

Sustainable Investments in Health: Prevention and Wellness Funds



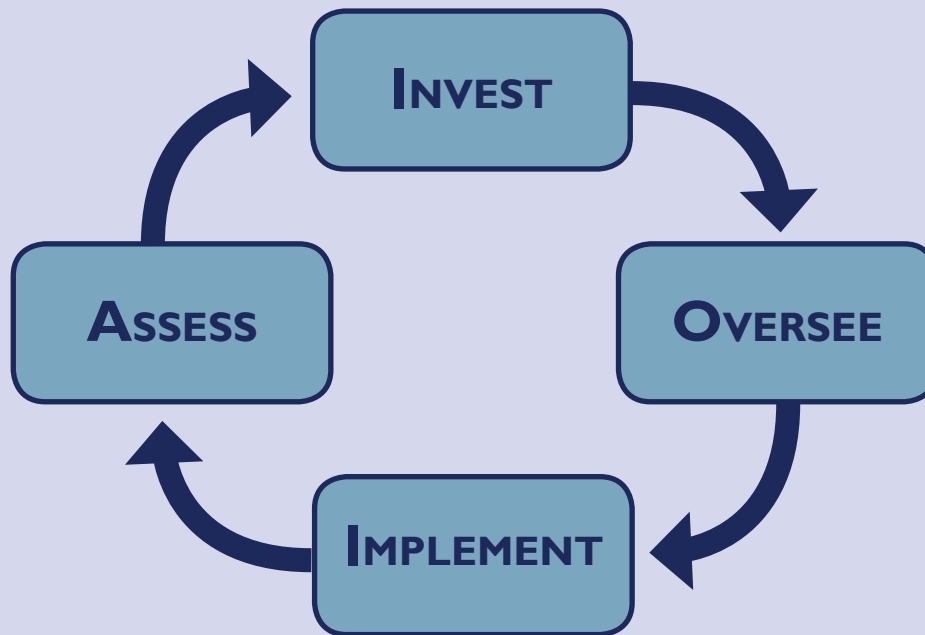
A PRIMER ON THEIR STRUCTURE, FUNCTION & POTENTIAL

THIS DOCUMENT WAS PREPARED
BY PREVENTION INSTITUTE

With the support of:
Blue Shield of California Foundation
The Kresge Foundation
The California Endowment

Sustainable Investments in Health: Prevention & Wellness Funds

A PRIMER ON THEIR STRUCTURE, FUNCTION & POTENTIAL



A Prevention and Wellness Fund is a pool of funds raised as part of a health improvement and cost-containment strategy to finance community prevention interventions. A Prevention and Wellness Fund creates a strategic and coordinated approach at a national, state, regional, or local level to implement evidence-informed and practice-based community prevention activities designed to decrease rates of preventable health conditions, reduce costs, reduce health inequities, and to create environments that support health and safety with the aim of improving population health, one of the three pillars of the Triple Aim.

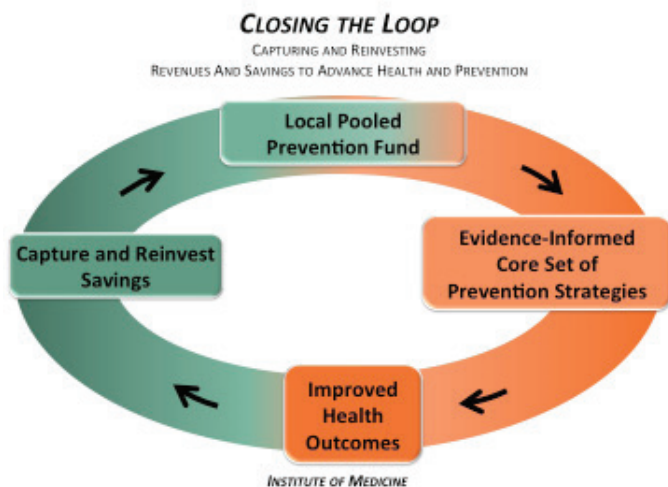
A NEED FOR SUSTAINABLE INVESTMENTS IN HEALTH

