Dialogue4Health Web Forum
GROWING DOLLARS FOR PREVENTION: A CALIFORNIA WELLNESS TRUST
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>> LAURA BURR: Welcome to Dialoge4Health and today's web forum "Growing Dollars for Prevention: A California Wellness Trust". We thank the California Alliance for Prevention Funding, the Gordon and Betty Moore Foundation, Robert Wood Johnson Foundation, and the Blue Shield Foundation of California for sponsoring today's event. My name is Laura Burr and I'll be running today's web forum with my colleague Kathy Piazza.

And now I am very pleased to introduce the moderator for today, Tracey Rattray. Tracey is the Executive Director of the California Alliance for Prevention Funding. Previously she was the director for chronic disease and injury prevention at Contra Costa healthy services leading nationally recognized programs focused on tobacco prevention, nutrition, physical activity, youth development and promotion of a healthy built environment.

Welcome to Dialoge4Health, Tracey.

>> TRACEY RATTRAY: Thank you, Laura. Hello, everyone, thank you for joining us today. The California Alliance for Prevention Funding is a coalition of 20 organizations that's advocating for a new way of funding public health prevention.

Many of you know what it's like to implement and try to grow successful public health programs with insufficient, stop-and-go funding. The result? We have limited ability to demonstrate lasting impact on improving health outcomes and healthcare costs continue to escalate, draining families' budgets and decreasing the funds we can spend on other essential public health services.

Today we are going to introduce a potential game changer, a California Wellness Trust that would provide sustained funding for community-based public health prevention programs. Three other states have Wellness Funds or Trusts that provide ongoing funding for prevention, we think we can do it in California.

We hope that at the end of this webinar that you will: Know about the components of the Alliance's proposal to create a California Wellness Trust. And that you will

become a champion for the creation of a Wellness Trust in California or in your own state.

Before we have our first presentation, I'd like to ask a polling question.

Have you ever had a successful program that you could not expand or had to end because of a lack of funding?

The results of our poll are in.

70% say yes, they had a successful program that they could not expand or had to end because of a lack of funding. 7% said no, they haven't had this experience. And 21% say this doesn't apply to their work.

With 70% of participants report that they could not bring successful work to fruition, we know that something has to change about how we fund prevention.

Lynn will describe one solution, a California Wellness Trust.

There will be an opportunity for questions after her presentation. You may submit questions as she speaks and we'll try to group them together answer as many as we can.

Please welcome Dr. Lynn Silver.

>> DR. LYNN SILVER: Good morning, everyone, and thank you, Tracey, as you can see from the poll results, there's a reason why we are here and on this webinar, 70% of you have experienced the problem that we're trying to address. So insufficient and not constant funding for prevention in our country.

So let me start with just really a moment on history. Recalling that 120 years infectious disease was the leading cause of death and non-infectious diseases like heart disease and cancer and diabetes were only in -- were only about 1 in 5 deaths whereas now they are 4 out of 5 deaths in our country. And yet our public health systems were built to address infectious diseases also Maternal and Child Health programs but not really to address the problems that are killing us today and that requires a profound shift and reconstitution of our public health systems and funding flows so they effectively address rather than being asleep at the switch the problems that we have to deal with primarily today. A second set of problems of course is the vast inequities in health conditions for populations across communities across our nation and why there's little funding to address leading causes of illness and injury there's even less funding available to really support the assets in our communities and build power to right the huge injustices that exist in health. This slide shows just a few of those from diabetes by race where African Americans are almost 3 times more likely to die than whites in California. In terms of frequency rates and also huge disparities in geographies by where you live even within a given race or ethnic group a white person in a county is far more likely to die of diabetes than one living in San Francisco and an African American or Latino even more likely in a variety of geographies across the state. So we need dedicated sustained funding to address these problems and to address the inequities in these problems and build capacities to respond in our communities.

We are not the first people to recognize that this is a problem that needs to be addressed. The Federal Government has had a number of important initiatives to try to create funding flows to address chronic disease, steps for the intervention to work, community transformation grants, partners in community health and the most substantial was in the context of the creation of the Affordable Care Act the prevention of the Public Health Fund was created. It was supposed to have about $6 per capita per year it was cut in half and is now running about $3 per capita per year and has frequently been raided to support other needs so the inclusion of sustained funding for prevention in Health Care Reform was a brilliant model and step that we need to copy and learn from and also implement more successfully across the nation.

