

**Testimony in Support of  
LD 1523: An Act To Establish the Trust for a Healthy Maine**

Senator Claxton, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, my name is Joanne Joy, I live in Bowdoinham, ME.

I am representing the Maine Network of Healthy Communities (MNHC) in support of LD 1523 An Act To Establish the Trust for a Healthy Maine.

I am one of the founding members of the Maine Network of Healthy Communities which began 20 years ago in 2002. The all-volunteer member organizations at that time were coalitions loosely modeled on the World Health Organizations Healthy Cities/Healthy Communities model, made up of volunteers, and had a paid, volunteer or consultant grant writer, maybe a paid part time director. The leaders received some training from the Bureau of Health, received \$5,000-\$20,000 in competitive grant funds, to pay for office space, desk, chair, phone and computer. Each Healthy Community coalition identified local health-related needs and local interest and commitment to addressing those needs.

Why bring these early coalitions up in this discussion? Because as powerful as local coalitions can be on local priority issues like recycling, foodbanks, immunizations, and identifying very local needs, gaps in those service areas, the local individual coalitions do not create statewide prevention successes. There are haves and have nots in successful grant writers for one thing. Populations with health disparities tend not to rise to the top. Members may or may not know about best practices, evidence-based activities. Coalitions, networks, alliances all amplify efforts - - in fact partnering at all levels in Maine - the state, county, regional, municipal levels are needed and increase potential for success and increasing impact and buy-in for limited dollars. So early coalitions were good first steps, but public health broadly was not improved in a systematic way across Maine. One problem – lack of dedicated public health funds for priorities at all levels – lack of a systematic public health/prevention plan for all levels.

At about the same time, the Master Tobacco Settlement/Fund for a Healthy Maine systematically funded state and local efforts that did reach very effectively across Maine dedicated to reducing tobacco use and exposure, addressing physical activity and nutrition policies to reduce obesity – Including at that time 31 local coalitions.

Problems: Fast forward to now:

- The available Master Tobacco Settlement funds are MUCH less than 20 years ago and won't cover current obligations of the Fund for a Healthy Maine which go way beyond preventing tobacco use and obesity. Current obligations of \$55 million – funds of \$35.
  - 20 years of reducing tobacco use and exposure really has improved the lives of all Mainers in many ways – smoke-free environments, more options for quitting, have all prioritized health and quality of life over profits. And more cash in family pockets. Of course we know that vaping has reversed many gains – the national public health systems as well as state systems did not act decisively or quickly enough so we are fighting those issues now. More about that later

- The tobacco industry – is unrelenting – we need to be vigilant, prepared, and professional. Hence the priority for tobacco funding in the Trust structure.
- Other issues emerge that we cannot plan ahead for – The Trust requires the ability to be responsive to emerging issues – opioids and Covid are all too present in our lives to not recognize that health issues change.
- FHM allocations look much different from the original design by the 119<sup>th</sup> Legislature. It worked well then, but 20 years is a long time for one plan to continue to work as well as the original Fund for a Healthy Maine worked. Times change, needs change. Ask any local ‘vendor’ of public health how much more complicated the process of prevention is now – more paperwork, more invoicing, more reporting, more hoops of all sorts – and of course Covid.
  - The Trust relies on a 15 member board of experts, and an improved State Health Plan to guide public health rather than biennial budgeting processes.
- Mainers in Piscataquis or York, Somerset or Knox should all have the same prevention access – the Trust would guarantee that systems of public health and community-based structures are in place.
  - Back to the coalitions in 2002 – the local groups knew then and continue to understand that local engagement is a key part to Maine’s overall health. Being a part of the state’s infrastructure – led by a long-term state health plan – will serve all Maine communities, all Maine people, all Maine children.

My closing remarks

- Keep the Master Tobacco Settlement Funds in prevention
- Move to a Trust structure with experts in public health making public health decisions.
- Serve the needs of Maine communities and people
- Prevention saves lots of money – and it needs long-term plans and efforts, being ever vigilant, and engaging lots of players. Treatment is expensive, recovery is hard.

Thanks for your time, your consideration.

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