



Portland Health Equity Alignment

Spring Quarterly Meeting

Wednesday, May 6, 2026

*Scan to Take the
Pulse Survey!*



WiFi Information:

Network: MA

Password: auditOrium

Agenda

- 9:00-9:05 Welcome
- 9:05-9:55 Portland Health Equity Alignment: Proposed Structure for 2026-27 & Beyond - Presentation and Q&A
Nélida Berke & Skylar Bergeron, Portland Public Health
- 9:55-10:15 Pulse Survey
Hayley Prevatt, Portland Public Health & Rachel Gallo, USM Catherine Cutler Institute
- 10:15-10:30 Wrap Up & Call to Action



Portland Health Equity Alignment

Proposed Structure for 2026-27 & Beyond

The Alignment

Vision

A Greater Portland where everyone has a fair and just opportunity to be as healthy as possible.

Mission

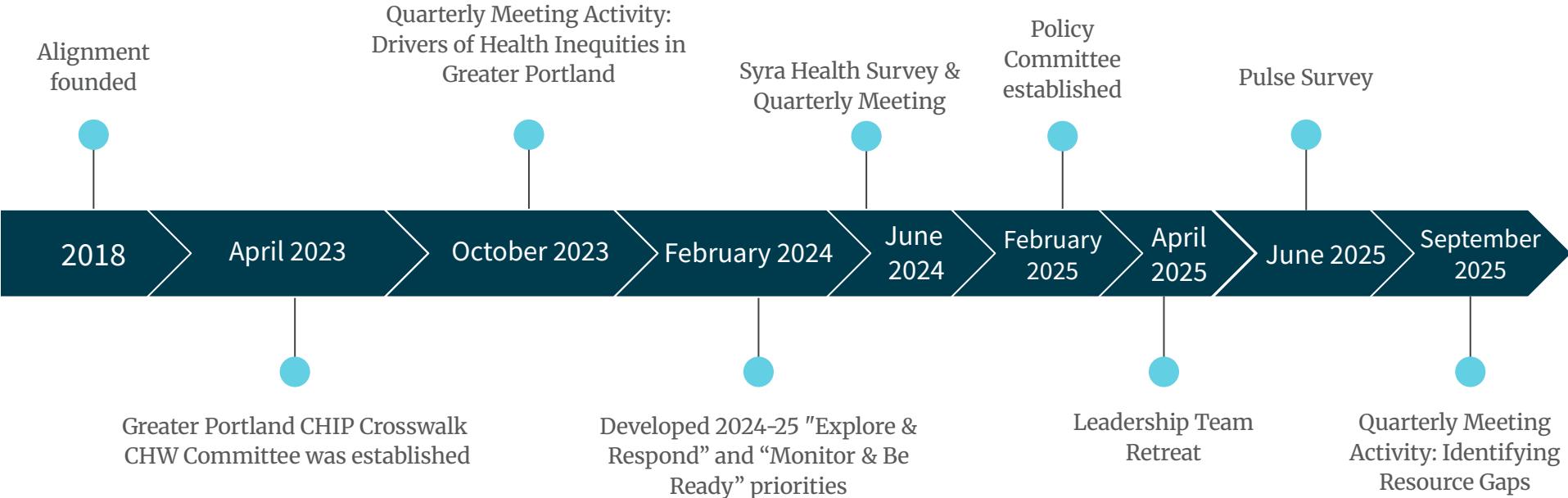
To advance health equity in Greater Portland by uniting cross-sector partners and centering community voices to identify and address barriers to healthcare, basic needs, and vital information

Community Priorities Guiding Our Work

1. Health & Behavioral Health Access
2. Community Resources
3. Health Related Social Needs (HRSN)
4. Clear Information & Paperwork

The Alignment

How Did We Get Here?



