

Preventive Health and Health Services Block Grant

Work Plan for Maine

Fiscal Year 2025

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Work Plan Stage/Status: Development/Draft

Recipient Overview Details

Recipient:	Maine
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Programs

Program Name: Tuberculous Prevention and Control

Program Summary

Program Goal: Maine CDC seeks to reduce TB transmission in the state with active case investigations and management.

Healthy People 2030 Objective: IID-17 Reduce tuberculosis cases

Health Topic Area: Immunization and Infectious Diseases

Recipient Health Objective: By September 30, 2026, MCDC will complete 80% case investigations for tuberculosis.

Program Problem Information

Program Problem Description: Tuberculosis has been increasing in Maine since 2022 and the state experienced a 50% year-over-year increase in active Tuberculosis cases in 2024 compared to 2023. The increase in cases significantly increased the number of contacts in need of investigation. Furthermore, turnover in the TB team has created a backlog of data to be entered and cleaned, and contract staff have invaluable to performing this work, as well as providing back-up to the TB Epidemiologist. This work is specialized and requires subject matter expertise and the ability to focus and manage complex communications and priorities; These duties are able to be effectively shared among the other Surveillance Epidemiologists. While multiple Public Health Nurses support individuals being treated for TB, additional capacity to assist patients in accessing health resources, services, support disease self-management, and to assist in the coordination of culturally appropriate care and services for the TB patient populations is supported by a CHW contract position.

Problem was Prioritized by the Following Factor(s) Identified via surveillance systems or other data sources

Program Key Indicator(s)

Program Key Indicator – KI-01599

Description of Program Key Indicator Number of TB patients whose treatment is supported by a contracted community health worker.

Baseline Value for the Program Key Indicator 20

Program Strategy

Program Goal: Maine CDC seeks to reduce TB transmission in the state with active case investigations and management.

SDOH Addressed by the Program: Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy: Maine CDC is maintaining two epidemiologists to conduct TB case investigations. A Community Health Worker will work with Public Health Nurses and individuals who have been diagnosed with Tuberculosis to ensure these individuals are supported while they complete treatment.

Program Setting(s): Home; State health department

List of Primary Strategic Partners Atlantic Staffing, Public Consulting Group, Maine CDC Infectious Disease Epidemiology Program, Maine CDC Division of Public Health Nursing.

Evaluation Methodology Program evaluation will include the completeness of case investigations, the number of individuals with TB who complete treatment, and the overall number of new TB cases.

Planned Non-Monetary Support to Local Agencies or Organizations: None planned

Program Target Population(s)

Program Target Population

Number of People Served: 1395722

Race and/or Ethnicity: American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White

Age: Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years; 25 - 34 years; 35 - 44 years; 45 - 54 years; 55 - 64 years; 65 - 74 years; 75 - 84 years; 85 years and older

Sex: Female; Male

Sexual Orientation: Straight or heterosexual; LGBTQ

Geography: Maine

Location: All

Occupation: All

Primarily Low Income? true

Disproportionately Affected by the Problem? false

Program SMART Objective

Title of Program SMART Objective: TB patients supported

SMART Objective Summary

SMART Objective Description Between October 1, 2025, and September 30, 2026, a contracted community health worker will support 20 TB patients with directly observed therapy, culturally appropriate social support, care navigation, coaching, and advocacy to eligible patients that are consistent with patient-centered goals and issues.

Item to be Measured: Number of patients supported by the CHW

Unit to be Measured: individuals

Baseline Value for Item to be Measured: 20

Interim Target Value to Reach by APR: 8

Final Target to Reach by Closeout Report: 20

SMART Objective Target Population

Target Population Same as Program's or Subset? Sub-set of the Program's Target Population

Number of People Served: 500

Race and/or Ethnicity: American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White

Age: Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years; 25 - 34 years; 35 - 44 years; 45 - 54 years; 55 - 64 years; 65 - 74 years; 75 - 84 years; 85 years and older

Sexual Orientation:	Female; Male
Geography:	Maine
Location:	All
Occupation:	All

SMART Objective Intervention Information:

Intervention Summary:	The CHW/DOT (Directly Observed Therapy) position will assist patients to access health resources, services, support disease self-management, and will assist in the coordination of culturally appropriate care and services for patient populations.
Type of Intervention:	Evidence-Based Intervention
Rationale for Choosing the Intervention:	Directly Observed Therapy is an evidence-based strategy for the treatment of TB. The use of community health workers to support diverse populations in home settings and expand the capacity of public health workforce are also evidence-based interventions. The combination of these strategies is assisting Maine CDC is assuring the TB patients adhere to treatment protocols.

Activities

Activity – TB case investigations

Activity Summary:	The contracted TB epidemiologist will investigate identified TB cases.
Activity Description:	Investigations include conducting contact tracing. Identified patients will be referred to public health nursing and community health worker services for treatment.

