STORIES BEHIND the STORIES

BLUE CROSS and BLUE SHIELD of NORTH CAROLINA FOUNDATION

ANNUAL REPORT 2012/2013
At the Blue Cross and Blue Shield of North Carolina Foundation, our mission is one that’s easy to summarize but can be challenging to fully communicate. In 2012–2013, we worked, as we do every year, to improve the health and well-being of all North Carolinians. Yet how does that translate into reality? What does that really look like on, say, a Tuesday afternoon in a free clinic in Ashe County? Improving health and well-being is more than a mission or a directive. It must be the foundation of our relationships, our grantmaking and our strategic approach to supporting those who turn to us to help them fulfill their own missions. Along these lines, in 2012–2013 we approved 71 new grants supporting the work of organizations in 53 of North Carolina’s 100 counties. We also made more than $12.5M in grant payments during the past fiscal year, fulfilling both new and prior-year commitments.
We’re proud of these numbers. They’re an accurate summary of what we accomplished from a grantmaking perspective. But they don’t tell the story or the impact of our work. They don’t reflect our grantees, our partnerships or the change that has occurred in communities—large and small—across the state.

This report is intended to provide perspective beyond the mission and high-level numbers. We want to share with you the stories behind the stories, connecting the numbers and strategies to the personal encounters through which our work impacts the lives of North Carolinians. If one thing has become evident over the past 12 years, it is that change takes time.

Yet again and again, we’ve been fortunate enough to witness true change happen in moments when there has been the right mixture of strategy, resources and commitment. That is what we are hoping to communicate in these pages.

North Carolina is home to amazing people tackling tough issues—immediate ones, like an impacted tooth or uncontrolled hypertension, as well as long-term pursuits such as ensuring that every child starts kindergarten at a healthy weight. And while it won’t all be solved tomorrow, we are encouraged by what is happening on the ground across the state, and we are confident that our path is leading us in the right direction to help advance this progress. We thank you for accompanying us on this journey and for your shared commitment to the health and well-being of the people of the state we are so proud to call home.

Kathy Higgins
President

Brad Wilson
Chairman
HEALTHY
ACTIVE
COMMUNITIES

880 tons of produce delivered to schools

265 churches building healthier congregations

230 child care centers serving healthier food and increasing active play

1,789 schools sourcing local produce and becoming more active

001 college freshman who hasn’t touched a soda since 7th grade
Carson Peele, now a healthy, fit UNC Wilmington undergrad, remembers back in 7th grade when her school instituted the Motivating Adolescents with Technology to Choose Health program, or MATCH.

“I wasn’t really sure what to expect,” Carson says. “And I had basically no clue about things like nutrition, how to read the back of a box and know what’s actually in that food.”

MATCH, now in its eighth year, is a teacher-developed interdisciplinary approach to student wellness that integrates physical activity, nutrition and technology education into the 7th grade core curriculum and creates internal motivation within students so they engage in the learning process. What that meant to Carson was this:

“It was really cool. We all had to get our 30 minutes in of physical activity for the day, and keep a daily log of what we did and what we ate. I used to go out and jump on our trampoline for half an hour.”

While implementation of MATCH may vary from school to school, all MATCH students engage in an interactive course of core lessons as part of their academic classes — “definitely a highlight of the day,” according to Carson. Additionally, some schools incorporate activities ranging from basketball to the popular video game Dance Dance Revolution.

Understanding body systems is the framework for the curriculum, and participation in MATCH has resulted in behavior changes for successful weight control and weight reduction.

“Yeah, it has definitely stuck with me,” says Carson. “Even now, when I go out grocery shopping with my roommates, I think about what’s going in the cart. And I understand how it’s going to get used in my body.”

Carson’s mom, Susan, Director of Elementary Education for Martin County Schools, has been similarly impressed by the program’s staying power.

“Carson hasn’t touched a soft drink since 7th grade,” says Susan. “None of us do, really. She’s really proud of that, and of course, it’s been great for me to see her carrying these lessons through.”

As a parent and an administrator in the North Carolina school system, Susan has had ample reason to appreciate the program’s impact.

“We don’t always take the time to teach kids about nutrition. But MATCH does a wonderful job of stepping in and addressing that. And, you know, if they can learn to make good choices on their own, you can trust that they’ll take that knowledge with them.”
I saw how awesome it was, learning things that many 13-year-olds just don’t know.

