

State of Preventive Health Reality Check

November 2006



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**BlueCross BlueShield
of North Carolina**



Bob Greczyn
*President and
Chief Executive Officer*

Blue Cross and Blue Shield
of North Carolina

Dear Friends:

Most of us who are parents take for granted that our children's lives will be healthier than our own. After all, each generation of Americans has enjoyed more lifesaving innovations and better access to medical care than their predecessors.

But, today in North Carolina, there are hundreds of thousands of parents who may, sadly, have their hopes shattered. That's because we're facing a heretofore unimaginable public health crisis: childhood obesity. Nearly 30 percent of children (under age 18) covered by our health plans are overweight or at risk for becoming overweight. This means that thousands of children in North Carolina are on a course toward developing largely preventable diseases that may lower their quality of life – and shorten their life span.

As we know, obesity is not limited to children, nor is obesity our only public health problem. That's why, for the fourth consecutive year, we are producing this State of Preventive Health report and hosting today's summit. We're glad to share information about our members' health habits, health status and attitudes toward preventive health because, as the state's largest health insurer, our members represent a cross-sample of North Carolina's population. Those of us in the health community can use this information to design programs or shape policy that will help North Carolinians take better care of themselves.

It's not always easy to accept the findings of the data we collect. As a father, I'm upset by the fact that so many children we serve are heavier than they should be. But, clearly we, and others in the health community, need a reality check. That's why childhood obesity is one of the topics we've addressed in this year's report.

The report also discusses two other preventive health issues: health disparities and tobacco use. Until health care is a more equitable experience for all North Carolinians, and until the habit that kills more Americans than any other cause is a thing of the past, the state's progress on the preventive health front will be severely limited.

But, knowing about problems is one thing, while finding solutions to them is another. We think we're on the right track when it comes to helping children live healthier lives. By listening to our members, we've created a new program exclusively for children. The program, beginning with a trial phase in early 2007, will provide parents with information and support to help the whole family eat more healthfully, exercise more consistently, and achieve and maintain a healthy weight. We believe these tools will help families make good choices. The key to success is our willingness, as individuals and families, to take positive action in the interest of our own health.

I invite all of you who have a stake in the health of our children and fellow citizens to join us in finding new ways to tackle these and other preventive health issues. By combining our different strengths and aligning our influence, we can be more effective than any one company, agency or government working alone could ever be.

Bob Greczyn
President and Chief Executive Officer
Blue Cross and Blue Shield of North Carolina

