

Maine Preventive Health and Health Services Block Grant F2025

Proposed changes 3/19/2026

Under the Community Health Needs Assessment Program:

Added objective and activities

SMART Objective Summary

SMART Objective Description	Between December 1, 2025, and September 30, 2026, Maine CDC will assess the needs of 4 Programs as they relate to collaborating with Wabanaki Nations and to effectively serving Native Americans in Maine.
Item to be Measured:	Number of completed program assessments regarding collaborative projects between Maine CDC and Wabanaki Nations
Unit to be Measured:	number
Baseline Value for Item to be Measured:	0
Interim Target Value to Reach by APR:	0
Final Target to Reach by Closeout Report:	4

SMART Objective Problem Information

SMART Objective Problem Description:	The State of Maine has had a troubled relationship with the Tribes that are federally recognized within its borders, known as the Wabanaki Nations. These Tribes represent most of the 24,677 people who identify as American Indian or Alaska Native (alone or in combination with other races, 2024 US Census, American Community Survey, 1 year estimate). Building trust between the state public health agency (Maine CDC) and the Wabanaki Nations has been a long-term project with an uneven history of success and failure. Recent experience within Maine DHHS agencies has shown that a senior advisor who is trusted by community groups and Tribes and known to understand their unique needs can facilitate positive improvements to relationships, which, in turn, can enhance public health outcomes for these populations.
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SMART Objective Intervention Information:

SMART Objective Public health outcomes for Tribal and other vulnerable populations are dependent on a strong positive relationship between State agencies and these communities.

Problem Summary:

Intervention Summary: Maine CDC will engage a Senior Advisor to assist in building relationships between Wabanaki Nations and Maine CDC through support for assessments of needs and of public health programs' strategies to meet these needs. Best practice in working with populations that experience health disparities and historical discrimination has demonstrated that building trust between public health agencies and the community is an essential part of effective program delivery. Trust is built through relationship building, which is most effective when those representing the agency has a trusted relationship with the community. It is also essential that the community is able to identify their own public health needs and can provide authentic feedback to the public health agency regarding proposed interventions. An internal assessment of public health program's readiness to engage and understanding of culturally effective programs is also important in being able to deliver effective services to the Wabanaki Nations.

Type of Intervention: Innovative/Promising Practice

Rationale for Choosing the Intervention: American Indian populations in Maine experience a number of health disparities. Wabanaki leadership and other advocates have expressed frustration and distrust of public health services. Trust building has been shown to be an essential step in building strong relationships.

Activities

Activity – Assist the Tribal Public Health Liaison in planning a Community Health needs assessment for the Wabanaki Nations.

Activity Summary: Between 12/1/25 and 9/30/26, The Senior Advisor for Community and Tribal Relations will provide support to the Tribal Public Health Liaison in planning for a new Tribal Health Needs Assessment .

Activity Description: The last full Tribal Community Health Needs Assessment was conducted 16 years ago. The Tribal Liaison will be planning for a

new assessment, and the Senior Advisor (who) provide technical assistance and support (what) via ongoing consultation and collaborative planning activities (how). The timing of the completion of the Tribal Community Health Needs Assessment will be determined by the Tribal Liaison (not funded via the PHHS BG) and other Tribal partners.

Activity – Assist the Maine CDC Programs to assess their capacity to meet the needs of Wabanaki Nations.

Activity Summary: Between 12/1/25 and 9/30/26 (when), The Senior Advisor for Community and Tribal Relations will assist Maine CDC programs (who) in assessing their effectiveness in providing public health services to the citizens of the Wabanaki Nations (what), including identifying gaps in relationships, skills and programming.

Activity Description: Several Maine CDC programs (who) have program resources designed to reach the citizens of the Wabanaki Nations, but need to identify opportunities to improve relationships, outreach and programs to become more effective with these efforts (what). They will leverage the trusted relationship the Senior Advisor has with the Wabanaki Nations to assess and improve their approaches. Via consultation and interviews, programs will obtain qualitative data on current approaches and develop new approaches to this work (how).

Added milestone under data update objective:

Activity – Attend the annual PHHS Block Grant meeting.

Activity Summary: In May 2026 (when), the Maine PHHS BG Coordinator (who) will attend the convening of Block Grant coordinators and US CDC staff. (what)

Activity Description: The Maine PHHS BG Coordinator (who) will attend this national meeting to hear from peers, gain additional insights on current US CDC guidance and share Maine’s progress with others.

Changes to the PFAS Exposure Reduction program:

Added milestone under the soil screening objective

Activity – Attend the Society of Toxicology meeting to share results of soil contaminants work and consult with national experts.

Activity Summary: In March 2026 (when), the toxicologist leading soil contaminants work will present a poster at the Society of Toxicology meeting. (what)

Activity Description: In order to share progress in Maine and hear from peers, one toxicologist (who) will present at a national meeting (what, how). This will allow for feedback and other professional interactions with colleagues across the nation.

Added milestone under the food commodities objective:

Activity – Attend the Science of PFAS: Public Health & the Environment Conference to share results of soil contaminants work and consult with national experts.

Activity Summary: In April 2026 (when), the PFAS team at Maine CDC, including two toxicologists and one epidemiologist (who) will attend this conference sponsored by the Northeast Waste Management Officials’ Association. (what)

Activity Description: In order to share progress in Maine and hear from peers, Maine’s PFAS team (who) will attend this regional meeting (what, how). This will allow for professional development and other professional interactions with colleagues across eight northeastern states.

Changed target under the Supporting individuals with elevated body burdens of PFAS objective:

SMART Objective Description:	Between October 1, 2025, and September 30, 2026, Maine CDC will provide case investigations for 90% of individuals with elevated blood levels of PFAS to identify likely exposure sources and assist in finding ways to reduce that exposure.
Item to be Measured:	Case investigations of reported PFAS blood tests completed
Final Target to Reach by Closeout Report:	90

Changing the percent of case investigations completed from 90% to a lower number TBD based on interim progress:

1-Sentence Summary of Interim Results	To date, 46% of the 37 reported PFAS test results with elevated serum levels have received completed case investigations.
1-Paragraph Description of Interim Results	It is taking longer than expected to complete case investigations in part due to challenges of reaching cases and getting them to complete the case management survey instrument. We likely need to modify the target to establish a target of “timely completion of case investigations” and as we get more experience with this new reportable condition, determine what is a reasonable time for completing case investigations.