Since Fall 2025:

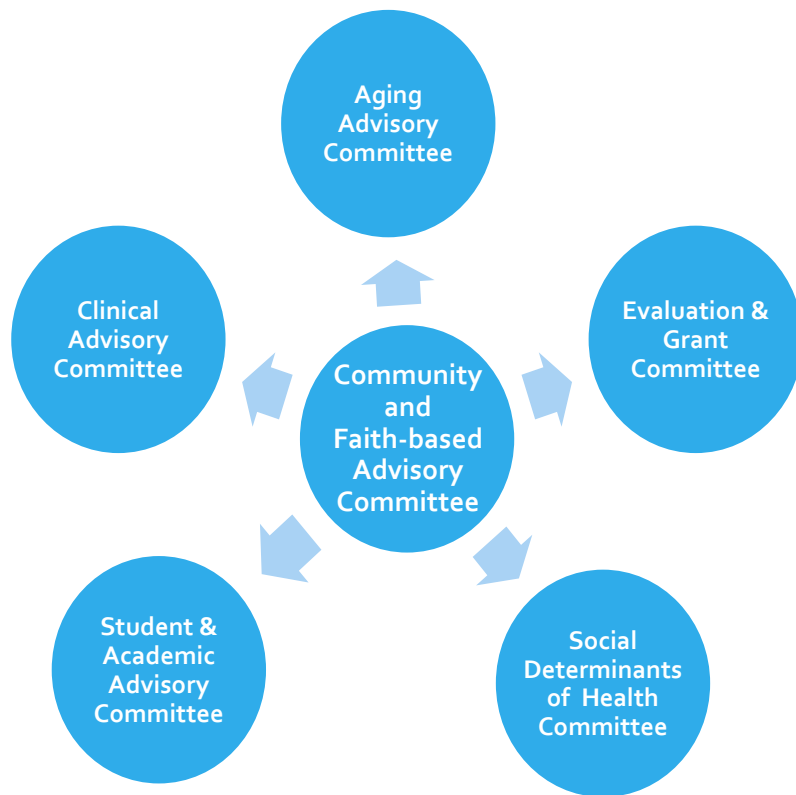
Began restructuring process:

- Incorporating feedback from members: Monthly Lunch & Learns
- Collaborating with Leadership Team: "Core Functions" survey, prioritization activities, draft proposal

2018 MHP Stakeholder Alignment

Key Components:

- Recognizing the value of community members' input.
- Building a shared vision.
- Strengthening relationships and collaboration.
- Improving community health.
- Advancing health and social equity
- Learning to collect the necessary data.
- Enabling EHR access for CHWs
- Recognize the value of Plain Language



Alignment Leadership Team - GRACIAS

Through April 2026



What The Alignment Is & Is Not...

The Alignment is a...	The Alignment is NOT a...
Connector: Linking organizations across sectors	Direct Service Provider: We do not provide clinical or social services.
Convener: Creating a trusted space / aligned space	Project Manager: We do not manage the internal programs of members.
Catalyst: Imagining new ways to collaborate / work together	Funder: We do not provide grants or direct financial resources.
Amplifier: Elevating community voice	Gatekeeper: We do not control access to info, resources, or partners.

What Does the Alignment Do?

Community Voice & Accountability: Ensures the group remains community-centered by embedding the experiences, leadership, and priorities of community members—particularly those most impacted by health inequities—into decision-making, feedback loops, and Alignment activities.

Networking & Partnership Development: Facilitates meaningful connections among partners across sectors and regions—creating a trusted space for relationship-building, cross-sector alignment, and collaboration.

Capacity Building & Shared Learning: Strengthens the collective workforce through training and resource sharing.