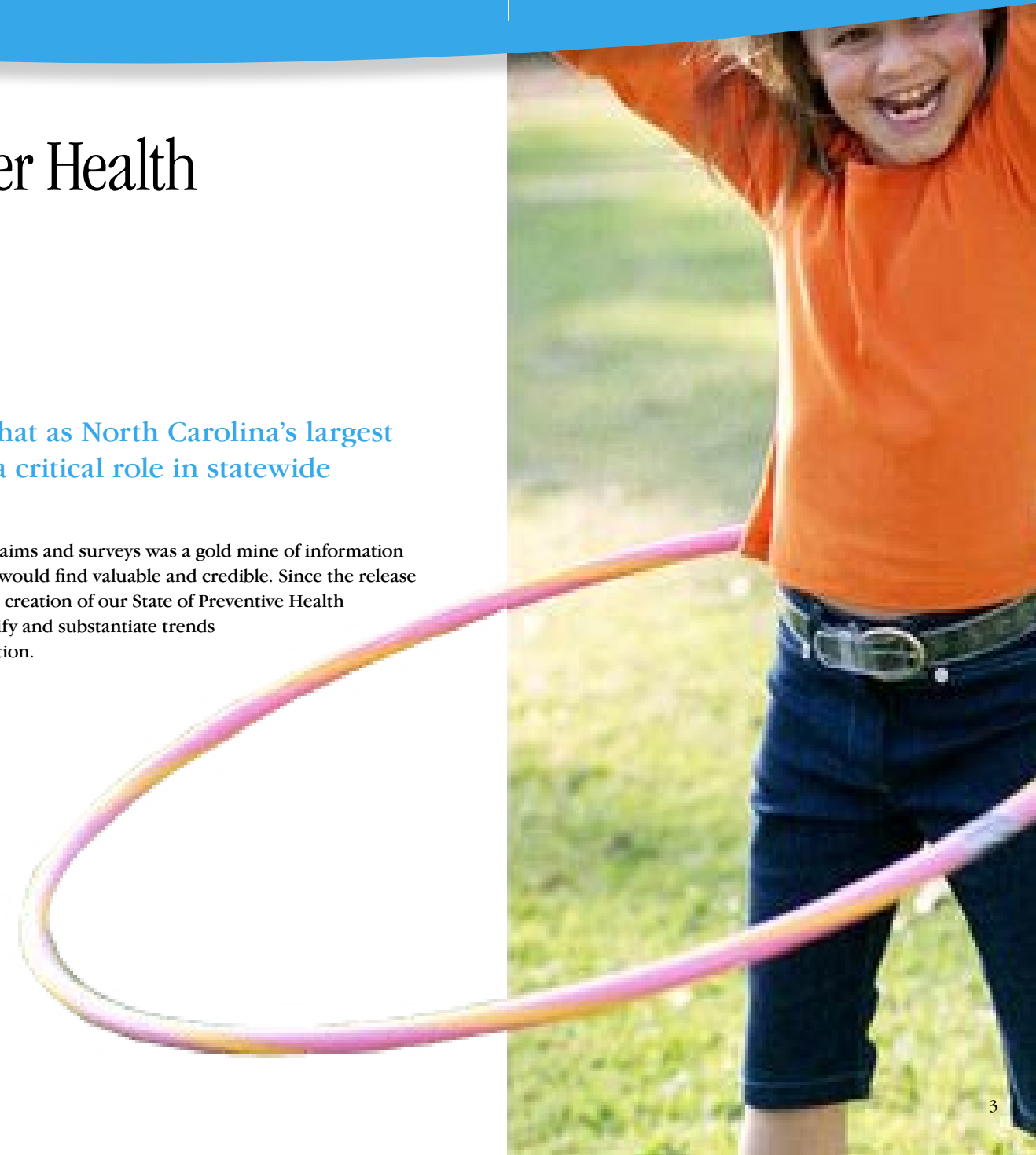
Our Plan for Better Health

Reality Check

November 2006

Three years ago, we realized that as North Carolina's largest health insurer, we could play a critical role in statewide preventive health efforts.

The data we routinely collected from member claims and surveys was a gold mine of information that agencies and organizations across the state would find valuable and credible. Since the release of our first State of Preventive Health report and creation of our State of Preventive Health summit that year, our research has helped identify and substantiate trends in public health that need both attention and action.



Few get regular health checkups

In 2003, we reported that not enough North Carolinians – especially men – were getting regular health checkups that could help prevent or detect the onset of chronic diseases. We took this as a cue to renew our emphasis on preventive care by launching a men’s health initiative aimed at getting men ages 40 to 60 to visit their doctor for preventive care. The result? After mailing reminder cards to men – and to their wives on their husband’s behalf – doctor visits by men jumped 30 percent. For women, we developed programs to increase chlamydia screening rates for those of ages 19 to 26, and folic acid counseling for those of childbearing age.

Toward a healthy weight

In 2004, more than half of adult BCBSNC members were overweight or obese. To address this pervasive problem, we launched Healthy Lifestyle ChoicesSM, a comprehensive program designed to combat obesity and get members on the path to a healthy weight.

The program appears to be working. Among initial participants, 46 percent reported losing weight, with an average weight loss of nine pounds. Even such a moderate loss can be enough to improve health and reduce the risk of heart disease and stroke for obese and overweight people. These results occurred even before BCBSNC became the first insurer in the nation to pay doctors to treat patients for obesity as a primary condition, and launched other benefits to promote healthy weight.

The value of obesity surgery is a topic of debate among health insurers and the medical community. BCBSNC continues to believe that obesity surgery is an appropriate option for some morbidly obese members who meet the medical criteria for this surgery. We have had significant initial success in our strategy – encouraging members getting obesity surgery to go to physicians with demonstrated expertise and good outcomes.

Hospital readmission and complication rates from bariatric surgery were reduced by nearly half by the 12 North Carolina surgeons that are part of our Centers of Excellence program for obesity surgery. Hospital readmission rates and complications within 30 days of surgery are considered an indication of the quality of surgery.

20 vital signs of health care in North Carolina

In 2005, our report showed that lifestyle choices were continuing to drive medical costs, with over \$310 million being spent on preventable conditions that often stem from improper diet, unhealthy weight, sedentary lifestyles or tobacco use.

We took our call to action to employers, inviting them to join us to encourage and support North Carolinians in their efforts to live healthier lives. BCBSNC is helping employers face the challenge through a variety of programs, including our Employer Health Partnerships, which provide custom health programs to large employer groups. We also continue to sponsor an annual preventive health symposium for large employers and continue to support the Fit Together partnership, which recently added a work component called Fit Workplace.

Fit Together is a joint statewide campaign of the N.C. Health and Wellness Trust Fund and Blue Cross and Blue Shield of North Carolina designed to raise awareness around the dangers of unhealthy weight and equip individuals, families and communities with the tools they need to address this very serious health concern. To learn more about Fit Together and its initiatives, visit www.fittogethernc.org.

Why we need a reality check

Given the positive results that we and others in the health community have experienced with preventive health programs, there are valid reasons to be optimistic about the state’s health prognosis. As we continue to focus on the data, we know there are preventive health issues that still need to be addressed. We chose to emphasize three such problems in this year’s report – problems that people might be uncomfortable thinking about and talking about. They are childhood obesity, health disparities and tobacco use.

We know there is more work that needs to be accomplished before these and other preventive health issues are no longer considered issues. What we hope we’ve done is highlight the areas that need the most attention now from those of us with a stake in the health of North Carolina’s citizens.

