

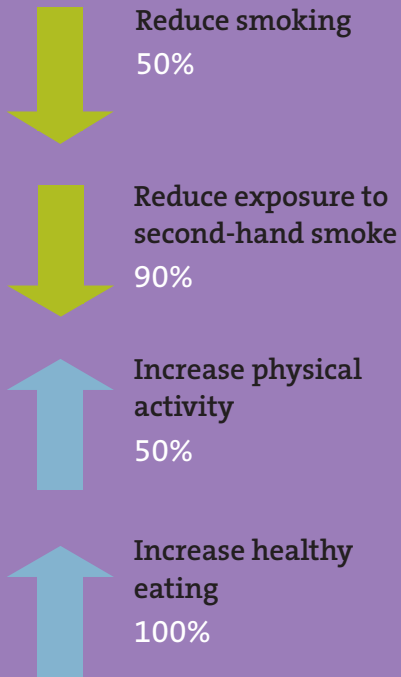


# Prevention: the difference it makes

Prevention Minnesota | Report to the Community | March 2009



*Blue Cross' goals:*



## What is Prevention Minnesota?

Prevention Minnesota<sup>SM</sup> is Blue Cross and Blue Shield of Minnesota's commitment to improve the health of Minnesotans by tackling four major causes of heart disease and cancer: tobacco use, secondhand smoke, physical inactivity and unhealthful eating.

Funded by settlement proceeds from Blue Cross' historic lawsuit against the tobacco industry, Prevention Minnesota collaborates with organizations and communities statewide to create a vibrant culture of health and help Minnesotans make healthier choices.

*On the cover:*

*Employees of the Minnesota Chippewa Tribe take a "Break for Health." See story on page 4.*



# Embracing science, delivering results

Making a healthy difference in the lives of Minnesotans has long been a Blue Cross priority.

Our steadfast commitment to sound science combined with a passion for responding creatively to our state's evolving health challenges enables us to make impressive progress in tackling our biggest — and most costly — preventable risk factors: smoking, physical inactivity and unhealthful eating.

One area where evidence has mounted most convincingly is the value of adopting an environmental approach to prevention. This approach acknowledges that people's health behaviors are shaped in part by their families, workplaces, communities and other affiliations — all of which create opportunities to support and reinforce healthy choices.

“Employers are on board and understand the value of prevention,” says Marc Manley, M.D., M.P.H., vice president and medical director of population health at Blue Cross. “They are investing in programs to change individual health behaviors. Making the most of that investment requires that we look beyond the support of individuals to the environments that surround them — their workplaces and communities.” Manley elaborates:

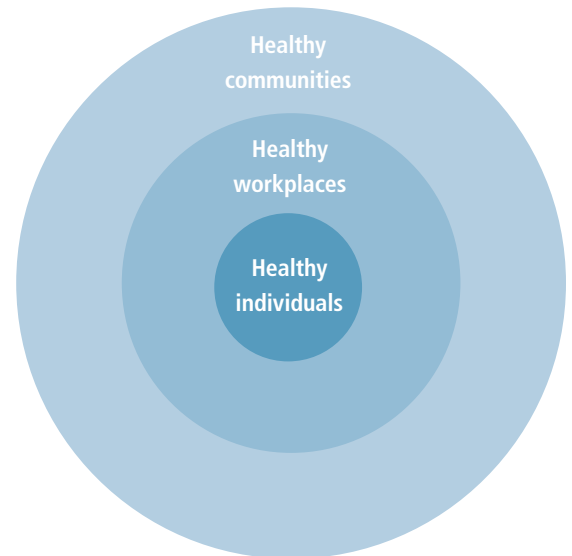
*“Paying for employees to work with health coaches will be even more effective if you offer healthful foods at staff meetings.”*

*Touting the benefits of lunchtime walks will be more effective if you provide safe indoor and outdoor walking paths or treadmills.*

*Covering nicotine replacement therapy for smokers will be more effective if you eliminate heated outdoor smoking areas.”*

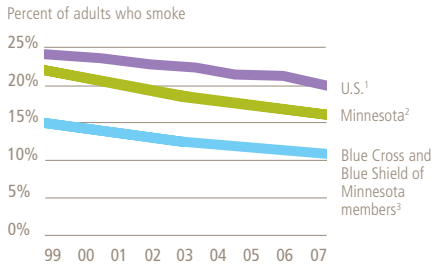
Blue Cross works to ensure that the strides Minnesota residents and companies are making toward better health are robustly supported, reinforced and amplified throughout their environment.

