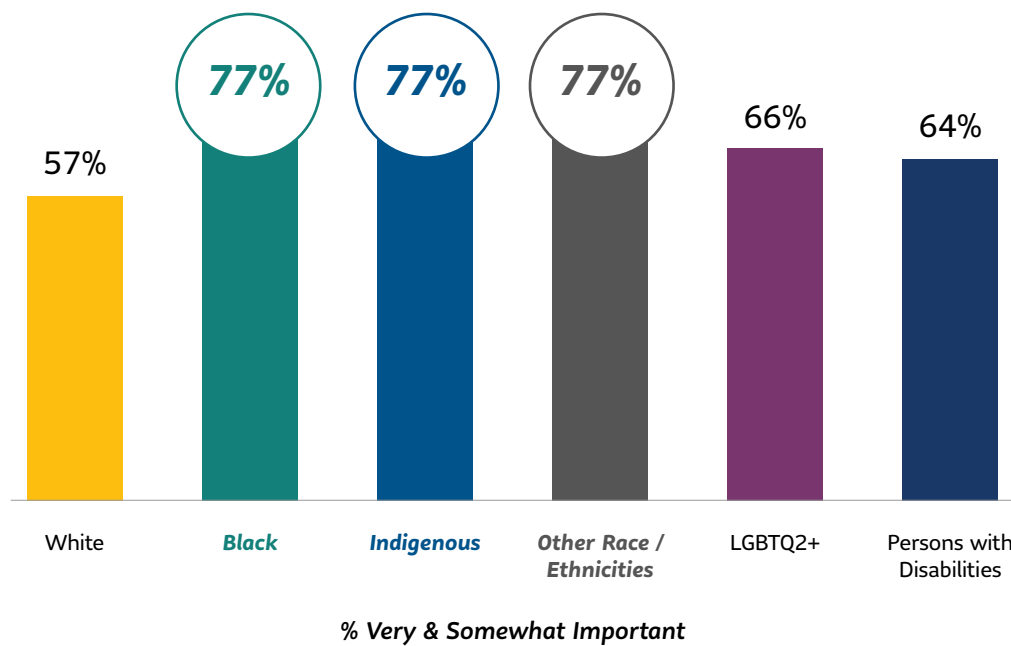
Respondents across diverse groups said access to a trusted network of service providers from diverse communities was important. They also valued access to providers who had training in treating patients from diverse backgrounds.

“How important is access to a trusted network of service providers from diverse communities?”



% Very & Somewhat Important

“How important is access to complementary and alternative medicines?”



Complementary and alternative medicines are valued

Respondents from diverse backgrounds placed more value on access to complementary and alternative medicines in their plans.* This was a very clear finding. Members of the Black, Indigenous and Other Race / Ethnicities communities were most likely to value this.

**Having access to complementary and alternative medicines, such as Indigenous Traditional or Sacred Medicines, Ayurveda, Traditional Chinese Medicine, homeopathy, acupuncture, naturopathy, body movement therapies, herbal medicines, reiki, electromagnetic therapy, etc.*

There's room for improvement when addressing unique needs

While respondents from all groups valued their plans, employers and providers still have room to improve. For many, their benefits plan isn't letting them down, but it's not delighting them either in meeting their unique needs.



"As a member of my diverse community, my group benefits plan addresses my unique needs"



17%

strongly agree their plan addresses their unique needs as a member of their diverse community



53%

are **"in the middle,"** agreeing somewhat



30%

somewhat or strongly disagree

There's room for improvement with inclusive communication

We see a similar story when it comes to plan provider communication. While **21%** said their plans are doing well at communicating inclusively, **25%** said their provider's communication was not inclusive. The majority (**54%**) took the middle position, saying that providers communicated "somewhat well" from an inclusivity standpoint.



"How well does your group benefits provider communicate with you in a way that makes you feel represented and that you can see yourself reflected in your group benefits plan?"



21%

say their plans are doing **very well** at communicating inclusively



54%

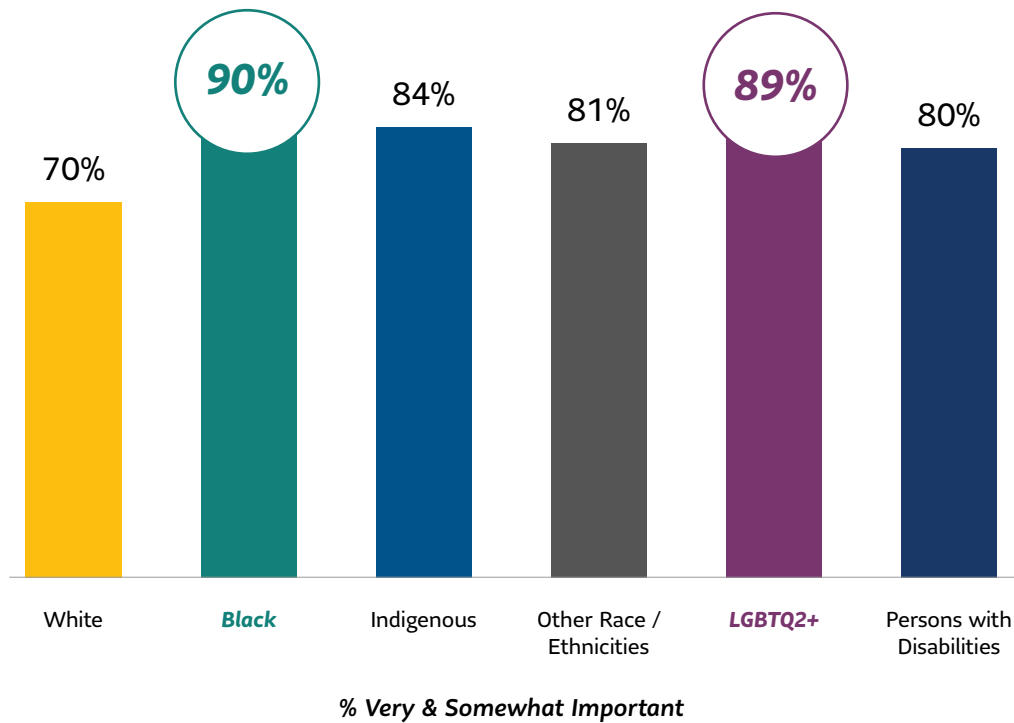
are **"in the middle,"** saying somewhat well