2003

2004

2005

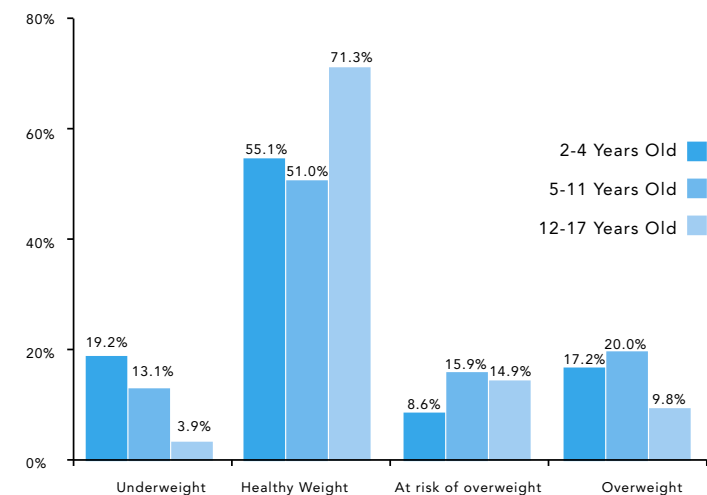
2006

Waging the Battle Against Childhood Obesity

Key findings of our research¹

- **Twenty-nine percent of children covered by our plans are overweight or at risk for being overweight².**
- **Fifty-nine percent of parents with children who are overweight or at risk for being overweight believe their children's weight is "about right."**
- **Eighty-four percent of parents report that their children have potato chips or other processed, convenient snacks at least once a day.**
- **Forty-five percent of parents said their children were not getting five or more servings of fruits and vegetables daily.**
- **No parents reported their children were active for at least 60 minutes every day, as fitness experts recommend.**

Weight status by Age Group*



Generations ago, a plump child was idealized. Many people in a variety of cultures have long equated "meat on the bone" with good health and prosperity. But today we know that excessive weight on a child's frame is anything but ideal. That's why the American public health community is concerned about a trend they first identified several years ago: increasingly heavy children. Sadly, it appears that the trend is continuing.

Childhood obesity is a problem at both the national and statewide levels. Like overweight adults, overweight children face a substantially higher risk for developing conditions such as diabetes, heart disease and certain types of cancer than their normal-weight peers.

By all accounts, childhood obesity is a complex issue. Changes in the American diet and lifestyle, environmental changes, socioeconomic factors – these are all possible causes. To isolate a single cause for blame would be neither possible nor productive. Certainly, no parent wants his or her child to experience the stigma, pain and illness that often accompany obesity. The reality is that all of us – parents, health insurers, physicians, schools, employers and policymakers from all levels of government – need to work together to reverse this troubling trend. Given the enormous cost of obesity to both the individual and the health care system, we need to make healthier children a top priority.

Taking a closer look

For this year's report, we sought to learn what our members thought about childhood obesity and, more important, what they were doing about it in their own homes. We surveyed more than 1,800 BCBSNC members who have children between the ages of 2 and 18. The primary goals of the 2005 Childhood and Adolescent Health Survey were to determine:

- **The prevalence of overweight or obese children under the age of 18 and the number of children at risk for overweight.**
- **Families' health behaviors as they relate to childhood obesity, in order to assist us in future program development.**
- **Parents' perceptions of their children's weight status and views of their own roles in helping their children achieve or maintain a healthy weight.**

Nearly one third of the BCBSNC member population under the age of 18 is overweight or at risk for overweight.

Survey findings

One of the key findings from our 2005 survey was that nearly one third (29 percent) of the BCBSNC member population under the age of 18 is overweight or at risk for overweight. The most vulnerable age group appears to be children ages 5 to 11.

Contrary to popular belief, many children just don't naturally outgrow their toddler chubbiness. What's making children heavier? More research clearly needs to be done, but we do know that poor eating and beverage habits, excessive "screen time" and lack of physical activity all contribute to creating children who weigh more than they should.

Perceptions of children's weight status

One trend that emerged from the survey was that many parents are not aware of their children's true weight status. Fifty-nine percent of BCBSNC parents who have children at risk for becoming overweight or who are overweight said they believe their children's weight is "about right." This trend isn't just limited to parents of overweight children. Our survey found that 11 percent of the children of our members are underweight. Yet, 63 percent of parents of underweight children believe that their children's weight is "about right."

¹ Source: 2005 BCBSNC Child and Adolescent Survey, which asked parents about the health and fitness habits of their children ages 2 to 18.

² In children, overweight is defined as being in the 95th percentile or above for body mass index (BMI), which is a function of height and weight; children who are between the 85th and 94th percentiles for BMI are considered at risk for becoming overweight.

The role of nutrition

Today's kids are eating more calorie-dense foods – like cupcakes, potato chips and soda – than ever before. Eighty-four percent of BCBSNC members reported that their children have potato chips or other processed, convenient snacks at least once a day.

When it comes to overall diet, 66 percent of BCBSNC parents felt that their children ate well, yet 45 percent reported that their kids were not eating the minimum recommended servings of fruits and vegetables per day. They also reported 75 percent of children are drinking non-diet sodas on an occasional basis, according to the survey. If national statistics are any indication though, they may be drinking sugary beverages more often than “occasionally.” Since most of kids’ extra caloric intake comes from soft drinks and sugar-laden fruit juices, the beverage consumption habits of our children merit further attention.

Fifty-nine percent of BCBSNC parents who have children at risk for becoming overweight or who are overweight said they believe their children's weight is “about right.”

³ Weight problem. (August 31, 2006) Raleigh News & Observer.

⁴ Childhood obesity on the rise. (June 2002) National Institutes of Health report.

