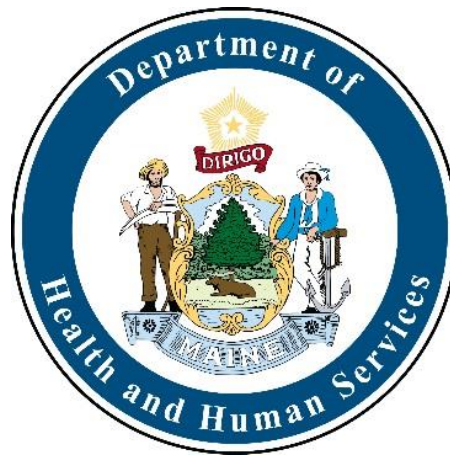


Preventive Health and Health Services
Block Grant
Advisory Committee (SCC)
March 19, 2026



Preventive Health and Health Services Block Grant Background

The PHHS Block Grant (Block Grant) provides:

- “Critically needed, flexible funding”
- “To address the unique preventative health needs”
 - We have been advised to prioritize community-based prevention
- Linked to Healthy People 2030 objectives

Preventive Health and Health Services Block Grant Funding levels

- Non-competitive allocation to each state, plus territories and DC.
- Authorized in final federal budget.
 - Current year“F2025” ending 9/30/26: \$1,603,638
 - F2026 funding was flat funded in the federal DHHS appropriations bill. We are assuming a similar allocation as last year.

Note that this is a two-year grant and funding is spent in the second year.

F2025 Interim Progress Report - Summary

- 3 out of 8 interim targets met
 - 10 out of 14 activity milestones met

F2025 Interim Progress Report

– Asthma Self-Management Education

- 7 new patients have been served in 3 months
- 1 Asthma objective was not met
 - Delayed contracting timelines, and a lack of referrals from health care providers contributed to the lower number of participants served.
 - Planned supports for organizations delivering the program include promotional activities that aim to increase referrals from referral partners.

F2025 Interim Progress Report

– Maine Shared CHNA

- 76 indicators for the Maine Shared CHNA have been updated
 - A new dashboard is still in the works – delayed for further QA on meta data and filling some data gaps.

F2025 Interim Progress Report

– Sexual Assault Prevention & Response

- New focus on youth for both objectives
 - 12 community partners supported in prevention change efforts
 - Youth in one high schools and one elementary school are leading prevention efforts
 - 9 other community partners have engaged with the youth
 - 122 youth sought services, and all received them

F2024 reporting

– TB Prevention and Control

- 8 out of 10 patients supported by the CHW
- The work of the contracted TB Epidemiologist has been critical while Maine CDC has been recruiting for its primary TB epidemiologist

F2024 reporting – PFSA Exposure Reduction

- Maine CDC has completed the initial work to update existing and develop additional maximum limits for food commodities.
- 2 PFAS objectives were not met:
 - Case investigations: did not meet the 90% completed measure. As we get more experience with this new reportable condition, we are re-examining what is a reasonable time for completing case investigations.
 - The necessary interagency review process to finalize the soil screening level documents has been delayed due to limited available in-kind staff time to complete. We are on target to meet the smart objective by September 2026.

F2025 Changes

- Salary savings from two positions (PFAS and Maine Shared CHNA).
- Increased IT costs related to the Maine Shared CHNA dashboard development.
- We are also proposing to add a portion of a contract for a Senior Advisor to help improve Maine CDC's working relationship with the Wabanaki Nations.
- Need to add specifics of proposed out of state travel to the budget.
 - PFAS conferences (1 national conference for 1 person, 1 regional conference for 2 people)
 - PHHS BG Coordinators meeting (strongly encouraged by US CDC, 1 person).
- Based on the initial experience of investigations of PFAS cases, we want to adjust our target for that objective (from 90% to something lower (The program is still determining this)).

F2025 – Allocation changes

Program Area	Orig Budget	New Budget
Maine Shared CHNA	\$ 514,493	\$ 552,048
Asthma	\$ 334,434	\$ 334,434
PFAS	\$ 378,688	\$ 341,344
TB	\$ 181,563	\$ 181,563
Sexual Violence	\$ 40,000	\$ 40,000
Administration	\$ 160,364	\$ 151,861

F2026 Programs

- Assuming flat funding
 - Need to consider:
 - possible salary increases
 - effect of hopefully fewer vacancies
 - overlap with Rural Health Transformation Grant initiatives
 - gaps in funding due to other federal grants ending

F2026 Programs

- Currently proposing that most programs will stay the same.
 - Asthma Program intends to leverage Rural Health Transformation Grant funds
 - A new “program” related to Health Literacy will support an increased portion of the Associate Director of Population Health Equity’s salary and related costs.
 - Other programs will continue with updated workplans

F2026 Planning status

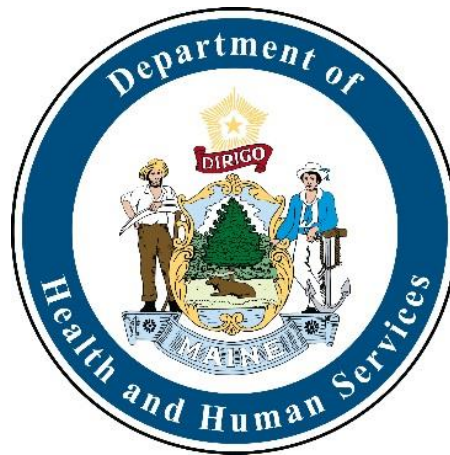
- Budget and workplans are in progress
- Expect a vote in June
 - US CDC has requested us to submit earlier in previous years.
 - If so, we may move the public hearing up and possibly request an email vote

Questions?