25%

say their plans are **not doing well / not very well at all**

“How important is a benefits plan that is inclusive and equitable to diverse communities?”



Ensuring plans are inclusive and equitable is a shared value

There is support for change. A majority in all groups felt that having an inclusive and equitable benefits plan was important. Not surprisingly, members of diverse groups placed more importance on these attributes. Survey respondents in the Black and LGBTQ2+ communities expressed the highest support.



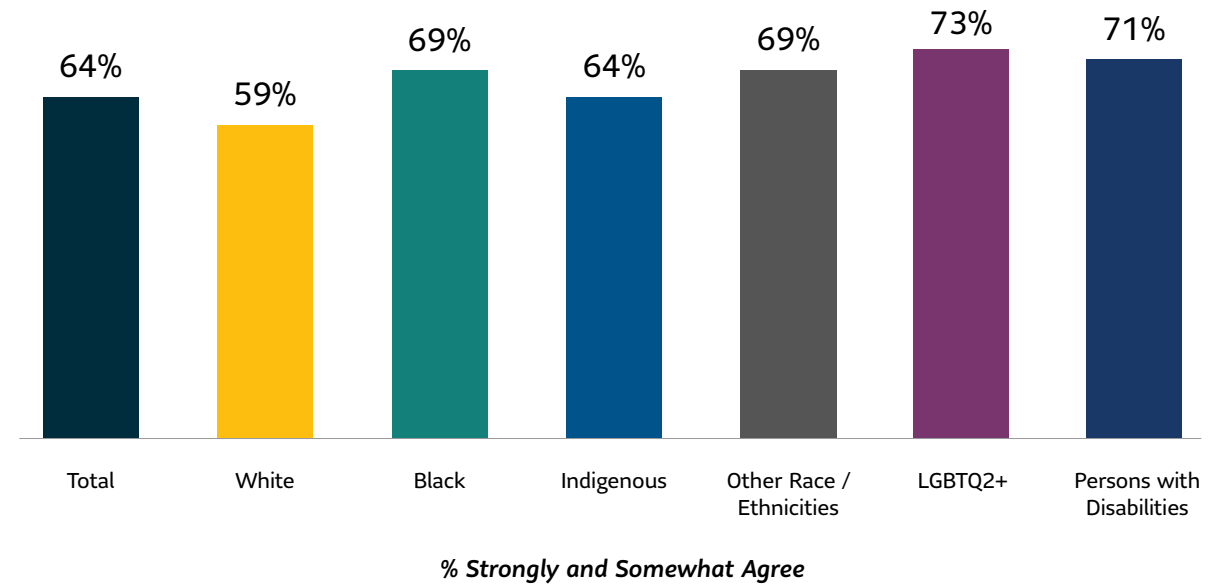
Equity and inclusion – even if it costs more

Support for inclusive plans remains high, even if it raises costs for plan members. While equitable and inclusive enhancements might only benefit some groups, all plan members could pay more. We wanted to know whether they'd be willing to pay a bit more for more equitable and inclusive coverage.

A majority in all groups said they'd be willing to pay more to ensure plan equity and inclusiveness.



"I would be okay with my benefits plan costing a bit more if it ensured that it offered coverage that was equitable and inclusive, even if that included services that may not apply to me"



Action steps – how benefits plans can better address the needs of diverse groups

While benefits plans can be a strong DE&I contributor, there are still gaps in serving diverse community needs. To that end, we asked participants what additional services they would **highly value** if added to their own plans. This section of the report reveals what they said and highlights solutions to help meet these needs.



The important role of virtual care

A top pick for all groups was a need for **virtual care and/or virtual mental health care**. Virtual care for both physical and mental health needs can boost equity and inclusion by improving access to treatment.