Our work is changing the health landscape in Minnesota and will lead to healthier Minnesotans for generations to come.



# Smoking rates among members and other Minnesotans well below national average

## Smoking rates: 1999-2007



Smoking\* among Blue Cross' women members is now under 10 percent (9.7 percent in 2007), down from 12.3 percent in 2003.<sup>3</sup>

Smoking among Blue Cross' young adult members declined to 19.9 percent in 2007 from 26.6 percent in 2003.<sup>3</sup>

**Blue Cross and Blue Shield of Minnesota members' smoking rate is the lowest of any PPO health plan in Minnesota.**<sup>4</sup>

**Health companies and employers achieve significant savings when employees (and their dependents) stop smoking:**

Medical costs savings, per former smoker, over five years: **\$5,335**<sup>5</sup>

Productivity gains, per former employee smoker, per year: **\$900**<sup>6</sup>

Minnesota's approach to tobacco control is working. The overall smoking rate in the state is significantly lower than the national average. Among Blue Cross and Blue Shield of Minnesota members, the rate is even lower.

## Freedom from secondhand smoke ... one year in

Blue Cross led efforts to pass the Freedom to Breathe Act, which took effect in October 2007. The legislation was a breath of fresh air for the thousands of people in the state who work at or frequent restaurants and other establishments where smoking was formerly allowed.

A recent survey of Minnesotans by ClearWay Minnesota found that, one year into the ban, 77 percent of residents support the statewide smoke-free law (ranking it dead even with the Minnesota Vikings and slightly ahead of Minnesota State Fair Pronto Pups, according to the report).<sup>7</sup>

## We won't let up on lighting up

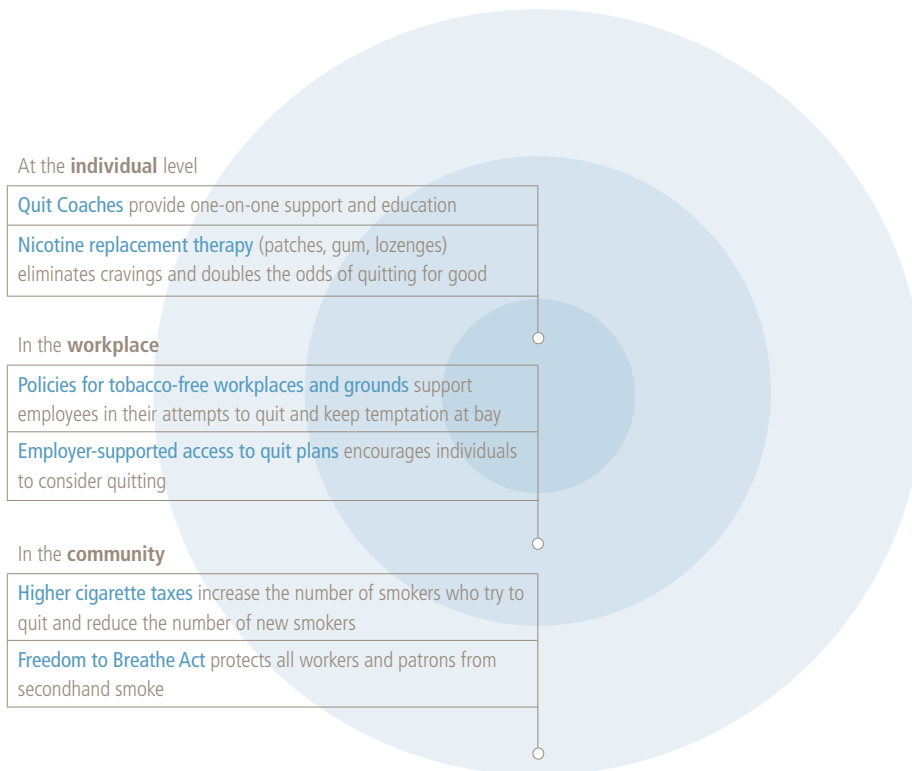
We're delighted at Minnesota's impressive results, but with 634,000 Minnesotans continuing to smoke, our mission is far from accomplished.<sup>8</sup>

- The tobacco industry spends an estimated \$238 million each year in Minnesota alone, much of it directed at generating new customers for its products.<sup>9</sup>
- Certain populations — including those with less education or lower incomes — have higher rates of tobacco use and need more targeted approaches.
- The Freedom to Breathe Act faces challenges from opponents who would like it repealed or weakened.

