MCD Global Health

Institute for Health Policy and Practice

Project ECHO

FIVE-YEAR IMPACT REPORT



CARE2
Collaborative for Advancing Rural Excellence + Equity

October 2026
ruralcare2.org

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Letter From Leadership

As we reflect on the journey of the Collaborative for Advancing Rural Excellence & Equity (CARE2), we are filled with gratitude for the people who made this work possible, the communities who welcomed us into their work, and the many partners who shared their knowledge, experiences, and vision along the way.

CARE2 was built on a simple but powerful idea: **where you live should not determine your access to knowledge, connection, or high-quality care.** Through technology-enabled learning and Project ECHO®, we set out to strengthen rural health professionals' capacities and create meaningful opportunities for people across rural Maine, New Hampshire, Vermont, and northern New York to learn from one another. But CARE2 was never simply about delivering education; it was about building connections.

Our greatest successes came from the people who showed up week after week, brought real-world challenges to the conversation, shared what was working (and what wasn't), and learned alongside their peers. Providers, community partners, people with lived experience, families, faculty, subject-matter experts, and countless others helped make CARE2 what it became. You brought expertise that could never have been captured in a curriculum alone.





As this chapter of CARE2 closes, we hope the connections made and knowledge shared continue far beyond the life of the project. The relationships built here are an important part of the legacy of CARE2, and we are confident that this community will continue to carry the work forward in ways we cannot yet imagine.

Thank you for your partnership, trust, curiosity, and commitment to the communities you serve. We could not have done this without you.

With deep appreciation,

Andrew Solomon
Project Director, CARE2
MCD Global Health

Andrew Solomon

Marcy Doyle
Principal Investigator, CARE2 ECHO Hub University of New Hampshire

Marcy Doyle

Our Team


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Program Overview

The Collaborative for Advancing Rural Excellence & Equity (CARE2) is using technology to train the rural behavioral health workforce and expand access to high quality-care across Northern New England.

WHO WE SERVE

Care teams in rural and medically underserved communities in Maine, New Hampshire, Vermont, and New York