Calories in – and out

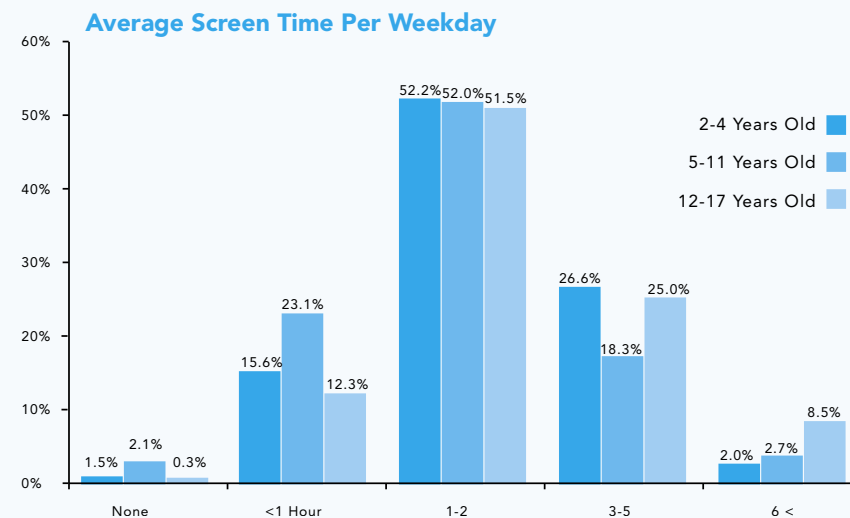
No parents surveyed – none – reported that their children got the recommended 60 minutes of physical activity every day. Only about half (49 percent) of the children that we cover got that amount of physical activity five days a week. Our numbers may understate the problem.

As with their children's weight status, parents appear to be experiencing a disconnect. Only 28 percent of parents surveyed felt that their children did not get enough physical activity. Unfortunately, children may be taking their cues from adults, almost a quarter of whom get no exercise whatsoever⁵.

Screen time

Of the parents who participated in our 2005 Childhood and Adolescent Health Survey, 72 percent reported that their children get two hours or less of screen time per day, which appears to be encouraging. It's possible, however, that many parents aren't accurately tracking their children's screen time, particularly given that nearly half reported that their children had a TV in their bedroom. National studies report that children engage in between three to five hours of screen time per day⁴.

Too much screen time – whether it's watching TV, playing video games, or surfing the Web – is now viewed as one of the key contributors to childhood obesity. Given that children tend to snack on “junk food” while watching TV, the issue of screen time becomes even more important.



The defining disease of today's youth

Over the past two decades, all Americans have gotten heavier. But early childhood sets the stage for later weight problems and related health issues. Kids who are overweight are more likely to become adults who are overweight, with all the attendant issues such as cardiovascular disease, diabetes, asthma, obstructive sleep apnea and orthopedic problems⁵.

The price of childhood obesity is becoming all too clear. The combined costs of physical inactivity, excess weight and type 2 diabetes among North Carolina's children is estimated to be at least \$38.16 million annually⁶. Unless the trend reverses, the figure is expected to rise to \$57 million by 2008⁷.

Reversing the childhood obesity trend

Achieving and maintaining a healthy weight can be reduced to a simple equation: calories in must not exceed calories out. Writing that equation in a way that works for kids and their families is more difficult, but any prescription should include the following:

- **A meal plan that includes more fruits and vegetables.**
- **A schedule that includes more physical activity.**
- **A lifestyle that limits screen time.**
- **A diet that limits sugary beverages.**

Regardless of specific recommendations, we know that the best strategy for combating obesity is a collaborative approach among all institutions involving individuals, families, schools, employers, health plans, and local and federal governments⁸. We should approach this epidemic collectively, as it will require the work of all those who touch children's lives.

The role of parents

For parents, this might mean being mindful of the notion that “parents provide, children decide,” a premise often emphasized by Dr. Bill Dietz, a leading obesity researcher at the Centers for Disease Control and Prevention. Parents need to take responsibility for what they bring into the house and let children decide what they want to eat. By providing healthy foods, using appropriate portion sizes and reducing the number of meals eaten out, parents can help their children develop healthy eating habits.

Other easy changes parents can make at home include encouraging kids to drink more water and less soda, being active together for 60 minutes or more each day, and limiting access to TV, video games and computers to no more than two hours a day.

A new BCBSNC program will go a long way toward helping parents help their children lead healthier lives. In early 2007, we will begin the trial phase of a program that will give parents information they can use to help their families eat more healthfully, be more active, and achieve and maintain a healthy weight. This effort will build upon the positive lifestyle changes many of our members have made by participating in our Healthy Lifestyle Choices program.

By making more parks available for safe play, creating time for physical activity both at work and at home, and supporting programs like Fit Together's Fit Community and Fit Workplace, we can help families find more ways to be active together.

⁵ Super-sizing our kids: N.C.'s epidemic of overweight children. (2004) WRAL.com.

⁶ The economic cost of unhealthy lifestyles in North Carolina, (2005) Be Active North Carolina, Inc. study.

⁷ Ibid.

⁸ Health plans emerging as pragmatic partners in fight against obesity. (2006) NIHCM Foundation report.

Acknowledging Health Disparities

What schools can do

Public schools have the opportunity to make a big impact on childhood obesity. Efforts are already underway across North Carolina to ban sugary sodas from schools, along with school fundraisers that involve sweets such as candy bars and cookie dough. In addition, teachers are being asked not to reward students in the classroom with candy and other edible treats.

In addition, North Carolina now requires daily physical activity for grades kindergarten through eight⁹. This is promising because kids are more likely to engage in physical activity when it involves peers; for some children, school is the only place where opportunities for group play are available.

At the doctor's office

All clinicians who treat children need to actively monitor the weight of their young patients. They may want to consider treating body mass index (BMI) as a vital sign in the same manner as blood pressure and temperature readings. They should not be shy about encouraging youngsters to engage in active, healthy lifestyles.

