The Maine Alliance for Health and Prosperity
A Leadership Network Promoting Systemic and Equitable Change for
Maine People and Communities

Our Focus: The COVID-19 pandemic created unprecedented disruptions in our families, communities, and workplaces. Although the brunt of the impacts has lessened in the past few months, the fissures that emerged persist because most exacerbated longstanding inequities and disparities: lack of affordable housing, food insecurity, economic hardship, and more.

Recognizing the deep interconnections among these issues, the Maine Alliance for Health and Prosperity formed and is now working to leverage pandemic crises to advance positive, "upstream" policy changes that can improve the health and economic well-being of all Maine people and communities. The Alliance is a unique coalition of visionary leaders from key sectors (housing, food, transportation, broadband, healthcare, and economic and community development) committed to influencing system-transforming change.

How we Work: The Alliance focuses on engaging new and existing partners across sectors to 1) increase scale through collective action and 2) leverage resources to expand the reach and amplify results. We are not implementers of programs or services – that's what our network members do best. Our strategies include engaging, educating, and advocating, through actions like conferences, workshops and webinars, issue briefs, policy analyses and op eds.

Our strength lies with the deep experience, longstanding relationships, and commitment to positive, systemic change among leaders who comprise the network.

Our Vision: All Maine people and communities have the opportunity to thrive as the result of statewide, cross-sector collaboration that ensures an integrated approach to improving the public's health and prosperity. Communities of particular concern are Black, Indigenous, or people of color, rural regions, and those impacted by multigenerational poverty and other health concerns.

Our Belief: Our individual and collective health is inextricably linked with our economic prosperity. The conditions in the environments where people are born, live, learn, work, play, worship and age determine the presence or absence of both health and prosperity. Health is not only the product of affordable medical care but of safe housing, quality child care, nutritious food, accessible transportation and economic security.

Our Commitment to Action: Hundreds of recommendations or policies, programs, and investments have been proposed to improve Maine's health and economy – many targeting longstanding structural inequities as well as recent gaps that emerged from the pandemic. The Alliance is committed to lifting up innovative examples and advocating action on policies that offer transformative, systemic solutions such as affordable housing developments that provide on-site access to health services for chronically ill elders, transportation models that connect

workers and employers, regional hubs that facilitate simultaneous access to health and social services and more.

Our Current Priorities:

Housing

- o Produce and disseminate an easy-to-understand overview of the housing crisis in Maine examined through the lens of economic status, health, and equity.
- o Highlight problems and potential solutions in five key areas – homelessness, affordable rent, special needs, first-time home ownership, and dwelling conditions using current, relevant, and compelling data and stories of real people and communities.
- o Identify and advocate for policies and programs to rectify housing inadequacies and inequities.

Hubs
- o Define the current state of cross-sector local collaborations (hubs) formed to address challenges to healthy and productive communities

- o Strategically support an inventory of current Hubs in order to identify best practices and gaps.

- o Advocate for programs that connect service providers in order to compound solutions.

Equity

- o Define and communicate the impact of inequities on health care and economic prosperity.

- o Ensure equity is at the center of all Alliance strategies and integral to our advocacy for solutions.

Our Priorities

Maine Alliance of Health and Prosperity

Equitable Housing Options

Maine's housing crisis has emerged as one of the state's biggest problems, limiting employment opportunities for workers, wreaking havoc on the healthcare system, and challenging the state's economy. The COVID pandemic caused an already fragile and under-resourced housing market to crumble.

The Alliance's Housing Workgroup identified problems and solutions needed in five key areas – homelessness, housing affordability, special needs, first-time home ownership and dwelling conditions. Using relevant and compelling data and stories about real people and places across Maine that are bearing the brunt of these issues, the Workgroup is focused on spurring action to help address and ultimately, resolve the crisis.

Municipal governments, business leaders and the state Legislature are calling for creative, practical and feasible solutions, but efforts to convene and catalyze cross-sector initiatives to meet complex and multiple needs (affordable housing close to childcare and housing for elders with accessibility features, for example) are far too few.

A recently funded statewide approach (citation: Maine Homeless System Redesign, Center Supportive Housing, 2021) to developing strategies to end homelessness in Maine aims to buck this trend. Nine regional hubs, funded by MaineHousing are using Federal grant dollars to support work with groups of community-based organizations, local government, health care, faith leaders and others to implement strategies that reflect regional needs and resources.

Multisector Hubs Create Efficiencies and Improve Access

Most blueprints for Maine's future vitality depend on the existence of community-level capacity for convening, planning, coordinating, and evaluating, which often take the form of virtual or physical organizational hubs.

Many recently published reports highlight the benefits of this concept in plans for economic growth, climate adaptation, public health, emergency response, health care, lifelong learning, transportation, and housing, among others. National models for health and prosperity offer

similar visions for community-level, multi-sector partnerships that can produce meaningful community change.

The Alliance is highlighting the concept of hubs because it is an on-the-ground demonstration of the importance of cultivating cross-sector relationships and shared approaches to problem-solving. Hubs also allow a ready-made platform for governmental and philanthropic funders to collaborate through shared funding for projects and programs. Currently, there are several examples of hubs in Maine (e.g., regional Councils of Government, Maine West, Healthy Acadia) but they are not widely dispersed around the state. For Maine to achieve true improvements in health and prosperity, all citizens should have the opportunity to easily-accessed, cross or multisector approaches and interventions.
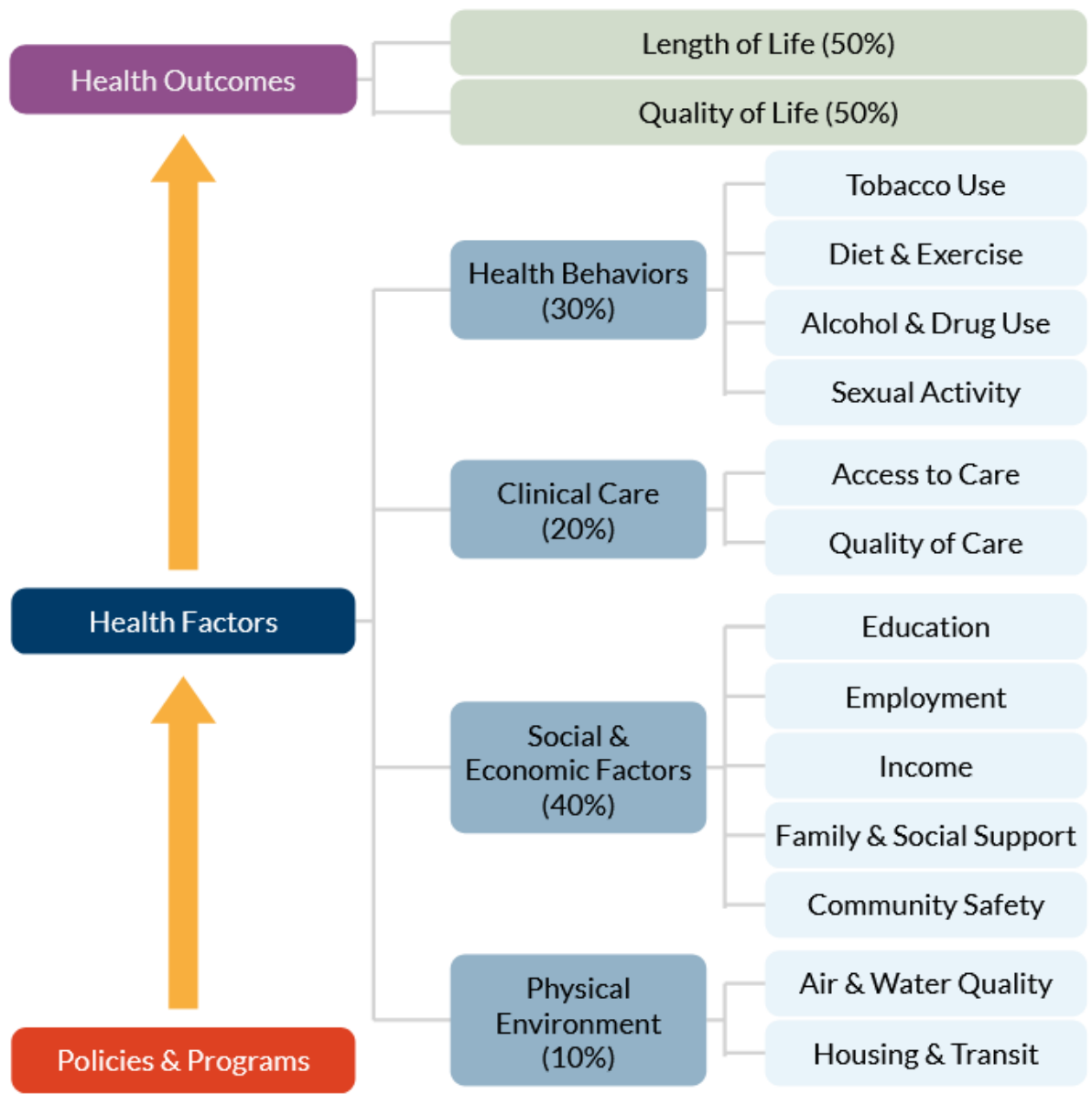
An early activity in pursuing this goal is to document the existence of hubs or hub-like activity currently operating in Maine. The Alliance is collaborating with other interested parties to conduct an online survey of community-level leaders. Results will allow hub advocates to work with local leaders to develop hubs on priority issues or regions, develop training and technical assistance resources for community-level volunteers and staff, and advocate with leaders of public and private organizations to fund such efforts.
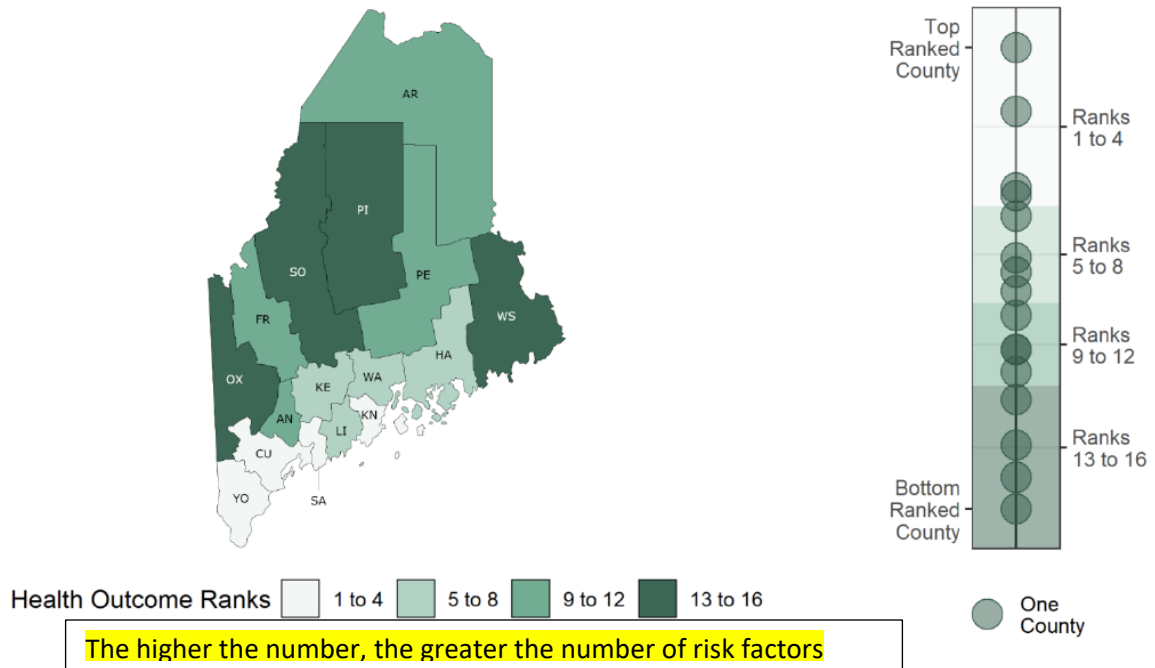
Health