Amplification & Advocacy Support: Elevates member-led policy efforts focused on Health Related Social Needs (HRSN)

Outcomes

Short-Term

- Convening and coordination
- Partnership strategies
- Education and collaboration
- Inclusion/integration of local community members

Long-Term

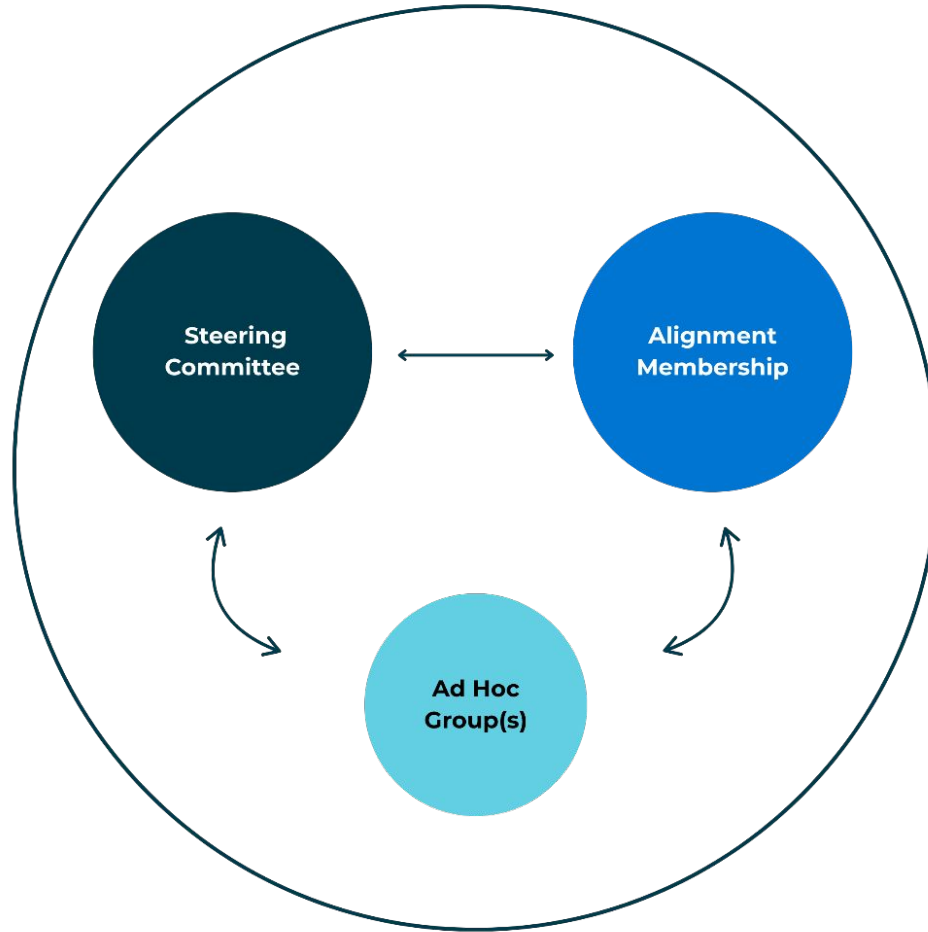
- Stronger partnerships
- New ways of working together
- Policy and systems change addressing disparities
- Reduced disparities & lack of access
- Shift decision-making power to the community

Annual Deliverables

The Alignment commits to the following annual activities:

- **4 Quarterly General Membership Meetings:** Large-scale, in-person meeting for priority setting and reflection
- **4 Quarterly ‘Pulse’ Surveys:** These will be available prior to the quarterly meeting and ensure survey is available for those who cannot attend the meeting
- **Minimum of 10 Virtual Lunch and Learns:** Monthly sessions for resource and knowledge sharing, training, and cross-sector collaboration
- **Minimum of 2 additional in person opportunities for networking & shared learning:** An informal member meet-up, workshop, “Community Cafe” conversation, etc.
- **1 Annual “Data Summit”** to highlight the state of health equity in Greater Portland and bridge the gap between technical data analysis and lived experience.
- **1 Annual Report:** Provides summary of Alignment activities, data collected and shared, and barriers to equity identified; highlights partnerships & community-led initiatives supported by the Alignment

Organizational Structure



Steering Committee

Composition

- Portland Public Health staff members, members or community partners with lived experience/expertise on equity work, planning, & community capacity building (including select current committee chairs)

