Maine Public Health Association

2025 Conference Agenda

OCTOBER 27, 2025
AUGUSTA CIVIC CENTER

8:00 am - 9:00 am	**Registration, Breakfast, Networking & Exhibits** (Auditorium)
9:00 am - 9:10 am	**Welcoming Song** (Auditorium) Brett Lewey, Citizen of the Passamaquoddy Nation
9:10 am - 9:30 am	**Welcome and Announcements** (Auditorium) Rebecca Boulos, MPH, PhD & Leo Waterston, MA (Maine Public Health Association)
9:30 am - 10:30 am	**Keynote Presentation: The Regional Geography of Health and Well-Being in the United States** (Auditorium) Colin Woodard, MA, FRGS (Nationhood Lab at Salve Regina University)
10:30 am - 11:30 am	**Poster Session, Exhibitors & Coffee Break** (Auditorium)
11:30 am - 12:15 pm	**Lunch & Exhibitors** (Auditorium)
12:15 pm - 1:15 pm	**Plenary Panel: Turning Talk into Action: Transforming Communities Through Engagement** (Auditorium) Moderator: Shanna Cox (Lewiston Auburn Metropolitan Chamber of Commerce) Panelists: Barrett Takesian (Portland Community Squash) Margaret Hathaway (Community Plate) Tom Mahoney (Harpswell Aging at Home, ROMEO Initiative) Diana Furukawa (Millinocket Memorial Library)
1:15 pm - 1:30 pm	Transition & Break
1:30 pm - 2:30 pm	**Breakout Session 1**
2:30 pm - 2:45 pm	Transition & Break
2:45 pm - 3:45 pm	**Breakout Session 2**
3:45 pm - 4:00 pm	Transition & Break
4:00 pm - 4:20 pm	**MPHA Updates, Closing Remarks & Raffle** (Auditorium)

UNE COM has requested that the AOA Council on Continuing Medical Education approve this program for a maximum of 5.0 hours of AOA Category 2-A CME credits. UNE COM designates this educational activity for a maximum of 5.0 AMA PRA Category 1 Credit(s)™

UNE COM designates 5.0 University of New England contact hours for non-physicians. Contact hours may be submitted by non-physician, non-PA health professionals for continuing education credits. This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Maine Medical Association through the joint providership of the University of New England, and Maine Public Health Association. University of New England is accredited by the Maine Medical Association to provide continuing medical education for physicians.

Lactation Support Room: Civic Center Main Office

Keynote Presentation 9:30am-10:30am

Auditorium

The Regional Geography of Health and Well-Being in the United States
*Colin Woodard, MA, FRGS (Nationhood Lab at Salve Regina University)

Colin Woodard will share how regional cultural characteristics dating back to the colonial era profoundly influence population-level health outcomes today. His team's ongoing research reveals the political determinants of health: that individualistic cultures have generally poorer outcomes and lifespans than communitarian ones, which are more comfortable investing in public goods. Considering public health in the context of regional cultures and shifting how we approach political determinants of health can improve health outcomes.

Learning Objectives

1. Understand the spatial patterns in the distribution of health outcomes and related drivers.
2. Understand the cultural history and geography corresponding to those spatial patterns.
3. Understand a proposed model linking dominant regional cultural ideals to the social determinants of health and health outcomes.

Plenary Presentation 12:15-pm-1:15pm

Auditorium

Turning Talk into Action: Transforming Communities Through Engagement
Moderator: *Shanna Cox (Lewiston Auburn Metropolitan Chamber of Commerce)
Panelists:

- *Barrett Takesian (Portland Community Squash)
- *Margaret Hathaway (Community Plate)
- *Tom Mahoney (Harpswell Aging at Home, ROMEO Initiative)
- *Diana Furukawa (Millinocket Memorial Library)

This panel examines the transformative impact of social connection on enhancing community health and well-being. The panelists will share four examples of community-based organizations in Maine and discuss the work they are doing to enhance connections, build relationships, and improve health across different demographics.

Learning Objectives

1. Describe how social connection can improve community health and well-being.
2. Identify four ways of promoting community engagement and relationship building in different settings and across demographics.

Poster Session: 10:30am-11:30am

Auditorium

**Denotes presenter(s)*

Access to Care for Older Adults: Strategies for Connection, Education & Enrollment *Sarah Correia, BS & *Ryan Bouchard, MEd (MaineHealth)

An Evaluation of the Engagement and Roles of Non-Hospital Partners in the Rural Maternity Obstetrics Management Strategies (RMOMS) Network *Abigail Russman, BA; Lori Travis, MS; Caroline Zimmerman, MPP; Erica Swan, MBA; Katherine Crothers, MPH, BSN, RN; Anna Gilbert, MS, RD; Jamil Mouehla, BA & Olivia Burke, MPH (MaineHealth)

Animal Assisted Psychotherapy for Refugee and Asylee Youth *Breeana Blalock, MSW (Animal Assisted Therapy Programs Of Colorado)

A University-Low-Income-Housing Partnership to Support Food Security, Healthy Shopping, Eating, and Health Among Older Adults in Maine *Michele Polacsek, PhD, MHS (UNE); *Mary DeSilva, ScD, SM, MSFS (UNE); Margaret Gamble, MSW (UNE) & Thomas Meuser, PhD (GeroPsych Maine)

Bidirectional Cannabis-Insomnia Interplay Differs by Subjective Social Standing at a Rural University *Luis Solorio, BA; Krutika Rathod, MA; Leah Cingranelli, MA & Patricia Goodhines, PhD (University of Maine)

Building Connections and Fostering Mattering through a Statewide Health and Well-Being Assessment *Heather Drake, MPH (Maine Shared Community Health Needs Assessment), Nancy Birkhimer, MPH (Maine CDC), Corrie Brown, MSW, PS-C (Central Maine Community Health); Anne Conners, MA, MPH (MaineGeneral Medical Center); Heidi LeBlanc, MEd (Penquis); Dora Anne Mills, MD, MPH, FAAP (MaineHealth) & Jessica Shaffer, DrPH(c), MS (Northern Light Health)

Bridging the Gap of Patient Needs: A Holistic Approach to Dental Care *Milena Germon; Emerson Addams & Amber Lombardi, IPDH (Mainely Teeth)

Building Partnerships and Integrating Resources: The Help Me Grow Maine Model *Melinda Corey, MEd, CPST (DHHS Office of Child and Family Services, Early Care and Education Unit)

Colorectal Cancer Care Delivery in Rural and Socioeconomically Deprived Areas *Christina Kapala, DO (MaineHealth); Kim Mooney, MPP (MaineHealth); Sydney Bebus, RN, MPH (Harrington Family Health Center); Lise Cloutier, MD (Central Maine Medical Center); John Daggett, MD (MaineHealth); Benjamin Felix, MD (MaineHealth); Renee Fay-LeBlanc, MD (Greater Portland Health); Bridget Rauscher, MPH (City of Portland Public Health); Kathryn Rensenbrink, MD (Northern Light Health); Adriana Nadeau, MD (MaineHealth); Debra Rothenberg, MD (MaineHealth); Kevin Stein, PhD (MaineHealth Institute for Research) & Kathleen Fairfield, MD, DrPH (MaineHealth)

Expanding Access to School-Based Mental Health Care: Evaluation of Maine's CHW-Supported Tele-Behavioral Health Program (2022–2025) *Michelle Mitchell, MSocSc & *Courtney Roderick, MPH (Partnerships For Health)

Factors Influencing Patient Engagement in Precision Medicine Treatments for Lung Cancer: A Systematic Review *Blakely Austin (MHIR & College of William and Mary); Grace Taylor (MHIR & Tulane University); Francesca Piccolo, MPH, MS (MHIR & University of Maine); Kyla Perkins (MHIR & University of Maine); Mena Eltahir (MHIR & University of Southern Maine); Rishi Black, BS (MHIR); Elizabeth Scharnetzki, PhD (MHIR); Cara Frankenfeld, PhD (MHIR); Kevin Stein, PhD (MHIR) & Gloria D. Sclar, PhD, MPH (MHIR)

Gaps in Screening and Treatment of Latent Tuberculosis Infection in Immigrants to Maine *Mariah Coyne; Benjamin Felix, MD; Christina DeMatteo, DO; Kathleen Fairfield, DrPH; David Cohen, MD; Amanda Powell, MD & Donna Travaglini, RN (MaineHealth)

