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## **MCH Innovations Database** Practice Summary & Implementation Guidance

# Connections™ Program

The Connections™ Program provides infant and toddler diapers to promote improvement in key children's health indicators such as immunizations, well child visits and developmental screening.

Cutting-Edge

Emerging

Promising

Best



Location

Nashville, TN



Topic Area

Access to Health Care/Insurance;  
Family/Youth Engagement;  
Primary/Preventative Care,  
Health Equity, Health  
Screening/Promotion;  
Preconception/Reproductive  
Health



Setting

Clinical, Community, Urban



Population Focus

Perinatal/Infant Health; Child  
Health; Women's/Maternal  
Health; Families/Consumers;  
Health Care; Providers



NPM

NPM 1: Well-Woman Visit; NPM  
6: Developmental Screening; NPM  
10: Adolescent Well-Visit; NPM  
11: Medical Home



Date Added

August 2021

Contact Information

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# Section 1: Practice Summary

## PRACTICE DESCRIPTION

Nashville Diaper Connection (“NashDiaper”) is the only diaper bank in Middle Tennessee, and we provide free emergency diaper supplies through our partners, who address families’ other needs. Diapers aren’t covered by any government safety net programs. We provide diapers to around 3,392 babies monthly, only meeting 8.2% of diaper need in Davidson County.

Tennessee ranks 42nd in the nation in Infant Health (2020 America’s Health Rankings report). The number of children receiving the recommended Early Periodic Screenings, Diagnosis and Treatment (“EPSDT” or well child visit), already lower than Tennessee Department of Health’s goals, has fallen due to the pandemic. EPSDT completion has long been identified as a key measure in the effort to improve the health of Tennesseans. The number of immunizations administered in Tennessee was down 39% in April 2020 compared to April 2019 (TennHHS). The TN Vaccine-Preventable Diseases and Immunization Program stated, “The pandemic severely impacted the ability of medical providers to administer childhood immunizations, and we are not yet seeing muchneeded recovery. The number of vaccines administered to TN’s children each month continues to lag behind 2019 values by as much as 70%.” Our target population is Medicaid covered and uninsured children.

There is a growing disparity between white and black children receiving vaccines. The Tennessee Department of Health reported that 32.3% of black children received at least 2 doses of flu vaccines in 2020 vs. 54.4% of white children. According to the VUMC Community Health Needs Assessment, “children with no insurance are significantly less likely to have access to a primary source of care, to receive a well-child checkup, or to receive a specialist visit.” A mother’s health greatly influences infant health. A mother’s ability and inclination to access and afford critical health resources influence the likelihood her child will get critical health investments.

In 2020, we launched our Connections™ Program, which provides infant and toddler diapers to promote improvement in key children’s health indicators such as immunizations, well child visits and developmental screening. The Connections™ Program is a collaborative effort with the mutual objectives of restoring immunization rates and improving the percentage of Tennessee children achieving EPSDT goals. In the first 6 months (including 3 beta test events), we engaged with 2,986 families and facilitated 1,337 immunizations/EPSDTs at 20 unique clinic locations.

We also utilize Connections™ to promote and facilitate increased acceptance of and administration of COVID-19 vaccinations; to increase access to prenatal and postnatal care through partnering FQHCs; and increased access and opportunity for pediatric dental hygiene. We will continue to promote improved infant and toddler health through our partner health care clinics particularly in under-resourced, economically, and socially marginalized populations. Through Connections™, a parent can accomplish two things (receive required immunizations and diapers) at the same time and in the same place, expanding their resource access and availability. Our target communities will continue to be areas experiencing high economic stress, which has worsened during COVID-19, lower levels of English proficiency, higher levels of uninsured families, and families with limited options of quality health care. The goal of our Connections™ Program is to improve equitable access to health care for low income, underserved populations and to connect healthcare providers with disproportionately affected healthcare customers in a manner that rewards repeat engagement



## CORE COMPONENTS & PRACTICE ACTIVITES

The Connections™ Program uses our diaper donations to promote increased engagement by parents and caregivers in healthcare routines that are proven to improve the health outcomes of their children, specifically well-child visits and recommended immunizations. We make diapers available at our FQHC Clinic Connections™ Partners. These Clinics provide 50 diapers to parents who bring their diaper age child (or children) for well-child visits, recommended immunizations, or developmental screenings. Parents are eligible for these diapers at each of the encounters recommended in the “Bright Futures” schedule published by the American Academy of Pediatrics. When more children receive the recommended care, vaccination rates increase, EPSDT rates increase, and key screenings increase. Many parents are introduced to our Clinic Connections™ partners as a result of our diapers. We believe many will stay for the quality care our Partner Clinics provide.

