

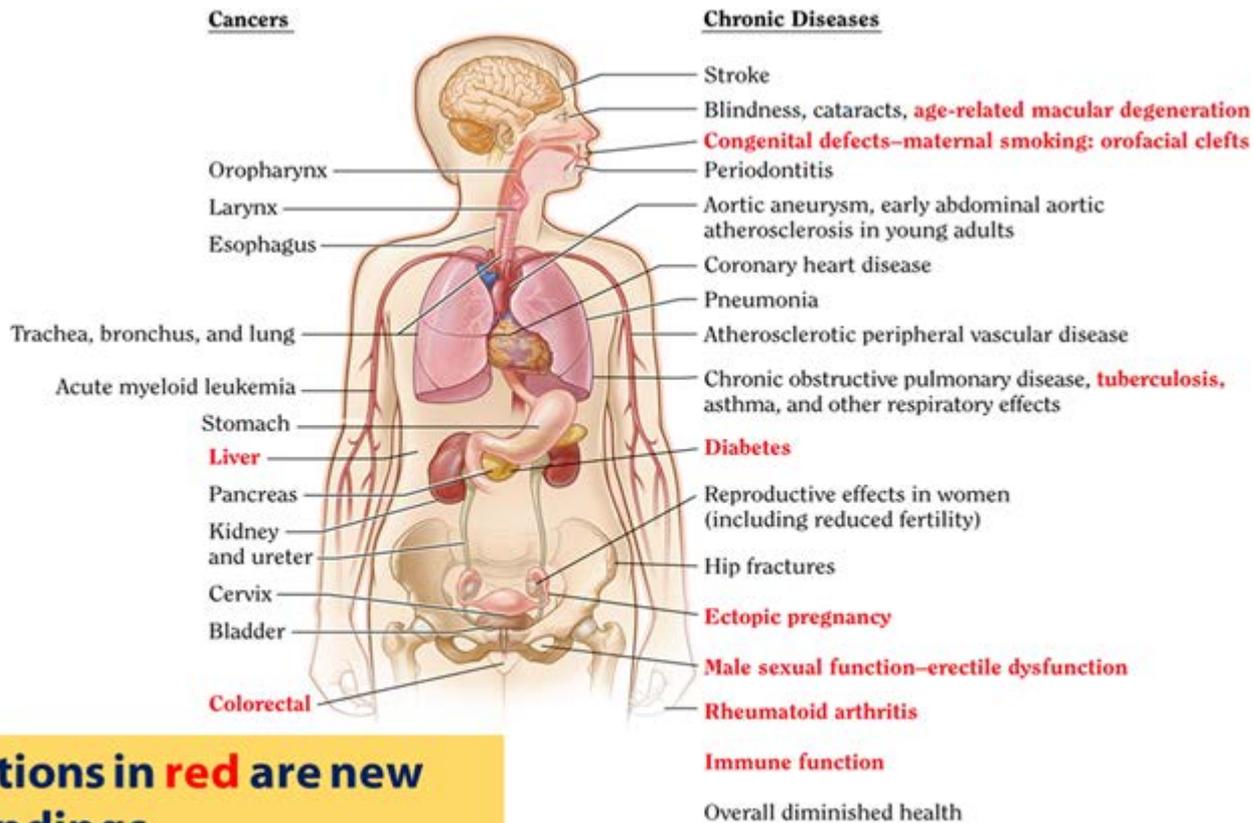
FUND FOR A
HEALTHY  **MAINE**

HONOR THE LEGACY. PROTECT THE FUTURE.

*Presented by the Friends of the Fund for a
Healthy Maine ~ September 2015*

 Tobacco use is a major preventable cause of premature death and disease worldwide.

 Tobacco kills more people in Maine than alcohol, AIDS, car crashes, illegal drugs, murder and suicide **COMBINED**.



