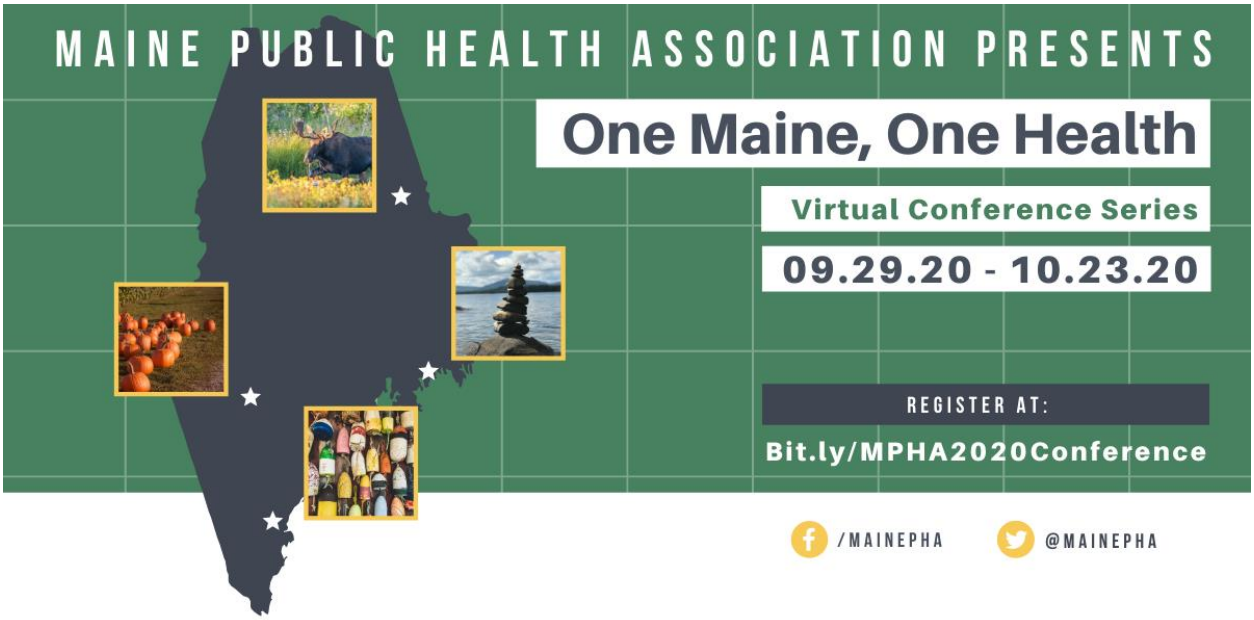


2020 Maine Public Health Association Conference Agenda

All sessions will be held virtually. There are no concurrent sessions. One registration fee covers all sessions - Register Today! https://bit.ly/3brqLYm

Tuesday, September 29th

9:00am-10:00am
Keynote Address
Director Nirav Shah, MD, JD (Maine Center for Disease Control and Prevention)

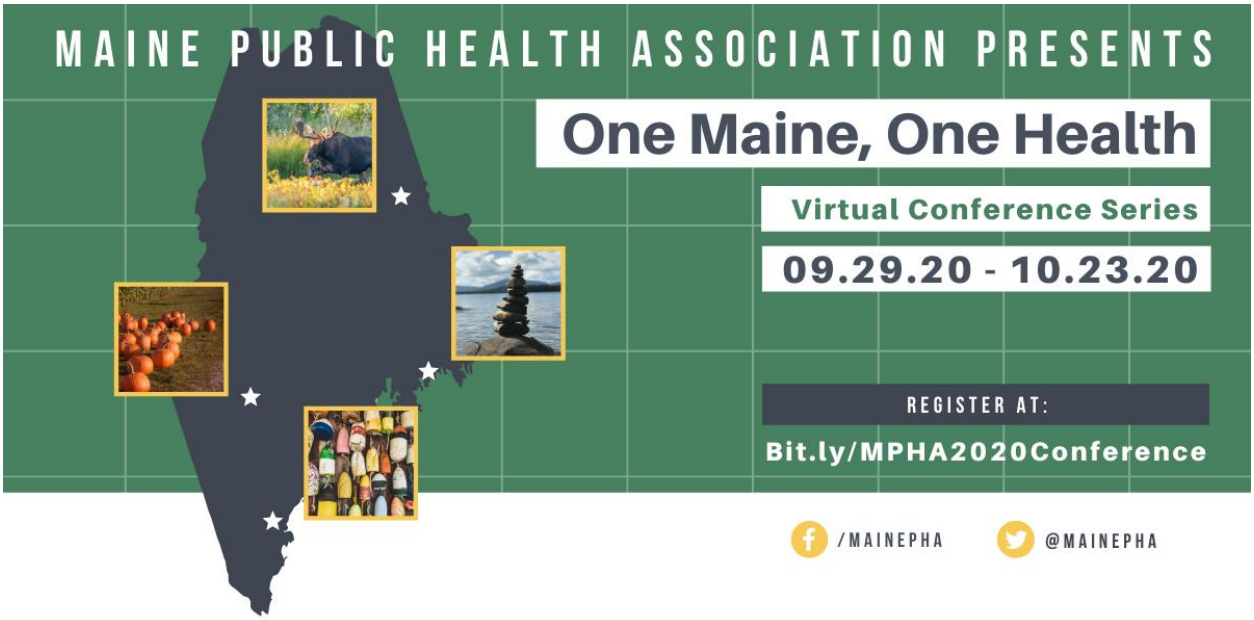
Maine CDC Director, Dr. Nirav Shah, will lead an interactive discussion with meeting attendees, focusing on public health in Maine, including challenges, successes and priority setting.

Learning objectives:
1. Discuss Maine's public health successes, challenges and priorities.
2. Offer feedback on public health issues and priorities.

Tuesday, September 29th

10:10am-11:10am
Emergency Preparedness
Andrew Sankey (Hancock County Emergency Management Agency) & Ray Sisk (Knox County Emergency Management Agency)

Learning objectives:
1. What are our risks? Participants will briefly learn about Maine's natural, human-caused, and technological risks, and how we prepare, respond, recover and mitigate these risks
2. How does Emergency Management interact with public health? Participants will learn how Maine's EMA entities partner with Maine CDC's District Liaisons in our mutual missions
3. What are the steps necessary to be prepared? Participants will learn how they as individuals can be better prepared for their households, organizations and communities



Tuesday, September 29th

11:20am-12:20pm
Public Health Lessons and Opportunities Amid Disaster Response and Recovery
Kathy Knight, RN, BSN, CHEC II (Northern Light Health Center for Emergency Preparedness)

Learning objectives:
1. Describe disaster response from a hospital organizational perspective, including meeting physical and behavioral health needs of community populations
2. Discuss case studies that highlight emergency response strategies and suggest lessons that may guide response efforts
3. Identify essential actions for disaster recovery that promote public health

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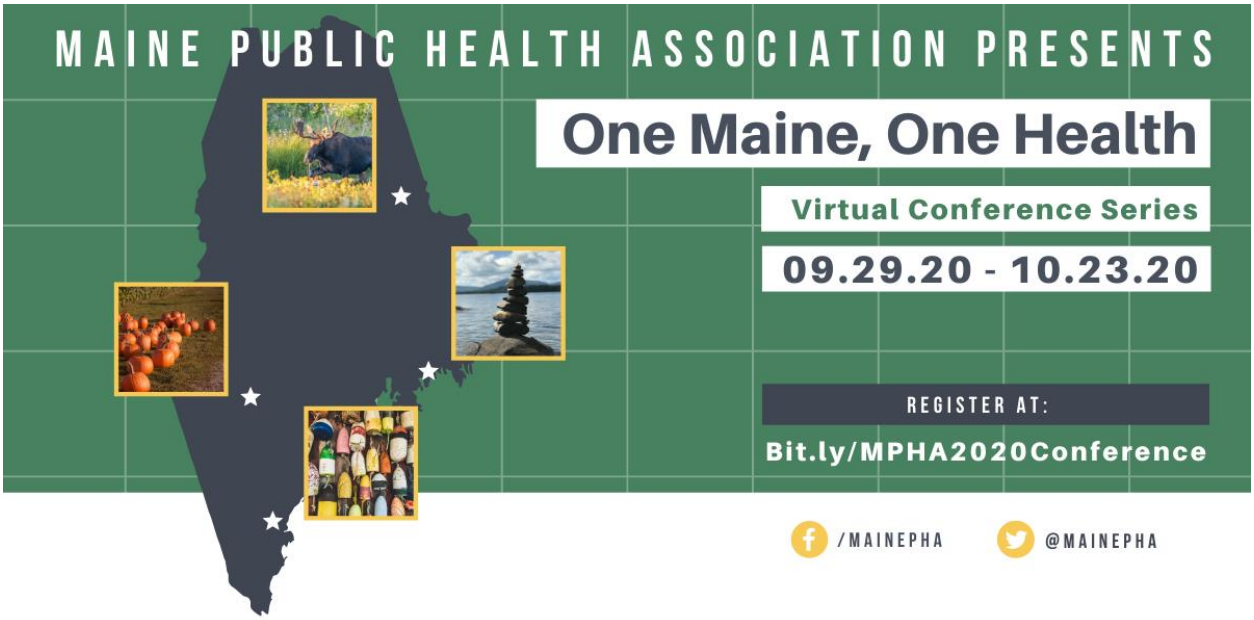
Tuesday, September 29th

3:30pm-4:00pm
MPHA Announcements
Sara Rines (President, Maine Public Health Association) and Becca Boulos, Ph.D., MPH (Executive Director, Maine Public Health Association)



Tuesday, September 29th

4:00pm-4:30pm
Climate Change Adaptation from a Youth Perspective
Ania Wright (College of the Atlantic)

Learning objectives:
1. Participants will learn an overview of the Maine Climate Council objectives
2. Participants will learn the connections between public health and climate change
3. Participants will learn the importance of implementing climate justice solutions

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Tuesday, September 29th

4:30pm-5:30pm
Maine's New Climate Action Plan and the Maine Climate Council
Cassaundra Rose, Ph.D. (Maine Governor's Office of Policy Innovation and the Future)

Learning objectives:
1. Describe the purpose of the Maine Climate Council and its work to date
2. Describe the draft climate strategy framework being considered by the Maine Climate Council
3. Participate in an interactive discussion with staff from the Governor's Office of Policy Innovation and the Future about the proposed strategies

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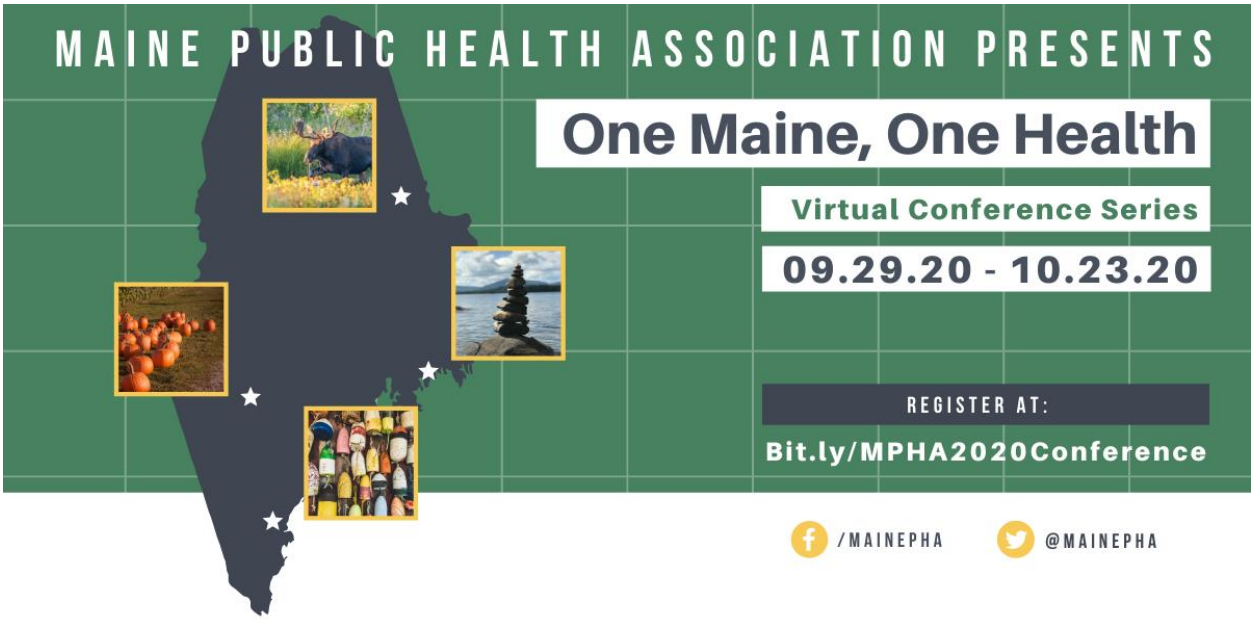


Wednesday, September 30th

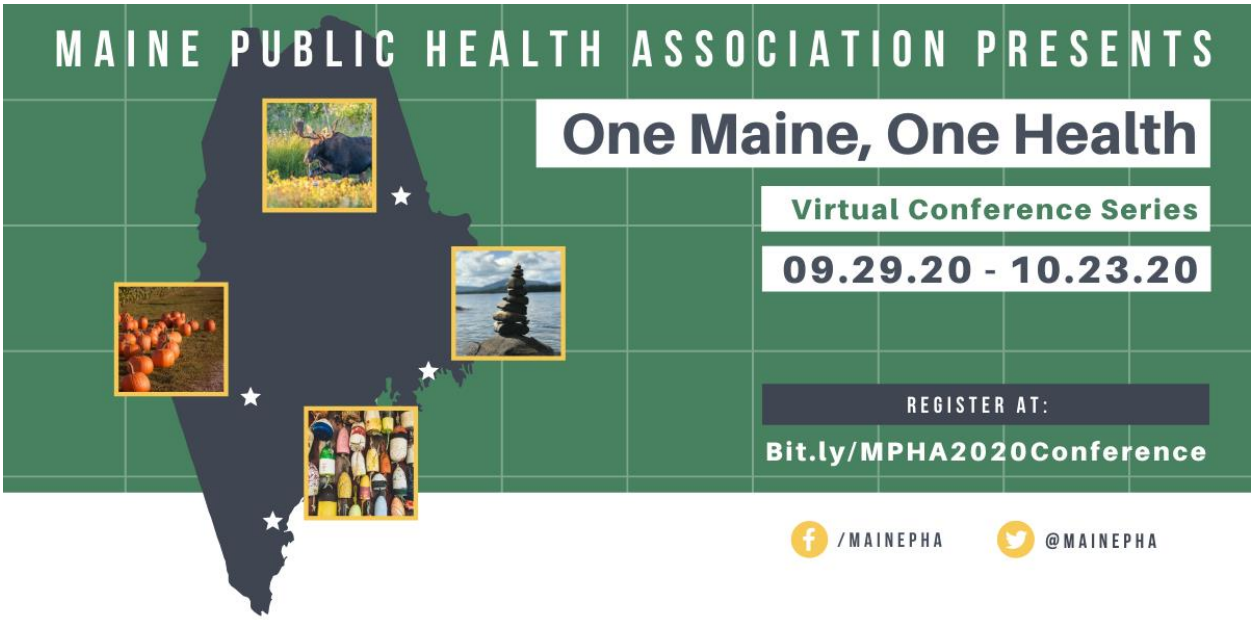
11:00am-12:00pm
Cancer and Obesity: A Connection We Can't Ignore
Dawn Gordon (Maine CDC), Becky Pearce, MA (Maine CDC) & Tory Rogers, MD (MaineHealth Let's Go)

Learning objectives:
1. Describe the burden of cancer in Maine
2. Describe the burden of obesity in Maine
3. Explain how obesity is linked to certain cancers

Wednesday, September 30th

12:10pm-1:10pm
Colorectal Cancer and Screen Aroostook
Cindy Blanchette (Cary Medical Center)

Learning objectives:
1. Describe colorectal cancer statistics in Maine and Aroostook County
2. Understand the types of colorectal cancer screening
3. Understand colorectal cancer prevention education



Wednesday, September 30th

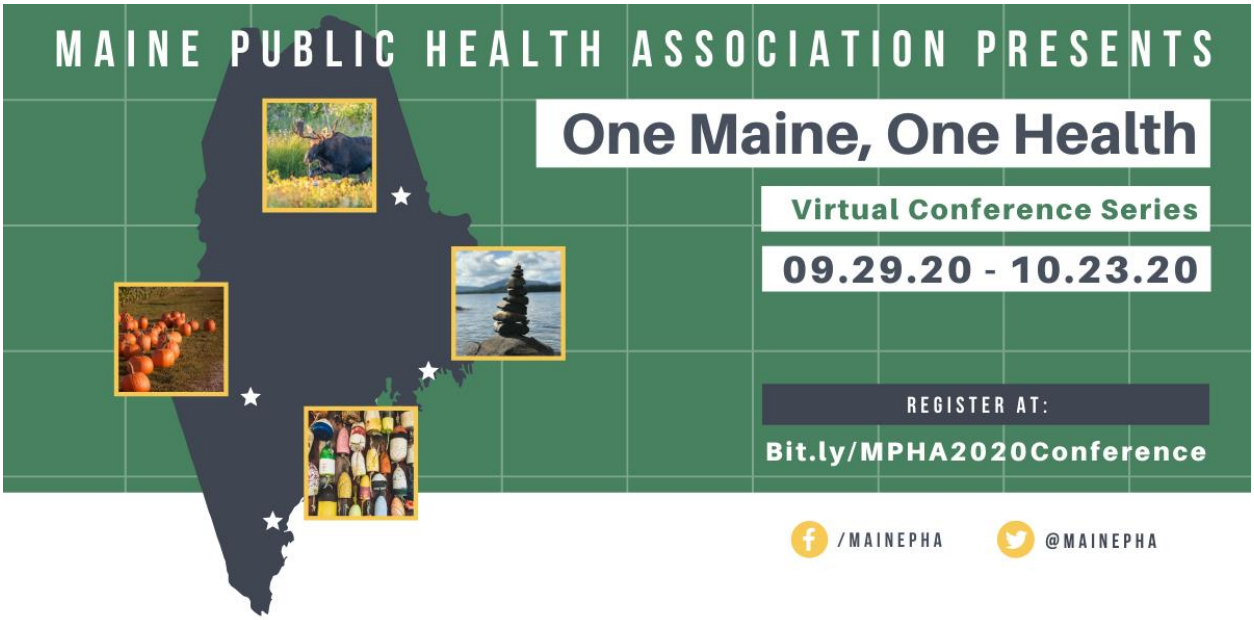
1:20pm-2:20pm
The Role of Community Food Councils and Food Security
Carl Constanzi (moderator, Western Maine Health), Julia Harper (Good Food Council of Lewiston-Auburn), and Bonnie Pooley (Local Food Connection)
Learning objectives:

1. Understand the history of community food councils in Maine, how their networked approach and theory of change is similar to that of substance use prevention coalitions, and case studies of how organizations and government have gotten involved in their work
2. Become familiar with case studies of unique strategies to address food insecurity and local food procurement employed by community food councils in various regions of the state (Lewiston-Auburn, Oxford Hills, Bethel and Franklin County)

Thursday, October 1st

12:00pm-12:30pm
The Zero Suicide Initiative
Aaron Burke (Maine CDC) & Beth Singer (Cary Medical Center)

Learning objectives:
1. Learn what the Zero Suicide Framework is
2. Learn how the Zero Suicide Framework can be incorporated into an agency
3. Learn the importance of suicide after care

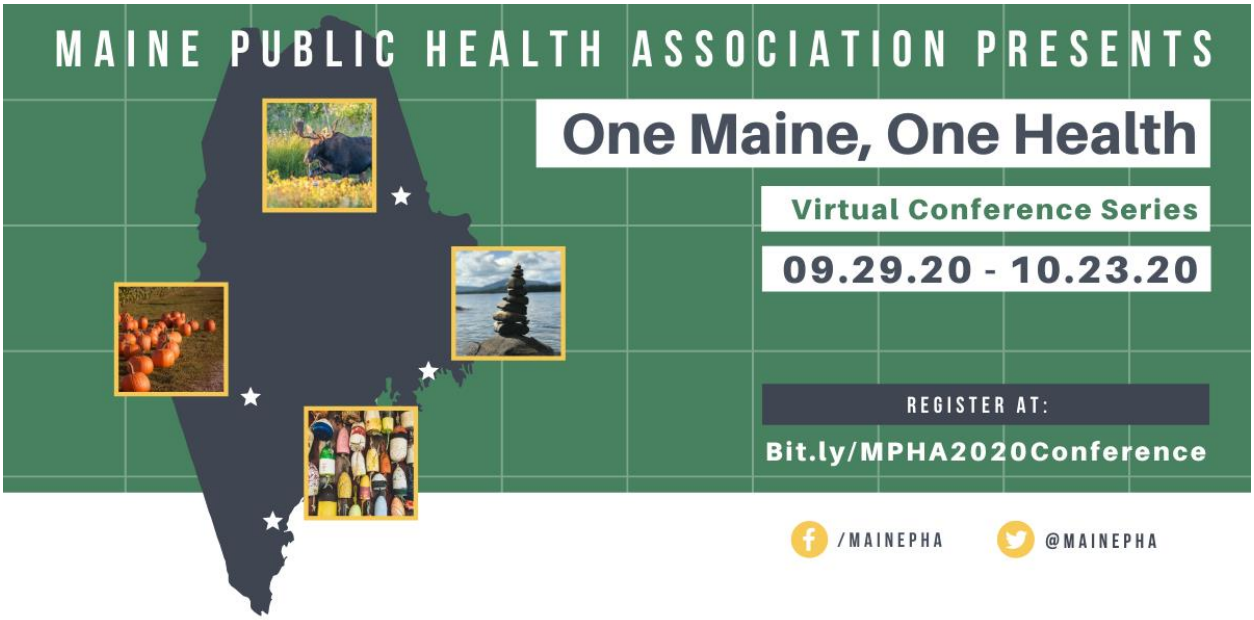


Thursday, October 1st

12:30pm-1:00pm
Impact of the Zero Suicide Framework
Kendall Penndorf, MPH (Partnerships for Health) & Sheila Nelson, MPH, MSW (Maine CDC)

Background. Maine's adult suicide rates are higher than the national average as well as the highest in New England and the Northeast. Data from the National Violent Death Reporting System indicates that 65% of Maine adults who died by suicide in 2015 had a mental health problem or significantly depressed mood that went undiagnosed. The Zero Suicide Initiative is predicated on the belief that suicide deaths are preventable and require a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems. Beginning in 2017, three mental health agencies in Maine implemented the Zero Suicide Framework under the National Strategy for Suicide Prevention Grant (SAMHSA) with the goal of improving care and outcomes of individuals at risk through systematic quality improvement. Activities included forming a Zero Suicide Leadership Team, completing a self-assessment, undertaking workforce assessment, and implementing trainings. **Methodology**. A quasi-experiment evaluation using mixed-methods has been implemented using primary and secondary data sources. Tools included workforce surveys, organizational self-assessments, and quarterly reporting metrics. Agency-specific and overall evaluation findings are reported on. Results. Between 2017 and 2020, the three agencies collectively served geographically disparate Mainers for a total of over 80,000 individual clinical encounters, with 7,000 clients referred for care. Workforce survey findings show an increase in knowledge of safer suicide clinical workflows, increased confidence working with clients who indicate elevated suicide risk, and improved performance of clinical tasks. **Discussion.** Knowledge and application of clinical workflows that pertain to client risk assessment, care and treatment, and transitions of care are critical to the safety of clients who are at elevated risk of suicide. The Zero Suicide Framework can be adopted by other health care and behavioral health care agencies to improve suicide safer care for all Mainers at elevated risk for suicide.

Learning objectives:
1. Describe the implementation of the Zero Suicide Framework.
2. Discuss the impact of the Zero Suicide Framework on workforce development.



Thursday, October 1st

1:10pm-1:40pm
Youth Suicide Prevention Through Relationship Building
Michael Forst, MA (Maine Youth Action Network)

Participants will explore the connection between relationship development and suicide prevention. Youth-adult partnership skills will be practiced and participants will consider how they can integrate these relational skills into their work with youth.