The core components of this Program include creating a collaborative partnership with stakeholders; tying economic and reputational benefits to Program success; promoting infant, toddler, and pediatric immunizations; immediate, tangible results (diapers), not referrals, for parents; actively engaging the stakeholders throughout the process; collecting, aggregating and analyzing data and reporting results; evaluating the program; and continuous communication between NashDiaper and all other stakeholders.

Core Components & Practice Activities		
Core Component	Activities	Operational Details
Create a collaborative partnership	<p>Engaged and invested Stakeholders:</p> <ul style="list-style-type: none"> <li>Public Health Champion</li> <li>Payers MCOs</li> <li>Providers – FQHCs</li> <li>Community Partners</li> <li>Diaper Bank</li> </ul>	<b>Each</b> Stakeholder invests time, money, staff, space and/or social/political capital into Connections™ Program.
Tie economic and reputational benefits to program success	<p>Public Health Champion provides grant funding to nonprofit for:</p> <ul style="list-style-type: none"> <li>Percentage of overhead</li> <li>Printing of promotional material</li> <li>Event logistics</li> </ul> <p>Lead MCO provides grant funding to nonprofit for:</p> <ul style="list-style-type: none"> <li>Program development</li> <li>Program implementation</li> </ul> <p>All MCOs provides funding via:</p> <ul style="list-style-type: none"> <li>Sponsorships</li> <li>Pay for success fee</li> </ul> <p>Diaper Bank pays for:</p>	<p>Public health champion recognizes benefits investing in preventive care. MCO achieves cost effective member outreach that improves their performance on TennCare standards.</p> <p>NashDiaper generates revenue while advancing its mission of providing more diapers and demonstrating that diapers make a difference.</p> <p>Clinic gets more patients and improves targeted quality metrics both of which increase revenue.</p>



	<ul style="list-style-type: none"> <li>• Diapers</li> <li>• Staffing =</li> <li>• Event logistics</li> </ul>	
Promote infant, toddler, and pediatric immunizations	<p>Provide diapers at immunization events and in participating clinics:</p> <ul style="list-style-type: none"> <li>• Held at/with credible trusted resource in patient's community or neighborhood</li> <li>• Event/clinic specific, neighborhood-based marketing, promotion, and outreach by all stakeholders</li> <li>• Family education about and preferred access to clinics in their neighborhood</li> <li>• Family education about the importance and benefits of their child being immunized</li> </ul>	Promote where the parents are with their kids. Presenting MCO conducts member outreach for the events at which they are present. By providing diapers, the Connections™ Program also encourages repeat engagement for all the family members and focuses on the clinic as a patient centered medical home
Immediate, tangible results for parents, not referrals	<p>Diapers are provided at events to parents who get their children necessary immunizations.</p> <p>Diapers are provided to parents at clinics at the time of EPSDT/well-child visit and immunizations.</p>	Parents accomplish multiple important tasks at one time, in one location. MCO delivers in person practice-building support to clinics. NashDiaper drives patients to clinics improving MCO member outreach results
All stakeholders actively engaged in Connections™ Program	<p>Stakeholder ownership of and active involvement in:</p> <ul style="list-style-type: none"> <li>• Initial and ongoing program development</li> <li>• Scheduling and holding 4 to 6 event/clinic promotions monthly</li> <li>• Each MCO alternates as "presenting" sponsor at all events/clinic promotion</li> </ul> <p>Medical care promoted by program expanded as result of MCOs' and clinics' suggestions</p>	By ongoing participation and investment - time, network connections, suggested improvements, all stakeholders increase their "ownership" in the Connections™ Program and its success
Collect, Aggregate and Analyze Data, Report Results	<p>Diaper Need Surveys</p> <p>Clinic and Event Logs</p> <p>Monthly reporting to MCO; regular reporting to Public Health Champion</p>	Families fill out diaper need surveys prior to receiving diapers. Surveys inform us of why families are experiencing diaper need and other needs identified by the families receiving these diapers. This allows us to assess and determine the needs of our