Impacts of Loneliness and Social Isolation on Aging and Health in Maine: A Longitudinal Cohort Survey of Adults Ages 55 and Older *Ruth Dufresne, SM & Mary DeSilva, ScD, SM, MSFS (University of New England)

"It Has to Be My Decision": Supporting Tobacco Cessation Among Maine Veterans Through Connection, Culture, and Trust *Patrick Madden, MBA (Market Decisions Research); Allison Tippery (Market Decisions Research); Nikki Jarvais (Rinck Advertising) & Erik Gordon (Maine CDC)

Nurturing Resilience and Reducing Burnout: A Two-Part Wellness Curriculum for First-Year Nursing Students *Kelley Strout, PhD (University of Maine)

Overdose Response Strategy (ORS): An Innovative Public Health-Public Safety Partnership *Shasta Minery, MSW (CDC Foundation & New England High Intensity Drug Trafficking Area)

Reducing Readmissions for Psychiatric Illness *Molly McCarthy, BSW (MaineHealth)

Reducing Student Exposure to Digital Food and Beverage Marketing *Michele Polacsek, PhD, MHS (University of New England)

Partnering to Increase Engagement and Improve Mental Health of Midcoast Youth *Melissa Fochesato, MPH; *Cathy Cole & *Reeve Baker (MaineHealth)

Pavement with a Purpose: Promoting Physical Activity Through Activity Stencils in York County *Alexa Christie, MPH; Casey Marcotte & Kelly Roberts, MPH (MaineHealth)

Proactive Financial Navigation in Cancer Care: Connecting Patients to Resources to Mitigate Financial Toxicity and Improve Outcomes *Adrienne Fontenot, PharmD & *Shannon Cameron (MaineHealth)

Stopping Cavities in Their Tracks: Integrating Silver Diamine Fluoride Dental Treatment into Primary Care at MaineHealth *Lyvia Gaewsky, MPH (MaineHealth)

The Impact of Community and Family-Related Protective Factors on Risk Behaviors among Maine High School Students *Pamela F. Albert, MPH (Maine CDC & University of Southern Maine); Hayley Pawlowski, MPH (Maine CDC) & Sheila Nelson, MSP, MSW (Maine CDC)

The Mobile Kitchen: Where Food Meets Belonging *Melissa Emmons, BS; *Anne Conners, MA, MPH; *Anna Froman, ND & *Brenna Nelson, RD (MaineGeneral Health)

The Relationship of Self-Reported Chronic Pain and Onset Dementia in a Healthy Community-Dwelling Cohort of Older Adults *Mary DeSilva, ScD, SM, MSFS & Roberta DiDonato, PhD, CCC, MSPS (University of New England)

Using Maps to Visualize the Impact of Obstetric Unit Closures on Maine's Birthing Population *Andrea Lenartz, MPH & Fleur Hopper, MSW, MPH (University of Southern Maine & Maine CDC)

Using Sudden Unexpected Infant Death (SUID) and Infant Sleep Practice Data to Drive a Multi-Faceted Approach to Safe Sleep Education and Outreach in Maine *Rebecca Bussa, MPH; Andrea Lenartz, MPH; Fleur Hopper, MSW, MPH (University of Southern Maine & Maine CDC); Kim Gosselin, OQMHP & Stacey LaFlamme, LSW (Maine CDC)

Breakout Session #1: 1:30pm-2:30pm

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.

**Denotes presenter(s)*

Auditorium

Community Health Worker (CHW) Workforce and Training Development Panel

Moderator: *Amelia Rukema (Maine Mobile Health Program)
Panelists:

- *Katherine Weatherford Darling, PhD (University of Maine): *State of the Maine CHW Workforce: Findings from a Community-Engaged Study*
- *Cristina Leal (MCD Global Health): *Virtual CHW Training in Maine: A Model for Workforce Growth and Meaningful Connection*
- *Tobias Nicholson, MD, ScM (MaineHealth) & *Grace Lapika (MaineHealth): *Growing the Workforce: CHW Apprentice and Clinical Mentor Perspectives on a CHW Apprenticeship Program*

Community Health Workers (CHWs) are trusted, frontline public health workers who bridge gaps between healthcare systems and underserved communities. In Maine, CHWs serve in diverse roles across sectors and are vital to the delivery of public health programs and improving the health of individuals and communities. Given the diversity of the workforce and the challenges they face in their work, meeting their training needs requires innovation and creativity. This panel session will feature results from a statewide CHW workforce assessment, as well as two CHW workforce training programs underway in Maine.

Learning Objectives

1. Describe the training needs of CHWs.
2. Describe at least two CHW training programs.
3. Identify changes that support the sustainability of the CHW role and strengthen the workforce.

Penobscot Room

A Community Approach to Support Safe Syringe Disposal and Stigma Reduction

*Bridget O'Connor, MPP, PS-C (Cumberland County Public Health)

South Portland community members reported finding discarded syringes at beaches, bus stops, and on local trails, and were unsure what to do with them. In response, a small group of community members and city staff formed an alliance that worked to advance the installation and mapping of secure syringe collection boxes across the city. This presentation will share a community engagement strategy to build community support for harm reduction approaches to substance use disorder. The session will also offer specific resources developed to support public education.

Learning Objectives

1. Describe a public health approach to overcoming misunderstanding and motivating action to provide safe syringe collection options at the municipal level.
2. Identify specific steps for planning, designing, and implementing a community sharps program.

Leveraging Opioid Settlement Funds to Launch Maine's First Syringe Redemption Program: Early Outcomes and Public Health Implications

*Bridget Rauscher, MPPM (City of Portland Public Health)

In January 2025, Portland Public Health implemented Maine's first Syringe Redemption Program using Opioid Settlement Funds to address syringe litter and strengthen harm reduction efforts. This pilot initiative, one of only three documented syringe redemption programs in the United States, offers eligible individuals $0.10 per returned syringe, with a weekly cap of $20 per participant. Since its inception, over 181,000 syringes have been collected, and just over $18,000 distributed. Within the first six weeks, Portland saw a 76% reduction in improperly discarded syringes.

The program complements Portland's Syringe Services Program (SSP), which distributed 1.23 million syringes in 2024, achieving a return rate of 60%. In 2025 to date, the SSP has distributed 516,476 syringes and collected 469,594 - a 91% return rate. Although alternative safe disposal methods (e.g., community sharps boxes, home disposal, other SSPs, etc.) remain available, the redemption program has significantly improved return rates and public health and safety outcomes and has increased community engagement.

The initiative has deepened client engagement with public health services. Participants are returning more frequently, fostering trust and accessing expanded care including HIV/HCV testing, wound care, housing navigation, and recovery support.

This presentation will share key program outcomes from the first nine months, including return metrics, participant engagement trends, and community and environmental impacts. Presenters will detail the planning and implementation process—covering funding approval, staffing, operational protocols, and data collection—and discuss lessons learned and recommendations for replication. Attendees will receive access to technical assistance resources and tools to assess feasibility and design syringe redemption programs in their own jurisdictions.

Learning Objectives

1. Describe the structure and impact of Portland's Syringe Redemption Program.
2. Identify key considerations for implementing syringe redemption utilizing Opioid Settlement Funds.
3. Apply evaluation and operational insights to develop similar harm reduction strategies in other communities.

Androscoggin/Aroostook Room

Designing for Clinical-Community Integration: Supporting Immigrant Families Through a Hub and Spoke Model of Community Care

Moderator: *Emilie Swenson MSW (University of Southern Maine)
Panelists:

- *Sanaa Abduljabbar (Maine Access Immigrant Network)
- *Sarah Lewis (Maine Access Immigrant Network)
- *Devon Stockmayer (MaineHealth)
- *Angela Mowatt (MaineHealth)
- *Stephen DiGiovanni, MD (MaineHealth)
- *Cristine Tusimbana (Maine Access Immigrant Network)

The collaboration between Maine Access Immigrant Network (MAIN), MaineHealth, and the Data Innovation Project (DIP) at the University of Southern Maine was established in 2019 to learn from immigrant families with young children about the challenges and opportunities for talking about early childhood development in pediatric primary care and community based settings. Through a grant from the Maine Health Access Foundation, the team is

responding to the question of how to leverage resources and trusted supports to promote connection, understanding, resources, and healthy outcomes for young children and their families. This work seeks to deepen community-clinical linkages through both technical solutions (such as improving referral systems using the Electronic Medical Record (EMR) and connected FindHelp resources) and building more resources for families through greater integration between MAIN's team of Community Health Workers (CHWs) and MaineHealth's team of Early Childhood Support Specialists; interactive sessions with parents and providers in the community; and between CHWs and providers in the clinic.