Activity – Directly Observed TB Therapy

Activity Summary:	The contracted CHW will provide Directly Observed Therapy for identified TB patients.
Activity Description:	In addition to DOT, the CHW will: <ul style="list-style-type: none"> • Provide social support, care navigation, coaching, and advocacy to eligible patients that are consistent with patient-centered goals and issues. • Cultural mediation among individuals, communities, social service organizations and the health care system. • Provide coaching through motivational interviewing and other evidence-based approaches. • Advocate for individuals and communities with a goal to build individual community capacity. • Provide culturally appropriate health education and information.

Program Name:	Community Health Needs Assessments
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Program Summary

Program Goal:	Maine CDC will update CHNA data annually.
Healthy People 2030 Objective:	PHI-R09 Explore the impact of community health assessment and improvement planning efforts
Health Topic Area:	Public Health Infrastructure
Recipient Health Objective:	Between October 1, 2025, and September 30, 2026, Maine CDC will update Maine Shared Community Health Needs Assessment data for 20 communities within the state

Program Problem Information

Program Problem Description:	The Maine Shared Community Health Needs Assessment is a state-wide resource for up-to-date health and social determinants of health data for communities across Maine. The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative partnership between Central Maine Healthcare (CMHC), Northern Light Health (NLH), MaineGeneral Health (MGH), MaineHealth (MH), the Maine Center for Disease Control and Prevention (Maine CDC), and the Maine Community Action Partnership (MeCAP). By engaging and learning from people and communities and through data analysis, the partnership aims to improve the health and well-being of all people living in Maine. The mission of the Maine Shared CHNA is to: create shared CHNA reports, engage and activate communities, and support data-driven improvements in health and well-being for all people living in Maine. The 2022 Maine Shared CHNA priorities were used to develop the 2025 Maine State Health improvement Plan, whose implementation will continue during this project period.
Problem was Prioritized by the Following Factor(s)	Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment); Other Prioritization
Problem Prioritized – Other:	Maine CDC has a signed MOU with 4 health systems and the state-wide partnership for community action agencies. This program also supports public health accreditation.

Program Key Indicator(s)

Program Key Indicator – KI-00718

Description of Program Key Indicator	The number of Maine Shared CHNA indicators that have data updates during the project period.
Baseline Value for the Program Key Indicator	0

Program Strategy

Program Goal:	Maine CDC will update CHNA data annually.
SDOH Addressed by the Program:	Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy); Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
Program Strategy:	Maine CDC will routinize data analysis and update selected indicators on an annual basis and post these on an interactive dashboard with the option of data downloads, so that community partners have easy access to needed data. Dash will be analyzed for 16 counties, at least 4 larger cities, and other communities that meet the community needs assessment requirements of hospitals and community action agencies.
Program Setting(s):	Childcare center; Community based organization; Local health department; Medical or clinical site; Schools or school district; State health department; Tribal nation or area
List of Primary Strategic Partners	MaineHealth, MaineGeneral Health, Northern Light Health, Central Maine Healthcare, Maine Community Action Partnership, the Maine CDC Health Advisory Council

Evaluation Methodology	Effectiveness of the Maine Shared CHNA and activity under this program will be measured by the number of indicators with updated information, traffic and downloads from the data dashboard, and feedback from community partners regarding the data and dashboard.
Planned Non-Monetary Support to Local Agencies or Organizations:	Technical Assistance; Resources/Job Aids; Other Support
Planned Non-Monetary Support – Other:	Data analyses and data dashboard for the Maine Shared CHNA will be maintained by Maine CDC, allowing data to be used by stakeholders and community partners. Participation in the Maine Shared CHNA steering committee brings public health expertise to the project.

Program Target Population(s)

Program Target Population

Number of People Served:	1395722
Race and/or Ethnicity:	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White
Age:	Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years; 25 - 34 years; 35 - 44 years; 45 – 54 years; 55 - 64 years; 65 – 74 years; 75 – 84 years; 85 years and older
Sex:	Female; Male
Sexual Orientation:	Straight or heterosexual; LGBTQ
Geography:	Maine, counties, top three cities
Location:	Hospitals, community action agencies, other community-based organizations
Occupation:	all
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective:	Updated data for Maine Shared CHNA indicators.
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SMART Objective Summary

SMART Objective Description	Between October 1, 2025, and September 30, 2026, the Maine CDC will update data for 200 Maine Shared CHNA indicators.
Item to be Measured:	Number of indicators that are updated during the project period. Indicators will be stratified whenever possible by county and by population demographics.
Unit to be Measured:	indicator
Baseline Value for Item to be Measured:	0
Interim Target Value to Reach by APR:	50
Final Target to Reach by Closeout Report:	200

SMART Objective Intervention Information:

Intervention Summary:	Maine CDC will update Maine Shared CHNA indicators when new datasets become available. When a new set of data becomes available, data analysts will review the
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data for quality issues, analyze indicators, including by available stratification, check the analyses for accuracy and upload these to the Maine Shared CHNA SQL Database. Tableau programmers will then update the dashboard from the SQL database.