Unfortunately, many people in Canada find it challenging to access in-person primary medical care. For example:

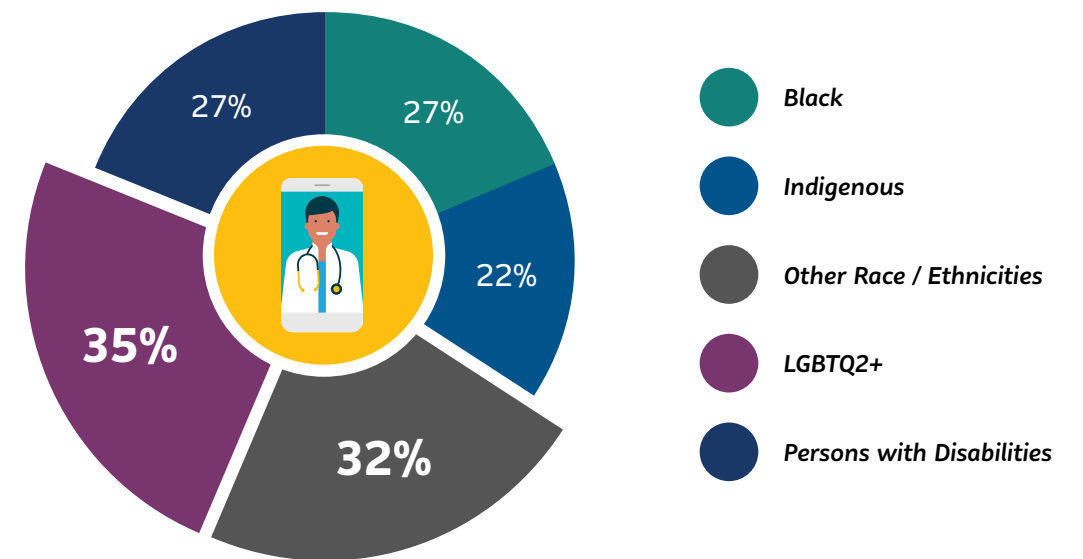
- Four in 10 said it took them at least 6 days to get a recent appointment⁵
- One out of every six do not have a primary health-care provider. This rises to one in five for Quebec and B.C. residents⁶
- 40% of Canadians who visited an emergency department said health professionals could have treated their condition elsewhere. Timely access to care was why they sought out emergency services.⁷

Virtual care can help reduce access issues, and satisfaction rates are high. The use of virtual care satisfied a majority of patients (91%) in Canada.⁸ And 46% said they'd prefer a virtual method as a first point of contact for their care.⁹



“I am currently not offered this benefit but would highly value it if it were made available to me”

Virtual care (24/7 access to non-emergency medical care)



Ensuring every one of your employees has access to quality care *Lumino Health Virtual Care, powered by Dialogue*

In 2020, we launched Lumino Health Virtual Care, powered by Dialogue, to our Clients as part of their group benefits package.

The service is accessible 24/7 from anywhere in the country – and there are no out-of-pocket costs to employees. We offer Lumino Health Virtual Care in partnership with Dialogue – one of Canada’s largest and fastest growing telemedicine companies. Dialogue has hundreds of bilingual, multidisciplinary practitioners consulting on physical and mental health conditions.

Lumino Health Virtual Care is unique among virtual care services. It provides comprehensive care from initial assessment to issue resolution. Here’s what makes our care model stand out:

AI triaging. Triaging powered by artificial intelligence (AI) ensures individuals see the right care professional for their needs, quickly.

Continuity of care. Every virtual care appointment includes a follow-up to ensure the patient’s health issue has a satisfactory resolution.

Navigation. Lumino Health Virtual Care case managers help individuals find and book an appointment with a specialist if they need to see one.

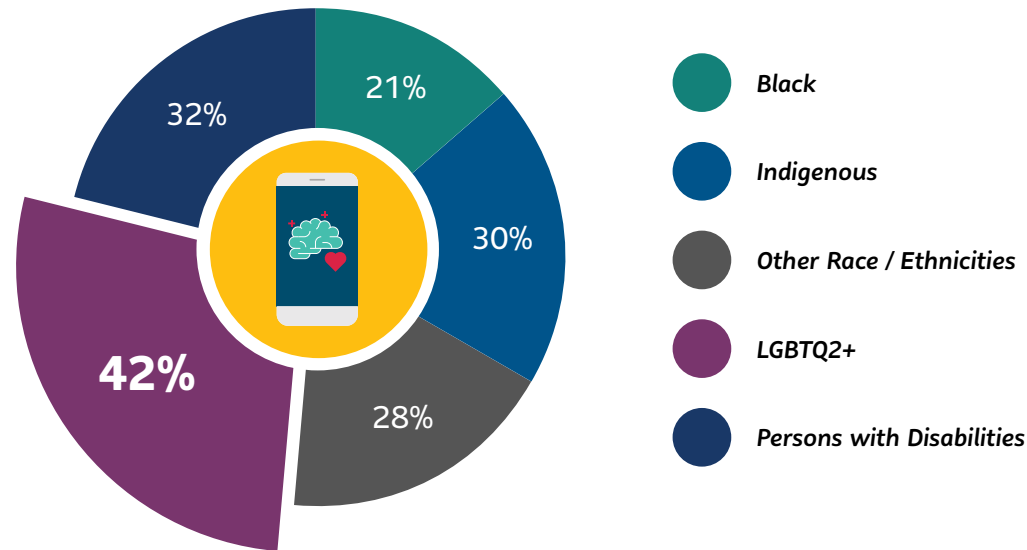
Diverse, multi-disciplinary providers. Lumino Health Virtual Care has a range of providers, including case managers, nurses, nurse practitioners, doctors and mental health professionals. These professionals come from diverse backgrounds. In many instances, Dialogue is able to match patients with practitioners based racial, ethnic or cultural background.

Mental health care. Individuals get an assessment and consultation with mental health specialists quickly and at no cost. Employers can choose to add the option of additional mental health supports.



*“I am currently not offered this benefit but would **highly value** it if it were made available to me”*

Virtual mental health care



Sun Life is breaking down barriers to mental health care
Stress Management & Well-Being, powered by Dialogue

Our Stress Management & Well-Being program is part of the Lumino Health Virtual Care platform. It provides employees with fast, convenient access to quality mental health care without the worry of out-of-pocket costs.

Employees begin by completing a simple online assessment. The platform then quickly connects them to a mental health specialist.

Based on their needs, the specialist matches the employee to a mental health practitioner (social worker, psychotherapist, etc.). Employees have access to ongoing sessions until remission to promote a longer continuity of care. Self-led educational material is also available to complement therapist-led care.

The integration of this program into Lumino Health Virtual Care means employee health, mental and physical, is treated holistically.

Virtual care solutions can help solve the mental health care crisis

People need access to mental health treatment now more than ever. Mental health concerns are rising in Canada. More than half of people recently surveyed report deteriorated mental health two years into the pandemic.¹⁰ Many also continue to face challenges in accessing care. Over half (**54%**) of those experiencing mental health issues have not received medical support. Affordability (**25%**) and embarrassment (**23%**) are the two top barriers people report are preventing them from seeking help.¹¹

Studies have shown that mental health concerns are more prevalent across many diverse communities. We can attribute this to several factors, including discrimination, stigma and income levels.¹²

Eliminating barriers to mental health care can be that much more relevant when considering members of diverse communities.¹³

Virtual mental health care can increase equity and inclusiveness by helping employees overcome these and other barriers to care.

In our research, the LGBTQ2+ community in particular would **highly value** adding virtual mental health care to their plans.

Coverage for complementary and alternative medicines

Complementary and alternative medicines and health-care services have become more mainstream in recent years. A national survey found that over half of respondents had used alternative therapies in the preceding 12 months. This rate had more than doubled over the previous decade.¹⁴

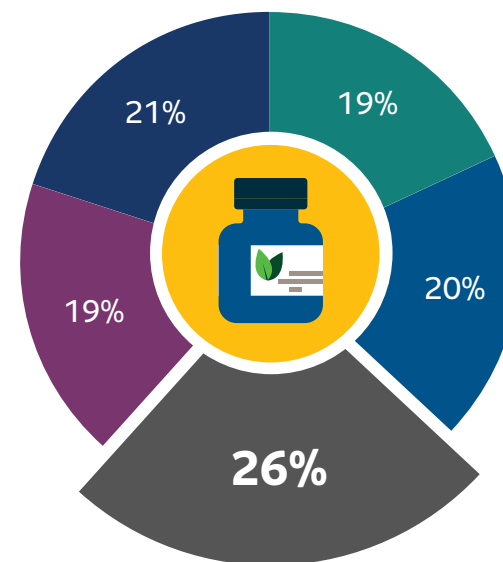
We asked participants whether they would **highly value** adding coverage for a number of these services, including:

- homeopathic remedies
- traditional Chinese medicines
- traditional Indigenous medicines, and
- ayurvedic medicines.

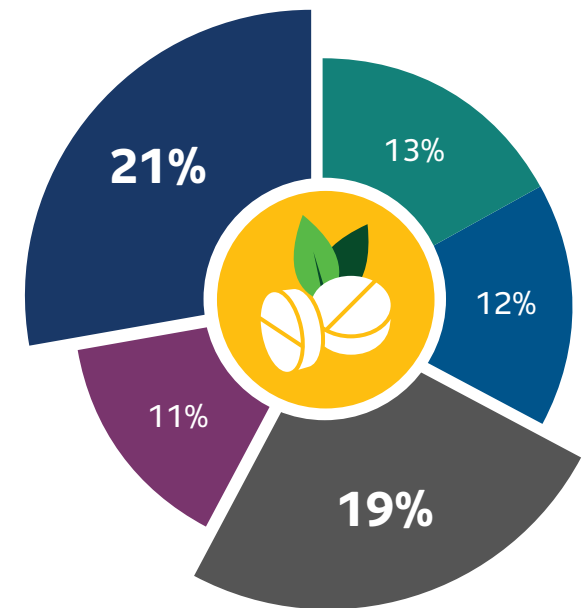
Coverage for homeopathic remedies had the broadest support. But the desire for coverage for other medicines was strong amongst different communities.

*“I am currently not offered this benefit but would **highly value** it if it were made available to me”*