The collaboration aims to strengthen communication between providers and families on issues related to development so that children can access and receive high quality care and that families have a stronger understanding about and connection to their child's health care. Lending to the conference theme, this project recognizes that families do not exist and should not exist in isolation and that connecting families to relevant linguistic and cultural community-based and accessible resources are integral to promoting health and overall wellbeing.

Through an interactive presentation, participants will engage in discussions about working together across systems to better serve families with young children, promote increased cross-cultural awareness and understanding of early childhood development, and consider what ideas others have to improve community-clinical integration or a hub and spoke model that leads to positive health outcomes for children and those who care for them.

Learning Objectives

1. Describe what immigrant families with young children experience when navigating conversations about early childhood development in primary care and community-based settings.
2. Understand how to build collaborative partnerships to better care for families.
3. Identify opportunities for collaboration with presenters and other participants to continue to build on this project together.

Kennebec Room

Bridging the Gap Between Healthcare, Social Services, and Legislation: Addressing Utility Inaccessibility as a Social Driver of Health

*Eisha Khan (MaineHealth); *Melanie Sachs (Maine House of Representatives) & *Zoe Sahloul (New England Arab American Organization)

Access to utilities—heat, electricity, and water—is a basic necessity that directly impacts health, housing stability, and the ability to stay socially connected. When individuals are unable to afford utility deposits or maintain consistent service, they face isolation, displacement, and cascading barriers to well-being.

This session highlights how patient-level Social Drivers of Health (SDOH) data shared by MaineHealth sparked deeper conversations around utility inaccessibility. During community convenings, the New England Arab American Organization elevated how high utility deposits create disproportionate barriers for immigrants and young Mainers without credit history. These insights, combined with data, prompted engagement from the Public Utilities Commission and ultimately led Representative Melanie Sachs to introduce LD 1080 – An Act Prohibiting Public Utilities from Requiring Deposits Based Solely on a Residential Customer’s Income.

Presenters explore how healthcare systems, community-based organizations, and policymakers collaborate to address SDOH and advance systems-level change. This session demonstrates how data and storytelling work in tandem to surface hidden inequities, build stronger support networks, and advocate for policy grounded in equity and community voice.

This case study offers a replicable model for transforming screening data into lasting policy change—demonstrating how connection not only builds health but drives equity. Attendees will leave with practical strategies to:

- Build bridges between healthcare, community organizations, and legislative partners
- Use SDOH data to identify and elevate community-level challenges
- Translate insights into collective action that strengthens both individual and community health

Learning Objectives

1. Describe how healthcare systems, community-based organizations, and policymakers can collaborate to address social drivers of health using utility access as a case study.
2. Identify strategies for leveraging SDOH data and community narratives to influence policy change and reduce social isolation.

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Rooted in Maine, Growing Nationwide: The Power of Pro-Vaccine Families in Action

*Caitlin Gilmet, BA (Maine Families for Vaccines, American Families for Vaccines & Maine Immunization Coalition)

The COVID-19 pandemic tested more than just our health systems—it tested our social fabric. But in Maine, the foundation for a powerful, community-driven public health movement had already been laid. In 2019, Maine Families for Vaccines successfully advocated for one of the strongest school vaccine laws in the country, built on the voices of everyday families committed to protecting their communities. That effort became a national model—proof that when families speak up, lawmakers listen.

This presentation will explore how the success of Maine Families for Vaccines and its broad coalition of partners in public health sparked the formation of American Families for Vaccines, the first nonpartisan political organization focused solely on supporting strong vaccine policies across the U.S. By 2026, the organization will have 14 established state-based chapters, each focused on building trust, countering disinformation, and equipping the pro-vaccine majority to take action.

We'll discuss the evolving culture of vaccine hesitancy and how public health professionals can recognize opportunities for culturally appropriate, values-based communication that moves people from passive support to active advocacy. Our work shows that vaccine confidence isn't just about science—it's about connection. When people feel a sense of belonging and shared responsibility, they're more likely to speak up for the policies that keep our communities healthier.

Attendees will leave with actionable strategies for engaging supportive families, building coalitions that reflect diverse community values, and creating the conditions for long-term advocacy. In a time when polarization and isolation threaten public trust, we offer a roadmap for turning community connection into the political momentum that drives stronger public health outcomes.

Learning Objectives

1. Identify at least three strategies for engaging pro-science, pro-public health families and moving them from passive support to active advocacy.
2. Describe how culturally appropriate, values-based messaging can be used to build trust and counter misinformation-based barriers to healthcare delivery and/or strong public health policies.

Piscataquis Room

From Classroom to Community: Integrating Immersion and Case-Based Learning in Geriatric Public Health

*Micaela Maynard, MEd; Katie Keough, BS; Ruth Dufresne, SM & Susan Wehry, MD (University of New England)

The University of New England (UNE) connects health professions students with rural and underserved communities through two federally funded initiatives: the AgingME Geriatrics Workforce Enhancement Program (GWEP) and the Maine Area Health Education Center (AHEC). These programs share the goal of improving health outcomes by enhancing the training, supply, and distribution of the healthcare workforce.

AHEC's annual Case Competition engages interprofessional student teams in addressing a real-world public health challenge rooted in one of Maine's counties. Designed to foster leadership, systems thinking, and interprofessional collaboration, the competition uses the Community Circles Model to co-develop cases with local residents, peer advocates, stakeholders, and providers. This community-driven process surfaces lived experiences and structural challenges, encouraging solutions that are sustainable and relevant. The 2025 case focuses on Alzheimer's and dementia in Aroostook County and integrated GWEP affiliated partners to participate in the Community Circle. Student teams will explore barriers such as transportation challenges, limited access to specialized care, and caregiver stress and isolation, and propose actionable strategies to enhance social connection and health outcomes.

Since 2017, AHEC has also coordinated Rural Health Immersions (RHIs) for Scholars to encourage future rural practice. The Aroostook County RHI was the first to focus entirely on geriatrics, providing students with clinical learning experiences in a rural setting and exposure to aging-related care needs. For the first time, this immersion was coordinated with the Case Competition, creating a unique, longitudinal learning opportunity that links experiential learning with applied public health problem solving.

This presentation will share insights, evaluation data, and best practices from these initiatives. Attendees will have an opportunity to explore strategies for training future health professionals in ways that strengthen ties to rural communities and promote equity in care for older adults.

Learning Objectives

1. Explain the importance of training and skill building for health professionals caring for older adults in rural areas.
2. Describe one innovative pedagogical approach to foster collaboration among health professions students, expose them to complex, real-world rural health challenges, and propose possible solutions.

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Building Capacity Through Connection: Teaching Future Health Care Professionals to Work in Collaboration with Community Partners

*Kathryn Norgang, MSN-Ed, RN; Micaela Maynard, MS-Ed; Kira Rodriguez, MHS; Zoe Hull, MPH & Alfredo Vergara, PhD (University of New England)

Health care delivery in Maine is increasingly challenging due to workforce shortages, cost, and complex social determinants impacting patients. This is particularly true for providers serving rural and underserved populations, where distance and other barriers contribute to isolation. As the next generation of health care professionals in training witness limits to what hospital and outpatient practices can provide, offering a framework for connection with community resourcing is imperative.

Since 2018, the Maine Area Health Education Center (AHEC) Scholars Program has equipped over 204 students from 13 health disciplines with the skills, insight, and experience needed to address health disparities through community-centered learning experiences.

Through the Health Equity Capstone, the program's culminating experience, Scholars engage in activities, critical thinking, and reflection designed to enhance their traditional clinical or professional rotations. Scholars are challenged to develop relationships with community partners, design a health intervention beneficial to rural or underserved populations, and present this "solution" in poster format. Emerging health professionals learn to identify assets, allies, and work synergistically with the community where they practice.

More than half of Health Equity Capstone participants in 2024-2025 reported increased ability to collaborate with community partners after participation in the Scholars program. Based on this feedback, Maine AHEC plans to expand this enhanced learning approach emphasizing community connections, share lessons learned through qualitative response data, and offer best practices for others to replicate in their health workforce training programs.

Learning Objectives

1. Describe the benefits of capacitating health care providers to collaborate effectively with community-based support services in order to better meet patient needs and prevent both patient and provider isolation.
2. Identify tools to help health care trainees or practicing professionals better understand and integrate community service organizations into the care plan.

