



February 7, 2022

Testimony of Kini-Ana Tinkham, Executive Director, Maine Resilience Building Network (MRBN), 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

Thank you, Senator Claxton, Representative Meyer and Members of the Joint Standing Committee on Health and Human Services, and  
Sponsors for LD 1523: Representative Millett, President Jackson, Representatives Craven, Sachs and Talbot; Senators Carney and Vitelli; and  
Sponsors for LD 1693: Representative Ross and Senator Vitelli; and Representatives Evans, Meyer, Millett, Newell, and Perry; Senators Chipman and Hickman.

The Maine Resilience Building Network (MRBN) is pleased to support both of these LDs. MRBN is a statewide public health non-profit organization with a network reaching more than 2,00 individuals and organizations across Maine. MRBN's mission is to promote resilience in all people by increasing the understanding of the impacts of Adverse Childhood Experiences (ACEs) and the importance of building resilience through protective factors such as positive relationships. MRBN works to bring about awareness and change that addresses the systemic inequities and root causes of poor public health and health-related outcomes related to ACEs, and to advancing prevention through upstream approaches that support resilience at the individual AND community level.

Both LDs address the need to assure that there is stable funding for public health programs that address a number of critical public health issues that impact Maine citizens, communities and contribute to subsequent health care costs. The issues of assuring stable funding flow to Maine public health investments and assuring a more secure public health infrastructure are critical issues. We saw the gaps in our public health infrastructure and preparedness revealed as a pandemic hit us. The importance of addressing health equity is addressed in the bills. For example, recently data indicated that Maine was unfortunately shown to have significant disparities in maternal and child health. Our rural state has disparities that will continue unless we assure that the funding and public health infrastructure is stable and well maintained over time. This LD addresses that as well.



MRBN is pleased that the LDs includes language that modernizes approaches to public health in Maine, including “community resilience” and “social determinants of health”, in addition to both language and structure addressing health equity. To assure that community-based public health prevention initiatives are addressing the root causes of these health issues and addressing health equity, it is necessary to assure that “upstream” primary prevention strategies are in place and that community systems and collaborations are developed through **community resilience strategies**. Upstream prevention strategies have been recognized as essential to address chronic disease and injury as well as the “diseases of despair”, suicide, substance use and excessive alcohol use, especially in the context of an opioid use epidemic.

Traditionally, community resilience-building initiatives have focused on disaster preparedness and recovery such as weather/climate related issues. We can learn from these community resilience experiences and apply the learnings to develop a reframed approach to public health at the community and systems level. Community resilience, in this case, may include the traditional disaster preparedness and recovery view, however, the view is broadened to address the root causes of toxic stress, childhood adversity (often reflected through ACEs) and foster cross sector collaborations for systemic shifts to build community resilience. In this reframed view, health systems and providers, community organizations, businesses, school systems and others work collaboratively to build community systems to include the capacity to anticipate risk, limit effects, and recover rapidly from a variety of stressors. A community resilience strategy involves upstream, protective factors and addresses root causes of social determinants of health. Strong social support and social connectedness is key to a resilience-framed community health model.

Additionally, it has been increasingly recognized that the social determinants of health (SDOH) - the conditions in which we are born, live, learn, work, play, worship, and age have a profound impact on health. They influence the opportunities available to us to practice healthy behaviors, enhancing or limiting our ability to live healthy lives. The SDOH are important frames for public health action and to substantially improve public health outcomes, SDOH framed strategies must be an integral part of public health at all levels. The Community Resilience Frame enables community-driven solutions, will be important for health equity, and to support a stronger developing workforce in Maine.

MRBN supports the LDs and would be pleased to assist in their implementation. MRBN is the group in the state that reflects the language for making recommendations for membership to the Board, “A person who has expertise in trauma, community resilience and social determinants of health selected from recommendations *provided by a statewide network dedicated to building*



*community strengths and reducing the effects of trauma.”* We strongly support the proposed legislation and would be pleased to support its implementation.

Thank you.

A handwritten signature in black ink that reads "Kini-Ana Tinkham". The signature is written in a cursive, flowing style.

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