

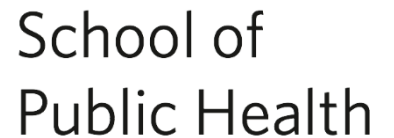


**MAINE PUBLIC HEALTH ASSOCIATION
2023 ANNUAL CONFERENCE**

The Public's Health and the Economy:
Working Across Sectors

October 10, 2023 - Bangor

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The Public's Health & the Economy: Working Across Sectors

Tuesday, October 10, 2023 • Bangor Cross Insurance Center

2023 Maine Public Health Association Conference Agenda

7:30am-8:15am	Registration, Breakfast, Networking & Exhibits
8:15am-8:30am	Welcoming Song Brett Lewey, Citizen of Passamaquoddy Nation
8:30am-8:50am	Welcome and Announcements Rebecca Boulos, MPH, PhD (Maine Public Health Association) & Jay Knowlton, MPH (Maine Public Health Association)
8:55am-10:00am	<u>Keynote Presentation</u> Brian Castrucci, DrPH, MA (de Beaumont Foundation)
10:00am-10:10am	Physical Activity Break Dawn Littlefield-Gordon (Maine Center for Disease Control and Prevention)
10:15am-11:15am	<u>Plenary Panel - Health and Economic Prosperity: A Recipe for Thriving Communities</u> Moderator: Anne Ball, MA (Maine Development Foundation) Panelists: Monique Coombs (Maine Coast Fishermen's Association), Peter Horch (Horch Roofing), Muhidin Libah (Somali Bantu Community Association and Liberation Farms) & Azenaide Pedro (Coastal Enterprises Inc.)
11:20am-12:00pm	<u>Poster Session/Coffee Break/Exhibits</u>
12:00pm-1:00pm	Lunch
1:15pm-2:15pm	<u>Breakout sessions #1</u>
2:30pm-3:30pm	<u>Breakout sessions #2</u>
3:45pm-4:15pm	<u>Public Health Updates & Looking Ahead to 2024</u> Puthiery Va, DO (Maine Center for Disease Control & Prevention) and Rebecca Boulos, MPH, PhD (Maine Public Health Association)
4:15pm-4:30pm	Closing Remarks, Raffle Winners
4:30pm	Adjourn

Lactation Room: Meeting Room 5/6

Presentation Formats

- In rooms with one presentation, the talk will last 50 minutes, with 10 minutes for questions.
- In rooms with two presentations, each talk will last 25 minutes, with 10 minutes for questions for both presenters.

Download the Conference App! Search Grupio, then MainePHA

Keynote Presentation: 8:55am – 10:00am

Main Auditorium

Brian Castrucci, DrPH, MA (de Beaumont Foundation)

This year's keynote presentation will focus on building bridges between public health and economic sectors, including cross-sector collaborations and policy considerations.

Learning Objectives:

1. Discuss relationships between public health and economic security.
 2. Describe successful cross-sector collaborations that benefit public health and economic development.
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Plenary Presentation: 10:15am – 11:15am

Main Auditorium

Plenary Panel - Health and Economic Prosperity: A Recipe for Thriving Communities in Maine

Moderator: Anne Ball, MA (Maine Development Foundation)

Panelists: Monique Coombs (Maine Coast Fishermen's Association), Peter Horch (Horch Roofing), Muhidin Libah (Somali Bantu Community Association and Liberation Farms) & Azenaide Pedro (Coastal Enterprises Inc.)

The plenary panel will highlight the critical link between health and economic prosperity across Maine's diverse communities and industries. Our panelists will share stories and experiences of how working to protect the health and safety of their employees and surrounding communities boosts economic development, and vice versa. We will showcase the role of partnerships, and share lessons learned for attendees to take into account for their own work.

Learning Objectives:

1. Discuss the link between health and economic prosperity.
 2. Demonstrate effective cross-sector community partnerships using real world examples.
 3. Identify cross-sector partners in your own work.
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Poster Session: 11:20am – 12:00pm

Main Auditorium

Development of a Clinically-Driven Onboarding Program for Community Health Workers - Brendan Prast, MD (MaineHealth), Marin Johnson, MPH (MaineHealth) & Grace Lapika (MaineHealth)

New Mainer Driven Tobacco Interventions - Emily Dooling Hamilton, MS, PS-C (Healthy Androscoggin) & Rowan McFadden, PPS (Healthy Androscoggin)

Assessing Rural Northern New England's COVID-19 Testing Landscape through Community Engagement - Carolyn Gray, MPH (University of Southern Maine) & Kimberley Fox (University of Southern Maine)

A Retrospective Analysis of Length of Stay in the Psychiatric and Addiction Recovery Center of a Rural Community Hospital - Stacia Kozidis, OTR/L (MaineHealth Institute for Research) & Isabelle Doan Van, MD (Boston Medical Center)

Modernizing Tobacco Treatment Services: Innovative Strategies to Increase Engagement and Reach of the Maine QuitLink - Sarah Rines (MaineHealth) & Amy Giles, NCTTP (MaineHealth)

What the Health? Connecting Vulnerable Populations to Comprehensive Healthcare Resources and Coverage in Maine - Kimberly Beaudoin (MaineHealth) & Kathy Pipkin (MaineHealth)

Piloting Inter-Agency Services & Data Collaboration to Locally Address the Overdose Crisis: the Cumberland County Overdose Prevention Alliance - Katie McCreedy, MPH (Portland Public Health) & Hope McMasters, BA (Portland Public Health)

Lessons From the Implementation of Music Therapy Services in Inpatient Hospital Settings - Kate Beever, MA, MT-BC (Maine Medical Center / Maine Music & Health)

A Scoping Review of Lung Cancer Related Policy in Maine - Traci Francis (MaineHealth Institute for Research) & Liz Scharnetzki, PhD (MaineHealth Institute for Research)

Essential Information for Essential Public Health Work: National Library of Medicine Resources and Services - Sarah Levin-Lederer, MPH (Network of the National Library of Medicine Region 7)

Helping our Youth and Economies Thrive Through Community Action – Kini-Ana Tinkham, RN (Maine Resilience Building Network)

Risk and Protective Factors Among LGBTQ+ High School Students in Maine, 2021 - Pamela Foster Albert, MPH (Maine Center for Disease Control and Prevention / University of Southern Maine) & Sheila Nelson MPH, MSW (Maine Center for Disease Control and Prevention)

Breakout Session #1: 1:15pm – 2:15pm

Main Auditorium

Posters available for viewing

Meeting Room A

“All for Health for All”: Maine’s Economic and Public Health in the Early 20th Century

Martha A. Eastman, PhD, NP-C (Groups Recover Together)