Sagadahoc Room

Integrating Narrative Medicine and Social Marketing to Foster Self-Representation and Asset-Building for Transformative Public Health

*Courtni Jeffers, MS, MPH, EdD (University of New England & Columbia University)

Traditional public health often relies on deficit-based models, overlooking the inherent strengths and lived expertise of diverse populations. By intentionally incorporating narrative approaches, strategic communication, and community empowerment, this model aims to create more equitable, sustainable, and person-centered health outcomes.

Narrative medicine provides the foundation by prioritizing deep listening and understanding personal health stories, thereby illuminating the complex interplay of social, cultural, and individual determinants of health. This qualitative insight moves beyond mere symptom presentation to uncover the unique strengths, coping mechanisms, and aspirations within individuals. These authentic narratives become crucial inputs for social marketing strategies, informing the development of tailored health messages and interventions that resonate deeply with specific audiences. Rather than imposing solutions, this approach leverages personal experiences to co-create messaging that is relevant, culturally sensitive, and promotes positive health behaviors by demonstrating their value to the audience.

Crucially, this framework emphasizes self-representation, empowering individuals and communities to articulate their own health needs, define their well-being, and shape the narratives surrounding their health. This moves beyond passive reception of health information to active participation. Simultaneously, the focus shifts towards asset building, identifying and amplifying the existing resources, knowledge, and resilience within individuals and communities. This includes recognizing personal strengths, social networks, cultural practices, and local resources as vital components of health.

By combining the empathetic understanding of narrative medicine, the strategic reach of social marketing, the empowerment of self-representation, and the strengths-based approach of asset building, public health initiatives can transcend conventional limitations. This integrated model promises to foster greater health literacy, build community

resilience, reduce health disparities by recognizing and leveraging inherent strengths, and ultimately empower individuals to be agents in their own health journeys, leading to more equitable and sustainable public health.

Learning Objectives

1. Analyze the synergistic potential of integrating narrative medicine and social marketing within public health practice to enhance communication and effective resource allocation
2. Recognize how prioritizing self-representation in public health initiatives can empower individuals and communities
3. Discuss the implications of a narrative-informed, asset-building approach for addressing health inequities

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The Strategic Alignment Matrix (SAM): A Practical Tool for Inclusive, Data-Driven Strategic Planning

*Michelle Mitchell, MSocSc & *Michelle Munsey, MA (Partnerships For Health)

Public health and community organizations often face the challenge of transforming diverse input and complex data into shared, actionable priorities. In response, Partnerships For Health developed the Strategic Alignment Matrix (SAM) Workshop Guide - a structured, participatory strategic planning process designed for a wide range of agencies and organizations seeking to engage staff, partners, and community members in meaningful, transparent decision-making.

The SAM Workshop uses a design-thinking approach - Diverge, Organize, Converge - to guide groups through a six-step process: from reviewing data and generating ideas, to evaluating priorities and documenting decisions. At the heart of the workshop is the SAM Tool, a matrix that supports equitable discussion and scoring of proposed goals or initiatives based on a set of criteria, including mission alignment, feasibility, evidence base, and projected impact.

Importantly, the SAM process creates space for lived experience to be meaningfully integrated alongside data and policy considerations. Whether used by public health agencies, nonprofits, coalitions, or service organizations, SAM offers a replicable model for ensuring that strategic plans reflect the real-world insights of the people most affected by the work.

This presentation will introduce the SAM Framework and Guide, highlight key features of the process, and share examples of its application. Attendees will leave with a ready-to-use structure for facilitating collaborative, data-informed strategic planning that centers community voice and strengthens organizational alignment.

Learning Objectives

1. Demonstrate how the Strategic Alignment Matrix (SAM) process integrates data, lived experience, and group input to support inclusive strategic planning.
2. Identify ways that agencies and organizations across sectors can adapt the SAM Workshop Guide to facilitate equitable goal setting and decision-making.

Washington Room

Expanding the Capacity of Rural, Primary Care Clinics to Offer Medical Procedures

*Elizabeth Held, MA, PA-C, DFAAPA, HEC-C (University of New England); Katie Adams, MD, FAAFP (Health Access Network); Melanie Caldwell, MS (University of New England); Toho Soma, MPH, MS (University of New England) & Kathryn Norgang, MSN-Ed, RN, CEN (University of New England)

The health care worker shortage in Maine is more pronounced in rural communities and for specialist clinical services. For those in rural communities, this can result in farther distances to travel, longer wait times, increased financial burden, and most importantly, delay of care. However, some common medical procedures typically done by a specialist can also be performed by a primary care provider.

Through a federal grant aimed at increasing workforce capacity of rural primary care clinics in Maine, the University of New England (UNE) found interest among clinical partners to be trained on such procedures. In response, the UNE team piloted a training on skin biopsies at Health Access Network (HAN), a rural federally qualified health center in Lincoln. The two-hour training was conducted by faculty from UNE's Physician Assistant Program and included instruction and hands-on practice of punch biopsies, shave biopsies, excisional biopsies, and suturing. Continuing medical education credits were offered.

Fourteen staff from various health professions participated, as did two nurse practitioner students rotating at HAN. Participants averaged nine years in practice. 93% of participants said that the five training objectives were met "Well" or "Very Well." When asked what other procedure trainings they would like in the future, joint injections were most frequently mentioned, followed by tendon sheath injections (both of which can be demonstrated and practiced in one session), and insertion of etonogestrel (a birth control medication).

Based on these positive results, the UNE team will partner with other rural primary care partners to conduct trainings on procedures that can be safely and effectively performed in a primary care setting. Increasing the capacity of primary care providers to offer more of these types of medical procedures will mitigate some of the burden caused by a lack of specialists in rural areas.

Learning Objectives

1. Identify medical procedures that can be safely and effectively performed by a primary care provider in an ambulatory setting.
2. Describe how academia and primary care clinics can collaborate to strengthen rural health capacity through desired continuing medical education.
3. Explain how training primary care providers on medical procedures can address the health care workforce shortage and allow more care options in their community for rural Mainers.

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Connection is Care: Lessons from a Rural Health Hub

*Brianna Horan, MBA & Anne Conners, MA, MPH (MaineGeneral Medical Center)

The Community Health Department's Resource Hub serves the Kennebec Valley region and beyond by connecting people with resources, services, and supports. The work of the Hub is dynamic in health promotion, including support of the Peter Alfond Prevention & Healthy Living Center's diverse programming. Members of the Hub team explain class offerings in content areas of Healthy Mind & Body, Physical Movement, Healthy Cooking & Eating, and Living with Chronic Conditions. These programs not only support physical health but also foster social connection, an important antidote to the rising isolation experienced by many, particularly older adults and individuals managing chronic conditions. The Hub also handles referrals from clinicians for this programming. In the past five years, the Hub has processed 4,862 clinician referrals.

One of the Hub's main functions is to link community members to primary care. Since the pandemic, primary care in Maine has faced persistent challenges in maintaining medical staff coverage. Recently, this shortage was compounded by the closure of Northern Light Inland Hospital and its primary care practices in the Waterville area.

In March 2025 when the closure was announced, the number of incoming calls to the Hub increased by 278% from the prior month! Beyond connecting individuals with clinical care, Hub staff provided reassurance, continuity, and a human voice during a time of disconnection—playing an important role in buffering the stress and social fallout that accompanies sudden healthcare disruptions.

In response to community need, the Hub worked closely with MaineGeneral Primary Care to collect information from individuals who lost access to primary care and are seeking MaineGeneral services. The Hub manages the high volume of requests for the organization as MaineGeneral works to improve access to primary care services by increasing capacity through recruitment and resource management.

Learning Objectives

1. Describe the role of a centralized resource Hub in promoting health and improving access to care and services within a rural health system.
2. Discuss the importance of human-centered communication in health system navigation, particularly during times of healthcare transition or crisis.

York Room

SNAP Outreach in Maine

Moderator: *Anna Korsen, MPPM (Full Plates Full Potential)
Panelists:

- *Tobey Solomon-Auger (Maine Governor's Office of Policy Innovation and the Future)
- *Heather Arvidson (Midcoast Hunger Prevention Program)
- *Emily Grassie (Maine Federation of Farmers Markets)
- *Courtney Kennedy (Good Shepherd Food Bank)
- *Kirsten Tenney (Full Plates Full Potential)
- *Carly Williams (Southern Maine Area Agency on Aging)

Maine has the highest rate of food insecurity in New England, and the Supplemental Nutrition Assistance Program (SNAP) is a proven public health intervention that plays a critical role in reducing hunger, malnutrition, and poverty. SNAP is also an economic driver, boosting local economies and supporting farmers and small independent grocery stores. However, many people that are eligible for SNAP are not enrolled, often due to lack of awareness, cumbersome and confusing paperwork, stigma, and fear of public charge. The Maine Department of Health and Human Services (DHHS) is working with multiple organizations across the state to expand SNAP outreach and awareness, with the goal of reaching more eligible individuals and households with food assistance. New and expanding SNAP outreach efforts in Maine include: developing a dedicated SNAP outreach website of resources to support anyone doing SNAP outreach and application assistance; direct SNAP outreach at farmers markets and in schools; application assistance at food pantries and other community resource hubs; and coordination among SNAP outreach partners. Attendees will learn more about how access to SNAP supports individual and public health, current efforts to increase access and awareness to SNAP, and opportunities to engage in SNAP outreach and awareness in Maine.

