

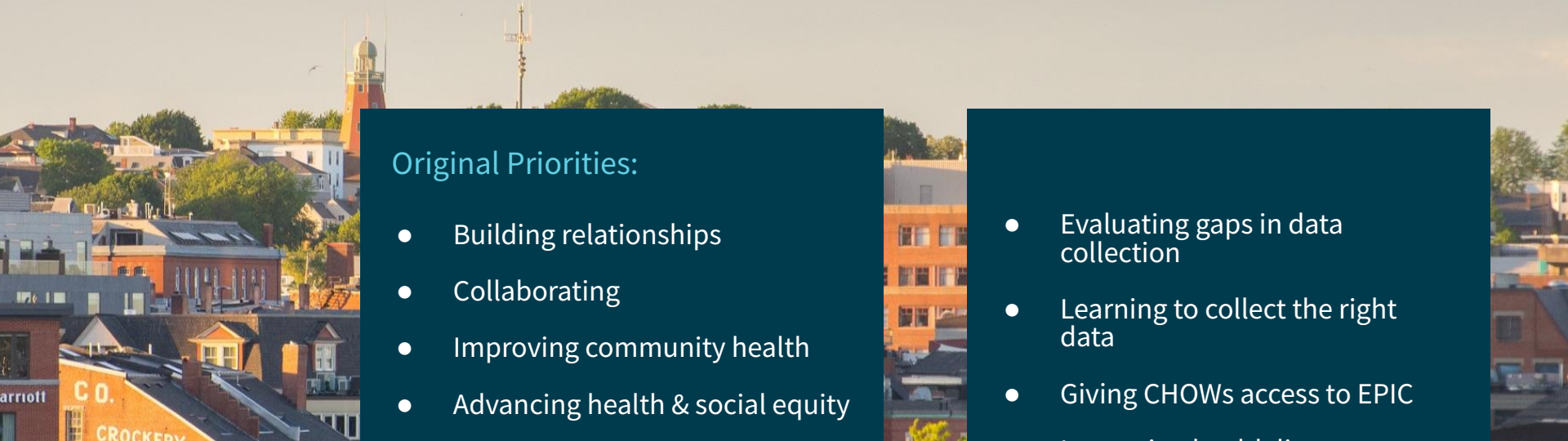


# Portland Health Equity Alignment

Updated 01/17/2025



# Origins of the Alignment



## How and when we started...

The Alignment (formerly known as the Minority Health Program Stakeholder Alignment) began in 2018 through.....

### Original Priorities:

- Building relationships
- Collaborating
- Improving community health
- Advancing health & social equity
- Empowering the work of CHWs
- Respecting wisdom of community members and value their input
- Recognizing the need for building a shared vision
- Evaluating gaps in data collection
- Learning to collect the right data
- Giving CHOWs access to EPIC
- Improving health literacy
- Use of plain language
- Engaging cross-sectoral partners to address the needs of our most vulnerable populations

## Who we are...

# Portland Health Equity Alignment

A broad cross-section of community individuals and organizations working together towards population health in a noncompetitive environment.

**Partners** include representatives from Greater Portland's largest underserved ethnic and minority communities, including refugee and immigrants, low-income Caucasians, and African Americans; faith-based organizations; nonprofit organizations; clinical and social services partners; law enforcement agencies; public and private agencies; government; schools, and universities among others.

## VISION

A healthy community where diversity within the community is respected and valued; everyone has access to quality healthcare, social services, and resources required for a healthy lifestyle; and there is a sense of community wellness.

## MISSION

To provide a platform for a collaborative effort to advance health and social equity by addressing community needs raised by community members and/or emerging issues



# How we got here: Analysis of the MHP's cross-sectoral partnerships & community needs

Minority Health Program Vision for Community Wellness



# 2018 MHP Stakeholder Alignment Structure





# Today: The Portland Health Equity Alignment (PHEA)

# 2025 Portland Health Equity Alignment

## 7 COMMITTEES w/ 1-2 chairs each:

- Aging Advisory Committee
- Clinical Advisory Committee
- Community & Faith-based Advisory Committee
- Monitoring, Evaluation, & Grants (MEG) Committee
- Policy Committee
- Social Determinants of Health (SDOH) Committee
- Student & Academic Advisory Committee