Role

- Directs overall planning and implementation of activities and prioritization.
- Guides the Ad Hoc group and participates in their activities as needed.
- Evaluates progress toward outcomes
- Maintains partnerships and communications

Expectations

- Serve a 2-year term
- Attend at least 75% of regular meetings
- Represent the Alignment mission within their networks
- Dedicate 40-60 hours per year or 3-5 hours per month

Steering Committee



Nélide Berke
Portland Public Health



Skylar Bergeron
Portland Public Health



Amanda Hutchins
Portland Public Health



Ann Tucker
Greater Portland Health



Barbara Ginley
MaineHealth



Stephanie Arbaiza
Presente! Maine



Josephine Kamagaju
Project Home



Deqa Dhalac
Cross Cultural Community Services



TBD



TBD

Evaluation Experts!



Hayley Prevatt
Portland Public Health



Rachel Gallo
USM Catherine Cutler Institute



Steering Committee Recruitment

We are looking for a diverse representation of 2-3 community members and community partners from across sectors who have lived experience of health inequities, and/or expertise in equity work, planning, & community capacity building.

Connect with us if you or someone you know is interested in serving on the new Steering Committee.

Alignment Membership

Composition

Community members representing populations most impacted by health inequities and community partners representing diverse sectors (healthcare, CBOs, faith-based organizations, local government, academia)

Role

- Centers lived experience
- Identifies needs, barriers, and gaps
- Convenes around identified priorities

Expectations

- Attend quarterly meetings
- Participate in “pulse” surveys
- Participate in shared learning opportunities
- Participate in ad hoc groups when your expertise is relevant.

Ad Hoc Groups

Composition

- Alignment members self-selected or recruited by Steering committee based on lived experience and expertise relevant to the identified issue(s); subject matter experts

Role

- Convene to address a specific, time-limited issue identified by the Alignment Membership. The goal is to build momentum and incorporate community voice and input to address this issue, as capacity allows.