Health plans can help lead the effort by initiating collaborative educational and outreach opportunities and programs focusing on weight issues and the associated health risks. BCBSNC was the first health insurer to pay doctors for the evaluation and treatment of obesity, and provides physician tool kits to help them in that capacity.

At work

The workforce of tomorrow is on a path to being unhealthier than their parents. Each overweight child in North Carolina is likely to require more than \$200,000 in medical expenses resulting directly from excess weight in his or her lifetime¹⁰. This has the potential to be devastating for employers and others who must bear the financial burden. To remain competitive in the global economy, North Carolina needs healthy families and healthy communities.

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Although many companies across the state create admirable health, wellness and fitness programs, more employers can take steps to make the health of their workers and their children a higher priority. Many wellness options can be implemented at little or no cost to the employer. We also encourage employers to be creative in helping their employees make the best choices about fitness and nutrition, including providing healthy food options at cafeterias and offering physical activity opportunities during work hours.

Health plans as active partners

Health plans, including Blue Cross and Blue Shield of North Carolina, are emerging as active partners in the fight against childhood obesity. We engage in a continual dialogue with health care providers to emphasize the importance of screening for obesity in children, and we provide education to parents about the role that proper nutrition and physical activity play in helping children maintain a healthy weight. By supporting work site wellness programs for employers and employees, insurers are doing our part to educate our members and the public about this children's health crisis.

Looking ahead: Facing uncomfortable truths

It's uncomfortable to acknowledge that many of today's children are at risk for unhealthy and unproductive lives. But it's not too late for all of us who play a role in children's lives to head off the debilitating consequences of childhood obesity. Just sharing what we know about the problem – one of the purposes of this report – is an important first step. Then we'll need a collaborative effort to determine the best ways to raise awareness and the most effective ways to partner with families and their children. It will cost money and time, but the price of doing nothing will ultimately be dramatically higher.

Key findings from our research¹

- **Health disparities exist even among black and white people with health insurance, indicating that more than socioeconomic factors may be involved in the health of these populations.**
- **More research is needed to understand these disparities. More importantly, new strategies are needed to close the gap.**

Reality check

Health practitioners, policymakers and public health leaders continue to be concerned by disparities in health care, health behaviors and health status among different groups in North Carolina. Those who study the problem know that many disparities can be attributed to people's employment status and/or socioeconomic level. That's because people who have jobs are more likely to have insurance, and those who have insurance are more likely to seek medical care and know more about preventive health than the uninsured. Other factors that may contribute to health disparities include ethnicity, nutrition and physical activity, cultural and religious beliefs, attitudes toward health care, trust in the overall health care system, language barriers, and perceived or actual bias of providers against racial and economic minorities.

BCBSNC has found that disparities still exist even when the "insured" variable is removed from the equation. We looked at the 2005 North Carolina Behavioral Risk Factor Surveillance Survey, which included BCBSNC member-specific questions and focused on just one important dimension where disparities exist: race. Since whites and blacks are the races most represented in the BCBSNC member population, those were the two groups examined for differences.

The survey showed that significant health disparities exist between black and white members. Members' responses revealed several areas of concern, including lifestyle issues, preventive care and the prevalence of chronic conditions.



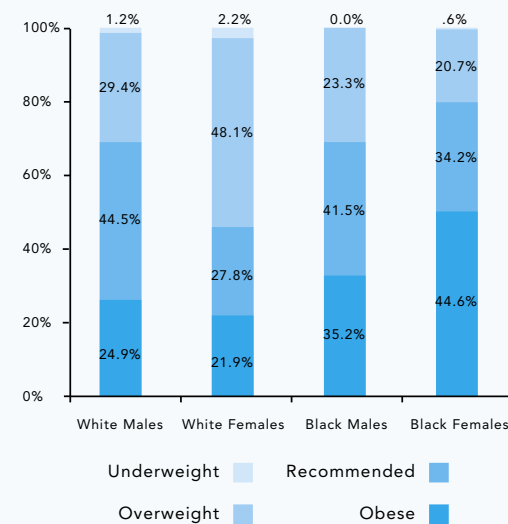
⁹ Policy regarding physical education in the public schools. (April 7, 2005) North Carolina State Board of Education.
¹⁰ Weight problem. (August 31, 2006) Raleigh News & Observer.

¹ Source: 2005 North Carolina Behavioral Risk Factor Surveillance Survey.

Weighty issues

Among BCBSNC adult members, 62 percent are overweight or obese. But black members are nearly three times more likely to be out of the recommended weight ranges than white members, and almost half of black females covered by BCBSNC are considered to be obese².

BCBSNC Weight By Race and Gender

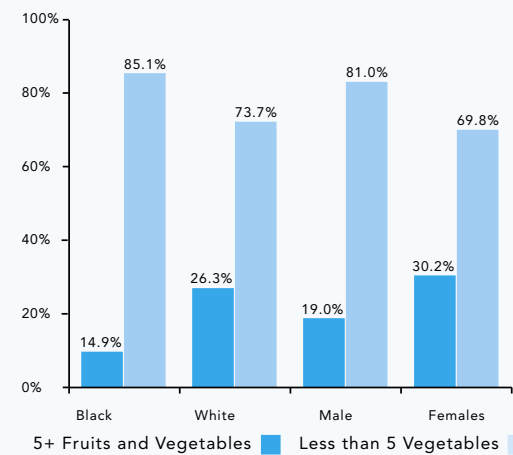


Toward a healthy lifestyle

When it comes to diet, 75 percent of the BCBSNC population reported eating fewer than the recommended five servings of fruits and vegetables per day. But whites were nearly twice as likely than blacks to consume five or more servings a day.