Communicable diseases threatened Maine’s economy in the early 20th Century. As the state was becoming known as a refuge from crowded urban areas, vacationers encountered diseases through untested water and unsanitary hotels. Men working in lumber camps brought illnesses with them, and conditions in lumber camps caused further illness in local communities when lumbermen returned home. For their economic survival, some businesses recognized the importance of keeping their workforce healthy as well as the need to attend to potential health hazards their operation might pose for patrons or neighbors. In the early decades of the 20th Century, various health organizations, local citizens groups, and public health officials collaborated to increase awareness about health risks and to improve public health. In this process, Maine’s public health system emerged with a strong reliance on citizen participation and succeeded in improving the health of Maine communities and visitors alike. This presentation shares historical information about the development of Maine’s public health system from the presenter’s study, “All for Health for All’: The Local Dynamics of Rural Public Health in Maine, 1885-1950,” which includes chapters describing early business collaboration for public health as well as the work of voluntary health organizations and local clubs in supporting and augmenting official public health efforts. Comparing Maine to other states that have decentralized official public health organizations, many have argued over the years that Maine lacked a public health system. This study illustrates how the public’s involvement in public health has strengthened Maine’s centralized public health system.

Learning Objectives

1. Describe at least two early 20th Century public health problems that threatened the Maine economy.
 2. Describe how industry representatives, voluntary health organizations, and local clubs collaborated to improve public health in Maine.
 3. Discuss how the public’s involvement strengthened Maine’s public health system in the early 20th Century.
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Meeting Room B

Success of 2 Gen Family Futures Downeast Program: Attention to SDOH a Key Factor in Results of an Evaluation of 3 Cohorts

Emily Scarpulla Raymond, MA (University of Maine), Charley Martin-Berry (Community Caring Collaborative), Lois-Ann Kuntz, PhD & Marsha Sloan (Family Futures Downeast)

Family Future Downeast (FFD) is a Washington County college program designed with and for low-income parents and their children. The first three annual cohorts were selected for evaluation starting in 2016 as these participants have been out of the program the longest. During this time there were 68 enrolled mothers and their families’ 74 children aged 0-8 with a 69% FFD retention rate. To determine the income impact on these families as a result of participation, Maine Department of Labor individual income data was compared at entry and again at 2022. Analysis revealed an overall increase of 93% compared to income at the participants’ starting dates. Their wage growth was faster than the rest of Washington County. Financial barrier removal

data showed childcare and transportation support as essential in the success of students. Barrier removal also supported medical, dental, and vision needs among others. The students of FFD have shown academic success in many areas of study. Approximately 25% of students have completed degrees past the requirements of FFD. They continued on with academic successes in degrees as well as certificate programs while some are still working on their Bachelor's degrees. Seven of their children are now in college which sets up financial success in future generations. The FFD program has significantly supported those affected by substance use. Analysis revealed that 43% of a total of 116 participants (cohorts 1-5) used substances at a higher rate than the county average and yet defied the county rate of fatal overdoses during this period, with no overdose deaths since the inception of FFD. The results from this study indicate that while the costs for supporting these families are high in the short term, there were already financial, educational, and health successes within four years due to FFD.

Learning Objectives

1. Understand the importance of SDOH design and wraparound care in programs designed to lift people out of poverty.
2. Recognize secondary outcomes for participants in this type of program.
3. Appreciate benefits of Post-secondary and Community Partner relationships.

A Critical Piece of the Puzzle – The Role of Flex Funds in Child and Family Well-being

Kristen McAuley (John T. Gorman Foundation), Penny Guisinger (Healthy Acadia) & Charley Martin-Berry (Community Caring Collaborative)

Recent attention has highlighted that anywhere between 40-60% of Americans are one paycheck away from poverty. With the loss of some pandemic-era supports, including the expanded Child Tax Credit and enhanced SNAP benefits, there is growing recognition of the role that economic and concrete benefits play in supporting child and family well-being. Flex funds are one type of benefit that can act as part of a safety net in helping families to reduce barriers – such as costs associated with rental deposits - and address emergent needs – such as necessary car repairs. Despite the opportunity they represent, there can be confusion over what flex funds are as well as various frameworks for access and implementation. This session will highlight perspectives on the utility and potential of these funds as well as share how past experiences have evolved thinking and application – in particular, how to coordinate across different agencies or funding sources – to more effectively reduce barriers and increase impact. The session is intended to increase awareness of the use of flex funds as part of a comprehensive approach to supporting children and families as well as increase community dialogue regarding implementation and utilization of economic and concrete supports.

Learning Objectives

1. Describe different types of economic and concrete benefits, including flex funds, and the role such supports play in child and family well-being.
2. Identify how different models for how flex funds are used for different purposes, as well as how these funds can be leveraged.

Meeting Room C

The First Health is Wealth: Vaccine Policy from Maine to the Nation

Northe Saunders (Maine Families for Vaccines) & Caitlin Gilmet (Maine Families for Vaccines)

In this session, participants will learn about how Maine became one of the first states to successfully pass a law protecting school health by eliminating loopholes to our school-ready vaccine requirements. We'll discuss the impact of this law and its successful implementation in our schools, including positive effects on overall

health and our economy. We will also talk about how organizing Maine's pro-vaccine majority inspired the creation of nine Families for Vaccines chapters across the nation and what they're doing to improve health and prosperity in their communities.

Learning Objectives

1. Identify the intersections between strong public health policy and improved economic prosperity using Maine as a case study.
2. Recognize key opportunities to use data to engage lawmakers, public health professionals, economists, the media, and everyday citizens in supporting pro-vaccine policies.
3. Consider the many ways that we can support pro-vaccine policies as individuals and public health professionals.

MPHA Member News & Updates

Jay Knowlton, MPH (Maine Public Health Association)

This session will present MPHA member benefits, programming, updates, and opportunities for engagement.

Learning Objectives

1. Describe Maine Public Health Association member benefits and programming.
2. Identify ways to engage in the work of Maine Public Health Association.

Meeting Room D

Retrofits: The Intersection of Housing, Climate, Environmental, Racial, and Gender Equity

Naomi CO Beal (passivhausMAINE)

Maine's aged building stock creates wide spread health challenges including asthma, exposures to toxins in building materials, stress in physical discomfort and vulnerability in extreme weather and anxiety of about heating and cooling costs. The barriers to retrofitting are multi-fold, the rewards of retrofitting combine the health benefits with carbon and reduction as part of our path to our carbon goals. Equitable approaches to improving the built environment are critical. passivhausMAINE is exploring bundling funding sources for systemic approaches to whole building renovation. We are preparing the case for cross/multi department communication and systems to ease the funding barriers and structure scalable retrofits across the state through a pilot projects in Freeport and Lewiston.

Learning Objectives

1. Demonstrate the potential for wide scale retrofits through multi-agency funding approaches.
2. Analyse the comprehensive benefits of building retrofits to physical and mental health and the corollary benefits of carbon and energy reduction.
3. Explore the overlapping issues of housing, gender, racial, education and economic justice.