Learning Objectives

1. Describe how SNAP supports public health and local economies.

2. Describe current efforts to expand SNAP outreach in Maine.
3. Discuss opportunities for attendees to engage in SNAP outreach.

Hancock Room

Maine Outdoor Recreation

*Jeff McCabe, BS (Maine Office of Outdoor Recreation)

Hear from public and private sector partners about implementing Maine's Outdoor Recreational Economy Road Map. Maine's outdoor recreation industry is a powerful driver of economic growth, community vitality, and environmental stewardship. The Maine Outdoor Recreational Economy Road Map is a strategic framework designed to strengthen and expand this vital sector while ensuring long-term sustainability and equitable access. This presentation will outline the development, goals, and implementation of the Road Map, which serves as a blueprint for leveraging Maine's natural assets to support job creation, small business development, rural revitalization, health and conservation outcomes.

Drawing on input from public and private stakeholders, the Road Map identifies key priorities such as infrastructure investment, workforce development, innovation in outdoor gear and services, and inclusive access to outdoor spaces. The strategy also addresses pressing challenges—including climate resilience, land use pressures, and seasonal fluctuations—by integrating data-driven planning and cross-sector collaboration.

Participants will gain insight into how Maine is positioning its outdoor recreation economy as a cornerstone of statewide economic development, particularly in rural and underrepresented communities. The presentation will highlight successful pilot initiatives, policy recommendations, and mechanisms for ongoing stakeholder engagement. Additionally, it will explore how Maine's model can inform national conversations around the intersection of recreation, economy, and environment.

By presenting a forward-thinking vision grounded in Maine's unique geography and community values, the Outdoor Recreational Economy Road Map aims to ensure that outdoor recreation continues to thrive as a source of prosperity and quality of life for generations to come.

Learning Objectives

1. Understand the strategic goals of Maine's Outdoor Recreational Economy Road Map and how it supports sustainable growth statewide.
2. Recognize the role of collaboration among government agencies, local communities, nonprofits, and private industry in shaping and implementing the strategy.
3. Applying insights from Maine's roadmap to broader regional or national efforts aimed at integrating outdoor recreation with sustainable development and community resilience.

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Parks as Public Health Infrastructure

*Kathryn Palano, PT, DPT, MPH, NCS (Franklin Pierce University, University of New England, Indiana University Bloomington & Rehab Without Walls)

Social isolation, poor mental health, and chronic disease are some of the most pressing public health concerns in our Maine communities. These issues are especially pressing for vulnerable populations such as the elderly and people with disabilities. These complex issues require multi-component interventions at the individual and environmental levels. The activation of parks and natural spaces is an effective, yet underutilized, strategy.

Parks provide accessible, safe spaces where people from diverse backgrounds can gather, recreate, exercise, and play. These spaces, when thoughtfully designed and maintained, are powerful tools for facilitating nature exposure, improving physical and mental health, promoting social engagement, strengthening sense of place, enhancing social cohesion, and addressing public health disparities. By providing spaces for both informal and organized social interactions, parks help bridge divides, create opportunities for community building, cultural exchange, and collective well-being.

Recognizing and utilizing parks as public health infrastructure can transform communities. This can bring together unconventional partnerships and stimulate creative interventions, professionals who strive to promote health and well-being, including public policymakers, town planners, park and recreational professionals, health professionals, and public health professionals.

Drawing from contemporary research, case studies, and real-world examples, attendees will discover how parks can improve physical, mental, and social health and the common facilitators and barriers to equitable access to and engagement with parks. Attendees will learn strategies to ensure parks are welcoming, inclusive, and accessible, to facilitate cross-sector engagement between potentially uncommon community partners, and to advocate for parks as tools for social inclusion and collective health.

Learning Objectives

1. Explain the mental, physical, and social health benefits of parks and natural environments.
2. Identify barriers and facilitators to community engagement in parks and natural environments.
3. Describe at least three strategies to promote equitable access to parks and natural environments.

Lincoln Room

The Community Connections Framework: Leveraging Local Trust For Statewide Impact

*Patricia Oh, PhD, MSW (University of Maine Center on Aging, Orono) & *Elizabeth Gattine, JD (State of Maine, Governor's Office of Policy Innovation and the Future)

As the oldest state in the nation by median age, Maine is a national leader in endorsing principles that promote healthy, active, and engaged aging. Over 100 communities have joined AARP's Age Friendly Network or use a similar framework. Primarily volunteer-driven, each initiative is unique, building on local strengths to provide activities and services that address essential needs, including social connection.

Recognizing the importance of community-led change and engagement, the Governor's Cabinet on Aging aims to strengthen collaboration and partnership at the state, regional, and local levels and align activities around shared goals. In 2024, the Cabinet launched Community Connections, a statewide initiative, in collaboration with the UMaine Center on Aging and Maine's Area Agencies on Aging. This initiative developed and piloted a volunteer neighbor-to-neighbor model that connects older adults to essential supports and social opportunities. Twelve Maine communities established Community Connector roles, trusted community members who receive extensive training and commit 20 hours a week to connect people to the resources they need.

In just nine months, Connectors engaged over 400 partners including libraries, municipal offices, parks and recreation departments, and local businesses. During the same period, 71 new programs were launched, 315 new volunteers were recruited, and 8500 people attended community programming. By linking people to resources, such as the Medicare Savings Program and property tax abatement programs, Connectors saved Mainers more than $430,000 which they can use to buy food, medication, and other necessities. Presenters will provide an overview of the program components, lessons learned, and sustainability considerations, along with outcome data from the first year.

Learning Objectives

1. Describe how to develop collaborative approaches and sustain existing and new partnerships across multiple sectors that improve connection to the community.
2. Describe the role of developing trust in connection older community members to resources and services.
3. Assess and identify opportunities for systemic change that improve outcomes at the community and individual level.

Oxford Room

Join Us to Review and Provide Feedback on a Proposed Public Mental Health Framework for Maine Communities!

*Dora Anne Mills, MD, MPH; *Melissa Fochesato, MPH; *Eisha Khan, MS & *Rebecca Hoffmann, MA, LMFT (MaineHealth)

An interprofessional team from MaineHealth has been researching how to address the epidemic of loneliness, isolation, and overall deterioration of mental and emotional health, using a public health approach, called public mental health. We have integrated the works of Vivek Murthy, Robert Putnam, Jonathan Haidt, the Icelandic studies, strategies used in the United Kingdom, and others, recognizing that each brings different lessons to incorporate. We have conducted a literature search about effective strategies. We have engaged with experts from around Maine.

The result is a socio-ecological public health framework with public mental health strategies that includes analogous strategies used successfully to reduce nicotine addiction, e.g., policies and education creating smart phone free schools and family dinners being somewhat analogous to smoke free public places. We have developed specific community strategies that:

- Strengthen community capital and social bridging (e.g., recognizing community connectors, implementing Sources of Strength in schools);
- Reduce factors that strain public mental health (e.g., implementing policies and education for smart phone free schools and family dinners, and increasing outdoor free play time);
- Build social and emotional resilience skills (e.g., implementing MindUP, social and emotional learning curricula, and media campaigns); and
- Build capabilities for identifying mental health needs and addressing them (e.g., implementing Mental Health First Aid).

While some of these strategies specifically focus on social isolation and building positive community connections, they are also in the context of reducing those factors that inhibit social connectivity, of improving social skills, and of building community-wide capacities for identifying and addressing mental health needs. Our goal is to use this framework to obtain funding to address Maine's public mental health crisis.

Learning Objectives

1. Define and describe a public mental health framework.
2. Identify at least three community strategies to address mental health using a public mental health framework.

Breakout Session #2: 2:45pm-3:45pm

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.