The research is clear: health is not just the absence of disease nor the sole product of the medical care system. For more than two decades, the County Health Rankings, an annual report on the health status of every county in the United States from the University of Wisconsin, produced with funding from the Robert Wood Johnson Foundation, has documented the collective impact of more than thirty factors on health, including the rate of infant mortality, the number of medical and behavioral health providers, and social conditions like food insecurity and severe housing problems.

County Health Rankings Model https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model

Health Outcomes are impacted by Health Factors, Policies and Programs, as depicted in the UWPHI model below. Achieving good health outcomes is impacted by behaviors, access and quality of care, economic and social factors, and the physical environment. There is not a single solution or a one-stop shop to ensure positive outcomes and equity.

Health Outcomes

- Length of Life (50%)
- Quality of Life (50%)

Health Factors

- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit

Policies & Programs

County Health Rankings model © 2014 UWPHI

Maine Counties

Health Outcome Ranks | 1 to 4 | 5 to 8 | 9 to 12 | 13 to 16

The higher the number, the greater the number of risk factors

Understanding and using this broad view of health is central to the Alliance's actions to promote awareness and understanding, educate policymakers, and advocate for systemic solutions that deal with multiple challenges simultaneously, instead of within siloed sectors.

Economic Prosperity

Like health, economic growth is the product of many factors. Experts cite the size of the workforce, level of productivity, natural resources, technology, and physical capital as key determinants of prosperity. The Alliance promotes a view that goes deeper and recognizes that the factors impacting health and equity are just as important.