Improving Indoor Air Quality with Home Energy Retrofits

David Gibson, CEM, LEED AP BD+C, BPI BA (College Of The Atlantic)

There are numerous sources of indoor air pollution in homes. Furnaces, boilers and gas stoves produce CO, CO₂, water vapor and a variety of combustion byproducts. Damp or wet basements, poorly vented bathrooms, cooking and air leakage can all be sources of moisture that cause mold, mildew, fungus, rot and other biological growths. Rodents bring fecal matter and pathogens into walls, basements, attics and living spaces. Various building materials contain toxins, off-gas, and have dangerous particulate matter.

A comprehensive home energy retrofit addresses moisture and air quality problems first, air seals leaks to block heat loss and rodents, and replaces combustion appliances with high-efficiency heat pumps and induction cooktops. Heat pump water heaters help to dehumidify basements and mechanical rooms as they produce hot water using a fraction of the energy of older systems. David has transitioned more than a dozen homes entirely off of fossil fuels, and has helped College of the Atlantic to reduce their buildings' carbon emissions by nearly 50% in the last two years. Learn how scaling up energy retrofits can improve indoor air quality, reduce carbon emissions, and be a driver for economic growth in communities across Maine.

Learning Objectives

1. Identify common sources of indoor air pollution in homes.
 2. Describe efficiency improvements that offer the most energy savings and health benefits.
 3. Explain the economic benefits of scaling up home energy retrofits statewide.
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Meeting Room 1/2

Advocating for Systemic Support for the Lactating Parent: What are the Economic Benefits?

Kara Kaikini, MS, IBCLC (Maine State Breastfeeding Coalition)

In addition to offering opportunities for education and connection to enhance breastfeeding throughout the state, the Maine State Breastfeeding Coalition (MSBC) advocates for initiatives like paid family and medical leave, and workplace support for lactating parents. Parents who want to provide their babies human milk who don't have access to this kind of systemic support are more likely to experience a negative economic impact, and/or have poorer health outcomes. Women with higher incomes are more likely to take eight to 12 weeks of parental leave, including unpaid leave, whereas women with lower incomes are more likely to return to work as early as 10 days after giving birth. A 2020 Harvard Review of Psychiatry Review showed that those who took no or fewer weeks of paid or unpaid leave had higher maternal depression scores, increased diagnoses of major depressive disorders, and increased rates of maternal and infant rehospitalization rates.¹ The American Academy of Pediatrics recommends providing human milk exclusively for six months and in 2022 they extended their duration recommendation from 1 year to 2 years.² For lactating parents who return to work, policies and other systemic support influence the length of time they continue to provide breast milk and how likely they are to reach that recommended duration.³ The MSBC has convened a multidisciplinary workgroup including representation from the healthcare, business, and employment law sectors. This group is developing an Employee Return to Work Toolkit, an Employer Toolkit, and a Workplace Recognition program. These resources will make it easier for new parents to meet their infant feeding goals (informed by evidence-based recommendations) while meeting their financial goals and obligations. Systemic investments in maternal and infant health like paid leave and workplace support will lead to Maine being a positive, economically viable place to live. (References available.)

Learning Objectives

1. Identify 3 systemic support systems that benefit lactating parents.
2. Describe how workplace protections and support for lactating parents increases economic prosperity for those who choose to breastfeed.

Reducing Health Disparities Among Economically Vulnerable Mainers by Increasing Their Access to Unaffordable Medicines

Martha Morrison, MS (MedHelp Maine)

When public health efforts cannot prevent disease, prescription medicines can often interrupt its progression and improve quality of life. Inequitable access to medications, however, contributes to the greater morbidity

and mortality experienced by socioeconomically disadvantaged Americans. Efforts to limit out-of-pocket drug expenses result in 30% of prescriptions never being filled at all, and 50% of medicines prescribed for control of chronic diseases being taken in less than therapeutic quantity or frequency. This medication nonadherence causes more U.S. deaths than liver or kidney disease, influenza and pneumonia, or diabetes, and costs this country billions of dollars each year for avoidable hospitalizations and emergency care for untreated conditions. Increasingly, the inability to afford needed medicines has become a problem for insured individuals with interrupted employer-sponsored coverage, burdensome re-enrollment requirements, multi-thousand-dollar policy deductibles, and unaffordable copayments and coinsurance. While no single solution exists for all medication nonadherence, numerous public and private medication access programs can help overcome the financial challenges faced by many patients. Programs that identify each patient's unique circumstances and the most appropriate resources for them, however, require an increased appreciation by the public health and medical communities of the significance of cost-related medication nonadherence. This presentation will describe how several Maine health care organizations have improved the well-being of financially vulnerable patients by increasing their access to unaffordable medicines. It will suggest how resistance by others to offering prescription assistance services for their practitioners and patients might be overcome. So attendees can potentially replicate the proven success of a centralized prescription assistance/medication access model, guidelines will be provided on how to most effectively help clinicians ensure that patients obtain the medicines they prescribe, as well as on how to encourage patient-prescriber discussions about the affordability of needed medicines.

Learning Objectives

1. Explain how cost-related medication nonadherence contributes to health inequities.
2. List reasons why even patients with public or commercial insurance may be unable to obtain needed medicines.
3. Describe how clinicians and their organizations can work together to reduce cost-related medication nonadherence.

Meeting Room 3/4

Using the ECHO® Model to Promote Positive Mental Health in Schools

Jennifer Laferte-Carlson (Northern Light Acadia Hospital), Sherri Billings MAT-Mathematics, Danielle Louder (MCD Global Health) & Stacey LaFlamme (Tri-County Mental Health Services)

Project ECHO® is not a webinar, not a training session, nor a seminar. Project ECHO® is a movement to democratize knowledge. Through a mix of brief, high-yield didactic presentations and exploration of real de-identified cases, the model allows participants to connect with subject matter experts and peers to discuss what really works. The Maine CDC's Pediatric and Behavioral Health Partnership (MPBHP), in collaboration with Northern Light Acadia Hospital, MaineHealth and MCD Global Health, implemented ECHO® methodology to promote their mission to increase patient care consultations with behavioral health care providers, especially to reach rural and underserved areas in the State. Pediatric Psychiatry in the Primary Care Setting ECHO® was launched in May 2022 with measured outcomes that show improved ability of providers to care for complex behavioral health cases. Opportunities became available to share the ECHO® process with schools. We created an ECHO® for School Based Health Centers and used that experience to further broaden our reach by launching Mental Health Promotion in the School Setting ECHO® for an audience broadly defined as anyone working in schools. With a curriculum based on universal access to Tier 1 intervention, the 6-session series attracted over 250 registrants from public and private schools, including representatives from a variety of roles, such as teacher, principal, nurse, social worker, superintendent, edtech, librarian, and more. ECHO® for Education has successfully been introduced to our entire educational system as a virtual community of practice. Positive evaluations reflect participant appreciation of the collaborative model and the virtual

connectedness and 91% of the respondents agree that the ECHO® sessions increased their confidence to foster positive social, emotional, and behavioral skills in students.

Learning Objectives

1. Discuss a movement, ECHO® for Education; a learning framework with an “all teach, all learn” approach that provides an infrastructure for knowledge-sharing in rural and underserved communities.
2. Demonstrate how to design a virtual community of practice to promote mental health in school settings using collaborative, case-based learning, and evidence-based best practices.
3. Explain how data is evaluated to determine the effectiveness of using the ECHO® process for professional development in education.

Maine’s Community Health Worker-Supported Tele-Behavioral Health Pilot Program

Michelle Mitchell, MSocSc (Partnerships For Health) & Caitlyn Allen, MS (Partnerships For Health)

MIYHS data (2021) revealed an increase in high school and middle school students’ social, emotional, and mental health needs, including substantial increases in depression, anxiety, behavioral issues, and suicidal ideation. Almost a third of middle schoolers (29.6%) reported feeling sad or helpless for two or more weeks; perhaps even more alarming is that one-in-five considered leaving home due to violence in the home. These trends existed prior to the COVID-19 pandemic but have increased over the past several years, prompting several national child health organizations to declare a national emergency in children’s mental health. Additionally, the pandemic resulted in profound workforce shortages, particularly in the health care and behavioral health (BH) workforce which are worse in rural communities, further compounding the issues of finding access to BH care. Improving access to BH services presents an important challenge, and given current workforce shortages, providing these services through telehealth is recognized as an emerging opportunity for increasing access to care. The Maine Community Health Worker-Supported Tele-Behavioral Health Program was piloted in the 2023 school year in six rural schools. The care model provides counseling services in the schools through remote video consultation between the students and mental health clinicians at partner BH agencies, with the additional support of a CHW who serves as the care coordinator/facilitator of the visits. By the close of the school year, almost 100 students received services through the Program. Using a mixed-methods study design, the evaluation team assessed how the Program was implemented, the role of the CHW, and its accessibility, acceptability and feasibility. Parents, school staff, clinicians, CHWs, and other key partners completed surveys and participated in interviews/focus groups. This presentation will showcase this innovative model, highlighting the various perspectives from all partners involved. Implications from the evaluation findings and lessons learned will be discussed.

Learning Objectives

1. Describe a CHW-Supported Tele-Behavioral Health School Program.
2. Discuss the impact of such a Program on workforce development and working across sectors.
3. Reflect on challenges and successes implementing the Program.

Ballroom 1

Behind Bars, The Implications for Public Health

Jan M. Collins, MEd (Maine Prisoner Advocacy Coalition) & Chelsea McBairy (Aroostook Mental Health Services, Inc.)

According to a recent study by the Prison Policy Initiative, 50 percent of individuals in state prisons as of 2016 (the most recent available data) were without health insurance at the time of their arrest. By comparison, only 9 percent of the overall U.S. population was uninsured in that same time period. This presentation will provide

an overview of how Maine's current incarceration system reflects critical economic determinants of health and how incarceration affects Maine's economy, community health and safety. It will also highlight the work of advocates in prisons and jails and our communities to improve the carceral system. Work is being done on multiple fronts to achieve change in the carceral system and reduce the adverse public health impacts the current system has on Maine communities. Short term strategies to achieve such results include the Maine Prisoner Re-entry Network, efforts to improve transfer of those incarcerated near the end of their lives to facilities in the community, and the involvement of Boards of Visitors in the county jails. Longer term strategies include Legislative efforts to examine the sources of violence within prisons and jails, reinstating parole, and strengthening educational opportunities and jobs within the prison system. The presentation will include basic information through slides, but will also include participation by persons with lived experience. A pre-test will be administered to allow the audience to test their knowledge.

Learning Objectives

1. Identify the economic determinants of health at the center of the current failures of the carceral system.
 2. Describe how the current failures of the carceral system affect public health in Maine.
 3. Explain how the work of advocates could make prisons and jails healthier for incarcerated people and for the communities receiving these people on release.
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Ballroom 2

Maine Marinara Collaborative: Processing, Policy, and People - Getting More Maine-Grown Foods into Institutional Meals

Renee Page, MPH, PS-C, CLC (Healthy Communities of the Capital Area) & Anna Korsen, MPPM (Full Plates Full Potential)

Diet-related disease has surpassed tobacco use as the #1 killer in the US and is linked to not only chronic diseases like Diabetes and Heart Disease, but also anxiety, depression, and Alzheimer's. Increased vegetable consumption is shown to improve health outcomes, and a strong local food economy helps those who work in the food industry and increases access to healthier foods by all. Join ME Marinara Collaborative (MMC) representatives and food system advocates to learn about this cross-sector approach to overcome food processing, local sourcing, and food access barriers for K-12 schools and other food-serving institutions. Maine's institutional food system has incredible potential to support local economies and provide more healthy food to students, patients, and incarcerated people by incorporating the many products available across the state. A local approach to providing healthier food in institutional meals will not only address supply chain issues and labor shortages, but will also help strengthen Maine's local food economy and support public health by providing fresh, nutrient-dense products that meet institutional meal guidelines. Including local, culturally relevant, and traditional foods in institutional meals also supports Maine's increasingly diverse population of immigrants and refugees, indigenous people of the Wabanaki Nation, and communities of color. MMC sources ingredients from immigrant farms, engages immigrant youth in marketing and taste testing activities, and is being piloted in schools with more diverse populations and communities experiencing low income. MMC engages food producers, nutrition directors, and eaters in a number of ways, thereby creating opportunities to explore food system careers that include a focus on healthier eating. Participants will learn how MMC leverages policy initiatives and programs like the Local Foods Fund, Universal School Meals, the Agriculture Infrastructure Investment Program, FoodCorps, Maine Harvest of the Month, Maine Prevention Network, and more to minimize risk and gain support and sustainability.