Type of Intervention: Evidence-Based Intervention

Rationale for Choosing the Intervention: While the Maine Shared CHNA produces profiles and reports on a triennial basis. Maine CDC community partners value updated information whenever new data becomes available. A careful process that includes multiple quality assurance checks ensures that accurate data is displayed and disseminated. Up-to-date data across public health topics is critical for communities to be able to update their local needs assessments and plan for public health and related interventions. While some data is not available every year, it is important to update all indicators regularly. There were 270 indicators used in the 2025 Maine Shared CHNA. These indicators are stratified both geographically and demographically, and these stratifications will also be updated.

Activities

Activity – Support for the Behavioral Risk Factor Surveillance System

Activity Summary: Maine CDC will use PHHS BG Funds to sponsor state-added questions and US CDC modules that are part of MSCHNA indicator list.

Activity Description: Maine BRFSS provides both state level and county-level data for questions on the survey. A number of these are important for communities when they are prioritizing health issues in their area of the state. In addition to sponsoring added questions, PHHS BG support of BRFSS will ensure high level expertise on the Maine BRFSS steering committee.

Activity – Support for Maine Integrated Youth Health Survey

Activity Summary: Subject matter expertise from contracted maternal and child health, injury, and chronic disease epidemiologists will inform the implementation of this survey and the analysis of its data.

Activity Description: Maine CDC will contract with the University of Southern Maine for epidemiology services to support the implementation of the Maine Integrated Youth Health Survey, analysis of the data from the survey and production of infographics related to the survey.

Activity – Analysis of data for the Maine Shared CHNA

Activity Summary: Contracted epidemiologists will analyze data for Maine CDC as new data become available

Activity Description: Contracted epidemiologists are responsible for analyzing specific data sets including birth data, BRFSS, PRAMS, and the Maine Health Data Organization's hospital discharge datasets data for the Maine Shared CHNA. The process includes preparing the data set for these analyses, running SAS programs to provide rates and confidence intervals, checking the data for completeness and accuracy, and checking meta data for completeness and accuracy.

Activity – Creation of community-specific data products for the Maine Shared CHNA

Activity Summary: Maine CDC will make on-going improvements to the MSCHNA interactive data display.

Activity Description: Maine CDC has been refreshing the look and functionality of the MSCHNA dashboard over the past year. Additional displays, highlighting data by county, and by other populations within the state are planned for this next project period. Information collected during the past year from MSCHNA stakeholders will be used to prioritize and design these additional views. In addition, pre-formatted PDFs will be created based on stakeholders' requests.

Program Name: Asthma Management

Program Summary

Program Goal: Maine CDC will enhance the Asthma Self Management Education program.

Healthy People 2030 Objective: RD-04 Reduce asthma attacks

Health Topic Area: Respiratory Diseases

Recipient Health Objective: Reduce Asthma ED visits for all ages via asthma self-management education and indoor air quality monitoring

Program Problem Information

Program Problem Description: About 1 in 9 Mainers currently has asthma, compared to 1 in 12 nationally.-Maine has some of the highest rates of asthma in the country. While US comparison data for emergency department visits due to asthma are unknown, county-level data in Maine shows significant differences in different parts of the state, and there are also variations across different demographic groups. Asthma Self Management Education is an evidence-based intervention designed to support individuals with uncontrolled asthma in effectively managing their condition. The Maine Asthma Prevention and Control Program is currently delivering the ASME program in homes through Community Health Workers (CHWs) and Community Paramedics, focusing on populations disproportionately affected by asthma, including low-income, rural, and immigrant communities. While recent trends indicate that the current intervention has had some success, not all people with asthma are reached via the program. In addition, while CHWs and other asthma educators currently observe housing conditions and help identify potential asthma triggers, the use of indoor air quality monitors will provide additional information and feedback to participants and enhance the specificity and effectiveness of interventions.

Problem was Prioritized by the Following Factor(s) Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment); Identified via surveillance systems or other data sources

Program Key Indicator(s)

Program Key Indicator – KI-01605

Description of Program Key Indicator Number of individuals receiving Asthma Self Management Education in their home

Baseline Value for the Program Key Indicator 60

Program Strategy

Program Goal: Maine CDC will enhance the Asthma Self Management Education program.

Program Strategy: The program will be enhanced via the expansion of community partners implementing ASME. Maine CDC has established a "willing and able" contracting mechanism by which funding is offered to community partners to employ community health workers of other health care extenders such as paramedics, train them in the ASME program and implement them in households served by the organization. Currently the program is able to fund 6 providers, and additional block grant funding will double that. In addition, a pilot program to assess the feasibility of using indoor air quality (IAQ) monitors as educational tools for improved self-management of asthma in rural, low-income communities experiencing asthma disparities will be implemented. Over the course of 1 year, 20 households participating in the ASME program will receive a set of IAQ monitors that will be used to identify indoor asthma triggers from which interventions will be implemented. Monitors will then be used to evaluate the effectiveness of those interventions.