**Denotes presenter(s)*

Auditorium

Improving Youth Health & Well-Being Through Engagement Panel

Moderator: *Meg Taft (Rural Youth Institute)
Panelists:

- *Meg LeMay, PhD (Maine Youth Thriving): *The Power of Mattering for Maine Youth: "See Me. Hear Me. Value Me."*
- *Eilish Carpenter, MPH (Cumberland County Public Health): *The Safer Schools Conference: Impacting the Health of LGBTQ+ Youth through a Social Infrastructure Initiative*
- *Jessica McGreevy, MEd, BA (St George Municipal School Unit): *DragonHeart Volunteers: Students and Adults Building Resiliency through Connection*

This panel discussion will feature presentations about Maine-based programs that use different youth engagement strategies to support healthy development and relationship-building. Together, these initiatives demonstrate equity-centered pathways for strengthening social connectedness and a sense of mattering for youth across communities in Maine. *Maine Youth Thriving*'s community-based storytelling project with Redbird Media amplifies youth voices, spotlighting the strategies young people say are most effective. The *Safer Schools Conference 2025* will share how safe, community-defined gathering spaces are critical for youth and, and how their event promoted advocacy, safety, and health for LGBTQ+ students and educators. The *DragonHeart Volunteers* program will illustrate how intergenerational volunteer relationships can affirm mattering, cultivate resilience, and transform schools into positive "third places."

Learning Objectives

1. Explain the key components of mattering.
2. Identify how safe and affirming community spaces and events can impact social connection and health for LGBTQ+ youth.
3. Learn how to develop and implement volunteer programs that foster cross-generational social connections and build resiliency.

Penobscot Room

A Legacy of Community Connections in Oxford County

*Brendan Schauffler, MPPM (MaineHealth); *Kari Taylor (Western Maine Addiction Recovery Initiative); *Katey Branch, MEd (Alan Day Community Garden) & *Elizabeth Hartford, LCSW (MaineHealth)

Oxford County has a deep history of work addressing isolation and disconnection as root causes of poor health. Much of this work has been organized around and through the Oxford County Wellness Collaborative (established in 2011), a multi-sector network that brings people together around a focus on shared community health improvement goals. Community engagement work by this group culminated in a 2015 county-wide root cause analysis process identifying isolation, disconnection and not feeling valued as a priority root cause cluster impeding health and wellness.

After this process, the Collaborative led work to address this root cause through its own efforts and influenced the work of partner organizations. A variety of changes emerged. A local community garden began to emphasize community, increasing engagement and access, and promoting opportunities for connection. Outings programs started, providing a chance for people to connect with one another while they connected with nature. A grassroots recovery group was supported to become a nonprofit organization, and began to offer the sort of socialization opportunities it had long before named as important--and absent--for the recovery community. Free trainings were offered to equip people with the skills and comfort to hold deeply connecting conversations in their own communities. Indoor walking programs resulted in new friendships--and a marriage!

While capacity at the Collaborative gradually became smaller, programming aimed at connecting people endures through the work of many people and organizations in Oxford County, from food pantries to municipal parks and recreation departments to other multi-sector networks. Recent community engagement work validated a continuation of the long-standing focus on the root cause while also illuminating new facets of the challenge, including increased political and social polarization in our rural communities. The Collaborative is poised to address these new challenges with new work which hopes to bring people together over shared concerns.

Learning Objectives

1. Describe a variety of programming aimed at increasing social connections.
2. Discuss programming that leverages the outdoors as a resource promoting health and connection.
3. Describe community engagement work that identified isolation and disconnection as a root cause of priority health issues.

Androscoggin/Aroostook Room

Compassion without Conditions: Addressing the Challenges of Providing Hospice Care to Unhoused Individuals

Moderators: *Kimberly Mann (Hospice of Southern Maine) & *Kim Crabill (Hospice of Southern Maine)
Panelists:

- *Lindsay Benoit (Preble Street)
- *Henry Myer (Preble Street)
- *Nancy Pezzullo, RN (Hospice of Southern Maine)
- *Jason Libby, MSN, NP, ACHPN (Hospice of Southern Maine)
- *Kristi Robinson, BSN, RN, CHPN (Hospice of Southern Maine)
- *Athena Davis, RN (Hope Squad)

Access to quality end-of-life care is a fundamental healthcare right, yet unhoused individuals often face insurmountable barriers when attempting to access services. Housing insecurity, limited shelter infrastructure, challenges locating individuals and harsh weather make it difficult to deliver hospice services to this population and often presents profound clinical, ethical, and logistical challenges.

This panel brings together perspectives from hospice clinicians, social workers, and shelter staff to explore the challenges in reaching unhoused individuals and highlight some innovative strategies emerging from frontline efforts. Panelists will share real-world cases highlighting obstacles such as difficulties establishing a regular, weekly "place of care," coordination challenges between hospice and shelter providers, stigma from service providers, and the complex behavioral and mental health needs of this population. The panel discussion will attempt to present models of collaboration and flexible hospice admission and care practices tailored to the needs of individuals who are unhoused. By centering voices from both the healthcare and housing sectors, this panel aims to foster cross-disciplinary dialogue and identify scalable practice solutions.

This panel discussion hopes to spark conversation around this growing challenge in Maine communities by describing unique barriers to hospice access faced by unhoused individuals, discussing the unique intersection between homelessness, chronic and terminal illness and end-of-life care. Additionally, the panel will look at some emerging models of collaboration and suggest recommendations to better reach vulnerable populations. By sparking honest conversations about stigma, equity, and systemic gaps, the session will explore how strengthening connections between hospice providers, housing organizations, and communities can create more compassionate, inclusive models of care. The discussion aims to inspire organizations to act and create innovative partnerships for actionable change to ensure that no one is left without dignity and support at the end of life.

Learning Objectives

1. Discuss the problem faced by hospice providers in reaching the unhoused population to provide critical care services and support at end of life.
2. Identify models of collaboration and innovative solutions to providing hospice services to the unhoused population, while meeting established eligibility and care requirements.

Kennebec Room

Social Isolation and the Continuum of Care for Persons with Substance Use Disorders: Voices from the Field

*Lindsey Smith, MSW, PhD; *Katie Rosingana, BS; *Rachel Gallo, MPH; *Tyler Egeland, BS & *Sarah McLaughlin, MPH (University of Southern Maine, Catherine E. Cutler Institute, Substance Use Research and Evaluation Unit)

The Substance Use Research and Evaluation team (SURE) at the Catherine Cutler Institute aims to improve the overall health and well-being of individuals, families, and communities impacted by substance use, through the investigation of innovative interventions and the use of data-driven decision-making to identify real-world policy and programmatic solutions. This presentation will focus on distinct research and evaluation activities that showcase the importance of addressing social isolation for persons with substance use disorder, which is a complex and often cyclical issue. Research shows that people with stronger support networks are more likely to be able to access and engage in treatment as well as be successful in their long-term recovery. We will highlight key findings and recommendations from work with Western Maine Addiction Recovery Initiative, Portland Public Health, and the Office of MaineCare Services. Our team will share, through the perspectives of persons with lived experience and their loved ones, as well as providers, the importance of addressing social isolation in relation to treatment and recovery. We'll share results from a recent healthcare provider survey (n=40) and interviews (N=16), which collected data on the healthcare system's capacity to screen for and address this health-related social need. In addition, we will provide feedback from people with lived experience, both in active use and recovery, gathered through recovery center participant surveys (N=42, n=12), interviews (N=40), and focus groups (N=33), about the impact of social isolation on access to services and wellbeing. Attendees of this session will gain an understanding of the critical role both informal and formal supports play in addressing social isolation. In addition, attendees will learn how our local communities and health care systems can support persons with substance use disorder to address isolation and promote access to treatment, as well as support long-term recovery.

Learning Objectives

1. Explain how research and evaluation work can lift up the voices of persons with substance use disorder.
2. Demonstrate how strong social networks are essential for supporting persons with substance use disorders, particularly as it relates to treatment engagement and supporting long-term recovery.

Piscataquis Room

The Downeast Population Health Initiative (DPHI): Strengthening a Social Care Pathway for Healthy Rural Aging

*Jordan Porter, DNP (University of Maine); Katherine Weatherford-Darling, PhD (University of Maine); Cynthia Cushing, MSW (University of Maine); Elizabeth Churchill, MPH, MA (University of Maine, Pleasant Point Health Center); Hannah Maker (University of Maine) & Olivia Pelkey (University of Maine)

Background: Washington County, Maine is facing a connection crisis—both relational and structural. Older adults experience high levels of isolation, compounded by persistent gaps in housing, food, heat, transportation, and caregiving. These conditions reflect adverse community experiences that accumulate over time, driving chronic distress and disconnection. The result is a landscape of compounding inequity with profound health consequences: life expectancy is among the lowest in Maine, and years of life lost among the highest. These realities reflect not only individual hardship, but deeper community-level trauma that undermines well-being and accelerates decline in later life.

