ANNUAL REPORT

Evaluation Highlights from Project Year 4

Collaborative for Advancing Rural Excellence & Equity

CARE2

December 2025

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SPECIAL THANK YOU

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FUNDING ACKNOWLEDGEMENT

This report is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $475,000 annually with 100% funded by HRSA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.

SUGGESTED CITATION

Brackett, F, Weider S, Fascione M, Doyle M. Annual Report: Evaluation Highlights from Project Year 4. MCD Global Health; 2025:11.

BACKGROUND

The Collaborative for Advancing Rural Excellence and Equity (CARE2) program was developed to respond to the impact of COVID-19 on the behavioral health of rural communities in the three northern New England states of **Maine, New Hampshire, Vermont, and northern New York**, particularly as it pertains to social isolation and lack of access to behavioral health treatment for residents with **substance use disorder (SUD)** and **older adults** across the long-term care continuum. To accomplish this, CARE2 facilitates evidence-based trainings through **Project ECHO®** programs, and provides collaborative training resources through an open-access **e-Learning** portal.

The region served by CARE2 includes 77 rural counties across three primarily rural states, and New York's North Country. This region has substantial medically underserved populations that are challenged to obtain quality health care due to poor health insurance coverage, the burden of transportation from rural communities to more urban medical centers, and the restricted availability of specialty care providers and support services. This region also includes some of the nation's oldest communities, as well as populations experiencing high rates of SUD and behavioral health issues. These challenges are further exacerbated by the **COVID-19 pandemic** and have led to heightened social isolation for older adults and record rates of overdose and SUD-related deaths. This created an urgent need for both **acute and sustainable solutions**, especially in the face of a continually dwindling healthcare workforce.

OUR GOALS

1. Developing a **person-centered learning community** that promotes interprofessional care and emphasizes collabo-rative partnerships

2. Delivering **Project ECHO** programs to rural primary care and long-term care "spoke sites" across the region to facilitate the dissemination of best practices, with a focus on addressing gaps in services for adults with **behavioral health concerns and/or substance use disorder**

3. Developing accessible tools to support program planning and implementation

4. **Engaging students** to facilitate early adoption of best practices and reduce stigma and bias in an **all-teach, all-learn** approach

PARTICIPANT DEMOGRAPHICS

More than half of all participating organizations represent **rural communities**, underscoring CARE2's success in reaching providers who often face the greatest workforce and access challenges. More than 30-40% of participants on the SUD ECHOs, and more than 50% of participants on the PEACE ECHO, were **new to the ECHO model**, demonstrating CARE2's role in introducing rural partners to innovative telementoring approaches. Additionally, both ECHOs included **student participants**, supporting a pipeline approach that engages the emerging workforce early and helps prepare future behavioral health and SUD professionals for rural practice.

	SUD ECHO		PEACE
	Fall Cohort	Spring Cohort	
Number of unique participants registered per cohort	101	73	131
Number of unique ECHO participants per cohort	74	46	67
Total number of ECHO participants per cohort	74	46	67
Number of spoke sites participating per cohort	33	30	35
Number of student participants	4	9	15
Average attendance per session	46.25	26.00	34.00
First time participating in ECHO	42.1%	35.4%	56%
Rural organizations	66.7%	53.3%	60.0%

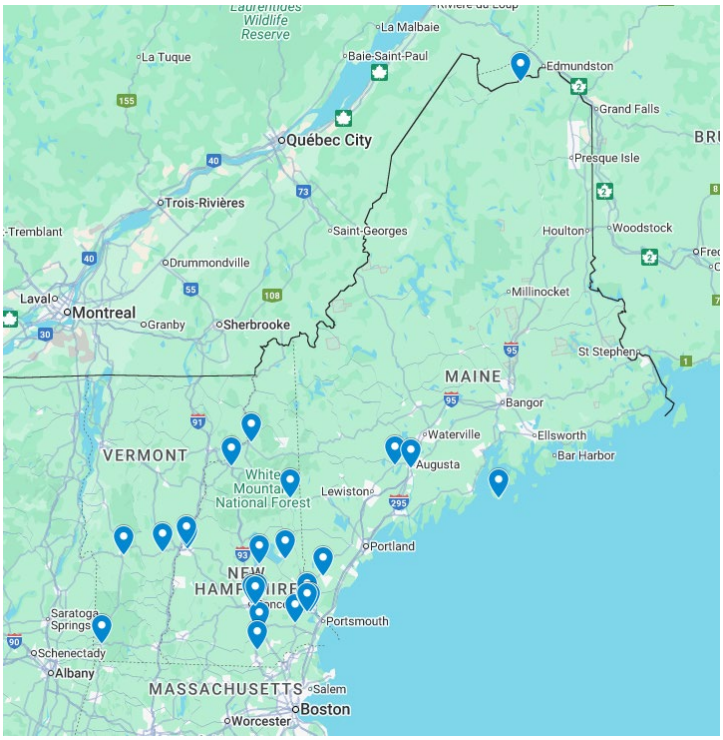
PARTICIPANT ROLE TYPES

The CARE2 Project ECHO programs foster an **interdisciplinary community** where both participants and subject matter experts represent multidisciplinary teams that include community health workers, community-based organizations, geriatricians, medical librarians, nurses, occupational therapists, peer recovery and support professionals, pharmacists, practice administrators, mental health professionals, social workers, students, and more.

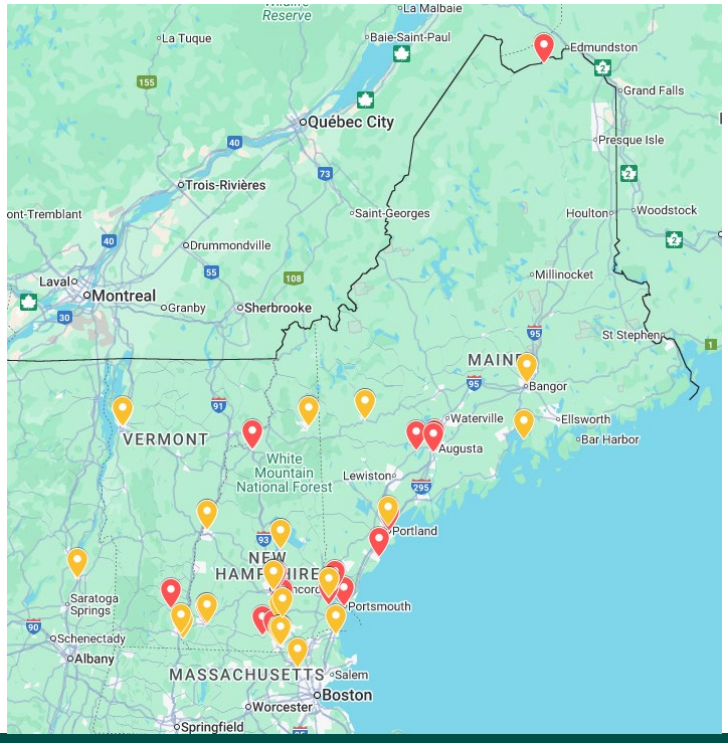
	SUD ECHO		PEACE
	Fall Cohort	Spring Cohort	
Community Health Worker / Representative	0	0	3
Provider (DO/MD, Nurse Practitioner, Physicians Assistant)	8	3	1
Mental/Behavioral Health Professional	17	4	3
Nurse	7	9	10
Patient Navigator/Care Coordinator	2	0	1
Peer Support Worker/Peer Education	17	10	1
Pharmacist	2	0	0
Practice administrator or leader	0	2	10
Psychologist	1	0	0
Social Worker/Case Manager	2	0	7
Teacher/Clinical Faculty	2	1	2
Other allied health professional	0	0	0
Other public health professional	7	3	1
Other non-clinical professional	2	2	7
Student (RN, Pharmacy, Public Health, Social Work, PMHNP)	4	9	15
Chose not to reply	3	3	6

PARTICIPANT ORGANIZATIONS

Project ECHO®: Aging, Community & Equity (PEACE)



Substance Use Disorder (SUD) ECHO®



Fall Cohort

Spring Cohort

CARE2 Collaborative for Advancing Rural Excellence + Equity

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Institute for Health Policy and Practice

Project ECHO®

FEEDBACK FROM ATTENDEES

CARE2 ECHOs create a collaborative learning space where subject matter experts (SMEs), participants, and case presenters learn with and from one another. By bringing together professionals across roles, disciplines, and states, the ECHO model supports shared problem-solving around complex, real-world cases. Participants consistently describe the experience as **meaningful, energizing, and directly applicable to their work.**

Voices from CARE2 ECHOs

Case Presenter (PEACE Cohort 4) Perspective

"What stood out to me was seeing people at every stage — those brand new to the field and those with years of experience — come together. The diversity of knowledge across different states and settings was incredible, and it really felt like everyone was working toward a greater good."

SME (PEACE Cohort 4) Perspective

"As a social worker and clinician, it was incredibly helpful to hear perspectives across disciplines — especially how we can better connect medical practitioners with the rest of an individual's care team. These conversations reinforced the importance of communication and of supporting individuals to have a voice, ask questions, understand their options, and be fully informed."

Together, these reflections highlight how CARE2 ECHOs foster connection, reduce professional isolation, and strengthen interdisciplinary collaboration — benefiting not only those who participate, but ultimately the individuals and communities they serve.

ASYNCHRONOUS E-LEARNING

Coffee Break Videos

Short, approximately five-minute videos designed to fit into providers' busy schedules.

SUDs in Adolescents

A brief overview of Substance Use Disorders (SUDs) in adolescent populations, highlighting key considerations for identification and care. Watch the video here.

Dignity of Risk

An introduction to the concept of dignity of risk, emphasizing respect for autonomy and person-centered decision-making, even when choices involve risk. Watch the video here.

Visit telehealthclassroom.org

Longer e-Learning Courses

Self-paced, in-depth online courses hosted on the Telehealth Classroom platform.

Honoring an Individual's End-of-Life Preferences

This course explores attitudes toward death and dying, end-of-life planning, and documentation of care preferences such as advance directives, DNR, and POLST/MOLST. It also addresses considerations for rural and marginalized populations and the use of technology to support end-of-life planning. Access the course here.

Digital Health Resource Guide

An overview of digital health tools that can support patient care, engagement, and self-management, including wellness apps, mobile mental health tools, digital therapeutics, patient portals, and telehealth and remote monitoring technologies. Access the course here.

Understanding Ageism

This course examines the definition, history, and impact of ageism, including implicit and explicit bias. Learners explore how ageism affects health and care delivery and gain strategies to promote dignity, equity, and respectful language and practices when working with older adults. Access the course here.

SOLO AGING REPORT

During Project Year 4, CARE2 partnered with the University of Maine and University of Southern Maine to examine the experiences, needs, and strengths of older adults aging alone in rural communities. This work responds to a growing demographic trend: an increasing number of older adults are aging without spouses, partners, or nearby family support, a population commonly referred to as "solo agers."

Project Overview

The Solo Aging project aimed to raise awareness of solo aging across the CARE2 region and to **better equip health, social service, and community-based providers** to identify and support older adults aging alone. Using a mixed-methods approach, the project included:

- A comprehensive literature review
- Seven focus groups with 34 rural-residing solo agers in Maine
- Key informant interviews with health and social service providers across the CARE2 service area
- A regional provider survey completed by 47 respondents

In total, 96 individuals across four states were engaged through data collection and pilot testing activities.

Key Findings

Findings revealed that solo agers face distinct challenges that are often amplified in rural communities, including limited transportation, concerns about future health care and decision-making, financial insecurity, and social isolation. Many participants expressed anxiety about who would assist them during medical emergencies or periods of declining independence, particularly in the absence of family caregivers.

At the same time, solo agers demonstrated significant resilience and resourcefulness. Participants described strong values of independence, intentional planning, and adaptability, as well as the importance of informal networks of friends, neighbors, pets, and peer solo agers. These strengths challenge deficit-based assumptions about aging alone and highlight opportunities for **more person-centered, strengths-based approaches to care.**

Providers across the CARE2 region reported frequent encounters with clients aging alone but noted **gaps in targeted screening,** educational resources, and tailored supports. While many organizations offer services relevant to solo agers — such as transportation, nutrition, and resource navigation — fewer explicitly identify or address solo aging as a unique risk factor, limiting early intervention opportunities.

Visit soloagingresourcecenter.org

CARE2 Impact and Deliverables

A key outcome of the project was the development and launch of the Solo Aging Resource Center, an interactive website designed to support both providers and solo agers. The site curates evidence-based resources, elevates lived experience, and includes a conversation guide to help professionals discuss solo aging in a respectful, person-centered way.

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FUTURE CONSIDERATIONS

Project Year 4 of CARE2 reinforced the critical role of interdisciplinary learning in equipping providers to deliver whole-person, community-responsive care for substance use disorder and social isolation. As CARE2 enters the final year of the funding period, we will strategically expand our ECHO network to reach more providers across rural and underserved communities. We will continue to refine and advance our curricula to reflect emerging best practices in behavioral health, aging equity, substance use, and the ongoing impacts of COVID-19.

Program evaluation data and participant feedback will remain central to our approach, ensuring continuous quality improvement. Together, these efforts will strengthen provider capacity and support more equitable, sustainable care delivery across Maine, New Hampshire, Vermont, and Northern New York.

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