Conditions in **red** are new SGR findings

TOBACCO'S TOLL IN MAINE



Kids now under 18 and alive in Maine who will ultimately die prematurely from smoking = 27,000

Annual health care costs in Maine directly caused by smoking = \$811 million

Portion covered by MaineCare = \$261.6 million

Smoking-caused productivity losses in ME = \$647 million

For each death, it is estimated that 30 more suffer from tobacco-related illness

https://www.tobaccofreekids.org/facts_issues/toll_us/maine

Tobacco IS a Winnable Battle

- Sustained funding of comprehensive programs
- Excise tax increases
- 100% smoke-free policies
- Aggressive media campaigns
- Cessation services access
- Comprehensive advertising restrictions

CDC Winnable Battles

<http://www.cdc.gov/winnablebattles/>

Solving the Puzzle of Maine's Tobacco Problem

POLICIES & PROGRAMS THAT WORK

TOBACCO TREATMENT PROGRAMS

COMMUNITY EDUCATION & ENGAGEMENT

RESTRICT MINORS' ACCESS TO TOBACCO

MASS-REACH MEDIA

INFRASTRUCTURE & MANAGEMENT

TOBACCO PRICE INCREASES

SURVEILLANCE & EVALUATION

SMOKE-FREE POLICIES

Evidence-based best practices from the U.S. Centers for Disease Control & Prevention, Office on Smoking and Health. For more information, go to www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf



Fund for a Healthy Maine Mission

Creating Opportunity for Greater Health and Lowering Costs for Everyone



Goals

1. Prevent chronic disease
2. Improve health status
3. Reduce future health costs



**75% of Health Care Costs are a Result of
Chronic Disease.**

*We have the tools we need to significantly
reduce this number.*

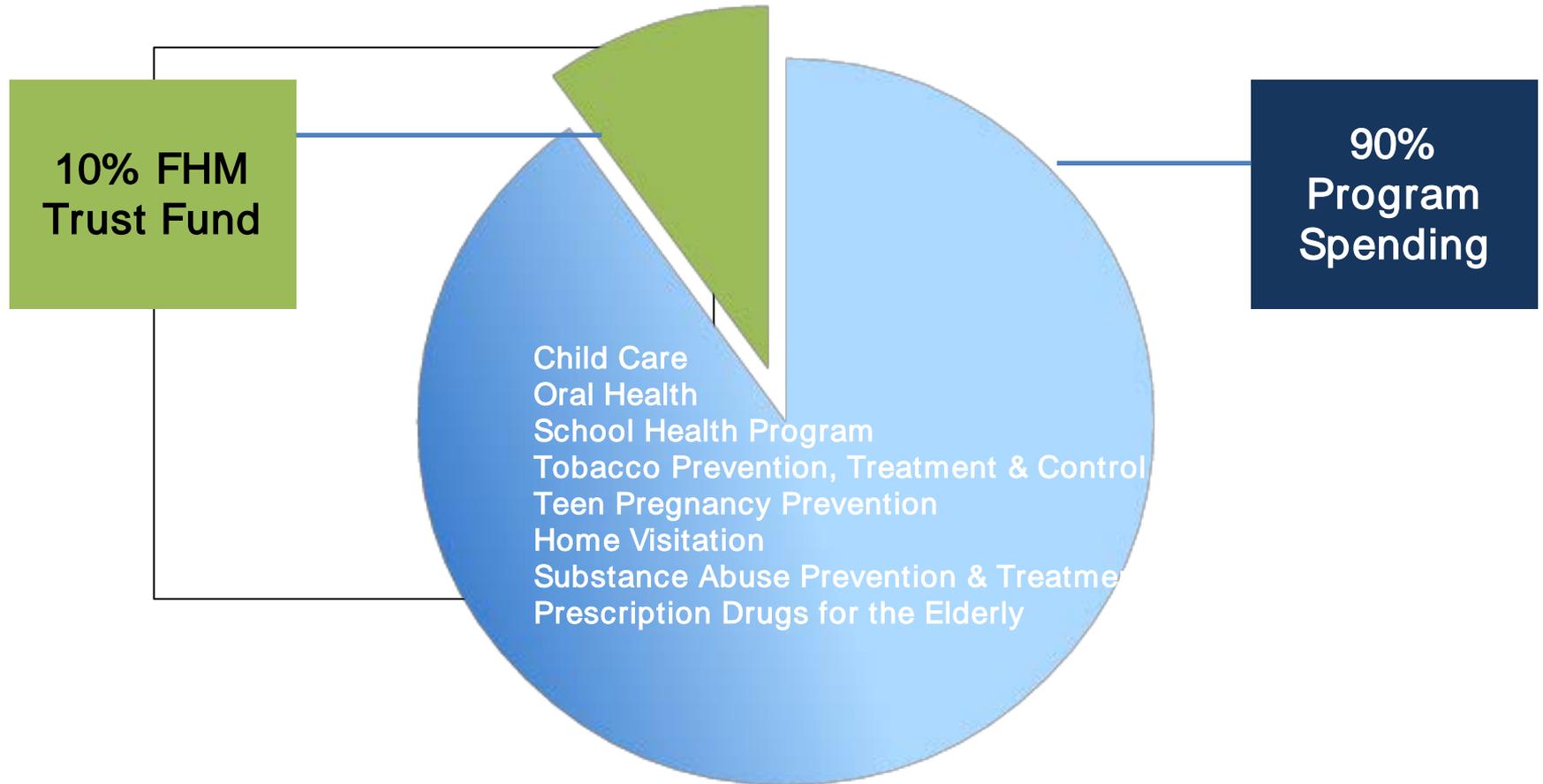
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Original Allocations