		<p>diaper receiving population. Diaper Need surveys are provided in English and Spanish and given to families by a facilitator who can speak the families' primary language preference.</p> <p>Clinic Partners work with NashDiaper and MCOs to develop and fill out a mutually acceptable, HIPAA-compliant reporting mechanism.</p> <p>Allow each stakeholder to measure outcomes (# of immunizations, # EPSDTs, # diapers given away) and the effectiveness of the Connections™ Program at particular clinics, events, or overall.</p>
Evaluation	<p>Add survey results to data system each month.</p> <p>Prepare written summary of program outputs and outcomes each month.</p> <p>Review monthly data collected and answer the question: Did the event/clinic meet attendance and engagement expectations?</p> <p>What went right and what could be better?</p>	<p>Evaluate all Connections™ events using measurement tools to determine whether it was successful or not, discuss with stakeholders as to why this was the case and make necessary changes.</p>
Continuous communication between NashDiaper and all other stakeholders	<p>Public Health Champion engagement with NashDiaper, MCOs, and clinics about the challenges and successes of the Connections™ Program.</p> <p>NashDiaper engagement with MCO before, during and after Connections™ events.</p> <p>NashDiaper's ongoing dialog with clinics as diapers are ordered and delivered.</p>	<p>Joint-action, mutual self-interest and regular communication helps break down silos between Public Health, Payer and Provider.</p>

## HEALTH EQUITY

Middle Tennessee public health resources are limited in number, geographic availability, and are invariably time consuming. As our region's population grows increasingly diverse, a shortage of multilingual, culturally competent providers creates additional barriers to healthcare services. Families of color are more likely to face these barriers, leading to greater risk for poor health outcomes. The Connections™ Program is designed to reach these underserved families by targeting high-poverty areas and areas with families who have lower levels of English proficiency. Both Connections™ promotional events and immunization events are hosted in these targeted neighborhoods, particularly at our partner schools and community centers, both of whom have built trust within the community we are trying to reach.



All our Connections™ partner clinics are Federally Qualified Health Centers (FQHCs). According to the Kaiser Family Foundation, FQHCs are “a primary source of care for low-income populations and people of color [and] are generally seen as trusted providers in their communities, especially among people of color” because of their focus on underserved communities and their continued effort to encourage and provide immunizations. Any family with any insurance type (or no insurance at all) is eligible to participate in our Connections™ Program, increasing access to health care for children with no insurance. According to our diaper need surveys collected at Connections™ events and clinics, receiving diapers frees up money for parents to buy food (68%), pay rent or mortgage (34%), and pay utilities (29%), and it allows them to attend work or school (66%). These factors all affect each other while also influencing the health and well-being of children in Middle TN. Through Connections™, families have improved access to health care and are able to meet multiple needs at once, which saves time and energy.

## EVIDENCE OF EFFECTIVENESS

**Program Objective:** The Connections™ Program objective is to promote increased engagement by parents and caregivers in healthcare routines that are shown to improve the health outcomes of their children, specifically EPSDT visits and immunizations.

**Outcomes to be measured:** The Program objective is measured by a) the number of EPSDT visits achieved and the number of recommended immunizations delivered, b) the number of FQHCs and other clinics participating in the Program, c) the number of Tennessee counties in which the Program operates.

**Outcome measurement tools:** The tools for measuring these outcomes are (1) clinic reporting to NashDiaper - including the number of visits, the nature of health care provided to families, and the number and types of immunizations provided; (2) NashDiaper reporting to MCOs; (3) event diaper logs and (4) clinic diaper logs. Additional reporting could include clinic billing records, MCO TennCare reporting and perhaps, analysis of Tennessee Immunization Information System (“TennIIS”) data.

Evaluation Data		
Evaluation Data	Demonstrated Data (through July 2021)	How Data Improves Access to Health Services
# of participating clinics in program	22	Increases availability - # of clinics Builds a collaborative and intersectoral partnership within the health sector
Geographical areas reached through program: (1) # of unique zip codes reached	(1) 16 unique zip codes reached in 7 counties (2) majority of clinics located in areas with 20%+ poverty rate	Removes geographic barriers - partnering with clinics across Middle TN



(2) poverty % of areas reached		
# of program events held Types of events held Location of events	<p>31 Connections™ Immunization Promotional Events</p> <ul style="list-style-type: none"> <li>• 14 of 31 promotional events were held at Title 1 schools</li> <li>• 7 of 31 promotional events were held at community partner organizations</li> <li>• 10 of 31 promotional events were held at clinics</li> </ul> <p>21 Connections™ Immunization Events</p> <ul style="list-style-type: none"> <li>• 6 of 21 immunization events were held at Title 1 schools</li> <li>• 3 of 21 immunization events were held at community partner organizations</li> <li>• 12 of 21 immunization events were held at clinics</li> </ul>	<p>Increases availability</p> <ul style="list-style-type: none"> <li>- Making immunizations available</li> <li>- Extending hours of operation - Hosting events in nontraditional locations (such as school partners and community partners)</li> <li>- Making material resources (diapers) available</li> </ul> <p>Provides health education:</p> <ul style="list-style-type: none"> <li>- Allowing families to speak to healthcare providers about any questions and necessary health requirements for children and parents</li> <li>- Allowing families to set up appointments on-site</li> </ul> <p>Spreading awareness of healthcare resources available</p>
# of families engaged through program	4,508	Matches services to identified population health needs
# of immunizations administered and EPSDTs conducted through program	2,426	Increases availability Making immunizations/EPSDTs available
% of Diaper Recipients on TennCare	90%	<p>Increases availability</p> <p>Increases affordability accepting patients at low or no cost</p> <p>Matches services to identified population health needs</p>





# diapers provided through program	278,450	Provides free material resources (diapers) - an essential need
# babies served through program	5,569	Provides free material resources (diapers) - an essential need Matches services to identified population health needs
Financial Sustainability	28% of NashDiaper's gross revenue contributed by Connections™ Program since inception	Program scalability demonstrated by expansion of the Program into West Tennessee



## Section 2: Implementation Guidance

### COLLABORATORS AND PARTNERS

The need the Connections™ Program addresses (i.e. accessing adequate, accessible, and low-cost health care for parents with diaper aged children) was identified by a mom who relied on NashDiaper's diapers. The need was clarified and the foundation of NashDiaper's Connections™ Program developed as a result of our participation in the Innovation Catalyst Program at Center for Nonprofit Management. This Catalyst Team included that mom (Timmeka Belcher), Program Manager of NashDiaper's largest community partner (Elisha Williams - Legacy Mission Village), a healthcare finance expert (Chris Calton - Parthenon Health), and members of NashDiaper's Board (Doug Adair, Aly Greer, Heather Ross). Our Catalyst Team received guidance from management consultants (Cause Impact), financial and tax advice (LBMC, PC) and legal input (Frost Brown Todd LLC). The Connections™ Program development and implementation team consisted of one Payer MCO, United Healthcare (Lauren Barca, Amanda Washington); two Providers, Connectus Health (Suzanne Hurley, FNP) and Neighborhood Health (Brian Haile); the Public Health Champion, the Medical Director of the Tennessee Department of Health's Vaccine Preventable Infectious Disease Program (Dr. Paul Peterson); and the Diaper Bank staff of NashDiaper. Development and implementation have been funded by grants from a local foundation (Joe C. Davis Foundation), Tennessee Department of Health's Vaccine Preventable Infectious Disease Program, and United Healthcare. Connections™ stakeholders have varying degrees of engagement and involvement and input. All participating MCOs, FQHCs and Community Partners are actively engaged in all aspects of identifying areas of need, event planning, and Connections™ event execution. The table highlights Connections™ stakeholders and outlines their involvement.

#### Practice Collaborators and Partners

Partner/Collaborator/Stakeholder	How are they involved in decision-making throughout practice processes?
Mothers	Needs Identification, Development
MCOs	Development, Planning, Implementation, Evaluation, Enhancement
FQHCs	Development, Planning, Implementation, Evaluation, Enhancement
TN Department of Health's Vaccine Preventable Infectious Disease Program	Development, Planning, Implementation, Evaluation, Enhancement



Community Partners – Title 1 Metro Nashville Public Schools; Legacy Mission Village; Hispanic Family Foundation; NICE; Martha O’Bryan Center	Needs Identification, Development, Planning, Implementation (Connections™ Promotional Events), Evaluation (Post-Event Debrief)
Joe C. Davis Foundation	Development
Nashville Diaper Connection	Needs Identification, Development, Planning, Implementation, Evaluation, Enhancement

## REPLICATION

The initial beta test of the Connections™ Program partnership was held June 30, 2020, and consisted of Tennessee Department of Health’s Vaccine Preventable Infectious Disease Program, United Healthcare of Tennessee (MCO), one Connectus Health clinic (FQHC), and Nashville Diaper Connection. The partnership was formally launched September 1, 2020, in Davidson County, Tennessee. While this beta event was cut short by a severe thunderstorm, within an hour we attracted and engaged with 91 families of the 107 TennCare members invited to the event and still managed to vaccinate 3 children.

The partnership has since grown to include the other two TennCare MCOs, 22 additional FQHC/clinic locations, and 22 Community Partners. We began with one Foundation providing a catalyst grant for the project. This has grown to three additional grants awarded by different sources. Plans are underway to extend this program to 8 additional Middle Tennessee counties in 2022.

In June 2021 we entered into a preliminary agreement with Bare Needs Diaper Bank in Memphis to expand the Connections™ Program partnership to West Tennessee. United Healthcare has agreed to sponsor this Memphis expansion. We assisted Bare Needs in securing the initial grant funding necessary to launch Connections™ in this part of the state. In addition to Bare Needs, we currently have discussions underway with two other diaper banks in two separate states to replicate Connections™ in the different markets they serve.

We believe that the Connections™ Program partnership can be replicated in any market served by an established, effective diaper bank, a forward thinking MCO, and supported by an innovative Department of Health in any state willing to invest in improving maternal and child health outcomes.

## INTERNAL CAPACITY

The current Connections™ Program has the internal capacity to more than double the current level of events, FQHC/clinic partners, and families engaged with its current structure, staffing, and diaper bank operating capacity. Other stakeholder capacity constraints center around MCO outreach resources that can be assigned to the program, FQHC/clinic staffing, and Community Partner event capacity, and currently, the impact of COVID-19 on these resources. With the exception of COVID-19 impact, most of these constraints can be reduced by the amount of funding available and public health focus on maternal and children’s health as a priority.



Key Connections™ partnership team includes:

Diaper Bank:

- CEO – Program definition, design, and development. Responsible for sponsorship, grant development, and community financial support for the Connections™ Program.
- Director of Operations – Event development, event scheduling, event management, marketing, promotion, and promotion. Responsible for data collection, reporting, and outcomes evaluation. Grant and sponsorship management.
- Partner Network Director - Partner recruitment, development, support, network management, and diaper bank operations. Responsible for identifying target community needs, defining scope and scale of these needs with Partners and their clients, and coordinating diaper distribution to enhance Partner effectiveness.
- Clinic Outreach Coordinator – Provider market research, clinic outreach and marketing, Clinic Connections™ clinic partner on boarding, clinic support and coordination, clinic network communication and clinic relationship management.

State Department of Health:

- Public Health Champion – Provides State Department of Health insight, industry knowledge and contact, and active mentorship for overall Connections™ partnership team. Identifies and advocates for Connections™ funding opportunities within the Department, the State, and National Health Resource networks. Professional and peer advocate with FQHCs as well as other providers.
- Department of Health Management – Coordination with FQHCs, Vaccines for Children (VCF), and local health departments.

Managed Care Organizations:

- Clinical Services, Population Health & Quality Executive - Program definition, design, and execution leadership. Champion for MCO involvement, medical professional society representation and sponsorship development.
- Community Engagement Leadership - Program definition, design, and development, Program advocate with FQHCs, event strategy and execution. MCO leadership in geographic and target population strategy development.
- Community Engagement Associates – MCO representation at Connections™ events.

FQHCs:

- FQHC CEOs – Program definition, implementation, and management of health care delivery for Connections™ Program. Advocates for Program with TennCare (Medicaid), with payers, with other FQHCs, in the community, and in their clinic.
- FQHC Medical Professionals – Provides quality health care both in clinic and at Connections™ Program events.

Community Partners:

- Leadership and Staff - Promotes Connections™ Program with their staff and clients. Host Connections™ Program events.