\*In this study, smoking is defined as having used tobacco in the last 30 days.

## The Schwan Food Company *Smoke-free workplace*

### Blue Cross' comprehensive approach to tobacco reduction



*“Minnesota’s smoking rate is declining, while the national rate is leveling off. This is no coincidence. Minnesota has a model approach to helping people quit smoking. Blue Cross has been critical in helping people across the state enjoy the health and financial benefits of being smoke-free.”*

— Corinne Husten M.D., interim president, Partnership for Prevention in Washington, D.C.

When The Schwan Food Company decided last year to go smoke-free on January 1, 2009, leaders knew they had to plan well: the new policy would affect not only the company’s Marshall, Minnesota headquarters, but also manufacturing plants nationwide, including those in tobacco belt locations like Florence, Kentucky, where the smoking rate was significantly higher than the national average.

“We did extensive research,” said Michelle Warne, senior director of benefits. That included legal research, lots of “what if” scenario planning, development of a solid business case and marshalling of evidence that going smoke-free would have minimal impact on employee turnover.

With executive management on board, Warne and wellness manager Kelli Thielges knew they still needed to make the right moves with employees.

They invited current, former and non-smokers to be part of an implementation committee. They announced the upcoming change in July, in tandem with the announcement of a new benefit — full coverage of stop-smoking medications, a benefit extended to covered dependents and even to employees not on the company’s medical plan.

“That gave people time to adjust, to take positive action and do something bigger than just say ‘I can’t smoke at work tomorrow,’” said Warne.

The team’s careful orchestration led to what Thielges was pleased to call “a non-event on January 1.” She’s also pleased about preliminary results of the change. Participation in the stop-smoking program swelled from 46 in the first six months of 2008 to 771 in the last half of the year.

## Minnesota Chippewa Tribe

### *Active workplace*

Brisk walks along the scenic paths that surround the Minnesota Chippewa Tribe's (MCT's) administrative office in Cass Lake are just one way the organization's employees are encouraged to spend part of each work day.

MCT implemented "Breaks for Health" in 2008. These are 15- or 30-minute blocks during which employees can walk, take an exercise class, sign out a bicycle, or de-stress in guided imagery sessions accompanied by Native American flute music performed by local musicians.

"We take a more spiritual approach to fitness," says Brian Brunelle, director of administration, whose experience as a personal trainer has helped him tailor activities to suit the tribe's workforce — 90 percent of which is female.

Before launching the program, Brunelle surveyed employees about activity preferences. One discovery: "There's a fitness room here, but it's not helping anybody." An old multi-station weight-lifting machine didn't attract female employees. Brunelle added treadmills, balance balls and other equipment better suited to female exercisers, and usage increased.

The tribe's focus on wellness, led by a six-person wellness committee, has also resulted in a shift to more healthful foods at company events.

Individuals have achieved personal goals from completing a local 5K run, to maintaining weight loss, to managing diabetes well enough with diet and exercise to discontinue medications.



*Brian Brunelle and colleagues out for a walk*

# Tackling Minnesota's second-leading killer

While tobacco use is the leading cause of preventable death and disease in Minnesota, the combined effects of inactivity and unhealthy eating are a close second. Their effects on health care costs are equally alarming.

*"Two-thirds of adult Minnesotans are overweight or obese," notes medical director Marc Manley. "If trends continue unchecked, obesity will add nearly \$1 billion to Minnesota's total health care costs by 2010, and \$3.7 billion by 2020. By investing in prevention and looking for ways to make it easier to eat healthfully, Minnesota stands to save significant health care dollars and more importantly, lives."*

Blue Cross is tackling these challenges with the same all-encompassing approach that has achieved success in reducing tobacco use.