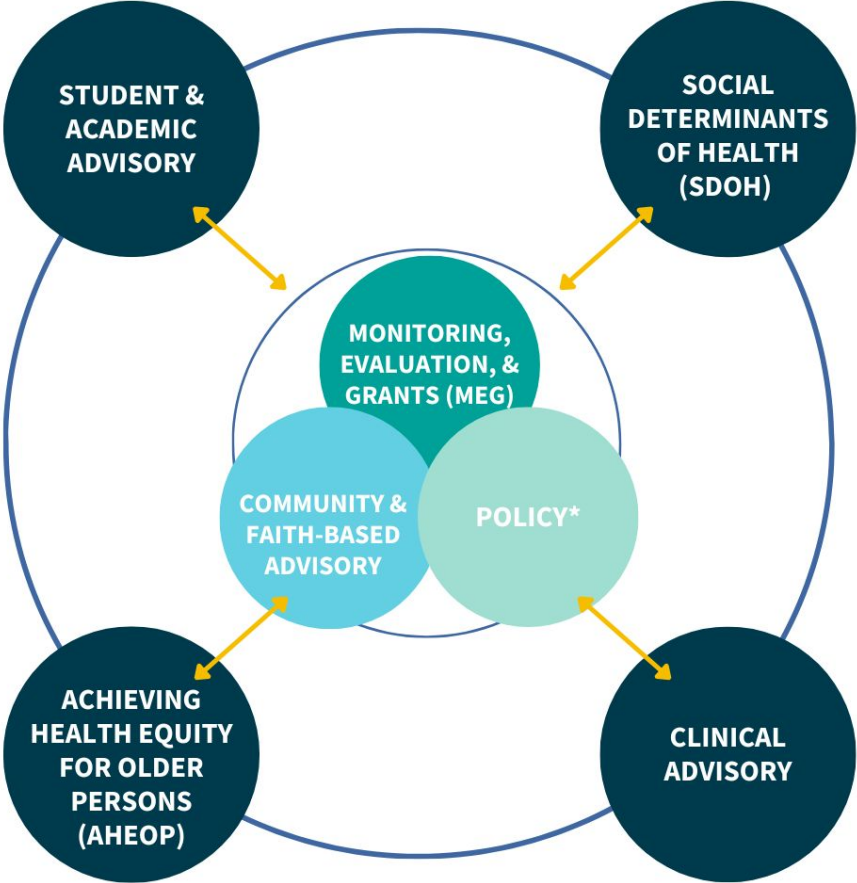
## LEADERSHIP TEAM:

- 10 committee chairs
- 6 Portland Public Health staff



# PHEA Committees

as of January 2025



**\*Note:** The Policy Committee is still in the early stages of being established & will continue to recruit members before meeting regularly



# Determining 2024-2025 Committee Priorities

## What leads to health inequities?

**Committees overwhelmingly identified *Lack of Access* as a main driver of health inequities in Greater Portland.**

**More specifically, Lack of Access to:**

- Health and Behavioral Health Services and/or Providers
- Community Resources
- Basic Needs / SDOH
- Information & Documentation

For a full summary, please see:

<https://docs.google.com/document/d/13gkpYoJqO-mkbSXEnngJuS1bBHLgaB4LkrS8nE714g4/edit?usp=sharing>

# Lack of Access to...

*Results of 10.05.23 group activity*

<b>Health and Behavioral Health Services and Providers</b>	<b>Community Resources</b>	<b>Basic Needs/ SDOH</b>	<b>Information and Documentation</b>
<ul style="list-style-type: none"> <li>○ Adolescent BH services</li> <li>○ Primary care accepting MaineCare</li> <li>○ Prenatal care</li> <li>○ SUD services</li> <li>○ Vaccine services</li> <li>○ Specialty care</li> <li>○ Eye care</li> <li>○ Oral health</li> <li>○ Chronic disease management</li> </ul> <p><b>Access issues:</b></p> <ul style="list-style-type: none"> <li>○ Long wait times</li> <li>○ Culturally attuned services</li> </ul>	<ul style="list-style-type: none"> <li>○ Social and community supports</li> <li>○ General Assistance</li> <li>○ Prescription Vouchers</li> <li>○ Disability services</li> <li>○ Recreation</li> <li>○ Legal services</li> </ul>	<ul style="list-style-type: none"> <li>○ Housing/Shelter</li> <li>○ Transportation</li> <li>○ Communication</li> <li>○ Childcare</li> <li>○ Health Insurance</li> <li>○ Food/nutrition/culturally appropriate foods</li> <li>○ Affordable medication</li> </ul>	<ul style="list-style-type: none"> <li>○ Documents in different languages; portal translation limited</li> <li>○ Translation services</li> <li>○ About the healthcare system; Education regarding prevention/preventative care</li> <li>○ General access to information</li> <li>○ Medical documentation</li> </ul>