Carson Peele
MATCH participant

“It’s also great at tapping into students that might not otherwise get this kind of information or physical activity. We have a lot of good athletic programs in our school, but not everybody’s a baseball or football star. And no matter who you are, it’s still important to be physically fit.”

In 2012–2013, MATCH reached 12 schools and 1,065 students. The result: 60% of participants—and 68% of overweight students—reduced their BMI z-scores. What’s more, data show that nearly half of MATCH participants remain at a healthy weight four years after participating.

The Foundation’s support for MATCH was part of a three-year grant to reduce obesity in rural eastern North Carolina schools.

Healthy, local food and safe, inviting places to play and be active. For everyone.

That’s our vision. To make it a reality, we work across North Carolina communities, child care centers, schools and places of worship. It’s a tall order, but a necessary one to address the problems of obesity, sedentary lifestyle and diet-related disease that weigh down our state. Our efforts go well beyond raising awareness as we invest in the innovative organizations that shape our communities. From local food systems to the NC Department of Transportation’s statewide bicycle and pedestrian plan, we know that people are active and eat well when our communities make it easier to be healthy.

For our state’s youngest, the Foundation has been grounded in early childhood obesity prevention since its inception. Years of successful investments in projects such as the Foundation’s signature program Be Active Kids®, the Natural Learning Initiative’s Preventing Obesity by Design and the UNC Center for Health Promotion and Disease Prevention’s Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) led to a major early childhood healthy weight initiative in 2010. That’s when the Foundation joined with The North Carolina Partnership for Children, Inc. (NCPC), on a three-year, $3 million initiative, Shape NC. Shape NC works to create healthier environments in the child
Healthy Active Communities

MAKING FARM TO SCHOOL REACH FARTHER

Since 1997, the North Carolina Farm to School Program has been supplying school cafeterias across the state with fresh produce from NC farms. And, as Marketing Specialist Heather Barnes will tell you, the more people who know about it, the better. That’s where she comes in, sharing the tremendous impact the program has had: 92 of the state’s 117 public school districts participated during the 2012-2013 school year, up from 85 districts the previous year; and the districts received 880 tons of produce worth some $1.4 million. The schools represent more than a million students. That’s good for our kids as well as our farmers.

The Foundation’s grant for the purchase of five tractor-trailers helped the Farm to School Program connect more farmers with more schools, and the resulting farm-fresh produce has helped North Carolina students expand their palates.

“I have to say, squash and zucchini were kind of slow to catch on. But now the nutrition directors are telling me every time they offer this in their cafeteria, more kids are taking it.”

Heather Barnes, Marketing Specialist
North Carolina Department of Agriculture & Consumer Service

Care setting to help instill a lifetime of healthy behaviors. How do we measure success? Initially, we are looking at changes that sound simple: increasing fresh produce consumption, decreasing or eliminating juice and increasing active play. We’re encouraged by the National Institute of Health Care Management (NIHCM) Foundation’s recognition of our efforts—NIHCM designated Shape NC as a “best practice” for obesity prevention. But long term? The goal is to increase the number of children starting kindergarten at a healthy weight. We anticipate the new early childhood norm to focus on healthy food and active play as an integral part of development.

Look beyond Shape NC, and the news is just as encouraging. The three key projects that form the core of Shape NC are also having significant impact in their areas of expertise. The UNC Center for Health Promotion and Disease Prevention’s Go NAP SACC project launched the website that will house its child care nutrition and physical activity assessment tool to a national and international audience of more than 1,200. The Natural Learning Initiative’s Preventing Obesity by Design is developing a statewide network of experts to reinvent outdoor learning environments. And Be Active Kids completed its work with the Frank Porter Graham School of Child Development at UNC-Chapel Hill to conclude a major overhaul of the Be Active Kids curriculum, focused entirely on developmentally appropriate movement and play for children birth through age 5.

Still more inspiring news—the CDC recently reported a leveling off of obesity rates in North Carolina’s young children, which is significant after a 30-year progressive increase. To keep those rates moving in the right direction, the Foundation recognizes the importance of the strategic work needed to bring about a normative shift in early childhood in North Carolina. We’re encouraged by the receptivity of the Shape NC partners to embrace these changes, creating the groundwork to produce strong health outcomes for generations to come.

