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**MCH Innovations Database – Emerging Practice Submission Form**



*This form is for anyone interested in submitting an Emerging Practice to the* [*MCH Innovations Database*](http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/IS-BP-Search.aspx)*. Please complete all sections of this form unless otherwise indicated. For additional materials to support your submission, visit* [*https://www.amchpinnovation.org/application-process/*](https://www.amchpinnovation.org/application-process/)*. If you are unsure if your practice is considered Emerging, use our* [*Minimum Criteria Checklist*](https://www.amchpinnovation.org/wp-content/uploads/2021/04/Minimum-Criteria-Checklist_Spring-2021.pdf) *or contact AMCHP for support.*

***A Note About Health Equity***

*To ensure all practices featured in the database contribute to improving health equity as an integral component of overall program sustainability, we have aligned our criteria and questions with the* [*Racial Equity Impact Assessment*](https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit)*,* [*Is My Implementation Practice Culturally Responsive? Checklist*](https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/imce/documents/IS%20Self%20Assessment.pdf)*,* [*Foundational Practices for Health Equity*](https://www.astho.org/Health-Equity/Documents/Foundational-Practices-for-Health-Equity/)*,* [*Race Equity and Inclusion Action Guide*](https://www.aecf.org/resources/race-equity-and-inclusion-action-guide/)*, and the* [*MCH Leadership Competencies*](https://mchb.hrsa.gov/training/documents/MCH_Leadership_Competencies_v4.pdf)*.*

***A Note About Equitable Language***

AMCHP has recently made a formal commitment to anti-racism and racial equity, and we are working to operationalize this commitment throughout our organization. In part, we are focusing on the language we use and are committed to refraining from using terms that further perpetuate narratives that place and describe communities of color as deficit populations, (i.e. using the terms ‘vulnerable’, ‘at-risk’, or ‘low-income’ to describe a particular racial or ethnic group). Use of this language implies there is something inherently flawed in that community and places blame on the individual or a particular racial/ethnic group and not the system that has failed to invest in creating an optimal environment for positive health outcomes. Language should be respectful of communities and identify the system as the problem. We encourage you to consult our [Glossary](https://www.amchpinnovation.org/wp-content/uploads/2021/09/Glossary.pdf) and the [CDC’s glossary](https://www.cdc.gov/healthcommunication/Resources.html) when responding to the questions in this form to help ensure that your language centers rather than others the populations you work with. *Note: This document is not to be shared and is intended to inform Innovation Hub materials only at this time.*

***A Note About Citations***

Citations can be included throughout the application as necessary and appropriate but are not required or expected as they would be for submissions to peer-reviewed journals.

**For submission support or for questions about this submission form or the submissions process, email** **evidence@amchp.org****.**

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| Primary Contact Information |
| Name |  |
| Organization |  |
| Address |  |
| Phone Number |  |
| E-mail Address |  |

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| --- |
|  Secondary Contact Information *(Optional)*  |
| Name |  |
| Organization |  |
| Address |  |
| Phone Number |  |
| E-mail Address |  |

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| How did you hear about this opportunity? |
| [ ]  AMCHP Website [ ]  AMCHP Staff Person[ ]  AMCHP Social Media (Facebook, Twitter)[ ]  AMCHP Table at a Conference or Meeting[ ]  AMCHP Member Briefs/Regional Updates | [ ]  AMCHP Infographic[ ]  AMCHP *Pulse* Issue[ ]  Shared by someone outside of AMCHP (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)[ ]  Other (please specify): |

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| Emerging Practice Submission Overview |
| What is the name of your practice? |  |
| Was this practice submitted previously to the MCH Innovations Database (formerly Innovation Station)? | [ ]  Yes, and it was accepted as a/an \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ practice. [ ]  Yes, but it was not accepted. [ ]  No |
| What issues does your practice address?*Select all that apply* | [ ]  Access to Health Care/Insurance [ ]  Family/Youth Engagement[ ]  Telehealth/Emergency Preparedness[ ]  Primary/Preventative Care[ ]  Health Equity[ ]  Health Screening/Promotion[ ]  Mental Health/Substance Use[ ]  Nutrition/Physical Activity[ ]  Injury Prevention/Hospitalization[ ]  Preconception/Reproductive Health[ ]  Service Coordination/Integration |
| What populations does your practice serve/impact?*Select all that apply* | [ ]  Prenatal/Infant Health [ ]  Child Health[ ]  Children and Youth with Special Health Care Needs[ ]  Adolescent Health[ ]  Women’s/Maternal Health[ ]  Cross-cutting/Life Course[ ]  Families/Consumers [ ]  Health Care Providers |
| Is this practice supported by Title V either by direct funding or staff time?*Note: This question is for AMCHP’s reporting purposes only and does not affect your ability to submit.* | [ ]  Yes[ ]  No |

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|  **Emerging Practice Submission Questions**  |

*If your practice is accepted, information from this section will also be included in the handout that will be featured in our database. Please aim to limit the responses to the submission questions to 10 pages total.*

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| **Practice Description** |
| 1. As if you were explaining your practice to someone who has never heard of it before, provide a high-level description which also includes each of the following:
* **The need your practice addresses**, how it was identified (this does not need to be a formal needs assessment), any sources of information support this need and how you used/applied this to inform your practice development, and who was involved in the identification process
* The **key population** it impacts
* What it intends to **accomplish**
* Any relevant **background information** such as the history behind the development of the practice and/or any principles or values that support it