## PRACTICE TIMELINE

### Phase: Planning/Pre-Implementation

Activity Description	Time Needed	Responsible Party
Event and Program Planning Meetings	2 months / 20hrs	Public Health Champion, Diaper Bank, MCOs, FQHCs, Community Partners
Marketing Materials Development	2 months / 6hrs	Diaper Bank, MCOs
Communication Plan Development: - social media - community outreach	2 months / 10hrs	Diaper Bank, MCOs
Site Visit and Walk Through	1 – 2 weeks / 2hrs	Diaper Bank, FQHCs, Community Partners

### Phase: Implementation

Activity Description	Time Needed	Responsible Party
Engagement	2 months / 12hrs	Public Health Champion, Diaper Bank, FQHCs, Community Partners
Signed Agreement or MOU	2 weeks / 3hrs	Diaper Bank, FQHCs, Community Partners
Training	2 weeks / 4hrs	Diaper Bank, FQHCs, Community Partners
Communication Plan Execution: - social media -community outreach	2-4 weeks / 8 hrs	Diaper Bank, MCOs, FQHCs, Community Partners



Event: -Set-up -Completion - Breakdown	Day of event / 4-8hrs per event	Diaper Bank, MCOs, FQHCs, Community Partners
Diaper Delivery	As needed	Diaper Bank, FQHCs

### Phase: Sustainability

Activity Description	Time Needed	Responsible Party
Monthly Meetings	Every month / 2hrs	Diaper Bank, MCOs, FQHCs
Survey Data Retrieval and Entry	As Needed	Diaper Bank, FQHCs, Community Partners
Grant and Sponsorship Writing	As Needed	Public Health Champion, Diaper Bank, Lead MCO
Partner Network Expansion	As Needed	As Needed

## PRACTICE COST

Practice costs for the Connections™ Program partnership to date have been driven by the desired scale and scope of our health improvement goals. Expenses include dedicated staff cost, event expense, promotion, marketing expense and of course, diapers and related expense. We have learned the nature of the communities served, whether urban or rural significantly effect event expenses. To date, Nashville Diaper Connection and our MCO partners have been able to leverage existing proven relationships and operations in the Greater Nashville area. Additional expenses incurred to deliver similar results in different areas without these existing relationships will be better known as we gain more “lived experience” as the Program develops.

For more information on and conversations around practice startup costs and Program operating budgets for a market of interest, please contact Doug Adair directly at [doug.adair@nashvillediaperconnection.org](mailto:doug.adair@nashvillediaperconnection.org)



## LESSONS LEARNED

One unintended outcome of practice activities was our differing survey responses. In the beginning, we had many individual surveys, particularly the Spanish surveys, not being fully completed. After hiring a translator to assist our client in completing these surveys, we realized that certain questions were being misinterpreted and/or were not worded in a way that was culturally applicable to the Spanish-speaking community (e.g. childcare question). As such, we went through the survey with the translator assisting in the collection of these surveys and changed the wording of many questions, so that they could be better understood by our clients, were more culturally relevant, and were more likely to be completed by our clients.

One positive unintended outcome of both Curbside Connections™ and Connections™ Promotion events was a higher turnout rate at these events than forecasted. As a result of this outcome, we increased the number of NashDiaper staff supporting each event and we increased the number of diapers that we had available for each event. Another positive unintended outcome has been a higher rate of medical engagement with the clients we reach. Currently, we have a 54% medical engagement rate. We continue to seek ways to encourage this favorable outcome.

NashDiaper follows a “Plan-Do-Check-Act” (PDCA) approach to Continuous Quality Improvement. This tool has proved effective to evaluate and make improvements to our Connections™ events. Stakeholders identify items or areas of the Connections™ Program that could be improved. Our pre implementation or pre-event meetings between NashDiaper staff members, MCOs and clinics attempt to determine the root cause of the problem, what change needs to happen, and how to implement that change (“Plan”). We then hold the planned event or beta test the program change (“Do”). In our post-event meetings with stakeholders, output and outcomes are reviewed to determine if the change produced the desired results (“Check”). If modifications to the process or program change produce the desired results, our processes' changes are documented, shared upon among the stakeholders, implemented, and then are monitored on a monthly basis going forward (“Act”).

Two changes in our Connections™ events are good examples of the application of the PDCA tool. At our early events, we included off-duty Metro Nashville Police Department officers for both security and traffic control. We found that security was not necessary and traffic control could be managed by NashDiaper staff/volunteers. This resulted in better informed event planning, improved day-of-event coordination, and reduced event expenses.