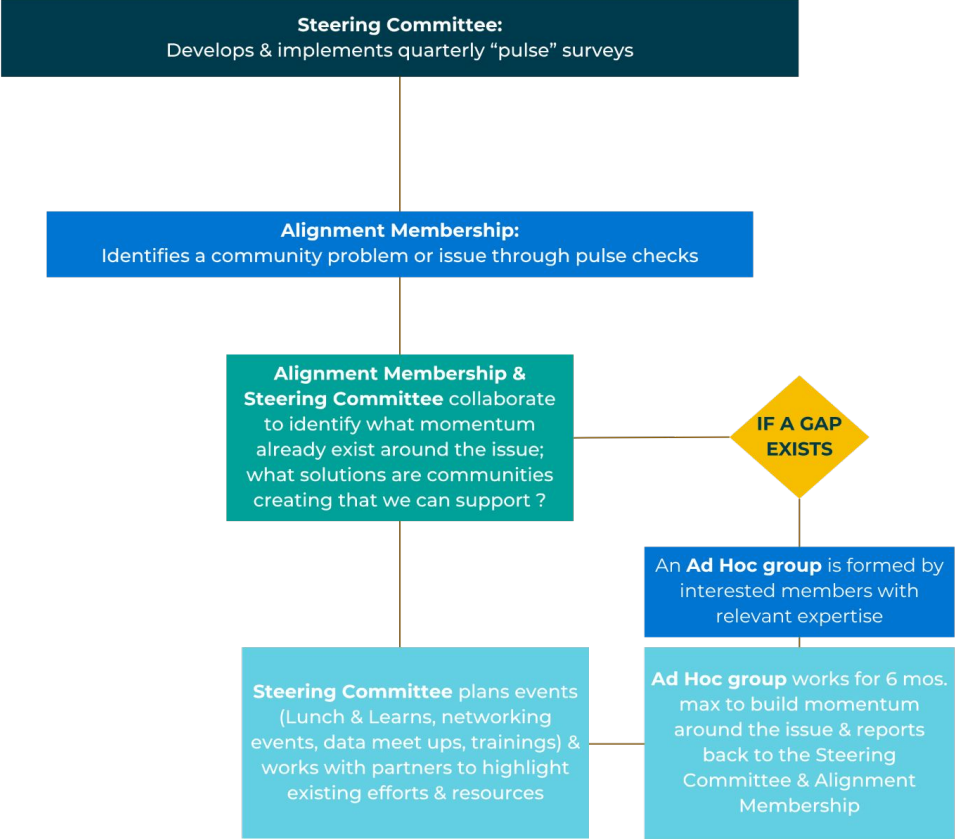
Expectations

- Convene for no longer than 6 months
- Report progress to the Steering Committee & Alignment membership monthly
- Present final project outcomes at a quarterly meeting

Meeting Frequency

Activity	Frequency	Format	Purpose
Quarterly Meetings	4/year	In-person	<ul style="list-style-type: none"> -Alignment Membership voices needs, barriers, gaps, and emerging issues in the community through “pulse” surveys -Learning & cross-sector collaboration & networking -Ad Hoc groups present project proposals, needs, & outcomes
Steering Committee	At least monthly	Virtual with potential for in-person	<ul style="list-style-type: none"> - Day-to-day planning and organizing of Alignment activities & events - Analysis and discussion of results of data collection & prioritization efforts - Guides the Ad Hoc group and participates in their activities as needed.
Lunch and Learns	Monthly Goal of 10/year	Virtual	Increase learning, resource-sharing, and cross-collaboration opportunities among community members and organizations in Greater Portland
Networking Opportunities	At least 2/year	In-person	Respond to training, networking, and other needs from the Alignment Membership in order to build trusted cross-sectoral relationships and spaces for collaboration.
Ad Hoc Groups	Convene for a max. of 6 months	At the discretion of group members	<ul style="list-style-type: none"> -Discuss the specific need or topic identified by the Alignment membership -Plan potential activities, recommendations, and reports

Decision Making Process



Example Scenario: Ad Hoc Model in Action

Steering Committee:
Develops & implements quarterly "pulse" survey

Alignment Membership: Expresses that there are not enough free opportunities for summer camps & recreational programs amongst students in Portland, & there are multiple barriers to access (i.e. financial, transportation, language needs)

Steering Committee explores: Are there current efforts to increase access? Is the community being informed? Who is excited to work on this?

IF A GAP EXISTS

A **"Recreation Access" Ad Hoc group** is formed by members with relevant expertise

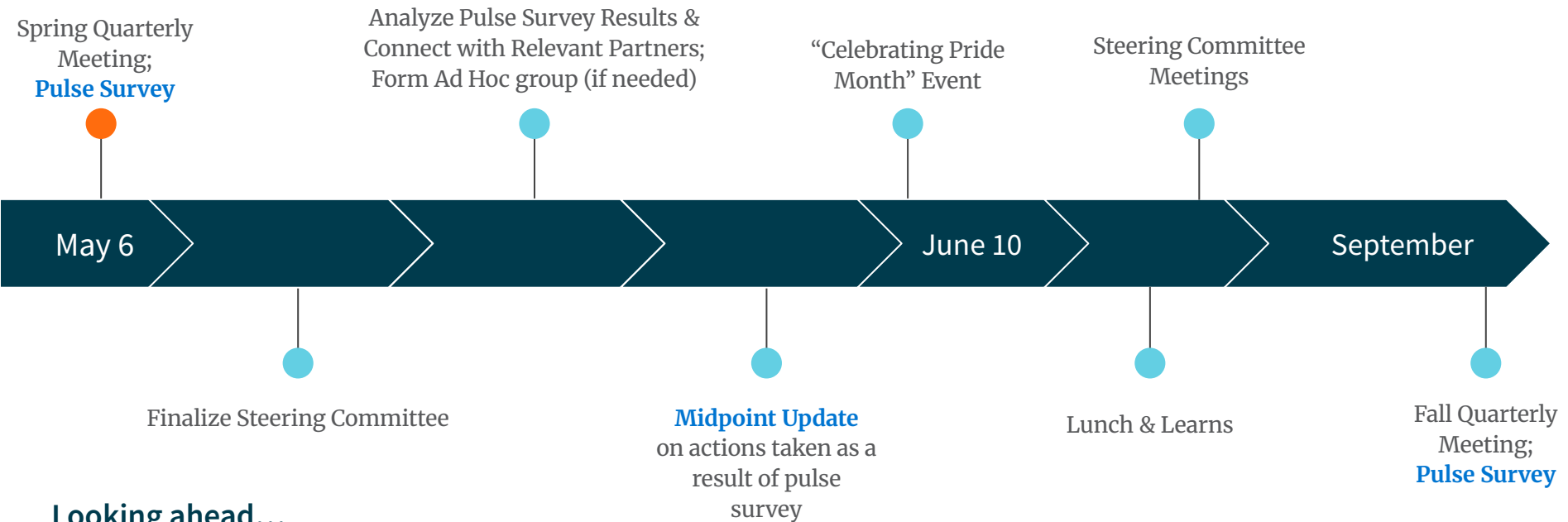
Steering Committee works with **partners** to highlight existing resources (i.e. presentation on reduced-tuition Rec programs, training on how to enroll families, networking event for partners who work with youth)