Hundreds of recommendations have been made to bolster, expand and improve Maine's economy, starting with the Maine Economic Development Strategy report,(published in November 2019, just four months before the arrival of the pandemic), and subsequent reports published by the Department of Economic and Community Development and others, such as Making Maine Work, jointly published by the Maine State Chamber of Commerce and the Maine Development Foundation. Few recommendations mention health and, when they do, it's in the context of reducing healthcare costs.

Exceptions are an addendum to the Economic Recovery Report that references Maine's inadequate and outdated public health infrastructure and Making Maine Work's references to the state's high rates of smoking and obesity as key factors influencing the cost of care. The need to address equity is briefly referenced in these reports but explicit strategies to reduce poverty and achieve economic stability at all levels of society are lacking.

Equity

Events of the past several years (the brutal death of George Floyd, the Black Lives Matter movement, heightened advocacy by LGBTQ+ organizations and immigrant rights groups, among others) have helped to move individual moral indignation to community action. Inequitable policies in health care, housing, and education have resulted in inequitable access to resources and poor outcomes for many marginalized populations.

Early in the pandemic, data on racial variations in infection rates and access to treatment revealed that Maine had some of the worst outcomes in the U.S. (the University of New Hampshire, Carsey School of Public Policy) While those statistics improved somewhat over time, COVID had an arguably positive impact on public awareness of the disparities and the need for immediate action to reduce them. The Maine Centers for Disease Control established a large advisory body of organizations representing racial and ethnic communities to identify needed actions, such as vaccine clinics and social media campaigns, with significant resources directed to support these activities.

These inequities, fed by decades of systemic racism, manifested in every part of Maine – in cities, rural communities, coastal fishing villages, the Western mountains and Northern farming communities. Only recently, led by entities like the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations, Wabanaki Public Health and Wellness, and Maine Equal Justice, has the spotlight turned on the critical need for good data (analyzed and reported by race, ethnicity, income and other critical factors), strong community-led programs and equitable allocation of resources.

The Maine Alliance for Health and Prosperity is committed to ensuring equity in each of our actions, from membership and participation in meetings to convenings, education, and advocacy. We recognize we won't get it right every time and taking a learning approach is necessary. Using an equity lens as a tool is critical to learning and sustaining change.

Equity Principles
Maine Alliance for Health and Prosperity

Advancing Health, Economic Prosperity, and Equity for
All Maine People and Communities

Principle 1: All Maine people have just and equitable opportunities for economic prosperity and access to health care.
- What is the relevant historical, social, cultural, and economic context?
- How does this context create systemic barriers in health care, jobs, food, housing, child care, and other sectors?
- What is the impact of structural racism on health and economic prosperity?

Principle 2: Those who are most affected by health and economic challenges are included in all aspects of decision-making and benchmarking progress against outcomes.
- What power dynamics must be rebalanced to assure the inclusion of those most affected at all decision points, including choosing outcomes that matter most and the best ways to achieve them?
- Will actions and policies reach and positively impact the affected population?
- What is the process for measuring progress against short- and long-term outcomes?
- Who is involved in choosing and interpreting what is measured?
- What resources and accommodations need to be considered to support those most affected in participating?

Principle 3: All data collected, analyzed, and reported will be disaggregated to reflect the outcomes and experiences of the most affected populations, while adhering to established data reporting guidelines, including privacy and security.
- Do data collection, analysis and reporting processes reflect equity principles?
- Will data inform and facilitate actions and policies?
- Are those who are represented in the data be able to influence its collection, analysis, interpretation and reporting?
- How are storytelling and case studies used to augment quantitative data?

Principle 4: Multiple and diverse partners are engaged in and help to lead cross-sector efforts to imagine and implement sustainable outcomes that advance equity, economic prosperity, and individual and community health for all.

- What new partners and alliances need to be at the table to change the system?
- How can partners' equity-related work be leveraged and amplified?
- What policy gaps need to be addressed that will contribute to improved long term outcomes?

Principle 5: Catalyze bold, creative and visionary leadership throughout our communities, including among BIPOC and white leaders, to imagine and guide system changes that advance equity, economic prosperity, individual and community health for all.

- What examples exist and what are the best ways to lift them up?
- What factors contribute to effective cross-sector, equity-promoting leadership?
- How can exemplary equity-promoting leadership skills be built and nurtured?

Maine Alliance for Health and Prosperity Policy Crosswalk

How is the Crosswalk organized?

- Major reports published in Maine between 2019 and 2021 that address issues of health, economic prosperity or equity appear on the **top row** of this chart (URLs for each report appear at the end of the Crosswalk document).
- Issues of interest to the Maine Alliance for Health and Prosperity appear in the **left-hand column.**
- Policy, strategic and/or funding recommendations that intersect with MAHP's issues of interest are displayed **in the boxes.**
- Matches across rows or down columns indicate **potential priority "sweet spots"** for the Alliance.