Project: The Downeast Population Health Initiative (DPHI), led by the Community Caring Collaborative and the University of Maine School of Nursing, was developed to address these conditions. DPHI created a trauma-informed, age-friendly social care pathway for adults aged 55+ with unmet health-related social needs (HRSNs). Built on the Zendesk platform, The Connection Initiative (TCI) enables Community Health Workers (CHWs) to make real-time referrals while emphasizing dignity, trust, and relational care. Phase 1 included development of a 0–10 distress thermometer, validated social connection measures, and participant-prioritized challenge categories, informed by baseline surveys (N=84), referral data (N=42), and a focus group of 12 community partners.

Results: Preliminary data from early implementation suggest that CHW-led encounters can reduce distress, strengthen social connection, and improve timely access to community resources. Conclusions/Next Steps: Phase 2 involves full implementation and evaluation of the pathway, including longitudinal interviews with CHWs and older adults to assess what worked, what could be improved, and how the model can be sustained through SDOH billing and cross-sector alignment. This presentation will explore how recognizing dignity as a design principle, and applying a relational lens to rural aging, can reduce distress and strengthen connection as a foundation for health.

Learning Objectives

1. Describe how community conditions shape the experience of aging in rural settings.
2. Apply a relational lens to rural aging that reduces distress and strengthens connection.
3. Recognize dignity as a design principle for building responsive systems of care.

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Improving Care Transitions After Incarceration: A MaineCare Pilot Incentive Payment Initiative

*Loretta Dutill & *Kaley Boucher (DHHS Office of MaineCare Services)

People recently released from incarceration face numerous barriers to accessing health care, including cost, stigma, and limited provider availability. These challenges contribute to a heightened risk of overdose, relapse, and disconnection from essential community-based services such as primary care, mental health care, and substance use treatment. Recognizing this critical gap, MaineCare launched a pilot initiative through the Advancing Health Equity Collaborative to improve care transitions during the first 48 hours after release—a window of elevated vulnerability.

The initiative centers on an Incentive Payment designed to encourage healthcare providers to engage with MaineCare members immediately following their release from prison or jail. This payment rewards timely outreach and connection to services, aiming to establish a foundation for ongoing, community-based care. Early findings from the

pilot suggest increased provider engagement and improved member contact rates within the target time frame. Additionally, the program has enabled MaineCare to better understand provider workflows, challenges in real-time member identification, and opportunities for more seamless collaboration with correctional systems.

This presentation will explore how stakeholder engagement—including MaineCare members, carceral staff, and community organizations—has informed program design and implementation. It will also discuss the program's iterative approach and how provider and member feedback is shaping next steps, including current and future Justice Initiatives within MaineCare.

Attendees will gain insight into how incentive-based strategies can drive health equity improvements for justice-involved populations. The presentation will outline practical action items, such as developing cross-system partnerships, including collaborating with community-based organizations, and prioritizing member-centered design that can be applied in other public health or health equity initiatives.

Learning Objectives

1. Describe the different levels of stakeholder engagement involved in the development and implementation of a reentry-focused health initiative, and explain the importance of sustained engagement throughout the process.
2. Discuss strategies used to strengthen care coordination transitions—such as provider incentives, stakeholder engagement, and collaboration with community-based organizations—and assess their applicability in other public health or health equity initiatives.

Sagadahoc Room

Cumberland County Food Resources Coalition: Building Local-level Advocacy and Shifting Community Narratives around Food Assistance

*Alexis Guy, MPH, RD (Cumberland County Public Health)

The Cumberland County Food Resources Coalition (FORC), facilitated by the Healthy Eating, Active Living (HEAL) program at Cumberland County Public Health, is a cross-sector network of over 60 people across 35 organizations serving both formally and informally as community navigators for food resources and benefits. The FORC's purpose is to coordinate, share, and advocate to ensure resources and benefits for food security are available and accessible to communities across Cumberland County.

Working collectively, FORC members identified several common but complex barriers to food access across diverse communities, including transportation, language access, and stigma. To deepen understanding of these barriers and gather community member perspectives on solutions, the group launched a community engagement initiative in October 2024. HEAL staff and FORC members co-facilitated group and individual interviews with over 70 people in three languages. Enabled by the context of trusted relationships, several opportunities for changing narratives and creating more supportive social networks to address food insecurity emerged.

This session will highlight key findings and identified strategies for breaking down social stigma and shifting community mental models. The FORC's next steps to implement these strategies, catalyzed through the community engagement process, will be shared. These include leveraging a research partnership to create a full report and summary highlighting food access barriers and facilitators at the local, state, and federal levels that can be used for education and advocacy and a messaging toolkit and map of retail outlets to use SNAP and WIC dollars in Cumberland County that will support individuals' ability to shop according to their chosen nutrition priorities - emphasizing and uplifting choice and autonomy.

Learning Objectives

1. Describe a process for community engagement established collaboratively between public health and community-based organizations.
2. Understand how community-identified opportunities to shift mental models and build increased social support around food insecurity can be turned into actionable strategies.

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Integrating Food Insecurity Data Systems to Support Public and Population Health Action

*Kevin Konty, PhD (Apriqot); *Nicole Hewes, MEd, MS (Apriqot & Northeastern University); *Tim Cowan, MSPH (MaineHealth) & *Barbara Ginley, MPH (MaineHealth)

Food insecurity (FIS) in Maine remains a serious and complex challenge, impacting both physical and mental health. It is widely recognized that addressing this challenge requires high levels of coordination across multiple sectors including public health and social services agencies, schools, community-based organizations, and healthcare organizations; achieving food security requires strong connected communities.

Data supporting these efforts comes from a variety of sources including model-based approaches from Feeding America, intermittent reporting from state government, and federal surveys with food security components, including the Current Population Survey (CPS) and the Behavioral Risk Factor Surveillance System (BRFSS). Recognizing the link between food and health, CMS has required healthcare organizations to screen for FIS upon inpatient admission, and MaineHealth has asked FIS questions in outpatient settings for seven years. These sources differ in their demographic coverage and geographic scope and lack the spatial resolution needed to inform targeted action and foster the partnerships necessary to comprehensively address food access.

We describe an initiative to integrate these data systems to generate actionable, high-resolution, sub-county maps of FIS in Maine. Our approach synthesizes small-area models used by Feeding America, FIS patterns described in state reports, and data from health-system screening. Specifically, we combine estimates from the CPS with local demographic and risk factor data from the American Community Survey (ACS) and the BRFSS. Township-level estimates are available, and the modeling framework supports finer resolution down to the census block group. Replicate weights from CPS and ACS were used to quantify uncertainty. Approaches to integrating health-system screening will be discussed.

Results reveal substantial within-county variation in FIS risk, reflecting patterns of poverty, disability, unemployment, and access to resources. These maps can be utilized by health departments, healthcare systems, and food distribution organizations in Maine to coordinate responses, target outreach, and allocate resources based on geographic need.

Learning Objectives

1. Explain and apply advanced modeling approaches to generate high-resolution, sub-county estimates of food insecurity.
2. Demonstrate how high-resolution food insecurity maps can inform targeted interventions and resource allocation at the community level.
3. Explore how geographically specific data can strengthen cross-sector partnerships and be extended to monitor other health-related social needs.

Washington Room

Fall Prevention and Connection in the Virtual Space for Older Adults

*Maureen Higgins, MSW (MaineHealth)

Falls are a major concern for adults over 65, with one in four experiencing a fall each year—approximately 14 million falls and 39,000 fall-related deaths nationwide. In Maine, over 100,000 falls were recorded in 2023, and 320 fall-related deaths in 2024. The U.S. healthcare system incurs over $80 billion annually in costs associated with fall-related care for older adults. Maine ranks among the highest in the United States for fall rates and related fatalities and spends over $255 million annually. Maine is also the second most rural state nationwide, and ranks highest by percent of its population age 65 and older, at 22%.