Ad Hoc group decides to meet & report back to Steering Committee & Membership monthly for 6 months

- Potential Outcomes:**
- **Networking & collaboration opportunities** built among members who have professional or lived experience with youth, nutrition, active living, and HRSN.
 - **Strong partnership developments** between Portland Parks & Rec, Portland Public Health, & local organizations.
 - Recreational program **tuitions are waived or reduced** as needed
 - **Transportation is secured** for those who are in need
 - **Trust is built** among City of Portland programs, school systems, and community members

Portland Health Equity Alignment

What's Next?



Looking ahead...

- Annual Report
- Data Summit



Q&A

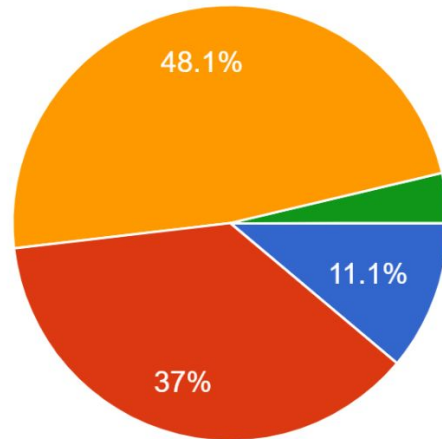
Quarterly Pulse Survey

Live results!*

**Please note that this preliminary summary was generated with the help of AI and is intended to represent a quick snapshot of the collected data. Final results will be analyzed & summarized carefully, and shared with the group via email.*

Which community priority has felt the most strained or challenging in your community work over the last three months? (Select one)