Each year in the United States, millions of people suffer unnecessarily from preventable illness and injury. The result is a profound lack of well-being, premature mortality, health and social inequities, and ballooning medical costs. With health care expenditures now topping \$2.8 trillion annually and accounting for 18 percent of our nation's gross domestic product,^{1,2} and with the Affordable Care Act expanding coverage, people are asking ever more urgently how we can start investing in approaches that make people healthier *in the first place*. The evidence is strong that behaviors and environments are major determinants of health outcomes and that the potential rate of return on many investments in community prevention is high.^{3,4,5} According to the Institute of Medicine, health strategies and policies applied at the community or population level are more effective and efficient than individual-level clinical interventions.⁶ Yet despite the evidence, only three cents of every dollar spent on health goes to prevention and public health.⁷ At least three facts are clear to those who have looked closely at the economic mechanics of prevention: (1) Programs and initiatives that support healthy and safe communities require sustained investment; (2) Current funding for prevention remains limited and vulnerable; and (3) Sustainable funding leads to effective and long term prevention of injury and illness.

This primer provides a preliminary analysis of Prevention and Wellness Funds, one of several promising approaches to sustainably fund community prevention efforts. The document is intended to introduce the concept of a Prevention and Wellness Fund to the reader who is not yet familiar with it, as well as to provide substance and texture to those who wish to learn more about how a Prevention and Wellness Fund can be employed to advance prevention.

Prevention Institute conducted a series of interviews with subject matter experts chosen for their experience with prevention and public health initiatives and their expertise in creating dedicated funding streams for a range of issues.ⁱ Our discussions with them were synthesized into this paper, along with a review of literature and an exploration of the existing prevention funding mechanisms in Massachusetts, North Carolina, Minnesota, and California. In addition to Prevention and Wellness Funds, the interviews and literature review also explored related funding mechanisms such as children's trusts, First 5 California, and other funding streams that have supported prevention activities. Finally, a group of advisors was convened to discuss preliminary findings and illuminate practice-based challenges and opportunities for advancing a Prevention and Wellness Fund. This primer reflects Prevention Institute's research and Prevention Institute is solely responsible for its content.

In September 2014, a document published by the Institute of Medicine articulated the need for savings realized through successful prevention efforts to be reinvested in prevention. *Closing the Loop: Why We Need to Invest—and Reinvest—in Prevention* delineates the health and social benefits of allocating targeted revenues—generated in connection with harmful products and behaviors—to be dedicated to reducing injuries and illness in the first place.⁸ This positive feedback mechanism of prevention is called “closing the loop.” Prevention and Wellness Funds are one of a number of instruments that may have the potential to help accomplish this and contribute toward an adequately funded system of health.



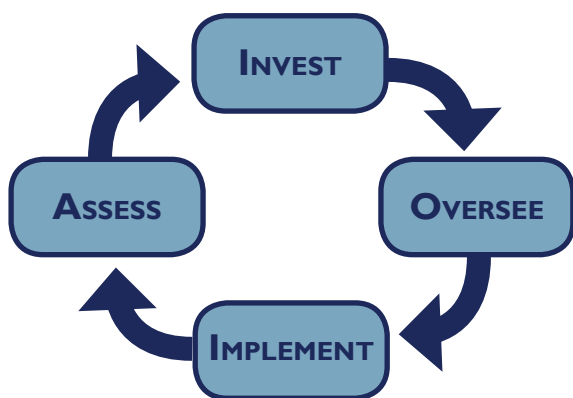
i. The names and affiliations of these subject matter experts are included in Appendix I.

WHAT IS A PREVENTION AND WELLNESS FUND?

A Prevention and Wellness Fund is a pool of funds that is raised as part of a health improvement and cost-containment strategy to fund community prevention interventions. A Prevention and Wellness Fund creates a strategic and coordinated approach at a national, state, regional, or local level to implement evidence-informed and practice-based community prevention activities designed to decrease rates of costly preventable health conditions, reduce health inequities, and create environments that support healthy behaviors.⁹

Prevention and Wellness Funds can be referred to by many different names. Examples include “Prevention and Health Equity Trust,” “Health and Prevention Trust,” “Wellness Trust,” “Children and Families Trust Fund,” and “Pooled Funding for Prevention.” There is a diversity of opinion regarding the most suitable name; for the purpose of this discussion, we use the term Prevention and Wellness Fund.

This document lays out a four-part process for the functioning of a Prevention and Wellness Fund, as represented in the diagram below. First, funds are raised, *invested*, and designated for community prevention activities. These funds are *overseen* by a body that ideally represents the interests of multiple stakeholders, including community residents. Based on the guidance of the oversight body, funds are used to *implement* community prevention interventions that will improve health, contain costs, and respond to local needs and priorities. Both the process and outcomes of making these investments are then *assessed* and a portion of savings are reinvested in future prevention initiatives.



The concept of a Prevention and Wellness Fund has been gaining momentum over the past few years. In 2007, The Brookings Institution, a non-partisan think tank, issued an influential brief proposing a national Prevention and Wellness Fund.¹⁰ Since then, funds and trusts based on similar principles have been formed in states and communities across the country, most notably in Massachusetts and North Carolina. The Massachusetts Prevention and Wellness Trust Fund is currently the nation’s largest, and includes a strong commitment to community prevention efforts. It is financed through a small fee on health insurers and acute care hospitals, and has been funded for \$60 million since 2012.¹¹ The North Carolina Health and Wellness Trust invested one quarter of the state’s Tobacco Master Settlement Agreement funds—estimated to be \$4.6 billion over 25 years—in tobacco cessation and community prevention programs.¹²

MULTIPLE FUNDING STREAMS INCREASE THE POLITICAL BUY-IN FOR THE FUND FROM DIFFERENT CONSTITUENCIES AND INCREASE THE FUND’S FLEXIBILITY, BOTH IN TERMS OF RESOURCES AND PURPOSE. WHILE A SINGLE FUNDING SOURCE MAY CREATE SIMPLER ACCOUNTING AND A MORE FOCUSED TARGET AND ADVOCACY EFFORT, HAVING A DIVERSITY OF SOURCES ALSO MAKES A FUND LESS VULNERABLE TO THE POTENTIAL VOLATILITY OF ANY SINGLE FUNDING STREAM.

As of 2014, there are numerous opportunities on the horizon to further explore the Prevention and Wellness Fund models. The Center for Medicare and Medicaid Innovation within the Centers for Medicare and Medicaid Services plans on providing states with over \$1 billion in funding through its State Innovation Models Initiative, which has broad potential to be invested in state or local Funds. States and municipalities pursuing taxes and fees on sugar-sweetened beverages, tobacco products, alcohol and/or drugs and other products that harm the public’s health are also exploring Funds as

opportunities to invest increased revenues in ways that will instead support and protect health.

INVEST

WHERE SHOULD THE MONEY FOR PREVENTION AND WELLNESS FUNDS COME FROM?

There are a number of potential approaches for generating revenue to invest in a Prevention and Wellness Fund. A Fund does not necessarily imply a mandatory funding pool. Funds could also be generated from voluntary contributions. The viability of the Fund may be bolstered if there is an obvious link between the funding source and the Fund's activities and goals. Jurisdictions interested in establishing a Fund should consider several key factors when determining how to generate funds:

- **Evaluate Feasibility of Funding Sources**

Depending on the specific context and geographic scope of the Fund, some revenue generation structures will be more suitable than others. Each jurisdiction should consider the most likely funding source(s) given political and fiscal constraints and opportunities. Savings realized through successful prevention efforts and funds generated in connection with harmful products and behaviors are particularly suitable sources.¹³ Examples of potential funding sources include:

- Taxes or fees on the consumption, production, or distribution of products with known health risks such as tobacco, sugary beverages, and alcohol, as well as emerging products such as recreational marijuana
- Voluntary contributions from community development funds, community benefits and other philanthropic sources, as well as private investment
- Voluntary purchases, where people buy a good or service with an understanding that part or all of the cost will go toward a specific fund or program (e.g., California's Kids' Plates license plates program, which allows motor vehicle owners to purchase a customized license plate

with all proceeds benefitting child health and safety initiatives)

- Taxes on certain population segments (e.g., individuals with annual incomes greater than \$1 million) or enterprises
- Fees charged to health insurers and/or acute care hospitals
- Social impact bonds
- Legal penalties or settlements
- Once efforts are underway and are successfully generating savings through prevention efforts, a portion of these savings should be reinvested in the Fund

- **Consider Multiple Funding Sources**

There are numerous advantages to a Fund that braids a variety of funding sources. Multiple funding streams increase the political buy-in for the fund from different constituencies and increase the Fund's flexibility, both in terms of resources and purpose. While a single funding source may create simpler accounting and a more focused target and advocacy effort, having a diversity of sources also makes a Fund less vulnerable to the potential volatility of any single funding stream. Further, no one funder or funding source maintains sole responsibility for community prevention investments, but rather a collective contributes to the fund. Regardless of the revenue generation approach, state or federal funds could be leveraged to have a greater reach and impact, sometimes in the form of a matching grant. In addition to resources in the Fund, there may be the opportunity to leverage funds to align with initiatives that have parallel goals, such as independent philanthropic investments. Furthermore, it is essential for prevention funds to be cross-cutting (e.g., tobacco tax funds invested in food access, sugary drink taxes invested in safe parks, etc.) in order to avoid the balkanization of prevention and the diminishment of overarching prevention approaches and community building.