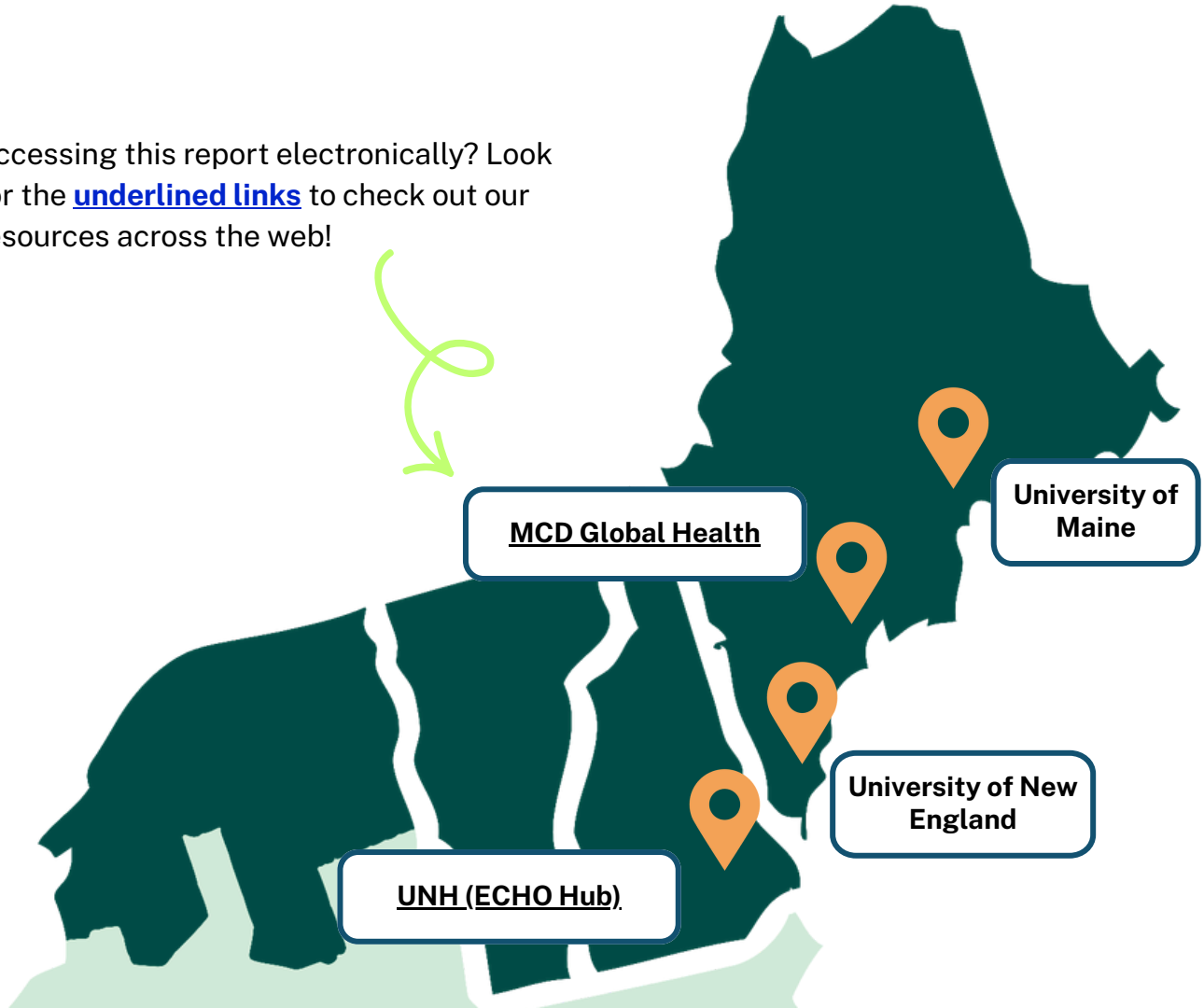
WHAT WE DO

Project ECHO® programs (*Substance Use Disorder ECHO and Project ECHO: Aging, Community, and Equity (PEACE)*) and asynchronous eLearning

FOCUS AREAS

Substance use disorder (SUD) and older adult behavioral health

Accessing this report electronically? Look for the **underlined links** to check out our resources across the web!



ECHO® Highlights

81
total sessions

343
unique organizations

773
unique participants

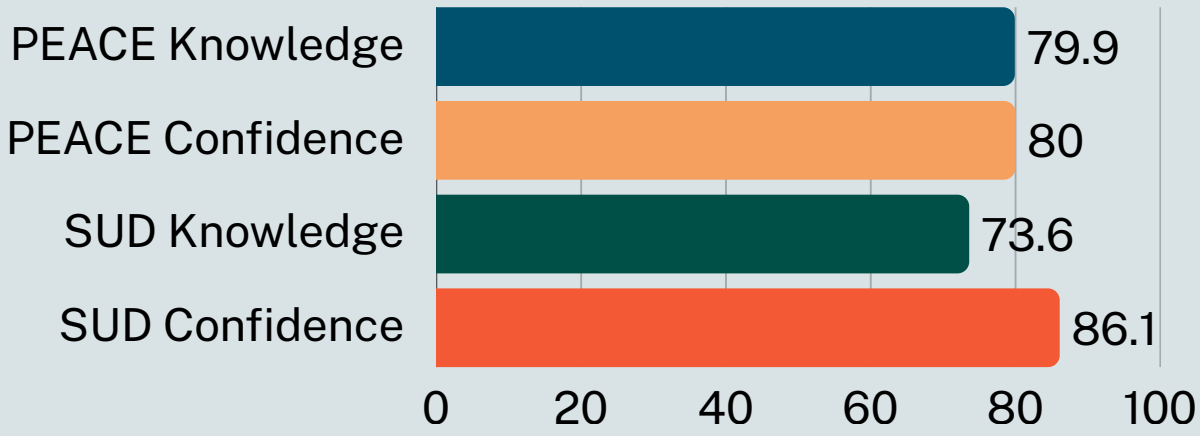
PEACE ECHO®

430	total atendees
35	students
44.3	average session attendance

SUD ECHO®

452	total atendees
68	students
37.9	average session attendance

Increased Knowledge and Confidence (%)



The Value of the Lived-experience Voice

When Suzanne Paynter joined a CARE2 ECHO® panel as a subject-matter expert (SME), she brought something no textbook or clinical credential could provide: the perspective of someone who has lived through the healthcare experience herself. As a trained hospice volunteer and family member who has navigated illness, caregiving, loss, and grief, Suzanne brings a perspective that complements, and not competes with, clinical expertise.

CARE2 believes people with lived experience belong alongside clinicians and other professional experts on ECHO® panels. Providers can explain evidence, best practices, and treatment options. A lived-experience SME can help the team understand what those decisions actually feel like for the person receiving care, such as identifying barriers that may be invisible from the clinical side and asking questions that might otherwise go unasked.