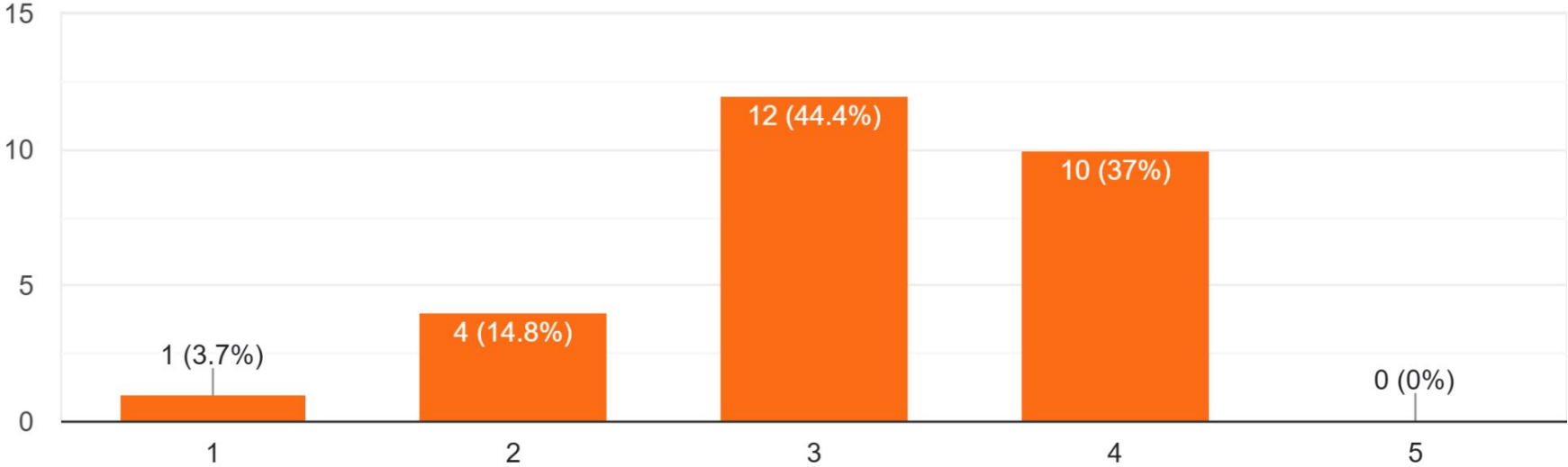
27 responses



- Access to Health & Behavioral Health Services (Clinical access, mental health, etc.)
- Access to Community Resources (Navigation, social services, connectio...)
- Access to Basic Needs & Health-Related Social Needs (Housing, food,...)
- Access to Clear Information & Paperwork (Linguistic access, system...)
- Unsure

On a scale of 1 to 5, how effectively do you feel cross-sector partners in the Greater Portland Area (Portland, South Portland, Westbrook) are currently c...ot at all/Siloed, 5 = Highly Aligned/Collaborative)

27 responses



What is the **#1 specific barrier** you have experienced most often or have heard community members mention most often in the last three months?

Resource Access and Affordability: Key barriers include the high cost of living, rising insurance premiums, lack of financial resources and funding for needed services, and the critical lack of housing and money for basic needs, especially for the unhoused and undocumented immigrants.

System Navigation and Wait Times: Respondents frequently mentioned difficulty navigating systems for health and basic needs services (DHHS, GA, MaineCare, Free Care), long wait times for application processing, and confusion about how to initiate access to new systems (e.g., getting a case manager).

Healthcare and Mental Health Gaps: Significant barriers involve the lack of mental health services and practitioners (including Spanish-speaking therapists), poor practitioner-patient communication regarding available resources, and issues with provider availability, long waits, and client discharge without communication.

Logistical and Safety Concerns: Transportation barriers and the need for interpreter services were noted, alongside safety concerns in the Portland shelter on Riverside, community safety and walkability, tenant housing safety, and fear of ICE.

Specific Service Needs: Other challenges include difficulty accessing linguistically and culturally appropriate Community Health Worker (CHW) or case management services and difficulty connecting by telephone.

Where are you seeing the heaviest health disparities in Greater Portland right now?

Specific Populations/Communities: The heaviest disparities are frequently seen among new Mainers, immigrants (particularly those with pending asylum applications, non-citizens, or without documentation/work permits), and the unhoused/homeless population. ICE fears and language barriers were also cited as contributing factors for these groups

Key Issue Areas: Significant disparities are noted in mental health and substance use disorder (SUD) across the board, characterized by services being unavailable or having long waiting lists, as well as a lack of low-barrier care models.

Access and Financial Barriers: Major disparities stem from lack of access to affordable housing and health systems, particularly for those ineligible for MaineCare, forcing people to use the ER for minor concerns. Financially vulnerable insured individuals are also struggling due to high policy deductibles, copays, and coinsurance that prevent them from obtaining essential treatment.

Geographic Areas: Disparities are most visible and concentrated in downtown, Bayside, Parkside, and the Riverside area of Portland, though many note that people are struggling silently across the city.