- **Smoking prevention, cessation and control activities**, including, but not limited to, reducing smoking among the children of the State [In 2012 Obesity Prevention was added as an allowable use];
- **Prenatal and young children's care**, including home visits and support for parents of children from birth to 6 years of age;
- **Child care for children up to 15 years of age**, including after-school care; Health care for children and adults, maximizing to the extent possible federal matching funds;
- **Prescription drugs for adults who are elderly or disabled**, maximizing to the extent possible federal matching funds;
- **Dental and oral health care to low-income persons** who lack adequate dental coverage;
- **Teen Pregnancy Prevention**;
- **Substance abuse prevention and treatment**; and
- **Comprehensive school health programs**, including school-based health centers.

Original Allocation Vision



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FHM Timeline

1998- Landmark Master Tobacco Settlement Case Win in Federal Court. Maine participated in the national tobacco settlement because many Maine people suffered disease and death as a result of tobacco use encouraged by the deceptive practices of the tobacco industry.

1999- The Fund for a Healthy Maine (FHM) was created by the Maine Legislature to receive and disburse Maine's annual tobacco settlement payments.

2000- Allocations began to 8 categories of the FHM.

2009- OPEGA review of the FHM.

2011- Legislative Study Commission of the FHM.





Legislative Study Commission Recommendations (8)

1. Change the Fund for a Healthy Maine to a separate fund. Amend the Fund for a Healthy Maine law to change the Fund for a Healthy Maine from a group of programs within Other Special Revenue Funds to a separate fund. Maintain current law on revenues paid into the fund.

Legislation passed 125th, LD 1884 - never implemented

2. Include health promotion and prevention and overweight and obesity to the list of health purposes for the Fund for a Healthy Maine. Amend the Fund for a Healthy Maine law to broaden "health-related purposes" to "prevention and health promotion purposes." Also amend the list of prevention and health promotion purposes to include overweight and obesity prevention, education and treatment activities.

Legislation Passed 125th, LD 1855 was implemented

3. Require separate accounts and annual reporting about the use of Fund for a Healthy Maine funds. Amend the Fund for a Healthy Maine law to require contractors, vendors and state agencies receiving funding from the Fund for a Healthy Maine to maintain money received from the Fund for a Healthy Maine in separate accounts and to provide a description of how Fund for a Healthy Maine funds for the prior state fiscal year were targeted to the prevention and health promotion purposes specified in the law. Require the Commissioner of Administrative and Financial Services to compile reports and forward information to the Legislature annually.