Why did we create the Crosswalk? Several high profile reports published in the past two years have focused on what it will take to improve Maine's economy so that all people and communities benefit. Many of these reports also called for new and related measures to address equity. NOTE: improving Maine's health as a fundamental strategy to improve both economic prosperity AND equity is a major gap – and opportunity—for the Alliance.

The Crosswalk creates a **visual document** that displays commonalities across policy reports.

The Crosswalk also provides **validation** for the Alliance approach of connecting health, prosperity, and equity. Given that the number of people contributing to these reports ranks in the hundreds, it is gratifying to see so many policy leaders reaching the same conclusions.

How Can the Alliance Use This? MAHP's unique vision is to promote action on traditionally siloed systemic issues by looking at them through a **tri-part lens of health**, **equity**, and **economic prosperity**. The Crosswalk should help us use our lens and narrow our focus on policy issues, especially given the infusion of federal ARPA funds into so many areas of need. Alliance members will then need to define how best to "weigh in" on those issues.

Maine Alliance for Health and Prosperity Framework for Action

Purpose: This is an internal tool for the Alliance to evaluate if and how to take action on issues or opportunities. This tool supports our vision that inequities in health and economic outcomes for BIPOC, poor, disabled, and LBGTQIA+ people are eliminated, ensuring that all people and communities in Maine and Indigenous sovereign nations have the opportunity to thrive.
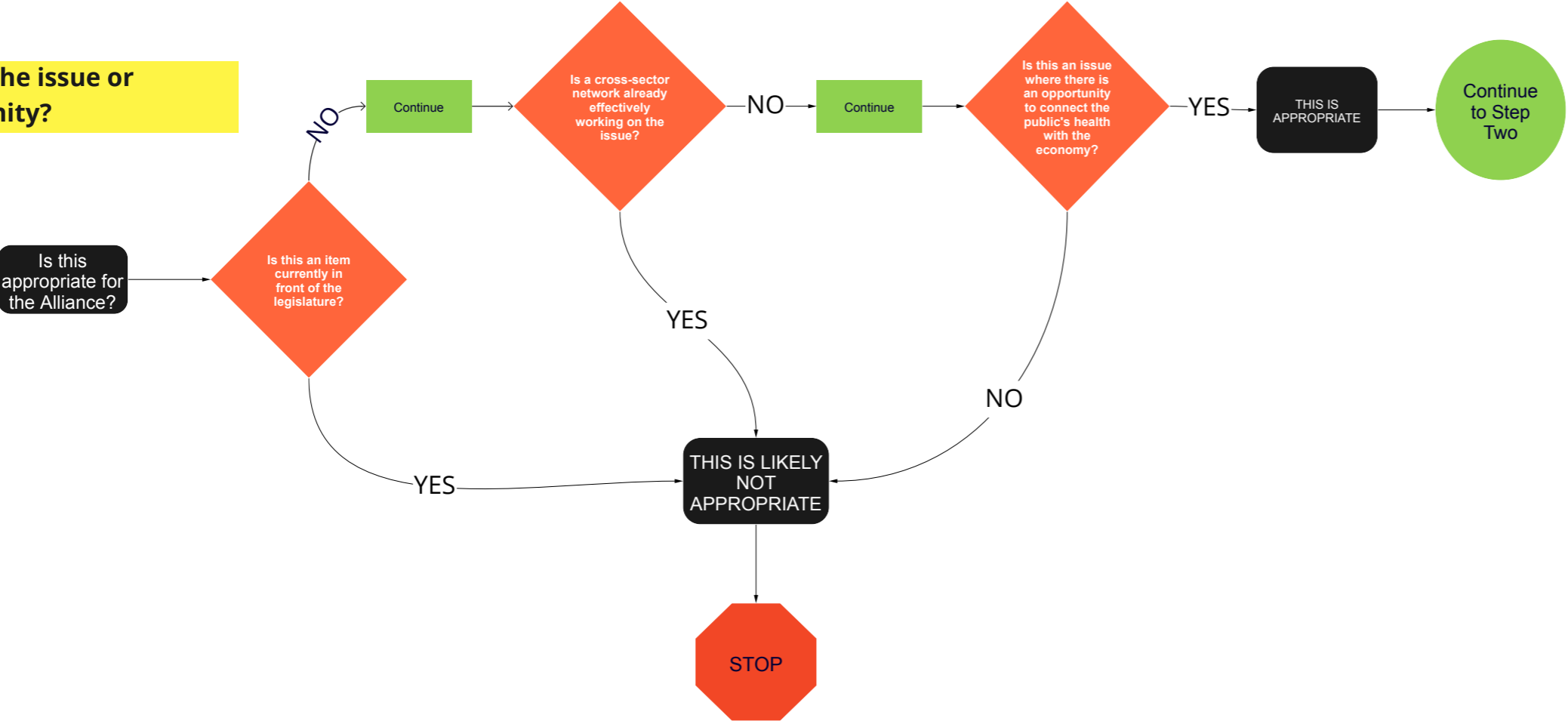
MAHP Values

