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MCH Innovations Database – <u>Emerging</u> Practice Submission Form

| Cutting-Edge | Emerging | Promising | Best |

This form is for anyone interested in submitting an Emerging Practice to the <u>MCH Innovations Database</u>. Please complete all sections of this form unless otherwise indicated. For additional materials to support your submission, visit <u>https://www.amchpinnovation.org/application-process/</u>. If you are unsure if your practice is considered Emerging, use our <u>Minimum Criteria Checklist</u> 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 <u>Racial Equity Impact Assessment</u>, <u>Is My Implementation Practice Culturally Responsive? Checklist</u>, <u>Foundational Practices for Health Equity</u>, <u>Race Equity and Inclusion Action Guide</u>, and the <u>MCH Leadership Competencies</u>.

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. <u>We encourage you to consult our <u>Glossary</u> and the <u>CDC's glossary</u> when responding to the questions in this form to help ensure that your language centers rather than others the populations you work with.</u> *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 <u>evidence@amchp.org</u>.

Emerging Practice Submission Overview

What is the name of your practice?	SPAN Empowering Women
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

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.

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:

Since 2013 SPAN has been a recipient of OPDD funding to address and reduce the risk of preventable developmental disabilities. For the first two years, SPAN provided provider education on effective communication of prevention messages to diverse women of childbearing age and individual assistance to at risk women. SPAN's dual strategy of providing Peer to Peer Support Groups to at-risk women of childbearing age and provider education during the third and fourth years of funding and expanding upon lessons learned in years five and six to educate youth through high school presentations have shown to be effective at increasing knowledge and raising awareness about FASD prevention, social determinants of health, and risks of alcohol use. An evaluation of the project's peer to peer support groups found that peer support plays an important role in the learning process about FASD: most participants reported that through participating in the group, they learned new information about the risks of alcohol use during pregnancy, while at the same time, the group reinforced and validated what they already knew. Even before the OPDD funding, SPAN has had a long history of providing comprehensive information and connection to resources for families and professionals. As a Family to Family Health Information Center, SPAN shares Bright Futures information with families. Bright Futures information is preventive health promotion information that helps families make healthy decisions for their children on issues such as nutrition, exercise, screen time, avoiding secondhand smoke, child safety, etc. We partnered with National Family Voices in their IMPACT project, conducting focus groups with diverse families of children with and without special needs on Bright Futures topics as well as on life course theory. We also participated in a national study by Family Voices and Tufts University demonstrating that families of children with special needs were better able to implement health promotion messages when paired with trained parent mentors compared to simply receiving written information or participating in workshops. SPAN has conducted focus groups with Black and Latina women of child-bearing age about where they get their health information and effective strategies to help them learn and change behavior. SPAN conducted a scan of national and NJ birth defects prevention initiatives including projects funded by the Governor's Council on 4 Prevention of Developmental Disabilities, and coordinated activities of stakeholders aimed at preventing and reducing birth defects. We have also facilitated numerous focus groups with teens, college age students, and adult women of childbearing age from diverse racial, cultural and language backgrounds to learn from them about what they need to maximize their health and how to provide it.

SPAN proposes to provide leadership training and education, and to support and facilitate community engagement, for women of childbearing age for whom their children are at risk of elevated blood lead levels and/or at risk of being born with fetal alcohol syndrome (FAS)/fetal alcohol spectrum disorder (FASD) in NJ, via the Empowering Women in Community Leadership for Healthier Families project. By the end of the 3rd year, the project will have reached communities in nearly every county and developed peer leadership skill of 315-420 diverse women to participate in and have a voice in local and statewide decision making and advocacy forums concerning FAS/FASD and lead poisoning prevention. Framed within the innovative paving the way to a Collective Impact approach, the project will take preliminary steps toward a cross-sector collaborative approach to impact outcomes over time.

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 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.

2) What are the core components that indicate your practice is "in place"? Write a paragraph describing these components.