For Suzanne, her value as an SME extends beyond telling her story. It is about turning experience into insight and helping providers see care from another perspective. In the ECHO® environment, those perspectives can shift the conversation from simply asking, “What is the right clinical approach?” to also asking, “What does this experience look and feel like for the person receiving care?”



Suzanne also emphasizes the importance of boundaries. Sharing lived experience is a choice, not an obligation. SMEs should have control over what they share and keep private, as well as when they need to redirect a conversation. For organizations incorporating lived experience into education, the goal should not be to extract someone's story, but to learn from their expertise. Respecting those boundaries creates a safer and more meaningful and sustainable role for lived-experience SMEs.

For CARE2, bringing lived experience into ECHO®s reflects a broader understanding of what expertise looks like in healthcare. People who receive care are experts, too. Their perspectives can challenge assumptions, deepen clinical conversations, and help providers understand not only how to deliver better care, but why it matters.

Sometimes, improving healthcare means making sure the people who have sat on the other side of the table have a seat, too.

Behind the Numbers: Meet Sophie



We sat down with Sophie Weider, CARE2 lead evaluator, to talk about the importance of measuring what works and using lessons learned to make CARE2 even stronger.

Over the past five years, Sophie has helped CARE2 turn participant feedback and evaluation data into meaningful insights about provider learning, program design, and impact. Her work has helped the team understand not only who CARE2 reaches, but how shared learning and collaboration can translate into new ideas and better support for the people and communities that providers serve.

Q: What becomes possible when you evaluate a program consistently over five years?

Sophie: We get to see what worked, what didn't, and which topics were most relevant to participants. It's also exciting to see ideas develop from one cohort to the next and across different groups of providers. When we offer the same curriculum to multiple cohorts, we can see what stays consistent and what evolves based on the people and communities participating.

Q: How do provider-level changes ultimately translate into better outcomes for patients, families, and communities?

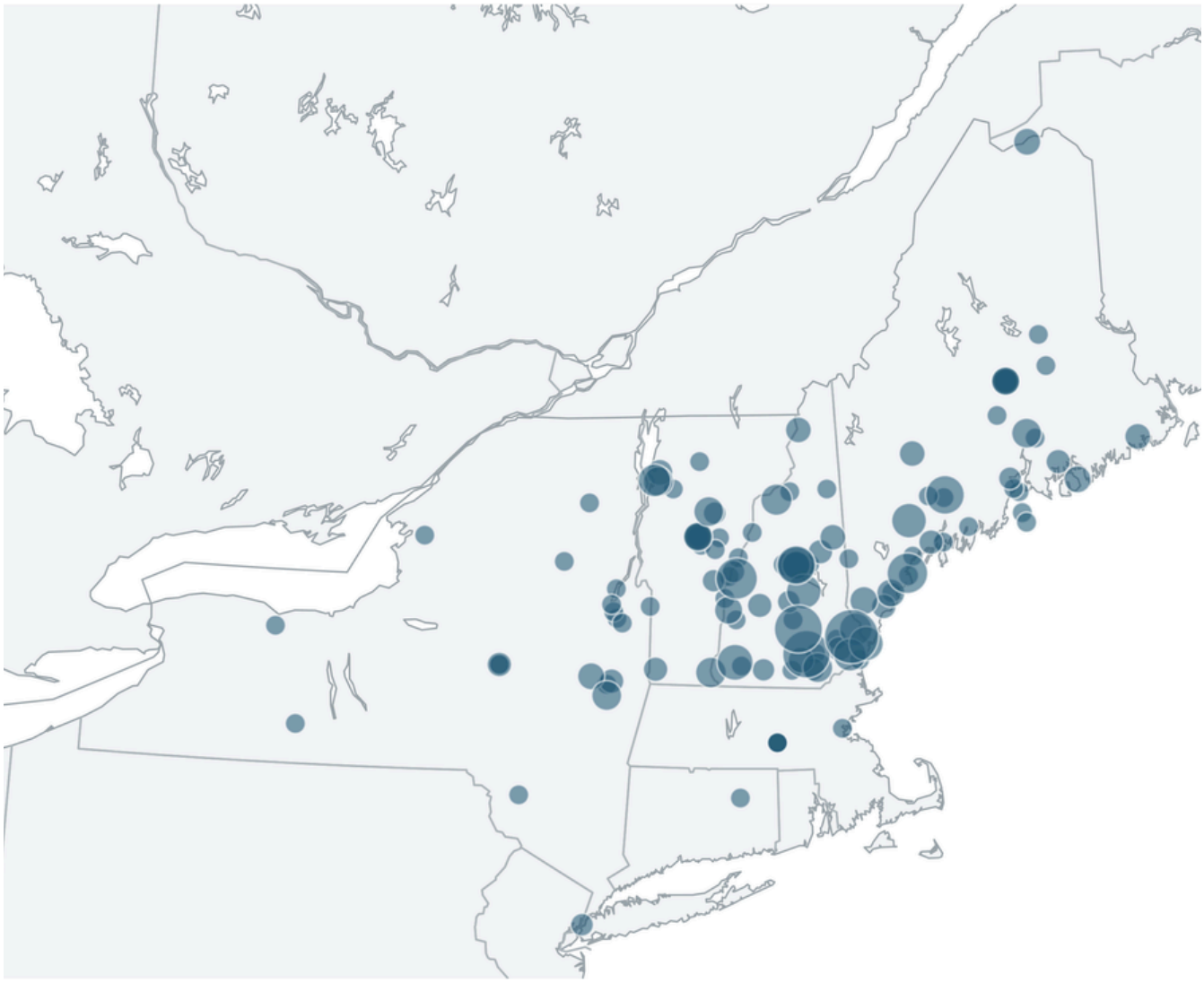
Sophie: One thing I've seen throughout the years is the creativity that providers bring to supporting the people they serve. Everyone brings their own expertise to the ECHO® sessions, and the case-based learning creates space for people to share ideas and solve problems together. Those conversations can spark new approaches that providers can take back to their communities.