Learning objectives:
1. Learn about Maine Prevention Services youth suicide prevention interventions that focus on prevention through youth-adult relationships building
2. Learn research informed practices that promote pro-social youth development, drawing from Youth Mental Health First Aid curriculum, and explore application for public health professional practices with youth
3. Practice using relationship building tools for youth audiences

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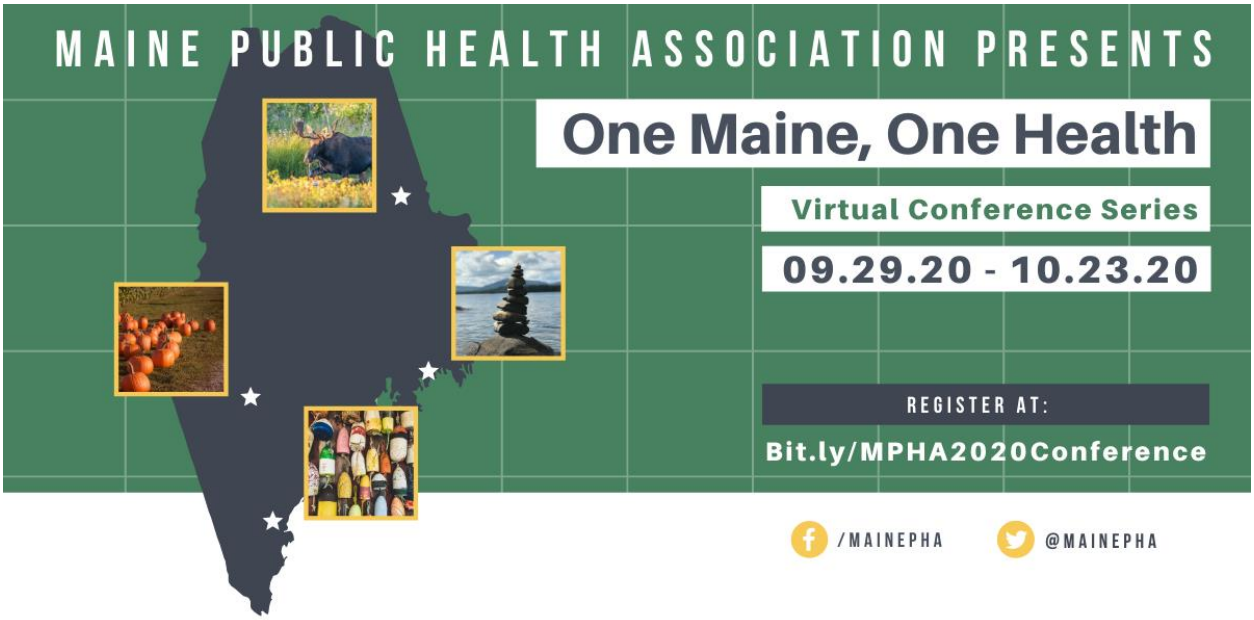

Thursday, October 1st

1:40pm-2:10pm
Using Metaphors to Encourage Help-Seeking and Reduce Stigma Around Suicide
Nikki Jarvais (Rinck Advertising) & Lisa Ardia (Rinck Advertising)

Suicide is the leading cause of violent death in Maine, killing almost seven times as many people each year as homicide between the years 2002-2010. For all ages combined, suicide is the tenth leading cause of death. Maine Center for Disease Control and Prevention sought the help of Rinck to raise awareness about the importance for adult males to seek help via call, text and chat features available through the Maine Crisis Line. Rinck developed the "Everyday Survival Guide" campaign which seeks to help reduce stigma around mental health in order to encourage help-seeking through the use of visual metaphors. These metaphors help to break down big feelings and provide strategies for how to navigate them and seek help. How do you shrink an elephant? How do you ride a bull? How do you slow a speeding train? We answer these questions and more while reducing stigma around mental health struggles and creating awareness around suicide in Maine. Thus far with the campaign 50% complete and running during a high depression times (COVID, protest) February 11, 2020 – April 30, 2020, the results are astounding. We have received over 2,444 referrals to the Maine Crisis Line (OR ~an average of 30 referrals per day!) Out of 432 Maine towns, individuals from 274 towns have visited the site and referrals have come from 137 towns. The most commonly searched feeling is depression, right now resulting in over 75% of the campaign referrals. The campaign will conclude in mid-July, where we will be able to identify spikes around certain national and local events, demographic learnings and trends around feelings. Learn more at: HereToHelpMaine.com

Learning objectives:
1. Participants will learn about statewide suicide prevention campaign performance and partner implementation opportunities
2. Participants will learn how to leverage messaging and campaign learnings in their community

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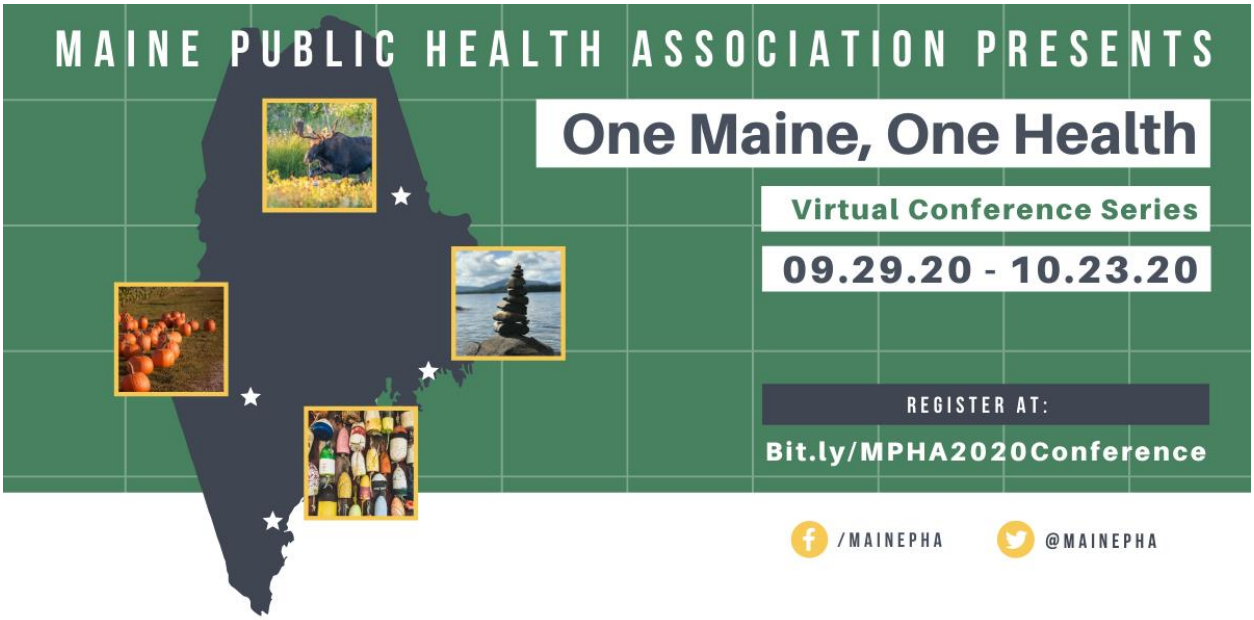

Friday, October 2nd

9:00am-10:00am
Climate, Food and Community Health
Scott Vlaun, MFA, MA (Center for an Ecology-Based Economy)

Learning objectives:
1. Increase understanding of the relationship between climate, food and community health
2. Learn about alternatives to industrial mono-culture and CAFO (confined animal feeding operations) agriculture

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Friday, October 2nd

10:10am-11:10am
No Child Left Inside
Ryder Scott (University of Maine Cooperative Extension)

Learning objectives:
1. Participants will understand the benefits of outdoor time for children
2. Participants will learn the background for structural changes that could lead to more outdoor learning for students

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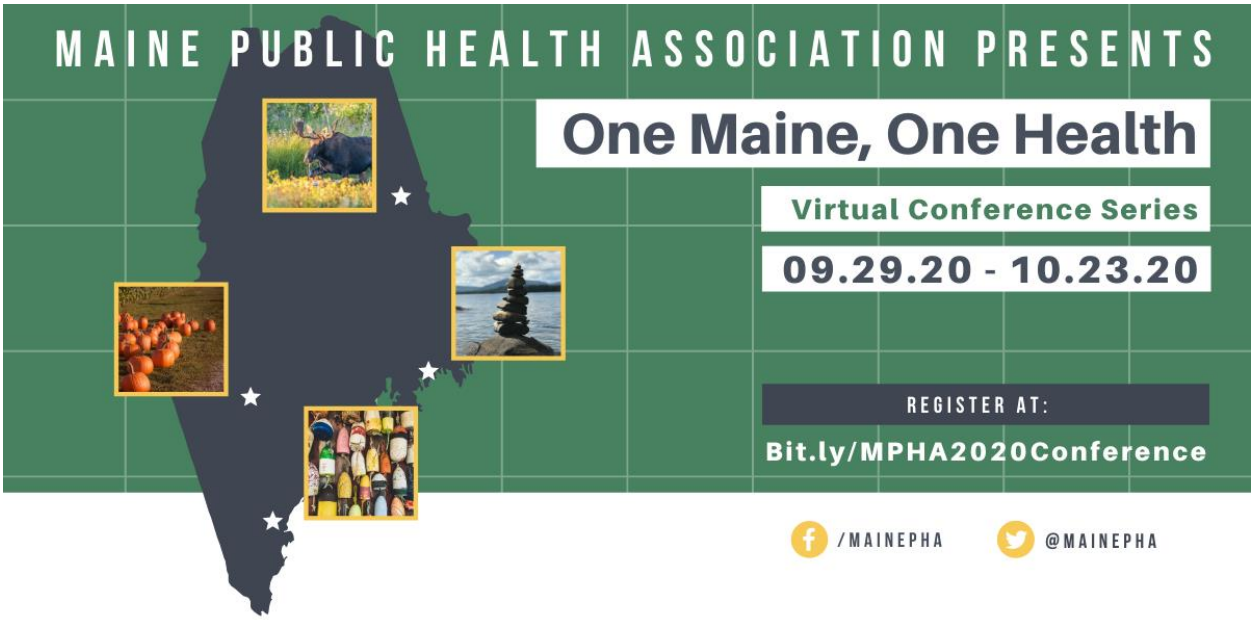
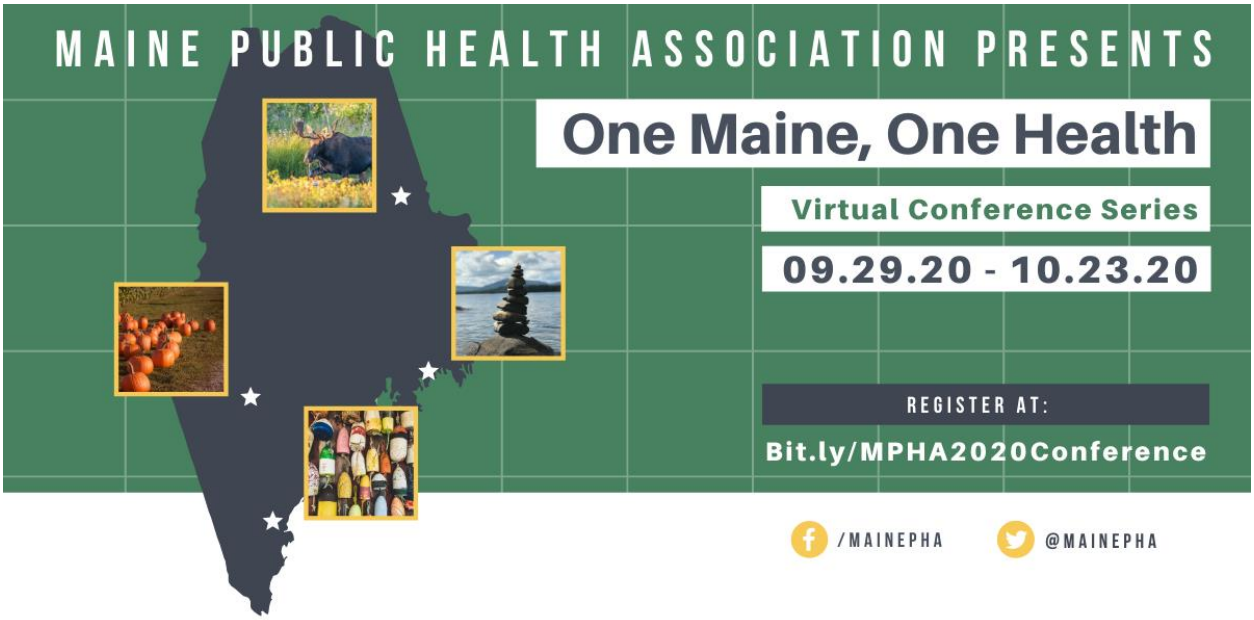


Tuesday, October 6th

9:00am-10:00am
Keynote Address: Compassion Fatigue, Trauma Stewardship and Sustainable Good Work
Elyse Pratt-Ronco, Ph.D. (University of Maine Farmington)

In this historical context, practitioners are experiencing compassion fatigue. Also referred to as vicarious trauma, this outcome of working with people who have experienced their own trauma and mental health challenges, can lead to burnout. The concept of Trauma Stewardship gives practitioners a framework for better understanding their own trauma exposure responses, and how to work through them in order to sustain the good work they are doing. As we focus on the resilience of others, we must also focus on our own as well.

Learning objectives:
1. Practitioners will learn a framework for better understanding their own trauma experience and compassion fatigue responses, and how to work through them in order to sustain the good work they are doing
2. Participants will understand the concept of Trauma Stewardship and resilience as an ethical practice
3. Participants will view the resilience of their clients, students, and colleagues as a process that can be facilitated, rather than an asset to be gained.



Tuesday, October 6th

10:10am-11:10am
Keynote Address: Hunger and Health
Kristen Miale (Good Shepherd Food Bank)

Participants will learn about hunger in Maine, including its prevalence, causes, and impact. The impact of hunger on health will then be discussed in more detail. Participants will then learn about several interventions that are being implemented in Maine to address the hunger and health connection.

Learning objectives:
1. Participants will understand the problem of hunger in Maine, its prevalence, contributing causes and the role Good Shepherd Food Bank and the charitable food network plays in Maine's meal gap
2. Participants will understand how hunger contributes to poor health outcomes and perpetuates the cycle of poverty and poor health
3. Participants will learn about emerging collaborations between health care providers and food access programs and how this work is creating a new powerful preventative health care model

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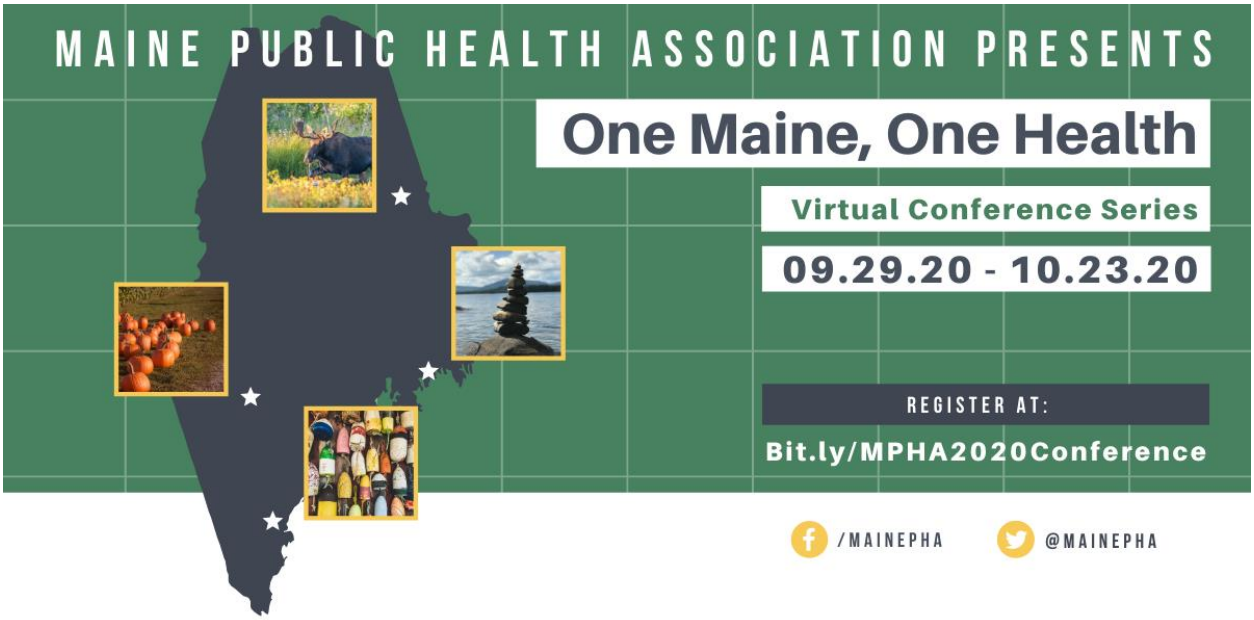
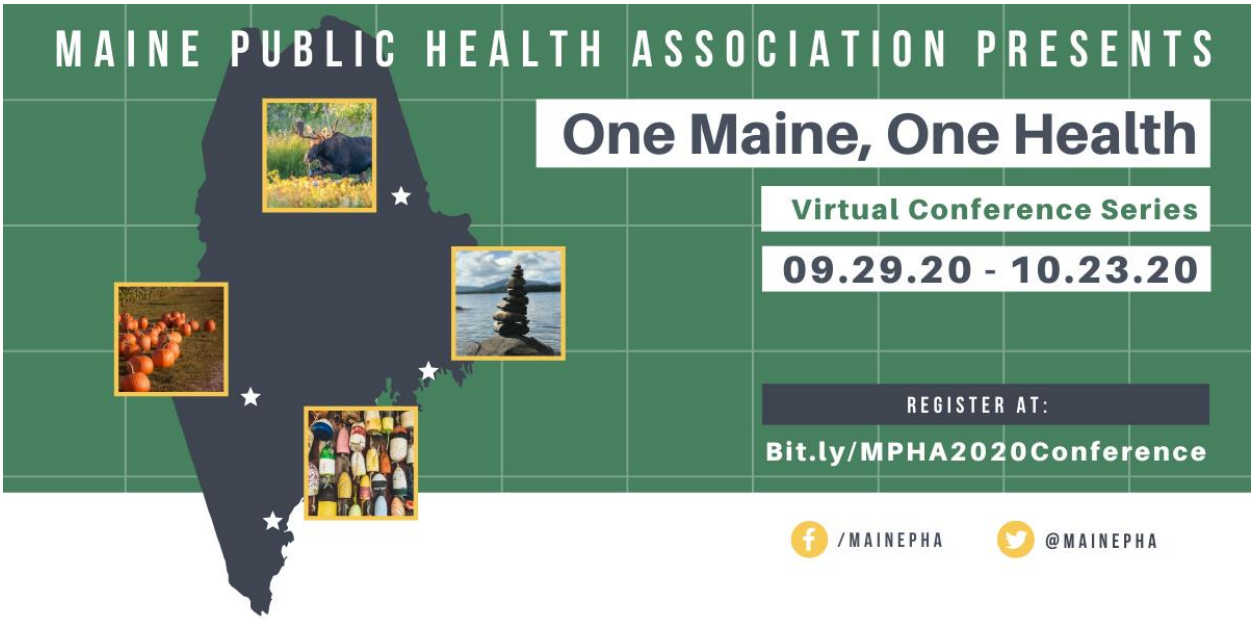


Tuesday, October 6th

11:20am-11:50am
COVID-19: A Community Health Team Adapts and Innovates in Response to the Crisis in Rural Communities
Anne Conners (MaineGeneral) & Alicia Rice (MaineGeneral)

COVID-19's impact on rural communities in Maine will be long-lasting and deeply felt at the same time offering opportunities to demonstrate the value of community health teams and effective approaches to community engagement. MaineGeneral Medical Center's Prevention and Healthy Living and Population Health Departments collaborated to deploy Community Health Workers (CHWs) and Health Educators to meet the needs of the community. Interventions have included redeploying CHWs and Health Educators to screen staff at a MaineGeneral long-term care facility and participants in a needle exchange program. CHWs and Health Educators adapted workflows and collaborated with primary care to reach out to patients with infants and young children and the elderly for COVID-19 wellness checks, linking patients to community based resources and primary care to address identified needs. CHWs and Health Educators also strengthened existing collaborative relationships with community-based organizations to deliver food, provide masks, and link to funding sources to meet community needs. Educational materials on COVID-19 prevention were distributed. CHWs are participating in contact tracing and enrolling MaineGeneral staff in the Sara Alert system. Management is considering long-term implications and a framework to meet COVID-19 secondary impacts such as delaying medical care.

Learning objectives:
1. Participants can describe the components of a community-based workforce.
2. Participants can name two innovative, evidence-based responses to the crisis by a community-based workforce.
3. Participants can describe two educational interventions for vulnerable populations.



Tuesday, October 6th

11:50am-12:20pm

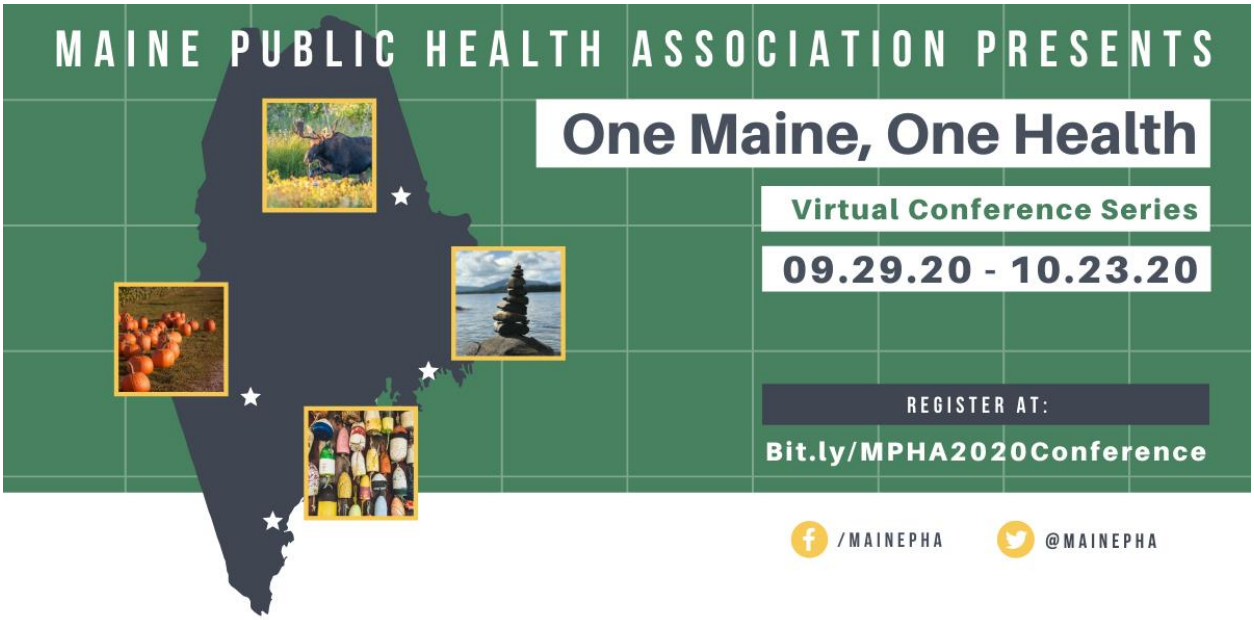
Development and Efficacy of Job Crafting, A Coaching Based Intervention Strategy to Improve Work-Related Outcomes of Individuals with Disabilities

Kristin King (University of New Hampshire) & Abby Baker (University of New Hampshire)

Individuals with disabilities and chronic health conditions are constantly navigating physical, social, and interpersonal challenges at work. Individuals with disabilities consistently experience disparities in the workplace resulting in a less than optimal work experience that is caused by social and environmental factors. The impact of such factors may be pronounced during natural disasters and pandemics such as COVID-19. In this presentation, we will describe the use of Job Crafting as an innovative, coaching-based intervention to assist employees with disabilities manage their job tasks to suit their unique needs, skills, and values. Job Crafting occurs in three areas: (1) Task crafting involves changes in job tasks and how they are performed such as alternate ways of performing a job task, use of assistive technology or job redesign, if initiated by the employee. (2) Relational crafting is changing the extent or nature of one's interactions within and outside the organization and happens through building, re-framing relationships, and adapting relationships. (3) Cognitive crafting involves changing perceptions about one's job tasks and involves expanding, focusing or linking perceptions to create a meaningful schema. We used a mixed-methods design to explore how and why a diverse set of American workers with disabilities craft their jobs and to examine the impact of job crafting on employee self-efficacy, task performance, and work engagement over a six-week period of study enrollment. We will present findings from our preliminary analysis, examining the impact of job crafting on self-efficacy, workplace engagement, task performance, and crafting behaviors for workers with disabilities, compared to workers with and without disabilities who do not participate in the intervention. We will share our rationale, intervention strategy, preliminary results, and the potential for using job crafting as an employee-initiated strategy to overcome disparities in employment outcomes.

Learning objectives:

1. Understand the concept of job crafting and types of crafting behavior
2. Understand the concept of job crafting and its components



Wednesday, October 7th

11:00am-12:00pm
Getting More, Healthy Local Food to SNAP Recipients
Carl Costanzi (moderator, Western Maine Health), Hillary Barter, MA (Maine Organic Farmers and Gardeners Association), Jimmy Debiasi (Maine Federation of Farmers Markets), & Abby Farnham (Maine Farmland Trust)

Learning objectives:
1. Participants will understand the value of farmers' markets in promoting public health of communities and low-income shoppers using SNAP
2. Participants will have a greater understanding of how farmers markets in Maine are working to connect SNAP recipients in their communities with fresh, healthy food through the Maine Harvest Bucks program
3. Participants will learn how Farm Fresh Rewards nutrition incentives are supporting low-income community members, farmers and local retail stores across the state

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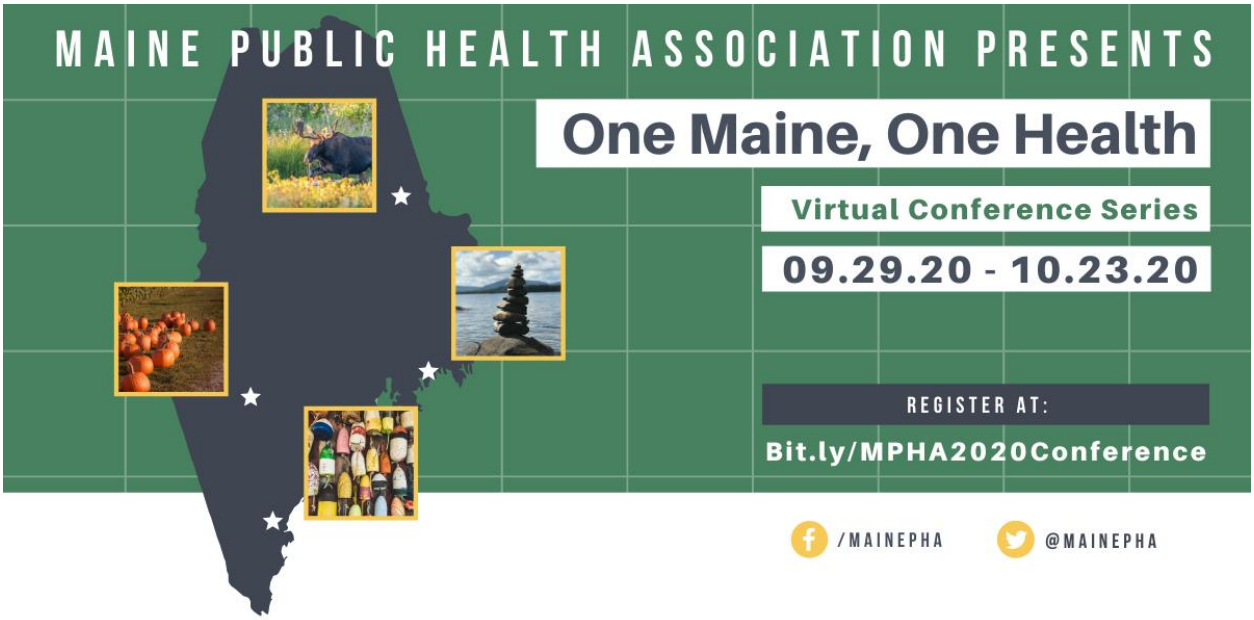
Wednesday, October 7th

12:10pm-1:10pm
Food Security Solutions in the Downeast Region: A Public Health Approach
Katie Freedman (Healthy Acadia), Rachel Emus (Healthy Acadia), Regina Grabrovac (Healthy Acadia)

Learning objectives:
1. Understand Healthy Acadia's initiatives to address food insecurity in Hancock and Washington Counties
2. Understand how to offer solutions that are responsive to community needs
3. Identify replicable solutions for other communities

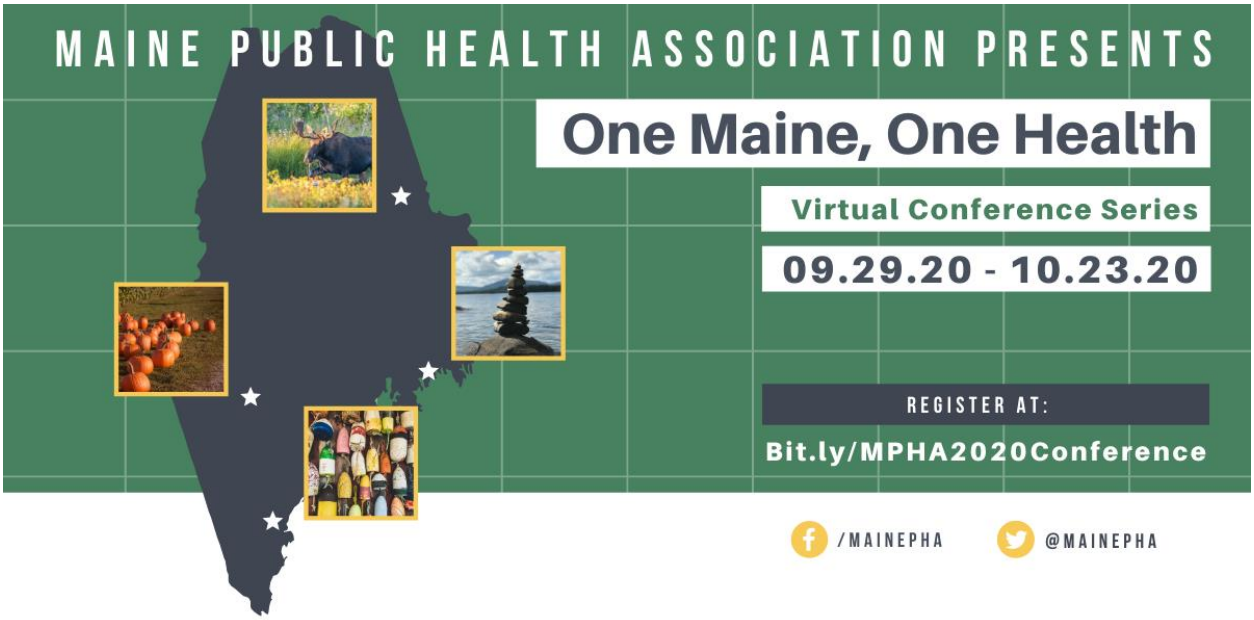


Wednesday, October 7th

1:20pm-1:50pm
Maine's Health System Capacity
Yvonne Jonk, Ph.D., MS (University of Southern Maine) & Michael Flaherty (University of Southern Maine)

Objectives: Our objectives were to describe Maine's health system capacity to serve local and regional residents by mapping a) the concentration of (uninsured and privately insured) Maine residents potentially eligible for MaineCare (including the expansion group(s)); b) the location, number and types of health care providers per capita; and c) the location of health care facilities; and the number of hospital, ICU, and nursing home beds per capita. **Methods:** Potential health system capacity issues within the state of Maine were identified using public use datasets, e.g. 2018 American Community Survey (ACS) 5-year estimates of the uninsured and privately insured, CMS National Provider Identifier (NPI) data, data from Maine DHHS Division of Licensing and Certification to identify hospital locations and bed supply, CMS Cost Report data to identify ICU locations and bed supply, and Brown University's LTCFocus data to identify nursing home locations and bed supply. Population, provider and facility profiles were mapped using the GIS software ESRI ArcMap. In order to illustrate the variation in capacity at the most granular level possible, rather than using counties as the unit of analysis, we used census tracts and then added county lines as a means of contextualizing and facilitating discussion of the results. **Findings:** Concentrations of privately and publicly insured residents living within census tracts are mapped relative to provider locations, as well as where uninsured residents potentially eligible for MaineCare (including the MaineCare expansion group(s)) live. These maps serve to identify potential health service gaps and deficiencies (i.e. health workforce shortages) by specialty, potential travel barriers to accessing primary and/or specialty care, and areas with relatively high concentrations of high risk populations (defined by health risk profiles from Maine's County Health Rankings).

