

Investing In Disease and Injury Prevention Will Pay Off In Healthier Californians and Reduced Spending

Good quality health care is essential for all Californians to have long, healthy lives. By investing in creating healthier communities that prevent illness, injury, and inequitable health conditions, we keep people from needing care in the first place, improve lives, and make healthcare dollars go further.

Creating a State Wellness Fund Can Accomplish This

The Cost of The Status Quo

Today's children may be the first generation to have a shorter life span than their parents, largely due to increasing rates of obesity.¹ Life expectancy for the U.S. population declined between 2014 and 2015.²

Among California adults, 13% used tobacco,³ 60% were overweight or obese, and only 23% met recommended physical activity guidelines in 2015.⁴

55 percent of California's adult population had pre-diabetes or diabetes in 2013-2014.⁵

California had 18,152 injury deaths with \$20.89 billion in lifetime costs (\$538 for every resident in the state) in 2014.⁶

Chronic diseases and injuries, most of which are preventable, accounted for 80% of deaths in California in 2010.⁷

California healthcare expenditures for the top 6 conditions (cardiovascular disease, cancer, asthma, arthritis, depression and diabetes) cost \$98 billion in 2010.⁸

Between 2009 - 2014, health spending growth averaged 4.9% per year in total in California, faster than the 3.9% average in the U.S.⁹

Federal Prevention and Public Health Funding has been Cut Again and Again

California lost an estimated \$145 million, one third of the funding it would have received, between 2010 and 2016, if the original mandated Fund allocations had been maintained.¹⁰

California will lose an estimated \$318 million, or 55% of its usual share of originally mandated federal prevention dollars, between 2017 and 2022, through cuts approved to date.¹¹

Keeping People Healthier and Saving Money with Proven Interventions

The California Tobacco Control Program invested \$2.34 billion in prevention over 19 years and generated \$134 billion in savings on health care, a \$57 to \$1 return.¹²

\$10.3 million invested to improve school traffic crossings with high injury rates was estimated to save \$230 million long term costs from reduced school transport and health care for injuries.¹³

In 2010-2012, the CDC invested \$403 million to tackle obesity, tobacco use, and second hand smoke through policy, systems and environmental changes. Twenty-eight communities, with 55 million people, including Santa Clara, Los Angeles, and San Diego, were funded. Evaluation found that, if these investments of approximately \$2.50 per capita per year are maintained through 2020, a return on investment of \$7.40 would be realized over the 11 year period.^{14 15}

Three Successful State Prevention Funding Models

PROGRAM	Oklahoma Tobacco Settlement Endowment Trust (2000-present)	Minnesota State Health Improvement Program (2008- present)	The Massachusetts Prevention and Wellness Trust (2012-2016)
FUNDING SOURCE	Earnings from endowment created with annual deposit of Tobacco Master Settlement Agreement funds, now over \$1 billion.	Approximately 3.5% of a 2% tax on healthcare providers and of a 1% gross health insurance premium tax for the state's Health Care Access Fund is allocated to SHIP.	One time-fee on large public hospital systems and insurers.
FUNDING AMOUNT	\$46 million in 2016 (\$11.70 per capita)	\$35 million bi-annually in 2015 (\$3.20 per capita/year)	\$57 million over 4 year pilot (\$2.10 per capita/year)
RECIPIENTS	Local health departments, community-based organizations, schools, and research centers through sustained direct allocations and competitive grants. Fund covers 94% of population.	All local health departments and tribal partners through sustained direct allocations. Fund covers all counties.	Nine regional partnerships of clinical providers and community agencies through competitive grants. Fund did not reach entire state.
FOCUS	Tobacco control Obesity prevention Health research	Tobacco control Healthy eating Physical activity	Tobacco control, Pediatric asthma, Hypertension, Falls among older adults
RESULTS	Smoking declined 32% among adults and 45% among youth from 2001–2016, ten times faster than similar states, ¹⁶ with \$1.2 billion in direct medical costs for tobacco avoided. ¹⁷ Research centers attract \$3 for every \$1 invested. ¹⁸	Smoking declined 31% among 11th graders from 2013-2016. Adult smoking declined 31% from 1999-2014. ¹⁹ Adult obesity now firmly below neighboring states. Increased access to healthy food and physical activity for 339,000 students from 2013-2015. ²⁰	Pilot reached over 372,000 people. Decline in prevalence of pediatric asthma. Decrease in number of and hospitalizations for senior falls. Increase in controlled and treated hypertension. Reduction in blood pressure. ²¹

California Alliance for Prevention Funding

Making Prevention Possible



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