Response:
Goal 1. Build community capacity to enhance engagement and leadership opportunities to prevent FASD and lead poisoning for women of childbearing age in underserved communities using the paving the way to Collective Impact model of engagement.

Goal 2: Increase knowledge among women of childbearing age, including women with relevant lived experience, to build parent leader capacity and action in high-risk communities on IDD, specifically FAS/FASD and lead poisoning prevention.

3) 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.

Core Component	Activities	Operational Details

Goal 1: Build community capacity to enhance engagement and leadership opportunities to prevent FASD and lead poisoning for women of childbearing age in underserved communities using the paving the way to Collective Impact model of engagement.	1	Activities 1a: Conduct Professional Development and leadership training for staff including Serving on Groups Training. Training topics will include: Covid-19 and women, mental health, oral health, self- care, nutrition, Implicit Bias and racism and other related topics. Topics will be discussed within the context of social influences of health and adverse community environment specifically around substance use and lead poisoning to prevent IDD.	1	Objective 1aBy 6/30/3022 Build upon the skills learned in year 1 to enhance and expand the knowledge of program staff on IDD and related topics through trainings and professional development
	2	Activities 1b: Staff will conduct outreach in three regions (North, Central, South). Staff will provide program information to CBO partners and their staff through participation on Advisory meetings and staff meetings. We anticipate collaboration will be conducted via monthly virtual sessions for the foreseeable future. Activity 1c: Staff will conduct peer to peer Information Sessions with women who face the highest disparities in health outcome.	2	Objective 1b: By 6/30/2022 conduct outreach to engage new community partners and strengthen existing partners to build community capacity using collective impact model of engagement. Objective 1c: By 6/30/2022, engage women through peer to peer activities to build their capacity for self-efficacy and community leadership.
Goal 2: By 4/30/21, increase knowledge and skills of women of childbearing age, including those with relevant lived experience, to build parent leader capacity and action in high-risk communities on IDD, specifically FAS/FASD and lead poisoning prevention	1	Objective 2a: By 6/30/22, Conduct virtual trainings for women in targeted diverse communities (Trenton, Camden City and greater Essex) and expanded diverse communities (Hudson County, Union County, and Ocean County) to enhance leadership and advocacy skills of women.		Activities 2a: Women from Trenton, Essex, Camden, Hudson, Union and Ocean will participate in virtual trainings. Training 1: Becoming A Community Leader Training 2: Serving on Groups will be conducted virtually in three parts
	2	Objective 2b: By 6/30/22 plan and implement one virtual and/or in-person Women's Leadership mini		Activities 2b: Connect with community partners for outreach.

		summit for at least 50 diverse women.		Develop dynamic agenda, secure keynote speaker, activities.
Goal 3: Improve access to culturally, linguistically, and socio-economically relevant peer-topeer support for women at risk of having a child with IDD with specific focus on FASD and lead poisoning prevention in collaboration with CBOs that reach women of childbearing age.	1	Objective 3a: By 6/30/22 ensure that at least 20 of the peer liaisons will become engaged to focus on IDD prevention in their communities	1	Activities 3a: PLLs will coordinate local activities and advocacy opportunities specific to the needs in their community. PLLs will sit on at least 1 relevant advisory group and implement specific educational or other prevention activities.
	2	Objective 3b: By 6/30/22 PLLs will conduct regional support groups for women of childbearing age who are at risk or have children at risk of FAS/FASD and lead poisoning. This will be done virtually	2	Activities 3b: PLLs will outreach to FSCs, FSOs, CCYCs and other groups in their regions, including faith- based and other organizations serving families. FRSs will connect with providers and provide information about support groups. FRSs will conduct 15 peer-to-peer support groups (3 in each region) PLLs will co-facilitate the Empowering Women Gatherings

Practice Foundation

4) What theories, research, standards/guidelines, frameworks, programs etc. did you use to develop and/or implement your practice?