Members of the Maine Alliance for Health and Prosperity are committed to working in ways that are:

- Welcoming - we extend an open invitation to all who are interested in the intersection of public health and the economy in Maine and will practice cultural humility to be sensitive to the different ways people feel welcome or unwelcome in a group.
- Fair and Equitable - we will work to to understand and give people what they need to enjoy full, healthy lives, acknowledging that currently people face barriers to this due to systemic inequities that affect outcomes of people's lives based on identities and characteristics outside of their control such as race, gender identification, sexual orientation, ability status, and others.
- Informed by Data and Lived Experience - we seek out understanding through current scientific research and the qualitative data provided by the people living through conditions we hope to improve.
- Intentionally Diverse - we seek out the involvement of people with different racial, ethnic, socioeconomic and cultural backgrounds as well as those from many different professional sectors. Those are not mutually exclusive either.
- Action Oriented - we are committed to moving ideas forward and getting things done.
- Bold - we are courageous and willing to take risks.
- Creative and agile - we are ready to act quickly and easily, and are especially open to original, outside the box ways of thinking and acting
- Honest and Transparent - we will show our work, cite sources, name assumptions, and admit when we don't know.
- Trauma-Informed - we recognize the deep impact that disturbing physical, psychological and emotional experiences have on people and communities.

STEP ONE - VETTING THE ISSUE

What is the issue or opportunity?

Is this appropriate for the Alliance?

Is this an item currently in front of the legislature?

NO → Continue

Is a cross-sector network already effectively working on the issue?

NO → Continue

Is this an issue where there is an opportunity to connect the public's health with the economy?

YES → THIS IS APPROPRIATE → Continue to Step Two

YES → THIS IS LIKELY NOT APPROPRIATE

YES → THIS IS LIKELY NOT APPROPRIATE

NO → THIS IS LIKELY NOT APPROPRIATE

THIS IS LIKELY NOT APPROPRIATE → STOP

How would you describe the issue now?

STEP TWO – ACTION SCOPING

Instructions: Answer questions in boxes 1-6 by moving the selected stickies next to the corresponding box number in the yellow box on the right .

1. Which social factors of health are most affected?

Transportation	Healthcare	Food
Housing	Environment	Rural
Jobs/Economy	Broadband	Education
Childcare	OTHER	

2. Who is most impacted by this issue? (

Children	Black People	Indigenous People	Latinx People
LBGTQ+	Seniors	Poor	Rural
Disabled	Homeless	Immigrants	
Public	Private	Non-profit	OTHER

3. Who is currently engaged in addressing this issue?

Public	Private	Non-profit	
Children	Black People	Indigenous People	Latinx People
LBGTQ+	Seniors	Poor	Rural
Disabled	Homeless	Immigrants	OTHER

4. Who is missing?

COMPARE BLOCKS 2 and 3. IF SOMEONE IS IMPACTED BUT NOT CURRENTLY ENGAGED ADD THEM HERE

5. Which plans current include this issue?

Maine Economic Development Strategy	Maine Won't Wait	Permanent Commission Legislative Recommendations
Kids Count	Measures of Growth	OTHER

6. What is needed?

Convening	Funding	Data collection	Data analysis
Clarifying the issue	Identifying Barriers	Mobilizing existing networks	Education
Community Voices	OTHER		

Place selected stickies here

1.

2.

3.

4.

5.

6.

Desired Outcomes

Increased Equity	Improved individual and community health	Increased prosperity for all
Greater access to healthy and safe housing		

STEP THREE – ACTION IDEATION

Instructions: With desired outcomes, our values, and the stickies in the yellow box in mind, brainstorm as many ideas as possible and then narrow to 6-8 ideas to bring to step four.

