

NACDD ECHO CLINICS DESIGN DOCUMENT

Effective 10/01/19

PURPOSE

This design document provides information on the framework and methodology for implementation of the National Association of Chronic Disease Directors' (NACDD) ECHO "Clinics" (hereafter referred to as clinics). In collaboration with the ECHO Institute™ at the University of New Mexico Health Sciences Center (hereafter referred to as ECHO), NACDD will implement Chronic Disease ECHO Clinics supporting peer-to-peer learning and mentoring on special priorities and emerging topics based on workforce assessment data. These clinics will provide a "case management" focus to the topics under review and allow for in-depth discussion by the participants.

The clinics will leverage ECHO hub-and-spoke connectivity technology and will be open to all interested chronic disease directors and their leadership team. The clinics are framed around the methodologies and learnings from the GEAR Groups implemented by NACDD for the three-year period prior to this project and are founded on principles that support communities of practice and peer mentoring.

RELEVANCE TO INNOVATION, LEADERSHIP AND PRACTICE INITIATIVE (ILPI)

The clinics are intended to provide learning and mentoring opportunities to state health department practitioners working in chronic disease prevention and health promotion. The clinics are in support of NACDD's cooperative agreement with the National Center for Chronic Disease Prevention and Health Promotion for PPHF2018-National Organization for Chronic Disease Prevention and Health Promotion-financed in part by 2018 Prevention and Public Health Funds CDC-RFA-DP18-1814, or Innovation, Leadership and Practice Initiative (ILPI). The below objectives and outcomes are also outlined below in a table format.

The clinics support the following Year 2 objectives; Objective 1.3 and 3.1.

- 1.3 Implement 2 semi-annual peer-led ECHO "clinics" focused on priorities or emerging issues.
- 3.1 Collaborate with University of New Mexico to use the Zoom Platform to implement practice-based learning. Q1-4

Short-term outcomes for these clinics as defined in the Year 2 ILPI work plan include:

1. Increase peer-to-peer practice learning and sharing
2. Increase dissemination of effective chronic disease prevention approaches and workforce development strategies among States

Intermediate outcome for these clinics as defined in the Year 2 ILPI work plan include:

1. Increased availability and accessibility of learning opportunities addressing leadership and chronic disease prevention approaches

Strategy: Practice-based Learning		
Five Year Project Period Objective 1: By September 30, 2023, NACDD will implement at least 56 opportunities to increase peer-to-peer sharing and learning.		
Expected Outcome 1: Increase peer-to-peer practice learning and sharing by at least 56 opportunities.		
Annual Objective 1: By September 29, 2020, NACDD will build on the existing peer-to-peer forum methodology and evaluation data to develop and convene at least 6 (see objective 1.3) peer-to-peer forums that engage in problem solving and learning about effective workforce development and leadership and management strategies for the chronic disease prevention and health promotion workforce		
Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
1.3 Implement 2 annual peer-led ECHO “clinics” focused on priorities or emerging issues. Q2-4	PH Leadership and Innovation Lead	Rosters, agenda, final evaluation
Five Year Project Period Objective 3: By September 30, 2023, NACDD will implement at least four new technologies to provide at least 90 workforce development strategies.		
Expected Outcome 3: Increase dissemination of at least 90 effective chronic disease prevention approaches and workforce development strategies among States.		
Annual Objective 3: By September 30, 2020, NACDD will expand use of at least four technologies by developing and implementing at least 18 strategic learning opportunities in modes most accessible to state health department staff.		
Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
3.1 Collaborate with University of New Mexico to use the <u>Zoom Platform</u> to implement practice-based learning. Q1-4	PH Leadership and Innovation Lead	MOU with UNM, agenda, rosters, evaluation data

METHODOLOGY

The methodology for implementation of this activity is built upon the successful strategies and methods for peer learning opportunities that NACDD has used over the past six years in other disease and program areas that support leadership and practice-based learning. Changes and improvements to this methodology include actions suggested through the annual evaluation by program participants and upon review and discussion with planning team.

TOPICS:

The topics for the clinics are based on the review of NACDD Board Member prioritization processes and input, as well as information gleaned from the National Assessment of States Survey, and participant suggestions gathered anecdotally and via the clinic evaluation. These data provide clear direction to the program developers on the most critical need for this practice and learning method.

Linkage to the NACDD Board strategic map will be supported and required for all topics. Any topic suggested must support not only the established priorities of the associations' leadership as determined through the data and prioritization process but must also align with one or more of the activities under the four pillars (NACDD Board of Directors Strategic Map, 2018, updated July 2019, incorporated by reference).

Where possible, topics will reflect the ideals and subject matter of the 2019 NACDD President's Challenge that focuses on upstream factors which is expected to continue in Year 2.

Bridging the clinic topics with those identified for the 2020 GEAR Groups will provide alignment and reinforcement among the participants for these two learning methodologies and can act as a conduit in the state to create synergy among the chronic disease directors and their lead/program personnel who participate in the GEAR Groups.