NC RANKS

43rd FOR FRUIT AND VEGETABLE CONSUMPTION AMONG ADULTS

45% OF NC CHILDREN & TEENS ENGAGED IN LESS THAN 5 DAYS OF VIGOROUS PHYSICAL ACTIVITY PER WEEK

Fruit

Vegetable

43rd

45%
HEALTH of VULNERABLE POPULATIONS

$227m of medical and dental care provided

453 provider sites delivering new services

85 free clinics caring for the uninsured

135k patients received care

001 third-trimester mom who learned that caring for her teeth was caring for her baby
You, personally, may never interact with our state’s oral health safety net. But if you become one of the many North Carolinians who are uninsured or underserved, you could find yourself in the clinic chair of someone like Amanda Kilburn Kerns, BCBSNC Foundation Schweitzer Fellow and student at UNC’s School of Dentistry. And you’d be awfully lucky.

“I’ve become really passionate about improving access to care in our community. In fact, my co-Fellow Jeff Jackson and I have both been so inspired by the help we’ve been able to provide through our fellowship that we’ve applied for a grant to continue doing this through 2014.”

It’s not always easy, though, helping those with few other options. Amanda recalls one particularly challenging day:

“I was working at Missions of Mercy, and I had the opportunity to provide treatment for a new patient. I noticed she was dressed in a very baggy T-shirt, and I had to speak with her through a translator, as she spoke only Spanish. When she came over to my clinic chair and I began reviewing her medical history, I noticed she’d checked the box ‘diabetes.’ Through the translator, we were able to establish that it was actually gestational diabetes—this woman was pregnant and already in her third trimester. It stopped me cold. I’d never treated a pregnant patient.”

There’s a critical link between an expectant mother’s oral health and the pre- and postnatal health of her child. But many dentists and oral care providers working today share Amanda’s hesitation about treating pregnant women—despite current recommendations from the American Dental Association.

As a result of this experience, Amanda and Jeff developed a Fellowship project to change the way medical students are educated about the importance of oral health during pregnancy and to ensure that dental students have practice with treating pregnant women. Encounters such as the one Amanda had at Missions of Mercy are just one way the word is getting out.

“I went and discussed the situation with my faculty on-site. Together, we reviewed the National Guidelines, making sure it would be safe to provide her with routine dental treatment. It was, and I did.”

Fortunately, the work Amanda and Jeff are doing along with other Foundation grantees is dispelling oral health myths around our state and building bridges between the local dental and medical communities.
As soon as I realized what was going on with this patient, I froze.

Amanda Kilburn Kerns, BCBSNC Foundation Schweitzer Fellow
University of North Carolina School of Dentistry

It’s also opening eyes on a personal level. “By the end of her appointment, I was able to educate this mom about how prioritizing her own oral health would help her baby’s health, too. Once that conversation started, I was really surprised by how interested and engaged she was. All it took was a chance to really talk with her. She was obviously passionate about doing what was best for her child. She even hugged me when it was over.”

In 2012–2013, in addition to funding the Schweitzer Fellowship, the Foundation supported more than 25 safety net dental clinics to improve access to care and clinic sustainability. The $1.5M increase in the bottom line for 10 of these clinics translated into 21,000 more procedures for 5,700 more North Carolinians.

How do you address the health of vulnerable populations?
Where do you begin? Helping North Carolina’s most at-risk individuals and families is a worthy goal, to be sure, but there isn’t always a straight line from where we are to where we want to go. You could help solve this issue person by person or work through the systems that serve them. Our approach at the Foundation is investing in the health care safety net organizations so many North Carolinians rely on.

These are organizations such as community health centers, free clinics and local health departments where people with limited resources and nowhere else to turn can get their diabetes under control, have their dental problems fixed or receive something as simple and potentially life-saving as a flu shot.

This year, we’ve continued our focus on improving access to care—and quality of care. Both locally and on a system-wide scale, we look to maximize our impact through informed, carefully selected and continually nurtured partnerships with grantees. From our work with the 85 member clinics of the North Carolina Association of Free Clinics to the development of a unique teaching health center program, our grants are making a

To learn more about The Albert Schweitzer Fellowship, visit SchweitzerFellowship.org.

Of all North Carolinians is uninsured

One in five
Health of Vulnerable Populations

**SUSTAINING AND EXPANDING THE FREE CLINIC MODEL**

For a decade now, the Foundation has partnered with the North Carolina Association of Free Clinics (NCAFC), which provides technical assistance (training, accreditation and advocacy) to 85 free clinics delivering primary and acute care to uninsured North Carolinians. It has been a fruitful partnership, significantly expanding patients’ access to care and improving their health outcomes. Today, it’s worth celebrating that these outcomes are on par with the care you’d get from other providers—69% of hypertensive clinic patients have their blood pressure under control, and 69% of surveyed patients had fewer visits to the emergency department. This success has drawn accolades from well beyond our state lines.