Legislation Passed 125th, LD 1884 - never implemented

4. Require Health and Human Services Committee review of Fund for a Healthy Maine legislation. Amend the Fund for a Healthy Maine law to require review by the joint standing committee having jurisdiction over health and human services all matters of legislative proposals that affect the Fund for a Healthy Maine that have majority support in the committee to which the legislation was referred. This mirrors the provision currently in Joint Rule 317. This recommendation was adopted by a majority vote of 9 to 3. The minority supported continuing to impose review requirements under Joint Rule 317.

Legislation Passed 125th, LD 1884, was implemented



Legislative Study Commission Recommendations (8)

5. Require study commission review of Fund for a Healthy Maine allocations every four years. Amend the Fund for a Healthy Maine statute to require the Legislature to establish a study commission to review allocations of the Fund for a Healthy Maine beginning in 2015 and every four years thereafter. The composition and duties of the commission would mirror the current commission under Resolve 2011, chapter 112. *Not Implemented*

6. Recommendations regarding separate program accounts. Direct the Commissioner of Administrative and Financial Services to review program structure for the programs of the Fund for a Healthy Maine and to recommend a new program structure, including a program for overweight and obesity prevention, education and treatment, beginning in state fiscal year 2014-2015. Funding for the new overweight and obesity program is from funding currently provided for this purpose under existing programs.

Legislation Passed 125th, LD 1855 - never implemented

7. Issue a statement of support for funding continued enforcement by the Office of the Attorney General. Include in the recommendations of the Commission a statement of support for continued funding for the Office of the Attorney General from the Fund for a Healthy Maine to enable the office to continue diligent enforcement of the tobacco master settlement agreement in accordance with the requirements of Title 22, chapter 263, subchapters 3 and 4. *Legislation Not Required - Implemented*

8. Issue a statement of support for investments in public health and prevention and for the original intent of the funding. Include in the recommendations of the Commission a statement that the Commission recognizes the importance of investments in public health and prevention and believes that the original intent of the funding should be maintained and efforts should be made to eliminate health disparities. The statement will also include the following: "Access to adequate health coverage and support for building relationships with health care providers and the health care system are critical to the individual's ability to access important prevention, education and treatment resources related to smoking and tobacco, overweight and obesity, prenatal and young children's care, child care, health care, prescription drugs, dental and oral health care, substance abuse, school health and nutrition programs and counseling on ways to improve individual health behaviors." *Legislation Not Required - Not Implemented*

Obesity Successes

- 56.2% of adults are meeting physical activity recommendations, a 12% increase since 2011.
- There was a statistically significant increase from 2009 to 2013 in the percentage of students in grades 5 (18% increase) and 9-12 (5% increase) who reported daily intake of 5 or more fruits and vegetables.
- Students who report drinking zero sugary beverages per day has increased by 5% since 2011.
- From 2011 to 2013, the prevalence of obesity and overweight for students in grades 5 and 7-12 remains steady with no statistically significant changes. While decreasing the prevalence of obesity is the ultimate goal, a positive first step is having rates remain steady.



Community & School Grants/Tobacco

HMPs fill the gaps where private health care falls short.

School health, workplace wellness, youth smoking and alcohol and substance abuse, obesity, and senior wellness are some areas where HMPs deliver programmatic prevention and control strategies based on community needs.

HMP programs affect 100% of your constituents.

Babies, older youth, adults and the elderly benefit from HMP programs.

HMPs have the goal of long-term prevention versus short-term treatment. Medicine prescribed by a doctor helps one person, while the comprehensive public health prevention programs of HMPs help thousands avoid unhealthy choices that lead to illness or chronic disease.

HMPs are highly localized to Maine communities. The coalition-based approach to the work of HMPs helps identify specific community and region needs. The approach also ensures that HMP funding is used efficiently and put to use where it is most needed.

HMPs assess and address emerging health threats. Recent examples include the response to the H1N1 and the rapid growth of electronic cigarettes.