The other change related to offering clinic appointments at our Connections™ promotional events. This was initially done by our partner clinic offering a dedicated phone number and appointment specialist to support a particular promotional event. The volume of families attempting to schedule appointments over the phone at the event overwhelmed the dedicated appointment specialist. Also, the dedicated phone number was only answered until 5:00 PM. Our event lasted until 6:00 PM. In response to this unexpected outcome, the clinics had 1-2 clinic staff members attend the promotional event with laptops in order to set up clinic appointments onsite in a time efficient and effective manner.

## NEXT STEPS

Next steps for the Connections™ Program partnership include exploring the feasibility of including pediatric dental care, vision care and backwards integration with prenatal care. Additional work needs to be done around data collection, analysis, and evaluation on the effectiveness and outcomes of the Connections™ Program. We will expand the geographic coverage of the partnership by adding 8 largely rural Middle Tennessee counties.



## RESOURCES PROVIDED

- [Healthy People 2020](#), Office of Disease Prevention and Health Promotion.
- [Bright Futures](#), American Academy of Pediatrics.
- America's Health Rankings [2019](#), [2020](#), United Health Foundation.
- Vanderbilt Community Needs Assessment

## APPENDIX

- Connections™ Logic Model and Ecosystem
- Connections™ Survey Data Results





## APPENDIX

### Nashville Diaper Connection Connections™ Program Logic Model:

Our Connections™ Program is designed to create a virtuous cycle: “a chain of events in which one desirable occurrence leads to another which further promotes the first occurrence and so on resulting in a continuous process of improvement” (Merriam Webster). It continually sustains itself as it is repeated. Families have more equitable access to health care and receive needed diapers. Parents that are served will save time and energy by simultaneously meeting multiple needs in one location. Community healthcare providers get new patients who are rewarded as they continue this new healthcare relationship. This process encourages repeat engagement for all the family members and focuses on the clinic as a patient centered medical home. This virtuous cycle intersects with the Connections™ Program two-generation approach, which “articulates and accounts for the outcomes of children and the adults in their lives” (The Aspen Institute, “Two Generation Playbook”). By providing vaccinations for the children and receiving an adequate supply of diapers, parents' economic and emotional stress is eased. By facilitating a relationship between a parent and our clinic, we are increasing opportunities for “a family-centered medical home.”

### Connections™ Ecosystem:





# DIAPER NEED SURVEY RESPONSES

## Demographics

- Average # of children in household: 2.9
- Average # of children in diapers: 1.5
- Adults per household: 2.1
- Employed adults per household: 1
- Adults receiving unemployment: 6%
- Adults in school/job training: 7%

## Why are you experiencing diaper need?

- No work/unemployed: 41%
- Low income/no money: 31%
- Diapers are expensive: 14%
- COVID-19 related: 8%
- Single parent: 4%
- Economy: 1%
- Homeless: 1%

## Current participation in federal programs\*\*

- SNAP: 40%
- WIC: 46%
- TANF: 2%
- CCDF: 1%

## How are you currently getting diapers?\*\*

- I'm paying for all my diapers: 73%
- I'm paying for diapers by not paying for other things: 10%
- Friends and family are helping with diapers: 16%
- My church, school and/or community center are helping with diapers: 12%

## Receiving diapers frees up money to...\*\*

- Buy food: 68%
- Pay rent/mortgage: 34%
- Pay utilities: 29%
- Pay for childcare: 8%
- Pay a medical bill: 8%
- Reduce your stress: 21%
- Improve the happiness of your child: 21%

## Would having access to diapers make it easier to go to work/school?

- Yes: 66%
- No: 17%
- Already employed or going to school: 16%

## How are your children being cared for?

- I pay for childcare on my own: 16%
- I am using subsidized childcare: 3%
- I have family or friends providing childcare: 21%
- I don't use any form of childcare or I provide childcare: 53%

## If you use childcare, have you had to miss a day of work/school due to not having enough diapers? If yes, how many day per month?

- Average days per month of missed work/school: 3.3

## What other resources do you need help with?



Food



School Supplies



Clothes



Housing/Rent



Baby wipes



Utilities



Baby food/formula



Childcare

\*1082 surveys completed as of 8/31/21

\*data has not been analyzed by a statistician

\*\*questions include multiple answers selected