The results of this discontinuous funding and of those grab flows being constantly cut has been even the best ideas being implemented across the country as a result of the sporadic funding are constrained to small scale.

So we'll start a brilliant project in a church, in a community, in a neighborhood, in a school. It will work. We'll have -- we'll be building the evidence base but rather than expand it to reach all of the populations the way for example we were able to expand vaccine access once they were proven to be effective, those ideas continue constrained to small scale and unable to expand and really realize their potential impact on population health.

We see discontinuity and abrupt ends to even the best community programs and initiatives. And limits to how effectively we are able to spread the most effective of policies.

This discontinuity has a huge impact on peoples' lives with literally millions of people living with, disabled by or dying from diseases like diabetes, like heart disease, like certain cancers that we know how to prevent before they reach the hospital.

Tate has a major impact on businesses, almost 20 years ago it was already costing over $100 billion a year in lower productivity and lost work days for people with chronic disease and their caregivers. And that situation has only gotten worse.

It is a major, major contributor to our growing healthcare costs. Just six of the leading chronic diseases cost $98 billion almost a decade ago in California. Or over $2400 per Californian. That bill has also increased. And the majority of these illnesses can be prevented or delayed.

Nationally what we have seen is this tremendous impact on healthcare costs with all of these diseases increasing. But diabetes perhaps the most striking example has had its cost more than quadruple over a 20 year period from 1996 to 2015 both as -- both reflecting the impact of aging and increased prevalence of diabetes along with osteoarthritis, mental health and other problems.

So we think it's time for a change. That we cannot let this situation persist.

And a group of our organizations, about 20 organizations, from across the state of California, came together beginning in late 2015 to try to device an approach to change

this.

The solution that we came up with is called the proposal for a California Wellness Trust. And what I will describe for you in the next few minutes are the key elements of that proposal.

The challenge that the proposal is seeking to address is to create a sustainable flow of funding to support prevention of non-communicable disease, gerund premature death and to promote health equity in the state of California.

We came up with a few foundational principles. And I'll try to describe those to you briefly.

First that the funding should support policies, systems and environmental changes and community programs that work outside of the healthcare setting to make California's communities more conducive to health, healthier places to live, play and raise your children.

That the funds should be distributed and coordinated among community-based, regional and statewide nonprofit organizations, local health departments and State Government, according to established criteria.

So they would flow both inside and outside the public sector.

Third, that the funds must benefit all Californians and promote greater equity and health, reaching residents from urban to rural areas, young and old, and across California's extraordinary diversity.

Then that the funds can be used to address social, environmental, economic and behavioral determinants of chronic disease and injury from before birth to old age and to close gaps in health outcomes and inequities.

Some examples: Promoting access to healthy foods. Creating safer, more physical activity-promoting environments. Preventing unintentional and intentional injury. Preventing harmful use of substances. Addressing social determinants of chronic disease.

Why evidence-based interventions are prioritized. We hope there will also be space for innovative -- to test innovative solutions shaped by community experience.

We did an extensive analysis working with ChangeLab Solutions of potential funding streams, of what would be the best organizational structure to guarantee transparency, accountability and effectiveness. The recommendation the group up with was in part inspired by the Commission in California and they have suggested a statewide commission with spending authority and a small staff to manage the process that would be responsible for the administration and evaluation of a fund. And that group would be controlled by a Commission which includes but is not limited to a state health officer, representative from local health departments, residents which experience health inequities, and experts in primary prevention and community-based health equity.

We suggest that this should be funded of a level of at least $10 per capita which is less than one-1,000th of what we spent in healthcare in 2018. We don't think it's much

to ask for sustained investment in prevention and for more prudent healthcare that really puts the money where the mouth is.

What are the best sources for that? We examined I think 40 potential sources of revenue from fees on healthcare premiums, insurers trying to capture community benefits, bonds, tobacco master settlement and others and at least for the state of California what appeared to be the best potential revenue sources but not by any means easy ones because both of these are very difficult exercises in building political consensus are excised taxes on unhealthy products that cause the illnesses we're seeking to address in particular an excise tax on sugary beverages or increases in California's existing taxes on alcoholic beverages which are amongst the lowest in the country a 2 cent tax on sugar sweetened beverages per ounce would raise about $1.7 billion a year which is more than we need for this fund, an increase for example which could be in sales tax or excise tax on alcohol could raise enough for this fund, as well. 10 cent increase in the excise tax on beer for example would raise $357 million so either of these are a good alternative for the state.