Committees brainstormed lists of activities to address identified inequities & divided them into 2 categories;

<b>Category One: Explore and Respond</b>	1) Catalog existing efforts and highlight what's needed to make them better; 2) Share these findings with relevant people, organizations, subcommittees; 3) Identify potential next steps, collaboratively.
<b>Category Two: Monitor and Be Ready</b>	Monitor policy and advocacy efforts and consider best roles (e.g., gather on-the-ground information, find people to testify, or seek a grant to do something that can feed into a policy process).

Then chose 2 activities from each category to focus on as priorities for the 2024-2025 cycle.



# 2024-2025 Priorities by Committee

	Explore & Respond	Monitor & Be Ready
Aging	<ul style="list-style-type: none"> <li>Increase access to information about services that help &amp; support older adults</li> <li>Increase access to home visits &amp; integrated case management</li> </ul>	<ul style="list-style-type: none"> <li>Stay connected &amp; aligned with Maine Council on Aging's work in policy &amp; advocacy</li> <li>Identify &amp; evaluate funding opportunities</li> </ul>
CHW	<ul style="list-style-type: none"> <li>Ensure culturally competent services by providing cultural competence trainings</li> <li>Support the Aging Committee &amp; providers for aging populations</li> </ul>	<ul style="list-style-type: none"> <li>Support the Maine Primary Care Plus program</li> <li>Support Maine CHW Initiative to finalize a CHW definition &amp; support housing bills</li> </ul>
Clinical	<ul style="list-style-type: none"> <li>HealthInfoNet: Explore barriers to using, organizations not using it, education</li> <li>Emergency Response Plan: TB Screening</li> </ul>	<ul style="list-style-type: none"> <li>Workforce retention</li> <li>Monitor &amp; advocate for state health information network</li> </ul>
C & FB	<ul style="list-style-type: none"> <li>Identify &amp; connect with faith-based organizations</li> <li>Set up a roadmap for other committees to share their work &amp; ask for feedback</li> </ul>	<ul style="list-style-type: none"> <li>Inventory connections, skills &amp; backgrounds of committee members</li> <li>Share resources to understand histories &amp; experiences of communities being served/not served</li> </ul>
MEG	<ul style="list-style-type: none"> <li>Provide opportunities to disseminate, discuss, &amp; inventory data</li> <li>Create a directory with the demographics &amp; partners MEG works with</li> </ul>	<ul style="list-style-type: none"> <li>Find opportunities to bridge gaps between organizations</li> <li>Search for grants</li> </ul>
SDOH	<ul style="list-style-type: none"> <li>Healthy Homes: Map readiness &amp; responsiveness of ongoing efforts to address housing</li> <li>Promotion of MECDC Community Care Referral system</li> </ul>	<ul style="list-style-type: none"> <li>Create space to build relationships related to housing &amp; SDOH</li> <li>Build trust &amp; relationships between community info exchanges</li> </ul>
Student	<ul style="list-style-type: none"> <li>Ongoing professional development for educators, focused on increasing belonging across differences</li> <li>Comprehensive &amp; equitable residency program for diverse educators; increasing long-term placement and inclusion</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing cross-cultural community building</li> <li>Greater Portland inter-district communication</li> </ul>

# Closing the Gap Grant Overview

## Bridging the Divide: Building a Multi-Sector Health Equity Accelerator Plan for Social Determinants of Health in Greater Portland

### Funding

- \$125,000 grant from US CDC
- Planning Grant
- 1 Year of funding

### Purpose

- Develop a SDOH Accelerator Plan to be implementation ready by December 2024
- Focus will be on community-clinical linkages & social connectedness
- Will give the opportunity to build out a framework for the PHEA

### How?

- Contracting with health equity consultant Syra Health to lead the work
- Work collectively with PHEA committees to develop the SDOH Accelerator Plan

