

Stephanie Eglinton Executive Director, Maine Children's Alliance In support of LD 1523, An Act to Establish the Trust for a Healthy Maine, and in support of LD 1693, An Act to Advance Health Equity, Improve the Well-being of All Maine People and Create a Health Trust February 9, 2022

Good morning, Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services. My name is Stephanie Eglinton and I am the Executive Director of the Maine Children's Alliance. We are a statewide, non-partisan advocacy organization whose mission is to promote sound public policies to improve the lives of Maine children, youth, and families.

I offer testimony on behalf of the Maine Children's Alliance in favor of legislation to establish the Trust for a Healthy Maine, as well as other provisions in the legislation to advance prevention and equity for the health and well-being of all Maine children.

The establishment of the Trust for a Healthy Maine will create more consistent oversight and implementation of the funds through a Board of Trustees, buffering it from fluctuations currently experienced in the two-year budget cycle. Additionally, funds would be allocated primarily to support the original intent of the settlement, for tobacco prevention at recommended levels, and, tied to the state's health plan, for prevention efforts to respond to established and emerging public health threats. These threats to the health and well-being of Maine children and youth include vaping and nicotine addiction, trauma and toxic stress, substance use disorders, and obesity.

As MCA reported in the 2021 KIDS COUNT Data Book, while youth cigarette use is on the decline in Maine, e-cigarettes (or vaping) use is sharply on the rise. Maine has mirrored the nation, with youth vaping rates doubling in the state from 15.2 percent to 30.3 percent between 2017-2019.³ Vaping is a concerning trend in youth tobacco use, as most electronic cigarettes contain nicotine. According to the CDC, vaping nicotine products are highly addictive, can harm the developing adolescent brain, and can increase risk for future addiction to other drugs.¹ In 2019, according to the Youth Risk Behavior Survey, one third of the nation's high school students reported e-cigarette use. Of students who vape, over 80 percent reported using flavored e-cigarettes.² Evidence-based public health campaigns are a useful tool in educating youth and parents, as is increasing access to substance use education and treatment in schools and communities. The elimination of flavored tobacco products and increased investment in tobacco prevention efforts are important tools to mitigate this threat to the health of Maine youth.

Childhood obesity is a serious health problem in the United States, affecting 1 in 5 adolescents.⁴ In Maine, of adolescents ages 10-17, 69% had normal body weight.⁵ In addition to physical ailments, obesity is related to anxiety and depression, low self-esteem, and bullying.⁶ Children who have obesity are more likely to become adults with obesity, with associated increased health risks.⁶ Prevention and early intervention with children and families is critical to reducing the prevalence of obesity and its

negative health implications and costs. The establishment of a position focused on childhood obesity and funding for prevention is an important piece of this legislation to address this issue.

We note that on page 13 of LD 1693, Part C, Section C.1, relating to obesity prevention standards in early care and education, that while the Maine Department of Education administers the Child and Adult Care Food Program, we assume that the rule making relating to physical activity, screen time, and sugary drinks would fall to the Maine Department of Health & Human Services, as they administer child care licensing.

Another important component of the legislation is the focus on health equity. Through the Trust, annual investments will be guaranteed on both state and community level public health infrastructure, to ensure that health equity is a priority and is achievable across the state. Through better data collection, collaborative planning, community partnerships, and workforce development, Maine can ensure we are proactive and responsive when inequities in health become evident.

Finally, MCA would like to note that since 2001, Head Start has been one of the core programs receiving support through the Fund for a Healthy Maine. Head Start promotes the school readiness of children, by enhancing their cognitive, social, and emotional development. It is one of the most effective programs for giving young children a strong start in life, yet only 39% of eligible children in Maine can access the program because of a lack of funding.⁷ Early Head Start, where state funding has been directed in recent years, serves infants, toddlers, pregnant women, and their families who have incomes below the federal poverty level.

Our understanding is that an amendment is proposed to transfer the \$1.3 million for Head Start from the Fund for Healthy Maine to the baseline of the General Fund. MCA supports this amendment but strongly urges the state to retain its commitment to funding Head Start at this level or above.

Establishing the Trust for Healthy Maine puts the focus back on primary prevention. It helps ensure the MCA vision that all Maine kids have the opportunity to thrive by being safe, healthy, and nurtured by family and community.

Thank you for your consideration.

REFERENCES

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2. Wang TW, Neff LJ, Park-Lee E, Ren C, Cullen KA, King BA. E-cigarette Use Among Middle and High School Students — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1310–1312. DOI:

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3. 2021 Maine KIDS COUNT Data Book.

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- 5. 2021 Maine KIDS COUNT Data Book.

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6. Centers for Disease Control and Prevention. Childhood Obesity Causes and Consequences.

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- 7. 2021 Maine KIDS COUNT Data Book.

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