We proposed a proposed -- we created a proposed allocation model the numbers on this chart are based on $10 per capita or $400 million a year in this state which is an ambitious goal obviously but the allocations are laid out as follows the recommended allocations 30% to local community-based nonprofits. 10% to regional and statewide nonprofits. 10% to the California Department of Public Health for functions like media campaigns epidemiologic surveillance nonprofit flows would be through competitive grants administered through the state entity and then a core group of funding, 45% of the total flow, which would be administered in direct annual allocations to local health departments against an action plan with a fixed floor $-- fixed floor of $250,000 per county and the remainder divided into a formula based on population and the number of people living in poverty. We believe with these allocations, we could accelerate and kick start a large range of activities to build healthy communities both in the public and nonprofit sectors.

This is not a pipe dream. There are real examples of this happening across our country. Not as many as we would like to see. But still a very exciting example perhaps the best strongest example comes not from a radical state but from Oklahoma's whose tobacco settlement endowment trust has been in existence for almost 20 years. Wisely they took all of the tobacco master settlement moneys and put them into an endowment and captured the revenue from that endowment to fund public health and some other activities across the state.

This generates about a $12 per capita annual investment that has reduced the number of children drinking sugary drinks vastly decreased cigarette sales decline in smoking 10 times faster than in similar states and saved money from cost of tobacco and tracked research funding these funds are spread all across the state through its health departments and other organizations.

The state of Minnesota has a tax fund for healthcare providers and insurers and they took a small part of that fund and put it into the Statewide Health Improvement Parntership or SHIP it's smaller than the Oklahoma program with about $3, slightly over $3 per capita of annual investment but that investment goes out to every health department in the state of Minnesota and it's increased access to healthy food and physical activity in schools. Decreased smoking and helped lower adult obesity rates.

Massachusetts has a pilot that was implemented in the wake of their Health Care Reform process it was a one-time assessment on acute care hospitals and commercial insurers. It generated about $2 per capita in annual investment during a four-year pilot period that had very positive results in pediatric asthma, in decreasing senior falls and hospitalizations and reducing high blood pressure. That was not that was not enough none to cover the whole state but went out to nine partnerships but these are inspiring examples and potent examples of how states can come together to not shall totally dependent on the Federal Government to fund leading causes -- to prevent illnesses in states. We know that prevention saves money so do taxes and estimated even without counting the revenue how the revenue is used to save $55 in healthcare expenditures for every $1 spent in implementing the tax over a decade.

The communities putting prevention to work model was estimated to save $7 for over $1 over 11 years, falls prevention saved money. Healthier school competitive food is cost savings some may not be cost effective but can help reduce rate of growth and healthcare expenditures so when we look at how this compared to what we do inside a hospital or clinic, these are very sensible, wise, prudent investments to make.

So what's happening over the next two years with our coalition we are seeking to build a statewide movement to invest in prevention and health equity. So we are trying to make health equity an integral part in the Government's plan for health in the same way that the prevention fund was part of the Federal Affordable Care Act. There were two specific measures on the horizon that may serve as vehicles for this fund it's still not 100% clear the California Dental Association have put a ballot initiative are introducing one for 2020 that includes a soda tax and may be a vehicle for this.

And there are other potential legislative measures including a soda tax that was proposed this year and is being held over to the next legislative session in 2020.

So these were a -- CAPF we have many organizations across the state including Heart Association, cancer, Lung Association, regional groups in the Bay Area and Southern California and San Joaquin Valley public health consortium. The California Department of Public Health participates unofficially we have the local health departments the health officers, the community clinics the health network, change labs, the Latino coalition for healthy California. And others, other public health organizations. Who have been really working together to build this moment.

But these are not easy policies to win. To be successful will require an effective grassroots and grass tops movement across our state in the coming years. And for

that we need you and Tracey will be talking a little bit more about how we need you in her presentation.

So this is how you can reach me. And my email. I thank all of the team who participated in preparing this and we can take some questions now.

>> TRACEY RATTRAY: Thank you Lynn for that informative presentation. We have time for a few questions and I have a few that have already come in.

The first one is we received actually several questions about what types of prevention strategies would qualify for funding.

>> DR. LYNN SILVER: As I mentioned before it's currently written quite broadly and there will be discretion for communities in selecting their health priorities to build a culture of health. But this is something that we really struggle with, the tension between specificity which makes it easier to explain to people and easier for legislators to buy into and breadth recognizing really the diversity of determinants of health conditions but things like healthy food, physical activity, violence prevention or substance use would be examples. Policy systems and environmental change would be prioritized. Clinical care would not be covered. Building a building would not be covered. But building a water fountain or a path might be.

We do believe as this gets rolled out we would need to provide some points of common work and focus to ensure that the work can be evaluated and we can prove the value of a fund so there is some tension between showing effectiveness and allowing the flexibility, particularly social determinants of health. So some of this may change over time. But so far we've been trying to keep it pretty broad and flexible.

>> TRACEY RATTRAY: Okay. Thank you. Another question is, how will the wellness fund be sustained? Is there a role for smaller foundations?

>> DR. LYNN SILVER: Well, we think of this fund as providing an assured financial floor for work across all communities in the state. Sustained by a dedicated revenue stream like a tax on something that is harmful, for example. This is something that's not existed in the state except for tobacco control and tobacco control only exists because it has a dedicated revenue stream. But even so, that won't be enough. It's a floor not a ceiling. And we believe there's a huge role for breeding funding with private partners, foundations, hospital community benefits and other sources both statewide and locally. So I think of this fund more as yeast more than as the final bread.

>> TRACEY RATTRAY: Thank you. So this is the final question that we have time for. We have several more questions so if your question has not been answered you'll have a chance at the end or you can contact us after this webinar.

So the final question, what do you recommend as starting points for other states that are working toward a similar long-term goal?

>> DR. LYNN SILVER: I think a first stop is really together the stakeholders to create a strong coalition for action and developing a vision that can work for your state. When we were starting, we talked to Massachusetts and Minnesota and Oklahoma.

And I remember the public health association in Massachusetts saying, put something on paper. It's not going to be the final-final but it will be a starting point for negotiations and advocacy so that's what we have tried to do. I think build a coalition, identify champions, and put an idea on paper but be prepared to have it evolve over time.

>> TRACEY RATTRAY: All right, thank you, that's all of the time we have for questions right now. And now we're going to switch to a Panel Discussion. Where two community-based public health leaders will describe projects that have demonstrated results in improving community health and they will talk about what they could achieve if they could take their work to scale with sustained funding.

I would like to introduce our first panelist, Claudia Corchado, who is a Program Manager at Cultiva La Salud, a project of United Way and the Merced Building Health Communities and CACHI collaboratives. Cultiva La Salud is dedicated to creating health equity in the San Joaquin Valley by fostering changes in communities that support healthy eating and active living. The program uses a policy and environmental change approach to help community members gain access to healthy food, beverages, and safe places to be physically active.

Laud I can't will describe her project and its impact promoting health equity and improving the health of residents in Merced. She'll tell us how the project is funded, what will happen when the funding ends, and describe how community health could improve if she could take her work to scale.

>> CLAUDIA CORCHADO: Hi, good morning, everybody, and thank you for this important. I can't seem to move the slides.

>> TRACEY RATTRAY: I can move it for you if you would like.

>> CLAUDIA CORCHADO: Yeah, I think I'll have you do it because mine is not moving. So next, please.

>> TRACEY RATTRAY: All right.

>> CLAUDIA CORCHADO: And one more.

So thank you, folks, for this opportunity for us to share what we truly believe is one of our most impactful and successful programs in our rural unincorporate low-income community of color that has really benefited the health of community residents throughout Merced County and throughout the Central Valley. Next.

We all know we go to the doctor's office and the first thing they tell us is go walk around your neighborhood, get some exercise in, that's the most important way you can be healthy is walk around, go to your work.

But it's really not that easy when you live in communities with high crime, gang violence, drugs.

There's just overall sense of not being safe in your own community, even to go outside to walk in your neighborhood.

Next.