Please keep your response to **approximately 1 page or less.** |
| Response: |

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| **Core Components and Activities** |
| Core components are essential practice elements which are both observable and measurable. These may also be referred to as essential functions, practice elements, or active ingredients. Collectively, they help articulate the underlying logic of your practice (why it does/should work and for whom) and lead to intended outcomes. Click [here](https://www.youtube.com/watch?v=PlpNlKobsxI) to watch a short video explaining core components in more detail.*Example:* *The goal of our program was to improve the number of perinatal depression screens among OB/GYN providers. We did this by conducting a yearlong practice improvement program for OBGYN practices across the state. The core components of this program included virtual training by a nurse educator, provision of a referral sheet tailored to the local area for positive screened women, and follow-up with practices by our program manager.*1. What are the core components that indicate your practice is “in place”?  Write a paragraph describing these components.
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| Response: |

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| 1. Complete the table below for each core component you identified in question #2, including listing relevant activities and any operational details. You can add more rows if needed. Two example core components are also provided.
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| **Core Component** | **Activities** | **Operational Details** |
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| *Core Component Examples* |
| *Core Component* | *Activities* | *Operational Details* |
| *Assessment* | *Assessment of child development knowledge* | *Accurately assesses and routinely reassesses the knowledge of health, development, and safety held by childcare directors, caregivers/teachers, and staff* |
| *Connecting* | *Referrals and linkages to external community resources* | *Provide referrals and linkages to external community resources that are identified with families and/or individual family members. Social supports must be integrated into a broad network of family services to meet the varying needs of families (Thompson, 2015). There is increased evidence that adequate social and material supports are necessary for children’s safety (Pelton, 2015; Thompson, 2015).* |

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| **Practice Foundation** |
| 1. What theories, research, standards/guidelines, frameworks, programs etc. did you use to develop and/or implement your practice?
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| Response:  |

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| **Healthy Equity** |
| The Robert Wood Johnson Foundation defines health equity as *"… everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.*" 1. How is your practice contributing and/or working towards reducing health inequities and systemic oppression (including structural racism) that impact your key population?
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| Response:  |

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| **Practice Collaborators and Partners** |
| For the purposes of this submission, AMCHP considers a collaborator or partner to be a person or organization who has a vested interest in the success of your practice. This can include but is not limited to practitioners/those implementing the practice, those who will be impacted by the practice, state agencies, and those with lived experience related to the need the practice is addressing (community members, families, and youth). 1. **Who** are your collaborators/partners AND **how** are they involved in decision-making throughout practice processes such as development, implementation, quality improvement, and evaluation? Please indicate if each collaborator/partner has lived experience related to your practice focus or reflects the community/key population impacted by your practice.
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| **Collaborator/Partner** | **How are they involved in decision-making throughout practice processes?** | **Does this collaborator/partner have lived experience or come from a community/key population impacted by the practice? Please explain your answer.** |
| ***E.g., Parents of children with special healthcare needs*** | ***Parents are interviewed on their experiences receiving services and their perspectives are used to inform program design*** | ***Yes, parents are the primary care providers for the children receiving services from the program*** |
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| **Evaluation Plan** |
| AMCHP recognizes many forms of evaluation as valid methods for showing your practice is effective. While there is a tendency to only consider using experimental (randomly assigning people into experimental and control groups) or quasi-experimental evaluation designs (use of a comparison group), AMCHP values other methods which include, but are not limited to, pre-post assessments, collecting and sharing the experiences of participants/those impacted by the practice (testimonials), and qualitative data from focus groups and key informant interviews with impacted populations and communities.1. Describe your overall evaluation plan including the evaluation design and data collection methods. *Note: For toolkits/assessments please explain how the tool/assessment was developed and any data collection methods used to develop an evaluation plan?*
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| Response: |

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| 1. What outcomes are you planning to measure or currently measuring to demonstrate your practice is effective? Please include how, if at all, any of these outcomes relate to measuring or reducing health inequities and systemic oppression (including structural racism).
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| Response: |

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| 1. Describe any initial practice successes or other indicators that demonstrate your practice is working as you intended.
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| Response: |

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| **Continuous Quality Improvement** |
| 1. How do you plan to identify lessons learned or are you already identifying lessons learned that can be used to improve your practice? *Note: Emerging practices are not required to already be doing this but must describe how they intend to capture and use this information.*
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| Response:  |

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| **Lessons Learned** |
| 1. What important lessons have you learned (both positive and negative) through implementing your program that you can share with others who may seek to use or replicate this practice?
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| Response: |
| What were some of the challenges or problems you experienced in implementing and carrying out your practice, and how did you address them? |
| Response: |
| Knowing what you know now, is there anything you would have done differently with your practice?  |
| Response: |

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| **Next Steps**  |
| 1. Describe any plans you have for continuing or expanding this practice.
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| Response: |
| Describe any future improvements or modifications you hope to make to the practice. |
| Response: |

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| Next Steps if Accepted |
| Thank you for taking the time to share your practice with others so we can work towards improving the lives of MCH populations. Your submission will be carefully reviewed by a team of three MCH experts. You may be contacted for follow-up if the reviewers have questions or need additional information while reviewing your submission. After the review, you will also be asked to complete a short survey on the submission form and submissions process, so we can provide a more streamlined submission experience in the future. **Please note that if accepted to the MCH Innovations Database, you will be asked to complete 1) a practice summary and implementation handout as well as fill out 2) the Database Entry Survey. Collectively, these will be featured in the database and will provide useful information to database users.** If accepted, you may also be eligible to participate in other promotional opportunities including: writing an article for AMCHP’s *Pulse* newsletter, presenting at a conference, receiving one of our Innovation Hub awards, or providing technical assistance to states/territories interested in replicating your practice through [AMCHP’s Replication Project](https://www.amchpinnovation.org/replication/).  |