The responses of BCBSNC survey participants illustrate the need to help North Carolinians become more physically active. Almost 61 percent of black BCBSNC members reported not being moderately physically active each week, compared to 51 percent of whites. When asked if they were

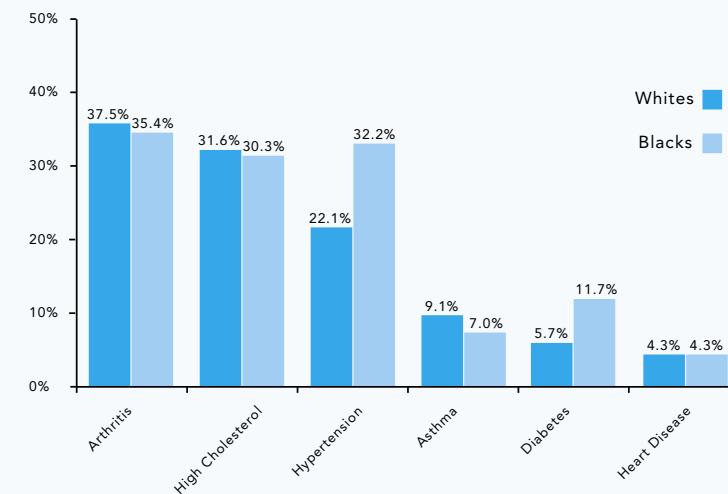
Fruit and Vegetable Consumption Among BCBSNC Members



getting any exercise during a month's time, 26 percent of blacks reported not getting any exercise at all, compared with 18 percent of white BCBSNC members.

Attaining a healthy weight, improving diet and becoming more physically active can improve a person's overall health and reduce the likelihood that he or she will develop chronic health conditions. That's good news for everyone, but particularly blacks, who among BCBSNC members are more likely to be diagnosed with diabetes and high blood pressure than white members.

Chronic Conditions By Race Among BCBSNC Members



Affordability as a barrier to health care

Overall, 9 percent of BCBSNC members reported that they could not go to the doctor in the past year due to the cost of out-of-pocket expenses. But 15 percent of black BCBSNC members said that they do not go to the doctor due to the cost, compared to 8 percent of white BCBSNC members. More collaborative research is needed to discover why this is happening and what it means for the health of blacks in North Carolina.

Working to turn disparities into solutions

Helping all North Carolinians improve their health is vital to erasing many disparities. In our Healthy Lifestyles Choices program, we've demonstrated success in helping members lose weight, exercise more and reduce hypertension levels. We're learning what works to improve the health choices of our general membership. We're committed to working with our minority membership, health care providers and community groups to improve the health of blacks and others who disproportionately suffer from conditions like high blood pressure.

It is clear that health disparities exist between blacks and whites. Why they exist is much less clear. Most health experts agree that the causes are multi-factorial and complex. That is why disparities remain among the most nagging health and public policy issues we face today.

BCBSNC certainly does not have all the answers, but we are trying to learn more by asking our members about their experiences with – and expectations of – health care. Questions such as:

- What do you think the role of a health insurer should be?
- What is the most effective way of getting information to you?
- What is your attitude toward your health?
- How much control do you feel you have over your health?

The answers to these questions will help us shape our programs and policies to help reduce the racial disparities that currently exist and foster a healthier membership.

Blue Cross and Blue Shield of North Carolina recognizes the importance of partnering with established organizations that serve black communities. Community-based health awareness works best in places where people have a close-knit social structure, such as churches, community centers and neighborhoods. This is the kind of outreach we all need to be involved in if we hope to make health care – and healthy lives – truly equal opportunity.

² Overweight is defined as having a body mass index (BMI) of 25 to 29.9, while obesity is a BMI of 30 or greater.

Trends in Tobacco Use

Key findings of our research¹

- **Twenty-three percent of adults in North Carolina – and 21 percent of BCBSNC members – smoke.**
- **Fifty percent of North Carolina smokers have tried to quit in the past year.**
- **Sixty-seven percent of North Carolina smokers have been advised to quit in the past year by their doctors or other health professionals.**

Reality check

Tobacco use is the leading cause of death in the United States². While smoking rates in North Carolina have declined since 2002, a full 23 percent of the state's adults reported being current smokers last year. Among BCBSNC members, the rate was only slightly lower at 21 percent.

Although one in every five North Carolinians continues to smoke, there is still much good news to share. More people are realizing the importance of giving up the habit. A full 50 percent of smokers reported they have tried to quit in the past year, according to the 2005 North Carolina Behavioral Risk Factor Surveillance Survey (BRFSS). Among current smokers, 67 percent indicated that, in the past year, they were advised at least once by a health care professional to quit.

Promising progress

North Carolina is making exciting and significant progress at many levels to address tobacco use and second-hand smoke exposure. Communities, businesses, schools, hospitals and policymakers have shown they are committed by implementing evidence-based, effective strategies to help smokers become non-smokers. In October 2005, the North Carolina Department of Health and Human Services launched a free, statewide telephone "Quit Line," co-sponsored by BCBSNC. The quit line supports both adults and younger smokers by providing them with free proactive counseling and the opportunity to receive helpful materials. In addition, state lawmakers approved an increase in the tobacco tax, a step that is known to be effective in curbing tobacco use³.