“At national, state and regional meetings, if you hear about quality, it’s about North Carolina. Others are picking up the model, figuring ‘Why reinvent the wheel?’ North Carolina is the road map for the sector.”

Julie Darnell, Assistant Professor, Health Policy & Administration
University of Illinois at Chicago

(Her work on free clinics has been published in the Archives of Internal Medicine, Medical Care, and in a Report to Congress.)

**TOOTH DECAY IS THE LEADING CHRONIC INFECTIONOUS DISEASE AMONG CHILDREN IN THE US**

Positive impact on the medical and dental needs of people throughout our state.

Take our grant, which supported the North Carolina Institute of Medicine, to develop a strategy to help increase preventive oral health services for our state’s pediatric Medicaid population. The North Carolina Oral Health Action Plan for Children Enrolled in Medicaid and NC Health Choice, completed and released in July, has a sizable name but a simple mission: improve oral care policies in our state to increase use of preventive dental health services by children in these programs. One example of the plan’s out-of-the-box, yet within-the-realm-of-possibility, recommendations is the creation of a pilot program that lets hygienists place sealants, one of the most evidence-based preventive measures in dentistry, in school-based settings. This care would be performed without direct supervision by a dentist and without kids needing to have a prior exam, expediting the delivery of care and reducing its cost. We see this as the kind of strategic application of resources that makes real change happen, getting kids help without draining our already meager dental workforce resources.

We also created the space for grantees to share what they were learning—convening a group of six safety net dental programs whose members met regularly throughout the year to share their progress and discoveries with one another. So while helping bring about cohort learning activities such as “consultation with business practice experts” and “training in Motivational Interviewing” may not sound like the most direct route to better care for North Carolinians in need, the results of our efforts are showing that this approach is indeed fruitful, with $1.2M in new revenue and 4,218 additional children treated by these clinics. Although our path isn’t always straight, our commitment to providing medical and dental services to the most vulnerable among us—and closing the holes in the safety net—is unwavering.
NONPROFIT EXCELLENCE

311 leaders and board members trained

51 counties directly impacted

137 organizations strengthened their capacity

001 speech that changed a shy teen’s life and helped grow an organization
If you catch her at the right time of the morning, Diana Manee, Program Coordinator of the Real Food, Active Living Initiative at Youth Empowered Solutions—also known as YES!—might be doing little more than cutting up strips of paper.

“I know, right? I’m thinking, ‘I have a master’s degree, and here I am cutting up paper.’ But I know it’s really going to help these students.”

Though Diana’s office is in Asheville, YES! works statewide to help young people make positive changes in their communities, hiring them in paid positions doing advocacy and outreach mostly related to helping North Carolinians make healthier choices. And sometimes that work also involves some light crafting.

“The exercise we do involves having our youth fill out interesting facts about themselves on the paper, then sharing with the group. It’s actually a great way to break the ice with newcomers and get them more comfortable speaking in a public setting. For some of them, like for example Carmen when she first got here, that’s really important.”

This isn’t the only paper making a difference for the YES! staff. The paychecks these young people receive help them take their work seriously, with real ownership of what they’re doing. The pay also helps them recognize the value of their efforts—particularly now that YES! is increasingly able to charge organizations a fee for benefiting from these students’ skills and services. In fact, this year the fee-for-service model YES! worked to implement through a BCBSNC Foundation grant paid off big—the organization has increased its annual fee-for-service revenue from $80,000 to $510,000, now covering 40% of its overall budget. One representative moment in this transition began with Carmen, the initially reserved student Diana mentioned, at the 2011 Southern Obesity Summit:

“Well, when she came to us, she had all these skills already—super-organized, just so willing to do whatever is asked of her—but definitely shy, and she wasn’t really prepared to speak in a group of people. And even though she’d been working hard, revealing new skills and abilities, I wasn’t sure how she or the other staff would respond to such a big event, when we all went to the Summit, with people from many states coming together.”
Now I look at these young people, and I don’t ever have to feel like, ‘Are you going to be OK?’