OVERSEE

WHAT TYPE OF LEADERS SHOULD BE ACCOUNTABLE FOR THE PREVENTION AND WELLNESS FUND?

As evidenced by existing efforts in Massachusetts, North Carolina, Minnesota, and California, there are a number of ways to structure the oversight of a Prevention and Wellness Fund. To ensure that a Fund invests resources in the most promising and relevant approaches and with the interests of multiple stakeholders in mind, an oversight body such as a Board of Trustees and/or Advisory Board should be established to provide fiscal and legal oversight; this will also help ensure transparency in decision-making processes and build confidence in the Fund among community residents. Different locales will choose different constituencies to accomplish this work, which is entirely appropriate. Yet the leaders responsible for fund oversight must be able to accomplish the following:

- **Ensure Local Priorities and Autonomy**

A Fund should have support and oversight at the level at which funds are expended and activities implemented. Community residents and stakeholders who are impacted by funds should have a substantial role in the priority setting, decision making, and oversight of a Fund. Local buy-in and oversight helps to translate Fund strategic directions in ways that are most likely to succeed in light of local conditions and can serve to align local resources and leaders on a shared agenda. Ensuring meaningful participation of local stakeholders is also a matter of building the long-term capacity to advance community prevention work by endowing local actors with the skills, systems, and networks required to solve problems. Leaders should foster this community involvement and support it through their own experience and expertise.

- **Generate Multi-Sector Buy-In and Leverage Other Funding**

In many places, distinct entities—such as redevelopment, community benefits, and planning agencies—work to enhance community environments,

sometimes without coordinating efforts or explicitly focusing on health and health equity. Establishing a Prevention and Wellness Fund with multi-sector buy-in and oversight can help facilitate more coordinated decision-making and resource alignment to promote community well-being. Public health agencies, too, should represent key stakeholders in the oversight of a Fund based on their mandate to protect public health, their experience with prevention work, and their facility with health data and evidence-informed practices.

Multi-sector buy-in can also occur outside of direct investment in the Fund. Philanthropies, federal programs, and other potential funders who may not be ready to invest in the fund itself can be leveraged through matching funds or direct contributions to specific investments of the Fund.

- **Establish State Government Support**

Regardless of the geographic scale of a Fund, there are significant advantages to garnering support from state governments. State support can give a Fund more weight and legitimacy. Further, many of the entities involved in a Fund are likely to operate at a state level and many of the systems involved—financial and data collection in particular—are regulated and implemented with state input. Whether the nature of state level support is financial, administrative, or merely an endorsement depends on the context; in some cases, oversight and administration are more appropriately managed at the local level. State level infrastructure to oversee a Fund should only be developed when the necessity, fiscal implications, and impact on local autonomy and innovation has been carefully considered.

IMPLEMENT

HOW ARE PREVENTION AND WELLNESS FUND PRIORITIES ESTABLISHED AND FUNDED?

There is a growing body of evidence demonstrating the effectiveness and cost-efficiency of implementing community prevention interventions and at the same time

there remains much room to innovate and adapt approaches to fit a given geographic scale or set of population conditions. Several existing place-based initiatives funded by the federal government (e.g., Community Transformation Grants), state governments (e.g., Minnesota's State Health Improvement Program), philanthropy (e.g., The California Endowment's Building Healthy Communities initiative), and hospital community benefits (e.g., Kaiser Permanente's Healthy Eating Active Living program) have adopted different approaches to selecting locations and funded activities. While the precise structure and criteria for investments will depend on the local context, jurisdictions interested in establishing a Fund should:

- **Select Disbursement Approaches**

Prevention and Wellness Fund monies could be distributed through a competitive funding process, population-based allocations, or a hybrid approach that provides grants across a geographic region and sets aside funds for more targeted investments. There are pros and cons to each approach related to the number of people who will be impacted, the extent to which innovation is likely to be advanced, the quality of the accountability and evaluation that will result, and whether the process will privilege communities that already have the strongest existing assets and networks (potentially exacerbating inequities). The best approach will depend on the conditions in a given state, region, or local geography.