Coverage for homeopathy

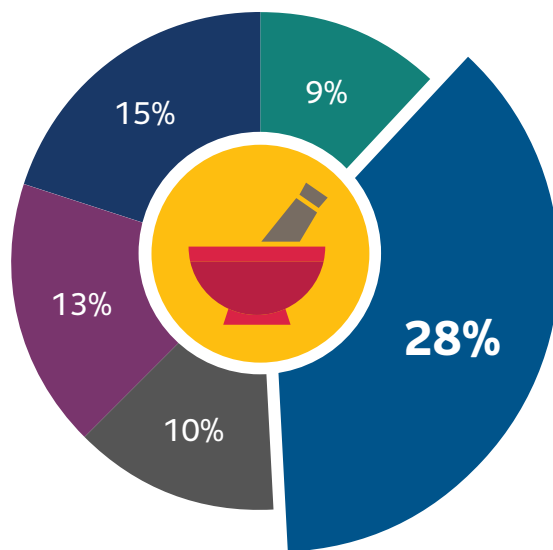


Coverage for traditional Chinese medicine

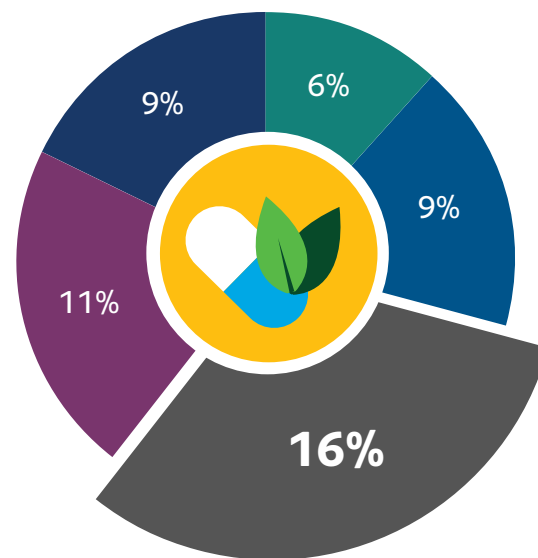


*"I am currently not offered this benefit but would **highly value** it if it were made available to me"*

Coverage for traditional Indigenous medicine



Coverage for ayurvedic medicine



Creating possibilities with personal spending accounts (PSAs)

Many complementary and alternative therapies are not eligible for coverage under traditional plans. However, you can help cover these expenses by establishing Personal Spending Accounts (PSAs) as part of your plan.

The employer funds the PSA each year, with a set dollar amount per employee. As the employer, you define the expenses that the PSA will reimburse. And you can make complementary and alternative medicines one of those expenses. PSA claims are taxable income to employees, and you can refund unused PSA dollars back to your company.

PSAs are fully integrated into our our digital platform. This lets employees easily submit claims through the my **Sun Life mobile app** or through mysunlife.ca. That means we can usually process claims in less than 48 hours.

We are also looking at other opportunities to expand coverage for complementary and alternative therapies, including for Indigenous medicines. So stay tuned.

A growing need for family building and fertility services

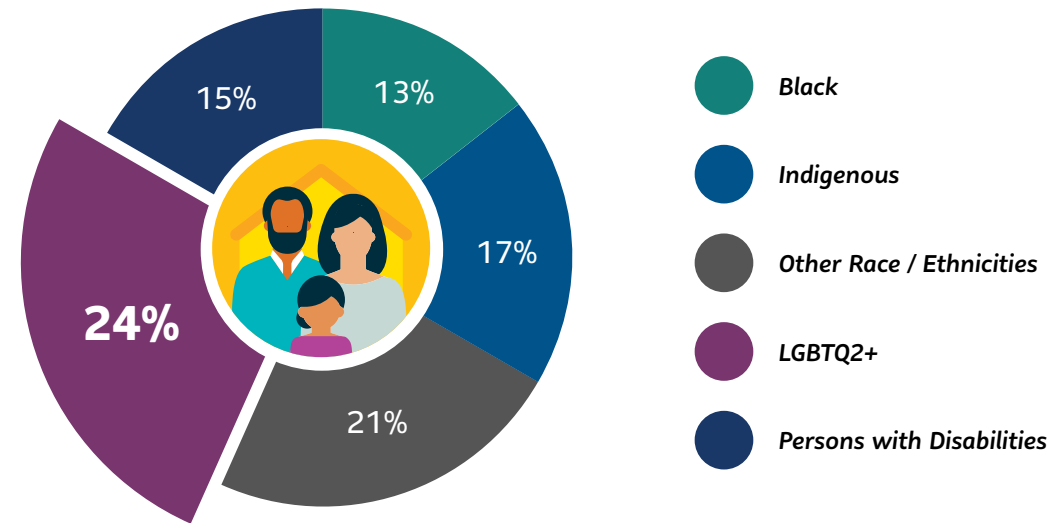
There's a growing need for family building services (like surrogacy) and fertility services. The desire for this coverage was strongest in the LGBTQ2+ and Other Race / Ethnicities communities. Many would **highly value** the addition of these to their current plans.

Employers who provide coverage for fertility and surrogate expenses support employees who use non-traditional approaches to build their family. It's a growing demographic, and offering coverage can further DE&I within your organization.

There are several reasons for the growing need for these services. One is the greater diversity of people choosing to start a family, such as same-sex couples. Same-sex couple arrangements have grown by 42% since 2001.¹⁵ In many cases, surrogacy arrangements are essential for such couples looking to start or expand a family. Surrogacy rates in Canada have increased by 400% in the last 10 years,¹⁶ and the costs are significant. The cost of surrogacy in Canada can range from \$58,000 to \$90,000 per pregnancy.¹⁷

"I am currently not offered this benefit but would highly value it if it were made available to me"

Family building coverage and services for same sex/gender couples



Sun Life Family Building program

Sun Life is the first major insurance company in Canada to offer surrogate expense coverage. Our new Surrogacy benefit provides coverage for a surrogate's eligible fertility treatment expenses incurred on the plan member's behalf. And our Fertility Services benefit provides coverage for eligible fertility treatment expenses incurred by a plan member.