Q: What is your favorite CARE2 finding or data point?

Sophie: I love seeing the diversity of people who participate: from across Maine, New Hampshire, Vermont, and North Country New York and across so many different provider types. Everyone brings a different perspective and area of expertise, but they share a common goal: working together to bring their creativity and ideas to the table and solve problems for the people they serve.

ECHO® Participant Geography

Participant Geographic Distribution

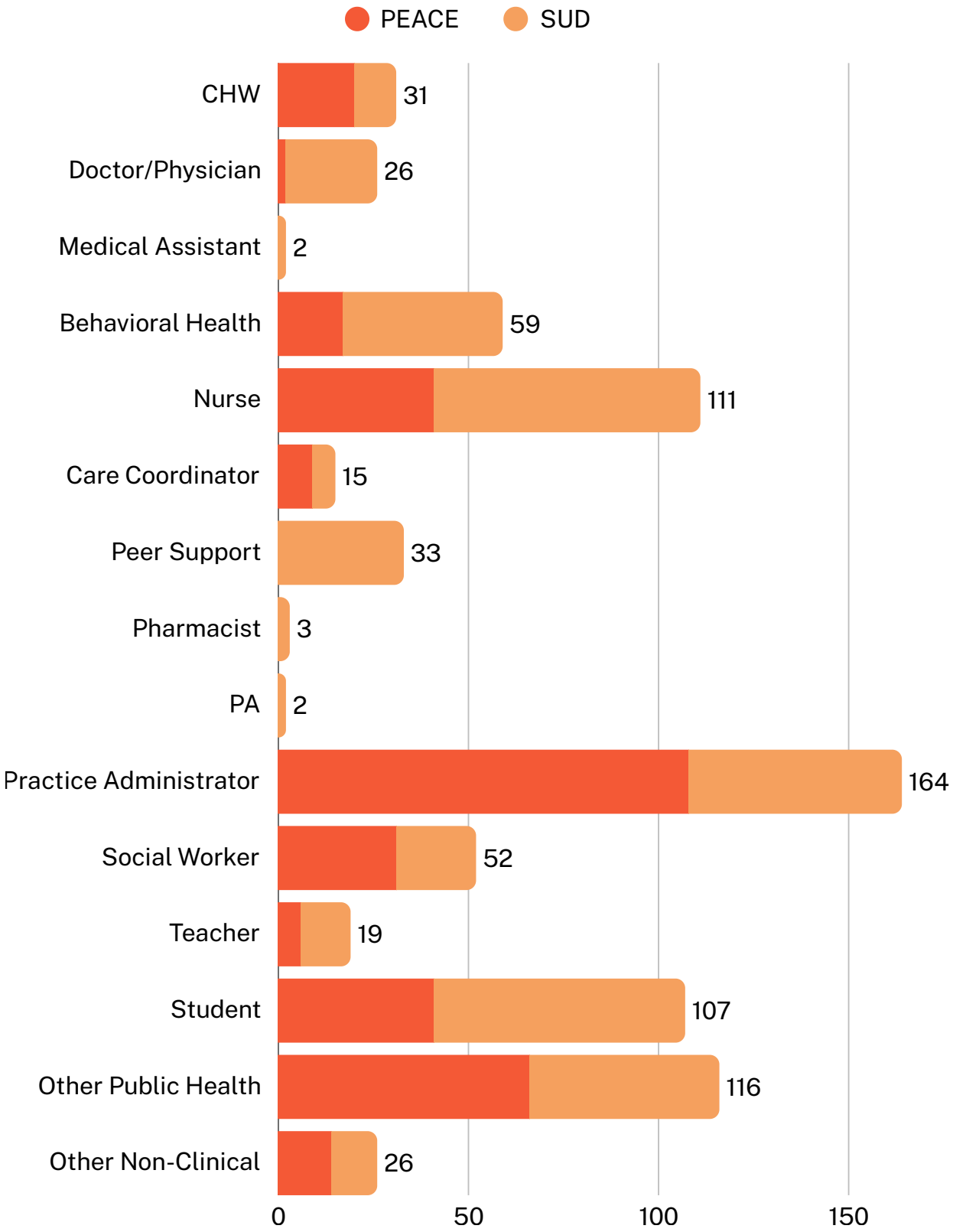


Bubble size represents number of attendees by ZIP code.

