

February 9, 2022

## 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**

Honorable Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services,

My name is Renee Page, I live in Farmingdale and am Executive Director of Healthy Communities of the Capital Area located in Gardiner. Healthy Communities of the Capital Area is a public health non-profit organization that is about 25 years old and I am pleased to have been a part of it for the past 14. Our focus is primary prevention – we are a trusted local partner collaborating with other community partners such as schools, after school programs, early childhood service providers, farmers, businesses, municipalities, health and mental health care partners, social service providers, and others to create and carry out long-term strategies to help children, youth, families, and other at-risk populations to have more robust opportunities to be healthy.

Healthy Communities of the Capital Area primarily serves southern Kennebec County, with projects that also serve the Central Public Health District (Kennebec and Somerset Counties) as well as the State of Maine. Programming focuses on reducing tobacco use and exposure, youth substance use prevention, and helping everyone eat nutritious foods and have access to physical activity. All of these are known strategies to reduce the overall burden of disease. In primary prevention, we often say, we work to make the healthy choice the easy choice and do so by identifying and eliminating root causes of disease, poor health, and overall poor quality of life.

There are four points I would like to make:

1. **The way the Fund for a Healthy Maine is currently functioning is NOT Sustainable:** The Master Tobacco Settlement – aka the Fund for a Healthy Maine - has funded excellent prevention programming for over 20 years – thankfully, since Maine does not have prevention dollars allocated from general funds and biennial budgets. The money is increasingly being used for more and more health-related efforts adding to the unsustainability. We know the Master Tobacco Settlement funds starting in 2023 will not be adequate to fund Maine’s existing obligations – let alone any emerging health challenges. Establishing a Trust will help keep the Master Tobacco Settlement Agreement dollars in prevention, which will in turn, decrease MaineCare costs because those working in primary prevention prioritize MaineCare-eligible populations.
2. **Maine needs a robust State Health Plan** and process for the long-term view as well as allocations for prevention. The Trust will require expertise in community and public health, populations with health disparities, science-based strategies, and more. Tobacco prevention will remain the top priority, as tobacco use is still #1 in contributing to preventable early death, as well as lack of spendable income, and reduced quality of life. This will allow for better health outcomes, cost savings, and efficiencies because the way



prevention is addressed now is more at the whim of the state biennial budget making process that feels more like public health Hunger Games vs. a sound science-based strategy.

3. **Addressing health disparities** through the lens of race, ethnicity, Native American status, generational poverty, LGBTQ+ identities, veteran status, mental health status, and more. Directing funds and plans to reducing health disparities is both the right thing to do and a way to save the state money, as these populations experience poorer health outcomes than others. By working to prevent behaviors and improve circumstances that contribute to health risks by prioritizing serving the people with the health disparities first, more people will be healthier, quality of life improved, and cost savings realized.
4. **LD 1693 requires a dedicated obesity prevention position to be reinstated at Maine CDC.** This point is the one I am most passionate about as the roots of my personal public health journey began in food systems and nutrition. Maine continues to be the most obese state in the Northeast<sup>1</sup> and poor diet and other obesity-causing factors like inadequate sleep, stress, exposure to tobacco as a child, endocrine disruption, low-income, and other factors all contribute to this complex disease that plays a major role in almost every form of chronic disease. We even know that individuals who are overweight or obese are at a much greater risk for poor outcomes from COVID. Statewide, according to the 2019 MIYHS<sup>2</sup>, 42% of 3<sup>rd</sup> graders were overweight or obese. I would like to pause here for a moment to really absorb that number. First off, this is actual measured data vs. the self-reported data we have for adults. For anyone who has struggled with overweight, you know that it is much harder to lose weight than it is to maintain a healthy weight in the first place. And when we are talking about young kids whose decisions are being made for them about the food they eat and how much, their quality of sleep and how much, and other environmental factors that contribute to obesity like growing up in a smoking household, it becomes very clear, very quickly that this issue needs more attention than it is currently getting in our state. Right now, there are two statewide obesity prevention programs. SNAP-Ed provides one size fits all nutrition education for SNAP-eligible populations and Let's Go! offers policy, systems, and environmental change strategies largely for schools, early care and education sites, and after school programs. And, there are other efforts led by non-profits and others to address hunger, ramp up local food purchasing by food-serving institutions to not only provide more fresh, healthy food for consumers but also support the local food economy. But right now, there is no robust obesity prevention plan or staffing for the state.

As someone who has worked in primary prevention in Maine for nearly 15 years, and experienced the successes and challenges that have resulted from how the Fund for a Healthy Maine has been managed and allocated over the years, I can tell you where we are now is not good. Those of us who work in this field are passionate about prevention because we know if there is a good plan with sustainable, adequate support, we can really make a difference in shifting health outcomes and avoiding costly treatment that is often ineffective, while also preserving overall quality of life.

Every two years, this money is up for grabs and funding decisions are not always made based on science or evidence-based decisions, making carrying out any sort of prevention strategies in a meaningful way impossible. In prevention, we address root causes and implement proven strategies to help those most vulnerable from ever becoming nicotine addicted, overweight, opiate addicted, or fall victim to whatever the next public health crisis may be.

We used to have community-based primary prevention happening in all communities across the state, but now it may or may not be happening in a town near you as the result of the current funding formula and siloed approach. Right now, the current iteration of Maine Prevention Services, formerly the Healthy Maine Partnership initiative (both supported by the Fund for a Healthy Maine), is in a 9-month contract extension that ends June 30 with no indication of what the next iteration of primary prevention funding will look like or address. This leaves a public health workforce across the state feeling vulnerable and uniformed as we wonder if and what the plan is for ongoing prevention work. This makes recruiting and retaining a public health workforce challenging and moving the needle on any one health outcome difficult at best.

The takeaway here is that the current way of managing the Fund for a Healthy Maine does not work and no longer meets today's needs. It leads to fits and starts with prevention work, work plans, and strategies that need to be revisited and redone so frequently that there is no long game. The current prevention system is not nimble enough to tackle in a timely manner, emerging health issues that we never dreamed would come to be like the vaping and opioid epidemics, not to mention COVID. The current model does not have a mechanism for assessing and addressing local needs, and then applying strategies to address them, informed by those with place-based lived experience. Establishing a Trust and a permanent obesity prevention position at MCDC, is a way to get back on track, learn from successes and failures, and work together toward a healthier Maine.

Thank you for considering this testimony. There are many reasons to support **LD 1693: An Act to Advance Health Equity, Improve the Well-Being of All Maine People and Create a Health Trust**. Certainly, helping all Mainers, and in particular children, eat healthy, play and be physically active in accordance with an Obesity Prevention Plan, and funding the appropriate partners is one. I am happy to make myself available to the Committee or for a Work Session if you would like. Thank you.

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#### References:

1. Behavioral Risk Factor Surveillance System. Prevalence of Self-Reported Obesity, 2018-2020. Accessed 02.08.2022 <https://www.cdc.gov/obesity/data/prevalence-maps.html>
2. Maine Integrated Youth Health Survey. 2019 Kindergarten and 3<sup>rd</sup> Grade Report. Accessed 02.08.2022 [https://www.maine.gov/miyhs/sites/default/files/2019\\_Reports/Detailed\\_Reports/K3/Maine%20K\\_3%20Detailed%20Tables.pdf](https://www.maine.gov/miyhs/sites/default/files/2019_Reports/Detailed_Reports/K3/Maine%20K_3%20Detailed%20Tables.pdf)