Is there a **specific obstacle or "duplication of effort"** you've noticed that a time-limited Ad Hoc group could potentially untangle? Who would you suggest being involved?

Lack of Collaboration/Communication: Identified obstacles include coordination between public health departments, local boards of health, and the Portland Health Department (PHD), and communication surrounding housing efforts.

Resource Management & Access: Challenges noted involve resource directories and case management, and decreased access to interpretation services, specifically for languages like Portuguese.

Duplication of Effort: One respondent mentioned that many Nurse Practitioners (NPs) are tasked with the same charge due to state mandates.

Suggested Action/Collaboration: Suggestions include having MaineHealth and 2-1-1 collaborate on identifying needed healthcare resources, and conducting listening sessions.

Do you **have a success story, a new resource, or a specific training** from your organization that we should amplify in a future Lunch & Learn? If so, please briefly describe.

Available Trainings and Education: Multiple organizations offered to provide trainings, specifically focusing on Narcan/naloxone training (offered by the PPH harm reduction team and another program) and identifying/working with people impacted by sexual violence (covering trends, intervention, and prevention).

Health Services and Programs: Success stories include the offering of lifestyle medicine group medical visits, a parent support group with nurse sessions at a library/family shelter, and increased access to various PrEP medications through an upcoming STD Clinic initiative.

Systems and Policy Work: The Division of Population Health Equity is involved in systems-level work through the Health Equity Advisory Council, which addresses the Maine State Health Improvement Plan and communities of color; this could be shared at a future Lunch & Learn in the fall/winter.

Specific Resources: A representative from St. Elizabeth's essentials pantry was cited as a resource.

General Insights/Needs: Other topics included the value of palliative care earlier in a serious illness diagnosis, parent education on child abuse and neglect prevention, and the need to inspire practitioners to become more involved in addressing financial and social barriers impacting treatment outcomes.

How would you describe the specific community you are centering in your work right now? Please consider how factors like age, ethnic background, disability status, or financial reality overlap to create the unique challenges—and resilience—you see every day.

Community Centering: Respondents primarily focus on serving marginalized communities, including New Mainers, immigrants (Latine, Spanish-speaking, and asylum seekers), and the Jewish and Asian minority communities.

Vulnerable Populations: Key populations include people with low or zero income, those living in low-income or public housing, the unhoused community, people who use drugs, and individuals dealing with substance use disorders and mental health challenges.

Specific Service Groups: Work also centers on mothers (especially single, pregnant, and incarcerated), elders, families experiencing homelessness, and those impacted by sexual violence or end-of-life/palliative care issues.

Common Challenges: These communities frequently face systemic barriers such as financial and literacy limitations, language barriers, lack of basic needs (like food and housing), difficulty navigating the health system and social supports, and anxiety due to societal division and trauma exposure.

Service Restrictions: A recurring challenge noted is that many organizations that advertise help often restrict eligibility based on factors like age, disease, or type of insurance.



Time for Action!

Things YOU Can Do Now:

1. Complete our **NEW Portland Health Equity Alignment Interest Form**
2. Visit our updated **Alignment webpage** for updates & resources
3. Attend upcoming **Lunch & Learns** - May 28 with Hospice of Southern Maine
4. **Spread the word!**
5. Join us at the Portland Public Library on June 10th for our **“Celebrating Pride Month”** event



Celebrating Pride Month

Wednesday, June 10th, 2026

10am-12:30pm

Portland Public Library

- 10:00-10:10 Welcome & Introductions
- 10:10-10:40 **Presentation:** Portland Public Health STD Clinic
- 10:40-10:50 Break / Resource Fair
- 10:50-11:20 **Presentation:** Frannie Peabody Center
- 11:20-11:30 Break / Resource Fair
- 11:30-12:00 **Presentation:** EqualityMaine
- 12:00-12:30 Resource Fair



WE WANT TO SAY

THANK YOU

FOR ALL THAT YOU DO



OUR HEARTS ARE FILLED WITH GRATITUDE