Fear of falling is a risk factor for falls – it also increases depression and social isolation, and decreases social engagement. Individuals become more sedentary due to fear of falling, risk of frailty increases, which in turn, increases fall risk. Maine households with adults 65+ who have access to broadband and a device is 87%. Post-COVID-19 pandemic, older adults are increasingly familiar with using telehealth and other internet-based services. To address both fall risk and increase access to programming, MaineHealth implemented A Matter of Balance: Managing Concerns about Falls/Virtual, an evidence-based program to reduce fear of falling and increase activity level for older adults. This virtual program allows older adults to join from their home reducing barriers to access including transportation, geography and weather. Importantly, participants connect with others who are addressing similar issues, share solutions that they problem-solve together and work on shared goals throughout the series. This creates a sense of connectedness and community that often sustains beyond the end of the program. We will share research outcomes comparing in person and virtual delivery of MOB. Learn from our participants the value of virtual programming to increase social connection and reduce fall risk.

Learning Objectives

1. Understand the reasons people are choosing virtual programming.
2. Understand the benefits of virtual, synchronous programming on addressing health issues and improving social connectedness.
3. Identify pathways to refer to and build partnerships with organizations providing virtual programming to serve rural and home bound older adults.

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Sustaining and Increasing Participation of Rural Seniors in a Senior Center

*Michelle Fontaine, PhD, DPA (Consultant)

This case study's objective was to sustain and increase senior participation in senior center activities by examining the rural senior perception of environmental needs and support of a local senior center. Senior centers assist with aging in place well and aid seniors to be socially active within their communities. Much of the literature around senior centers has focused on urban environments and not on the specific needs of the rural senior. In this study, 24 individuals were interviewed. The questions examined the seniors' perception about the functionality and accessibility of the senior center to meet their physical and social needs using the person environment fit theory (PE-Fit theory). PE-Fit affects the perceptions and behaviors of the person, which influences whether individuals participate in senior center activities. Transcripts of the interviews were analyzed using NVivo software searching for themes. The main themes were centered around activities expected at a senior center such as meals, games, and discussion groups. Themes around barriers were transportation, time, and health issues. These themes were used to recommend strategies and guidelines for increasing senior participation in senior centers. Documents including the Facebook page, informative emails, flyers, and policies were analyzed for themes, components, accessibility, and functionality. The analysis provided guidelines for senior centers to better fit their environments to the unique needs of rural seniors. Furthermore, understanding how rural seniors feel that they fit into an environment, and what they perceive their

needs are, aids in the development of supportive strategies from other community-based organizations to assist older adults to live and function better within their community which leads to positive social change.

Learning Objectives

1. Explain how Rural Seniors perceive Senior Centers.
2. Compare age and gender perceived social and environmental needs of Rural Seniors.
3. Describe how Senior Centers can help elevate isolation and help Rural Seniors age in place well.

York Room

Tied Together: How Relationships Drive Harm Reduction and Collaborative Care in Rural Maine

Moderator: *Lauren Hunt, MSPH (MaineGeneral Medical Center, Harm Reduction Program)
Panelists:

- *Will Matteson (Healthy Lincoln County)
- *Alicia Escobar (Lewiston High School)
- *Ashlee Kimball (OPTIONS Kennebec County)
- *Amanda Boudreau (Person in Recovery)
- *Allie Hunter (Community Syringe Redemption Program)

In harm reduction work, connection is not extra—it is everything. In rural Maine, where resources are limited and stigma can run deep, relationships are often the strongest tool we have. Our harm reduction program operates across nine counties and thrives not because of services delivered, but because of the trust, consistency, and collaboration that hold it all together.

This panel brings together voices from across the continuum of care: harm reduction outreach staff, a methadone clinic provider, an OPTIONS Liaison, a Lewiston Public Schools SUD counselor, an EMS provider for a small island community, a representative from Emergent, and a community member with lived experience. Together, we will explore how their work not only intersects—but is made stronger—by the relationships between them.

Rather than siloed stories, this session offers a woven conversation about shared purpose, deep collaboration, and the importance of showing up for each other, especially in systems that can devalue people who use drugs and those who support them. Panelists will reflect on how connection improves care, reduces burnout, and creates space for hope in hard places.

Audience members will leave with new perspectives on cross-sector partnership, tangible ideas for relationship-centered practice, and a renewed understanding that in public health, connection is not just the context, it is the intervention.

Learning Objectives

1. Identify strategies for fostering cross-sector collaboration and relationship-centered practices in rural harm reduction work.
2. Describe how trust and connection enhance care delivery and support people who use drugs across various systems of care.

Hancock Room

Breaking Barriers, Building Relationships: Recovery Career Advancement for Lived Experience Providers
*Catherine Sanders; Michaela Fascione & Samantha Mariano (MCD Global Health)

Maine's rural communities face significant challenges in developing a sustainable and coordinated behavioral health workforce - challenges that are especially acute for professionals with mental health challenges and/or substance use disorder (SUD). Barriers such as service shortages, lack of integrated teams, limited training opportunities, low reimbursement rates, and complex certification pathways may prevent people with lived experience from advancing in the field. To address these issues, MCD Global Health is creating Leading with Lived Experience, a program designed to enhance the skills and networks of persons with lived experience in recovery careers.

In this interactive session, we will lead a guided discussion focused on confronting the persistent workforce crisis in Maine's behavioral health sector - a crisis that demands targeted and innovative intervention. We will explore career advancement interventions that we hope will foster understanding, collaboration, coordination, and connection among providers with lived experience, training programs, and employers.

Participants will engage in a dialogue to address how technology-enabled learning and a culture that equally values both lived experience and formal training can serve as tools for overcoming service challenges. We will also challenge participants to think critically about what it would take to align behavioral health career pathways across peer/clinical and mental health/substance use disorder spaces - a crucial step toward creating a more integrated workforce. By sharing practical insights and facilitating open discussion, this session aims to address gaps in current systems by informing program design in a capacity strengthening effort, tailored to Maine's unique context.

Action items for attendees will focus around investigating avenues for better team integration and valuation of peer roles and ethics in their places of work.

Learning Objectives

1. Understand how to leverage professional development to support team integration and harness the benefits of lived experience in behavioral health services.
2. Identify how technology-enabled collaborative learning can connect rural providers with expanded, high-quality services, along with improving recovery outcomes, training, mentorship, and overall workforce sustainability.
3. Examine and discuss what it would take to align behavioral health career pathways across peer/clinical and mental health/substance use disorder spaces.

Lincoln Room

From Fragmented to Whole-Person Care: Integrating Nicotine Treatment into the Recovery Journey
*Joan Denckla, MPH; *Megan Britton, MD; *Katherine Fletcher, LADC, CCS & Tina Pettingill, MPH (Groups Recover Together)

Individuals with substance use disorders (SUD) have disproportionately high rates of nicotine use, yet they are frequently excluded from evidence-based tobacco cessation interventions. This represents a missed opportunity for public health impact: research shows that treating nicotine use disorder concurrently with SUD increases the likelihood of long-term abstinence from alcohol and illicit drugs by 25%. Despite having similar motivation to quit as the general population, individuals with SUD are offered fewer treatment resources and face greater systemic barriers to cessation support.

From a public health perspective, integrating tobacco treatment into addiction care is not only an equity imperative—it is a necessary strategy for improving recovery outcomes, reducing preventable deaths, and addressing the syndemic nature of addiction. Tobacco remains the leading cause of preventable disease and death in the United States, and failure to treat it alongside other addictions perpetuates avoidable harm in already vulnerable populations.

As one of Maine's largest providers of outpatient opioid use disorder treatment, Groups Recover Together recognized the urgency of addressing this critical treatment gap. In 2024, Groups launched a tobacco treatment pilot grounded in harm reduction and behavioral science, seeking to embed nicotine dependence treatment into the fabric of our recovery model.

In this session, we will share the public health rationale and foundational evidence for the pilot intervention, discuss implementation challenges and outcomes, and highlight new community interventions we are testing now—including pharmacotherapy access, tailored behavioral supports & affinity groups, and health coaching. We will also explore our strategy for scaling this approach across multiple states, with the aim of shaping a more integrated, responsive, and recovery-oriented system of care that treats multiple addictions concurrently —including the ones that tend to get most overlooked.

Learning Objectives

1. Describe the impact of untreated nicotine dependence on individuals with substance use disorders and the public health implications of addressing both conditions concurrently.
2. Identify barriers and facilitators to integrating tobacco cessation into outpatient opioid use disorder treatment settings.
3. Evaluate lessons learned and emerging strategies from a pilot tobacco cessation program designed for individuals in recovery, with a focus on scalability and health equity.

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** Italics indicate a Sustaining or Alliance organizational member*