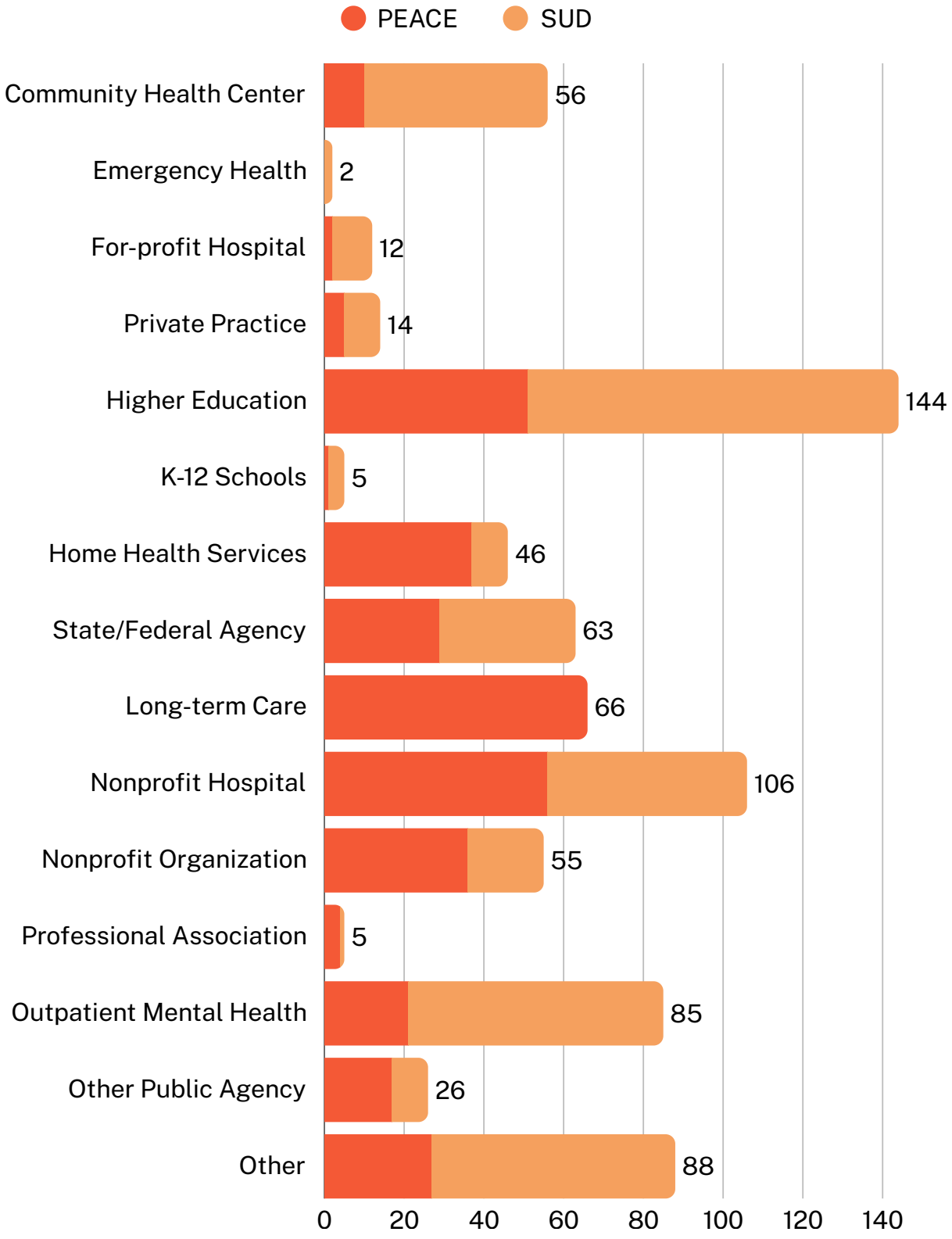
Largest Concentrations of Attendees

- Durham, NH: 109
- Concord, NH: 66
- Manchester, NH: 63
- Lebanon, NH: 35
- Portland, ME: 32
- Raymond, NH: 26
- Augusta, ME: 26
- Nashua, NH: 21
- Keene, NH: 19
- Laconia, NH: 16

ECHO® Participant Type



ECHO® Participant Organization Type



The University of Maine Center on Aging

Five Years of Advancing Rural Aging Care with CARE2

Over the lifespan of CARE2, the University of Maine Center on Aging, led by Mary Lou Ciolfi, brought expertise in aging policy to every stage of the project: from the earliest needs assessment through a working group on social isolation among older adults.

Their contributions touched nearly every format CARE2 used to reach rural providers.



Dignity of Risk: A Five-minute **Coffee Break Video**

Multistate **Needs Assessment** to Inform ECHO® curricula for behavioral health, substance use, and social connection needs of older adults

Working Group on social connection

Understanding Ageism: From Fairy Tales to #OkBoomer - **A Self-paced Course**

Solo Aging Resource Center **website**

Project ECHO®: Aging, Community, and Equity (PEACE) - Ageism Explored

Beyond the ECHO®: Meet Michaela

We sat down with Michaela Fascione, CARE2 Project Manager, to talk about how innovation and technology are helping CARE2 take learning beyond the traditional ECHO® session.

Michaela has been part of the CARE2 team for all five years of the project, leading the development and implementation of technology-enabled learning, eLearning, digital resources, and innovative approaches to reaching rural providers. With a passion for making high-quality learning more accessible, she has helped CARE2 explore new ways to extend the reach and the life of ECHO® learning.



Michaela presenting on the CARE2 project during an annual grantee meeting.

Q: ECHO® brings people together for live learning. Why isn't the live session the end of the story?

Michaela: Live learning is powerful, but it has limitations. Providers are busy, schedules are complicated, and rural communities can be spread across huge geographic areas. By turning ECHO® content into eLearning, digital resources, and other formats, we can make that knowledge available long after the session ends.