Possible options for topics include:

- Built environment/Physical Activity
- Nutrition/ECE
- Procurement/FSG
- CORD/Medicaid
- Importance of pediatric weight management

NACDD COMPETENCIES

Each topic selected for the clinics and the ensuing agenda must relate to one or more of the following NACDD Competencies and at least one of their sub competencies. *These competencies will be listed on the agenda and shared in the recruitment materials.*

1. **Build Support:** Chronic disease practitioners establish strong working relationships with stakeholders, including other programs, government agencies and nongovernmental lay and professional groups to build support for chronic disease prevention and control.
2. **Design and Evaluate Programs:** Chronic disease practitioners develop and implement evidence-based interventions and conduct evaluation to ensure on-going feedback and program effectiveness.
3. **Influence Policies and Systems Change:** Chronic disease practitioners implement strategies to change the health-related policies of private organizations or governmental entities capable of affecting the health of targeted populations.
4. **Lead strategically:** Chronic disease practitioners articulate health needs and strategic vision; serve as a catalyst for change and demonstrate program accomplishments to ensure continued funding and support within their scope of practice.
5. **Manage People:** Chronic disease practitioners oversee and support the optimal performance and growth of program staff as well as themselves.
6. **Manage Programs and Resources:** Chronic disease practitioners ensure the consistent administrative, financial, and staff support necessary to sustain successful implementation of planned activities and build opportunities.

7. Use Public Health Science: Chronic disease practitioners gather, analyze, interpret and disseminate data and research findings to define needs, identify priorities, and measure change.

FREQUENCY OF SESSIONS

There will be two ECHO Clinics to meet the objective. Options may include:

1. Two different topics, one for each call with different participants on each call.
2. One topic carried over to the second call with the same individual participants.

TIMING

NACDD will convene two ECHO clinics. Both sessions will occur prior to and just after the 2020 National Association of Chronic Disease Directors' Academy in September 2020. The timing of the sessions will support and reinforce the specific learning sessions and workshops planned for the academy and will take advantage of the opportunity to allow for more in-depth learning during the academy. Additionally, ECHO sessions will allow for continued opportunity to develop a deeper understanding of topic presented during the Academy.

LENGTH

Each session will be scheduled for a minimum of one hour and 30 minutes and may be scheduled for up to two hours to ensure plenty of time for information sharing by experts and problem solving and learning by participants.

PARTICIPANTS

Members of these clinics will be recruited from the cadre of state chronic disease directors and or members of their leadership teams. These clinics are not intended for the new practitioner but are geared toward those with enhanced knowledge and leadership within the state health department.

Participation will be limited to the first seven eligible chronic disease directors or leadership team members who register for each session. The small group size of 4 - 7 will allow for group discussion, peer mentoring, and group sharing.

FORMAT/AGENDA

Each session will have an agenda that includes an introduction by a NACDD Team Leader followed by a 15 minute "expert" session speaker (depending on the topic) and a 15-minute state-specific speaker providing a case story example of the topic. The group will then participate in a 60-minute facilitated discussion sharing their success and challenges and an opportunity to react and respond.

TECHNOLOGY

NACDD will require use of the ZOOM Platform for learning. This will allow face-to-face interactions that have been found to be integral to building relationships across states and support and encourage interaction. Members who wish to participate who do not have this

technology through their place of employment will be offered the use of free webcams in order to fully participate. A request for a webcam must be made during the registration process.

SPEAKERS/SUBJECT MATTER EXPERTS/FACILITATORS

NACDD will contract with selected experts in the field (as determined by the topic) who will share information both before (via documents to review), during the clinic (through expert presentations) and possibly post session during a follow up session.

NACDD will access two subject matter experts who will be invited to participate depending on the topic to provide continuity to NACDD priorities and programs as well as provide longer-term technical assistance and share resources with the members.

A Facilitator will support the facilitated discussion. This may be a NACDD Team Lead or the invited expert. Discussion questions will be developed for potential use during the session. A note taker will record the key takeaways from each session. The clinics will not be recorded since participation is a required element, and these are not considered webinars.

The designated SME will participate on each clinic in order to allow the facilitator easy access to the materials and facilitation of the discussion. The SME will assist in accessing the materials during the call, tracking any chat questions, and other support needed.

EVALUATION

Program implementation and evaluation of short-term and intermediate outcomes will be accomplished through several strategies including data collection and survey responses and will consider the numbers of people who participate, the number of offerings, as well as follow up on intermediate outcomes that consider practitioner work force improvement. The NACDD Evaluation Team will provide support, direction and data gathering/analysis for this component of the clinics. Evaluations will occur during three points of time. The process evaluation (utilizing HOOPLA) seeks to know if NACDD implemented the ECHO Clinic the way it was intended. The second evaluation will take place immediately after the conclusion of the ECHO clinic. The final will occur at the 3-month follow-up. The evaluation seeks to measure if peer-to-peer sharing opportunities were provided and how the ECHO Clinic assisted with changing/enhancing the way they approach their practice. The table below provides more information about the evaluation process for the ECHO Clinics.

Evaluation Question	Indicator(s)	Data Sources	Data Collection Methods	Data Analysis Methods
1.1 In what ways can planning and implementation be made more efficient and effective?	HOOPLA results reflect discussion related to planning and/or implementation	ECHO Planning Team	HOOPLA	Post discussion notes
1.2 Where peer-to-peer learning and sharing	# of peer-to-peer opportunities # of attendees	State Attendees	Post Survey	Qualtrics survey post clinic

opportunities provided?	% of attendees who agree goals were met/attendee satisfaction			
2.1 Have peer-to-peer learning and sharing opportunities been increased?	# of peer-to-peer opportunities presented	State Attendees	3- month follow-up	Qualtrics survey with a phone follow-up
3.1 In what ways did participants plan to change/actually change the way they approached their work based on their ECHO Clinic Experience?	# and type of changes to public health practice # of new partners # of new initiatives	State Attendees	3-month follow-up	Qualtrics survey with a phone follow-up

Post Survey Questions

1. As a result of my participation in the ECHO Clinic:
 - Peer-to-peer sharing, and learning was facilitated.
 - I was able to explore strategies for addressing emerging issues.
2. How much do you agree with the following statements?
 - The ECHO Clinic technology was adequate and conducive to learning.
 - The time allotted for these sessions was adequate.
3. On a scale of 1-10 with 10 being “excellent” and 1 being “poor,” how do you rate the overall success of your ECHO Clinic?
4. In what ways did the presentations and conversation during the ECHO Clinic shape the way you think about your work?
5. Please suggest any recommendations for future ECHO Clinic topics.

Additional 3-month follow up questions

1. What new knowledge or ideas learned through the ECHO Clinic have you been able to act on? Has anything else changed about the way you approach your work based on your ECHO Clinic experience?
2. What helped you implement these actions (resources shared by peers, contextual factors within your state health department, etc.)?
3. What barriers have you faced in implementing these actions?

NOTE: The Evaluation Science Team will need contact information for all attendees. Additionally, attendees should be notified at the initial meeting that a follow-up will be done in 3 months.

RECRUITMENT

NACDD will share information with the state health departments on the multiple numbers of leading and learning topics and methodologies available for various staffing capacities. NACDD will recruit participants for these clinics through an announcement that details the program parameters and minimum requirements. The ILPI Communications person will provide the lead on developing and disseminating the recruitment message through various NACDD channels including MailChimp, Impact Brief and other methods.

Registration will be accomplished with input from the Meeting/Events team (development of Event Brite registration link). Notice of selection will be provided via a Zoom calendar appointment from the lead facilitator. A reminder email is shared reminding participants of the call and sharing any additional meeting materials.

If needed, a technology “tech check” session will be provided with 1) speakers and 2) participants to enhance the session video capacity and to ensure all participants understand the peer networking role of the video format.

PROJECT OUTCOMES REQUIREMENTS

It is expected that whomever is selected to participate will fully engage in the discussion and dialogue and will act as either a mentor or a learner for these clinics. Participants will review any materials shared before, during or post clinic. A final “product” is not required for participating in the clinics. Information sharing within each individual member’s state is encouraged.

An option for dissemination will be to develop a case story to share on the NACDD website based on the state-specific case story provided by the state presenter. Any program materials shared by the speaker or NACDD facilitator will be available on the NACDD website. This website will be supported by Innovation Team members but maintained by the ILPI Health Communications lead.

PROCESS/TIMELINE

NACDD will develop the remaining framework, including topics, based on board prioritized topics that support the President’s Challenge and or Social Determinants of Health and align with and support the 2019 GEAR Groups. Listed below is an estimated timeline for clinic implementation:

December 2019	<ul style="list-style-type: none">• Finalize list of topics• Determine dates
April 2020	

June 2020 – July 2020	<ul style="list-style-type: none"> • Contact and confirm speakers and SMEs • Registration opens • Create pre-assessment and post assessment surveys • Develop final list of participants • Inform participants •
Early August 2020	<ul style="list-style-type: none"> • Develop discussion points/final agenda • Release pre-assessment survey • Share topic documents for review • Develop case story materials to post to NACDD website •
Late August 2020	<ul style="list-style-type: none"> • Convene 1st ECHO Clinic
September 2020	<ul style="list-style-type: none"> • Convene 2nd ECHO Clinic • Share information on the 1st ECHO Clinic during the 2020 CD Academy if scheduling allows • Draft Impact Brief on process of clinic • Send out six-month follow up evaluation link • Draft article on outcomes

COMMUNICATION AND DISSIMINATION

Please see attached document for communication plan outline.