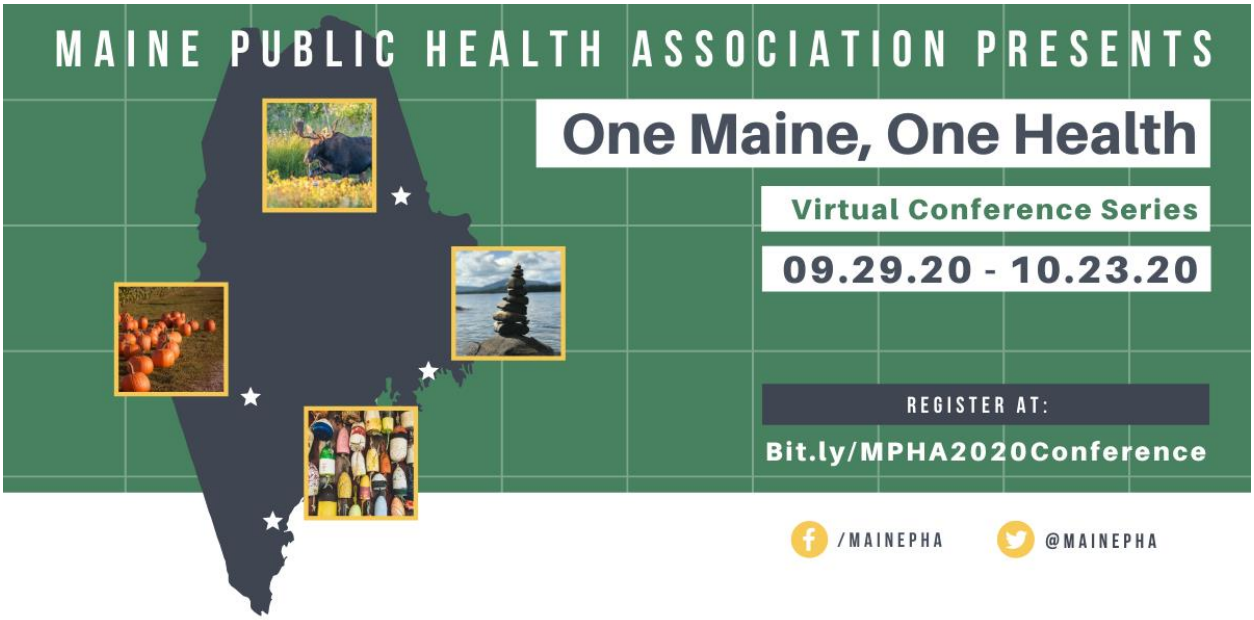
Learning objectives:
1. Describe Maine's health system capacity to serve it's local and regional residents
2. Identify gaps in primary and specialty care services throughout the state
3. Identify areas with high rates of uninsurance and potential eligibility for MaineCare



Wednesday, October 7th

4:00pm-5:30pm
Poster Session & Reception

See the end of the agenda for more information on eac poster.



Thursday October 8th

1:00pm-1:30pm

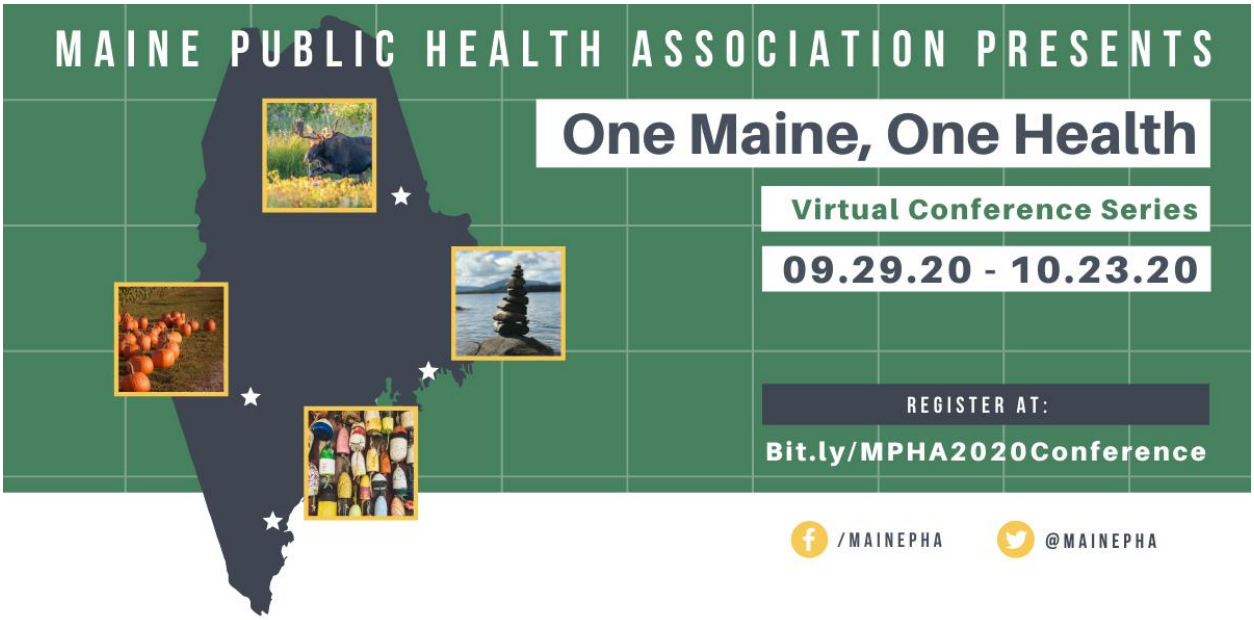
Understanding the Effects of Social Distancing on People Who Inject Drugs in the Setting of the COVID-19 Pandemic

Kinna Thakarar, DO, MPH (Maine Medical Center) & Michael Kohut, Ph.D. (Maine Medical Center)

Introduction: In the setting of the COVID-19 pandemic, overdoses and other adverse outcomes among people who inject drugs (PWID) are occuring. However, the degree to which social distancing may disproportionately impact the health of PWID in Maine is not known. The primary objective of this study is to understand effects of social distancing on overall health for PWID, with a particular focus on 1) ability to access harm reduction and substance use disorder treatment services and 2) lessons learned from service delivery during the COVID-19 pandemic. The second objective of this study is to examine differences in acute care utilization and patient outcomes in hospitalized PWID before and after statewide social distancing measures were implemented. **Methods:** This is an ongoing, mixed-methods study. We are conducting semi-structured interviews with 40 key stakeholders including PWID, community partners and providers. Interviews will be audio-recorded and professionally transcribed. Software-assisted, line-by-line coding using content analysis will be performed. Among PWID hospitalized with injection drug use (IDU)-associated infections from January 1, 2019 - December 18, 2019 with IDU-associated infections, we will also develop run charts comparing outcomes among participants before and after the Governor's Emergency Action policy change on March 18, 2020. Outcomes include 1) acute care utilization (90-day post-discharge/post-policy change ED visits and/or 30 day readmissions) and 2) post discharge/post-policy change 90 day mortality and overdoses. **Results:** Since May 15, 2020, ten stakeholders (n=6 community stakeholders, n=4 providers) have been interviewed. Seventy-six PWID were hospitalized with injection drug use-associated infections during the study period. Analyses will be completed over the next five months. **Conclusions:** This study will help us understand the impact of social distancing on the health of PWID in Maine. Results from this study will also shed light on lessons learned from interventions during COVID-19 and can potentially inform service delivery approaches post-pandemic.

Learning objectives:

1. Discuss the effects of social distancing on people who inject drugs (PWID) in Maine on accessing harm reduction services and substance use disorder treatment
2. Describe changes in acute care utilization among hospitalized PWID before and after social distancing measures were implemented in Maine

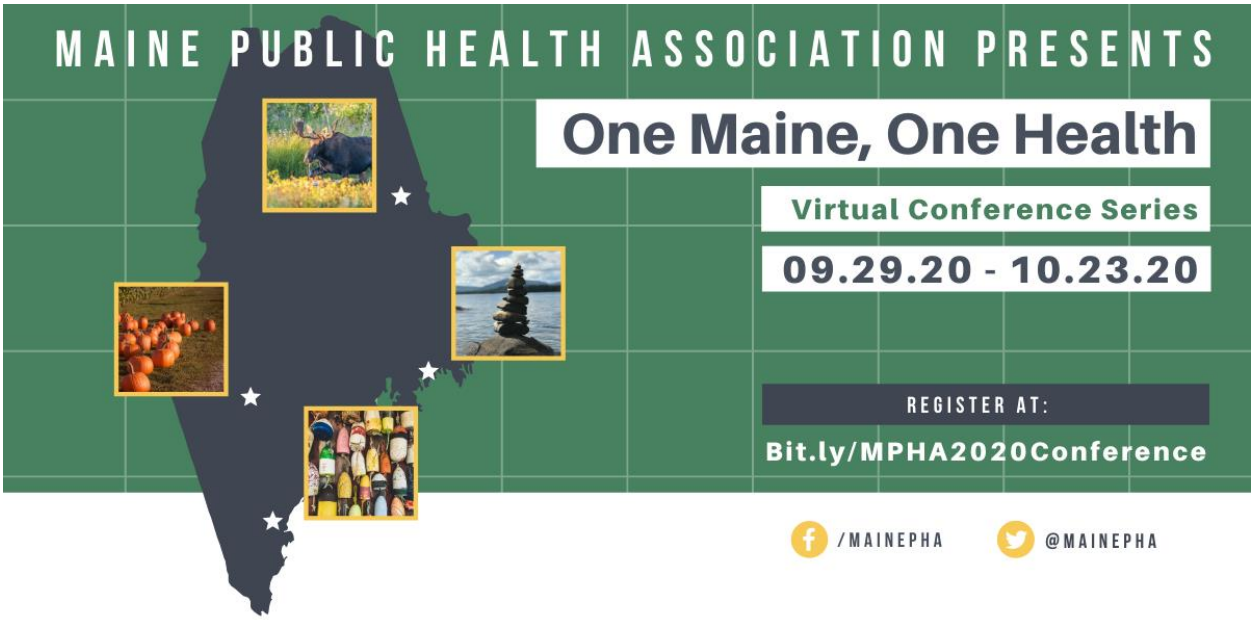


Thursday October 8th

1:30pm-2:00pm
Injections and Infections: Understanding Harm Reduction Utilization in a Rural State
Kinna Thakarar, DO, MPH (Maine Medical Center)

Background: Increasing rates of injection drug use (IDU) associated-infections suggest significant syringe service program (SSP) underutilization. Our study objective is to assess patient knowledge, attitudes, and practices of safe injection techniques and to determine predictors of SSP utilization in Maine. **Patients and Methods:** This is a fifteen-month cross-sectional study of participants hospitalized with IDU-associated infections at four hospitals in Maine. Data were collected through Audio Computer-Assisted Self-Interview survey and medical record review. Descriptive analyses were performed to characterize injection knowledge, attitudes and practices. The primary outcome was past 3-month SSP utilization, and the main independent variable was self-reported distance to SSP. Logistic regression analyses were performed to identify factors associated with the primary outcome, controlling for gender, homelessness, history of overdose, having a primary care physician and distance to SSP. **Results:** Of the 101 study participants, 62 participants (65%) reported past 3 month SSP utilization, though only 33% used SSPs frequently. Few participants (10%) reported clean needle/syringe use or clean drug equipment use (5%). Forty-eight percent of participants reported naloxone uptake, and 66% of participants were prescribed MOUD prior to admission. Many participants (59%) lived more than 10 miles from an SSP with 18% of participants living in rural areas. Fifty-four percent reported difficulty accessing an SSP. Participants who lived more than 10 miles of an SSP were less likely to use an SSP (adjusted odds ratio 0.11; 95% CI 0.03-0.34). **Conclusions:** Our study highlights unsafe injection practices and lack of frequent SSP utilization among people hospitalized with IDU-associated infections. Especially given increasing stimulant use in Maine, these results also highlight the need to promote harm reduction even among individuals prescribed medication for opioid use disorder. Particularly in rural areas where patients may live more than 10 miles from an SSP, expansion of harm reduction services should be a priority.

Learning objectives:
1. Describe injection practices among people with injection drug use-associated infections in Maine
2. Identify barriers to syringe service utilization in Maine

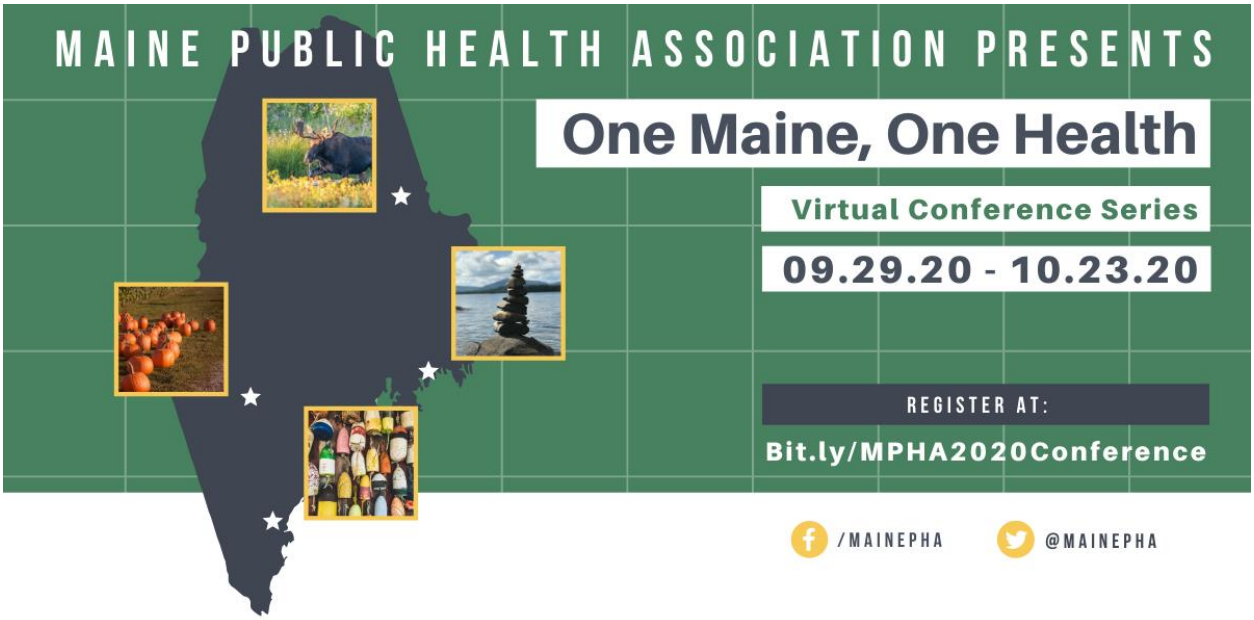


3. Discuss approaches to expanding harm reduction services

Thursday October 8th

2:10pm-3:10pm
Mitigating the Opioid Crisis by Creating Educational, Economic, Social and Health Opportunities
Doug Dunbar, MPA (Eastern Maine Development Corporation) & Lee Umphrey (Eastern Maine Development Corporation)

In collaboration with Maine's Department of Labor and the Governor's Office on Opioid Response, Eastern Maine Development Corporation (EMDC) is leading an innovative new effort to mitigate the opioid crisis--which continues to claim approximately one Mainer each day. After being awarded a $6.2 million federal grant, Maine's Connecting with Opportunities Initiative is addressing the opioid use disorder (OUD) epidemic through creative, comprehensive approaches. Three strategies are being utilized: hiring individuals in recovery from OUD; meeting the educational, employment, social and healthcare needs of many others impacted by OUD; and bolstering medical/recovery fields necessary to aid people seeking treatment. Peer Connector positions were created to provide beneficial employment for individuals to use lived experience in serving others. Peers will support hundreds of individuals statewide (a minimum of 165 during 2020 and 2021 in EMDC's region of Penobscot, Piscataquis, Hancock and Washington counties). The initiative will also diminish the crisis by training dislocated workers--whether impacted by OUD or not--in relevant healthcare and recovery occupations. Given workforce displacements created by COVID-19, this has taken on greater significance.
Through partnerships in the educational, business, medical, recovery, legal and re-entry communities, personalized comprehensive plans are created for people seeking a stable life in which they're connected with resources, assisted in developing skills and gaining meaningful employment. Substantial assistance with healthcare, housing, child care or other needs is incorporated into each participant's plan so life challenges don't deter progress. This could address dental work necessary to enhance a participant's overall well-being and provide the confidence needed to attend a class and apply for jobs, or assist with auto repairs required for a participant to take part in on-the-job training. Maine's Connecting with Opportunities Initiative is underway in changing the trajectory of lives, strengthening families and making communities more resilient.



Learning objectives:
1. Demonstrate that positive outcomes can be achieved through a comprehensive plan involving educational and vocational objectives, as well as supportive services to address social, health and financial needs.
2. Educate and engage the community to more fully understand and embrace the OUD public health crisis in our State while building support among the business community and other employers to hire people in stable recovery from substance use disorder.

Friday, October 9th

9:00am-10:00am
Maine Public Health Data Training Workshop
Patrick Madden, MBA (Market Decisions Research)

Learning objectives:
1. Describe basic public health data terms
2. Identify Maine based public health data resources and how to access them
3. Use Maine public health data for public health program assessment, planning and evaluation

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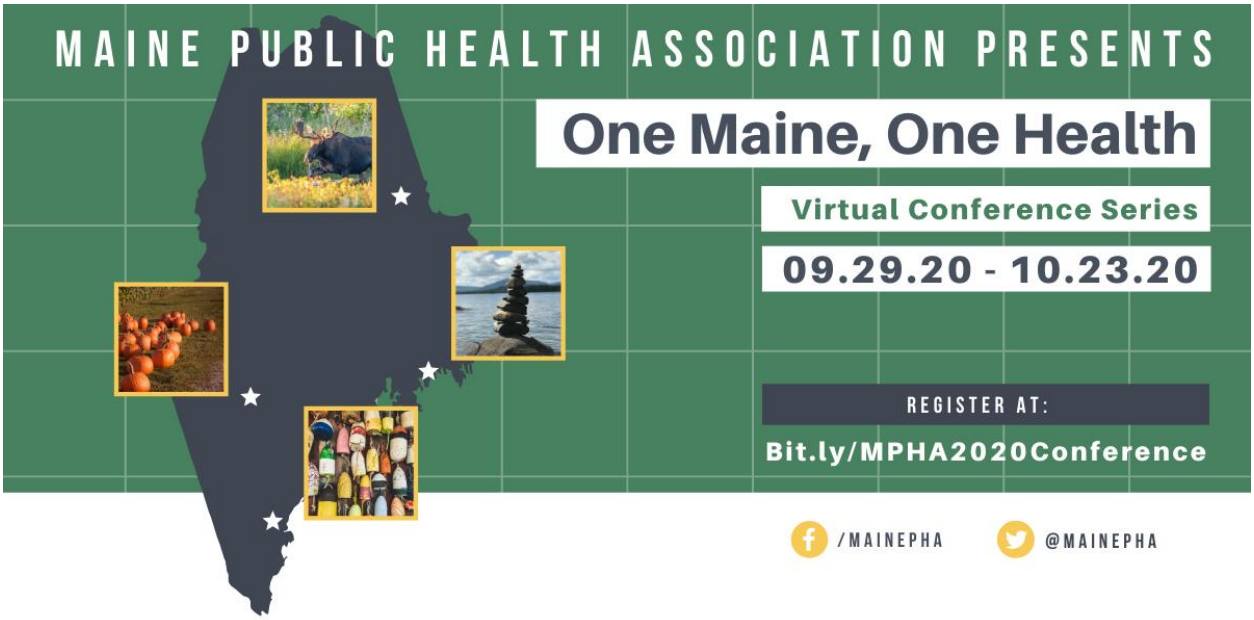

Friday, October 9th

10:10am-11:10am

100 years of Maine Public Health Nursing: Historical, Current, and Future Perspectives

Martha Eastman, RN NP-C, Ph.D. (Pro-Elder Consulting, LLC)), Kate Downing, RN (Maine CDC), Patty Hamilton RN, FNP (City of Bangor Public Health Department), Jan Morrissette, MSN, RN, PHNA-BC (University of Maine Augusta)

Learning objectives:

1. Describe the origin of the Division of Public Health Nursing and early public health nursing services within Maine's State Department of Health, now known as Maine CDC.
2. Identify contributions of public health nurses to Maine's health
3. Describe current Maine public health nursing program activities
4. Identify goals for the future of public health nursing in Maine

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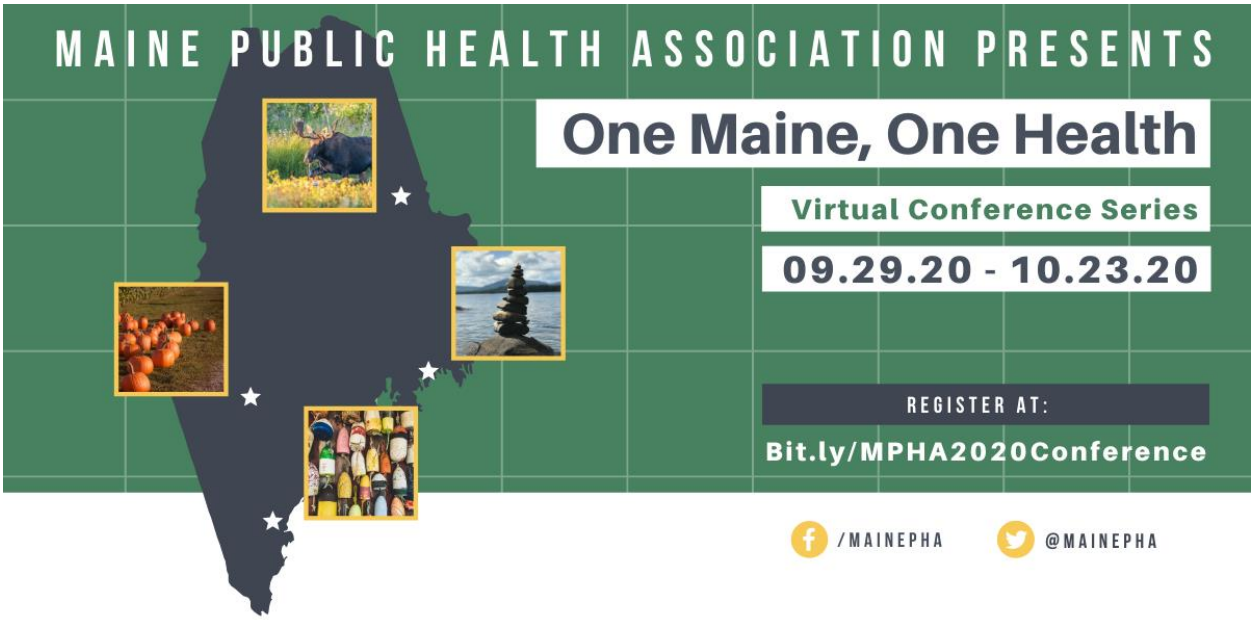

Tuesday, October 13th

9:00am-10:00am
Keynote Address: Mental Health: A Leading Issue for Public Health for the 21st Century
Lani Graham, MD

Learning objectives:
1. Understand the impact of mental illness on health, the economy and the planet
2. Understand why mental health has not been addressed by public health
3. Identify some tools for moving forward to improve mental health

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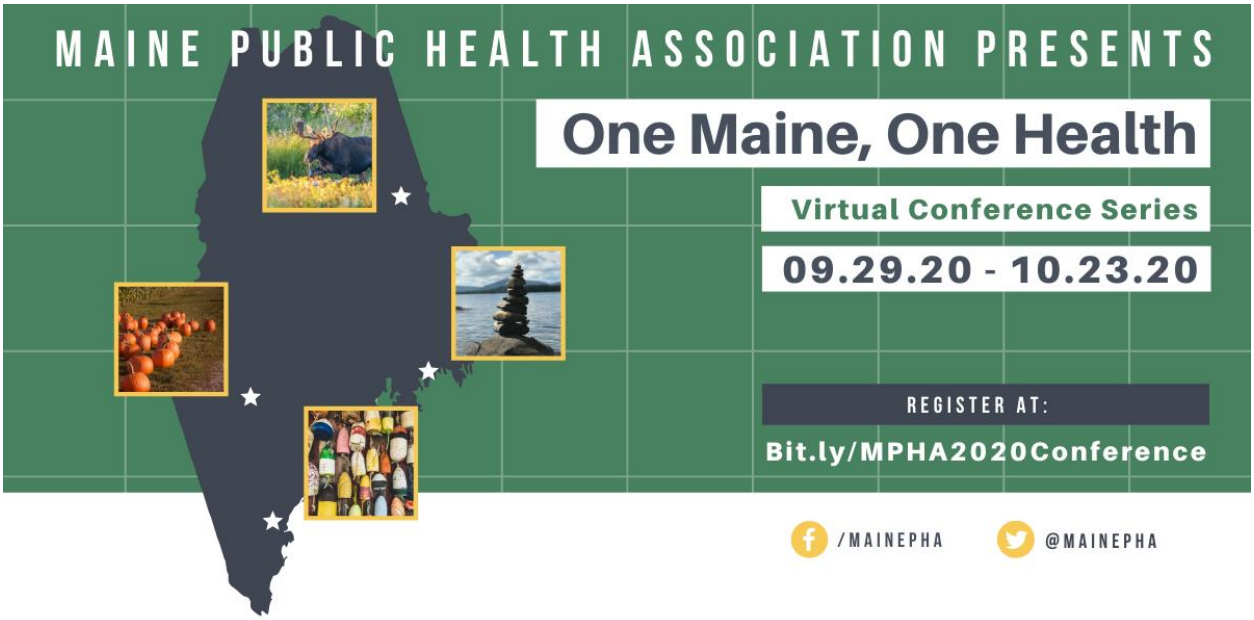
Tuesday, October 13th

10:10am-11:10am
Keynote Address: Preventing and Reversing Cardiovascular Disease
Amanda McKinney, MD, CPE, FACLM, FACOG (Doane University)

Learning objectives:
1. Participants will understand the core competencies of Nutrition, Tobacco Cessation, and Alcohol and their interaction with CVD
2. Participants will recognize the difference in efficacies of traditional treatment versus lifestyle based treatments for CVD
3. Participants will identify effective lifestyle based treatment protocols used to prevent and treat CVD

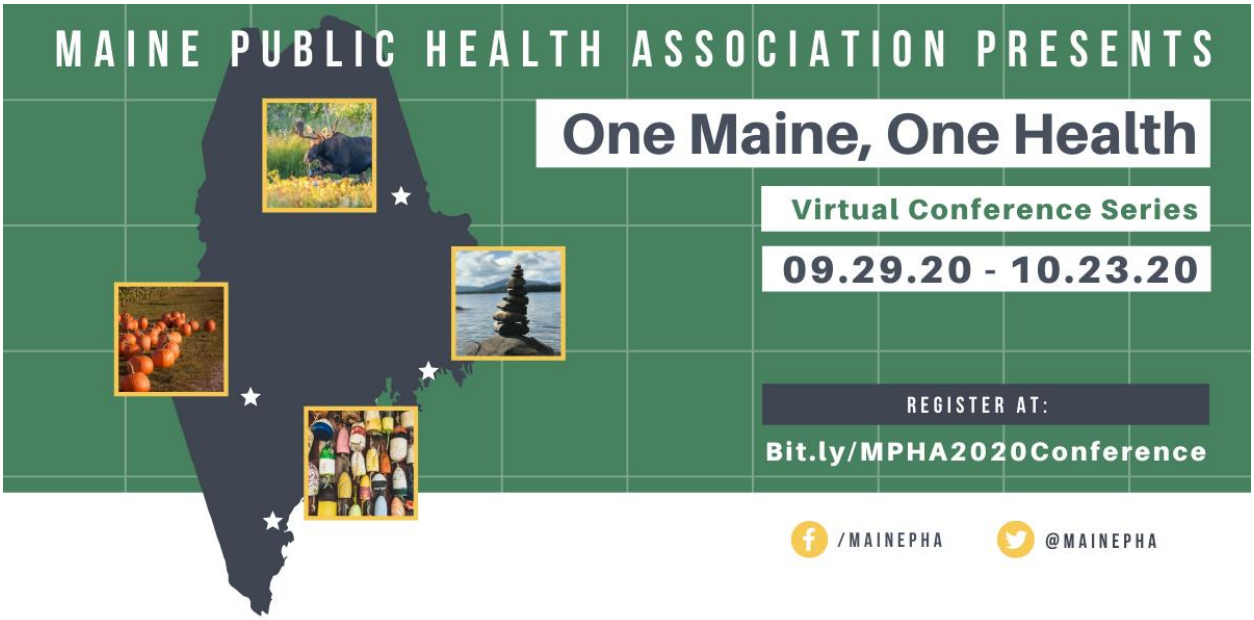


Tuesday, October 13th

11:20am-11:50am
Public Health Professionals and Property Managers: A MatchMade in Heaven?
Erica Swan (Partnerships for Health) & Kristen McAuley, MPH (MaineHealth Center for Tobacco Independence)

More than one in three nonsmokers residing in rental housing experience exposure to secondhand smoke. What happens when public health professionals engage with property managers to address this issue? Do property managers' practices actually change as a result of this work? How can evaluation findings be used to improve future engagement with property managers and tenants on public health issues? This presentation will address these questions and more as we share findings from an evaluation of the MaineHealth Center for Tobacco Independence work with property managers. As part of this work, local public health professionals provided technical assistance and resources to property managers to help them implement and enforce smoke-free policies in multi-unit housing. Using a mixed methods study design, perspectives were sought from public health professionals, property managers, and tenants living in multi-unit housing. Each of these groups provided important information about how well public health professionals' strategies worked and how these could be improved moving forward. Working with a continuous quality improvement framework, the results suggested successful strategies, unintended consequences, and the importance of considering tenants' attitudes and current smoking status.

Learning objectives:
1. Identify emerging best practices for working with property managers on public health issues.
2. Describe tenants' attitudes toward smoke-free policies.
3. Increase understanding of the strategies implemented under the Maine Prevention Services Initiative.

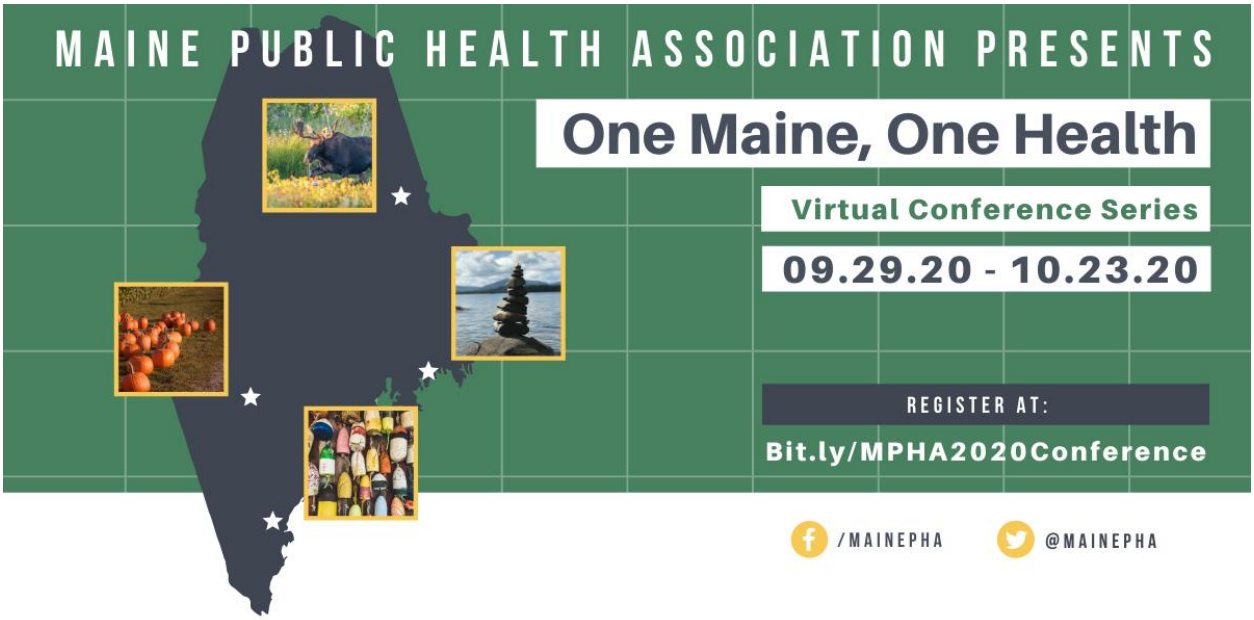


Tuesday, October 13th

11:50am-12:20pm
Health in All Plans: Integrating Health, Land Use and Environmental Planning in Multi-Sector Partnerships
Chris Lyman, MSW & Jim Fisher, Ph.D. (Town of Deer Isle)

Emerging public health conceptual frameworks such as Public Health 3.0 and One Health both emphasize the social determinants of health [SDOH] as one means to protect and improve population health and social justice. The field of public health has been working to innovate in order to clarify the key functions and capabilities of public health so that community sectors that are not familiar with public health can better understand where they fit in, and how public health services can be delivered everywhere sustainably. Maine has already been exploring these questions. Now with the impact of COVID, the question is how to translate these conceptual frameworks into regional and local public health infrastructure in a state where over 435 municipalities have less than 5000 residents each. While there is a need for improved coordination among elements of health care delivery, but there is also a need for a strategic and comprehensive approach to community health. To address SDOH to move beyond health systems there is a call to build multi-sector partnerships with non traditional sector partners. One such sector that could be better engaged is that of planning. Professional land use planners work with municipal and county governments to address land use and built environment issues that include transportation, housing, economic development, economic inequality, climate change mitigation, social cohesion and broadband. Planners have long been aware of the need to address obesity in terms of land use design. However, municipal and regional planning and design are further being tested by the COVID. For example, how the built environment can enhance economic sustainability during a pandemic is being rethought. There are both public health and planning tools to facilitate delivery of services, and we share a goal of "health in all policies." This session will also review our service systems infrastructure.

Learning objectives:
1. Describe a condensed review of SDOH and health equity as key drivers in the Public Health 3.0 framework including examples of Maine public health multi sector partnership projects.
2. Identify the roles of planners, current Maine municipal and township planning infrastructure, and examples of impacting health through land use and built environment decisions



Wednesday, October 14th

10:00am-11:00am
Perinatal Substance Use Disorders: Impact and Care of Moms and Infants
Kelley Bowden, MSN (Maine Medical Center) & Alane O'Connor, DNP (MaineGeneral)

Learning objectives:
1. Describe best practices in care of pregnant women with substance use disorder
2. State and define components of Eat Sleep Console assessment and care tool for newborns
3. Discuss local and national resources to support pregnant women with substance use disorder

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Wednesday, October 14th

11:10am-12:10pm
Creating a Network of Liveable Communities for Healthy Aging
Patricia Oh, Ph.D., MSW (Age-Friendly/Liveable Community Consultant) & Beth Singer (Cary Medical Center)

Learning objectives:
1. Discover what a liveable community is, how Maine is leading the livable community initiative, look at successes around the state, and understand the benefits of being a part of this initiative
2. Learn more about how age friendly communities support healthy aging
3. Learn how age-friendly health systems can meet the unique needs of older adults

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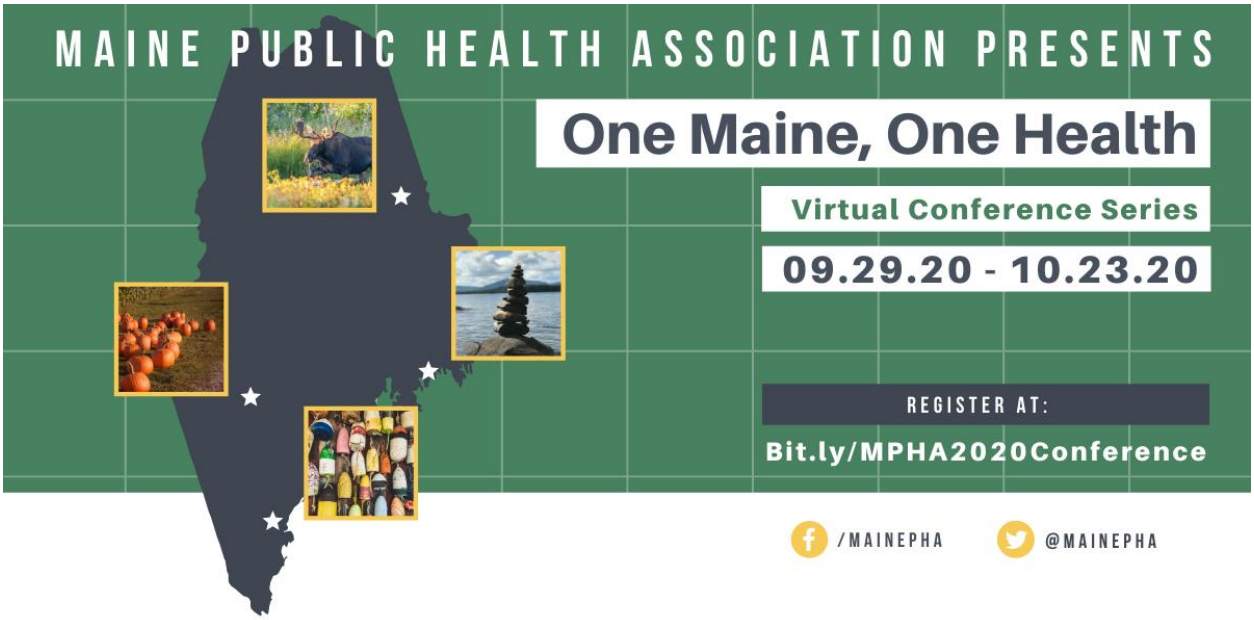

Wednesday, October 14th

12:20pm-12:50pm
The Risk of Becoming Isolated and Lonely for Maine's Older Adults, Especially During a Pandemic
Len Kaye, Ph.D. (University of Maine Orono)

Learning objectives:
1. Participants will be able to identify those older adults at greatest risk of becoming isolated and lonely.
2. Participants will increase their knowledge of the negative consequences resulting from living isolated and lonely lives
3. Participants will be able to identify the barriers to social engagement of older adults prior to and during the pandemic

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Wednesday, October 14th

12:50pm-1:20pm
Practices for Reducing the Feelings of Loneliness in Older Adults
Nate Miller, MSW (Spectrum Generations)

Learning objectives:
1. Participants will be able to explain the difference between isolation and loneliness
2. Participants will increase knowledge of interventions for feelings of loneliness
3. Participants will be able to assess feelings of loneliness and outcomes of interventions

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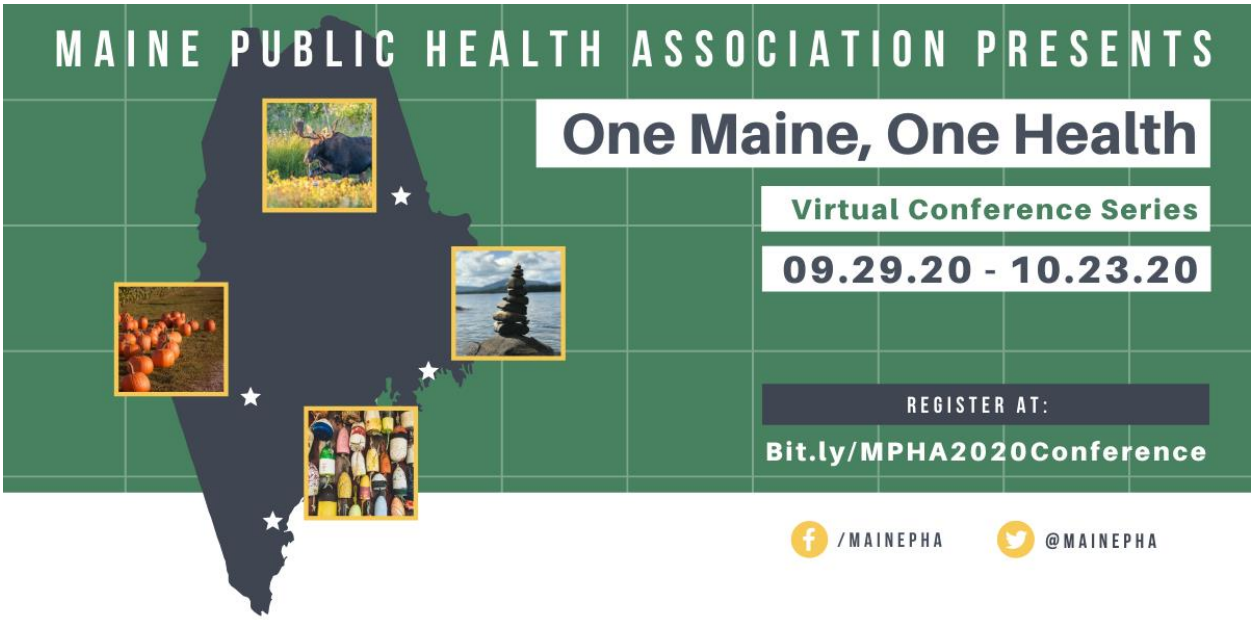

Wednesday, October 14th

1:30pm-2:30pm
Healthy Brain and Aging
Al May, MPH (Maine CDC) & Cliff Singer, MD, DFAPA, AGSF (Northern Light Acadia Hospital)

Learning objectives:
1. Participants will learn about the Healthy Brain Initiative and public health prevention to brain health
2. Participants will learn personal approaches to lifestyle choices, risk factors, and the health of their brain
3. Participants will learn clinical aspects of cognitive health and cognitive decline

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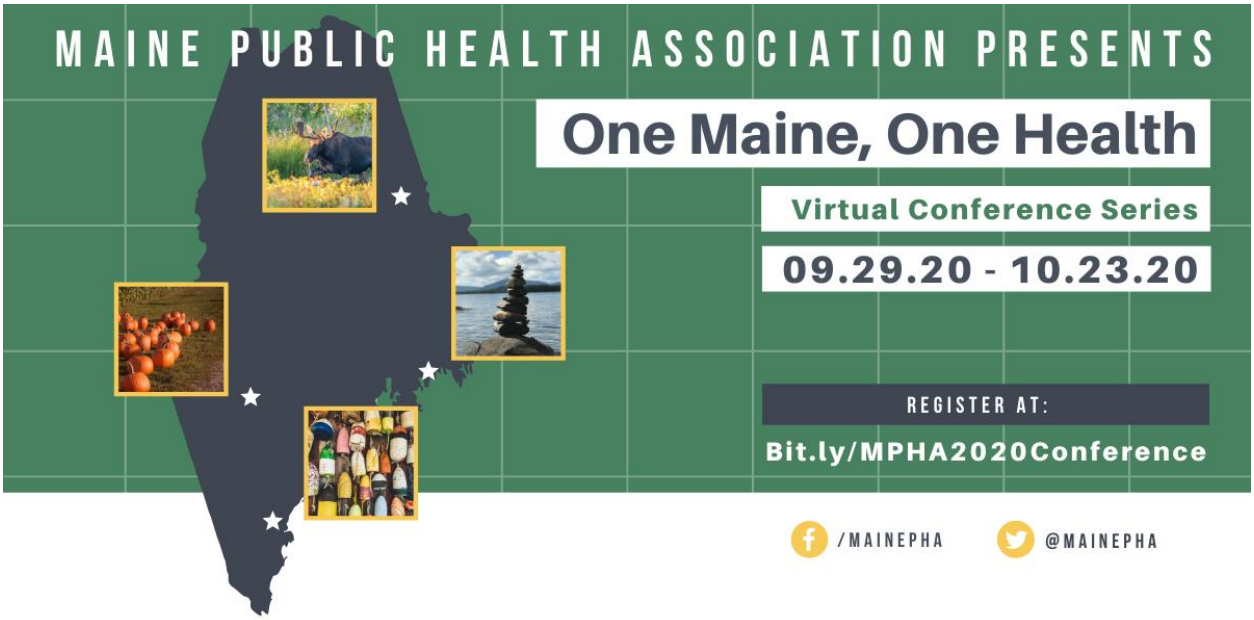
Thursday, October 15th

12:00pm-1:00pm
Maine Public Health Association 2020 Policy Update and 2021 Policy Priorities
Becca Boulos, MPH, Ph.D. (Maine Public Health Association)
MPHA Members Only Session

Join Maine Public Health Association's Executive Director, Becca Boulos, for a members only session about MPHA's policy initiatives and priorities. You will hear an update about MPHA's policy work for 2020 and get a sneak peak into MPHA's policy priorities for 2021. This is an interactive session, and there will be time for Q&A.



Thursday, October 15th

1:00pm-2:00pm
Universal School Meals: A Public Health Solution
Andy Hutchins (RSU 9) & Anna Korsen (Full Plates Full Potential)

Learning objectives:
1. Identify barriers that exist in school meals
2. Identify food insecurity in children
3. Identify opportunities to improve school meals and increase participation

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Thursday, October 15th

2:10pm-2:40pm
Taking Nutrition Beyond the Pre-K and Elementary Classroom with SNAP-Ed in the Garden
Tasha Gerken-Nelson, MS, RDN (University of New England), Hollie Legee-Cressman (Healthy Oxford Hills) & Laura Quynn (Healthy Community Coalition of Greater Franklin County)

Learning objectives:
1. Identify the key interventions of Maine SNAP-Ed as a federally funded program of the USDA
2. Identify the ways Maine SNAP-Ed Nutrition Educators use direct education and PSE strategies to create more robust, evidence-based interventions for youth audiences and their caregivers, parents and teachers
3. Understand the examples of Maine SNAP-Ed adaptations and lessons learned during the pandemic

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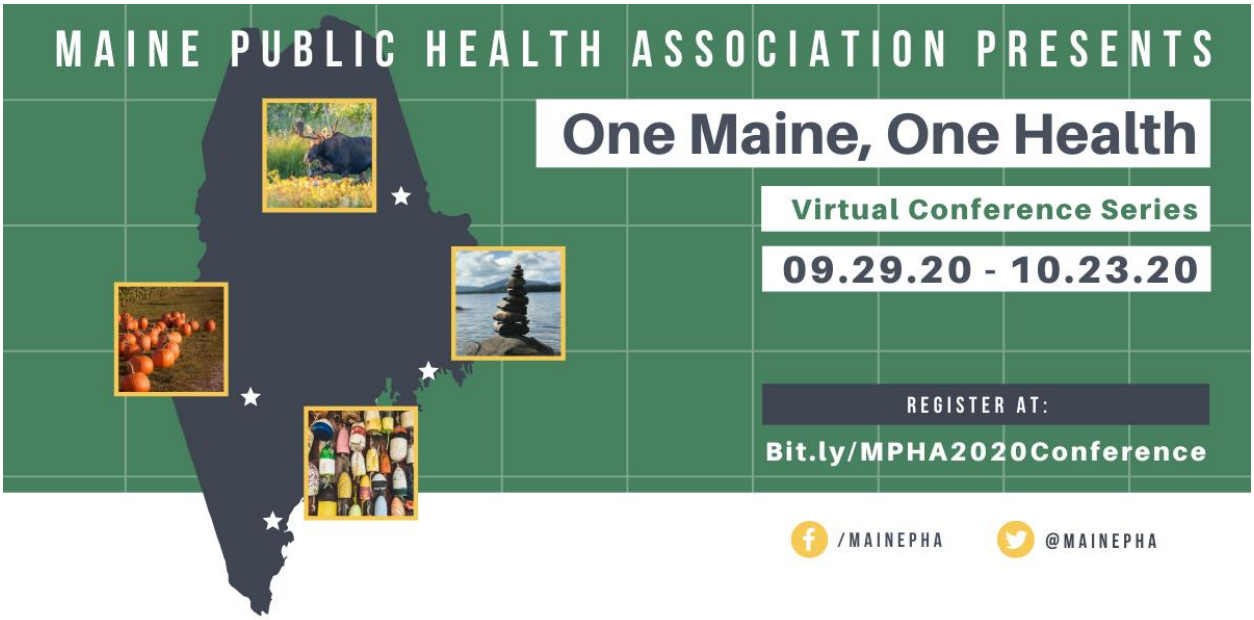

Thursday, October 15th

2:40pm-3:10pm
Agricultural Education for the Classroom
Kelsey Fortin (Maine Agriculture in the Classroom)

Participants will get an overview of Maine Agriculture in the Classroom and the resources we have available to teach about agriculture and nutrition concepts in the classroom. This will include links to online resources and where to find materials. If time allows there will be a brief lesson demo.

Learning objectives:
1. Participants will learn about Maine Agriculture in the Classroom and the resources we offer
2. Participants will learn the importance of students knowing where their food comes from
3. Participants will learn where to find resources for agriculture nutrition education to use in the classroom

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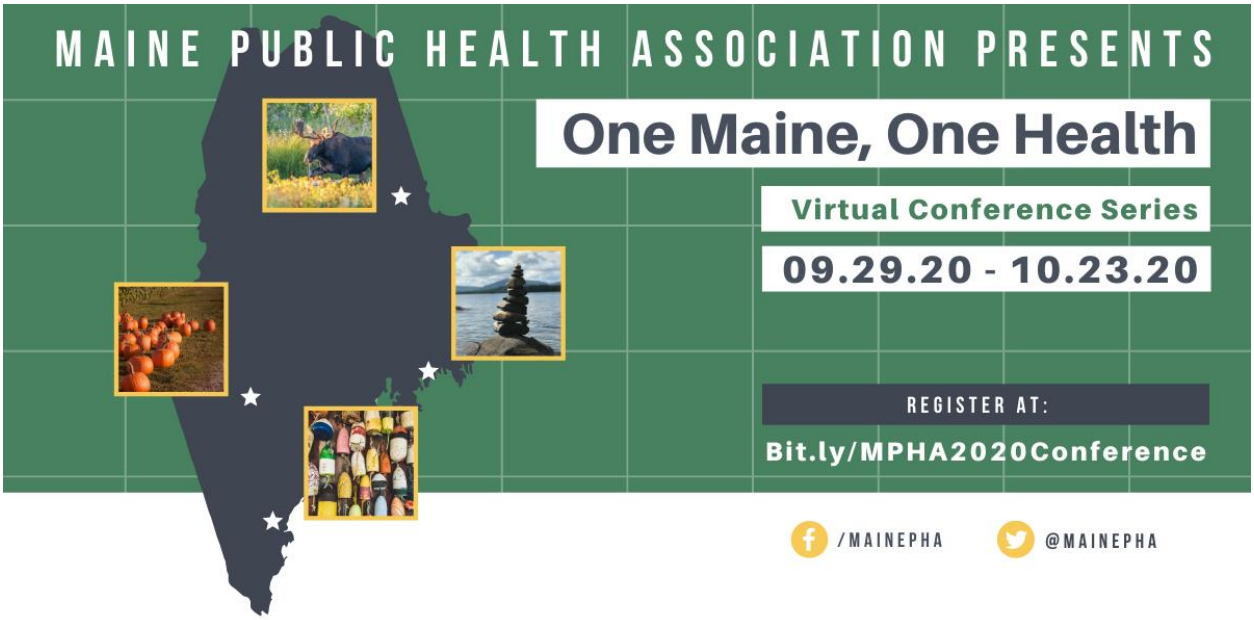
Thursday, October 15th

4:00pm-5:00pm
MPHA Awards Ceremony

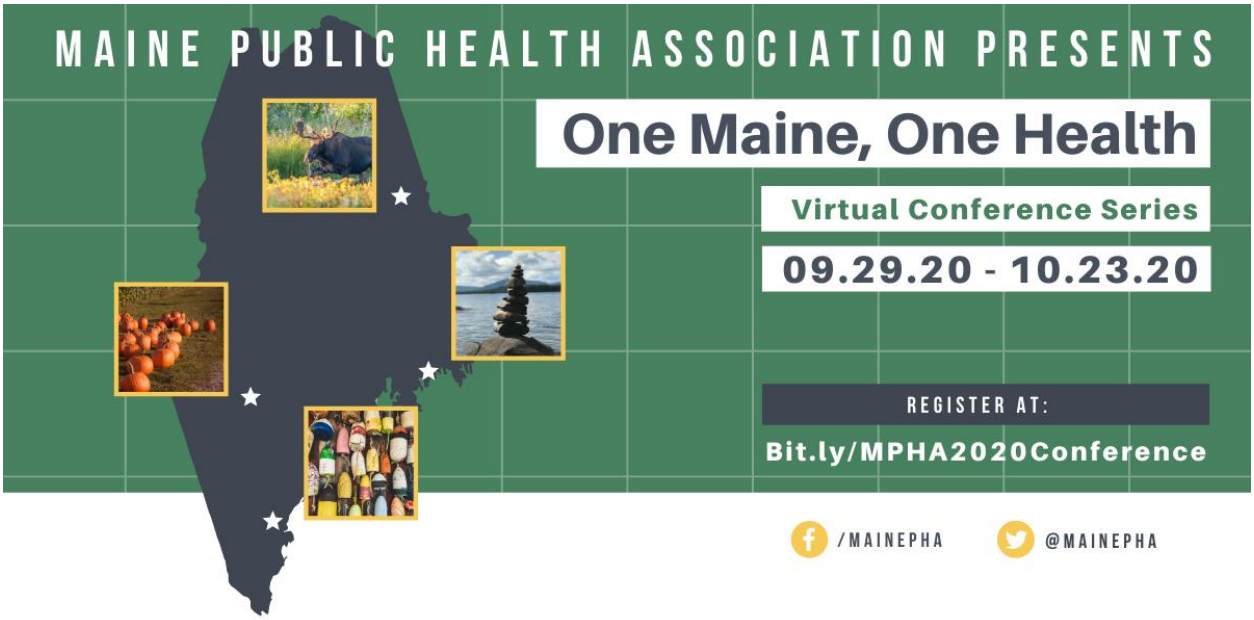


Friday, October 16th

9:00am-10:00am
Cultural, Structural and Religious Barriers to Seeking Mental Health Care for Refugee Populations in Portland, Maine
Safa Saleh (Bowdoin College)

The population of the state of Maine is more than 90% white; however, in recent years, has seen a shift in demographics, with an increase in its foreign born population. This influx of immigrants, refugees, and asylum seekers raises concerns about the healthcare system. Within this population, there are specific health needs, and it is important for the health system to adapt in order ensure culturally and linguistically appropriate services to decrease health disparities and increase access to high quality care. The health of refugees is an outcome of social, political, economic, and environmental processes. Pre-migration trauma, coupled with post migration difficulties like racism, language barriers, and homesickness, lead to increased rates of mental illness within refugee populations. This is seen especially within refugees who move to the United States as adults. This is because they were more aware of the realities of war than their children. They witnessed the deaths of friends or family. They had to leave behind their families, jobs, homes, and all they have ever known. They have to witness their children growing up speaking a different language, in a completely different culture. Additionally, Arab refugee populations tend to be highly educated, but they have to work in entry level jobs due to their education and licensing not translating over to the United States.
Despite high rates of mental illness within this population, rates of help-seeking for mental health problems are low. Not much research has been done on why this is the case, and I believe that in order to provide better care to refugees, this question must be addressed, especially in Maine. Our physicians and health care professionals must be able to identify the culturally specific ways in which identity shapes expressions of health, in order to counteract the marginalization of patients. Understanding culture, however, only gets us halfway there. Doctors must also recognize the structures and social inequalities that shape clinical interactions. My research will be focused on how structural barriers like housing, cultural and religious barriers like mental health stigma, community dynamics, and trauma influence how adult refugees in Portland, Maine view mental health, and how this affects their likelihood to seek out medical help.

Learning objectives:
1. To examine the social and cultural determinants of health and the complex factors that lead to refugees seeking help or not.



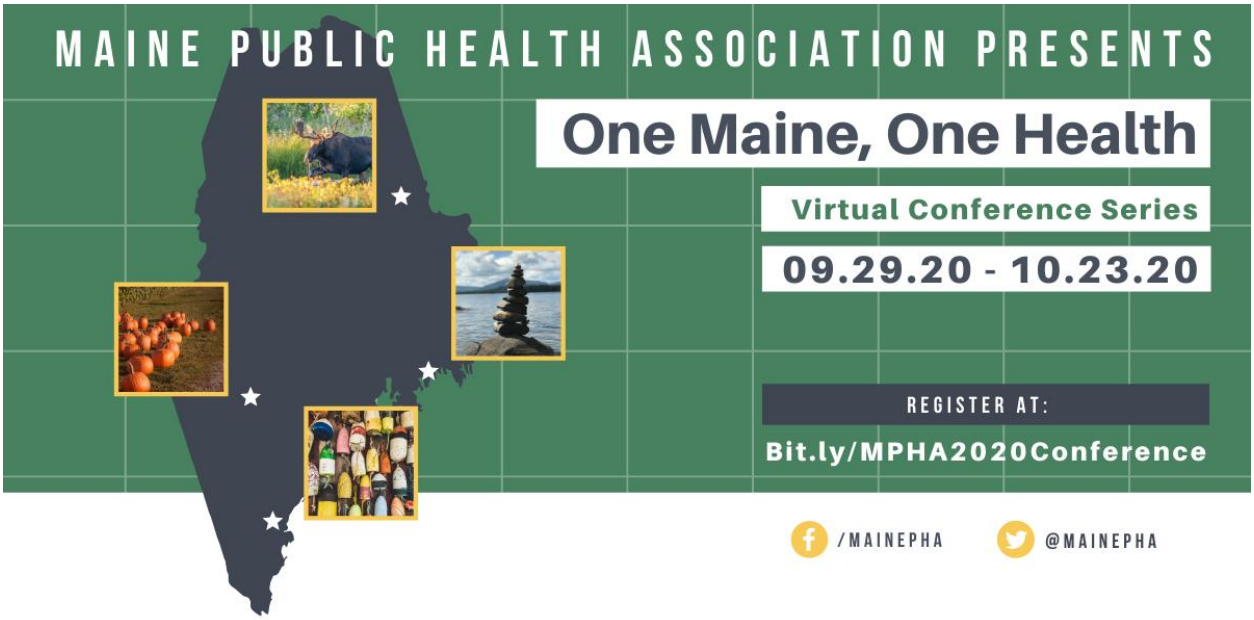
2. To identify what needs to be done in order to decrease these barriers.

Friday, October 16th

10:10am-11:10am
Physician Beliefs Concerning Structural and Institutional Racism in Healthcare
Stacey Thieme, DO (University of New England) & William Ciurylo, MA (University of New England)

Objectives: To quantify physician perception of the degree of structural and institutionalized discrimination against African Americans and Latinxs within the healthcare system. To compare those findings with the quantified perceptions of discrimination of the same type had by African American and Latinx patients. Explore the implications for any found differences as they relate to perspective taking and acts of automatic unconscious bias by physicians. **Methods:** The responses of 251 practicing physicians surveyed electronically in 2018 about their beliefs regarding healthcare bias towards African Americans and Latinxs were transformed into a mean discriminatory belief score such that a higher score indicated perceptions of greater bias. This score was then compared to scores derived in 2005 from a 1999 survey asking the same questions of 2172 African American and Latinx patients. Physician emails were from New England academic and professional associations, but respondents practiced throughout the United States. **Results:** Physicians were found to have lower discriminatory belief scores than African American and Latinx patients. Discriminatory belief scores were found to be 8.59, 12.4, and 11, respectively. Significant differences in physician scores were found across gender, patient racial distribution, and specialty. **Conclusions:** Physicians do not appear to believe that the healthcare system has bias against African Americans and Latinxs to the same degree that African American and Latinx patients do. This finding suggests a deficit in 'perspective taking': a cognitive tool shown to decrease acts of automatic unconscious bias. If a link between discriminatory belief score, perspective taking, and acts of automatic unconscious bias can be established, these scores may have utility in identifying physicians at risk for perpetuating racial bias within the healthcare system.

Learning objectives:
1. Understand there is a difference in how African Americans and Latinxs perceive the healthcare system and how physicians perceive the healthcare system



2. Discuss the possible implications of this difference - i.e. potential relationship between this difference and acts of automatic unconscious bias
3. Identify a possible means of preventing acts of automatic unconscious bias (perspective taking) to explore further

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Friday, October 16th

11:20am-12:20pm
Misconceptions in Public Health
Carol Kelly (moderator, Pivot Point), Laura Blaisdell, MD, MPH (Public Health Consultant), Jen Gunderman, MPH (University of New England) & John Hagan, (Maine Climate Table)

Learning objectives:
1. Discuss decision making science and cognitive characteristics that challenge us in communication
2. Learn best practices in message development
3. Discuss communication strategies, including being calm, compelling and recognizing fears, using the Vaccine Referendum of 2020, COVID-19 and climate change as examples
4. Compare communication venues, including inside and outside the medical exam room, for lessons that can be applied to public health miscommunication

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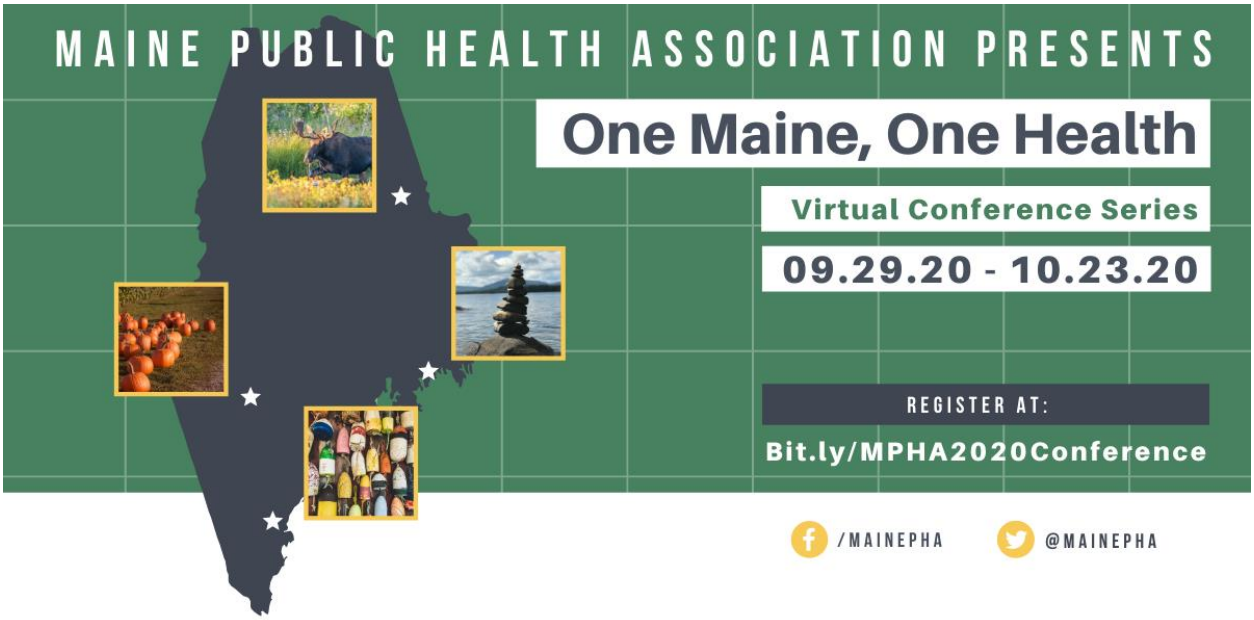

Tuesday, October 20th

9:00am-10:00am
Keynote Address: Crossing Sectors for Public Health: Tackling Tough Questions and Messy Stuff
Lisa Carlson, MPH, MCHES (American Public Health Association)

Learning objectives:
1. Describe the impact of social determinants on public health
2. Plan to engage sectors outside of traditional public health in tackling the larger issues impacting health
3. Explain mental health as an essential part of public health

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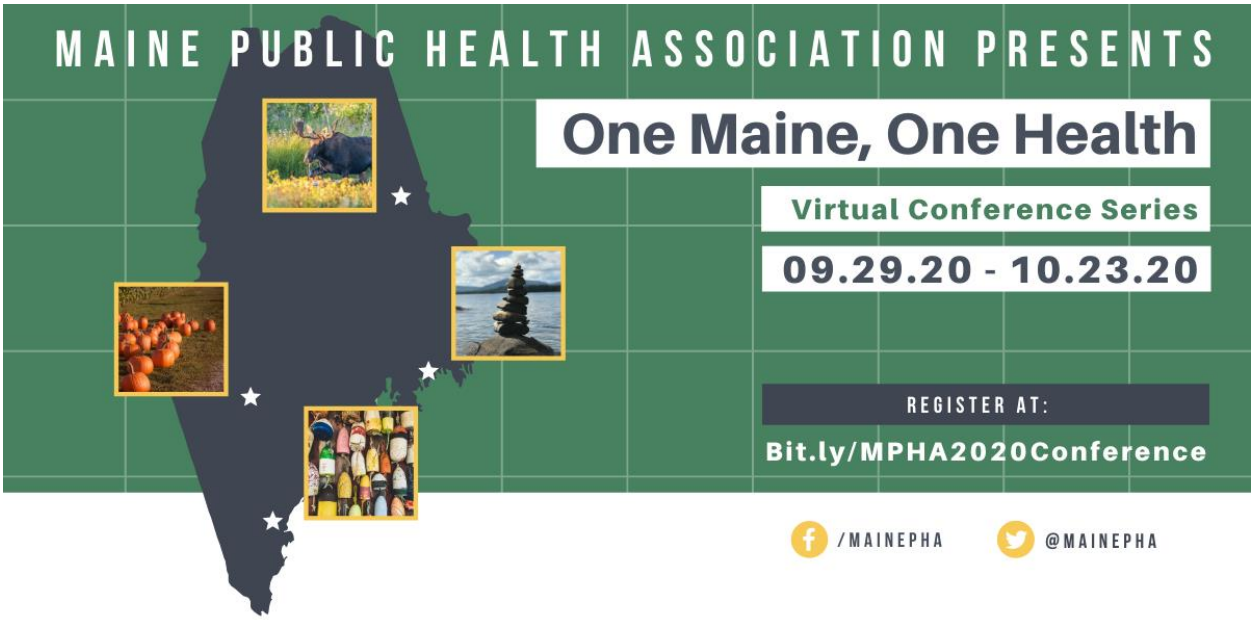
Tuesday, October 20th

10:10am-10:40am
Telehealth 101: Key Concepts and Resources
Danielle Louder (MCD Public Health)

Learning objectives:
1. Learn about the HRSA Northeast Telehealth Resource Center (NETRC) and resources it has to offer regional stakeholders for telehealth planning and implementation
2. Understand key concepts and terminology of telehealth
3. Identify common and innovative telehealth use cases



Tuesday, October 20th

10:40am-11:10am
Telehealth: Opportunities to Increase Rural Health Access post-COVID
Kim Fox, MPA (University of Southern Maine)

Learning objectives:
1. Understand rural health access issues and how telehealth has been used to address them
2. Learn about existing barriers to broader rural telehealth adoption
3. Learn about changes to telehealth policies during COVID and opportunities to support broader rural health access

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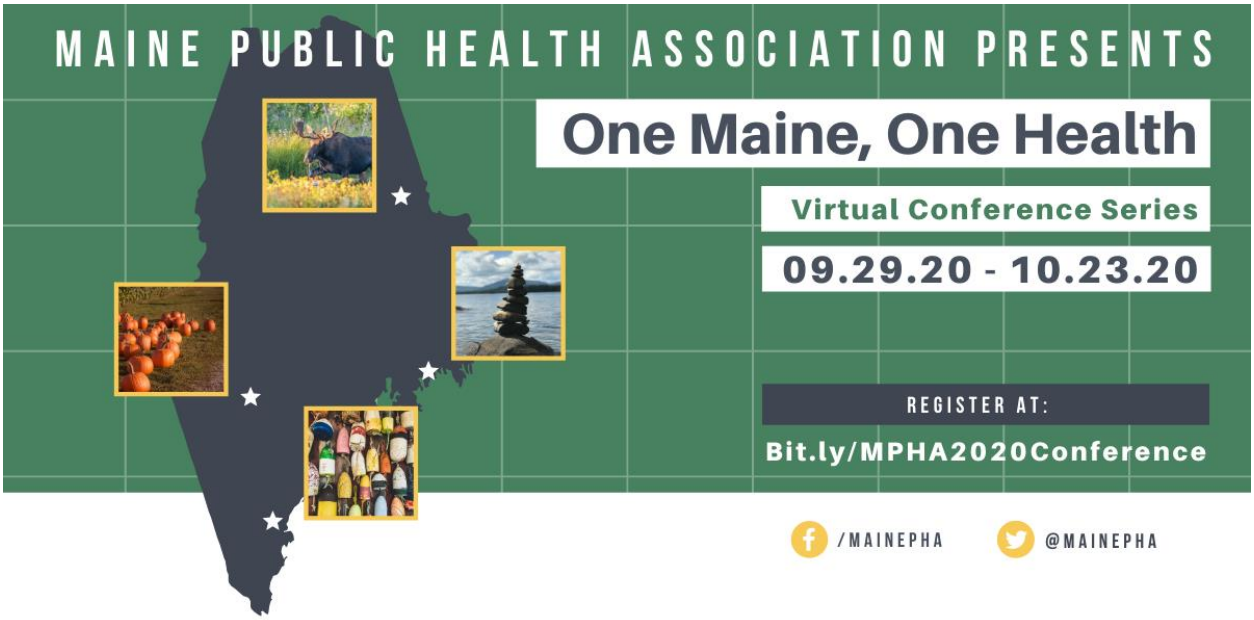
Tuesday, October 20th

11:20am-11:50am
Leveraging Technology to Address Social Determinants of Health
Malindi Thompson, MPH (Maine Medical Partners) & Deb McGill, BSN-RN (Maine Medical Partners)

BACKGROUND – Maine Medical Partners (MMP) is leading efforts around social determinants of health (SDOH) by launching a new resource-sharing platform called "MaineHealth Community Resources, powered by Aunt Bertha", to better connect patients with local community programs and supports. This presentation describes MMP's efforts to leverage technology both before and after the COVID pandemic, involving stakeholders from across the MaineHealth system as well as community partners. A pilot between Maine Med's Pediatric Clinic and the Jewish Community Alliance (JCA) Diaper Bank beginning in December 2019 exemplifies this work. Additional collaborators on the MaineHealth Community Resources project include the MaineHealth Patient Assistance Line and 211. **RESULTS** – The diaper bank pilot resulted in 12 closed-loop referrals (i.e., referred patients were contacted), a 52% rate, in the first month of launch and has shown a pattern of consistent usage, tracked by the platform's analytics. Previous to the pilot, there existed no reportable documentation of connections made to community programs in the electronic health record system. We established a new workflow for providers to submit referrals to community-based organizations



and document the outcome of the referral. The pilot's workgroup identified several methods to improve the quality of this work. Additionally, because of maintaining good relationships, ongoing engagement between Maine Med and JCA have continued through the COVID crisis to present day. **NEXT STEPS** – MMP Population Health staff are discussing recommendations for continuing to serve our most vulnerable populations. By tracking connections made to community resources we can identify what our patients' most common social and economic needs are. Other benefits of the MaineHealth Community Resources platform include the ability to systemically maintain information about available resources and educate patients in multiple languages. Our ability to successfully evolve projects around the SDOH needs of our patients will depend on a willingness to utilize data and technology.

Learning objectives:
1. List three benefits to using an online community resource sharing platform
2. Describe two components of successful engagement with community-based organizations to utilize shared-technology

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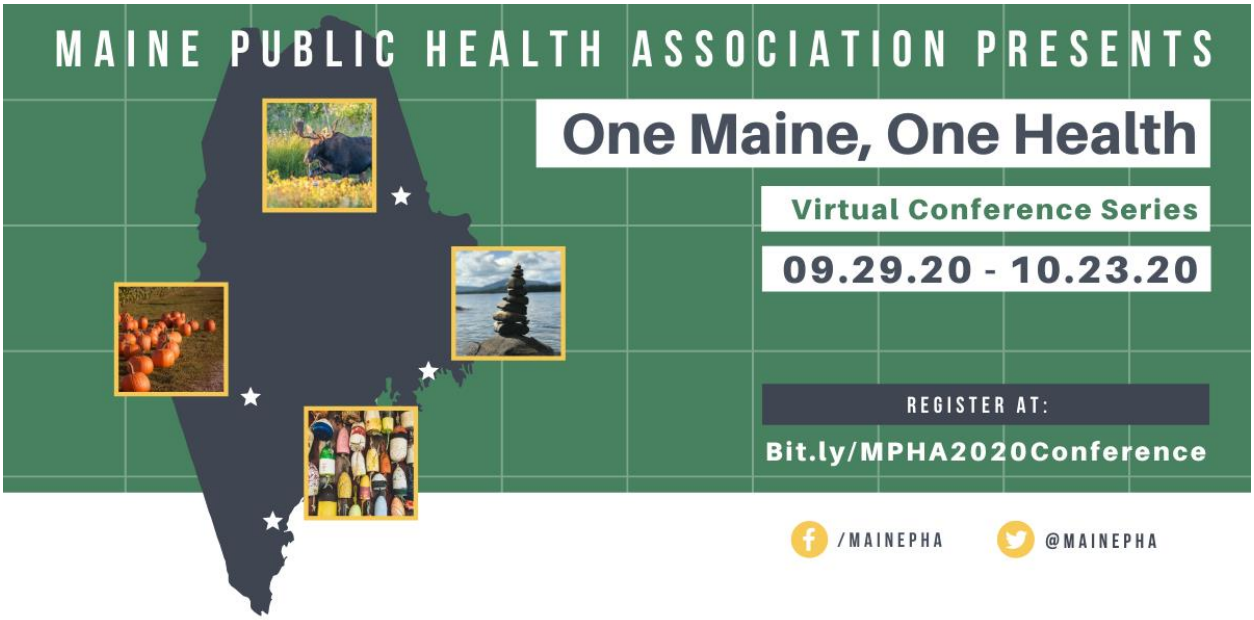
Tuesday, October 20th

11:50am-12:20pm
Aunt Bertha Community Connections: Enhancing Connections Between Healthcare and Community
Lisbeth Wierda, MPH (Maine Medical Center Center for Outcomes Research and Evaluation) & Brendan Schauffler (Oxford County Wellness Collaborative)

Background: The Aunt Bertha Community Connections (ABCC) program was launched in summer 2020 to engage high school, college, and medical students in the enhancement of a directory of community resources in a county in rural Maine. The information gathered by students will be included in Aunt Bertha, a community asset directory integrated into the electronic health record of the local health system to connect patients to resources in their community. While creating this community resource inventory, students learn about social determinants of health (SDOH) impacting rural communities. Students will also learn about educational and career paths by implementing a tiered mentoring system of medical students, college students and high school students. The aim of this mentorship is to encourage students to enter into health-related careers.This model is based on the MAPSCorps© model and has been adapted to meet the needs of a rural community and



health system in Maine. **Methods:** The high school and college students are working with community- based organizations to provide training on how to claim and maintain their listing in the Aunt Bertha platform. They are also identifying gaps in assets not included in the directory. At the same time, the medical student is working with the local medical practice to create and implement a workflow, which will ultimately strengthen the referral process from primary care providers to these community assets. **Results/ Conclusion:** ABCC is in progress and will be completed in August 2020. We anticipate an increase in the number of community assets included in the resource directory and the number referrals to those assets, as well as an increase in the number of assets who have claimed their account in the region. This intensive summer program will enhance an existing community asset directory to match the needs of the population that it is meant to serve, in addition to creating effective communication with the local healthcare system for patients who screen positive for SDOH needs.

Learning objectives:
1. Describe how SDOH can be addressed through referrals to, and use of, assets within a community.
2. Understand strategies to enhance a community asset directory to be more relevant to local users.
3. Evaluating the effectiveness of inter-professional collaboration to address SDOH.

Tuesday, October 20th

4:00pm-4:45pm
Plenary: Gordon Smith, JD, Governor's Office of Policy Innovation and the Future
Advancing Medication Assisted Treatment (MAT) and Other Responses to the Maine Opioid Epidemic

Learning objectives:
1. Attendees will become aware of the major elements of the State's Opioid Response Strategic Action Plan
2. Attendees will learn of the role that MAT plays in responding to the opioid epidemic

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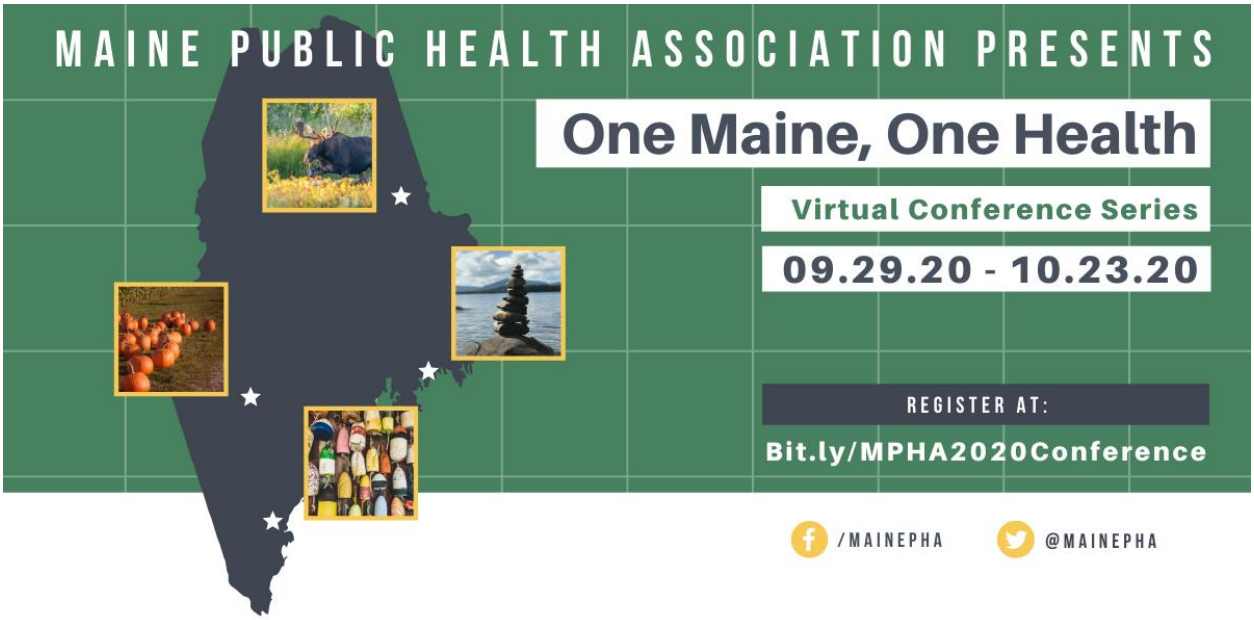


Tuesday, October 20th

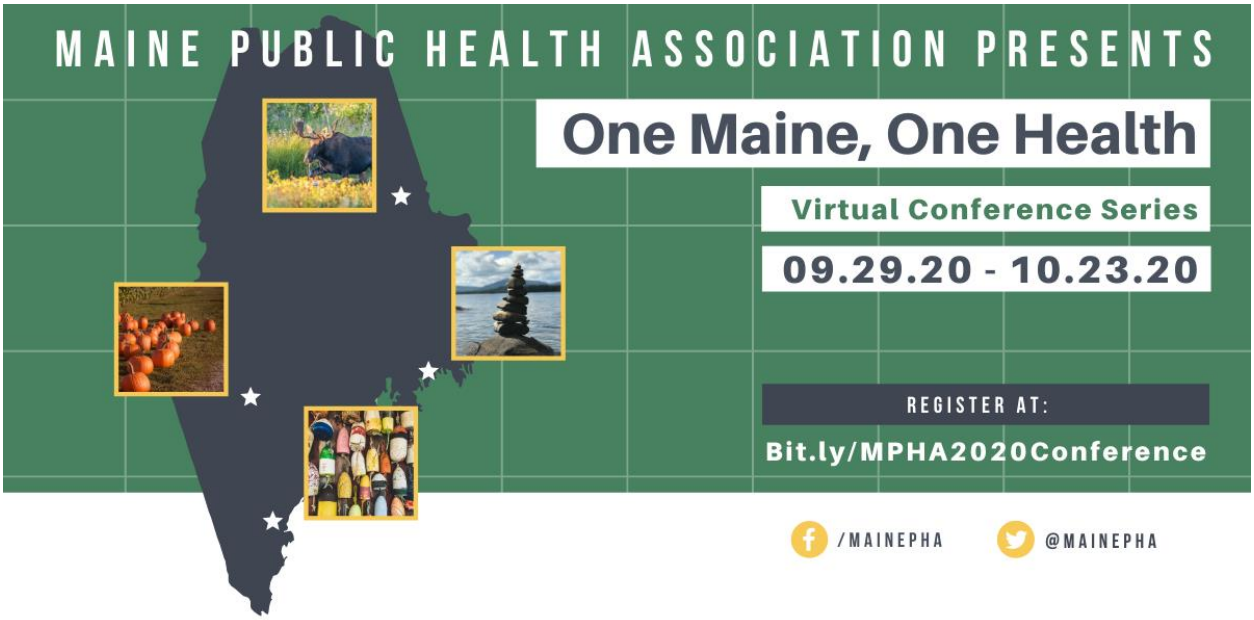
4:45pm-5:30pm
The Opiate Response: Treatment and Recovery Opportunities in Northern Maine
Erika Arguello (Cary Medical Center), Chief Michael Gahagan (Caribou Police Department), & Gordon Smith, JD (Governor's Office of Policy Innovation and the Future)

Learning objectives:
1. Participants will identify opportunities and strategies to educate law enforcement on substance use disorder and reduction of stigma and bias
2. Participants will understand the value of Peer Support Services in addressing the Opioid Use Crisis and the importance of having a recovery ready community and what that looks like for a local, rural community.
3. Participants will understand how to reduce stigma and improve access to treatment and recovery support services for Opioid Use Disorder in rural Maine to enable individuals to achieve long term recovery.

Wednesday, October 21st

12:00pm-1:00pm
Striving for Equity in Health Literacy and the Impact on Social Determinants of Health
Kayla Sargent, MPH (MaineHealth) & Jessica Begley, MPH (MaineHealth)

The purpose of this presentation is to educate participants on the effects of health literacy on health outcomes and its relation to Social Determinants of Health (SDOH). We will illustrate the approaches MaineHealth is taking to address limited health literacy using interactive strategies to provide participants with opportunities for hands-on learning experiences. Participants will leave with an increased knowledge of, and skills in, health literacy principles. Health literacy is a term used to describe an individual's ability to read, communicate, understand and use health information to care for themselves and manage their health conditions. Many factors contribute to health literacy levels, including social determinants, such as poverty level, education, ethnicity, primary language, and age. Health literacy and SDOH are strongly correlated, and the vast majority of US adults experience challenges. In fact, only 12% of adults in the United States have proficient health literacy skills. One approach to addressing SDOH is by increasing the ability of the public to



understand, recognize and act on health inequities in their community. Health literacy is a key skill needed for individuals to advocate for improving SDOH. Therefore, improving health literacy is an important element to reduce health inequity by increasing awareness and understanding of SDOH. Health literacy is not limited to individuals' ability to read, understand, and act on health information, but also the ability of professionals to communicate health-related information effectively. As healthcare providers, it is our responsibility to address the needs of our patients and improve their ability to manage their health. As public health professionals, it is our responsibility to deliver information about SDOH to community members in a health literate manner so that they can be empowered by that information. This means educating healthcare professionals on the impact of health literacy and tools for implementing universal health literacy precautions.

Learning objectives:
1. Participants will be able to describe the impact of limited health literacy skills on healthcare, health behavior, and SDOH.
2. Participants will be able to implement evidence-based methods to communicate effectively in written materials, utilizing universal precautions for health literacy.
3. Participants will be able to practice evidence-based methods for effectively communicating health information verbally using strategies that ensure understanding.

Wednesday, October 21st

1:10pm-2:10pm
Public Health Competencies: A View from the Field
Chris Lyman, MSW & Al May, MPH (Maine CDC)

Learning objectives:
1. Participants will receive an overview of public health competencies
2. Participants will learn public health competencies in relation to public health accreditation
3. Participants will learn public health competencies in relation to essential public health services
4. Participants will learn about workforce development and public health

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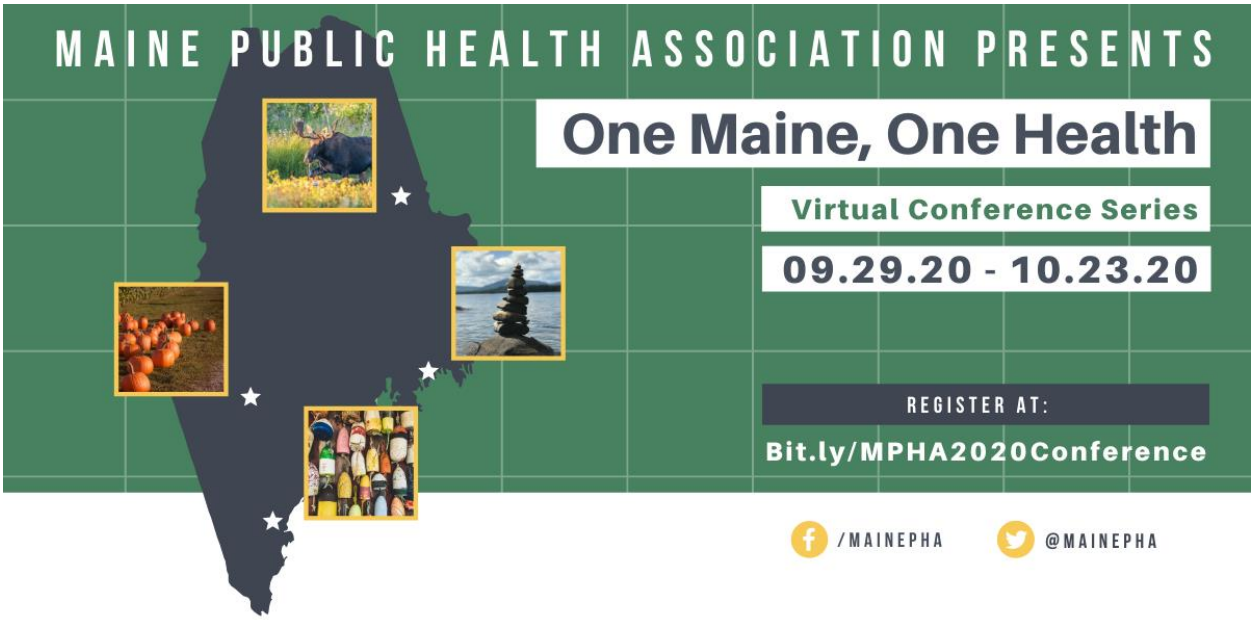

Wednesday, October 21st

2:20pm-3:20pm
Medical Screenings and Community Response
Carl Costanzi (moderator, Western Maine Health) , Steve DiGiovanni, MD (Maine Medical Partners), Clay Graybeal, Ph.D., MSW (University of New England), Andrea Richards, MPH (Healthy Community Coalition) & Laura Vinal (Good Shepherd Food Bank)

Learning objectives:
1. Participants will learn how to utilize and integrate four adversity screening tools into primary care practices serving children
2. Participants will have a basic understanding of screening tools for alcohol and substance use and how to access resources to help with integrating them into clinical settings
3. Participants will learn about community-based services addressing food insecurity and how to connect food insecure patients to nutritious food
4. Participants will learn about the role of community partnerships involved in connecting positive food insecurity screens to resources

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Thursday, October 22nd

11:00am-11:30am
Marijuana Prevention
Rob Rogers, LADC, LSW, PS-C (Kennebec Behavioral Health)

Learning objectives:
1. Participants will gain an understanding of primary prevention
2. Participants will learn at least three strategies to prevent marijuana use

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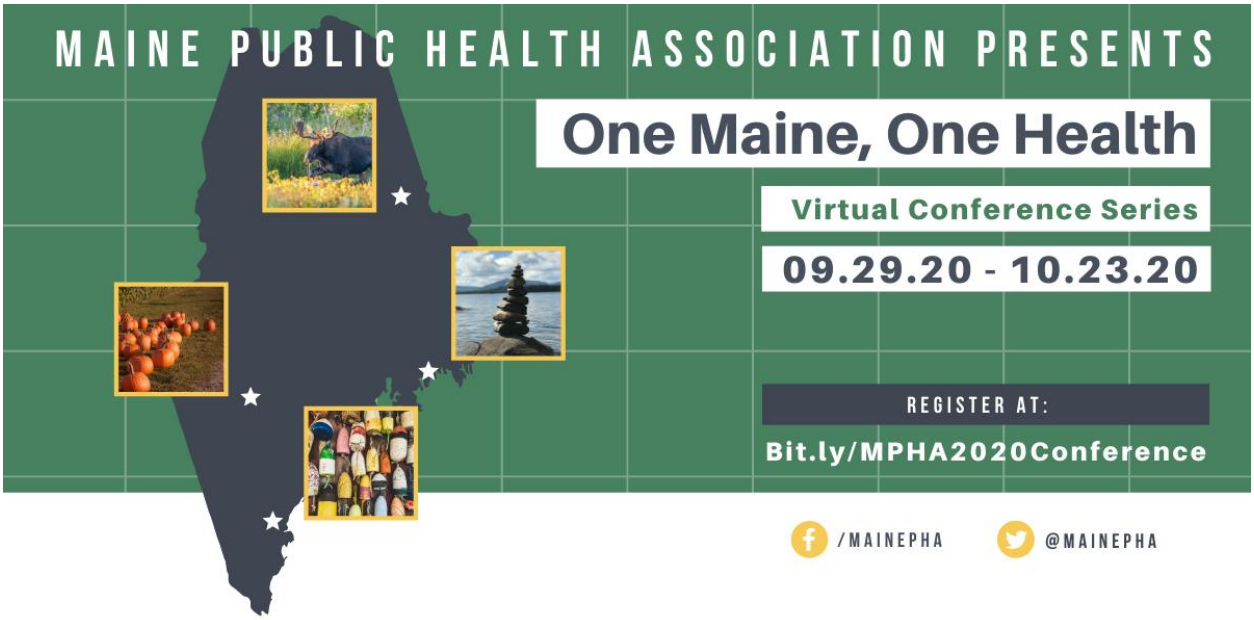

Thursday, October 22nd

11:30am-12:00pm
Retail Marijuana and Public Health
David Heidrich (Maine CDC)

Thursday, October 22nd

12:10pm-1:10pm
"Memes and Quarantinis" Alcohol Prevention in the Era of COVID-19
Robin Carr, PS-C (Bangor Public Health and Community Services) & Jenna Godo, MS, PS-C (MidCoast Hospital)

Learning objectives:
1. Describe two evidence based strategies for prevention of alcohol use disorder and/or related problems among youth and adults
2. Identify at least two current barriers to alcohol prevention in Maine
3. Identify at least two opportunities to strengthen alcohol prevention in Maine, in the face of a pandemic

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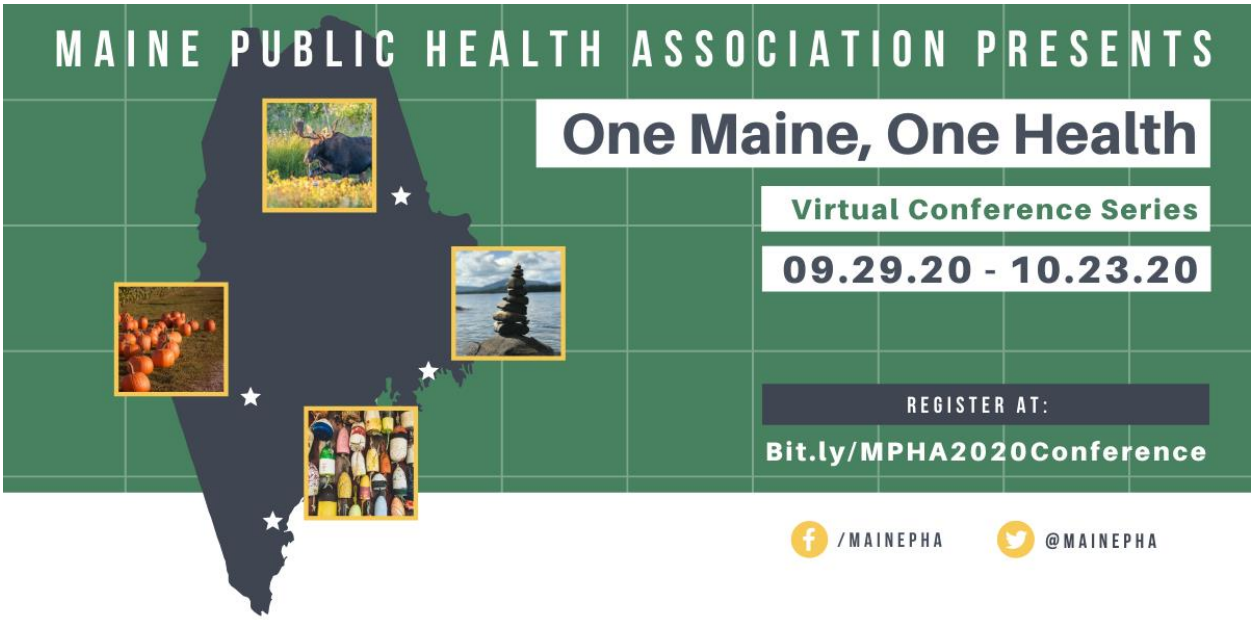

Thursday, October 22nd

1:20pm-2:20pm
Vaping in Maine
Barbara Ginley, MPH (MaineHealth Center for Tobacco Independence) Victoria Hynes LCSW (MaineHealth Center for Tobacco Independence) & Sarah Rines (MaineHealth Center for Tobacco Independence)

Learning objectives:
1. Identify how vaping use patterns belie the benefits marketed by big tobacco and what primary prevention efforts are underway to protect Maine's young people
2. Understand the current marketing strategies implemented in Maine to connect individuals to treatment resources and to raise awareness of the harms associated with ENDS/vaping Understand what vaping specific treatment resources exist via the Maine QuitLink

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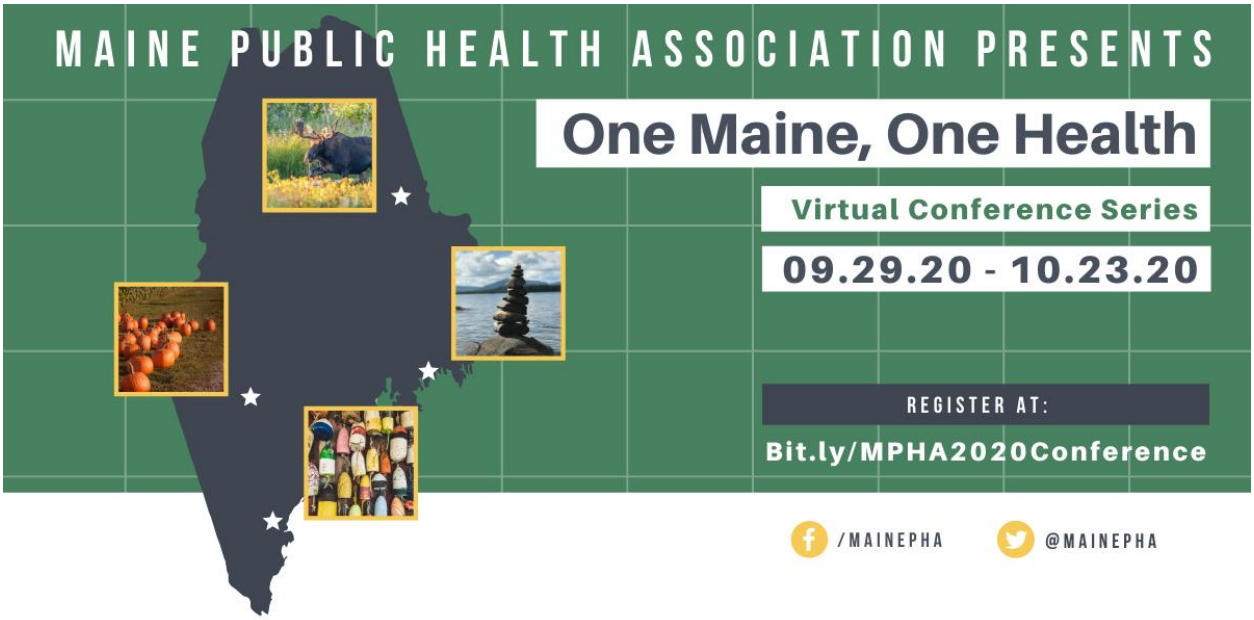
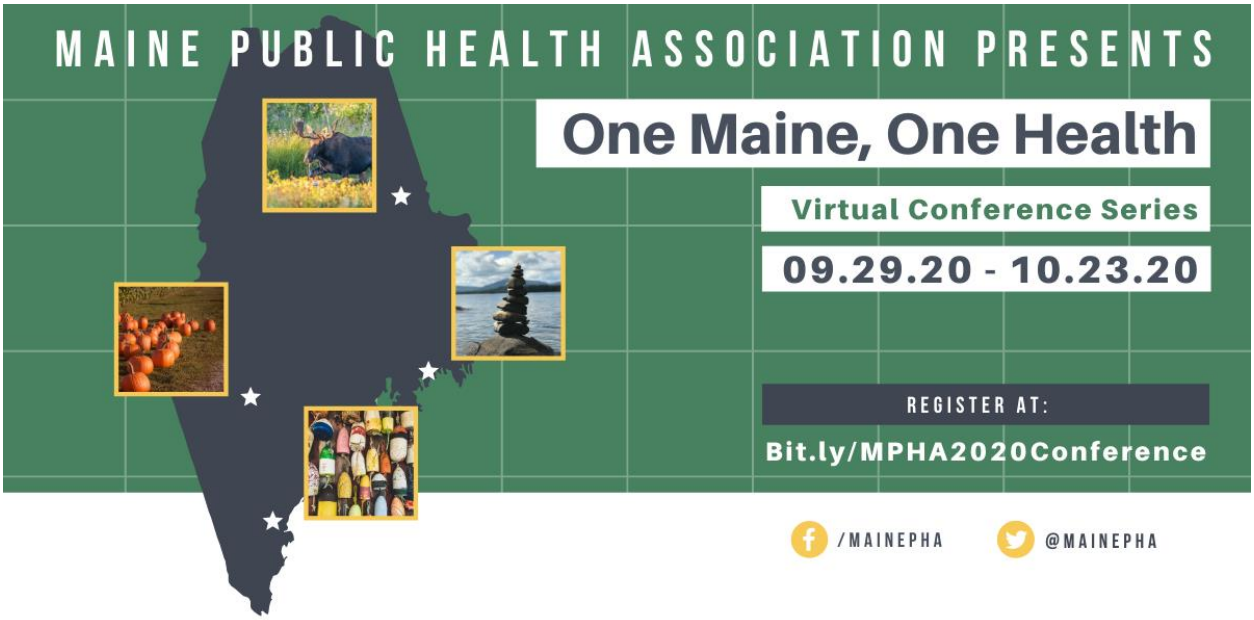


Thursday, October 22nd

2:30pm-3:30pm
Creating Maine's First Tobacco-Free Main Streets: Policy Development and Implementation Considerations
Mary Caron, MPH (Healthy Androscoggin), Melissa Fochesato, PS-C (MidCoast Hospital) & Andrea Saniuk-Gove, PS-C (MidCoast Hospital)

Commercial tobacco use is a long-standing and significant public health problem facing Maine and our nation. As the leading cause of preventable death and disease in Maine and the U.S, this is a problem that we need to continue to face head on, especially given the advent of the youth e-cigarette epidemic. Commercial tobacco prevention work has long used policy to create environmental changes to limit exposure to secondhand smoke and prevent youth initiation of commercial tobacco use, although these policy solutions did not include tobacco-free downtown areas in Maine until now. In 2019, both Brunswick and Lewiston, aided by their local District Tobacco Prevention Partners, adopted tobacco-free ordinances covering their respective "Main Streets", the first of their kind in Maine. These two towns took unique approaches to this innovative policy work and provide two models for approaching and implementing a Tobacco-Free Main Street ordinance. Key strategies involved promoting a family-friendly place to visit, reducing litter, and creating "business-friendly" downtown opportunities, which tapped a variety of stakeholders including town officials, law enforcement, community members, the media, and business owners. These ordinances successfully built on existing commercial tobacco prevention movements and are actively being promoted in their communities to create healthy, thriving downtowns where the norm is "tobacco-free." These policies become a reality show that a tobacco-free downtown area is possible in Maine and has the potential to garner widespread support.

Learning objectives:
1. Describe two strategies to utilize in working with municipalities on adopting a "Tobacco-Free Main Street" ordinance.
2. Describe two strategies to utilize in supporting implementation of a "Tobacco-Free Main Street" ordinance.
3. Identify three key stakeholders who could support them in the development of a "Tobacco-Free Main Street" ordinance.

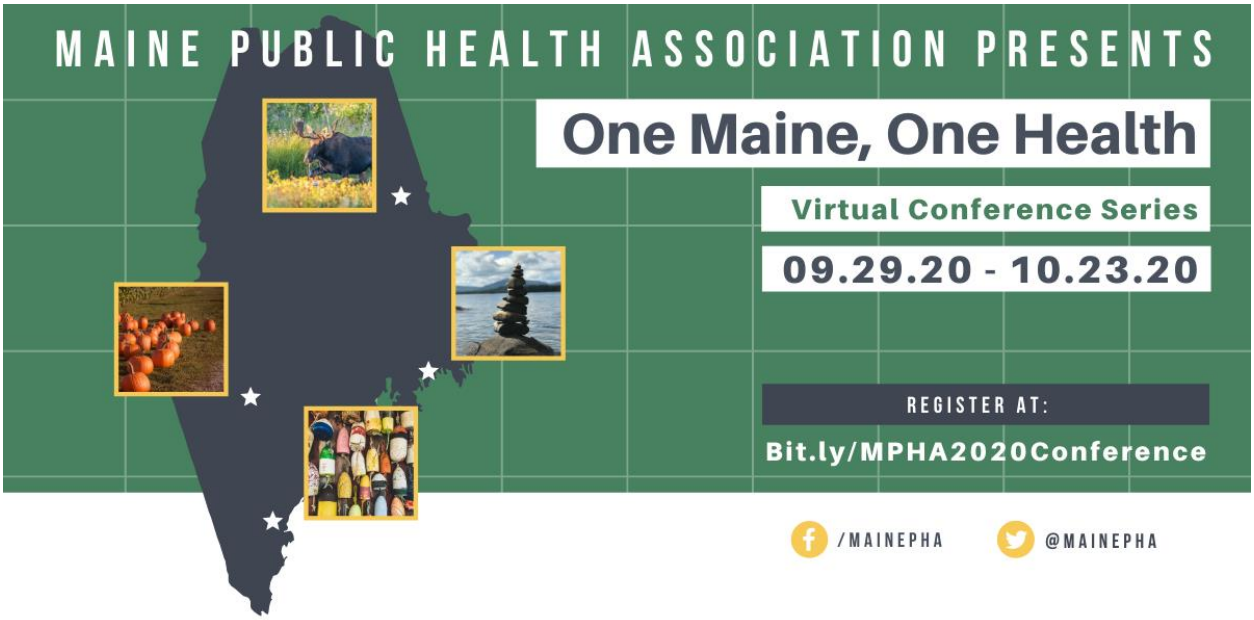


Friday, October 23rd

9:00am-9:30am
From Polling to "Protect Maine's Children": Science, Strategy, Success
Deb Deatrick, MPH (Public Health Consultant) & Caitlin Gilmet (Non-Profit Consultant)

This presentation will focus on an in-depth analysis of Maine Families for Vaccines' (MFV) path to a 73% majority win in a contentious statewide referendum in March, 2020, how the results of early polling were used to determine strategy for engagement and messaging that proved to be highly effective and the steps MFV took to launch, fund, and sustain a winning political campaign at a time when distrust for science and medicine is peaking. Polling rationale, strategy and results, use of previous election outcomes to predict possible voter behaviors, development of targeted messaging and recruitment of a broad base of 60+ influential supportive organizations will be highlighted. Lessons learned from the strategy behind the campaign's robust, multi-channel communications plan, which centered on one simple message ("Protect Maine's Children"), designed to elevate faith in providers and experts and supplant false claims about ties to the pharmaceutical industry, will be discussed with participants. The session will be relevant to anyone working on public health messaging related to COVID-19, vaccine hesitancy, countering misinformation, creating messaging for political organizing or advocacy, or in promoting behaviors or actions that accrue to the public good. Maine Families for Vaccines was founded in 2019 by a few volunteer parents concerned about increasing rates of vaccine refusal and corresponding rates of preventable infectious disease. When LD 798: An Act to Protect Maine Children and Students from Preventable Diseases by Repealing Certain Exemptions from the Laws Governing Immunization Requirements was introduced to the Maine State legislature, MFV organized parents, experts, and providers in support of repealing religious and philosophical exemptions to Maine's school-required vaccine laws. LD 798 was signed into law, but anti-vaccine activists were successful in bringing the question of a veto to the ballot.

Learning objectives:
1. Identify the key steps in a successful education and advocacy campaign focused on countering the detrimental effects of misinformation to public opinion.
2. Recognize opportunities to use research and data to determine messages and communication channels in my own work to communicate about public health and counter misinformation.

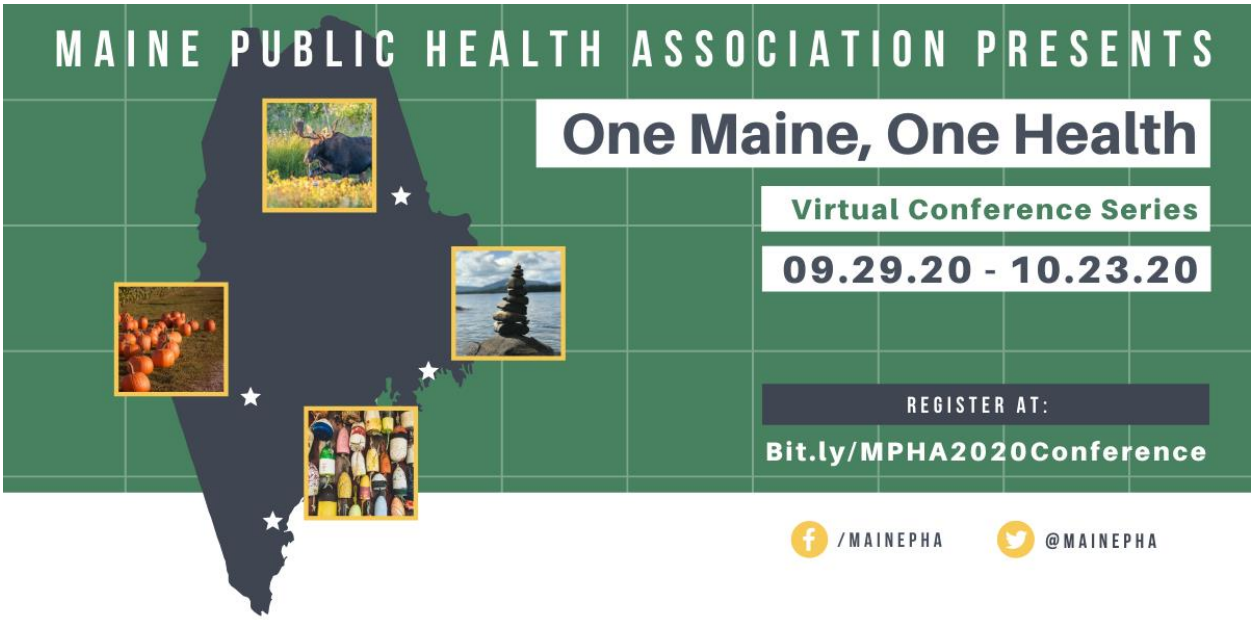


Friday, October 23rd

9:30am-10:00am
Applying the Virtual Dental Home Model to Maine Head Start Programs
Kailee Williams, DDM (University of New England) & Becca Matusovich (Partnership for Children's Oral Health)

According to the "Oral Health in Maine" report released by the Maine Center for Disease Control and Prevention, by kindergarten 22% of children had treated or untreated Caries (tooth decay) and by 3rd grade the rate was up to 33%, with about half untreated at the time of screening. This number is concerning, not just because caries are preventable, but additionally it is known that the earlier children develop caries, the more likely they are to suffer from additional dental pain and infection throughout their childhood. The American Academy of Pediatric Dentistry recommends that all children have a dental home to receive recommended preventive services and establish a dental hygiene routine with the child and their caregivers. Often those who have the least access to a true dental home are the patients and families who face barriers due to the type of coverage they have because only a small percentage of Maine dentists accept MaineCare. When care is accessed on an emergent basis vs as a true dental home, patients and families tend to focus on solving problems when they cause pain or infection and often go without routine preventive care. Addressing this issue at the community level and establishing a dental home for all young children is crucial to engaging and empowering caregivers in a way that allows for effective management of this chronic disease. Any intervention employed must be family-centered, able to engage both the patient and the caregiver and reinforce positive behaviors. The Virtual Dental Home Model and the use of an Oral Health Management Plan, in collaboration with early childhood, school, and primary care settings, are designed to reconnect patients, caregivers, and dental providers in the state. These models address inequities of access and make the tools of prevention available for all children in Maine.

Learning objectives:
1. Identify and discuss the attitudes, environment, and additional social determinants that contribute to poor oral health outcomes for Maine Children
2. Compare traditional dental delivery models with innovative community models, such as the Virtual Dental Home



Friday, October 23rd

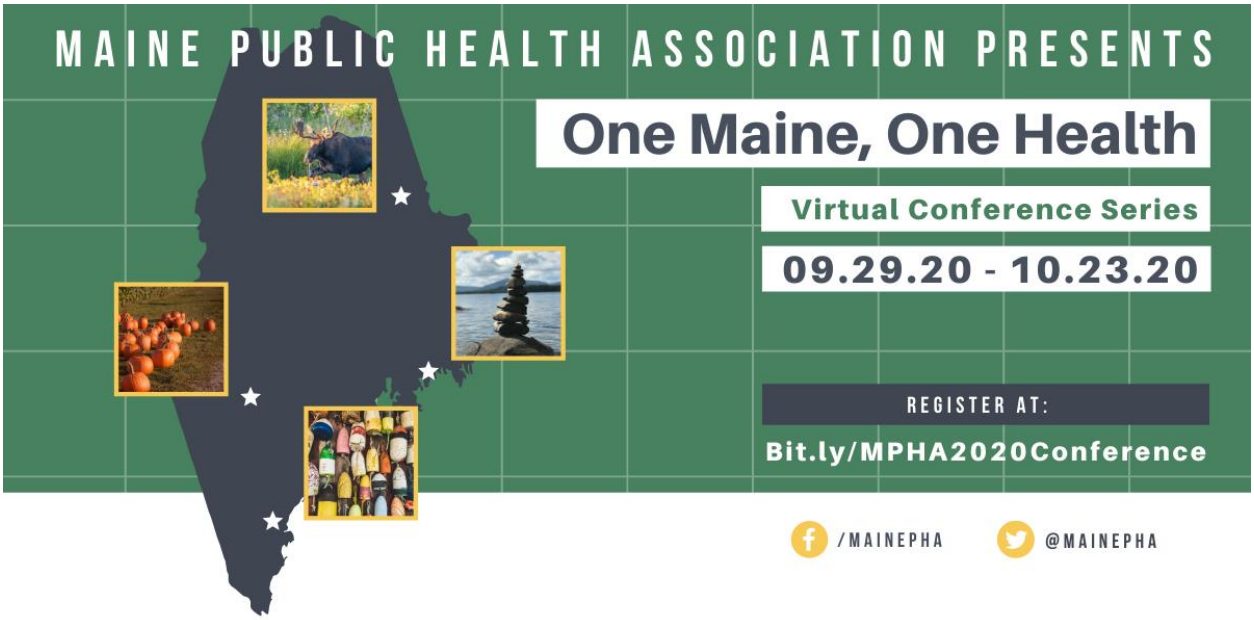
10:10am-11:10am
COVID 19 and Resettled Refugees and Immigrants in Maine
Inza Ouattara, EdD, MPPM, LSW (Catholic Charities of Maine)

Data suggested that people of color have been disproportionately impacted by the COVID 19 pandemic in the U.S. Further data suggests that Maine ranked highest in the disproportionate impact of COVID 19 among people of color. As of September 29, 2020, over 30% of nonwhite Mainers were impacted by the virus, whereas they account for only 5% of the total population. Resettled refugees in Maine account for a significant portion of the Maine's minority population. This presentation will shed some light on how this set of the Maine population is being impacted by the pandemic and how some efforts are being made to mitigate the COVID 19 disproportionate impact.