## Getting Minnesotans moving

Our popular **do**<sup>®</sup> campaign uses a lighthearted approach to reach state residents with positive messages about physical activity. The campaign was refreshed with a new TV ad in 2008 that encourages Minnesotans to walk more. **do** messages appeared in unlikely places from coffee cup sleeves in cafes to the imposing Zamboni machines that scour the ice during hockey games.

Employers can find ideas for implementing **do** in their workplaces — and free or low-cost materials — by visiting [do-groove.com](http://do-groove.com).

## Making active lifestyles easier

Blue Cross is working with communities across the state to make physical activity easier to incorporate into daily life. That means creating safer routes to school for children who walk or bicycle. It means encouraging city planners to build streets that meet the needs of *all* users — pedestrians, bicyclists, transit users and motorists.

## The **do** campaign gets attention

More than 93 percent of survey respondents, when prompted about media health messages, mentioned the **do** campaign.<sup>10</sup>



In 2008, we launched **do cycle** in the Twin Cities metro area — an initiative that incentivizes people to ride bicycles. Enrollment is free at [do-cycle.com](http://do-cycle.com).

## Did you know?

A new federal law rewards companies for promoting bicycling among their workers. The *Bicycle Commuter Act* was part of the Wall Street bailout passed by Congress in fall 2008. It makes \$20 monthly tax credits available to companies for each biking employee. The money can be passed on to the employee or used to provide bike storage and other facilities for bicyclers. For more information, visit [www.bikeleague.org/news/100708faq.php](http://www.bikeleague.org/news/100708faq.php)

Only 19 percent of Minnesotans eat five or more servings of fruits and veggies per day.<sup>11</sup>

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### Every Helping Helps

Blue Cross' healthy eating campaign uses television, billboards and in-store signage to raise awareness about food choices.

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### Community Builder of the Year

Blue Cross was named "Community Builder of the Year" in 2008 by St. Paul-based Comunidades Latinas Unidas En Servicio (CLUES). The award highlighted our strong collaborative relationship with CLUES in delivering community health worker services to Latino families in the areas of tobacco cessation, nutrition, cardiovascular and cancer screenings, and overall health promotion.

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Creating communities that encourage healthy lifestyles requires collaboration among city planners, state and local officials, developers, housing authorities, public health professionals, school officials, city engineers and more. Blue Cross initiatives support such collaboration.

### Helping Minnesotans eat well

In 2008, Blue Cross launched a statewide initiative to help Minnesotans make better food choices — and have better food choices to make.

### *Every Helping Helps<sup>SM</sup>*

Late in the year, we launched a publicity campaign to get more fruits and vegetables into Minnesota diets. Called "Every Helping Helps," the campaign targets the 81 percent of Minnesotans who don't eat the recommended minimum of five servings of fruits and vegetables each day.<sup>11</sup>

Those people are putting themselves at risk for serious health problems, according to medical director Manley. Research shows that eating more fruits and vegetables protects against heart disease and cancer, helps manage diabetes and weight, lowers cholesterol and blood pressure, and reduces the likelihood of heart attack or stroke.

### *Seeding grassroots initiatives*

Community action plays a key role in the healthy eating initiative. Blue Cross selected eight communities in 2008 to support a wide range of healthy eating strategies, from improving food choices in suburban schools to increasing access to fresh produce in the inner city, to promoting local food production and land preservation in immigrant farm communities.



## Dakota County Public Health Department

### *Healthy eating*

Most adults maintain the eating patterns they learned as children, according to research. The Dakota County Public Health Department's healthy eating initiative focuses on 27,000 students in grades K through 12.

The project will first assess the food environment in each of the county's 40 schools. That includes not only traditional breakfast and lunch programs, according to project coordinator Teresa Rondeau-Ambroz, but all settings where food is offered: school stores, concession stands, vending machines, fundraising, classroom parties and student rewards.

"There's a big awareness-raising component," notes Rondeau-Ambroz. Results of the assessment will be shared among all participating schools so they can determine best practices and set priorities. Parents, administrators, school staff and students will be invited to provide input, and measurable goals will be established.