Selected Ideas

Messaging campaign	State advocacy

Zoning

STEP FOUR - ACTION SELECTION

HIGH IMPACT

LOW EFFORT

HIGH EFFORT

LOW IMPACT
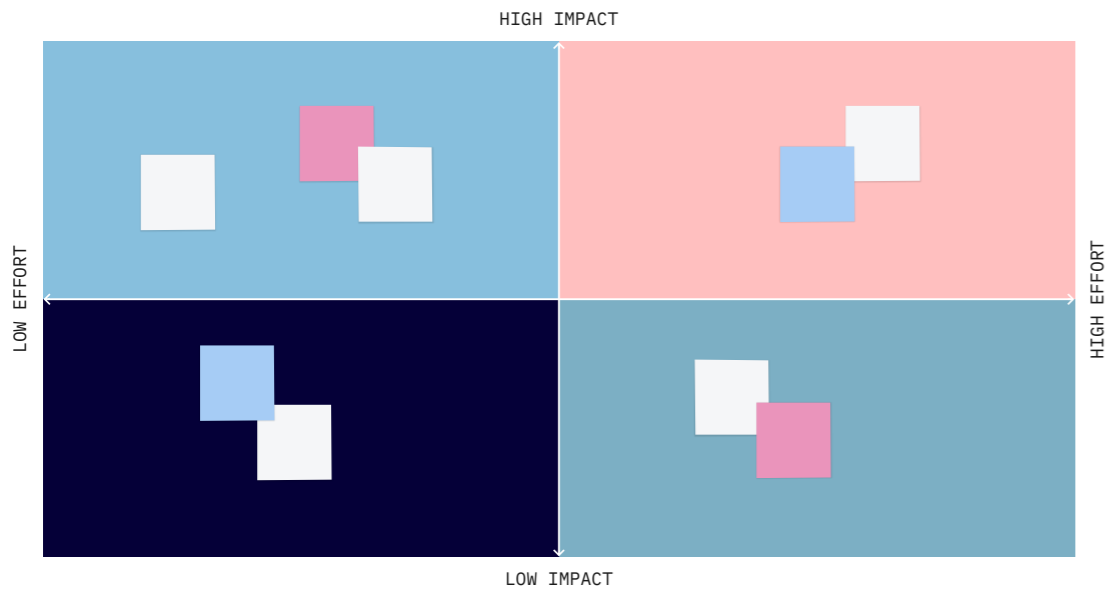
STEP FIVE - IMPACT EVALUATION

What will be measured? How?

STEP SIX - ROLES & RESPONSIBILITIES

Maine Alliance for Health and Prosperity Policy Issue Crosswalk 9.16.2021

Source/Issue	Maine Economic Development Strategy	Economic Recovery Committee	Maine Jobs & Recovery Plan	MDF-Measures of Growth	MDF-ARPA Crosswalk	LD1733/ARPA Funds	Maine Won't Wait	Ending Hunger in Maine By 2030	EHM 2030 Impacted Community Report
Childcare	Increase workforce salary, create world class system	$ for recovery and stabilization of system	Expand early childhood infrastructure		Expand early childhood infrastructure	Childcare facilities $5M		Increase access to affordable childcare	Universal childcare needed
Labor/workforce	Increase labor force, help New Americans qualify for work	Training and dislocated worker programs	Equity, career exploration. Health care workforce init.	Total employment, workforce numbers	Increase total workforce numbers. Health workforce init.			Ed. and training needed to foster econ. stability	"Thriving," not minimum, wages needed. Universal basic income needed
Housing	Workforce housing production	Housing for homeless and vets. Rental assistance programs	Build more affordable workforce housing	Housing affordability	Build more affordable workforce housing	Affordable workforce housing $10M. Operating funds for homeless shelters $10M. Housing navigators $1.5M.	Renewable energy in public housing	Provide safe and healthy place to live	Increase number of rental vouchers Institute rent caps
Transportation	Establish funding system for public transit	Roads and bridges infrastructure	Roads and bridges infrastructure, rural transportation pilot	Transportation infrastructure	Roads and bridges, rural transportation pilot	Workforce transportation pilots (esp. rural) $2M	Increase public transportation funding	Underlying issue for econ. stability	
Connectivity	Loan guarantees for financing, local planning grants, Connect ME grants	Increase access to underserved	Establish Maine Connectivity Authority, universal availability	Broadband, connectivity	Maine Connectivity Authority, $50M	Expand access, especially for disadvantaged groups $10M			
Environment	Quality of place investments		Drinking water and wastewater infrastructure, clean energy, energy efficiency, climate change protection	Air, water quality, safety and crime	Clean energy, climate change, state parks, drinking water and wastewater infrastructure	Treatment of drinking water for PFAs $2.5M. Municipal wastewater projects $10M. Septic repair projects $1M. Infrastructure improvements at state parks $10M.	Wastewater, drinking water, public engagement about climate change, land conservation, clean transportation		Pass stronger regs to protect indigenous food supply and sustenance rights
Equity	Increase labor force, New Americans quality for work, community hub gaps	Equal access to benefits through pandemic. Housing assistance. Undertake DEI init.	Business diversity, advance equity initiative	Racial and ethnic income equity	Black-owned business development, higher ed and employment, equity navigators, rural worker initiative	Business development $800K. Training $500K. Workforce development $1.5M. Employment services for underserved $500k. Transportation and childcare service for underserved workers $1.8M. Workforce diversity req. for MSHA contracts.	Targeted goals and metrics for key populations and groups		Pay reparations to descendants of enslaved and colonized people. Pass stronger regs to protect indigenous food supply and sustenance rights
Food		Ag, seafood processing. Leverage	Ag, seafood processing	Food security		Food processing $20M. Seafood $10M		Multisector approach needed for assuring food security	Hunger is a symptom of poverty—address root