# Closing the Gap Timeline

<b>Activities</b>	<b>Completion Date</b>
Conduct asset mapping / environmental scan	August 2024
Identify & tailor activities required to improve SDOH	August 2024
Develop culturally responsive evaluation plan for measuring SDOH Accelerator Plan	October 2024
Present draft SDOH Accelerator Plan to Portland Health Equity Alignment work groups for input and finalization	October 2024
Present SDOH Accelerator Plan to Portland Health Equity Alignment membership for approval	December 2024

# SDOH Accelerator Plan: Overview of Recommendations

High-Level Recommendations	
<b>Create a Central Data Hub</b>	Centralize data collection & usage processes to better support Alignment work. Steps for creating a data hub include defining the purpose of the data hub, finding a platform to host the data, selecting & securing data streams, defining the audience & making data accessible, and training users.
<b>Improve Communication with the Greater Portland Community</b>	Strategies include publishing a regular newsletter, utilizing social media platforms, hosting community forums, ensuring materials are translated, & partnering with local organizations to reach diverse community members.
<b>Establish a Policy Committee</b>	<p>Proposed priorities:</p> <ol style="list-style-type: none"> <li><b>Explore &amp; Respond</b> – Promote collaboration with partners in public and private sectors both within &amp; outside the Alignment; Foster partnerships to support current advocacy efforts to address SDOH</li> <li><b>Monitor &amp; Be Ready</b> – Support collection of data on SDOH &amp; alert members of bills to support; Review &amp; report on relevant policy outcomes &amp; decisions.</li> </ol> <p>The committee will also provide training &amp; technical support to members in order to integrate advocacy into all Alignment work.</p>
<b>Develop a Governance Structure</b>	<p>Implement an Alignment-wide governance structure upheld by 4 pillars:</p> <ol style="list-style-type: none"> <li>Strategic Planning &amp; Leadership → shared ownership; democratic process</li> <li>Technology &amp; Innovation → GIS mapping; data analysis; performance indicators</li> <li>Accountability → Policy Governance/Carver Model; define roles; evaluation</li> <li>Performance Metrics &amp; Sustainability → SMART goals; sustainability check-ins</li> </ol>



## Recommendations by Committee

<b>Achieving Health Equity for Older Persons (AHEOP)</b>	<ul style="list-style-type: none"><li>● Strengthen relationships between aging community members &amp; healthcare providers through improving communications &amp; patient education, &amp; gathering feedback</li><li>● Collaborate with CHWs to increase cultural awareness among providers &amp; expand CHW knowledge of services</li><li>● Provide opportunities to increase levels of engagement &amp; peer support for older BIPOC &amp; LGBTQ+ community members</li></ul>
<b>Community Health Worker (CHW)</b>	<ul style="list-style-type: none"><li>● Advocate for culturally appropriate sexual health education in schools</li><li>● Educate undocumented community members on available resources including healthcare services, benefits, &amp; legal help</li><li>● Advocate for policies that increase healthcare access for undocumented individuals</li></ul>
<b>Clinical Advisory</b>	<ul style="list-style-type: none"><li>● Optimize patient care through data collection &amp; analysis, sharing resources on available treatments (i.e. for developmental delays)</li><li>● Address misinformation around prenatal medicine, privacy rights, &amp; other aspects of Western healthcare system; especially among New Mainers</li></ul>
<b>Community &amp; Faith-based Advisory</b>	<ul style="list-style-type: none"><li>● Collaborate with local faith leaders, especially to address community members' spiritual care needs in healthcare settings</li><li>● Pair unaccompanied minors with peer mentors to help them navigate the healthcare system</li></ul>
<b>Monitoring, Evaluation, &amp; Grants (MEG)</b>	<ul style="list-style-type: none"><li>● Map organizations currently involved in the Alignment; create a member directory</li><li>● Identify data needs; create central data hub for the Alignment</li><li>● Support implementation &amp; evaluation of SDOH Accelerator Plan</li></ul>
<b>Social Determinants of Health (SDOH)</b>	<ul style="list-style-type: none"><li>● Create a community information exchange platform</li><li>● Expand digital equity &amp; broadband access; support digital literacy efforts</li><li>● Support housing needs via the Healthy Homes Initiative</li></ul>
<b>Student &amp; Academic Advisory</b>	<ul style="list-style-type: none"><li>● Implement the Greater Portland Equity in Health and Education Systems (PEHE) series; culminating in a 2026 Summer Institute Training for educators</li></ul>



[PHEA Webpage](#)

[New Member Interest Form](#)

Questions? Email [sbergeron@portlandmaine.gov](mailto:sbergeron@portlandmaine.gov)