The implementation phase of the project will include ways to promote higher consumption of fruits and vegetables, such as requiring a minimum number of healthy options at school events, and sampling food in cafeterias. "If we want kids to choose healthy foods," explains Rondeau-Ambroz, "they need to taste them. There's so much potential for kids to learn to eat better. It's really a win-win situation. Kids get healthier and health care costs are reduced."

Parental involvement is key, she notes, adding with a smile, "We still have a lot of cupcakes showing up on children's birthdays."

# Building on success

## Prevention Minnesota expenditures in 2008

Tobacco and secondhand smoke <b>\$6,325,883</b>	<b>\$17,073,213</b>
Physical activity <b>\$6,647,663</b>	
Healthy eating <b>\$3,351,596</b>	
Multiple goals <b>\$748,071</b>	



**Patrick Geraghty**

President and CEO,  
Blue Cross and Blue Shield of Minnesota

## Creating a healthier state in 2009

This year promises to be an exciting year, beginning with the appointment of Blue Cross and Blue Shield of Minnesota's new president and CEO, Pat Geraghty. Geraghty, who took the helm late in 2008, sees rich opportunities to expand Blue Cross' work in prevention and is confident that Minnesota can reclaim its standing as the healthiest state in the country.

*"Blue Cross is uniquely situated in the state — and likely in the nation — to address prevention," Geraghty notes. "In addition to our strong health management programs, we have an extensive staff of experts who know how to create healthy worksites and healthy communities."*

*"Having this expertise in-house ultimately brings value to our employers. As an example, our effectiveness in helping to increase tobacco prices and pass the law that provides Minnesotans with smoke-free bars and restaurants improves the health of current, retired and even future employees."*

A key Blue Cross emphasis in 2009 will be helping the state's employers develop and implement a best-in-class approach to wellness. Blue Cross' consulting services will focus on building workplaces that encourage healthy behaviors.

*"Healthy workplace environments reach the hard-to-reach," explains Geraghty. "When Blue Cross helps employers create healthy worksites, all employees — including those who don't participate in traditional health and wellness programs — are carried along in a current that makes healthy choices the easy choices."*

By working to ensure that healthy choices are easier for individuals to make — at home, at work and out in their communities — Blue Cross' environmental approach to prevention will result in healthier Minnesotans and reduced health care costs for all.

## Organizations collaborating with us to promote prevention

494 Commuter Services  
Plymouth, Eden Prairie,  
Edina, Bloomington,  
Richfield

Affiliated Community  
Health Foundation  
Kandiyohi County

Allina Health System  
Minneapolis

American Cancer  
Society/St. Louis County

Anoka County  
Community Health &  
Environmental Services

Arrowhead Regional  
Development  
Commission  
Northeastern MN

Association for  
Nonsmokers Minnesota  
Anoka County & St. Paul/  
Ramsey County

Beltrami Wellness  
Education for Long Life  
(B-WELL)