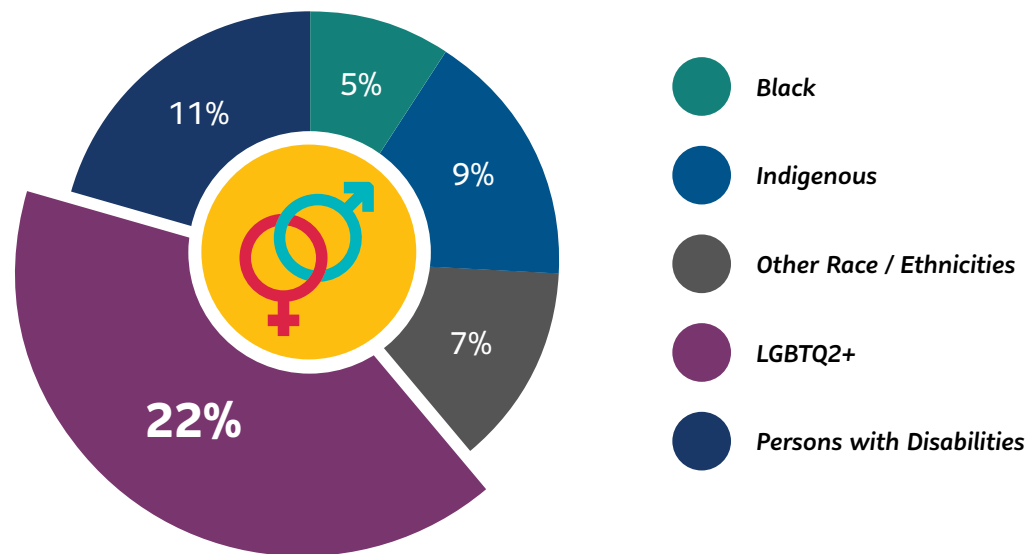
This inclusive benefit expands family building coverage to members who take alternative approaches to growing their family. This can be especially beneficial to marginalized groups

that face additional challenges when growing their family. The intent is to "level the playing field" for these members by providing additional financial support.

With the initial phase, we will reimburse members for medical expenses related to their surrogate arrangement. Later this year, we'll expand coverage to additional expenses incurred by the member during the surrogacy and adoption process. For example, legal and agency fees.

*“I am currently not offered this benefit but would **highly value** it if it were made available to me”*

Coverage and services for those undergoing gender affirmation / transition



Sun Life’s industry first Gender Affirmation coverage

Launched in 2017, our gender affirmation coverage helps gender-diverse employees or dependents through their transition. It supplements provincial or territorial coverage, covering feminization or masculinization surgeries not typically included in government programs.

This additional support can make a meaningful difference and help employees live happier, healthier lives as their authentic selves. This year we are reviewing opportunities to further enhance the benefit to continue meeting the needs of employees and dependents as they go through their gender affirmation journey.

The importance of gender affirmation coverage

Modern workforces are increasingly diverse – and this includes gender identity. In 2021, of those living in Canada aged 15+ an estimated 100,815 were transgender or non-binary.¹⁸

For those considering gender affirmation surgery, the cost can range from \$130,000 to \$200,000. Provincial plans only cover 43% to 75% of this amount. And they typically don’t cover feminization and masculinization procedures.

Gender affirmation coverage bridges the gap between public and private health coverage for specific gender-affirming procedures. It enhances DE&I by supporting transgender members and their dependents in transitioning to their authentic selves.

Not surprisingly, support for such coverage in our survey was highest amongst the LGBTQ2+ communities. Nearly one-quarter (22%) of this group said they would **highly value** group benefits plan coverage for affirming a person’s gender.

Diverse and allied practitioners

Our survey asked members of diverse communities whether they would **highly value** having access to service providers who:

- belong to a diverse group
- had diversity training, or qualifications to serve diverse groups
- are allies of diverse groups.

Participants in the Black community were strongest in supporting access to trusted diverse practitioners or those with diversity training. Those in the LGBTQ2+ community also showed strong support for access to diverse practitioners or allies of diverse groups.

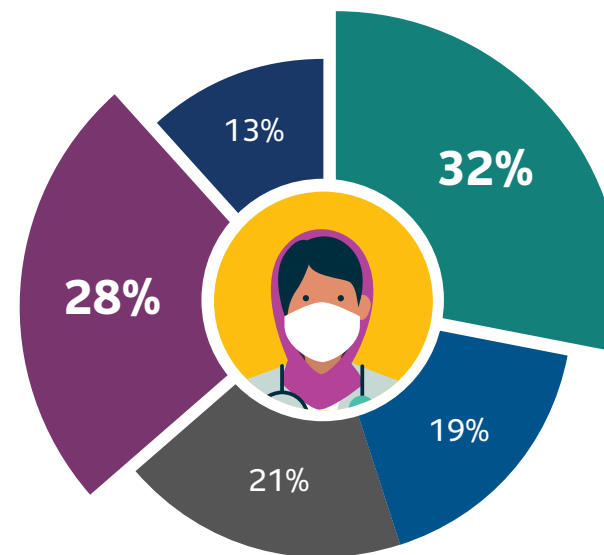
Access to practitioners from diverse communities goes far beyond mere preference – it can significantly impact health outcomes.