- **Set Specific Criteria**

Regardless of the geographic scale of a Fund, a number of criteria can be used to define funding priorities. Focusing on criteria, at least in theory, provides recipients of funds the most flexibility and creativity in developing implementation plans. Potential criteria includes:

- **Population**

Population in this context is meant broadly and could, for instance, refer to residents of communities that have high resource needs, people with certain demographic or health characteris-

tics (e.g., young people or people with asthma), or people who receive specific public benefits (e.g., Medicaid). Defining the population is one way to encourage certain impacts from the funding, and can guide the Fund's structure by identifying the initiatives and evaluation metrics that are best positioned to deliver results based on the population focal points.

- **Equity, Opportunity, and Fairness**

Health inequities are major drivers of health-care costs. They also result in unjust burdens of illness and injury, and limit the ability of individuals, families, and communities to take advantage of educational and economic opportunities. Focusing on priority populations can maximize prevention investments.¹⁴ For example, by particularly targeting activities in communities with the heaviest burden of environmental hazards such as air pollution, unsafe streets, and limited access to fresh and healthy foods, investments could have greater health impacts and engagement with partners who are also focusing on those geographies. How issues of equity, opportunity, and fairness are framed and the balance of equity specific to community-wide approaches will depend on the local political context. The governance of a Fund must be responsive to the needs of its constituent communities, so engaging local voices through community participation is one element of a broader process to ensure that the Fund contributes to more equitable outcomes.

- **Priority Activities**

A governing board is able to define a set of very specific programs or activities that are eligible to receive funds (e.g., Safe Routes to School programs or farmers markets). While a narrow focus could limit the administrative needs of a Fund and increase the strength of support from specific constituencies who endorse the selected strategies, a broader focus could also expand the range of supporters and

partnerships and encourage innovation and responsiveness to local priorities.

- **Create a Balanced Portfolio of Prevention Investments**

It may take time to see the results of population-level prevention investments. Rates of injury and chronic diseases, which are major drivers of health care costs, can be slow to change. This reality needs to be balanced with the desire and need to show immediate return on investment (ROI). Certain interventions (such as targeting environmental hot spots for asthma) produce health benefits and cost savings over the short and medium terms, while others (like expanding early-childhood education) take more time to unfold. Using a combination of short, medium, and long term approaches can balance the need to demonstrate immediate ROI and seed long term change;¹⁵ it can also attract a variety of funders, as some may be interested in short term ROI while others want to make a longer term investment. Additionally, while it is important to build on evidence-based approaches, the existing scientific evidence is constantly evolving to more fully capture evidence of effectiveness and community-based wisdom. Balancing investments in evidence-based practices with community solutions and innovative interventions can help achieve the goals of a Fund and advance community prevention practice. For this reason, the term “evidence-informed” has been used throughout this work.

HEALTH INEQUITIES ARE MAJOR DRIVERS OF HEALTH CARE COSTS. THEY ALSO RESULT IN UNJUST BURDENS OF ILLNESS AND INJURY, AND LIMIT THE ABILITY OF INDIVIDUALS, FAMILIES, AND COMMUNITIES TO TAKE ADVANTAGE OF EDUCATIONAL AND ECONOMIC OPPORTUNITIES. FOCUSING ON PRIORITY POPULATIONS CAN MAXIMIZE PREVENTION INVESTMENTS.

- **Build Capacity**

Training and technical assistance can be used to build the capacity of potential applicants to the fund. This ensures that more potentially eligible applicants are ‘brought along’ and their skill in developing an effective proposal is strengthened. As prevention investments are made, applicants may seek support in the form of technical assistance to build their own organizational, or community-wide, capacity; to strengthen implementation; or to support evaluation. A technical assistance package should be developed based on an assessment of the skills and capacities of prospective applicants and fund recipients, and should be designed to further the communitywide aims that the Prevention and Wellness Fund was established to address.

ASSESS

HOW CAN SUCCESS BE MEASURED?