Program Setting(s):	Community based organization; Home
List of Primary Strategic Partners	Maine CDC's Asthma Program, the Maine Indoor Air Quality Council, and the Maine Asthma Coalition's Indoor Air Quality Monitoring workgroup, six community-based partners to be determined.
Evaluation Methodology	The Maine Asthma Program will monitor the number of clients from each community-based organization, following guidelines from the evidence-based intervention. The Maine Indoor Air Quality (IAQ) Monitoring Project will be evaluated via a protocol to be developed, using data from the indoor air quality monitors and reports from the ASME educators.
Planned Non-Monetary Support to Local Agencies or Organizations:	

Program Target Population(s)

Program Target Population

Number of People Served:	154347
Race and/or Ethnicity:	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White
Age:	Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years; 25 - 34 years; 35 - 44 years; 45 - 54 years; 55 - 64 years; 65 - 74 years; 75 - 84 years; 85 years and older
Sex:	Female; Male
Sexual Orientation:	Straight or heterosexual; LGBTQ
Geography:	Will be based on the location of the Maine-based Community-Based Organizations (CBOs) who are identified as willing and able to deliver the intervention.
Location:	Homes
Occupation:	Any
Primarily Low Income?	true
Disproportionately Affected by the Problem?	true
All or Part Disproportionately Affected?	All

Program SMART Objective

Title of Program SMART Objective:	Asthma Self Management Education
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SMART Objective Summary

SMART Objective Description	Between October 1, 2026, and September 30, 2026, the Maine CDC will expand the reach of its Asthma Self Management Education Program by 60 clients.
Item to be Measured:	ASME participants
Unit to be Measured:	individuals
Baseline Value for Item to be Measured:	60
Interim Target Value to Reach by APR:	75

SMART Objective Intervention Information:

Intervention Summary:	Maine CDC will contract with community-based organizations to deliver its Asthma Self Management Education (ASME) program. ASME Program is an evidence-based intervention designed to support individuals with uncontrolled asthma in effectively managing their condition. The Maine Asthma Prevention and Control Program is currently delivering the ASME program in homes through Community Health Workers (CHWs) and Community Paramedics, focusing on populations disproportionately affected by asthma, including low-income, rural, and immigrant communities. The program is grounded in the American Lung Association's Breathe Well, Live Well curriculum—an evidence-based, adult-focused asthma self-management education program that teaches participants to recognize symptoms, avoid triggers, use medications and devices correctly, and respond to worsening asthma. ASME's goals are to increase client and caregiver asthma self-management knowledge, reduce home-based asthma triggers, improve health outcomes, and enhance professional knowledge of best practices. In addition, a pilot program which will lend Indoor Air Quality Monitors to up to 20 program participants will test the use of these monitors in providing more targeted information about asthma triggers and help participants reduce the presence of those triggers in the home.
Type of Intervention:	Evidence-Based Intervention
Rationale for Choosing the Intervention:	The use of this evidence-based intervention, delivered in homes by community health workers and healthcare extenders, provides for cost-efficient culturally appropriate care. The pilot program will test whether the use of indoor air quality monitors can improve the efficacy of the program.

Activities

Activity – Asthma Self Management Education

Activity Summary:	Maine CDC will contract with up to 6 additional community-based organizations to deliver the ASME program
Activity Description:	Community-based organizations will be selected on a "qualified and willing basis" based on the areas and populations in the state that have been prioritized by the Maine CDC Asthma Program. Each organization will be expected to serve at least 10 participants.

Activity – Indoor Air Quality Monitoring Pilot

Activity Summary:	The Maine Indoor Air Quality (IAQ) Monitoring Project aims to assess the feasibility of using indoor air quality (IAQ) monitors as educational tools for improved self-management of asthma
Activity Description:	This pilot will focus on implementing this strategy in rural, low-income communities experiencing asthma disparities. Over the course of 1 year, 20 households participating in the Asthma Self-Management Education (ASME) program (an initiative of the Maine Asthma Program) will receive a set of IAQ monitors that will be used to identify indoor asthma triggers from which interventions will be implemented. Monitors will then be used to evaluate the effectiveness of those interventions.

Program Name:	Sexual Assault Prevention and Response
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Program Summary

Program Goal:	Engage with 10 communities to provide community-level prevention support and increase skills in order to serve 95% of the youth reaching out for support.
Healthy People 2030 Objective:	IVP-17 Reduce adolescent sexual violence by anyone
Health Topic Area:	Injury and Violence Prevention
Recipient Health Objective:	Maine DHHS will reduce youth sexual violence and support youth sexual violence survivors by December 31, 2030.