Learning Objectives

1. Identify the linkages between public policy and overcoming barriers to access to fresh local foods in institutional meals.
 2. Describe how innovative methods like forward contracting, youth engagement for marketing and buy-in, and sourcing from immigrant farms support the local food economy in new and sustainable ways.
 3. Describe how the local food system movement in Maine is a key lever for advancing public health and addressing chronic disease outcomes.
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Ballroom 3

A Cross-Sector Effort to Keep Children Safe by Strengthening Families in Maine

Mariette Aborn (Maine Department of Health and Human Services), Melissa Hackett, Maine Child Welfare Action Network

The public health and human services field share the priority of ensuring that children are safe and families are strong. In February 2023, Governor Mills announced in her state of the budget address that the Department of Health and Human Services (DHHS) would be working with the Maine Child Welfare Action Network (MCWAN) to develop a child maltreatment prevention plan – to keep children safe by keeping families strong. Version 1.0 of this “Child Safety and Family Well-Being Plan,” released in May 2023, is an early outcome of this cross-sector effort. DHHS and MCWAN developed the Plan based on information gleaned through community and state partner engagement sessions, including persons with lived experience, and gathering data on the identified needs of families across the state. The Plan emphasizes interagency collaboration and partnerships at the community level as well as coordination of community-based resources to build the protective factors that make child maltreatment less likely, including economic security, having basic needs met like food, housing, health care, childcare, education and the presence of strong social supports. It is everyone’s role and responsibility to strengthen and support families, and strengthening families will result in stronger communities for us all. In this presentation, representatives from DHHS and MCWAN will:

- Discuss the intersection between public health and the human services field in strengthening families
- Present research on the connection between economic security and family well-being
- Detail the Plan’s strategy to improve the economic security of parents and families to provide safety and stability for their children
- Outline the Plan’s implementation framework that relies on partnerships between the Department, families, and communities
- Help attendees identify the role they play in promoting child and family well-being

Additional Collaborators: Christine Theriault (Maine Office of Child and Family Services) and Debra Dunlap (Maine Child Welfare Action Network)

Learning Objectives

1. Understand the intersection between public health and the human services field in strengthening families.
 2. Describe how improving the economic security of parents and caregivers promotes safety and stability for children.
 3. Identify the role I/my organization can play in strengthening families and promoting child safety and family well-being.
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Breakout Session #2: 2:30pm – 3:30pm

Meeting Room A

Building Inclusive Career Pathways into the Dental Field in Maine

Nikki Williams, MUP (Children's Oral Health Network of Maine), Sarah Lewis (Maine Access Immigrant Network) & Sanaa Abduljabbar (Maine Access Immigrant Network)

The Children's Oral Health Network of Maine was awarded a two-year Industry Partnership grant through the Maine Department of Labor's State Workforce Board to support the refinement, replication, and scaling of an innovative training model. This training will prepare students for a new entry-level role called Oral Health Navigator intended to expand and diversify the workforce. Working in partnership with MCD Global Health and the Maine CDC School Oral Health Program, Maine Access Immigrant Network, and Cross Cultural Community Services, this initiative aims to implement the training and role in school settings in the fall of 2023 and then expand to community-based healthcare and dental settings in early 2024. Nationally, school-based oral health programs are specifically designed to improve access to dental care by reducing barriers for all children. Children with poor oral health are three times as likely to miss school due to dental pain, and students with dental pain are four times as likely to have a low grade point average. Dental disease is largely preventable with care provided by a health professional, however, in Maine, only 42% of children with MaineCare and only 63% of commercially insured children had a preventive dental claim in 2021. Children facing systemic racism face worse oral health outcomes than their peers. There is not currently enough workforce to administer oral health services to all the children who need it, and entering the oral health field is not widely marketed as a career option in Maine, despite the need. The Oral Health Navigator role was designed to support the delivery of preventive oral health services in community settings and create an accessible step on the career pathway for people of all backgrounds to help address the high levels of vacancies in many of the critical roles in the dental field.

Learning Objectives

1. Discuss innovative career pathways in the oral health field and opportunities for expanding and diversifying the public health dental workforce.
2. Describe initial learnings and findings from the beta-testing period of the Oral Health Navigator training and implementation of the Oral Health Navigator role within the School Oral Health Program.
3. Explain how a compelling new training model and position can be scaled and replicated in a variety of community-based healthcare and oral health settings.

Establishing a Gap Year Program to Address the Health Workforce Shortage in Maine

Kathy Simmonds, PhD, MPH, RN, WHNP-BC, FAAP (The Roux Institute at Northeastern University) & Jesse Billingham, MS (The Roux Institute at Northeastern University)

The Roux Institute at Northeastern University aims to spur innovation, build talent, and drive economic growth in Portland, the state of Maine, and the Northeast. Healthcare is an essential building block for realizing this vision, which requires an adequate, sustainable healthcare workforce. Given that Maine has the oldest mean population of any state in the country, recruiting, growing, and retaining a health workforce must be a state priority. To that end, the Roux Institute is piloting a pre-clinical, post-baccalaureate Gap Year program, designed to attract and place aspiring health professionals into entry-level direct and patient-adjacent positions in healthcare delivery systems throughout the state. With support from the Maine Department of Labor, this pilot program seeks to help fill current, critical vacancies in the healthcare workforce, provide participants with real-world experience to enhance their success in gaining acceptance to post-baccalaureate health professions education program, and expose them to opportunities for building a fulfilling career and satisfying life in Maine. In this session, presenters will provide an overview of the first year

of the Gap Year program and situate it within the broad strategic vision of the Roux Institute. We will also describe our collaborative relationships with partners from the healthcare delivery sector and other academic institutions in the state and beyond, and engagement with other industries funded by the Maine Department of Labor as part of this general health workforce initiative.

Learning Objectives

1. Describe features and goals of the Roux Institute pre-clinical post-baccalaureate program.
 2. Recognize the potential contributions a pre-clinical post-baccalaureate program for aspiring health care professionals can make to address the health workforce crisis in Maine.
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Meeting Room B

The Environmental Education Sector in Maine: Building Thriving Communities Throughout the State

Anna Sommo (Maine Environmental Education Association) & Olivia Griset (Maine Environmental Education Association)

The Maine Environmental Education Association (MEEA) invests in the current and future health of Maine people by supporting community-based environmental and outdoor learning. MEEA's multi-faceted approach supports environmental educators, encourages youth aged 15-30 as the current generation of environmental stewards, contributes to state and federal coalitions mobilizing environmental education policies, and builds communities of organizations to enhance the sector's culture. MEEA similarly recognizes research and evaluation as a critical lever for change and recently contributed to a landscape analysis of environmental education in Maine. Data collected from surveying 917 individuals in the sector shows that interest and demand for environmental education is growing, and Maine is a national leader in the field. These results of the 2022 Census for Community Based Environmental Learning (CBEL) provide an exciting window into the incredible work happening in the state and the desire for more opportunities, knowledge and support. Survey results indicate needs around climate change education, Wabanaki Studies, and the inclusion of students from diverse backgrounds. CEBL also highlighted collaborative projects and successful partnerships that sustain educators and create positive individual and community outcomes in all areas of the sector. MEEA also collaborated on revising the state Environmental Literacy Plan (ELP), which was adopted by the Department of Education in 2022. The ELP provides clear goals and a framework for the needs that emerged from the CBEL survey, as well as amplifying work in progress. With support from the state, this is a tool for forward movement and coalition building. The environmental education sector in Maine works at an intersection that supports public health in so many ways: from teachers experiencing their students in a setting outside of four walls, to students learning in the garden, to youth working on climate change policy, to organizational development where employees are paid an equitable, thriving wage.