And over the past several years, an impressive number of North Carolina hospitals, school districts and businesses, including BCBSNC, have instituted smoke-free campus policies; even the N.C. General Assembly no longer permits smoking on its premises. All three major hospital systems in the Triangle recently announced a complete smoking ban on their campuses as well. These measures – free education and support for smokers, making cigarettes more expensive and reducing the number of places where smoking is allowed – can and will induce more and more smokers to kick the habit.

Tobacco use by the numbers

Responses from the 2005 BRFSS are encouraging, and indicate that both second-hand smoke and workplace smoking policies are becoming widespread across North Carolina:

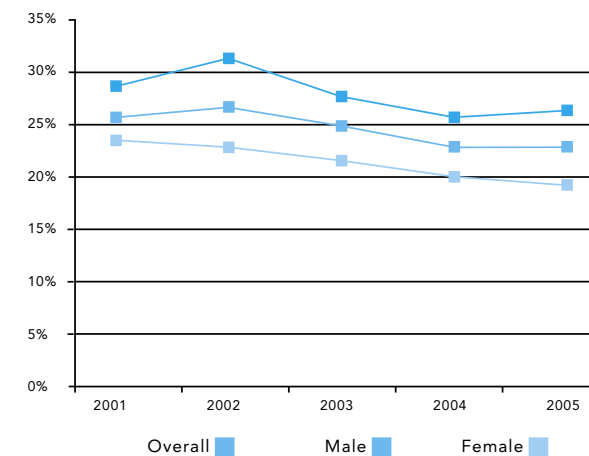
- **Seventy-nine percent of BCBSNC members report that smoking is not allowed in their homes.**
- **Ninety percent report that smoking is not allowed in public work areas at their place of employment.**
- **Seventy-eight percent reported their worksite prohibits smoking in both indoor and public work areas.**
- **Only 3 percent of those surveyed reported that there was no official smoking policy at their workplace.**

Rx for a smoke-free future

BCBSNC applauds and supports statewide efforts to help people give up smoking. Our Member Health PartnershipsSM program offers tobacco cessation support for BCBSNC members who want to quit. In addition, BCBSNC provides tobacco "quit kits" and materials to physicians in our network to help them advise smokers to quit and counsel young people to avoid smoking. BCBSNC also offers support for workplace tobacco cessation programs to our employer groups courtesy of our Employer Health Partnerships program.

Our state's progress toward a smoke-free future is promising. It proves that by working together, those of us who influence the health habits of our fellow North Carolinians can help them lead healthier, longer lives.

Tobacco Use Trends Among North Carolinians



¹ Source: 2005 North Carolina Behavioral Risk Factor Surveillance Survey.
² Mokada AD, Marks JS, Stroup DF, Gengerding JL. Actual cause of death in the United States, 2002. JAMA, 2004; 291 (10): 1238-1246.

³ Task Force on Community Preventive Services. Recommendations Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke. Am J Med 2001; 20(2S).
SM Service mark of Blue Cross and Blue Shield of North Carolina.

Promoting Lifestyle Changes

Reality check

In North Carolina and across the country, unhealthy choices by adults and children threaten the affordability and accessibility of health care, the competitiveness of our current and future workforce, and our quality of life. Many people understand that the choices they make are not in the long-term interest of good health. What they often lack is the information and the opportunity to make better choices. Blue Cross and Blue Shield of North Carolina will continue to work in partnership with members, employers, medical professionals and policymakers to empower people to be as healthy as they want to be.

Preventive health may well be the most serious issue we face as a state and nation from an economic, public policy and individual standpoint. The good news is that collaborative efforts are beginning to pay off. Working together, we are turning this crisis into an opportunity.

Targeted health care programs work

In 2005, BCBSNC became the first health insurer in the nation to cover obesity as a primary condition. We also announced additional benefit enhancements to promote good nutrition and physical activity among our members as part of our Healthy Lifestyle Choices program. These benefits include covering nutrition visits, and credentialing and contracting with registered dietitians as part of our health care provider networks. We provided a variety of tools and resources to members and physicians as part of this program.

Even before the benefit changes, we conducted a pilot program of our member and physician engagement strategy in 2004. The results are promising. About half the members in the pilot program lost weight, with an average loss of nine pounds. More important is that members reported a significant improvement in health indicators. About 75 percent of the participants with hypertension moved to a lower hypertension category.

For the children

In 2007, we will focus that collaborative approach on the health of children, launching a healthy weight, nutrition and activity program for kids and their families as part of our Member Health Partnerships. We will invite BCBSNC members who participated in the 2005 Childhood and Adolescent Health Survey to join, as well as children with chronic conditions who participate in our Member Health Partnerships. The program will focus on increasing children's fruit and vegetable consumption, and their physical activity. It will also emphasize lowering consumption of sugary drinks and reducing time spent in front of a computer or TV screen.

In addition to this new program, our existing Blue PointsSM for Kids is one of our most popular programs. Kids (and adults too) can log in their 30 minutes or more of daily physical activity on our Web site and earn prizes. We can vouch for the effectiveness of even a small incentive, like a sports water bottle, in motivating kids to get off the couch and go out to play.