Prevention and Wellness Funds are still in their nascent stage in the United States. Quality assessments will build the evidence base for prevention, allow for ongoing improvement of community programs, establish stakeholder support, and provide the rationale for continued investment in community prevention. To facilitate effective assessment, a Prevention and Wellness Fund should establish clearly defined goals and objectives, as well as interim steps towards change. Key assessment objectives include:

- **Assess Both Process and Outcomes**

It is important to understand what makes a Prevention and Wellness Fund effective and why. Assessing the processes used can demonstrate how to effectively structure and oversee Funds in various contexts. Does the Fund include the community in a meaningful way? Is it linked with multi-sectoral partnerships like community benefits? Does it operate in line with best practices from the finance world? Assessing the outcomes of investments made can illuminate the best approaches to achieve the goals of a Fund, such as how much funding is required to have significant impacts over short,

medium, and long term periods, and what the return on investment is for various interventions.

- **Incorporate a Diversity of Data**

Using both quantitative and qualitative methods will make the assessment more robust. Counts, measurements, process analysis, and stories of what made a real difference in communities are all important approaches to determine the impact of a Prevention and Wellness Fund. Data should include outcomes in terms of community determinants – measures that reveal changes in what determines health at a community level (e.g., increased walkability and safety). Data should be presented in formats that are easily understood by community residents and non-technical experts to will help ensure that those impacted by Fund activities have an understanding of the Fund’s rationale, goals, impacts, and trajectory over time.

- **Capture and Reinvest the Savings in Community Prevention**

After assessing the success of a Fund, one key opportunity is to capture the savings generated by the Fund activities. We know that prevention saves lives and money,¹⁶ yet these savings are rarely reinvested in the community groups, organizations, and agencies that do prevention work; instead the benefits of prevention are often dispersed among a range of government and service organizations. Once a Fund has been assessed and the most effective, cost-efficient, and equitable practices are understood, the governing board must find a way to translate these savings into reinvestment in the Fund.

In many cases, the assessment of ROI will depend on national information rather than local metrics. Ideally, shared savings models should be agreed upon in advance with the parties that benefit from these investments. Benefits must be mutual. For example, when Fund activities reduce health care expenditures, payers should realize some of those savings, but a significant portion needs to be returned back to the prevention activities that

created it. Simply put, prevention success should catalyze further investment in prevention in order to save even more lives and costs. It is also essential to remember that not all successful prevention efforts can or should be measured through short-term return on investment analyses—prevention is fundamentally about effectively improving well-being and equity, with the added benefit of lowering costs.

ESTABLISHING PREVENTION INFRASTRUCTURE

The Affordable Care Act has created a wellspring of thinking about how to promote the triple aim of better health, better care, and lower costs. Ever more evidence indicates that interventions and policy changes that promote community prevention are cost-effective strategies for improving health and safety outcomes in health care settings and at a population level. Effective primary prevention reduces unnecessary suffering and saves lives.^{17,18} Prevention and Wellness Funds pose a promising opportunity for creating focused, significant resources for prevention. Such Funds can create revenue streams that allow practitioners to work across sectors and silos, distribute the responsibility for prevention across vested stakeholder groups, and support community priorities that are currently unfunded or chronically underfunded. Moving from concept to initial community successes to broad implementation will require careful consideration and collaborative engagement. The potential impact of successfully taking on this work is nothing short of a step toward transforming our national approach to health.

SUBJECT MATTER EXPERTS

Andrew Deckert, Shasta County Public Health Department
George Flores, The California Endowment
Harold Goldstein, California Center for Public Health Advocacy
Ryan Guillen, California Senator Bill Monning's Office
Tony Iton, The California Endowment
Neal Kaufman, DPS Health
Barbara Masters, Masters Policy Consulting
Mark Pertschuk, Grassroots Change
Robert K. Ross, The California Endowment
Patricia Ryan, California Mental Health Directors Association, retired
Marion Standish, The California Endowment
Elva Yanez, Colibri Strategies
Many Staff Members of the California Department of Public Health

ACKNOWLEDGEMENTS

Prevention Institute Authors

Larry Cohen, MSW
Leslie Mikkelsen, MPH, RD
Manal Aboelata, MPH
Jeremy Cantor, MPH
Rachel Bennett, MPH, MURP
William L. Haar, MPH, MSW

Cover Photo Credits

Cover photos from left to right by [cc: North Charleston](#); [cc: David Robert Bliwas](#); [cc: Robert Neff](#); [cc: USFS Region 5](#).