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Creation of a Public Health Delivery System & Infrastructure

HMP's rely on monies from the Fund to continue to support community-based outreach – otherwise they would not exist.

Total investment in HMPs is \$90 million total over 14 years.

HMPs have leveraged over 19 million dollars in private and federal funds.

HMPs fill the gaps where private healthcare falls short. School health, workplace wellness, youth smoking and alcohol and substance abuse, obesity, and senior wellness are some areas where HMPs deliver programmatic prevention and control strategies based on community needs.

Tobacco Success

- **67% drop in youth smoking** since Maine created its tobacco program in 1997 along with a tobacco tax increase.
- The FHM took over the program funding and is the only state money dedicated to decreasing the **#1 killer in Maine**.
- **Cigarette use declined from 18% in 2009 to 13% in 2013.**
- The Maine Tobacco Helpline has **helped over 100,000 clients** since its inception.
- **Decreased the high school smoking rate from 39% to 18%.**

School Based Health Center Success

- The Fund helps **16 SBHC's provide access to care for close to 12,000 students**, allowing parents to stay at work and decreasing absenteeism and drop-out rates in students.
- More than one third (**35%**) of students who smoke and were seen at a SBHC reported that they reduced their smoking or quit smoking as a result of their visit.
- More than **half of SBHC encounters were with a behavioral health specialist** and **57% of medical visits were for preventative screenings** such as immunization or well-child visits.
- **45% of students in a school with a SBHC were enrolled with the center.**

Substance Abuse Success

- **Decreased** the alcohol use rate among Maine's 6th to 12th grade students from **71% to 48%**.
- The proportion of high school students in Maine who report consuming alcohol in the past month has decreased notably since 2009- **dropping from 32% in 2009 to 26% in 2013**.
- Binge drinking in high school age youth has **declined from 19% in 2009 to 15% in 2013**.
- Alcohol and/or drug related crashes among 16-20 year olds **decreased from 151 crashes in 2009 to 82 crashes in 2013, representing a 46% reduction**.

Oral Health Success

- 25% of Maine dentists participate in the Donated Dental Services Program, providing free services to qualified disabled and elderly individuals- average value of these services was over \$3,300 in SFY 14, and the total was close to \$376,000.
- 37 loans to dental students who already have or will return to Maine (with return service obligations) and 23 loan repayment awards to dentists practicing in underserved areas. The overall retention of dentists – that is, of dentists who have stayed in Maine to practice after completing their obligations – is about 72%.
- FHM supports 5 community based agencies in providing over 4,600 dental services to about 2360 patients in 10 locations in SFY14. The Subsidy Program, intended to help offset costs of providing reduced fee services to low income patients, has been reduced considerably since SFY 11, when 13 agencies with dental clinics in 19 locations participated and provided just under 37,000 dental services to 19,259 people, for a total of \$714,033.
- Support preventive programs in about 180 elementary schools, mostly in rural areas, where children are more likely to encounter challenges in finding regular access to dental care. These programs offer classroom-based education, and about half also provide dental sealants and fluoride for second-graders. Between the 2013 and 2014 school years, an average of 94 schools provided sealants to over 1600 children, who received an average of 3.2 sealants each.



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Teen Pregnancy Prevention Success (DEFUNDED)

- Maine's teen **pregnancy rate decreased by 48%** between 1988 and 2005, one of the most dramatic decreases in the nation.
- **Maine's rates of teen pregnancy and teen birth are among the lowest in the nation**, down from 70 per thousand girls in 1992 to 37 per thousand in 2010.
- The percentage of high school students who have ever had sexual intercourse has **declined from 52% in 1997 to 45% in 2007**.
- Among high school students who are sexually active, the percentage who **used a condom during their last sexual intercourse has increased significantly from 51% in 1997 to 59% in 2007**. The percentage who used birth control pills has increased from 30% in 1997 to 41% in 2007.



Child Care Success

- **About 3,000 children, ages birth – 12, currently receive child care, Head Start, or after-school programs.**
- **Nearly 2,500 children, ages 12 - 15, participate** in a range of recreational, cultural, academic, and arts programs after school and in the summer.