Response:
SPAN has conducted focus groups with Black and Latina women of child-bearing age about where they get their health information and effective strategies to help them learn and change behavior. SPAN conducted a scan of national and NJ birth defects prevention initiatives including projects funded by the Governor's Council on Prevention of Developmental Disabilities, and coordinated activities of stakeholders aimed at preventing and reducing birth defects. We also facilitated numerous focus groups with teens, college age

students, and adult women of childbearing age from diverse racial, cultural and language backgrounds to learn from them about what they need to maximize their health and how to provide it. SPAN has multiple projects focused on educating and enhancing the capacity of families and of the professionals who serve children and families to be able to partner to improve services to and outcomes for children, and to prevent birth defects and developmental disabilities and improve birth outcomes. We have demonstrated capacity to motivate providers to change practice with our parent-led trainings on topics such as screening, medical home, and health promotion. We partner with the NJ Departments of Health, Human Services, and Children and Families to coordinate the Community of Care Consortium for Children and Youth with Special Healthcare Needs, and with the NJ Department of Health on Partners for Prevention, an initiative focused on prevention of birth defects and developmental disabilities, in which we have partnered with organizations focused on reducing alcohol and substance abuse/use among pregnant women and women of childbearing age. We also house the Essex County Community Doula pilot project, connecting underserved women of childbearing age to Community Doulas and Community Health Workers for prenatal, birth, and post-natal support, as well as other social/emotional support, services, and resources. Through that project, we have worked with women involved in alcohol and substance abuse as well as families for whom lead and lead poisoning are critical health issues. We have also identified and provided leadership development to a cadre of diverse women from the targeted communities to facilitate local peer support groups.

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."*

5) How is your practice contributing and/or working towards reducing health inequities and systemic oppression (including structural racism) that impact your key population?

Response:
The program addresses health inequities and systemic oppression in the following ways:
- Focus groups of people with lived experience informed provider education. Black, Hispanic/Latina and women of color with lived experience, and who participate in the program are empowered as community leaders as well as self-advocates to have a voice at the table alongside policy makers, health care providers and other community leaders.
- An education and leadership presentation on diversity, equity and inclusion was created and presented by Empowering Women staff for family leaders, providers, state and local partners during the Statewide Family Leadership conference and the Empowering Women Annual Summit.

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).
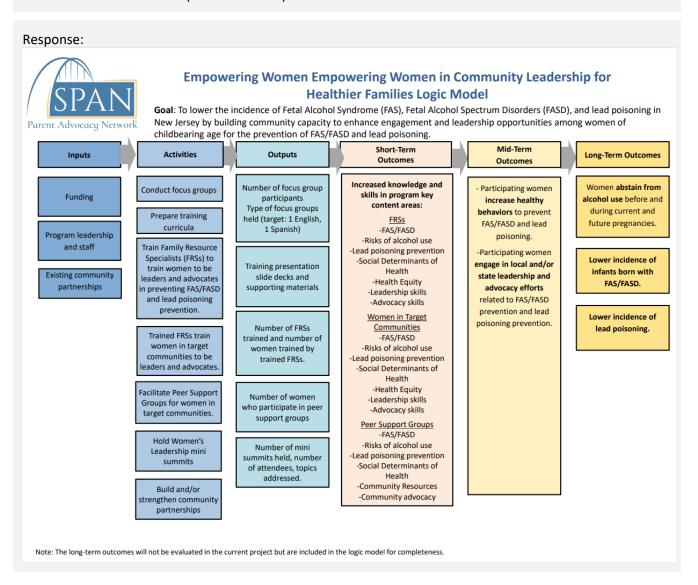
6) **Who** are your collaborators/partners AND **how** are they involved in decision-making throughout practice processes such as development, implementation, quality improvement, and evaluation? Please indicate if each collaborator/partner has lived experience related to your practice focus or reflects the community/key population impacted by your practice.