Program Problem Information

Program Problem Description:	Sexual violence continues to be a significant health and safety issue for youth in the Western Public Health District of Maine. The Western Public Health District of Maine is comprised of Androscoggin, Franklin and Oxford Counties. Franklin and Oxford Counties are primarily rural, while Androscoggin has the second largest community of immigrants in the state; 11.4% of the population of the district are under age 18. In all three counties, a slightly greater proportion of youth report experiencing non-consensual sex than youth in all of Maine (16% of youth 14-18, MIYHS) Youth are often disenfranchised from community and systematic supports and require effective responses to cope with their experiences. The Western Public Health District of Maine is comprised of Androscoggin, Franklin and Oxford Counties. Franklin and Oxford Counties are primarily rural, while Androscoggin has the second largest community of immigrants in the state; 11.4% of the population of the district are under age 18. In all three counties, a slightly greater proportion of youth report experiencing non-consensual sex than youth in all of Maine (16% of youth 14-18, MIYHS) Youth are often disenfranchised from community and systematic supports and require effective responses to cope with their experiences.
Problem was Prioritized by the Following Factor(s)	Prioritized within a strategic plan; Other Prioritization
Problem Prioritized – Other:	PHHS BG requirement

Program Key Indicator(s)

Program Key Indicator – KI-01531

Description of Program Key Indicator	Number of communities that have adopted changes to policies and practices based on risk and protective factors for sexual violence.
Baseline Value for the Program Key Indicator	0

Program Strategy

Program Goal:	Engage with 10 communities to provide community-level prevention support and increase skills in order to serve 95% of the youth reaching out for support.
SDOH Addressed by the Program:	Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration);Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence);Adverse Childhood Experiences (ACEs)
Program Strategy:	Maine CDC collaborates with the Maine DHHS Office of Child and Family Services to contract with the Maine Coalition Against Sexual Assault (MECASA) for rape prevention education and sexual assault response services. While MECASA works with community partners across the state, PHHS BG funds are allocated to Sexual Assault Prevention & Response Services (SAPARS), which serves the Western Public Health District of Maine. SAPARS will augment community education and prevention

efforts to deepen community residents' and leaders' abilities to plan, lead, and sustain community level sexual violence prevention efforts. Amongst these efforts, particular attention will be devoted to supporting students and school personnel to drive policy and cultural changes within their schools to prevent sexual violence. Community mobilization and education will empower communities to foster connection for young people. Effective responses to childhood experiences of sexual violence will additionally aim to ameliorate the impacts of ACEs on young people.

Program Setting(s):	Community based organization; Medical or clinical site; Rape crisis center; Schools or school district
List of Primary Strategic Partners	Maine DHHS Office of Child and Family Services, Maine Coalition Against Sexual Assault (MECASA), Sexual Assault Prevention & Response Services (SAPARS), school communities in Androscoggin, Franklin and Oxford Counties.
Evaluation Methodology	SAPARS will record data in MECASA's database, EmpowerDB, about processes, such as number of engagements and attendance, as well as outcomes such as whether efforts were participant-led. Additionally, staff will administer outcome surveys to youth participants and both process and outcome surveys to guidance counselors or other roles to better understand the impact of programming.
Planned Non-Monetary Support to Local Agencies or Organizations:	Technical Assistance; Training

Program Target Population(s)

Program Target Population

Number of People Served:	26329
Race and/or Ethnicity:	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White
Age:	Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years; 25 - 34 years; 35 - 44 years; 45 - 54 years; 55 - 64 years; 65 - 74 years; 75 - 84 years; 85 years and older
Sex:	Female; Male
Sexual Orientation:	Straight or heterosexual; LGBTQ
Geography:	Androscoggin, Franklin, and Oxford counties which make up the Western Public Health District.
Location:	Community sites throughout the Public Health District , including but not limited to community-based organizations and centers, youth serving organizations and centers, medical or clinical sites, and schools.
Occupation:	All
Primarily Low Income?	false
Disproportionately Affected by the Problem?	true
All or Part Disproportionately Affected?	All

Program SMART Objective

Title of Program SMART Objective:	Sexual Violence Prevention
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SMART Objective Summary

SMART Objective Description	Between October 1, 2025, and September 30, 2026, Sexual Assault Prevention & Response Services staff will support 12 community partners in prevention change efforts.
Item to be Measured:	Number of community partners supported in prevention change efforts by SAPARS staff
Unit to be Measured:	Partners engaged
Baseline Value for Item to be Measured:	0
Interim Target Value to Reach by APR:	4
Final Target to Reach by Closeout Report:	12

SMART Objective Problem Information

SMART Objective Problem Description:	Sexual violence, including sexual harassment, sexual assault, sex trafficking, and sexual exploitation is a persistent problem. Addressing sexual violence with young people aged 14-18 using evidence-based prevention principles is critical to reducing this in our society. US CDC based research demonstrates that communities that adopt policies and practices that support connection to school and to a caring adult increase protective factors for sexual violence. In 2023, 16% of high school students in the Western Maine PHD indicated 'yes' to "Have you been forced (physically or otherwise) to have sexual contact?" (25% of girls and 7% of boys) (MIYHS). 2023 MIYHS findings also indicate that 45% of Western Maine PHD high school student respondents felt they mattered to their community (versus 49% statewide). Only 30% (as compared to 32% statewide) reported going to an adult for help when feeling sad or hopeless.
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SMART Objective Intervention Information:

