The Friends of the Fund for a Healthy Maine

Presentation to the Joint Standing Committee of Health and Human Services
February 4, 2015

Senator Brakey, Representative Gattine and the members of the Joint Standing Committee on Health and Human Services. My name is Becky Smith. I am the Director of Government Relations for the American Heart Association here in Maine. Today, I am speaking on behalf of the Friends of the Fund for a Healthy Maine, a statewide coalition of over 100 organizations ranging from hospitals to businesses to nonprofit agencies, schools and municipalities.

Fifteen years ago, as the first payments of Maine’s share of the Master Settlement Agreement were set to arrive, the 119th Legislature acknowledged the special purpose of the money—that Maine people got sick and died from tobacco addiction and we needed to honor their memory. They showed tremendous wisdom in creating the Fund for a Healthy Maine, with its eight, necessary and evidence-based categories on which the tobacco dollars would be spent. What the 119th Legislature established was truly visionary; by investing in the prevention of disease and promotion of good health today they knew we would reduce health costs in the long run. The legislature consulted public health officials, national experts and local communities. They understood that Maine was one of only three states without a county-based public health infrastructure and wanted to address the large gaps that this created for Maine’s people. They saw and acted on the research that in order to truly decrease the costs of death and disease, you must have prevention, treatment and control working as a comprehensive unit. They very purposefully based the Fund on successful models, such as Maine’s own Franklin County, which used the community coalition model to decrease cardiovascular disease and the associated costs. In fact, you may have heard recent media reports about this success as their longitudinal study was just documented in the January 13th Journal of the American Medical Association. I have attached the editorial to this presentation and I will give Anna Broome the full study. The 119th Legislature and the King Administration analyzed the holes in Maine’s public health
infrastructure as well as the gaps in services for our most vulnerable—children and the elderly—and used this once-in-a-life-time funding to start working to solve the problems.

Fighting the chronic diseases that kill half of Maine residents each year (Cancer and Heart Disease and Stroke) and changing a population’s health and cultural norms takes time. It is more like the tortoise than the hare. But, like the tortoise, prevention wins in the end. It means you have to be patient, continue to implement evidence-based programs and continue to keep them well evaluated in resourced. Over the past few years, many of the Fund’s prevention programs have either been under-resourced, eliminated or short-staffed. Money has been taken from fighting chronic disease to treat disease. The Friends fully support taking care of the medical issues caused in large part by tobacco and obesity but we urge you to understand that if we don’t do all we can to make sure our kids and young adults are avoiding addiction and unhealthy lifestyles from the start, we will be back here having this same conversation for decades to come. For example, tobacco use costs Maine $811 million in healthcare costs each year. Over $260 million of this is spent in the Medicaid program. In order for these astronomical numbers to decrease in the future, we need to continue down the prevention path and enhance our small investment of FHM money today.

The success of the Fund for a Healthy Maine was reaffirmed just three years ago by the Commission to Study Allocations from the Fund for a Healthy Maine. Anna can direct you to the full report which is available on the OPLA website. It is over 100 pages, so I did not print copies for the Committee. The Commission was in response to a 2009 report from Government Oversight Committee and OPEGA which stated that the Fund had been in place for a decade and it was time for a review. OPEGA did their review based on a 2007 recommendation from this Committee. The Commission process and report was the last review of the FHM and many of their recommendations were not fully implemented including creating a separate accounting structure to better parse out how the funding fits within a bigger picture. However, the information provided by the Maine CDC and other departments was insightful. We believe it would be valuable for your committee to have updated information as you go forward this session.

I am not an expert on each program within the Fund for a Healthy Maine, however, I am able to direct you to the appropriate person if you have any questions. Unfortunately, with the short notice of this session due to
the storms, many of those experts cannot be here today. What I can tell you is that The Fund for a Healthy Maine is unique and is based in public health principles and evidence. It is not tax-payer dollars and should not be viewed as such. The Fund for a Healthy Maine, Maine’s only source of State funds for prevention, accounts for only .48% of Maine’s total health care expenditure- an extremely small investment for the dividends it pays.

The organizations who advocate for the FHM and those who implement the FHM programs share a common vision. We want Maine children to avoid drugs and tobacco and for adults to quit. We want Maine parents and caregivers to have the tools to make healthy decisions for their children. We want Maine seniors and those at-risk to have access to the care and medication they need. We want all Mainers to have healthy smiles and to get proper nutrition and exercise to live long and productive lives. The FHM programs help save the state money by preventing disease before it starts, by helping parents get to work and by educating us all on ways to be more healthy and productive.