Learning objectives:
1. The audience will understand the makeup of the refugees and immigrants' population in Maine in terms of Countries of origin, immigration status, and numbers.
2. The audience will learn about the refugees and immigrants' professional profile.
3. The audience will learn about some challenges faced by refugees in their integration journey and healthcare access in the context of COVID 19.
4. The audience will learn about how refugees in Maine have been impacted by the COVID 19 Pandemic and how OMRS and RIS provided supports to impacted families.

Friday, October 23rd

11:20am-11:50am
Closing Ceremony

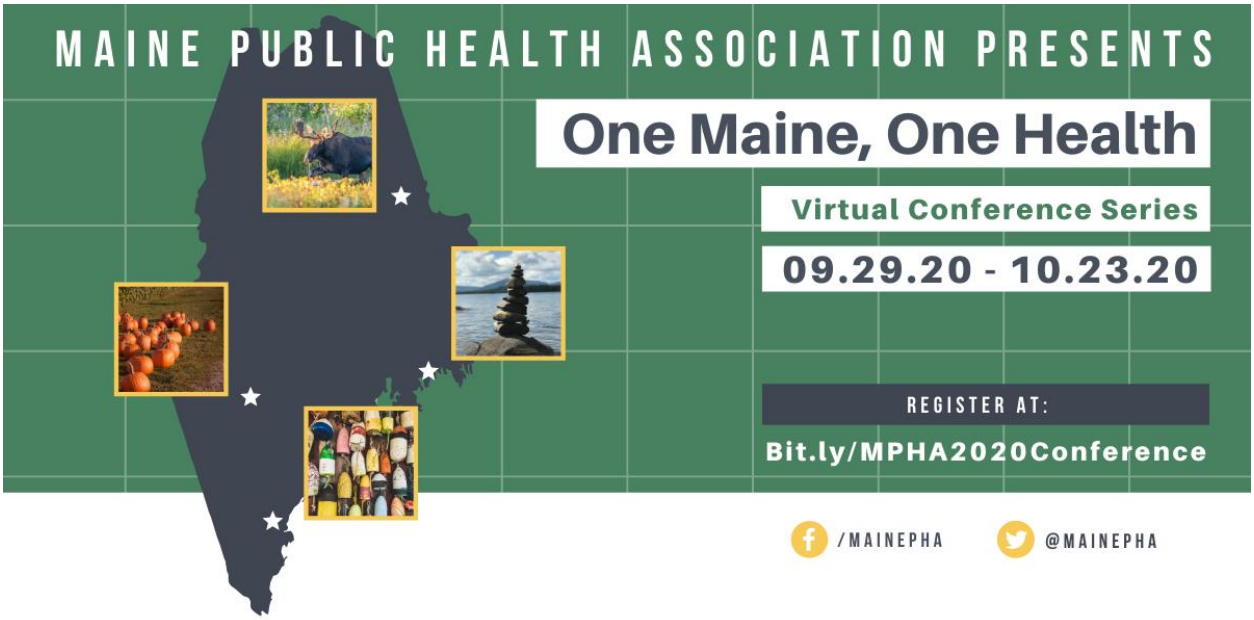


Poster Presentations
Reception: October 7th from 4:00pm to 5:30pm

Health Communication Strategies for Promoting COVID-19 Risk-Reducing Behaviors: Preliminary Results from a Social Media Campaign

Liz Scharnetzki, Ph.D. (Maine Medical Center Center for Outcomes Research and Evaluation), Nikki Jarvais (Rinck Advertising), Elizabeth Rintz (Rinck Advertising), Leo Waterston (Maine Medical Center Center for Outcomes Research and Evaluation), David Pied (Maine Center for Disease Control and Prevention), and Paul Han, MD, MA, MPH (Maine Medical Center Center for Outcomes Research and Evaluation)

Background: Controlling the COVID-19 pandemic requires effective public health communication strategies that can promote risk-reducing behaviors in spite of scientific uncertainties about their effectiveness. The current project developed different theory-based communication strategies and used a social media-based factorial experiment to test their effectiveness in generating public interest in these behaviors. **Methods:** We conducted a social media campaign (Facebook/Instagram) targeting Maine residents. We developed messages about six recommended COVID-19 risk-reducing behaviors (e.g., wearing a mask, knowing COVID-19 symptoms), paired with one of four theory-based framing strategies: 1) Values-affirmation, designed to affirm societal values; 2) Destigmatizing, designed to decrease scapegoating; 3) Uncertainty-normalizing, designed to normalize scientific uncertainty; and 4) Optimism, designed to communicate hope. Messages contained one of 2 types of call-to-action (CTA) depending on the behavior: 1) clicking through to a website for more information (e.g., “Learn more”), or 2) pledging to engage in a risk-reducing behavior (e.g., "Pledge to Always Wear a Mask"). **Results:** The campaign reached >119,000 unique Mainers and generated 8,639 total website clicks and 433 behavioral pledges, yielding a click-through rate (CTR) of 3.85% (exceeding the 0.90% industry benchmark). Message engagement differed by CTA type, message content, and framing strategy. For messages aimed at the CTA of learning more, symptom awareness generated the most public interest, accounting for 98.5% of all link clicks. For messages aimed at a behavioral pledge, mask-wearing generated the most interest (61% of all pledges), while keeping a safe distance accounted for only 6%. Overall, the destigmatizing framing strategy generated more link clicks (48%) than any other strategy, while the destigmatizing and uncertainty-normalizing strategies generated the most behavioral pledges (31% each). **Conclusions:** Message framing strategies differ in effectiveness in promoting public engagement with information about COVID-19 risk-reducing behaviors. Strategies that address uncertainty and stigma appear to be most effective, and warrant further investigation.

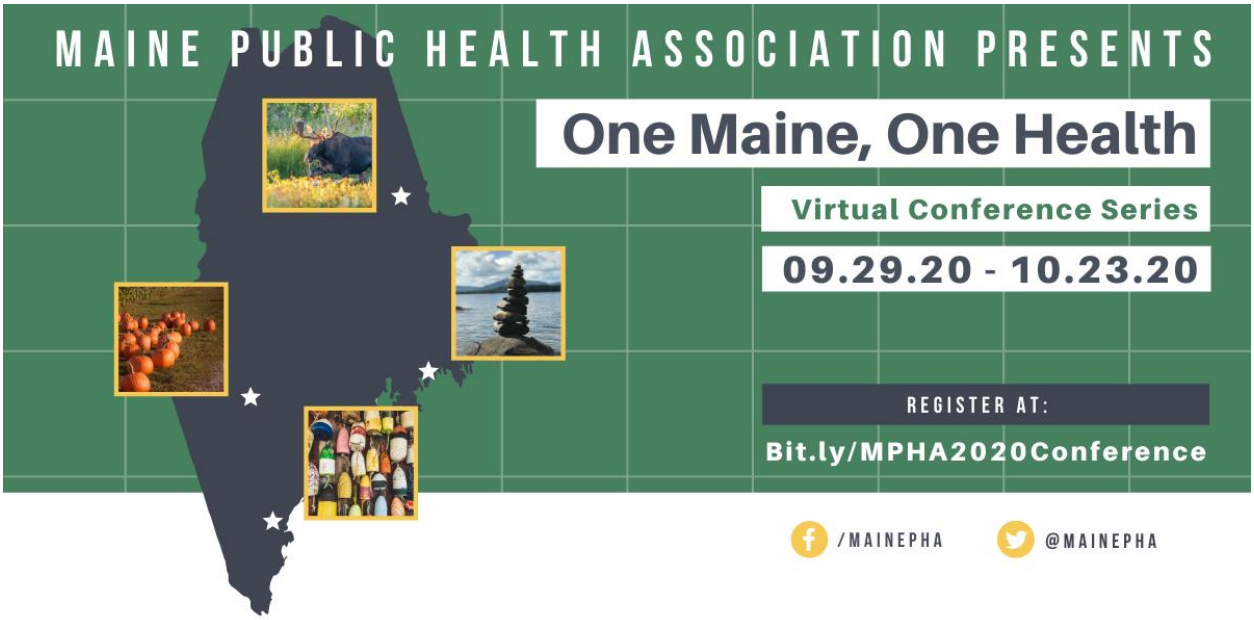


Learning objectives:
1. Examine how different theory-based health communication strategies affect the reach and engagement of a public education social media campaign on COVID-19.
2. Examine how different theory-based health communication strategies affect individuals' motivation to engage in COVID-19 risk-reducing behaviors.

An Evaluation of Genomic Tumor Boards in a Telementoring Format for Patients Enrolled in the Maine Cancer Genomics Initiative Study

Annie Schulman (Colby College), Michelle Chao (Colby College), Jennifer Bourne, MS (Jackson Laboratories), Petra Helbig, CCRP (Jackson Laboratories), Lory Guerrette (Jackson Laboratories) and Jens Reuter, MD (Jackson Laboratories)

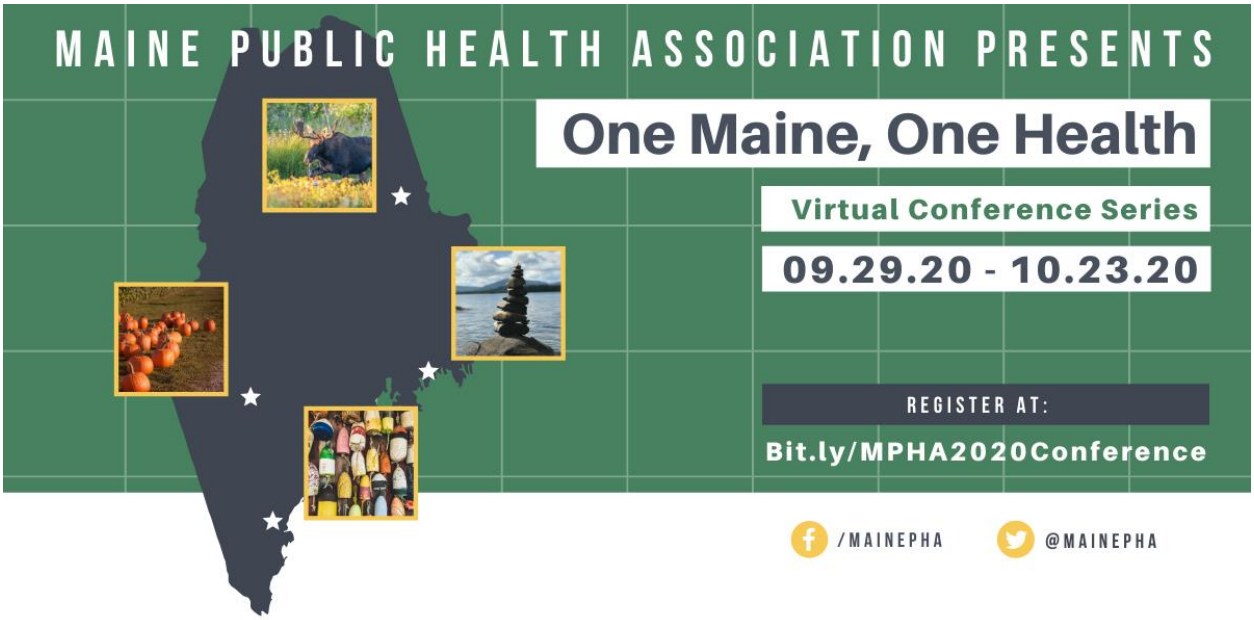
Background: The Maine Cancer Genomics Initiative (MCGI) is a statewide collaboration between JAX and Maine oncology practices, which aims to provide cancer patients with access to personalized oncology treatments based on genomic tumor testing (GTT). Cancer patient cases are discussed by oncologists and experts in the field at genomic tumor boards (GTBs), which provide education and treatment decision support. In response to COVID-19, MCGI transitioned to a fully remote telementoring format for GTB sessions and continues to see high physician participation and clinical utility. **Method:** Patient treatment data from RedCap Cloud and GTT results were investigated to assess the therapeutic influence of GTBs. Data logs from March 16th to June 16th, 2020 were used to evaluate the number of remote GTB sessions and patient cases presented. This was compared to in-person GTB data of the same time frame in 2019. **Results:** Out of 1,478 patients enrolled in the MCGI study, 415 (28%) patient cases have been discussed at GTB sessions. Of patients in the MCGI study discussed at GTBs, 13% are put on a targeted therapy, compared to 7% of patients who were not discussed at GTBs ($p<0.01$). MCGI has held 22 GTBs since the transition to a telementoring format, in which 60 patient cases were discussed. This is comparable to 13 in-person GTBs held within the same time period in 2019, in which 48 cases were presented. **Conclusion:** This preliminary analysis suggests no anticipated change to the clinical utility of GTBs following transition to a remote telementoring format. GTBs continue to enhance clinical care by delivering quality education and treatment decision support to oncology practices. Alongside GTT, virtual GTBs provide cancer patients across Maine increased access to personalized, genome-informed treatment plans.



Learning objectives:
1. Discuss the therapeutic benefit of GTBs in clinical decision-making
2. Assess the utility of a telementoring GTB model

Rapid Response of a Free Clinic to the COVID-19 Pandemic
Leslie Nicoll, RN, Ph.D. (Portland Community Free Clinic), Cole Fairfield (Portland Community Free Clinic), Robert Barrett, RN (Portland Community Free Clinic) & Kathleen Fairfield, MD, MPH, DrPH (Portland Community Free Clinic)

Background: The Portland Community Free Clinic (PCFC) provides care to uninsured adults in Greater Portland. The Covid-19 pandemic is particularly burdensome for the uninsured, many of whom are low-income and work in service industries. The PCFC typically provides in-person care Monday-Thursday, with public health nurse telephone support throughout the week for refills and triage. Faced with the pandemic, staff established protocols for screening our volunteers for symptoms prior to shifts, and had to decrease the volume of in-person visits for several months. We describe our experience with care delivery during this period. **Results:** Prior to the pandemic, all patients were seen onsite at 103 India Street. We observe that many patients are now reluctant to come for care, and have missed appointments where chronic disease management would have been performed. However, during the reopening, issues around patient and staff safety demanded that the staff quickly re-think how services were provided, especially for counseling and mental health. Volunteers were willing to use their own computer equipment from their homes for telehealth appointments. In three months (April-June) our team provided 42 telehealth appointments for mental health and counseling and one for primary care. Patients and volunteers are satisfied with services provided this way, and staff plan to continue this model of care delivery for appropriate patients. We also continue to provide in-person visits for patients who require physical exams or prefer in-person care. However, additional resources are needed to sustain and increase tele-health, and to perform outreach to patients with chronic diseases. **Learnings/Conclusions:** Uninsured patients continue to have health care needs in the setting of the Covid-19 pandemic. Unfortunately, increasing unemployment may result in more uninsured people. Free Clinics and other similar settings for low-income and the uninsured will require increased support, such as telehealth to maintain and expand care.



Learning objectives:

1. Appreciate the adaptability of low-resource clinics to meet patient needs
2. Deliberate trade-offs of in-person versus telehealth during the pandemic
3. Explore opportunities for expanding care of uninsured during the pandemic

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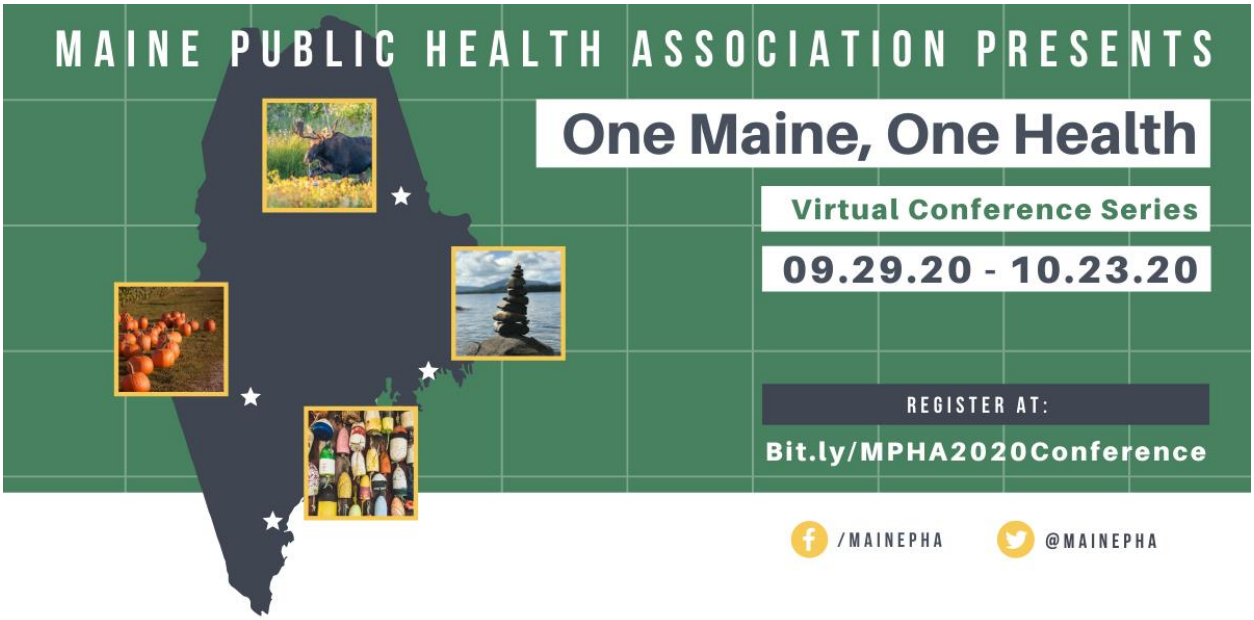


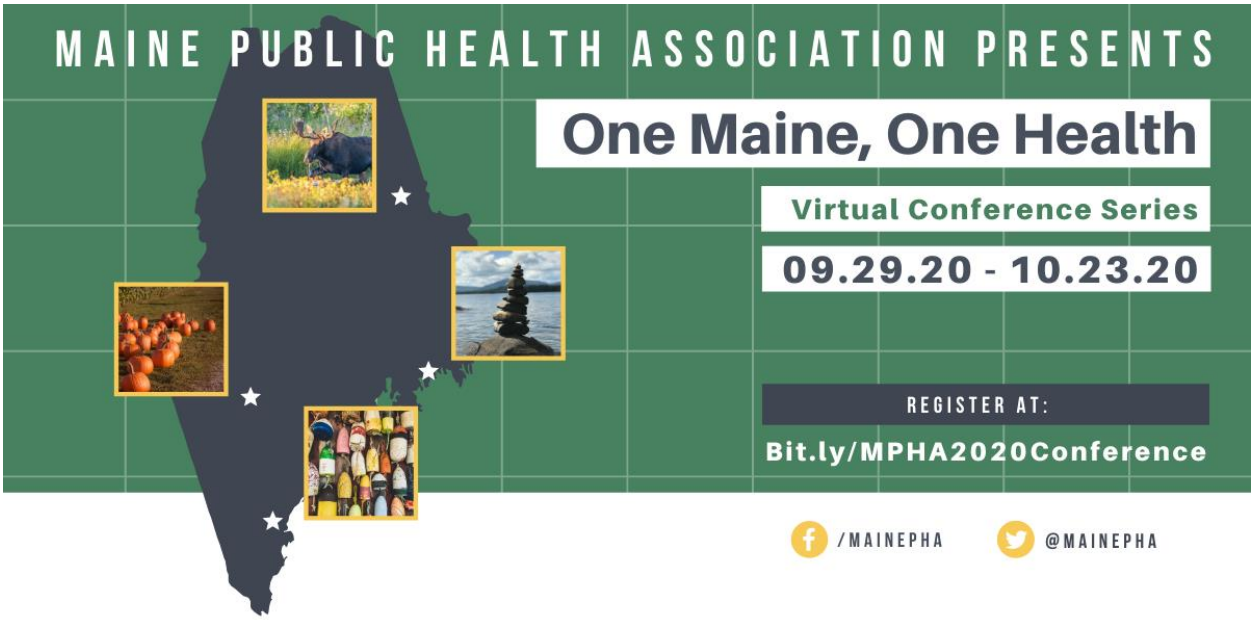
Telehealth Use in Maine: a Mixed Methods Study

Yvonne Jonk, Ph.D., MS (University of Southern Maine) & Amanda Burgess, MPPM (University of Southern Maine)

This study assesses telehealth use in Maine across payers, services, and rurality and identifies barriers and facilitators to the adoption and use of telehealth services. **Methods:** Using a mixed methods approach the research team analyzed data from Maine's All Payer Claims Database (2008-2016) and key informant interviews with 14 health care organization leaders to examine telehealth use and explore factors impacting telehealth adoption and implementation. Interviews with programmatic, technical, and/or clinical leaders representing health systems, independent hospitals, FQHCs, and home health agencies were conducted during the spring and summer of 2019. Factors impacting telehealth adoption and implementation were identified using NVivo 12 (QSR International). The use of telehealth services was analyzed for Medicare, Medicaid, and Commercial plan enrollees using modifiers (GT & GQ) and telehealth-specific CPT and HCPCs codes. Rural-Urban Commuting Area Codes were used to classify residential location. **Findings:** Despite a 14-fold increase in the use of telehealth services over the 9-year study period, only 0.28% of individuals used telehealth services in 2016 compared with 0.02% in 2008. Medicaid was the primary payer for over 70% of telehealth claims in both rural and urban areas of the state. Over the 9-year timeframe, the increase in the number of telehealth claims was largely driven by Medicaid. In particular, Medicaid claims increased substantially between 2015 and 2016, with the largest gains in rural areas. The majority of telehealth claims were for behavioral health and speech-language pathology (SLP). SLP services accounted for 43.8% of telehealth claims in rural compared to 18% in urban areas. Issues challenging health care organizations seeking to deploy telehealth included the complexity of implementation, provider resistance, staff turnover, and provider shortages; lack of broadband; and inadequate reimbursement. The complexity of billing may have led to underrepresentation of telehealth services in claims.

Learning objectives:

1. Describe trends in the use of telehealth services in Maine
2. Identify factors impacting telehealth adoption and implementation
3. Discuss how telehealth adoption and implementation has changed with COVID



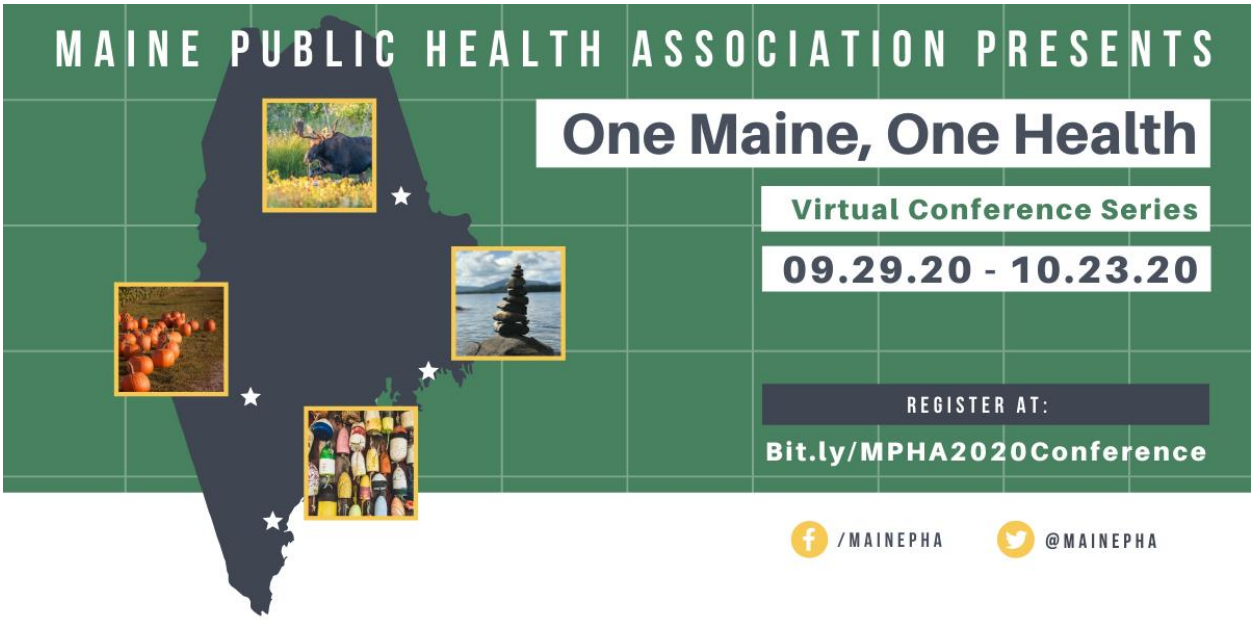
Collaborative Evaluation Practices in Action

Michelle Mitchell, MSocSc, (Partnerships for Health), Erik Frohmberg (Maine Center for Disease Control and Prevention), Kendall Penndorf, MPH (Partnerships for Health) and Benjamin Hodgdon

The Maine In-Home Asthma Education Protocol was developed as a result of collaborative efforts between Certified Asthma Educators at a local public health department and an independent evaluation Agency. The Protocol was designed to improve asthma control and quality of life among clients whose asthma was not well controlled despite receiving medical management. Implementation of the Protocol was accomplished through home visits and asthma education sessions delivered by a diverse group of health educators and extenders including: public health nurses, community paramedics, and community health workers. The Protocol was evaluated using a mixed-methods pre/post study design and sought to quantify changes in asthma control, quality of life, and health service utilization during and after implementation. Data collection was accomplished throughout implementation using surveys and questionnaires developed by the evaluators in collaboration with implementing agencies, and occurred at three time points: prior to the start of the program, upon completion of the asthma education modules, and approximately three months after completion of the program. Evaluation findings suggest that implementation of the Protocol resulted in increased patient self-management behaviors, improved health outcomes, and improved quality of life. Additionally, patients experienced increased medication adherence, increased self-efficacy toward asthma management, improved asthma control, decrease in emergency steroid usage, decrease in urgent care usage, decrease in emergency room visits, and decrease in school absenteeism for children. Regular communication between implementers, evaluators, and data collectors enabled ongoing and responsive evaluation activities to occur. This resulted in identification of challenges and barriers to inform implementation improvements in real-time, increasing effectiveness of the Protocol and the quality of health outcomes. This presentation will showcase the innovative intervention model, highlight various perspectives from all partners involved. Implications from the evaluation findings and lessons learned while implementing the Protocol from different professional scopes of practice will be discussed.