REFERENCES

1. FLEMING C. US HEALTH SPENDING GROWTH PROJECTED TO AVERAGE 5.8 PERCENT ANNUALLY THROUGH 2022. *HEALTH AFFAIRS BLOG*, SEPTEMBER 18, 2013. AVAILABLE AT: [HTTP://HEALTHAFFAIRS.ORG/BLOG/2013/09/18/US-HEALTH-SPENDING-GROWTH-PROJECTED-TO-AVERAGE-5-8-PERCENT-ANNUALLY-THROUGH-2022](http://healthaffairs.org/blog/2013/09/18/us-health-spending-growth-projected-to-average-5-8-percent-annually-through-2022).
2. EXECUTIVE OFFICE OF THE PRESIDENT, COUNCIL OF ECONOMIC ADVISERS. THE ECONOMIC CASE FOR HEALTH CARE REFORM. 2009. AVAILABLE AT: [HTTP://WWW.WHITEHOUSE.GOV/ASSETS/DOCUMENTS/CEA_HEALTH_CARE_REPORT.PDF](http://www.whitehouse.gov/assets/documents/CEA_Health_Care_Report.PDF).
3. MOKDAD AH, MARKS JS, STROUP DF, GERBERDING JL. (2004). ACTUAL CAUSES OF DEATH IN THE UNITED STATES, 2000. *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*; 291(10): 1238-1245.
4. BIPARTISAN POLICY CENTER. LOTS TO LOSE: HOW AMERICA'S HEALTH AND OBESITY CRISIS THREATENS OUR ECONOMIC FUTURE. 2012. AVAILABLE AT: [HTTP://BIPARTISANPOLICY.ORG/SITES/DEFAULT/FILES/5023_BPC_NUTRITIONREPORT_FNL_WEB.PDF](http://bipartisanpolicy.org/sites/default/files/5023_BPC_NUTRITIONREPORT_FNL_WEB.PDF).
5. PREVENTION INSTITUTE, TRUST FOR AMERICA'S HEALTH, URBAN INSTITUTE, AND NEW YORK ACADEMY OF MEDICINE. PREVENTION FOR A HEALTHIER AMERICA. 2008. AVAILABLE AT: [WWW.PREVENTIONINSTITUTE.ORG/COMPONENT/JLIBRARY/ARTICLE/ID-75/127.HTML](http://www.preventioninstitute.org/component/jlibrary/article/id-75/127.html).
6. INSTITUTE OF MEDICINE. FOR THE PUBLIC'S HEALTH: THE ROLE OF MEASUREMENT IN ACTION AND ACCOUNTABILITY. 2011. AVAILABLE AT: [HTTP://IOM.EDU/REPORTS/2010/FOR-THE-PUBLICS-HEALTH-THE-ROLE-OF-MEASUREMENT-IN-ACTION-AND-ACCOUNTABILITY.ASPX](http://iom.edu/reports/2010/for-the-public-health-the-role-of-measurement-in-action-and-accountability.aspx).
7. THE AMERICAN PUBLIC HEALTH ASSOCIATION: CENTER FOR PUBLIC HEALTH POLICY. THE PREVENTION AND PUBLIC HEALTH FUND: A CRITICAL INVESTMENT IN OUR NATION'S PHYSICAL AND FISCAL HEALTH. JUNE 2012. AVAILABLE AT: [HTTP://WWW.APHA.ORG/NR/RDONLYRES/8FA13774-AA47-43F2-838B-1B0757D111C6/0/APHA_Prev-FundBrief_June2012.PDF](http://www.apha.org/NR/rdonlyres/8FA13774-AA47-43F2-838B-1B0757D111C6/0/APHA_Prev-FundBrief_June2012.PDF).
8. COHEN L, ITON A. CLOSING THE LOOP: WHY WE NEED TO INVEST—AND REINVEST—IN PREVENTION. *THE INSTITUTE OF MEDICINE: DISCUSSION PAPER*. PUBLISHED SEPTEMBER 9, 2014. [HTTP://WWW.IOM.EDU/~MEDIA/FILES/PERSPECTIVES-FILES/2014/DISCUSSION-PAPERS/CLOSINGTHELOOP.PDF](http://www.iom.edu/~media/files/perspectives-files/2014/discussion-papers/closingtheloop.pdf).