Intervention Summary:	SAPARS will support twenty community partners within Androscoggin, Franklin and Oxford Counties in using community level prevention strategies to address root causes of sexual violence. Sexual Assault Prevention & Response Services has developed relationships with a large number of schools in Androscoggin, Franklin and Oxford Counties. SAPARS will utilize community-level approaches to sexual violence prevention to address root causes of sexual violence. These strategies include but are not limited to school-based prevention and community education, policy change, coalition building, and community mobilization within school communities. With facilitation, training, and technical assistance from SAPARS staff, students and school personnel will be supported to create policy and cultural changes within their schools, develop youth leadership opportunities and equip adults to effectively respond to and connect with young people in their community.
Type of Intervention:	Innovative/Promising Practice
Rationale for Choosing the Intervention:	This intervention is in line with Maine's state-wide Rape Prevention Education program. It recognizes that the underlying causes of sexual violence go beyond attitudes and behaviors and are embedded in community culture and conditions.

Activities

Activity – Community change to prevent youth sexual violence

Activity Summary:	SAPARS staff will engage with community partners to initiate community-level changes that prevent sexual violence
Activity Description:	SAPARS will provide facilitation, training, and technical assistance to students, school personnel, youth leaders, and adult allies. Types of support will include school-based prevention and community education, policy change, coalition building, and community mobilization. This support will help to create policy and cultural changes within schools and other community settings.

Program SMART Objective

Title of Program SMART Objective: Support for Youth Victims of Sexual Violence

SMART Objective Summary

SMART Objective Description	From October 1, 2025, to September 30, 2026, 95% of minor victims of sexual violence seeking help will receive support and advocacy services.
Item to be Measured:	Percentage of minors seeking services who received them
Unit to be Measured:	percentage
Baseline Value for Item to be Measured:	95
Interim Target Value to Reach by APR:	95
Final Target to Reach by Closeout Report:	95

SMART Objective Problem Information

SMART Objective Problem Description:	Of Maine youth aged 14-18 in the Western Public Health District, 16% report having experienced sexual violence. Sexual assault is traumatizing and can have lifelong effects on youth who experience it if they do not receive appropriate support and advocacy. Like all survivors, youth often feel isolated, especially if they experience the violence at home. Recognition and appropriate intervention and support for youth victims is critical.
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SMART Objective Intervention Information:

Intervention Summary:	Sexual assault prevention educators and other SAPARS advocates will provide confidential support and assistance to minor victims of sexual violence as well as to their concerned, non-offending caregivers and friends. Services to be provided include crisis intervention, including 24/7 access; drop-in hours; education and referrals to community services and resources, accompaniment to events or proceedings.
Type of Intervention:	Innovative/Promising Practice
Rationale for Choosing the Intervention:	Sexual assault is traumatizing and can have lifelong effects on youth who experience it if they do not receive appropriate support and advocacy. Like all survivors, youth often feel isolated, especially if they experience the violence at home. Recognition and appropriate intervention and support for youth victims is critical.

SMART Objective Target Population

Target Population Same as Program's or Subset?	Sub-set of the Program's Target Population
Number of People Served:	108
Race and/or Ethnicity:	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White
Age:	Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years; 25 - 34 years; 35 - 44 years; 45 - 54 years; 55 - 64 years; 65 - 74 years; 75 - 84 years; 85 years and older
Sex:	Female; Male
Sexual Orientation:	Straight or heterosexual; LGBTQ
Geography:	Androscoggin, Franklin, and Oxford counties which make up the Western Public Health District.

Location: Schools, youth serving organizations and centers, race crisis centers

Occupation: All

Activities

Activity – Support for youth victims of sexual assault

Activity Summary: Sexual assault prevention educators and other SAPARS advocates will provide confidential support and assistance via one-to-one advocacy services.

Activity Description: Educators and advocates provide targeted outreach to youth through classroom education, drop-in hours and education of school personnel. This relational approach to service outreach and educating minors about resources available to them can lower barriers to access, particularly for young people who might be experiencing sexual violence in the home. Services to be provided include: twenty-four (24) hour access through toll-free phone contact with immediate response or a return call within fifteen (15) minutes of the original contact; access for Victims with limited English proficiency or who are hearing impaired; crisis intervention; education and referrals to community services and resources, such as law enforcement, civil legal services, and medical providers; provide information and resources regarding Sexual Violence and Sex Trafficking and Sexual Exploitation.