Diana Manee, MSPH, CHES
Youth Empowered Solutions, Real Food, Active Living

Of course, the students spoke eloquently and compellingly—Carmen prominent among them. The next year, YES! was asked to come back and run a whole youth program at the event—with compensation as part of the deal. For Diana, it was one more indication of the benefits of putting young people in a position to rise to a challenge and exceed expectations.

“I was blown away. She conveyed her thoughts with such clarity and certainty. It was completely inspiring how far she had come. But that’s what’s so awesome about YES! … We don’t feel like youth are our future. We feel like they are here now, and they have a say in how things should operate right now. And not only a say, but they have things to add. They have a contribution.”

So far in the effort to increase the demand for and access to real food and active lifestyles in North Carolina, YES! has trained more than 1,500 young people. Since 2011, the Foundation has provided YES! with capacity-building support to implement the fee-for-service model that promises to make the organization more sustainable in the future.

What Nonprofit Excellence Means
There’s a direct link between the health and well-being of North Carolinians and the health and well-being of the nonprofits serving those North Carolinians. That’s why we work so diligently to help nonprofits and their leaders succeed. Often the strategic planning, leadership or organizational capacity of these organizations is overlooked. And so we make it a priority to support nonprofit capacity building through grants, workshops and customized technical assistance focused in three key areas: Leadership supports board members and nonprofit staff to create and sustain vision, inspire, model, prioritize and innovate.
Nonprofit Excellence

SIGNATURE PROGRAM
Healthy Community Institute for Nonprofit Excellence (HCI)

HCI is a two-day intensive workshop—offered at no cost to attendees—designed to strengthen the board leadership and strategic capacities of nonprofit organizations throughout North Carolina. Teams of three to five members participate in a comprehensive board and staff training program. Last fiscal year, 76 organizations and 275 nonprofit staff and board members participated in the Institute, learning about board leadership, strategic planning fundamentals, fundraising, a framework for measuring outcomes and ways to share their organizations’ stories.

“HCI gave our board members an expanded awareness of the diverse activities in the nonprofit world…. It took us out of the day-to-day management responsibilities of our microcosm and broadened the vision of our mission.”
Sally Love
Eagle’s Wings Food Pantry, Beaufort County

Strategy guides organizations to make solid plans to adapt and change, creating partnerships and building coalitions when helpful.

Learning focuses organizations on outcomes and provides tools to analyze data that help to inform their future decisions.

Increasing demand and limited resources are just a few of the concerns facing North Carolina’s nonprofits. The good news is that, even when put to the test, organizations have risen above through new business models, creative partnerships and stronger community involvement. The investment in a regional intermediary, Western North Carolina Nonprofit Pathways, is helping many such groups tap into a skilled consulting pool, utilize local knowledge and share across peer cohorts. WNC Pathways has been able to meet nonprofits where they are across 18 western counties, helping organizations vital to the region’s future not only survive but thrive.

With current nonprofit leadership undergoing unprecedented turnover, there is a strong need for succession planning and deepening of the talent pipeline. The Foundation made an investment in the North Carolina Center for Nonprofits to assist a cadre of 20 nonprofit executive directors, providing the expertise to help them learn to prepare and begin planning for personal, professional and organizational transitions. The tools and resources provided throughout the training and in follow-up coaching will save leaders a tremendous amount of time and empower them to work more thoughtfully and deliberately with their staffs and boards on successful transitions.

We continue to help build capacity and leadership that will give nonprofits a deeper level of support and infrastructure. Because as we know, the healthier these groups are, the healthier we all are. ●

ACCORDING TO A 2009 SURVEY

NEARLY 87% OF US NONPROFITS
REDUCED EXPENSES & MORE THAN 50% OF US NONPROFITS
REDUCED PERSONNEL

US NONPROFITS
Endnotes

1 Childhood Obesity, October 2011, Volume 7, Number 5, Sustained Body Mass Index Changes One and Two Years Post MATCH: A School-Based Wellness Intervention in Adolescents, Suzanne Lazarick, MD, MPH, George T. Hardison, Jr, MA, Denise A. Esserman, PhD, and Eliana M. Perrin, MD, MPH.

2 *Be Active Kids is a Registered Mark of Blue Cross and Blue Shield of North Carolina.


5 Child Trends analysis of data from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children’s Health.


7 American Academy of Pediatric Dentistry.


9 NC Department of Commerce, Division of Employment Security (DES).


11 2009 National board governance survey for not-for-profit organizations. Grant Thornton.