Learning Objectives

1. Demonstrate at least 3 different ways that the environmental education sector is enhancing public health and thriving communities in Maine.
2. Identify the data that shows the increasing demand for environmental education and the supports needed to meet this demand.

Roberts Farm Experiential Learning

Hollie Legee-Cressman, MPH, CHES (MaineHealth/Healthy Oxford Hills), Emily Eastman (MaineHealth/Healthy Oxford Hills) & Sarah Kearsley (MSAD 17)

Roberts Farm Experiential Learning is a partnership between the Western Foothills Land Trust, Healthy Oxford Hills, and the Oxford Hills School District. Roberts Farm, a conservation and recreation project of the Western

Foothills Land Trust, is a 180 acre outdoor recreation center, nature preserve, Nordic Ski Center, and 2-acre demonstration garden and classroom. This natural environment allows for a variety of curriculum integration and hands-on learning. Students who visit the farm participate in STEM and physical activity programming, including hiking, cross country skiing, and snowshoeing. The school district implements the STEM programming, and Healthy Oxford Hills implements the obesity prevention component of the program, Growing Healthy Kids, which is funded by the New Balance Foundation. The goals of the Growing Healthy Kids program are to expand physical activity programming across the Oxford Hills region, encourage students to build healthy habits in physical activity and nutrition, and ultimately, to reduce childhood overweight and obesity rates in the Oxford Hills region. Teachers who participate in the program express that these outdoor learning experiences spark interest and curiosity in their students and help their students to be more engaged. They also notice stronger relationships within their classes and better retention of academic concepts. Many students also get to experience cross country skiing for the first time while participating in the program. This multi-sector project is able to reach approximately 230 5th grade students during the school year. Additional students participate in programming during the summer through summer school, a youth leadership program for middle and high school students, and partnerships with local recreation programs.

Learning Objectives

1. Describe an example of an initiative that brings together multiple sectors to impact individual and community health.
 2. Identify the academic, health, and personal growth benefits of outdoor and experiential learning.
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Meeting Room C

A Population Modeling Approach to Producing Community Health Estimates in Maine

Kevin Konty, PhD (Apriqot/Roux Institute of Northeastern University) & Kenneth Shapiro (Apriqot/Roux Institute of Northeastern University)

Community-level demographic and health outcome estimates are essential to public health practice. Such estimates can be constructed from a variety of sources including: health surveys, censuses, administrative records, disease registries, vital statistics, and electronic medical records. Each of these sources present their own challenges to generalizing from the data to the population as a whole and these challenges increase as spatial resolution increases, that is, as one tries to estimate smaller areas. This is particularly important in a heavily-rural state such as Maine that has many large counties with low population density, and many small towns. We present a framework to address these challenges by constructing highly detailed models of the population of the state of Maine and then grafting health information onto these models. By construction, the models are consistent with a defined set of input data sets including the census and postcensal estimates. This allows demographic information within the models to be used as population denominators. The resulting simulations then allow for the construction of community health estimates for arbitrarily shaped regions that simultaneously capture uncertainty. Such an approach also provides safety from disclosure risk. We will present how the approach can be used for two health outcomes: tobacco smoking and childhood obesity. Efforts to downscale both of these outcomes benefit from Maine's data context; specifically the oversampling of the Maine Behavioral Risk Factor Surveillance System (BRFSS) and the Maine Integrated Youth Health Survey. We will then discuss other potential uses of the approach in public health practice including targeting interventions, evaluation, monitoring of disparities, and regionalization.

Learning Objectives

1. Explain the challenges of small area health estimates.
2. Identify the advantages of linking demographic information to health data.
3. Describe the features of an agent-based model or digital twins.

Come Play With Our Balls

Becky Pearce, MA (Maine Center for Disease Control and Prevention) & Michelle Mitchell, MSocSc (Partnerships For Health)

The LGBTQ+ community is targeted more than the general population by the tobacco and alcohol industry. This leaves them at an increased risk for many cancers including lung, breast, and colorectal – three of the top five cancers in Maine for both incidence and mortality. LGBTQ+ individuals are also less likely to get their recommended cancer screenings for fear of how they will be treated by the provider and staff. The LGBTQ+ Task Force of the Maine’s Impact Cancer Network (MICN), partnered with the Maine CDC Comprehensive Cancer Control Program, Partnerships For Health (PFH), and the Maine Cancer Foundation (MCF) to conduct a live interactive survey during two Pride events in June 2023 – Hallowell, and Portland. The LGBTQ+ Task Force applied for a mini grant through MCF to support tabling at the Pride events. Knowing that having an interactive booth at any event makes it more interesting and engaging for those attending the event, PFH suggested a real-time evaluation of cancer screening using colored balls. The banner inviting everyone to “Come Play With Our Balls” and the six different brightly colored balls caught the curiosity of many at the events. People entering the tent chose a pair of colored balls corresponding to their gender identity. They answered the first question “I know what cancer screenings I need” by placing the ball into the correct container to answer “yes,” “don’t know,” and “no.” They used the second ball to answer, “I have had the appropriate cancer screenings.” Over 250 people answered the survey questions at Hallowell Pride, and 550 participated at Portland Pride. Not only did this innovative, real-time evaluation provide some much-needed data on cancer screening awareness and behavior among LGBTQ+, it also created a fun atmosphere in which resources could be shared and questions answered.

Learning Objectives

1. Explain that LGBTQ+ individuals are targeted more by the tobacco and alcohol industry.
 2. Describe the reticence of LGBTQ+ individuals to get their recommended cancer screenings.
 3. Learn practical tips for designing and implementing real-time evaluations.
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Meeting Room D

Barriers to Cancer Research Participation among New Mainers

Mike Kohut, PhD (MaineHealth Institute for Research), Jamie Saunders, Anne Breggia, Neil Korsen, Scot Remick & Sue Miesfeldt

Aim: We examined barriers for New Mainers in participating in the Cancer Moonshot Biobank and other cancer genomics and clinical trials research. It includes a critical focus on barriers to initial diagnosis and access to specialist cancer care, which are prerequisites for research involvement. **Background:** Cancer research advances cancer treatments, and participation in research may open new treatment options and enhance patient care. Unfortunately, immigrants are often underrepresented in studies, which result in disparities in healthcare outcomes. Furthermore, underrepresentation may reflect barriers to diagnosis or care, lowering the likelihood a patient will have an opportunity to participate. **Methods:** Based on theoretical sampling, we interviewed key informants with relevant information on cancer research or healthcare for New Mainers, including oncologists, research coordinators, community health workers and others. We used their accounts to construct a map of pathways to cancer care and research, and then used qualitative descriptive analysis to identify barriers along that pathway. **Results:** New Mainers face barriers throughout the cancer care and research pathway. Shortages of providers and patient beliefs about preventive medicine hinder screening and early diagnosis. Accessing treatment while maintaining employment is challenging due to coverage gaps and employment policies. Despite a desire to include New Mainers, research staff and oncologists may not inform them about studies, owing to lack of translated materials, misconceptions about

eligibility, and limited time during office visits. Conclusions: This study highlights how economic determinants of health and other aspects of the New Mainer experience affect cancer diagnosis, treatment, and research participation. Structural issues of access, including provider shortages and coverage gaps, must be addressed to improve immigrant participation. Health systems should clarify policies around trial-related materials translation and consent. Educational programs, use of cultural ambassadors, and collaborations with immigrant-serving organizations can build trust, raise awareness, and overcome barriers.