Today, the importance of the Fund could not be more apparent – Maine’s economic recovery depends on bringing down the cost of healthcare for the State and for businesses, and that’s exactly what the Fund for a Healthy Maine is designed to do. In the past, Maine has stood as a national model for the way we have used our Master Settlement Agreement dollars. The Fund’s programs have proven effective in improving people’s health and creating positive health outcomes. The future human and financial chronic death and disease toll depends on our current investment.

As you can see in the visual provided in this testimony, there are three basic pieces to the continuum of health. As you move to the right, you add costs to your family and to our system as a whole. We need to stay strong, focused and vigilant and remember that the turtle always wins the race.
Tobacco:

- We have seen a 67% drop in youth smoking since Maine created its tobacco program in 1997 along with a tobacco tax increase. The FHM took over the program funding and is the only state money dedicated to decreasing the #1 killer in Maine. Past month cigarette use declined from 18% in 2009 to 13% in 2013.

- The Tobacco Helpline has helped over 100,000 clients since its inception.

- The Healthy Maine Partnerships form a statewide system of local coalitions with local boards and advisory committees to help prevent tobacco use, improve nutrition and increase access to physical activity, and prevent substance abuse among our youth and young adults to reduce chronic diseases. This system serves every municipality in Maine to also address other public health issues such as reducing lead poisoning. Local HMPS also implement Community Health Improvement Plans guided by local input and data. HMPs also convene community leaders to collaborate on public health and quality of life issues. HMPs and work with schools, businesses, municipalities, health care and social services to create healthier environments for all people at no cost to those partners.
Substance Abuse:

- The proportion of high school students in Maine who report consuming alcohol in the past month has decreased notably since 2009—dropping from 32% in 2009 to 26% in 2013. Binge drinking in high school age youth has declined from 19% in 2009 to 15% in 2003.
- Alcohol and/or drug related crashes among 16-20 year olds decreased from 151 crashes in 2009 to 82 crashes in 2013, representing a 46% reduction.

School Based Health Centers:

- The Fund helps 16 SBHC’s provide access to care for close to 12,000 students, allowing parents to stay at work and decreasing absenteeism and drop-out rates in students. More than one third (35%) of students who smoke and were seen at a SBHC reported that they reduced their smoking or quit smoking as a result of their visit.
- More than half of SBHC encounters were with a behavioral health specialist and 57% of medical visits were for preventative screenings such as immunization or well-child visits.

Oral Health:

- The Dental Subsidy Program supported 11 community based agencies in providing over 33,700 dental services to nearly 18,400 patients in 15 locations during the 2010 fiscal year.
- 25% of Maine dentists participate in the Donated Dental Services Program providing free services to qualified disabled and elderly individuals through a FHM paid coordinator.
- The Dental Education Loan & Repayment Program has awarded 25 loans to dental students who have or will return to Maine and 15 loan repayment awards to dentists practicing in underserved areas and who see all patients.

Teen Pregnancy Prevention (Defunded):

- Maine's teen pregnancy rate decreased by 48% between 1988 and 2005, one of the most dramatic decreases in the nation. Maine's rates of teen pregnancy and teen birth are among the lowest in the nation, down from 70 per thousand girls in 1992 to 37 per thousand in 2010.
- The percentage of high school students who have ever had sexual intercourse has declined from 52% in 1997 to 45% in 2007.
- Among high school students who are sexually active, the percentage who used a condom during their last sexual intercourse has increased significantly from 51% in 1997 to 59% in 2007. The percentage who used birth control pills has increased from 30% in 1997 to 41% in 2007.
Child Care:

- About 3,000 children, ages birth – 12, currently receive child care, Head Start, or after-school programs.
- Nearly 2,500 children, ages 12 - 15, participate in a range of recreational, cultural, academic, and arts programs after school and in the summer.

Home Visitation (Defunded):

- 72% of participants whose children were exposed to secondhand smoke reduced or eliminated their child's exposure.
- Children in the program are routinely screened for developmental delays. Seven percent of those screened were referred for further evaluation, and as a result 72 percent of those children referred through home visiting received needed services to address developmental issues.
- Due to the focus on improving health outcomes for children, 99.5% of children had a primary care provider, 98% were up-to-date on well-child exams, 95% had health insurance and 93% were up-to-date on childhood immunizations.
Voters Feel Tobacco Settlement Money Should Be Devoted To The ‘Fund For A Healthy Maine’

Maine currently receives millions of dollars per year from the tobacco industry, as part of the 1998 tobacco lawsuit settlement. This money is dedicated to the Fund for a Healthy Maine. How important is it to you personally that Maine’s tobacco settlement dollars be used only to prevent chronic disease and promote the good health of Maine people today, and reduce future health costs for businesses and families?

- **Important**
  - Very: 63
  - Somewhat: 28
  - Total: 91

- **Not important**
  - 8

- **Not at all**
  - 4
- **Not very**
  - 4

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