Learning objectives:

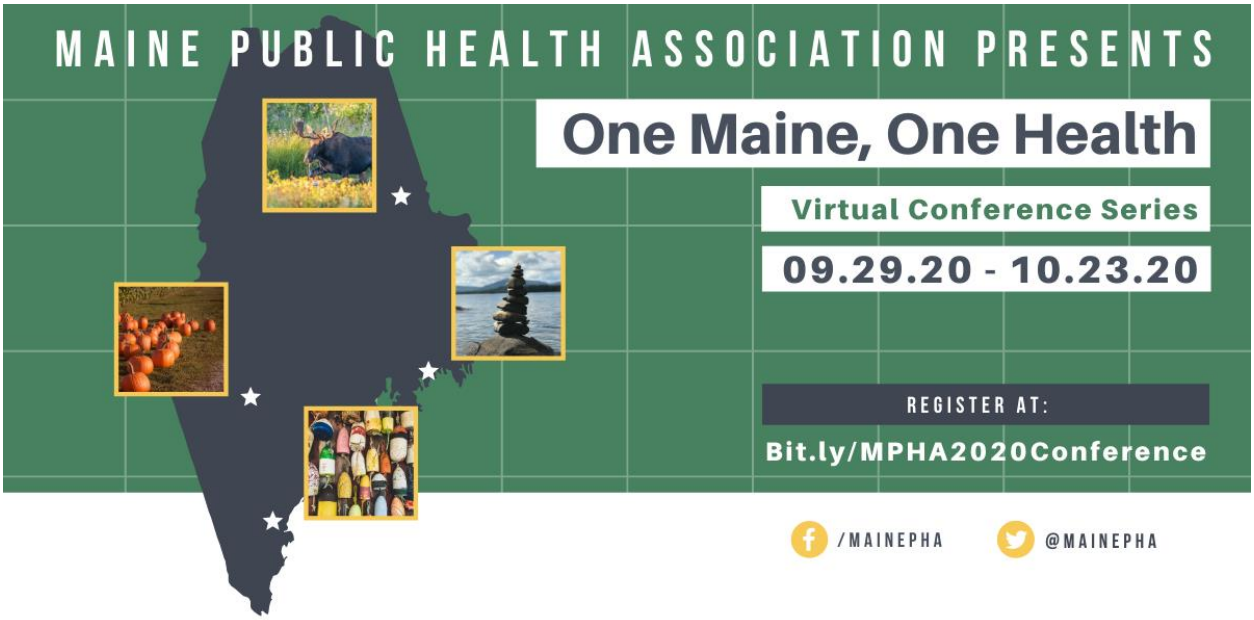
1. Describe the Maine In-Home Asthma Education Protocol.
2. Describe implementation from different scopes of practice.
3. Reflect on challenges and successes in implementing the Maine In-Home Asthma Protocol.



COVID-19 in Pictures: Assessing the Impact of the Outbreak using a Multi-State Approach
Sarah Kilgore, BSN, MPH, RN (University of New England), Tania Brezault, MPH (Georgia Department of Health), and Titilola Balogun, MBBS, MPH, DrPH

Introduction: Coronavirus Disease 2019 (COVID-19) was identified and described in late 2019. Within weeks, the infection spread throughout the United States, leading to a public health emergency. States including Maine enacted stay-at-home orders, executive orders, and the closure of all but essential services. These changes impacted the lives of individuals, communities, as well as the economy in Maine and other parts of the country. This project documents the effects of the COVID-19 outbreak in Maine, New York, Georgia, and Texas. **Methods:** Using photography, a community assessment of the impact of COVID-19 was conducted. Images were captured by public health students between March and August 2020 using methods similar to Photovoice qualitative data collection. For each photograph, ideas were developed, public health themes were generated from those ideas, and several overarching themes were identified. **Results:** There was an overlap of themes identified in the three states assessed, implying that the response in Maine was comparable to other parts of the US. From empty grocery store shelves; health education signage in businesses; and information about telehealth; to images of people reluctant to comply with social distancing, the images demonstrate the impact of COVID-19 on daily life. Identified themes include food security, health education, and mistrust of public health policies. **Discussion:** Beyond the direct health effects of COVID-19 on people who contracted the virus, our project depicts the wider implications of the pandemic. It demonstrates multiple opportunities for health education, an increasing role for telemedicine in health care, and the need for clear risk communication in emerging situations. **Conclusion:** The use of photography made the impact of COVID-19 come to life in real time. We posit that there are opportunities for dialogue on how health education and risk can be clearly communicated in emerging situations, in a manner that retains public trust.

Learning objectives:
1. Discuss the impact of COVID-19 prevention measures on communities in the United States.
2. Identify opportunities to improve health education and risk communication during a public health emergency.



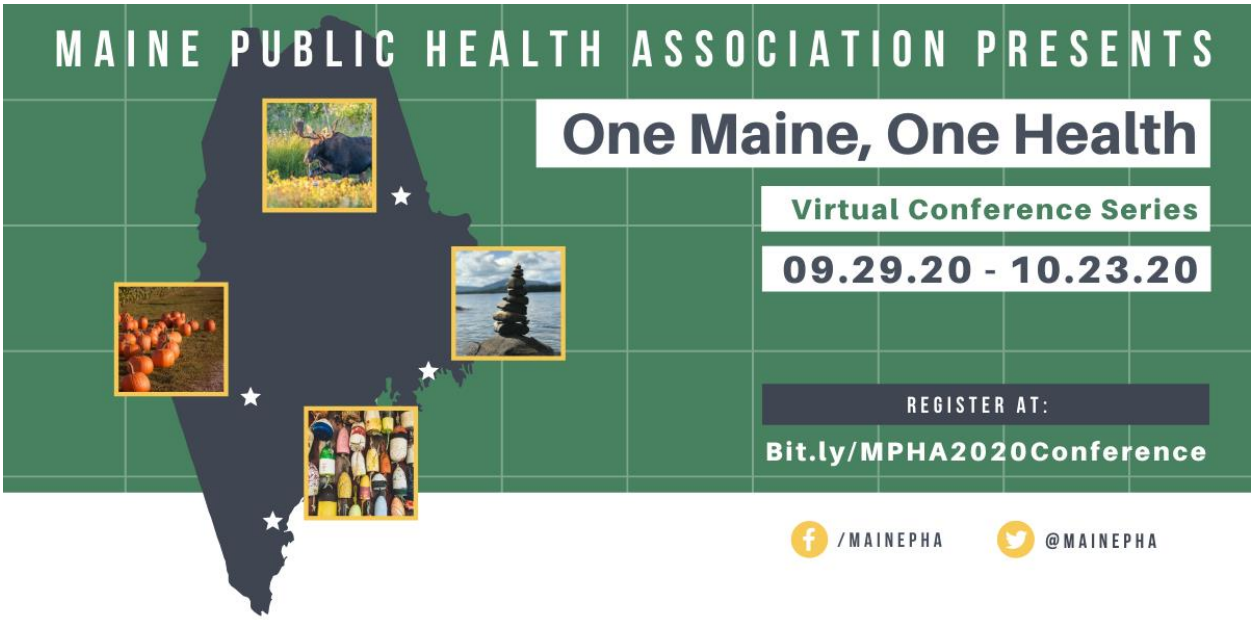
Oh the (Virtual) Places You Will Go: Innovative Approaches to Advancing Tobacco Treatment through Virtual Training and Digital Interventions

Victoria Hynes, LCSW (MaineHealth Center for Tobacco Independence) & Amelia Giles (MaineHealth Center for Tobacco Independence)

Tobacco use continues to be the leading cause of preventable death in the United States, contributing to more than 480,000 deaths nationwide each year with approximately 2,400 deaths annually in Maine. Rates of combustible tobacco use in the United States among adults has fallen from over 40% in the 1960s to 14% in 2018. Unfortunately, significant disparities exist among who continues to smoke and who has access to tobacco treatment interventions. These disparities result in some populations experiencing increased tobacco-related health disparities, resulting in disparate rates in mortality. While Maine has steadily made progress, the rate of smoking is higher than the national average, with 17.3% of adults using combustible tobacco. Significant work remains in order to reduce the burden of tobacco statewide and data supports digital touchpoints could be a substantial part of the solution. To increase access and reduce barriers to treatment and address substantial health disparities, the Maine Quitlink and the Training and Education teams at the MaineHealth Center for Tobacco Independence (CTI), recently expanded treatment offerings across Maine. Maine Quitlink services now includes a range of new digital treatment offerings to minimize barriers and create more flexibility and choice for individuals. The CTI training team offers a wide range of virtual treatment and referral trainings to compliment the robust services of Maine Quitlink and increase evidence-based tobacco treatment across Maine. This presentation will include information about how disparities in accessing evidence-based tobacco treatment influences health outcomes of Mainers. The expansion of treatment opportunities, and a more individualized approach to treatment will be explored as well as data generated by the Maine Quitlink examined. Conclusions based on this quantifiable insight and lessons learned will be shared with a focus on participant feedback and training evaluations that demonstrate the benefits of expanded services and virtual training.

Learning objectives:

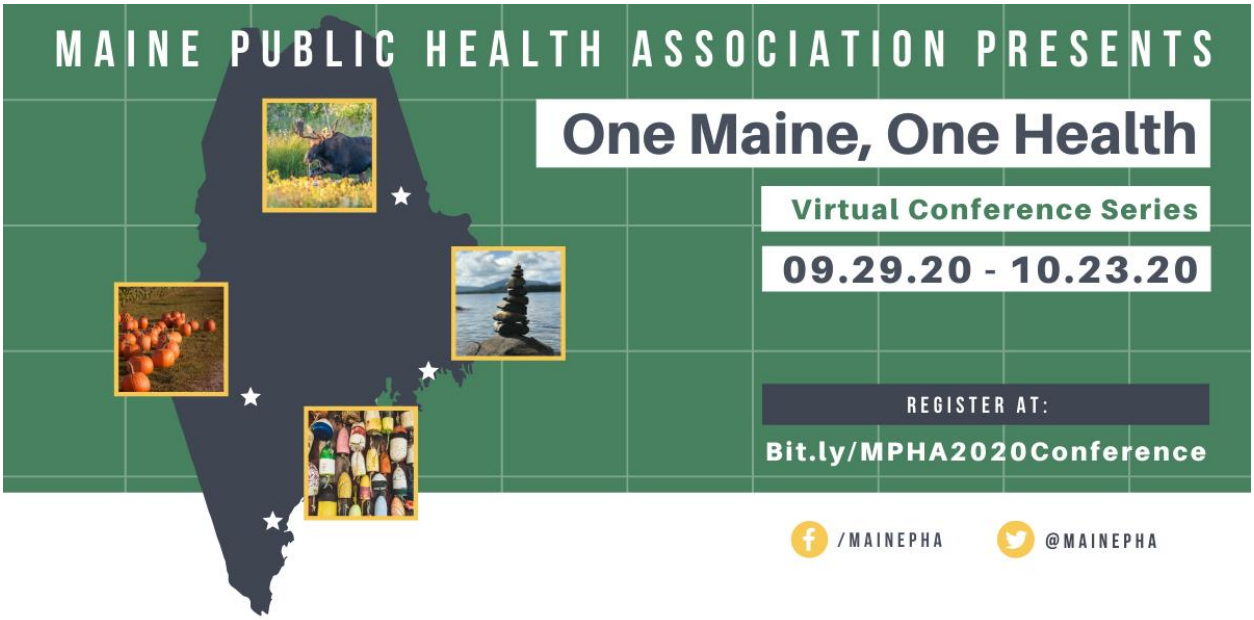
1. Identify ways that access to tobacco treatment training increases health professionals comfort and skills to treat tobacco use disorder and refer to treatment.
2. Describe the training and treatment interventions that are valuable in supporting systemic change.
3. Demonstrate how online tobacco treatment services, including digital interventions, increase reach and reduces barriers to engagement in treatment for tobacco use disorder.



Implementing Tobacco-Free Campus Policy in Behavioral Health Residential Services
Katherine Ryan, Ph.D. (MaineHealth Center for Tobacco Independence) & Amanda Taisey (MaineHealth Center for Tobacco Independence)

The rate of cigarette smoking among adults has steadily declined over the decades, however smoking rates remain high for individuals with behavioral health conditions. While about 25% of adults in the United States have a behavioral health condition, these adults consume almost 40% of all cigarettes smoked by adults in the U.S. (Center for Behavioral Health Statistics, 2013). Individuals with mental illness die on average 15 years earlier than those without mental illness, largely due to smoking-related complications (Tam et al., 2016). Many individuals with behavioral health conditions want to quit smoking, however many behavioral health and substance use treatment centers do not have tobacco-free campus policy and many do not offer comprehensive tobacco treatment (CDC, 2017). Establishing tobacco-free policy and creating low-barrier access to evidence-based treatment within behavioral health facilities is key to closing this disparity. MaineHealth Center for Tobacco Independence (CTI) and Maine Behavioral Healthcare Residential Services (MBH) formed a partnership to develop and implement a tobacco-free campus policy effective June 1, 2020. MBH Residential Services provides a variety of treatment options for adults with mental illness. These residences are staffed by 80 clinicians and case managers and house 78 individuals across 12 locations. A multi-disciplinary committee of MBH partners (psychiatry, nursing, residential care workers, facilities, marketing, training & development) and CTI collaborated over 8 months prior to the policy implementation date. Decisions about policy, communications, staff and provider training, facilities and signage, and pathways to treatment were made with input from all. The committee demonstrated commitment to promoting the health and well-being of all residents, staff and visitors, while also always considering the complexities of this change for the individual resident or staff who uses tobacco. The policy implementation was successful and we will track referrals to the Maine Quitlink as a measure of treatment access.

Learning objectives:
1. Demonstrate how the use of a multi-disciplinary committee facilitated a collaborative effort to implement a comprehensive tobacco-free campus policy
2. Demonstrate how establishing low-barrier pathways to treatment supported staff and resident buy-in for policy change.
3. Track referrals to the Maine Quitlink from the 12 residential facilities over the first 3 months of the policy (June-Aug 2020)



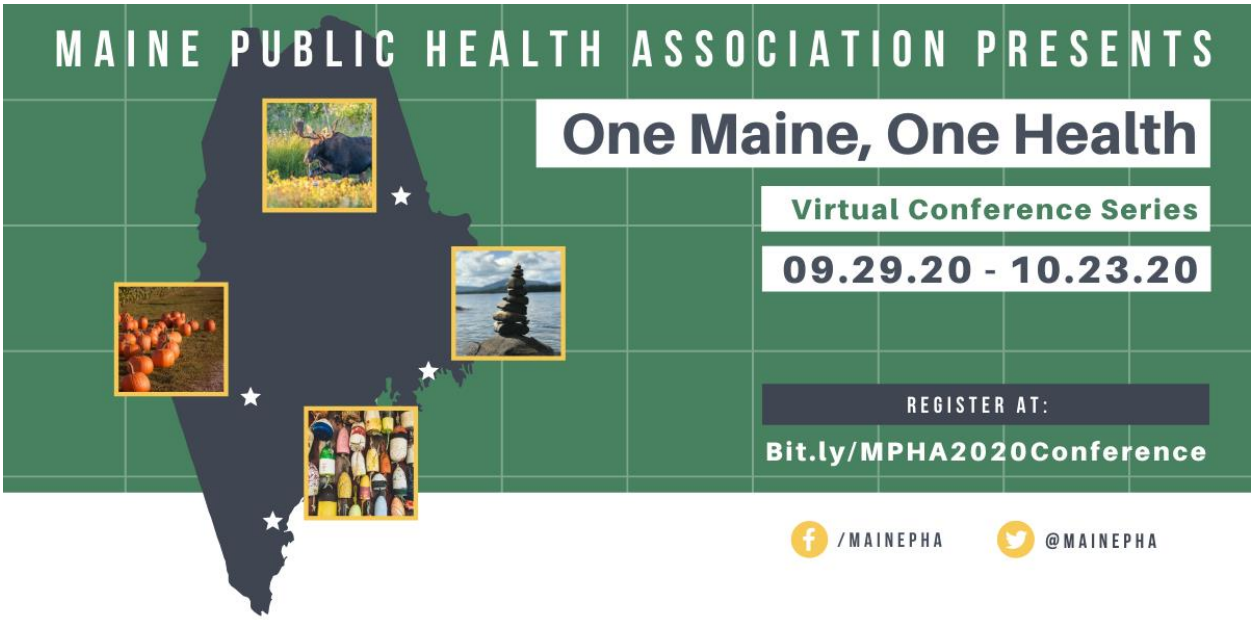
Ripple Effects of Youth Led Projects

Michelle Mitchell, MSocSc (Partnerships for Health), Sheila Nelson, MPH, MSW (Maine Center for Disease Control and Prevention) and Denise Clark, MPH (Partnerships for Health)

Adverse Childhood Experiences (ACEs) are stressful and/or traumatic events experienced by youth (Center for the Application of Prevention Technologies, SAMHSA, 2018). Generally speaking, the impacts of these traumatic experiences during childhood may result in negative educational, developmental, health, and social outcomes that continue to weaken youths' ability to overcome risk and unhealthy behaviors and outcomes as they move into adulthood (Soleimanpoour, Geierstanger, & Brindis, 2017). Positive Youth Development (PYD) is a theoretical framework and an approach to working with young people, their families, communities, and/or government agencies. The Framework leverages youth strengths to reach their full potential (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004). The PYD Framework fosters healthier, more productive, and engaged youth by focusing on 4 domains: assets, agency, contribution, and an enabling environment. Through this approach, mutually beneficial relationships are built between young people and their families, peers, schools, workplaces, and communities. Within these relationships, youth can enhance their knowledge, interests, skills, and abilities (Hinson, 2016), and adults can learn from the experiences and knowledge of young people. The Maine Prevention Services (MPS) Vendor for the Youth Engagement and Leadership Development Domain, the Maine Youth Action Network (MYAN), engages young people in identifying prevention needs within their communities and supports youth in creating systems change to improve health. MYAN also provides training and technical assistance to leverage statewide networks of youth-adult partnerships and youth leadership development groups. This presentation will share preliminary findings from an evaluation of the work described above where evaluators used Ripple Effects Mapping (REM) workshops to elicit the effect of the projects from youth perspectives on their communities. The results presented will highlight the work being done and showcase the use of Ripple Effects Mapping technique when trying to demonstrate the community-level impact of public health programming.

Learning objectives:

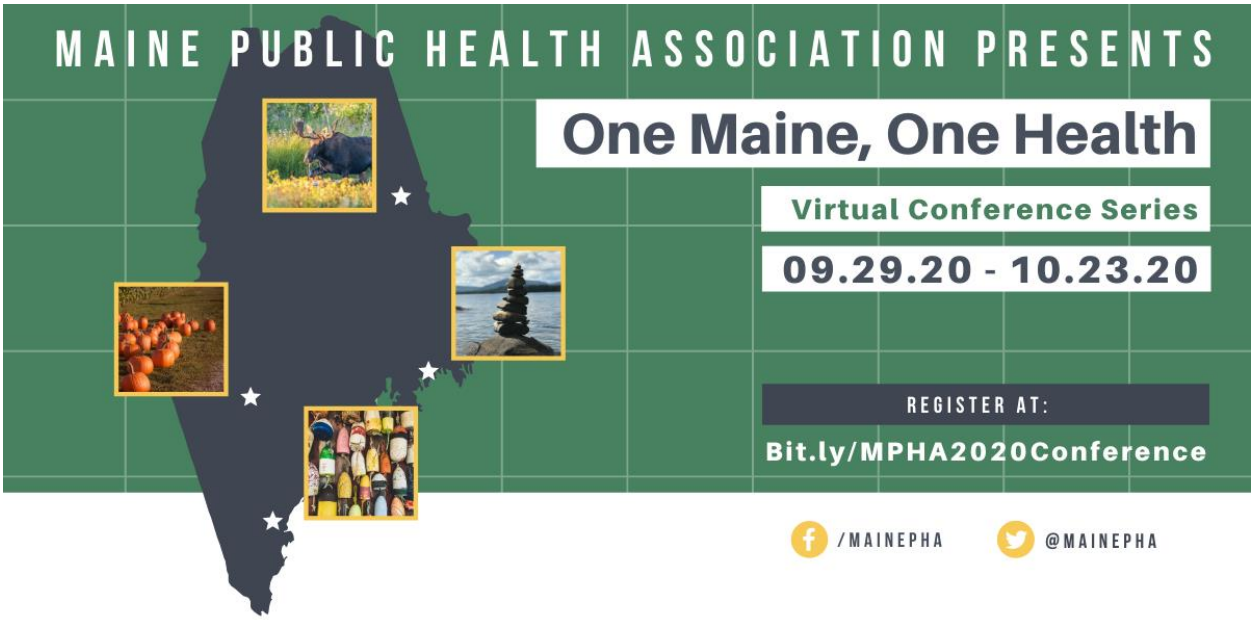
1. Understand Ripple Effects Mapping as an evaluation methodology.
2. Able to describe the Maine Prevention Services Youth Engagement and Empowerment approach and strategies.
3. Able to describe the results of the evaluation and reflect how the findings may influence future youth-centered work.



Supporting Patient Needs and Local Businesses during COVID-19
Nicole Poulin, MBA (MaineGeneral)

Food insecurity, rurality, homelessness, lack of public transportation and substance use are just some of the challenges that residents in central Maine face every day. These challenges, coupled with the COVID-19 pandemic and reduction in social services have created even more challenges for residents to access basic necessities, such as food and transportation services. As a community health system, it is our role to help our whole community maintain their health through the pandemic and beyond, and right now, the urgent needs are food, transportation and medicine. Departments within our healthcare system and community-based organizations discussed how to meet the increased need. Identified was an increase in the need for food, including "ready to go meals" and transportation to get essential medications for our most vulnerable populations; such as those recently hospitalized, patients with substance use disorder, behavioral health needs, multiple chronic diseases, and food insecure patients. To address these growing concerns, MaineGeneral is partnering with Kennebec Valley Community Action Program, Good Shepherd Food Bank, local community coalitions and the Waterville and Augusta Chambers of Commerce with funding received from the JT Gorman Foundation. This funding will provide emergency food bags providing 2-3 days of shelf-stable food to patients who need food immediately and meal vouchers to purchase a meal from a local restaurant in the Waterville and Augusta areas for those who do not have space to prepare food. In addition to helping meet the immediate food needs of the patient, utilizing a chamber gift certificate will support local businesses that are struggling due to the pandemic's negative impact on the industry. Gas cards and transportation vouchers will also be provided to help people get to the food bank, pick up medications and complete errands that impact health and well-being.

Learning objectives:
1. Identify at least two ways to leverage community partnerships to address unmet social needs.
2. Discuss at least two strategies for how to best identify and meet the needs of vulnerable patients.



Maine Prevention Services Initiative: Early Indicators of Success

Michelle Mitchell, MSocSc (Partnerships for Health), Ermion Pierre (Maine Center for Disease Control and Prevention), Erica Swan (Partnerships for Health) and Denise Clark, MPH (Partnerships for Health)

In 2016, Maine DHHS organized tobacco, obesity, youth engagement and empowerment, and substance use prevention efforts collectively under the rubric of Maine Prevention Services (MPS). Maine CDC provides leadership, expertise, information, and tools to create an environment in which all Maine people can be healthy and ultimately reduce disability, disease, and death. Strategies include supporting behavioral and environmental changes to promote healthy living; strengthening the integration of prevention services into health systems; and promoting prevention education, communication, and outreach.

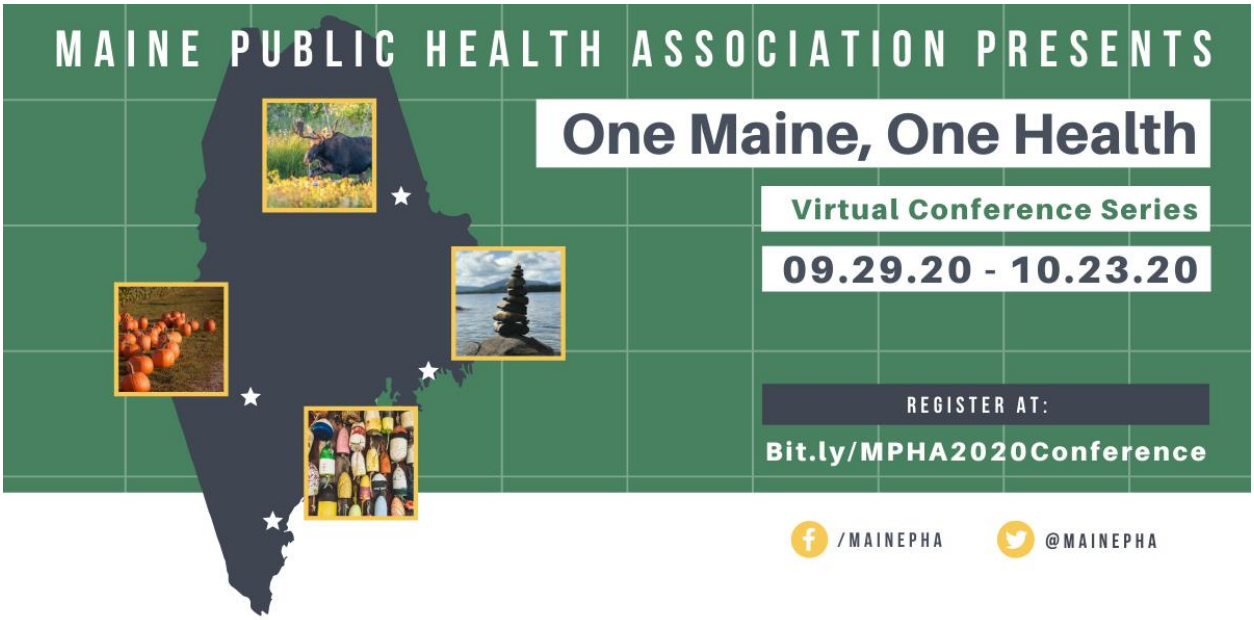
MPS includes comprehensive program evaluation that serves two primary purposes: (1) monitor implementation and progress toward goals and (2) quantify the impact of MPS. Between 2016 and 2019, outcomes included:

- 218 Prime for Life©- Universal classes were held with 3,991 students.
- 142 school districts received technical assistance. As a result, 56 school districts consisting of 117 schools serving 56,624 students strengthened their tobacco-related policies.
- 579 workplaces received technical assistance. As a result, 256 workplaces across all counties adopted tobacco-related policies.
- 254 trainings with 3,094 adult participants and 4,907 youth participants focused on topics such as holistic prevention strategies and youth engagement best practices.
- The Positive Influence Campaign challenged youth to engage in critical thinking skills, identify positive influences, and stand up to negative pressures, receiving 20,027,007 ad views. Consequently, 55,164 people visited the Campaign website from 72% of towns.
- 439 ECE sites participated in professional development activities and 720 received technical assistance. As a result, 570 ECE sites across all counties, with a licensed capacity to serve 11,693 children, developed or revised their Healthy Eating and Active Living action plans.

Evaluation findings will focus on the breadth and depth of MPS implementation as well as highlighting the collaborative efforts of a complex network of people and organizations.

Learning objectives:

1. Increase understanding of the breadth and depth of strategies implemented as part of the MPS Initiative.
2. Describe evaluation findings and identify emerging promising practices.



Trends in Diagnoses of Neonatal Abstinence Syndrome at Newborn Hospitalization in Maine, 2009-2018

Emily Bauer, MPH (University of Southern Maine), Jenny Carwile, Ph.D. (Maine Medical Center Research Institute Center for Outcomes Research and Evaluation) and Katherine Ahrens, Ph.D. (University of Souther Maine)

Introduction: Incidence rates of neonatal abstinence syndrome (NAS) have increased in Maine, but whether this increase can be explained by use of different diagnosis codes over time is unknown. Our objective was to estimate trends in diagnoses of NAS at newborn hospitalization in Maine using different NAS case definitions. **Methods:** We used International Classification of Diseases (ICD) diagnosis codes to identify newborns diagnosed with NAS in Maine between 2009 and 2018 using state-level hospital discharge data (n = 123 519). First, we considered only ICD-9 and ICD-10 codes used for confirmed NAS. Then we used an expanded ICD-10 NAS case definition that included codes for neonates suspected to have NAS and affected by an unspecified "other maternal medication." We used joinpoint regression to model trends over time and identified changes in slope. **Results:** Using the case definition for confirmed NAS, diagnoses of NAS increased from 2009 to 2013 (from 20 to 38 per 1000 births), and then decreased from 2013 to 2018 (from 38 to 28 per 1000 births). Using our expanded ICD-10 NAS case definition, NAS increased linearly from 2009 to 2018 (from 24 to 50 per 1000 births). **Discussion:** The trends in diagnoses of NAS were different when based on the expanded or confirmed NAS case definition. Conclusions: Validation studies are needed to understand which infants are coded using the expanded versus confirmed NAS case definition. Caution should be used when interpreting rates of NAS in Maine using hospital discharge data.

Learning objectives:

1. Become familiar with the estimation methods and trends of NAS diagnoses in Maine
2. Learn more about how selection of ICD-10 diagnosis codes for NAS can affect trend analysis of Maine hospital discharge data.