Program Name:	PFAS Exposure Reduction
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Program Summary

Program Goal:	Maine CDC will generate actionable guidelines and data to reduce Mainers' exposure to PFAS from contaminated farmland.
Healthy People 2030 Objective:	EH-05 Reduce health and environmental risks from hazardous sites
Health Topic Area:	Environmental Health
Recipient Health Objective:	Reduce Exposure to PFAS from agriculture exposure pathways

Program Problem Information

Program Problem Description:	State of Maine testing has identified dozens of farm fields with PFAS contaminated soils from the historical application of PFAS biosolids. These elevated soils have resulted in contaminated food commodities for soil-to-forage crop – to livestock exposure pathways (e.g., milk, beef). There is a need for soil screening levels to identify when it may be necessary to test food commodities for contamination and there is a need for maximum limits of contamination in food commodities to protect public health. As this contamination has existed for years, individuals are being identified who have elevated exposure and are seeking blood tests to evaluate the need for additional health monitoring or treatment to accelerate the reduction of PFAS body burdens.
Problem was Prioritized by the Following Factor(s)	Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment);Legislature established as a priority

Program Key Indicator(s)

Program Key Indicator – KI-01625

Description of Program Key Indicator	The number of individuals identified with elevated blood PFAS levels.
Baseline Value for the Program Key Indicator	0

Program Strategy

Program Goal:	Maine CDC will generate actionable guidelines and data to reduce Mainers' exposure to PFAS from contaminated farmland.
SDOH Addressed by the Program:	Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
Program Strategy:	Maine is maintaining two toxicologists who will undertake field studies, literature reviews, and modeling analyses to derive PFAS soil screening and maximum limits of PFAS in food commodities following federal risk assessment guidance. Maine will also maintain one environmental epidemiologist to perform case investigations of Maine residents with elevated blood levels of PFAS to ensure individuals and their health care providers are supported in efforts to identify and mitigate any ongoing exposure to PFAS and accessing information on health monitoring and treatment to accelerate the reduction of body burdens.
Program Setting(s):	Business, corporation or industry; State health department; Other Settings
Program Setting -- Other:	Farms
List of Primary Strategic Partners	Maine Department of Agriculture Conservation and Forestry, Maine Department of Environmental Protection
Evaluation Methodology	Program evaluation will include the completion of PFAS soil screening levels, the completion of derivation of maximum limits for PFAS in several food commodities, and

the completeness of case investigations and number of individuals identified with elevated PFAS blood levels by mandatory reporting.

Planned Non-Monetary Support to Local Agencies or Organizations:

Technical Assistance; Resources/Job Aids

Program Target Population(s)

Program Target Population

Number of People Served:	1395722
Race and/or Ethnicity:	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White
Age:	Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years; 25 - 34 years; 35 - 44 years; 45 – 54 years; 55 - 64 years; 65 – 74 years; 75 – 84 years; 85 years and older
Sex:	Female; Male
Sexual Orientation:	Straight or heterosexual; LGBTQ
Geography:	Maine
Location:	All
Occupation:	All
Primarily Low Income?	false
Disproportionately Affected by the Problem?	true
All or Part Disproportionately Affected?	Part

Program Target Disparate Population

Number of People Served:	7500
Race and/or Ethnicity:	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White
Age:	Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years; 25 - 34 years; 35 - 44 years; 45 – 54 years; 55 - 64 years; 65 – 74 years; 75 – 84 years; 85 years and older
Sex:	Female; Male
Sexual Orientation:	Straight or heterosexual; LGBTQ
Geography:	Maine
Location:	Farms and abutting landowners
Occupation:	Farmers and farm workers
Primarily Low Income?	false

Program SMART Objective

Title of Program SMART Objective:	Develop PFAS Soil Screening Levels
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SMART Objective Summary

SMART Objective Description	Maine CDC toxicologists will develop or update 2 PFAS soil screening levels.
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Item to be Measured:	Completion of soil screening levels for two agricultural exposure pathways (one as an update to a prior 2020 value).
Unit to be Measured:	screenings level
Baseline Value for Item to be Measured:	1
Interim Target Value to Reach by APR:	1
Final Target to Reach by Closeout Report:	2

SMART Objective Problem Information

SMART Objective Problem Description:	PFAS Soil Screening levels are needed to determine when to further investigate contamination of farm commodities. Historical application of PFAS contaminated biosolids has impacted Maine farmland and potentially agricultural food commodities, resulting in PFAS exposure to Maine residents who consume contaminated foods. Maine has a legislative mandate to test all farm fields with a history of land application of biosolids for the presence of elevated PFAS in soil. State of Maine testing has identified dozens of farm fields with PFAS contaminated soils from the historical application of PFAS biosolids. Soil screening levels represent soil concentrations of PFAS that pose minimal risk of adverse health outcomes for a specific exposure pathway (e.g., transfer of PFAS from soil to plant to livestock to food commodity). They are used to interpret data from testing of farm fields for the presence of PFAS and to determine if further investigation and testing of food commodities is needed. There is a need for soil screening levels to identify when it may be necessary to test food commodities for contamination. While previously a soil screening level had been developed, emerging science will require updating this and adding an additional screening level.
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SMART Objective Intervention Information:

Intervention Summary:	Develop soil screening levels for selected agricultural exposure pathways.
Type of Intervention:	Innovative/Promising Practice
Rationale for Choosing the Intervention:	There are existing federal models for relevant agronomic exposure pathways, but they have not been applied to PFAS.