9. MASSACHUSETTS PUBLIC HEALTH ASSOCIATION. FACT SHEET: THE MASSACHUSETTS PREVENTION AND WELLNESS TRUST FUND. 2012. AVAILABLE AT: [HTTP://WWW.MPHAWEB.ORG/DOCUMENTS/PREVANDWELLNESSTRUSTFUND-MPHAFACTSHEETUPD-EDOct12.PDF](http://www.mphaweb.org/documents/PrevAndWellnessTrustFund-MPHAFactSheetUpdateOct12.pdf).
10. LAMBREW JM. A WELLNESS TRUST TO PRIORITIZE DISEASE PREVENTION. *THE BROOKINGS INSTITUTION*. 2007. AVAILABLE AT: [HTTP://WWW.BROOKINGS.EDU/~MEDIA/RESEARCH/FILES/PAPERS/2007/4/USECONOMICS%20LAMBREW/04USECONOMICS_LAMBREW](http://www.brookings.edu/~media/research/files/papers/2007/4/useconomics%20Lambrew/04useconomics_Lambrew).
11. MCGILL N. MASSACHUSETTS AFFILIATE LEADS FIGHT FOR \$60 MILLION STATE HEALTH TRUST FUND. *THE NATION'S HEALTH*. 2013; 43: 1-19.
12. NORTH CAROLINA HEALTH AND PREVENTION AND WELLNESS TRUST FUND. (N.D.). AVAILABLE AT: [HTTP://WWW.HWTFC.ORG](http://www.hwtfc.org).
13. COHEN L, ITON A. CLOSING THE LOOP: WHY WE NEED TO INVEST—AND REINVEST—IN PREVENTION. *THE INSTITUTE OF MEDICINE: DISCUSSION PAPER*. PUBLISHED SEPTEMBER 9, 2014. [HTTP://WWW.IOM.EDU/~MEDIA/FILES/PERSPECTIVES-FILES/2014/DISCUSSION-PAPERS/CLOSINGTHELOOP.PDF](http://www.iom.edu/~media/files/perspectives-files/2014/discussion-papers/closingtheloop.pdf).
14. PREVENTION INSTITUTE, TRUST FOR AMERICA'S HEALTH, URBAN INSTITUTE, AND NEW YORK ACADEMY OF MEDICINE. PREVENTION FOR A HEALTHIER AMERICA: INVESTMENTS IN DISEASE PREVENTION YIELD SIGNIFICANT SAVINGS, STRONGER COMMUNITIES. 2008. AVAILABLE AT: [HTTP://WWW.PREVENTIONINSTITUTE.ORG/COMPONENT/JLIBRARY/ARTICLE/ID-75/127.HTML](http://www.preventioninstitute.org/component/jlibrary/article/id-75/127.html).
15. HESTER JA, STANGE PV. A SUSTAINABLE FINANCIAL MODEL FOR COMMUNITY HEALTH SYSTEMS. *INSTITUTE OF MEDICINE DISCUSSION PAPER*. 2014. AVAILABLE AT: [HTTP://SELFMANAGEMENTALLIANCE.ORG/WP-CONTENT/UPLOADS/2014/03/SUSTAINABLEFINANCIALMODEL.PDF](http://selfmanagementalliance.org/wp-content/uploads/2014/03/SustainableFinancialModel.pdf).
16. PREVENTION INSTITUTE, TRUST FOR AMERICA'S HEALTH, URBAN INSTITUTE, AND NEW YORK ACADEMY OF MEDICINE. PREVENTION FOR A HEALTHIER AMERICA: INVESTMENTS IN DISEASE PREVENTION YIELD SIGNIFICANT SAVINGS, STRONGER COMMUNITIES. 2008 AVAILABLE AT: [HTTP://WWW.PREVENTIONINSTITUTE.ORG/COMPONENT/JLIBRARY/ARTICLE/ID-75/127.HTML](http://www.preventioninstitute.org/component/jlibrary/article/id-75/127.html).
17. CHOKSHI DA, FARLEY TA. THE COST-EFFECTIVENESS OF ENVIRONMENTAL APPROACHES TO DISEASE PREVENTION. *NEW ENGLAND JOURNAL OF MEDICINE*. 2012; 367: 295-297.
18. GOETZEL RZ. DO PREVENTION OR TREATMENT SERVICES SAVE MONEY? THE WRONG DEBATE. *HEALTH AFFAIRS*. 2009; 28: 37-41.