		fed $ for food insecurity.							causes of poverty in a comprehensive way.
Healthcare/ insurance costs	Control health insurance costs		Lower health Insurance costs		Cost of healthcare	Premium assistance for small business $20M.		Eliminate health disparities	Universal healthcare needed Expand detox and reproductive care services
Public health infrastructure	Promote community hubs of excellence, identify gaps for hubs.	Strengthen PH infrastructure. Ensure access to preventive and high-quality health care).				Public water system improvements $10M. Shellfish monitoring $475k. Well water testing for low-income residents $51k. PH infrastructure to reduce disparities $500k.	Strengthen PH monitoring, education, and prevention of health outcomes. Empower local and regional community resilience initiatives. Wastewater, drinking water improvements.			

LD 1733: http://legislature.maine.gov/LawMakerWeb/summary.asp?paper=SP0577&SessionID=14

Maine Economic Development Strategy 2020-2029: https://www.maine.gov/decd/sites/maine.gov.decd/files/inline-files/DECD_120919_sm.pdf

Governor's Economic Recovery Committee: https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/Maine%20ERC%20Report_FINAL_11242020.pdf

Maine Jobs and Recovery Plan: https://www.maine.gov/covid19/sites/maine.gov.covid19/files/inline-files/MaineJobs%26RecoveryPlan.pdf

MDF Measures of Growth: https://www.mdf.org/wp-content/uploads/2020/12/20-043_MDF_MOGReport2020Websingle-pages-FNL-02FullReport.pdf

MDF-ARPA Crosswalk: internal document

Maine Won't Wait: https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/MaineWontWait_December2020.pdf

Ending Hunger in Maine by 2030: https://www.maine.gov/dacf/about/endhunger/docs/ending-hunger-in-maine-ld1159-v3.pdf

EHM 2030 Impacted Community Report:_ Final Draft EHM 2030 Impacted Community Report 6.24.21.pdf - Google Drive

12 steps towards successful cross-sector partnership

1. **Understand the issue** to ensure the programme is relevant and sensitive to the problem and the context: What are the major needs? Who are the key stakeholders? How might the partnership fit with existing activities?

2. **Know and respect your partners:** understand the resources and value they bring, their culture, their specific drivers for engagement, as well as their limitations and internal challenges. And **be open and transparent** about your own drivers, value and limitations to help **build trust**.

3. Ensure that all partners have the **knowledge and skills** around the process of partnering in order to agree principles and **co-create the partnership**. Specialist, independent **partnership facilitators** may help take partners more efficiently through the process of building a robust, effective partnership.

4. Identify clear **partnership objectives** that deliver results and add value to each of the partners. Objectives should have specific **measurable goals** to allow the partnership to track progress and demonstrate success and value-add to each partner.

5. **Start small and scale up** to allow partners to develop effective relationships, build up trust, and test and adjust the partnership's operational and governance arrangements before moving to more ambitious plans.

6. Co-create a **partnering agreement** that sets out **clear roles and responsibilities** along with objectives and a **governance/decision-making structure** that ensures proper accountability and efficient delivery.

7. Build strong **institutional commitment** to the partnership by identifying the clear value of the partnership to each partner's priorities, engaging senior champions, and integrating where possible with other partner activities.

8. Ensure the highest standard of **project management** to support a task-focused approach, with all partners actively engaged in delivering tangible and practical results.

9. Embed the highest standards of **relationship management** to ensure that partners are kept fully engaged and valued, the principles of partnership – equity, transparency, and mutual benefit – are achieved, and that any challenges or issues can be recognised early.

10. Ensure **strong communication** both within the partnership – contributing to the project and the relationship management – and externally to celebrate success and continue to build buy-in with other stakeholders.

11. Build in **ongoing review**, including 'health checks' to assess the partnership and determine and implement changes that would improve its effectiveness.

12. Plan for the **longer term** by understanding how the programme (as opposed to the partnership) may be made sustainable or, if designed to be temporary, that the outcomes of the programme are sustained.