

**Testimony in Support of
LD 1693: An Act to Advance Health Equity, Improve the Well-Being of All Maine People
and Create a Health Trust**

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 1693: An Act to Advance Health Equity, Improve the Well-Being of All Maine People and Create a Health Trust, as well as

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.

The benefits of these community groups were many –one important one being engagement of volunteers/partners to make a difference in local communities. The goal was to be responsive to people and problems in their local service areas which could have been a town, the towns served by a school district, might cross county lines, or be part of a hospital service area. Good first steps, but public health was not improved in a systematic way across Maine.

MNHC supports the Trust for a Healthy Maine, and also provided testimony in support of LD 1523. There must be a reliable source of public health funding, informed by experts, carried out at all levels – indeed **a public health infrastructure** that is equitable and understood by Maine community members; in our opinions, no part is more important than the local community-based implementation strategies that are part of a statewide system and health plan. By the way – can we get oral health back in our plans?

Turning to health equity- and I just mention three since we know the needs, but have not addressed them in a systematic, public health fashion

- Populations that experience discrimination, bias, whether intended or unintended do have higher risks for tobacco use, substance use, lack of access to health care, fewer prevention programs, etc. designed with them and not just for them. Minority stress is part of the problem.
 - LGBTQ+ youth and adults use tobacco at higher rates, lots of data has said so, but only in the past two years has there been ONE tobacco prevention partner out of 17 that focuses on tailored messages and strategies for LGBTQ+ kids –
 - By the way – another point for ending flavored tobacco products is that tobacco use has leaped from about 7% to over 30% for all kids – and up to 44% for LGBT kids – with Flavors leading the new rates of addiction to

nicotine. And menthol is still the most often used flavor for youth to start smoking.

- New Mainers – whether immigrants, migrants, asylum seekers, first generation or second, African, Afghanis, from Syria, Iraq, Sudan, South and Central American and beyond bring their own cultures with them, and adapt to new ones. We need to understand more and tailor interventions and prevention informed by the New Mainers to be relevant.
- Maine's tribal members and communities, Maine's Black, Hispanic/Latinx, Asian, South Asian individuals and communities have higher risks, and a wide range of prevention needs.
- This bill prioritizes ways to serve these and other populations

Moving to another points - It baffles me that we have lost a systematic, multigenerational focus on obesity prevention. Unhealthy eating and lack of adequate physical activity are factors in the #2 cause of disease and early death – only a time bit behind tobacco use. Maine has so many great ways to be active – our outdoors is phenomenal, diverse, and for some – also out of reach. And Maine's local food access is amazing - But those topics belong to other committee's deliberations.

- This bill adds an obesity prevention position at the Maine CDC
- And aligns childhood nutrition and physical activity standards with national standards
- Small steps, but foundational in placing this issue back

Although there is a lot in this bill, which is a legislative challenge, for people who work day to day in public health and community health we know these steps would dramatically improve the health status in Maine, improve quality of life and health outcomes, and ultimately save a lot of healthcare dollars. And it would continue funding prevention through the Master Tobacco Settlement. Maine is still a notable leader in using the Master Tobacco Settlement for improving the health of Maine's kids and families through prevention efforts.

Thanks for your time and consideration.

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