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.
Black, Hispanic and women of color	Regional focus groups are conducted with women of childbearing age to determine effective communication strategies regarding FAS/FASD and lead poisoning prevention and learn what should and should not be included in the IDD peer leadership training series as well as the best ways to engage diverse women in targeted communities	Yes all women have lived experiences who participated live in at-risk areas in parts of NJ
Black, Hispanic and women of color	Regional focus groups are conducted with women of childbearing age to determine effective communication strategies regarding FAS/FASD and lead poisoning prevention and learn what should and should not be included in the IDD peer leadership training series as well as the best ways to engage diverse women in targeted communities	Yes all women have lived experiences that participated live in at-risk areas in parts of NJ.
Black, Hispanic and women of color	Women serve on local advisory boards, serve on local advisory groups, school and community boards and other community leadership meetings.	Yes all women have lived experiences that participated live in at-risk areas in parts of NJ.

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.

7) 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?*

Response:

Empowering Women Empowering Women in Community Leadership for Healthier Families Logic Model

Goal: To lower the incidence of Fetal Alcohol Syndrome (FAS), Fetal Alcohol Spectrum Disorders (FASD), and lead poisoning in New Jersey by building community capacity to enhance engagement and leadership opportunities among women of childbearing age for the prevention of FAS/FASD and lead poisoning.

Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
Funding	Conduct focus groups	Number of focus group participants; Type of focus groups held (target: 1 English, 1 Spanish)	**Increased knowledge and skills in program key content areas:** **FRSs** -FAS/FASD -Risks of alcohol use -Lead poisoning prevention -Social Determinants of Health -Health Equity -Leadership skills -Advocacy skills	- Participating women **increase healthy behaviors** to prevent FAS/FASD and lead poisoning. -Participating women **engage in local and/or state leadership and advocacy efforts** related to FAS/FASD prevention and lead poisoning prevention.	Women **abstain from alcohol use** before and during current and future pregnancies.
Program leadership and staff	Prepare training curricula				**Lower incidence of infants born with FAS/FASD.**
Existing community partnerships	Train Family Resource Specialists (FRSs) to train women to be leaders and advocates in preventing FAS/FASD and lead poisoning prevention.	Training presentation slide decks and supporting materials	**Women in Target Communities** -FAS/FASD -Risks of alcohol use -Lead poisoning prevention -Social Determinants of Health -Health Equity -Leadership skills -Advocacy skills		**Lower incidence of lead poisoning.**
	Trained FRSs train women in target communities to be leaders and advocates.	Number of FRSs trained and number of women trained by trained FRSs.			
	Facilitate Peer Support Groups for women in target communities.	Number of women who participate in peer support groups	**Peer Support Groups** -FAS/FASD -Risks of alcohol use -Lead poisoning prevention -Social Determinants of Health -Community Resources -Community advocacy		
	Hold Women's Leadership mini summits	Number of mini summits held, number of attendees, topics addressed.			
	Build and/or strengthen community partnerships				

Note: The long-term outcomes will not be evaluated in the current project but are included in the logic model for completeness.

8) 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).

Response:
Goal: In New Jersey, data shows low income and communities of color face disproportionate risk and incidence of health inequities including disproportionate rates of childhood lead and fetal alcohol exposure. This project seeks to address these health inequities to lower the incidence of Fetal Alcohol Syndrome (FAS), Fetal Alcohol Spectrum Disorders (FASD), and lead poisoning in New Jersey by building community capacity to enhance engagement and leadership opportunities among women of childbearing age for the prevention of FAS/FASD and lead poisoning.

9) Describe any initial practice successes or other indicators that demonstrate your practice is working as you intended.