So some folks say, sure, we're going to walk around our park. Most communities

in low income, you can't do that. Because there's tagging sometimes in the buildings and it gives the sense that there's just violence that's surrounding the environment. If it's not -- the grass isn't cut, if it's not green, if it's not plush, folks just don't feel safe when they are in their parks and even feel safe enough to be able to walk around the community that they live in.

Next.

This situation here is.03 miles in a community that we work around so even if you did walk around your neighborhood, you just -- you can't feel safe when this type of activity is going on. Three young men around the same age were just sitting around having tacos, they were rival gangs and a shootout happened and three people were shot.

So it gives this overall sense of the entire community that you can't walk around. That you have to be cautious of the color of your sweatshirt that you're wearing because it can't be the wrong color because they assume you might be a part of something that's not so positive.

Next.

So schools sometimes are the only other safe place for people to be physically active. If the schools were open. So when they are not open, usually what happens is kids are jumping over the gate. Because it is a little safer to be playing on the school grounds, kicking a ball back and forth.

But unfortunately, some people over 40 may not be able to jump the gate.

So if we did open school gates, next.

This is what could happen.

So the power of joint use when we collaborate with schools, they give us access to schools where primarily we use their gymnasium. And we run a zumba because zumba happens to be the most popular thing that's happening now. But the power of joint use when we open up a school is creating an environment where people are safe and it's an organized form of physical activity.

Next. It also gives the opportunity to have access to green space outside of the school. So not only indoors so we can have access outdoors when we can run programs for children so most of our zumba classes do have child care. So there is not only physical activity for the parents that are going but there's physical opportunities, also, for the children that are attending the child care portion of it.

Next.

Then this is just another school we had over at the south Merced we've had one where there are so many people which is a good problem to have that there are so many people where we have to find a bigger school because we maxed out the capacity of the attendance in the gymnasium.

Next.

So we not only just open the schools and then it's free to the public, completely free

to the public, we hire local people who live in that here we have Bedie who started the program in Farmdale a few years ago and lost about 50 pounds she became so obsessed with zumba and physical health she became a certified nutrition coach she's been teaching for us for about five years and she's our No. 1 (speaking in language other than English).

So we hire local people. We pay for them to become instructors. And then they come back and they are teaching the classes so it gives them an opportunity also for employment.

And then they are the ones promoting, they are the ones outreaching for the program. They become our No. 1 advocates.

Next.

We probably have over -- I would have to say now probably 4,000 signups. We've had about 6 schools running. We currently only have two. If I had to say how much weight we have lost, easily over 1,000 pounds per two years. We employ six instructors right now and two child care coordinators.

So these are folks who have part-time employment at least three times a week at each of the schools. We have certified 18 new instructors. And like I mentioned those folks do become the greatest assets for promotoras de Salud what happens when funding ends it's very simple we have to close the program if we don't have the funding to pay for our instructors, we have to close the program. The schools may be open which is changing the environment but funding like this with flexibility to be able to do what we need to do at the local level is very important to us. So if we don't have funding, when our funding ends every time we have to close down that program. And that's a huge loss for the community.

Next.

If we had a sustained funding from the California Wellness Trust, obviously we would open so many more schools. There's about 75 participants in each of the schools. It creates a sense of community throughout. It costs us less than $7500 per year to run the program. That is less than $1 a person for the program. So we're spending 2400 to treat people when we could be spending less than $1 to prevent.

Next.

And so thank you for the opportunity myself seven minutes are up. There is my contact information. And thank you, once again, for allowing us to share this opportunity.

>> TRACEY RATTRAY: Thank you, Claudia, we really appreciate the information and the project that you're running. And now I would like to introduce Shannon Ladner-Beasley, who is the manager of Contra Costa Health Services Health Careers Pathways Shannon seeks to create a pipeline from low-income communities most affected by health inequities in this role she oversees the Public Health Solutions project which provides education to high school students about health equities and careers in

public health and offers paid internships in the field. Shannon has chaired regional and school district leadership teams and fostered an extensive network of community and educational partnerships that prioritize the voices of residents of all ages in designing effective health programs, policies and practices that cultivate an environment of opportunity.

>> SHANNON LADNER-BEASLEY: Thank you, Tracey. Good morning, everyone. It's my pleasure to be here and to also follow Claudia's wonderful presentation talking about the wonderful work that we do with communities and schools and now I want to take that a little deeper and talk about partnerships with young people, as well.

So Contra Costa Health Services is the county health department here in the county. I wanted to start off with this slide. It's obviously -- it's obviously something that makes me smile. But it's young people and these are three young people that I happen to work with in the program and we really want to say what is equity, equity is shared power and it's involving the communities that you are planning for and stop planning without them. Right? We want to plan with them. And we definitely can give young people that model behavior.

So why do we do Health Careers Pathways and Public Health Solutions work? It's because it's what our future needs. We're really looking at a time when by 2020 which we used to say that sounded so far away but by next year, two-thirds of U.S. jobs will require a college education.

So if something is not happening after high school, we're actually not preparing students to survive and thrive in the future.

And then especially here in California, we know that we're going to need almost a half of a million new workers. And then we know that our population is aging. And the services we need to provide also have to be culturally relevant, responsive and also culturally humility based.

So again, our health department, if we say that our mission is actually to move the needle on health equity, we need to define that. We need to have a shared definition in how we engage with our partners, especially schools. So here in Contra Costa we actually acknowledge that institutional racism is a cause for poverty if we don't start there then we'll do a lot of initiatives that gloss over the fact or that do bandaid solutions as opposed to going to the root cause and we also want to make sure that we're creating fair opportunities, not where some people have access, some people have a head start that are above other people or that we're leaving out certain people at the finish line.

So I really appreciate Lynn Silver's explanation that we have to work outside of our main sector to actually engage partners to do health, health can't solve all of the problems. We actually have to work with our employment sectors and our educational partners.

And so I look at education at the equalizer. We know that people who have higher education, especially communities of color, they are going to be able to get better paying jobs that support their children. Also being able to have access to health insurance. They are going to be able to understand what their doctor is telling of them. And they will be most trustworthy of the healthcare system if they are educated about what's being provided to them.

We don't want to have families continuously go through without an acknowledgement that college and career preparedness is actually a social determinant of health. And we want to work on that early in the game, upstream. And not waiting until after the aftereffects of someone being incarcerated because they are disengaged and pushed out of our educational system.

So the Richmond Public Health Solutions project was funded by the California endowment as -- in 2013 as a pilot project so we went from just having an internship program to the health department being very cognizant that teachers cannot take on one more task we actually sent the health department staff into the classroom to deliver the curriculum, to apply social and emotional wellness techniques with the young people so that we could make sure that the internships were not going unfilled and that there was a relationship that was developed as opposed to just saying please come and work and get some resume packaging. Oftentimes those one-offs and those benefits don't resonate with someone who don't even feel like they are being seen or heard in the classroom. So we had to go close and design a curriculum to fit the needs of the people we were serving that did include making sure we were outreaching to undocumented students, also the students who were formerly incarcerated or at continuation schools which we often see as a step before incarceration.

And here are just a couple of the elements of the from program. Making sure that we had internships training. Some of the young people were able to engage in clinical shadowing, things that weren't offered to them. Because a lot of the higher resourced high schools got these programs. But many of our west Contra Costa students were not receiving access to these types of experiential work-based learning activities. There was mentorship, a focus on young men of color. Why? Because the African American males in Richmond had some of the poorest health outcomes from the ages of 25 to 44 our students asked why and we also wanted to ask why we said come help us build a program that's focused on the needs of the communities we serve.

Here are just a couple of photos of our students in action doing equity exercises. Shadowing different surgery procedures as well as young men learning how to take blood pressure and draw blood.

Our successes included that most of the program actually represented the demographics of our community. So our current health department structure, we have a lot of growing to do in terms of matching the lived and racial experience of our community but at least the internship program is starting to do that work. We're also

able to expand not only to three high school health academies but also to the court school that is housed within juvenile hall.

When we surveyed the high school graduating seniors, 100% of them after going through the program were confident about the importance of a college education. Some of them even saying they were going onto pursue graduate degrees which was a huge jump from many people saying they weren't sure what was happening for them after high school.

And then I think a key finding was that interns, after they complete the internships, they had higher test scores than those who did not have internships so they were seeing a relevance to their learning actually applied in the community.