Learning Objectives

1. Describe the specific barriers in Maine that hinder participation in cancer research among immigrants, refugees and asylum seekers with cancer.
2. Explain why barriers to accessing primary care may exacerbate underrepresentation among immigrants.
3. Identify strategies to address barriers and improve immigrant participation.

Financial Distress and the COVID-19 Pandemic: The Impact on Immigrant Communities in Portland, Maine and Next Steps

Eilish Carpenter, MPH (Tufts University School of Medicine), Claude Rwaganje, Gloria D. Sclar, Michael Kohut, Elizabeth A. Jacobs & Kathleen M. Fairfield

Immigrant communities, particularly asylum-seekers and refugees, experience social and economic disparities which were exacerbated by the COVID-19 pandemic; leading not only to health disparities but also major financial distress. Community-based organizations (CBOs) in Portland, Maine connected asylum-seekers and refugees, often referred to as “New Mainers,” with emergency programs and social benefits, but it is unknown the extent to which the pandemic has and continues to impact the financial wellbeing of New Mainers. We conducted two focus group discussions (FGDs) with employees of a CBO that provides employment and housing assistance to New Mainers and conducted a secondary qualitative analysis of 29 in-depth interviews (IDIs) with New Mainers and community health worker informants from 2021. Both FGD and IDI transcripts were thematically analyzed to examine the financial impacts experienced by New Mainers. We identified the following ways in which the COVID-19 pandemic has led to financial distress for this community: (1) the local housing crisis in addition to the discontinuation of the Emergency Rental Assistance program is impacting the affordability and availability of housing; (2) recent layoffs from COVID-19 testing manufacturers and work permit backlogs are causing disruption in employment for many immigrants; (3) many New Mainers work(ed) frontline jobs with few or no benefits including paid sick leave, resulting in a significant loss of income or layoffs, especially when isolating with COVID-19, caring for family members isolating with COVID-19 or staying at home with children during remote learning policies. Along with these findings, we present a summary flow diagram that captures the various pandemic-related factors we uncovered that influenced financial stability for New Mainers. We also outline evidence-based policy recommendations for Maine’s legislation that could greatly improve the financial wellbeing of both Mainers and New Mainers impacted by the pandemic, especially with regard to housing and income stability. *Co-authorship acknowledgments: Claude Rwaganje, Gloria D. Sclar, Michael Kohut, Elizabeth A. Jacobs, and Kathleen M. Fairfield*

Learning Objectives

1. Identify the unique ways in which immigrant communities in Maine were impacted economically by the COVID-19 pandemic, and how these impacts may continue to affect the community.
 2. Discuss the impacts of qualitative research on the output of actionable policy recommendations aimed at improving the economic and overall wellbeing of immigrant communities in Maine.
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Meeting Room 1/2

Investments in Outdoor Recreation for Improved Economic Outcomes (health too!)

Carolann Ouellette (Department of Economic & Community Development) & Douglas Beck, Maine Department of Agriculture, Conservation and Forestry, Bureau of Parks & Lands

An ever-increasing body of evidence reveals a direct connection between investments in public outdoor recreation and improved economic outcomes. Similarly, vibrant and engaging public parks and outdoor recreation infrastructure are key conditions for attracting and retaining talent and businesses. Maine, has a wealth of natural resources and opportunities to leverage access to the outdoors for economic development and improved public health outcomes. Our speakers for this session have their fingers on the outdoor recreation pulse of Maine and beyond. Learn how you and your agency can engage with others working to grow the local economy and improve public health outcomes through outdoor recreation!

Learning Objectives

1. Describe outdoor recreation and public health partnerships and initiatives that also further communities' economic development goals.
2. Identify current and potential funding opportunities.
3. Describe how the public health sector can play an important role in increasing capacity for outdoor recreation investments, assist with breaking down barriers to the outdoors and encourage more people to spend time outside.

Meeting Room 3/4

Distribution of Harm Reduction Access in Rural Maine Areas (DHARMA)

Francesca Piccolo, MS, MPH (MaineHealth Institute for Research) & Chasity Tuell (Maine Access Points)

Instability in the drug supply and changes in use patterns in Maine have contributed to overdose deaths. There has been an increase in infections due to unsafe injection practices, a lack of screening for bloodborne infectious diseases (ID), and a low awareness/prescription of pre-exposure prophylaxis (PrEP). Harm reduction services offset the cost to taxpayers compared to costs to treat ID. In an unprecedented collaboration between MaineHealth, syringe service programs (SSPs) (Maine Access Points, commonspace, Church of Safe Injection), the state, and academic partners, Project DHARMA (Distribution of Harm reduction Access in Rural Maine Areas) addresses economic prosperity and opportunity through free (or affordable), easily accessible harm reduction services. During its funding period 5/30/22 – 5/30/25, Project DHARMA's goals are to: promote overdose prevention through distribution of resources and community drug checking; address rising infections by providing access to wound care supplies and treatment services; provide screening for HIV, viral hepatitis, and dried blood spot testing; facilitate linkage to care for ID and substance use through five harm reduction outreach specialists (HROS); and improve provider awareness about harm reduction and to reduce stigma. HROS connect with individuals historically excluded from care, such as people experiencing homelessness, in geographically isolated and non-isolated communities. Thus far, the HROS have had over 5,000 outreach and 870 on-site encounters. HROS distributed 48,540 naloxone doses total, 2,880 wound care kits, and 12,767 fentanyl test strips across Maine, and made 303 linkages to peer services, 251 to treatment services, and 174 to recovery services. The Project DHARMA team worked with stakeholders to advocate for and pass legislation for drug checking in Maine. The increase and expansion of testing, supplies, and access to harm reduction and treatment services through Project DHARMA contribute to economic equity via free (or affordable) opportunities for people who may be disengaged in health care.

