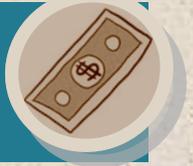


PREVENTION

Vermont's key to save
the state

"In terms of cost containment, if we don't have a statewide capacity to really prevent the growth in **chronic disease**, the only other option you have for controlling costs is just by slashing payment rates," Ken Thorpe

\$MILLIONS



*More than 80% of Vermont's Health Care Spending is used to treat Chronic Conditions. **

By investing in prevention programs that address tobacco use, obesity and access to cancer screenings we can prevent chronic disease, save lives and save Vermont millions in reduced health care costs.

ACS-CAN urges the Committee to reject proposed cuts in the Governor's FY16 budget including:

- Approximately \$200,000 in cuts to Vermont's Tobacco Control Program (including evaluation funding that ensures effective spending of state dollars)
- Another \$45,000 would be cut from the Health Department's portion of the program which comes on top of a \$68,000 cut the previous year
- The lack of state appropriations for the Ladies First program, which provides critical cancer and heart health screenings for low-income Vermont women.
- The \$300,000 cut to all of the state's obesity prevention grant funding.

A study in the *American Journal of Public Health* found that for every dollar spent by Washington State's tobacco prevention and control program between 2000 and 2009, more than five dollars were saved by reducing hospitalizations for heart disease, stroke, respiratory disease and cancer caused by tobacco use.

According to the 2012 Behavioral Risk Factor Surveillance System (BRFSS), only 31% of uninsured Vermont women ages 50 to 74 had a mammogram in the last two years and 72% had been screened for cervical cancer in the last three years. Those rates are significantly lower than screening rates for women with insurance coverage, who were screened at 82% for both breast and cervical cancer.

VT Prevention Investment vs. Health Care Costs

Vermont's annual price tag for obesity-related health care costs =

\$202 million

Yet, overweight and obesity are linked with an increased risk of development and recurrence of several life-threatening cancers, including colon, esophageal, kidney, pancreatic, endometrial, prostate and postmenopausal breast cancer and approximately **10,273** Vermonters currently live with an obesity-related cancer diagnosis.

Vermont investment into Ladies First Breast and Cervical Cancer Screening Program = **\$0**

Yet, the average cost for Breast Cancer Treatment multiplied by the number of low-income Vermonters needing screening in 2014: $\$100,000 \times 2,103 =$

\$21,030,000

The state brings in **\$102 million** in tobacco tax revenue and MSA settlement dollars, yet only invests **\$3.9 million** into tobacco control, which equals a paltry **3.6 percent**. Even when we spend **\$348 million** annually on tobacco related health care costs.

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ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to encourage elected officials and candidates to make cancer a top priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard.

The American Cancer Society Cancer Action Network • www.acscan.org/vermont