BCBSNC continues to support a variety of community programs related to nutrition and physical activity. We sponsor Kids Café, an after-school program of the Food Bank of Central and Eastern North Carolina that offers tutoring, nutrition education, mentoring and nutritious meals to children at risk of hunger. Kids Café provides a safe and positive environment for children ages 15 and under to gather after school.

We continue our support of the Blue Cross and Blue Shield of North Carolina Foundation, a separate, charitable, independent private foundation. The BCBSNC Foundation promotes a host of community and statewide-based initiatives, including Be Active Kids^{SM1}, an innovative, interactive nutrition, physical activity and food safety initiative for preschool children ages 4 to 5.

Many people who influence children's lives are working to improve their health. For instance, we learned from our 2005 Childhood and Adolescent Health Survey that nearly 31 percent of parents are thinking about making lifestyle changes to help their children achieve a healthy weight. We applaud their decision, but want to find ways to reach out to the nearly 70 percent who have not realized the health benefits of making even the smallest lifestyle changes.

Working with communities

National research has shown that people who live in sprawling communities are more likely to be overweight and suffer from health conditions such as hypertension. Many of us live in locations that make it difficult to be active and eat well, and have busy schedules that further compound the problem. BCBSNC is part of a statewide partnership to find, promote and replicate successful community efforts to attack those problems. BCBSNC partners with the N.C. Health and Wellness Trust Fund on Fit Together, the first comprehensive statewide campaign against obesity and excessive weight.

This year, Fit Together announced its first eight Fit Community recipients. The communities were honored for their documented, successful efforts to support healthy eating, physical activity and tobacco-free living through policy and community infrastructure. These sanctuaries for healthy living will promote this designation with signs at the entrances to their communities. As part of the Fit Together initiative, the BCBSNC Foundation also awarded grants to rural communities for promoting access and removing barriers to physical activity.

Working with employers

This year, the Fit Together partnership also announced Fit Workplace, a statewide campaign to promote workplace wellness. The Fit Workplace campaign includes statewide advertising and North Carolina-specific, Web-based tools and resources that employers can use to gauge the health of their employees and implement programs related to preventive health care, nutrition, stress reduction, physical activity and more. The Fit Together Web site also offers dozens of case studies of local companies that have successfully implemented workplace wellness programs, often at little or no cost to the company or their employees.

As part of its EHP BlueSM initiative, BCBSNC works with participating employers to design customized wellness programs around the specific health needs and challenges of their work sites. BCBSNC is also founding sponsor of Be Active North Carolina, a nonprofit group whose programs include a variety of workplace physical activity initiatives.

Member Health Partnerships

In addition to providing our members with choices to help them achieve and maintain a healthy weight or kick the tobacco habit, BCBSNC offers other Member Health Partnerships that focus on asthma, diabetes and heart disease. The primary goal of this whole-health approach is to educate and support members to better manage their chronic conditions. We know that it's working because members who are enrolled have experienced fewer hospitalizations and emergency room visits.

Because members can often have more than one condition, we are working to coordinate our care management programs more than ever before. Beginning in 2007, we will consolidate all our Member Health Partnership Programs under a single umbrella, which will allow us to further customize our efforts to meet the specific needs of specific members.

Small changes lead to big improvements

The health data research and analysis that Blue Cross and Blue Shield of North Carolina undertakes each year helps us identify the best ways to support our members in making small lifestyle changes that lead to big, long-term health improvements – improvements like a population that's more fit with fewer chronic diseases, lower health care costs and a brighter future for the state.

Methodology

The 2006 State of Preventive Health report is based on the results from two surveys of Blue Cross and Blue Shield of North Carolina members that were conducted in 2005. Where noted, additional data from the Centers for Disease Control and Prevention (CDC) and other sources are included.

Childhood and Adolescent Survey

In the fall of 2005, BCBSNC conducted a special-interest survey designed to gauge the perceptions of parents in regard to their children's weight, activity levels and eating habits. Surveys were mailed to a random selection of 5,000 BCBSNC members with children between the ages of 2 to 18.

Respondents answered questions about their children's health and lifestyle habits in the following categories:

- **Weight and height.**
- **Daily physical activity and barriers to physical activity.**
- **Eating habits.**
- **Screen time (TV, video games, computer).**
- **Parents' perceptions about their children's weight issues.**

Of the 5,000 mailed surveys, we received 1,874 back, which reflected a 39 percent response rate (173 surveys were returned to BCBSNC as non-deliverable).

Behavioral Risk Factor Surveillance System

Implemented through the CDC and the North Carolina State Center for Health Statistics, the 2005 Behavioral Risk Factor Surveillance System (BRFSS) used a standardized methodology that allowed for comparison of BCBSNC data to both state and national benchmarks. This was the first time that the BRFSS included BCBSNC member-specific questions.

For the 2005 survey, 17,261 people responded to the survey. Of that number, 3,119 (18.1 percent) were commercial Blue Cross and Blue Shield of North Carolina members. By being part of the annual BRFSS, we were able to examine racial and gender disparities among the BCBSNC population.

Disparities between our black and white members were seen in the following areas:

- **Lifestyle and health behaviors.**
- **Chronic conditions.**
- **Affordability of health care.**
- **Screenings and preventive health.**

Because of the low number of Hispanics covered by BCBSNC – they represent about 1 percent of members – and their low rate of participation in the survey, we were not able to analyze health disparities among this group.



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