Activities

Activity – Develop PFAS Soil Screening Levels

Activity Summary:	Between 10/1/25 and 9/30/26, determine scientifically sound soil screening levels for 2 agricultural food pathways
Activity Description:	Toxicologists will complete field studies undertaken to generate new data to support the development of soil screening levels. The toxicologists will use these new data and will modify existing federal models for deriving soil screening levels so that they can be used for PFAS. Field studies have been completed to validate these models and model checking will be performed. Technical Support Documents will be prepared that describe the scientific basis for the soil screening levels.

Program SMART Objective

Title of Program SMART Objective:	Develop or update maximum limits of PFAS in agricultural food commodities
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SMART Objective Summary

SMART Objective Description	Develop or update the scientific basis for maximum limits of PFAS in at least 6 agricultural food commodities to be used in State of Maine rule-making to make these limits enforceable standards.
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Item to be Measured: maximum limits for PFAS in food commodities

Unit to be Measured: recommended limits

Baseline Value for Item to be Measured: 3

Interim Target Value to Reach by APR: 3

Final Target to Reach by Closeout Report: 6

SMART Objective Problem Information

SMART Objective Problem Description: In the absence of federal standards, maximum limits of PFAS in agricultural food commodities are needed to limit exposure to PFAS from contaminated foods. Historical application of PFAS contaminated biosolids has impacted Maine farmland and resulted in contaminated agricultural food commodities on some farms, resulting in potential PFAS exposure to Maine residents who consume contaminated foods. To date, contamination has been documented in dairy milk, beef, and eggs. Additional food commodities will be added, while updated to the existing documentation may be needed as the PFAS science develops. These limits will be used by the Maine Department of Agriculture Conservation and Forestry for rule-making related to PFAS contamination.

SMART Objective Intervention Information:

Intervention Summary: Develop or update maximum limits of PFAS in selected food commodities.

Type of Intervention: Innovative/Promising Practice

Rationale for Choosing the Intervention: There are existing federal health assessment methods and federal databases for consumption rates for food commodities, but these are not yet applied to PFAS.

Activities

Activity – Develop maximum limits of PFAS in food commodities

Activity Summary: Between 10/1/25 and 9/30/26, derive maximum limits for selected PFAS for at least 6 different agricultural food commodities (milk, beef, pork, eggs, lettuce, spinach),

Activity Description: Toxicologists will follow FDA health assessment methodology to derive maximum limits for PFAS in selected foods. This will include accessing federal databases on U.S. population food consumptions (NHANES, FPED) to derive food consumption rates used to develop the maximum limits in food.

Program SMART Objective

Title of Program SMART Objective: Support individuals with elevated body burdens of PFAS and reduce exposure

SMART Objective Summary

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

Unit to be Measured: percentage

Baseline Value for Item to be Measured: 0

Interim Target Value to Reach by APR: 75

SMART Objective Problem Information

SMART Objective Problem Description:	Historical application of PFAS contaminated biosolids has resulted in localized contamination of well water, farm food commodities, and fish and game (deer, turkey). Individuals concerned with current or past exposure are requesting their health care providers provide blood testing measure PFAS blood levels. The National Academies of Science Engineering and Medicine (NASEM) has developed blood testing and health monitoring guidelines. Provider education of PFAS is limited. Some Maine residents have been found to have highly elevated blood levels of PFAS. There is a need to provide support to both testing individuals and their health care providers. In response to both a NASEM recommendation and a recommendation of Maine's PFAS Fund Advisory Committee, Maine CDC has made PFAS blood testing results a notifiable condition.
SMART Objective Problem Summary:	Health care providers and individuals need support on interpreting and responding to PFAS blood testing results to determine if body burdens of PFAS are elevated and whether exposure pathways are known or still to be identified so exposure can be reduced.

SMART Objective Intervention Information:

Intervention Summary:	Perform case investigations of individuals with elevated PFAS blood levels.
Type of Intervention:	Innovative/Promising Practice
Rationale for Choosing the Intervention:	In 2022, NASEM recommended that clinicians make blood testing available to individuals with elevated PFAS exposure and that States provide Public Health oversight of PFAS blood testing by making test results reportable. Maine is the first state to make this a notifiable condition.

Activities

Activity – Perform case investigations of individuals with elevated PFAS blood test results.

Activity Summary:	Between 10/1/25 and 9/30/26, complete case investigations to identify sources of exposure and opportunities for exposure reduction on 90% of mandated reports of elevated PFAS blood levels in Maine residents.
Activity Description:	An environmental epidemiologist and toxicologist will perform case investigations of individuals with elevated blood PFAS levels to identify likely exposure pathways and make recommendations for exposure reduction. Case investigations will include structured interviews on exposure history, collection of any existing environmental data, running of toxicokinetic models that predict blood levels based on estimated exposure. The epidemiologist and toxicologist will also provide health care providers with available guidance on health monitoring of individuals with elevated PFAS blood levels.