Comments?

nancy.birkhimer@maine.gov

State Health Improvement Plan Implementation December 18, 2025



Selective Implementation

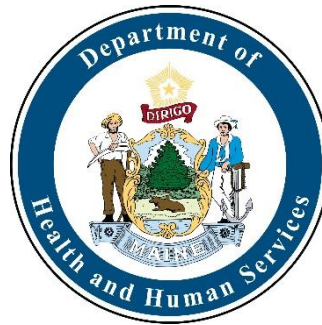
- Based on:
 - available resources/champions
 - Assessment of “value added”
- Access to Care Action Team
 - led by the Maine CDC Diabetes Program
- NEW goal on Health Equity
 - Led by the Maine CDC Health Equity Advisory Council

2026 Implementation

- Continue:
 - Access to Care Action Team
 - Development of Health Equity objectives and strategies and some implementation
- Initial meetings of key stakeholders in early 2026 for the other goals to determine next steps.
 - Substance Use
 - Mental Health
 - Housing

SHIP Access to Care Action Team

December 18, 2025



Background on Maine CDC's Diabetes Program

- Aims to reduce death, disability, and healthcare costs associated with diabetes in Maine by improving access, enrollment, retention in diabetes prevention, care and self-management programs.
- Funded by cooperative agreement with USCDC ([DP23-2320](#)).
- Required to spearhead a project that focuses on addressing upstream SDOH barriers for individuals living with or at risk for diabetes.
- DPCP has aligned its SDOH project with the SHIP Access to Care Priority Area and is providing support with convening an Action Team

Action Team Purpose & Scope

Purpose: Identify and implement collaboration activities that add value to programs and initiatives that improve access to care.

In-Scope:

- Identify current and planned programs and initiatives that increase access to care.
- Provide guidance and/or resources that amplify programs and initiatives aimed at increasing access to care.

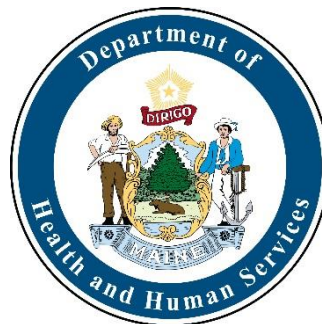
Out of Scope: Funding programs or initiatives.

Steps (taken and coming)

- Created an inventory of initiatives and programs focused on improving access to care through integration of public health, health care and community-based organizations
- We welcome your feedback!
<https://app.smartsheet.com/b/form/542cf1c5e0974a0e9de69d35d25dfb9b>
- Next: Maine CDC Diabetes Program is creating project proposal for improving access to diabetes care through integration of primary care and community paramedicine
 - To present proposal to Action Team in January

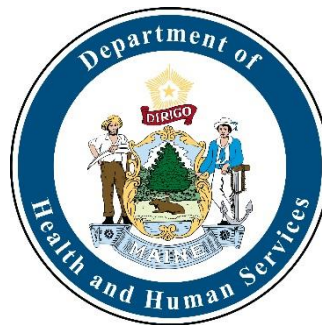
Questions?

Ben Hummel
CHW Coordinator
benjamin.hummel@maine.gov



Health Equity Advisory Council & SHIP Goal 5

December 18, 2025



Health Equity Advisory Council (HEAC)

- The HEAC was launched as a 2-year pilot initiative in August 2022 as part of a set of efforts led by the Maine CDC Division of Population Health Equity (DPHE) to advance health equity across Maine.
- The Council seeks to ensure that DPHE's programming and strategy are responsive to community needs, with an explicit focus on Black, Indigenous, and People of Color ("BIPOC") communities.
- The Council's current and future work prioritizes integrating a health equity focus into the State Health Improvement Plan (SHIP).

Health Equity Advisory Council Members



Regina Phillips



Ninette Irabaruta



Abdikadir Negeye



Amina Hassan



Sana Osman



Eisha Khan



Selam Runyon-Baruch



Melissa Hue



Tabia Zahir

HEAC & SHIP

- **April 2025:** HEAC drafted a *proposed* SHIP Goal 5 with 4 objectives to be integrated into the SHIP and ensure that Maine has an infrastructure to advance health equity for communities of color that centers their experiences.
- **May 2025:** HEAC presented proposed goal and objectives to Nancy Birkhimer, who expressed support.
- **June 2025:** HEAC accepted Dr. Va and Nancy Birkhimer's proposed vision that:
 1. HEAC formalizes Goal #5 as a Racial Health Equity goal and develops S.M.A.R.T. strategies to accompany each objective.
 2. HEAC serves as an advisory body to other SHIP working groups to operationalize other SHIP priority areas is considerate of all priority populations in Maine.

HEAC & SHIP: Past, Present & Future

- **June 2025 – present:**
 - HEAC has established (5) S.M.A.R.T. strategies for SHIP Goal 5, Objective 1 and continues to work towards establishing strategies for Objectives 2 – 4.
 - HEAC has had introductory engagement with SHIP Access to Care Action Group.
 - HEAC has developed “Accountability Tracker” to monitor progress related to SHIP and other priority areas.
- **2026 and beyond:** HEAC work will center around SHIP Goal 5 and include increased engagement with programs across Maine CDC.

Proposed SHIP Goal 5

GOAL 5: Maine has an infrastructure to advance health equity for communities of color that centers their experiences.

The HEAC has developed 4 Objectives to accompany Goal 5 and has finalized 5 strategies to accompany Objective 1. The HEAC is in the process of developing strategies for remaining Objectives 2-4.

Questions?

Eden Hale

Associate Director of the Population Health Equity

eden.hale@maine.gov