Response:
Results from training evaluation data collected to date suggest that the SPAN Empowering Women leadership training is **successful in increasing participant (N=29) knowledge in all seven program key content areas**, with a total average **knowledge score that increased from 3.3 (before the training) to 4.5 (after the training)** on a 5-point scale. Based on open-ended feedback, participants have found the training valuable, with specific themes that include listening to the stories of other participants; learning about how to **conduct meetings**; the **key elements of leadership; inclusion and representation**; and learning about **cultural competence**. Participants also expressed plans to use what they learned, and expressed confidence and optimism about becoming more involved in their communities; **sharing what they learned with others; applying new skills in cultural competence; leading groups; and organization skills**. In addition, participants expressed **feelings of empowerment and plans to be an advocate** in their communities, as well as appreciation for the sense of **community and support**.

Based on results from the program's peer support groups, participants (N=24) report high levels of learning in all six of the program's key content areas, including the risks of alcohol use during pregnancy; risks of drug use; lead poisoning prevention; social determinants of health; where to find help in their communities; and how to advocate to improve their communities. In addition, participants **gave the highest ratings on their experiences with peer groups on indicators of engagement, effectiveness, usefulness, and satisfaction.** Participants reported **the aspects of the group they liked best were "Information and learning about specific topics;" followed by "Hearing about other people's experiences;" "Group interaction;" and "Feeling supported by the other people in the group."** While preliminary, these results suggest that, to date, the initiative's peer groups appear to be sustaining the positive impacts reported in Year One, despite the challenges of the COVID-19 pandemic.

Continuous Quality Improvement

10) 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.*

Response:
When looking at lessons learned in order to continue to improve the Empowering Women project we are using the information gained from the year two evaluation that provided us with information of what women need and want to feel empowered not just for their families but for themselves. Women want to communicate with other women to talk about various topics and ask question without judgment. Learning this the Empowering Women project is adding two additional activities they will be a monthly virtual Empower Women Gathering where women can gather for guided discussion. Women will also have the opportunity alongside the Empowering Women staff to facilitate the virtual group. The second activity will be to survey the women (with the help from the project evaluator) to find out their thoughts on gathering in groups in their community in which they live to engage in self-care activities. Such self-care activities that we will ask about will be going for walks, paint classes, yoga, exercise, gathering for lunch to name a few. Once we get the results back we will gather women virtually to discuss the results and connect women and staff to begin to implement the community women's gathering events.

Lessons Learned

11) 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?

Response:
We learned, especially during Covid-19, that women feel isolated and have increased stress, and are looking for professional mental health support as well as social-emotional support. Women want to continue to connect virtually and expand their network to connect with diverse women to share resources and information. Women are interested in learning and participating in organic ways to de-stress that can be integrated into their everyday lives for themselves and their families. As a result of what we learned, we have incorporated social/emotional support including opportunities to participate in mindfulness activities.

What were some of the challenges or problems you experienced in implementing and carrying out your practice, and how did you address them?

Response:
We also learned that women who have children in school and with special health care needs, want to be connected to learn more about a variety of community resources that we can help connect them to. We will have monthly gatherings in English and Spanish that project staff will facilitate. We understand that to gain more knowledge about what additional support women need will develop a survey with the assistance of the project evaluator. The survey topics of the survey will be focused on the self-care needs of women and their families. We will survey women who have taken the leadership training and women who attend our monthly information session that will be on specific top.

Next Steps

12) Describe any plans you have for continuing or expanding this practice.

Response:
Educating women in the monthly information sessions and leadership training provided us with valuable takeaways for expanding this practice, that included: listening to the stories of other participants and learning how stories impact how to serve the community; learning how to conduct meetings and the key elements of leadership; the sense of community and support; learning about inclusion and representation; and learning about cultural competence.

Describe any future improvements or modifications you hope to make to the practice.

Response:
Plans to continue the Empowering Women project are continuing to collaborate with organizations, look for funding opportunities and continue to look at ways we can improve /providing information to women to be leaders in their community. The Empowering Project is in its third year of the current grant we have from The (OPDD) Office of the Prevention of Development Disabilities/NJ Department of Human Services we are looking forward to the next RFP the OPDD will be putting out sometime in the spring to write a new grant proposal to continue our work with women and their families.

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.