Model Resolution in Support of a California Wellness Trust

Building Healthier Communities and Lives for Californians through Investment in Community-Based Prevention

1. Whereas, chronic diseases and injuries, most of which are preventable, accounted for 80% of deaths in California in 2010,[1]
2. Whereas we are in the midst of a large-scale epidemic of obesity and diabetes that shows little sign of slowing and may lead this generation of children to have shorter lives than their parents;[2] [3]
3. Whereas more than half of California's adults are overweight or obese[4] and therefore at greater risk for chronic conditions including diabetes, heart disease, cancer, arthritis, stroke and high blood pressure;
4. Whereas this burden of preventable illness generates enormous costs for families, employers, local and state government and health care systems;
5. Whereas the six leading chronic diseases alone generated treatment costs of $ [see table below] in our county in 2010, and these continue to rise;[5]
6. Whereas California had 18,152 injury deaths, with $21 billion in lifetime costs ($538 for every resident in the state) in 2014 alone;[6]
7. Whereas poor diet is now the leading risk factor for death in the United States, followed by tobacco, high blood pressure, obesity and physical inactivity;[7]
8. Whereas people who have access to healthy food and eat a healthy varied diet are at lower risk of obesity and chronic disease;[8]
9. Whereas people who live in highly walkable, safe, mixed-use communities with easy access to green space and public transit options are more physically active and less obese, contributing to greater overall health;[9] [10]
10. Whereas this burden of illness is distributed unfairly. The place where you were born and live, your income, race, and ethnicity all play a role in determining how likely you are to become ill, be injured or die too young;[11]
11. Whereas just $10 per person for strategic investment in prevention would represent less than 1/1000th of our annual healthcare spending in California;[12]
12. Whereas as our population ages, medical care becomes more complex and costly, and we seek to assure health care coverage for Californians, the need to invest in preventing those illnesses that can be averted has never been more urgent;
13. Whereas Oklahoma, Minnesota and Massachusetts have created wellness trusts or funds that provide sustained, dedicated funding to reduce leading causes of premature illness and death and have demonstrated positive outcomes in reducing risk factors for disease;[13] [14] [15]

Now, therefore, let it be resolved that [City/County/Organization] recognizes the need for:

The establishment of a California Wellness Trust, or other mechanism to assure sustained, dedicated investment to prevent the leading causes of illness, injury, and premature death in California by addressing the root causes of these conditions, promote greater health equity, build healthier communities through community-based disease prevention and wellness efforts; and make our healthcare dollars go further in the future.

For all cities/counties/organizations where it is feasible for them to recognize the need for taxation revenue, include this section (can be deleted if not):

Furthermore, we recognize the need for new revenue sources to assure and sustain these investments, including the use of taxation of unhealthy products that substantially contribute to the burden of preventable illness, such as sugar sweetened beverages or alcohol, to support these efforts.

References:

[1] Peck, C., Logan, J., Maizlish, N., and Van Court, J. (2013). The Burden of Chronic Disease and Injury, California, 2013. California Department of Public Health.

[2] Olshansky, S.J., Passaro, D.J., Hershow, R.C., Layden, J., Carnes, B.A.,Brody, J., Hayflick, L., Ludwig, D.S. (2005). A Potential Decline in Life Expectancy in the United States in the 21st Century. New England Journal of Medicine, 352,1138-1145.

[3] Babey SH, Wolstein J, Diamant AL, Goldstein H. Prediabetes in California: Nearly Half of California Adults on Path to Diabetes. Los Angeles, CA: UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2016.

[4] Centers for Disease Control and Prevention. Nutrition, Physical Activity, and Obesity: Data, Trends and Maps. Accessed at: https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html.

[5] Brown, P., Gonzalez, M., Dhaul, R.S. (2015). Cost of Chronic Disease in California: Estimates at County Level. Journal of Public Health Management & Practice, 21,10-19.

[6] Luo, F., Florence ,C. (2014). State-Level Lifetime Medical and Work-Loss Costs of Fatal Injuries — United States. MMWR Morbidity Mortality Weekly Rep 2017;66:1–11.

[7] US Burden of Disease Collaborators (2018). The State of US Health, 1990-2016 Burden of Diseases, Injuries and Risk Factors Among US States. Accessed at: https://jamanetwork.com/journals/jama/fullarticle/2678018.

[8] United State Department of Agriculture. (2009). Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences. Report to Congress. Accessed at: https://www.ers.usda.gov/webdocs/publications/42711/12716_ap036_1_.pdf.

[9] Doyle, S, Kelly-Schwartz, A., Schlossberg, M. et al. Active community environments and health: the relationship of walkable and safe communities to individua., health. J Am Plann Assoc. 2006;72:19-31.

[10] Saelens BE, Sallis JF, Frank LD. Environmental correlates of walking and cycling: findings from the transportation, urban design, and planning literatures. Ann Behav Med. 2003;25:80.

[11] Arcaya, M., C., Arcaya, A., Subramanian, S., V. (2015). Inequalities in health: Definitions, concepts and theories. Global Health Action. Accessed at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4481045/.

[12] Health Care Costs 101: A Continuing Economic Threat. (2018, May). California Health Care Almanac. Accessed at: https://www.chcf.org/wp-content/uploads/2018/05/HealthCareCosts18.pdf.

[13] TSET (2017). Oklahoma Tobacco Settlement Endowment Trust. FY 2017 Annual Report. Accessed at: https://tset.ok.gov/sites/g/files/gmc166/f/TSETFY17_AR.pdf.

[14] Minnesota Department of Health. (2017). Minnesota's Statewide Health Improvement Partnership (SHIP) Report to the Minnesota Legislature Fiscal Year 2016-17. Accessed at: http://www.health.state.mn.us/divs/oshii/ship/pdfs/ship-leg-report-16-17.pdf.

[15] Institute on Urban Health Research and Practice. The Massachusetts Prevention and Wellness Trust, An Innovative Approach to Prevention as a Component of Health Care Reform. Accessed at: https://www.northeastern.edu/iuhrp/wp-content/uploads/2013/12/PreventionTrustFinalReport.pdf.

County-specific Data for Whereas Clause #5

County	Total dollars spent treating six leading chronic conditions in 2010[1]	Dollars spent per person on six leading chronic conditions in 2010[2] [3]
Alameda	$4,187,321,026	$2,772
Contra Costa	$3,188,663,779	$3,039
Marin	$966,074,523	$3,827
Napa	$459,990,010	$3,370
San Francisco	$2,591,968,013	$3,218
San Mateo	$2,370,518,391	$3,299
Santa Clara	$4,924,933,575	$2,764
Santa Cruz	$705,271,576	$2,687
Solano	$1,172,308,909	$2,836
Sonoma	$1,469,027,254	$3,035

[1] Brown, P., Gonzalez, M., Dhaul, R.S. (2015). Cost of Chronic Disease in California: Estimates at County Level. Journal of Public Health Management & Practice, 21,10-19.

[2] Ibid.

[3] https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk.