



New England PTTC ECHO: Reducing Vaping Across New England by Building Prevention Competency & Capacity

Program Structure:

The 9-month program begins in September 2019 with a Project ECHO® on boarding orientation for faculty and cohort participants. Following the orientation, the program will offer a series of virtual learning sessions, called teleECHO® sessions, between October and May. Initially the teleECHO® sessions will be held twice a month (first and third Thursdays from 12:00 to 1:00) during October and November and then monthly on the third Thursday from 12:00 to 1:00. The sessions are led by a multidisciplinary team of specialists. The faculty will commit to presenting a 10-15-minute didactic presentation on a relevant content area.

FMI Contact: Catherine Chichester at cchichester@ccsme.org

Team/Individual & Their Commitments:

- Team should be from New England: Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine.
- Teams will be coalitions, primary care practices, state initiatives and/or communities who have been doing work on preventing and reducing vaping.
- Individual state level representative (may be on the teams)
- Attend an orientation session.
- Identify a leader to convene and follow up with their team members.
- Attend eight 60-minute teleECHO learning sessions via a virtual meeting platform (Zoom)
- Present a de-identified challenge or issue that their team would like to have input and discussion. A case presentation form will be given.
- Complete a pre- and post-evaluation at the beginning and end of the New England PTTC ECHO and session evaluations
- Prevention continuing education will be provided

DATES: All on Thursdays, 12 to 1

- October 3
- October 17
- November 7
- November 21

- December 19
- January 16
- February 20
- March 19
- April 16
- May 21

Team Application: Applications available through google docs:

<https://forms.gle/v4gKXBGvfudzuB6W7>

Short description of your team/coalition:

Name of Coalition/Team

Contact Person:

Name:

Job Title:

Credentials:

Organization:

Address:

Street

City

Zip Code

County District:

Phone:

Mobile Phone:

Fax:

Please list team members with all of the above information:

Individual Application:

Short description of your organization/position

Name:

Job Title:

Credentials:

Organization:

Address:

Street

City

Zip Code

County District:

hone:

Mobile Phone:

Fax: