MPHA
Maine Public Health Association

Testimony of Maine Public Health Association In Support of:
LD 1034: An Act To Provide Funding To Support the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations

Joint Standing Committee on State and Local Government
Room 214, Cross State Office Building
Wednesday, April 14, 2021

Good morning Senator Baldacci, Representative Matlack, and distinguished members of the Joint Standing Committee on State and Local Government. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. I am here today to present testimony in support of LD 1034: "An Act To Provide Funding To Support the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations."

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 500 individual members and 30 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities and we take that responsibility seriously.

This bill would provide funding to the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations ("The Permanent Commission"), which was formed in 2019 to examine racial disparities across all systems and improve opportunities and outcomes for historically disadvantaged racial, indigenous, and tribal populations in Maine. It is an independent government entity that is empowered to conduct research, advise all three branches of government, submit its own legislation, hold public hearings, and other activities. The Permanent Commission issued its first legislative report in 2020.

Funding from this bill would support full-time staff for the Permanent Commission, including a director and other administrative and program staff to support commission meetings, conduct research, draft written materials for commissioners to review, organize public engagement events (such as public hearings), maintain a public web presence, and raise philanthropic funds for special initiatives. Funds would also be used to support administrative expenses, such as the cost of maintaining a website, office space, travel expenses, stipends for commissioners, and more.

The provisions in LD 1034 take concrete action toward improving the policies and systems that perpetuate health disparities for racial and ethnic minorities in Maine. This effort is a momentous undertaking and critical learning opportunity, directing us to rethink our approaches to policymaking and social programs and services.

Racism is a public health crisis, a statement that has been declared by nearly 200 cities, counties, and states across the U.S.[1] The COVID-19 pandemic has laid bare the inequities facing minority populations. Racial and ethnic minorities experience a greater disease burden, including being more likely to have a chronic health condition, not have health insurance, and work in professions that increase their risk of contracting the virus.

We see similar disparities along racial lines in maternal and child health: Inequality and racism greatly impact maternal and child health. Black mothers are up to six times more likely to die due to pregnancy complications than White mothers nationwide.[2] Approximately 25% of women in the U.S. do not receive the appropriate number of prenatal appointments with a health provider, but the percentage is even higher among Black women (32%) and American Indian/Alaska Native women (41%).[3] Per a recent article in *The New England Journal of Medicine*, "Racial health inequities are not signs of a system malfunction: they are the by-product of health care systems functioning as intended. For example, the U.S. health insurance market enables a tiered and sometimes racially segregated health care delivery structure to provide different quality of care to different patient populations. This business model results in gaps in access to care between racial and ethnic groups and devastating disparities like those seen in maternal mortality."[4]

Similar disparities are seen in other areas, including environmental health, criminal justice, zoning rules, and bank lending practices, impacting housing safety, educational quality, economic opportunity, and health outcomes.[5] This bill aims to improve those systems that can perpetuate racism and health disparities – but which also have capacity and potential to improve health outcomes – by funding the work of The Permanent Commission.

MPHA supports legislation that improves health equity and reduces health disparities among underserved populations; as such, we strongly support this bill. We respectfully request you vote LD 1034 "Ought to Pass." Thank you for your consideration.

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[1]American Public Health Association. 2021. Racism is a public health crisis: Map of declarations. https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations.
[2]Flanders-Stepans MB. Alarming racial differences in maternal mortality. *J Perinat Educ*. 2000;9(2):50–51.
[3]Maternal Health Task Force at the Harvard Chan School, Center of Excellence in Maternal and Child Health. n.d. Maternal health in the United States. www.mhtf.org/topics/maternal-health-in-the-united-states.
[4]Hardeman RR, Medina EM, Boyd RW. Stolen breaths. *N Engl J Med* 2020;383:197-199.
[5]Estime S & Williams B. Systemic racism in America and the call to action. *The American Journal of Bioethics*, 2021;21(2):41-43.