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



This form is for anyone interested in submitting a Best Practice to the [MCH Innovations Database](https://amchp.org/mch-innovations-database/). Please complete all sections of this form unless otherwise indicated. For additional materials to support your submission, visit <https://amchp.org/innovation-hub-ih-practices/>. If you are unsure if your practice is considered Best, use our [Minimum Criteria Checklist](https://amchp.org/wp-content/uploads/2023/05/Minimum-Criteria-Checklist_Updated-2023-1.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 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://amchp.org/wp-content/uploads/2023/05/Glossary-1.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 meant for dissemination and is intended to inform Innovation Hub materials only at this time.*

***A Note About Citations***

Citations can be included throughout the application as 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 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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| **Best 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 most closely apply* | [ ]  Access to Quality Healthcare [ ]  Birth Outcomes[ ]  Care Coordination[ ]  Data Assessment & Evaluation[ ]  Emergency Preparedness[ ]  Environmental Justice[ ]  Equity & Antiracism[ ]  Family & Youth Engagement[ ]  Health Promotion & Communication[ ]  Health Screening[ ]  Healthcare Financing & Insurance[ ]  Injury Prevention & Hospitalization[ ]  Mental Health & Substance Use[ ]  Nutrition & Physical Activity[ ]  Primary & Preventative Care[ ]  Reproductive Health[ ]  Safe and Connected Communities [ ]  Telehealth[ ]  Workforce Development |
| What populations does your practice serve/impact?*Select all that most closely apply* | [ ]  Adolescents & Young Adults [ ]  Children[ ]  Children and Youth with Special Health Care Needs[ ]  Families & Caregivers[ ]  Infant[ ]  Life Course[ ]  Medical & Public Health Professionals [ ]  Women & Maternal |
| Is this practice supported by Title V either by direct funding or staff time?*Note: This question is for internal purposes only and does not affect your ability to submit.* | [ ]  Yes[ ]  No |
| Was this practice developed/created by a community-based organization (CBO)? *Note: This question is for internal purposes only and does not affect your ability to submit.* | [ ]  Yes[ ]  No |

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| **Best Practice Submission Questions** |

*If your practice is accepted, information from this section will be included in the handout that will be featured in our database. Please aim to limit the responses to the submission questions to 17 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 includes each of the following:
* **The need your practice addresses and how it was identified** (this does not need to be a formal needs assessment), any sources of information that support this need and how you used 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 works and for whom) and how it leads 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 of your practice?  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 any relevant activities and operational details. You can add more rows if needed. Two example core components are provided below.
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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 informed the design or implementation of your practice and why did you take this approach? This could include, but is not limited to, theories, research, standards/guidelines, frameworks, and programs.
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| **Response:**  |

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| **Key Collaborators** |
| For the purposes of this submission, AMCHP considers a collaborator 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. Describe who your practice collaborators are and how they are involved in decision-making throughout practice processes such as development, implementation, quality improvement, and evaluation. One example is provided below. You may add more rows as needed.
 |
| **Collaborator** | **How are they involved in decision-making throughout practice processes?** | **How are you partnering with this collaborator?** | **Does this collaborator 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*** | ***Parents are actively engaged in an advisory committee that meets on a monthly basis.*** | ***Yes, parents are the primary care providers for the children receiving services from the program*** |
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| 1. How, if at all, has your organization created structures and processes for meaningful ongoing participation of these collaborators?
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| **Response:** |

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| **Evaluation Data** |
| 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 design including data collection methods.
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| **Response:**  |

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| 1. Provide evaluation data that demonstrate an improvement in outcomes for your key population.
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| **Response:** |

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| Bias can occur when we interpret our data findings a specific way based on our points of view. This can cause us to disregard other valid interpretations. Some examples of bias include conducting an evaluation survey that was not written in someone’s native language, excluding certain populations from participating in an evaluation, respondents providing responses they think evaluators want to hear or which seem favorable, etc. 1. Describe any biases that may have affected how your practice is implemented, your data, or how you interpreted your practice's outcomes.
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| **Response:** |

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| 1. Describe any unexpected or unintended outcomes (both positive and negative) of your practice’s activities, including differences in outcomes for individuals from different racial/ethnic groups. How did you identify these, and did you make any changes because of them?
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| **Response:** |

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| **Health 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 has your practice contributed to reducing health inequities and systemic oppression (including structural racism) that impact your key population? **Provide evaluation data that demonstrate this.** Examples of this can include but are not limited to demonstrating a change or shift in power in a relationship with a community, whether those most “in need” in the key population were served equitably, developing new policies or procedures that operationalize equitable activities so they are now seen as standard practice, etc.
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| **Response:**  |

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| **Continuous Quality Improvement** |
| A CQI process includes identifying a problem or desired change, developing a plan, carrying out the plan, reflecting on whether this action worked, and determining a course of action based on whether this worked.1. Describe how you implemented a continuous quality improvement process. Please include:
* Who was involved in this process;
* What, if any, tools were used to implement this process; and
* A description of **at least one** change you made to the practice because of this process
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| **Response:**  |

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| **Replication** |
| For the purposes of this submission, replication entails implementing the core components of your original practice in a new site or location. You are welcome to share information about any replication of your practice done by your organization or by another organization, community, state, etc. 1. Describe how your practice has been replicated in another location and include the following:
* Evaluation data that demonstrate your practice is successful/is working as you intended
* Whether these results are the same or different from our original implementation of your practice
* Any changes you made to your practice through this replication. Did you make any changes to the core components you described at the beginning of this form? How so?
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| **Response:**  |

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| **Lessons Learned** |
| 1. What important lessons have you learned (both positive and negative) by implementing your practice that you can share with others who are interested in using or replicating 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. 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. While many of the questions we ask you in this submission form will be included in your practice handout, there are several new questions we will ask you to complete. If interested, you can preview these additional questions and begin working on your handout by** [**using this link**](https://amchp.org/wp-content/uploads/2023/05/Innovation-Hub-Database-Review-Supplemental-Questions.docx).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 support to states/jurisdictions interested in replicating your practice through [AMCHP’s Replication Project](https://amchp.org/innovation-hub-ih-replication-projects/).  |