Q: Why is this especially important for rural communities?

Michaela: In rural communities, access is often the challenge ... not a lack of expertise or commitment. Technology can help connect providers with knowledge and with one another, regardless of geography. Our goal isn't to replace relationships with technology, but to use technology to make those connections possible for more people.

Q: What do you hope is next for CARE2?

Michaela: I want the learning we create to go further. Every ECHO® represents an investment of time, expertise, and collaboration, and we want that knowledge to keep working long after the session ends. Innovation means finding new ways to make learning reach more people, in more ways, for longer.

Asynchronous eLearning Catalogue

Project Year 5 Oct. 2025–Sept. 2026

- *Addiction & The Brain*
- *Working Group on Social Connection*
- *Solo Aging Resource Center*

Project Year 4 Oct. 2024–Sept. 2025

- *Dignity of Risk*
- *SUDs in Adolescents*
- *Understanding Ageism*
- *Honoring an Individual's End-of-Life Preferences*

Project Year 3 Oct. 2023–Sept. 2024

- *Xylazine in Street Opioids*
- *Digital Health Resource Guide*
- *Deprescribing: A Three-Part Series*

Project Year 2 Oct. 2022–Sept. 2023

- *Tips and Tricks to Address Health Disparities and Social Isolation in Rural Aging Communities*
- *Telehealth Toolkit for SUD and OUD Services*

Project Year 1 Oct. 2021–Sept. 2022

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Kathleen Broglio
John Burns
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Megan Detweiler
Abby Frutchey
Stefanie Griffin
Angie Hunt
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Marianne Jackson
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Nancy Kusmaul
Lisa Letourneau
Michele Lovell
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Don McNally
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Stephanie Nichols
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