Studies have shown that a health-care provider of the same race or ethnicity, or who speaks the same language, provides:

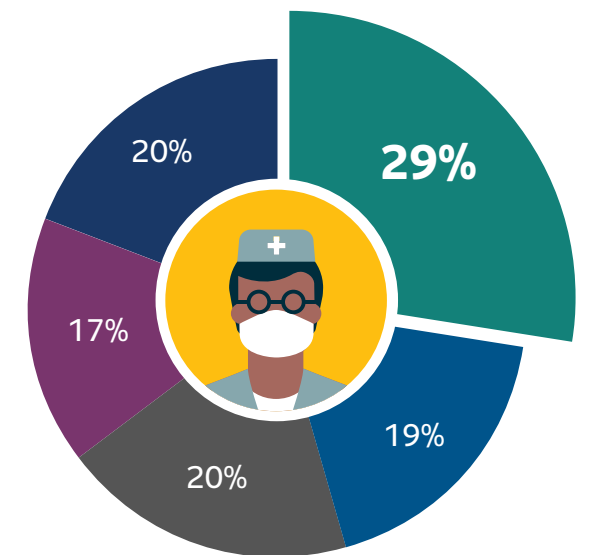
- a greater likelihood of patients agreeing to and receiving preventive care
- better patient experience ratings, and
- higher ratings on patient-reported measures of care quality.¹⁹

“I am currently not offered this benefit but would highly value it if it were made available to me”

Practitioners who belong to diverse groups, including ethnicity / race, religion, disability and sexual orientation

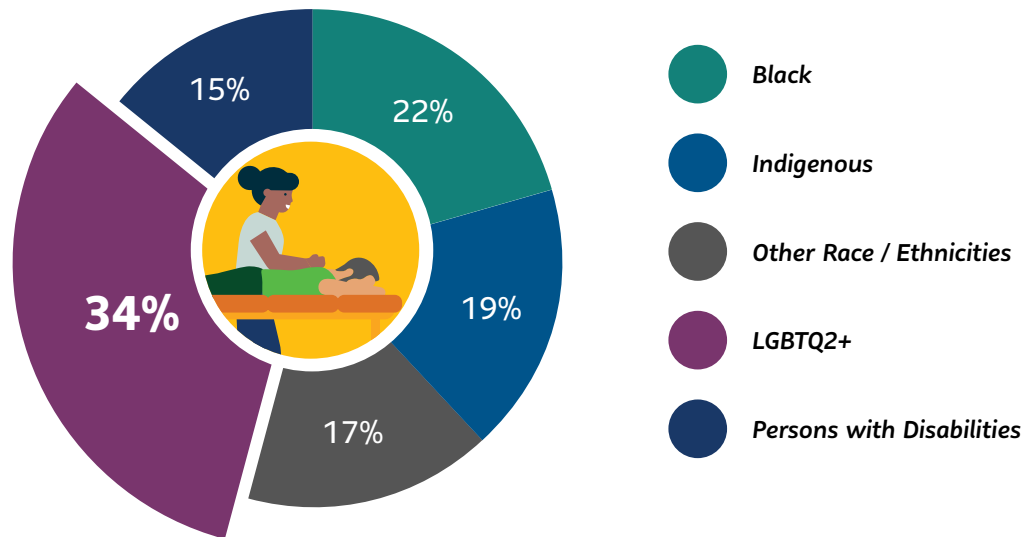


Practitioners who have diversity training or qualifications to serve diverse groups



*“I am currently not offered this benefit but would **highly value** it if it were made available to me”*

Practitioners who are allies of diverse groups, including ethnicity / race, religion, disability and sexual orientation



Help find the right health-care practitioners

We are currently updating our Lumino Provider Search. It's free and available to anyone on the web and mobile. This digital tool lets users search for a health-care provider. They can filter their search in several ways – by practitioner type, location, rating and cost. It lets them find the nearest, highest-rated, lowest-cost health-care provider. There's no other tool like it offered by any other carrier. And we are currently working with members of diverse groups to learn more about how we could best include fields related to practitioner diversity, diversity training and allies.

Sun Life will also be working with Black, Indigenous and other diverse community health organizations. Our goal is to increase access to health-care providers from these communities through our group benefits plans. Stay tuned.



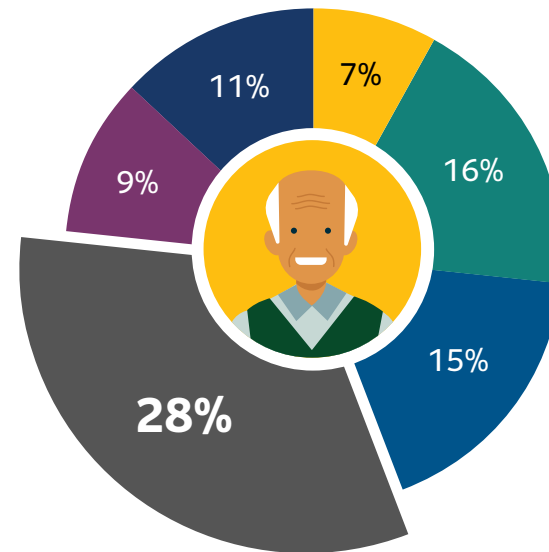
Expanding eligible dependents

We asked participants if they had financially dependent family members who they would like to be eligible for coverage but who aren't currently classified as a dependent under their plans. The strongest support was for aging parent or grandparent coverage in the Other Race / Ethnicities communities.