More footage of young people being able to take on doctor's white coats and taking on the role of solving their problems as well as presenting alongside county health department staff at UCSF colloquium. A lot of focus on young men of color and engaging and having them be designers of curriculum programs and what will happen when the funding ends? So very much like Claudia said, the program would end. We currently do not have the capacity to pick up where a lot of the momentum is going. We know that fewer students of color will plan to attend college as they already indicated. Health benefits that are associated with higher education will decrease and we won't be able to meet the demands of that 21st Century workforce that's racially diverse.

And so we want to be able to increase employment among high school and college graduates and we want to be able to say that our health system is doing the job of being accountable to the community serves and also making an environment of opportunity. Decreasing intergenerational poverty means being able to outreach to whole families, not just students. But they go from the school back to environments that undo a lot of the learning and then they have to question whether or not they can survive and succeed.

We want to be able to expand the program to include more juvenile re-entry populations so when they are coming back we can actually hire them. We want to be able to train teachers and preceptors about racial equity and how to not retraumatize students that have been through troubled upbringing especially now we have a Surgeon General in California that's focused on the toxic stress of adverse childhood events we want to be able to bring young people into healing environments and include them in the research we do and include them on hiring teams.

So these are the three young people that I started the actual talk with. And this is them at the State Capitol. They were able to make testimony to our then superintendent of public instruction, Tom Torlekson about the importance of mental health in schools so we can't continue to do the work ourselves we also have to be able to have the torch, light the torch, and pass it over to people who we know are prepared to take on our future dilemmas and I believe that young people are where we start to do

that. Thank you so much for your time.

>> TRACEY RATTRAY: Thank you, Claudia and Shannon for really fantastic presentations. You are doing the kind of work that is vital for building a healthier California and we would like to see it expand and grow with sustained funding.

Now I'm going to how we're recruiting -- show how we're recruiting champions across California to mobilize and support the creation of a California Wellness Trust that will provide sustained funding for the types of projects that you just described. If you're in California, please strongly consider taking these actions. We need to demonstrate to local elected officials, state legislators and Governor Newsom's staff that hundreds of organizations across the state support creating a California Wellness Trust.

If you're in another state and thinking about organizing to advocate for a Wellness Trust, you may want to adapt these strategies to grow support in your own region. So on the line we have an incredible array of leaders from nonprofits, local health departments, schools, healthcare systems, foundations and others. And hopefully you've learned enough to shift from curiosity to commitment to support this effort. It's actually our effort. It's going to take all of us together to make a California Wellness Trust a reality in our state. And we need more allies some helping with grassroots efforts connecting residents and local programs with their elected leaders and some who are in a position to reach out directly to legislators and their influencers.

Success stories from the work you do. Success is like we heard from our panel speakers today. We'll win the hearts and minds of decision makers more than facts and figures they will also help to track non-traditional partners who are especially important to this campaign.

For example, if you're running an asthma prevention project let school officials know how your work can increase average daily attendance and school performance.

If you're working on creating community gardens, law enforcement needs to know how your efforts can improve community safety.

Make the connection between your work and the potential partners outside of the health field. These stories can be part of your toolkit for becoming a local champion of a California Wellness Trust. Share information about the Wellness Trust, the coalitions you belong to, at all staff organizations with your PTA at the school my informal polling tells me that longer healthier lives is what's most important to most people. And many you speak with may think it's a good idea and they will think to themselves, uh, yeah, good luck with that. And that's when you let them know other states have created state Wellness Trusts and Funds, we can do it in California.

There are multiple ways you can consider endorsing a California Wellness Trust. Through resolutions, Board or Council orders and language in legislative and policy platforms.

You can bring a resolution of support to your decision makers, whether it's a nonprofit Board of Trustees, a City Council, School Board or Board of Supervisors.

There are two types of resolutions you can consider. And we have written model language that you can modify for your own organization. The first, simply recognizes the need to support the idea of creating a California Wellness Trust. This can be a pretty easy list for most organizations.

In circumstances where it's feasible to recognize the need for tax revenue we have provided an additional clause you may use.

You can include language in support of the state Wellness Trusts in your organization's wellness platform or policy priorities as Los Angeles and Contra Costa counties have done.

The Los Angeles Board of Supervisors signed a Board order in support for advocating for a California prevention and Wellness Trust Fund. Contra Costa County added language to their legislative platform in support of creating a state Wellness Trust. And here is how we can help you.

We have lots of written materials, reports and fact sheets on our Website.