Home Visitation Success (DEFUNDED)

- **92% of Maine Families participants' children were up to date with immunizations** as a result of home visitors providing education and support to address barriers to timely immunizations.
- As a result of routine screening by professional home visitors, **more than 177 children of Maine Families participants were identified with possible developmental delays** and provided supports to help address those delays early before more costly remediation is needed in school.
- Among the **15% of babies who were exposed to second-hand smoke, over half who were exposed at 3 months of age were no longer exposed by 9 months of age.**
- **99.4% of children of Maine Families participants were connected to a primary care provider** compared to about two-thirds of children who have a medical home statewide.



MAINE LANDSCAPE

- Maine spends approximately **\$11 billion on healthcare** costs each year.
- The Fund for a Healthy Maine, Maine's only source of State funds for prevention, **accounts for only .48%** of Maine's total health care expenditure.
- Every \$1 of these vital resources **saves taxpayers** from \$5 to \$29 depending on the program (*Trust for America's Health*).
- ME does not have a system of health departments, so FHM infrastructure is critical.
- The Fund for a Healthy Maine has **saved Maine \$4 billion** over the past ten years in long- term health care costs.
- **91% of Maine voters feel the tobacco settlement funds should be used to promote good health for all Mainers.**



Prevention is an Investment that Pays

Every \$1 taken from FHM prevention programs will add at least \$7.50 to Maine's future health costs. Savings estimates go higher, but one thing is clear: the FHM is an investment in our future health and financial well-being *(Trust for America's Health).*

Every **\$1 taken from the FHM today will be \$1 that is not available** to fund prevention programs for our most at-risk citizens.

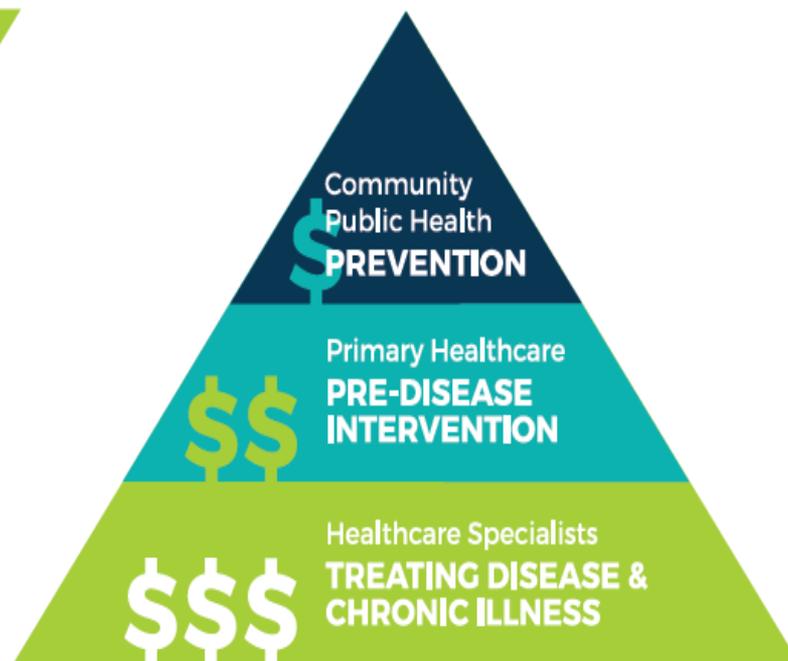
The FHM is a nationally recognized success story. Maine's use of tobacco settlement dollars and specifically Maine's tobacco prevention and treatment program continue to draw both national and international recognition for their comprehensive approaches to preventing costly healthcare.

The Path to Healthy People and Strong Communities

**REDUCING CHRONIC ILLNESS REQUIRES BOTH
PREVENTION AND EARLY INTERVENTION**



**PREVENTION IS OUR SMARTEST INVESTMENT IN SAVING
LIVES AND REDUCING HIGH HEALTH CARE COSTS**



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FundForAHealthyMaine.org