Blue Earth Medical  
Society/Mankato

Buffalo Hospital

Carlton County Public  
Health and Human  
Services

Carver County Land and  
Water Services Division

CentraCare Health  
Foundation/St. Cloud

City of Apple Valley  
City of Bloomington

City of Burnsville  
City of Columbia  
Heights

City of Edina

City of Excelsior

City of Marshall

City of Minneapolis  
Department of  
Public Works

City of Pipestone

City of Ramsey

City of Shoreview

City of Victoria

Clay County  
Public Health

Clay County Public  
Health/Moorhead

College of Saint  
Scholastica/Duluth

Comunidades Latinas  
Unidas En Servicio  
Statewide

Dakota County

Data Recognition  
Corporation  
Maple Grove

Douglas County  
Public Health

East Metro Medical  
Society  
Washington County

ELCA Board of Pensions  
Minneapolis

Emergency Foodshelf  
Network/New Hope

Fairview Range  
Regional Health  
Services/Hibbing

Fillmore-Houston  
Community Health  
Service

Freeport West  
Minneapolis

Girl Scouts of Minnesota  
and Wisconsin River  
Valleys/Minneapolis

Hennepin County  
Independent School  
District #876  
Annandale

Institute for Agriculture  
and Trade Policy  
Minneapolis

Itasca County Family  
YMCA

Kanabec County Public  
Health

Kraus-Anderson  
Companies, Inc.  
Minneapolis

La Crescent Area  
Healthy Community  
Partnership

Lakeview Memorial  
Hospital/Stillwater

Landscape Structures,  
Inc./Delano

Lao Family Community  
of Minnesota, Inc.  
Statewide

League of Minnesota  
Cities/St. Paul

MeritCare Health  
System/Bemidji

Minnesota Chippewa  
Tribe/Cass Lake

Minnesota Department  
of Health, Center for  
Health Promotion  
St. Paul

Nobles-Rock  
Community Health  
Services

Northwestern Health  
Sciences University  
Bloomington

Rainbow Health  
Initiative/Statewide

Rochester-Olmsted  
Planning Department

Roseau Area Hospital  
and Homes, Inc.

Saint Elizabeth's  
Medical Center  
Kellogg, Wabasha

Sibley County  
Public Health

Southern Tri-County  
RSVP/Albert Lea

Todd County Public  
Health

West Metro  
Medical Society

White Earth Reservation  
Tribal Council

## Prevention Minnesota Science Council

Six nationally recognized experts in heart disease and cancer prevention help guide Blue Cross' prevention efforts. Science Council members review strategic plans and provide scientific advice.

Dileep G. Bal, M.D., M.S., M.P.H.  
Kauai District Health Officer  
Hawaii Department of Health

Ross C. Brownson, Ph.D.  
Professor of Epidemiology  
Co-director, Prevention Research Center,  
Washington University in St. Louis

Karen K. Gerlach, Ph.D., M.P.H.  
Scientist  
Pinney Associates, Inc.

Elmer E. Huerta, M.D., M.P.H.  
Founder and Director, Cancer Preventorium  
Washington Hospital Center

Corinne G. Husten, M.D., M.P.H.  
Interim President  
Partnership for Prevention

Michael P. O'Donnell, Ph.D., M.B.A., M.P.H.  
Founder and Editor-in-Chief  
American Journal of Health Promotion

## Endnotes

- <sup>1</sup> 2007 National Health Interview Survey results reported in: Centers for Disease Control and Prevention. Cigarette Smoking Among Adults – United States, 2007. MMWR 2008;57(45):1221-1226. 1999-2006 National Health Interview Survey results reported in: <http://www.cdc.gov/nchs/fastats/smoking.htm>. Accessed March 2009.
- <sup>2</sup> 1999-2007 Minnesota Adult Tobacco Survey (MATS) statewide results reported in: Creating a Healthier Minnesota: Progress in Reducing Tobacco Use. Minneapolis, MN: ClearWay Minnesota, Blue Cross and Blue Shield of Minnesota, and Minnesota Department of Health; September 2008.
- <sup>3</sup> Blue Cross and Blue Shield of Minnesota internal data. Analysis of data from 1999-2007 Minnesota Adult Tobacco Survey (MATS) subsamples of Blue Cross and Blue Shield of Minnesota members.
- <sup>4</sup> 2008 Consumer Assessment of Healthcare Providers and Systems (CAHPS) found Blue Cross and Blue Shield of Minnesota's member smoking rate at 10.25 percent. Source: Quality Compass® 2008, used with permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion.
- <sup>5</sup> Fellows, J.L. Cost Savings from Decline in Smoking Prevalence among Blue Cross and Blue Shield of Minnesota Members. Oct 2007. Kaiser Permanente Northwest. Center for Health Research.
- <sup>6</sup> Bunn W, et al. Effect of Smoking Status on Productivity Loss, JOEM, 48:10. October 2006.
- <sup>7</sup> Creating a Healthier Minnesota: Progress in Reducing Tobacco Use. Minneapolis, MN: ClearWay Minnesota, Blue Cross and Blue Shield of Minnesota, and Minnesota Department of Health; September 2008.
- <sup>8</sup> Ibid.
- <sup>9</sup> Campaign for Tobacco-Free Kids. State-specific tobacco company marketing expenditures 1998 to 2005. Available at: <http://tobaccofreekids.org/research/factsheets/pdf/0271.pdf>.
- <sup>10</sup> Quantitative research Blue Cross conducted in October 2008 through SNG Research Corporation in Rochester, Minnesota (phone survey).
- <sup>11</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.



**BlueCross BlueShield  
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