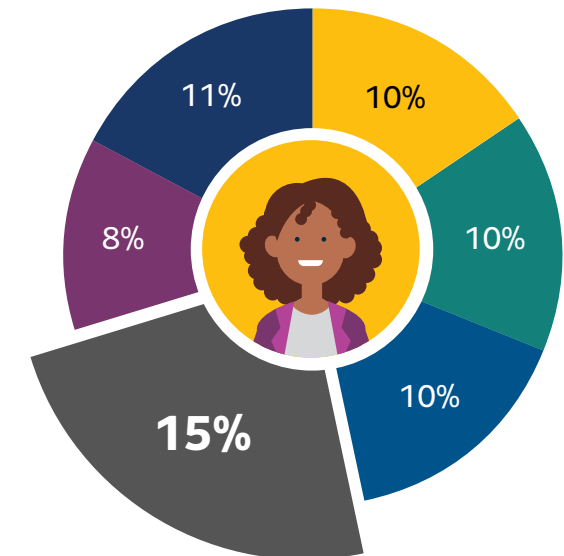
Given Canada's aging population and recent increases in immigration, more people could value and benefit from expanding coverage to additional dependents.

"I would like these dependents to be eligible for coverage under my plan"

Coverage for aging parents or grandparents



Coverage for adult children aged 18 and older



Consider tailored communication where appropriate

Tailored benefits plan communications specifically address people in a particular diverse community. In certain situations, these communications could help address the unique needs of a particular group. For example, if you add a feature that benefits persons with a disability, a separate communication to this group could add value.

Members of the Black (**51%**) communities and Persons with Disabilities (**47%**) were the strongest supporters of tailored communications. In addition to targeted communication, it's also important to communicate to everyone using inclusive language. For example, we've switched terms like "fertility" to "family building" and "substance abuse" to "substance use."

We've also developed a language resource guide to help both us and our Clients communicate inclusively. And our mental health toolkit includes a training video for managers on this topic.

Integrate DE&I in your group benefits plan

A strong DE&I focus can further support a healthier workplace and help you reach your organization's goals. And offering a group benefits plan is an important DE&I initiative.

If you're looking to expand your DE&I supports, your benefits plan is one important area to examine. From our end, we continue to innovate – and new supports are emerging.

We can also help with a DE&I analysis. Our Integrated Health Solutions team has embedded new DE&I best practices into our organizational health assessments. This helps ensure that you're incorporating these practices as part of your overall well-being strategy. We'll also be embedding these best practices in training, reporting recommendations, and in the evolution of our toolkits.

Don't wait to start. Even small changes can have a big impact. We'd be pleased to help you determine actionable steps that can make a difference.

Please reach out to your plan advisor or Sun Life representative to discuss the opportunities available to your organization.





About the survey

The survey was conducted in English and French, online, by Ipsos between February 14, 2022, and February 25, 2022. A sample of $n = 2313$ people aged 18-65 who either work full-time, part-time or own their own business and are self-employed in Canada was surveyed. Weighting was employed to balance demographics to ensure that the composition of each sample (working people) reflects their respective population according to Census data and to provide results intended to approximate the sample universe. The precision of Ipsos online polls is measured using a credibility interval. In this case, the aggregate results are considered accurate to within ± 2.3 percentage points, 19 times out of 20.

This report provides you with general information only. It does not provide you with employment, legal, health, or financial advice. Consult with the appropriate professional advisor to meet your organization's needs.

Back to [About our Research](#) page

- 1 Monster, State of the Candidate Survey, 2020
- 2 BCG Diversity and Innovation Survey, 2017
- 3 Which two heads are better than one? Juliet Bourke, Australian Institute of Company Directors, 2016
- 4 Diversity wins: How inclusion matters, McKinsey & Company, 2020
- 5 How Canada Compares Results from the Commonwealth Fund's 2020 International Health Policy Survey of the General Population in 11 Countries, February 2021
- 6 Statistics Canada, Health Fact Sheets, Primary health care providers, 2019
- 7 How Canada Compares Results from the Commonwealth Fund's 2020 International Health Policy Survey of the General Population in 11 Countries, February 2021
- 8 Nationwide Survey Results, Abacus Data on behalf of the Canadian Medical Association, May 2020: <https://www.cma.ca/sites/default/files/pdf/virtual-care/cma-virtual-care-public-poll-june-2020-e.pdf>
- 9 Ibid
- 10 Angus Reid Institute survey, March 2022: https://angusreid.org/wp-content/uploads/2022/03/2022.03.10_COVID-19_Two_Year_Anniversary.pdf
- 11 Sun Life / Ipsos poll conducted January 21-25, 2021, of 1,000 Canadians 18 years of age or older.
- 12 Canadian Mental Health Association: <https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>
- 13 Ibid
- 14 Fraser Institute, Complementary and Alternative Medicine: Use and Public Attitudes 1997, 2006 and 2016
- 15 <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016007/98-200-x2016007-eng.cfm>
- 16 <https://www.cbc.ca/documentarychannel/features/surrogacy-in-canada-has-increased-400-in-10-years-more-facts>
- 17 <https://surrogacy.ca/intended-parents/cost-of-surrogacy.html>
- 18 <https://www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427b-eng.htm?HPA=1>
- 19 Urban Institute, Racial, Ethnic, and Language Concordance between Patients and Their Usual Health Care Providers. Dulce Gonzalez, Genevieve M. Kenney, Marla McDaniel, and Claire O'Brien, March 2022



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