Co-authorship acknowledgments: Jean Bessette, Anna McConnell, Jessica Falero, Marion Anderson, Kristin Doneski, Dasan Thamatoor, Kristen Silvia & Kinna Thakarar

Learning Objectives

1. Explain the importance of linkages to care, referrals, and harm reduction services from community partners for communities of need (including people who use drugs).
2. Discuss the need to expand capacity of SSPs to provide overdose prevention, wound care, and various screenings (HIV, HBV, HCV).

Community Response to Addressing Withdrawal and Overdose Risk: Implementation of Guidelines for Managing Substance Withdrawal in Jails

Linda J. Frazier, MA, RN, MCHES (Advocates for Human Potential (AHP), Inc.)

Substance use is a major health issue among individuals in custody, and withdrawal from substances can be life-threatening. Jurisdictions have a pressing responsibility to save lives by implementing policies and protocol that align with legal, regulatory, and clinical standards related to appropriate withdrawal management. Recently released Guidelines for Managing Substance Withdrawal in Jails sets forth best clinical practices and actionable guidance for jails. This presentation will discuss readiness for implementation, key components, and solutions for implementation in local communities and jails.

Learning Objectives

1. Assess readiness for implementing a comprehensive and appropriate multidisciplinary approach to withdrawal management.
2. Identify action steps for building community support for implementation of the guidelines in Maine communities.

Ballroom 1

Creating the Next Generation of Public Health Professionals and Scientists: The Wabanaki Approach to our Next Generation

Ralph Cammack, MPH, H(ASCP)CM (Wabanaki Public Health and Wellness) & Saige Purser (Wabanaki Public Health and Wellness)

This session will go through the internship programs offered through Wabanaki public health and wellness, the Wabanaki approach to connecting with students and youth and how WPHW aims to create a pipeline of students into the fields of public health and research for the next generations. It will also review the need to Indigenous representation and the importance of traditional knowledge.

Learning Objectives

1. Describe how to create internship programs targeting underserved communities.
 2. Describe next generation thinking and Indigenous approaches.
 3. Explain traditional knowledge and its applications in public health science.
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Ballroom 2

Maine's Successful Paid Family & Medical Leave Campaign: The Strength of Partnerships

Destie Hohman Sprague, MPP (Maine Women's Lobby) & Catie Reed, MSW (Maine Women's Lobby)

Paid Family and Medical Leave (PFML) programs are proven to significantly improve a range of public health outcomes. These programs enhance access to healthcare, increase rates of vaccination and breastfeeding, and improve health outcomes for individuals and families. However, only 20 percent of U.S. private sector workers have access to PFML through an employer and only 42 percent have access to short-term disability insurance. Nearly one in four employed mothers return to work within two weeks of giving birth and one in five retirees leave the workforce earlier than planned to care for an ill family member. Maine has worked for years to develop PFML policies to address these disparities. This year created a pathway to success through a collaborative PFML campaign led by the Maine Paid Leave Coalition. This presentation provides an overview of Maine's new PFML policy and sheds light on how cross sector partnerships and key strategies strengthened the Coalition, resulting in a successful paid leave campaign. The Maine Paid Leave Coalition, convened by the Maine Women's Lobby, is a group of partners and stakeholders who work together to create comprehensive system change related to PFML and to implement a system that works for all Mainers. This group has four key strategies: (1) build public support and raise awareness, (2) enhance relationships with partners and stakeholders; (3) organize a powerful constituency of dedicated Maine people; and (4) utilize data-driven research to develop reasonable and comprehensive strategies for Maine. Presenters will offer insight into strengths and challenges of these strategies and the importance of cross sector collaboration and policy development on public health. Drawing on successes in other states and research, this presentation will highlight how Maine's comprehensive paid leave policy will make workers, families, businesses – and our whole economy and public health infrastructure – stronger and healthier.

Learning Objectives

1. Demonstrate understanding of Maine's paid family and medical leave policy.
2. Identify how paid family and medical leave systems improve public health and economic outcomes for marginalized workers (women, people of color, rural residents, low wage earners, etc.).
3. Discuss key strategies for coalition building and policy campaign success.

Ballroom 3

PFAS Contamination on Maine Farms: Exploring the Economic and Environmental Justice Dimensions of a Comprehensive Response

Shelley Megquier (Maine Farmland Trust), Tricia Rouleau (Maine Farmland Trust) & Adam Nordell (Defend Our Health)

PFAS or "forever chemicals" are found in many products, last for generations, and are tied to multiple public health issues. Since the 1970s, farms across the country have been encouraged to spread municipal and industrial sewage sludge residuals on their fields, unaware of the PFAS chemicals they contain or their long-term impacts. Maine is one of the first states to take a comprehensive approach to investigating PFAS contamination on farms, support impacted farmers, and prevent future contamination. This session will provide an overview of Maine's response to public health concerns about PFAS contamination on farms – for farmers and consumers – and the economic repercussions of this response. The session will include a presentation by Shelley Megquier, Maine Farmland Trust (MFT)'s Policy & Research Director and Tricia Rouleau, MFT's Farm Network Director, to discuss Maine's policy responses to PFAS contamination as well as how MFT has worked to create programs in direct response to the needs of impacted farmers. During this session, participants will learn from MFT's Policy & Research Director how a coalition of farmers, farm groups, public health advocates, and state legislators worked together to enact groundbreaking legislation to ban the

land application of sludge and compost derived from sludge, and establish a \$60 million fund to provide farmers with income replacement, health monitoring, assistance with business pivots, research, and if necessary, relocation of irreparably harmed farms. Participants will also learn from MFT's Farm Network Director about the launch of the PFAS Emergency Relief Fund, in partnership with MOFGA, to support income replacement, testing costs, infrastructure and research needs, and health services for affected farmers as well as about ongoing technical support being provided to farmers so they can shift farm management practices in ways that allow them to continue to farm. Finally, participants will learn how PFAS contamination on farms is a national public health, economic, and environment justice issue that requires action and support from the federal government.

Learning Objectives

1. Build understanding of the economic and environment justice dimensions of the PFAS crisis in Maine and nationally.
 2. Explain how MFT and other agricultural orgs are providing technical support to farmers so they can shift farm management practices in ways that allow them to continue to farm.
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Closing Session: 3:45pm – 4:15pm

Main Auditorium

Public Health Updates & Looking Ahead to 2024

Puthiery Va, DO (Maine Center for Disease Control & Prevention) & Rebecca Boulos, MPH, PhD (Maine Public Health Association)

Hear from Dr. Puthiery Va, new Director of the Maine Center for Disease Control and Prevention about her vision for Maine CDC, public health priorities, and how the public health community can work together to solve complex challenges.

Following Dr. Va's presentation, MPHA Executive Director, Rebecca Boulos, will share highlights and updates from the Association, including sharing 2024 news and priorities.

Learning Objectives

1. Discuss Maine's public health successes, challenges and priorities.
2. Offer feedback on public health issues and priorities.
3. Describe opportunities for working together to solve complex public health challenges.