One of the resources is a table with numbers of dollars spent on treating chronic conditions in every county. Local data is gold for advocates. Use it to make your case.

We can also provide in-person support by providing a speaker for an event, someone to meet with your local partners, assistance with communications and media outreach. We are here to help.

Check out our Website for easy downloads and please get in contact with me with requests for assistance.

And I would like you to consider this a Call to Action. After learning more about the movement today we hope you will join the crusade to make sustained funding for public health prevention a reality in California and in our your own state. Please keep in touch with us about your successes and let us know how we can support you.

We have a few minutes left for any final questions.

Okay. Another question has come in.

How is the California Wellness Trust related to and/or different from AB 138 California sugar sweetened beverage tax? Lynn that's a question for you.

>> DR. LYNN SILVER: The figure was not the sponsor of AB 138 this year but we may sponsor a soda tax bill in the future but we only didn't do it this year because it was introduced with high level language to facilitate discussions in the Legislature although it does have the general intent of the spending of the money AB 138 was taken directly from our Wellness Trust proposal.

The bill was sponsored by the Public Health Institute and Academy of Pediatrics two of whom were alliance measures it will be reappearing in the 2020 session and we hope to flesh out the proposed dedications and that it can look more like this proposal. Again, also there's a CMA ballot initiative that we are working to try to more fully incorporate the Wellness Trust proposal. But what is really clear as Tracey was laying

out is that none of these will be successful without your help and a lot of grassroots organizing across the state. So we need you to be successful, whether through AB 138 or another vehicle for making this happen.

>> TRACEY RATTRAY: Thank you, Lynn. Another question has -- well a few questions have come in about how local collaboratives are involved in this statewide effort and specifically Sonoma County is in the midst of developing a local wellness fund how would this statewide effort advance our work? That's for you, Lynn.

>> DR. LYNN SILVER: Okay well I think you saw these fantastic examples from Claudia and Shannon of the kind of work that's happening at the local level. We believe that local initiatives like Sonoma County and the statewide wellness fund are synergistic approaches it can have local efforts or backbones for local funds or coalitions while local stakeholders mobilize their resources and it can make the spread of models like Accountable Communities for Health which is a large California project more feasible and more likely to take place in more communities. Right now the Accountable Communities for Health model only reaches a small part of the state and we think we need these complementary statewide strategies with large scale so we can expand this movement more quickly and more effectively to really change population health. And do what Shannon and Claudia are doing so brilliantly.

>> TRACEY RATTRAY: Lynn, another question for you, how have funder partners been involved since the beginning?

>> DR. LYNN SILVER: Well, you know, we've been generously funded by the Moore Foundation, the Robert Wood Johnson Foundation and the Blue Shield Foundation of California.

And also working with trying to increase our collaborations with other funders across the state with the hospital system that are the major sources of community benefits funding.

I think there's a lot of support for this idea in the funder community. Because they realize that even with the resources they have, they are insufficient to address this problem and to really provide that same base of support to all communities every year.

So I think we have strong support from the funder community. And I'm very appreciative of it. But we need to really expand the size of the -- of what's available for prevention.

>> TRACEY RATTRAY: Thank you, Lynn, that's all the time we have left for questions. If you would like more information or would like to discuss the proposal and have additional questions, please get in touch.

In closing, we know that sustained funding for prevention is the only way we're going to be able to transform health in California and contain healthcare costs that are spiralling out of control. We hope that after hearing about the need for dedicated funding for prevention a proposal for creating a California Wellness Trust and some compelling examples of programs that are transforming health in their communities that

you'll take action.

If you're in California, promote the idea of a California Wellness Trust in your community and send us resolutions of support. If you're in another state, consider starting your own movement. We appreciate your time and attention and look forward to keeping in touch.

>> LAURA BURR: Thanks so much, Tracey, Lynn, Claudia and Shannon for your presentation today.

Many thanks to the Gordon and Betty Moore Foundation, Robert Wood Johnson Foundation and the Blue Shield Foundation of California for sponsoring today's event.

And thank you to you, our audience. A recording of today's presentation and slides will be available to you next week at Dialoge4Health.org. You will receive an email from us with a link to a brief survey we hope you will take. We would really like to hear from you. And the survey includes instructions for getting a Certificate of Completion for this event.

Thanks so much for being with us. And that concludes today's web forum. Have a great day.

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