The field of public health faces a changing landscape that requires a continuously adapting, public health response at all levels, especially locally where people live, work and play. To effectively respond to public health challenges that are growing more complex and interconnected, the field must expand its “scope and reach ... to impact all factors that [affect] health and well-being.”

While the current public health workforce includes specialized experts in distinct scientific discipline, the workforce of the future must think strategically, act in a systems perspective, meet new population health challenges, be skilled at building strategic partnerships and harness the power of new data types.

And yet, the field of public health builds the capacity of its workers largely through “one-off” training events (e.g., single online or in person training), which generally do not allow learners the opportunity to practice new skills in real settings. In order to meet the current and coming challenges, public health practitioners need high-quality, multi-modal and continuous learning opportunities to build meaningful skills.

NNPHI became an ECHO Replication Partner in early 2019, and has been leading efforts to translate the ECHO model to public health, supporting professionals in their efforts to address complex and seemingly intractable public health problems.

WHAT IS PROJECT ECHO®?

Project ECHO® (Extension for Community Healthcare Outcomes) is a movement to demonopolize knowledge and amplify workforce capacity to provide best practice care for underserved people. The ECHO model is committed to addressing the needs of the most vulnerable populations by equipping the workforce with the right knowledge, at the right place, at the right time.

Communities of practice rooted in the Project ECHO® framework have the potential to build knowledge and capacity while reducing disparities, rapidly disseminating best practices, achieving exponential reach and systematically evaluating and monitoring outcomes.

Originally designed for medical providers, the ECHO model uses a combination of multi-point video-conferencing technology, case-based learning, promotion of best practices and the monitoring of outcomes to create and support professional communities of learning and practice. The model is being increasingly used to ensure persons in rural areas have easy access to quality care. Its potential in public health has not yet been fully explored, but there are some initial successes with prisoner peer education programs, opioid treatment programs and community health worker initiatives.

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1Office of the Assistant Secretary for Health (2016). Public health 3.0: a call to action to create a 21st century public health infrastructure.
WHY IT’S NEEDED:
Building Stronger Communities

CITIZEN
• Equal access to resources that promote health and well-being

WORKFORCE
• Acquire new knowledge
• Build Community of Practice
• Reach more with best practices

COMMUNITY
• Reduce inequities
• Increase access
• Engage multiple players

SYSTEM
• Improved quality
• Greater reach
• Reduced cost

BRINGING ECHO TO PUBLIC HEALTH:
NNPHI is designing, implementing, and evaluating several project ECHO series (below). Key lessons learned and recommendations for adaptation of the model for public health will be made available in Fall 2020.

1 Environmental Health Communication Strategies in a Hurricane Emergency: The six-session ECHO series supports public health professionals with optimizing their public outreach, diversity engagement and use of communication media to better manage environmental health challenges. (3 separate series offered)

2 Individual and Workforce Resilience: In this six-session ECHO series, participants learn to facilitate individual and workforce strategies focused on managing stressors induced by prolonged hurricane emergencies. (3 separate series offered)

3 Opioid Prevention and Response (Coming Soon)

Dr. Sanjeev Arora, Project ECHO founder, noted that NNPHI’s efforts to utilize the ECHO methodology can result in more rapid improvements in public health than are currently occurring. “The focus is on implementing best practice to solve the issues that [public health leaders] are having and [understanding] how ... we [can] harness any expertise to solve that issue. “Allowing people to participate in a community of practice around specific problems of this nature will lift all boats.”