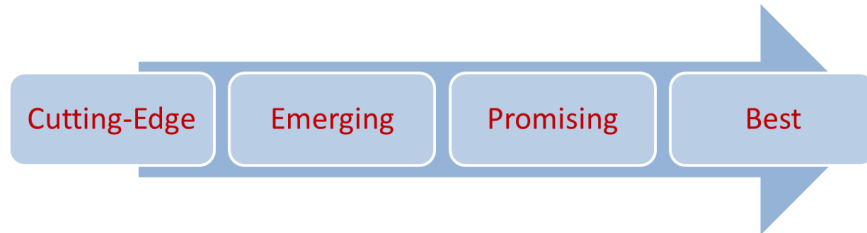




Best Practices Submission Form

AMCHP’s Innovation Station is a database of successful practices from across the U.S. To expand the practice-based evidence field, AMCHP’s Best Practice Committee categorizes submitted practices into [four categories](#): Cutting-Edge, Emerging, Promising, and Best. These categories fall on a continuum from practices with the least evidence of effectiveness (Cutting-Edge) to those with the most (Best). These categories build on one another; criteria for lower categories must be met before a higher category can be achieved. For example, all criteria for Cutting-Edge and Emerging must be satisfied to be categorized as an Emerging Practice. To learn more about the criteria for each category and determine which category your practice might fall under, look at the [Minimum Criteria Checklist](#).



Tips for Submission

- Regardless of which category you think your practice is, we encourage you to respond to as many questions as possible.
- Provide complete answers to any questions that you answer. Please do not just provide links to existing articles or reports.
- Make sure to cite any sources you reference.

New this Fall

To improve the usability of our submission form and ensure all accepted Innovation Station practices focus on contributing to improving health equity, we’ve used the [Racial Equity Impact Assessment](#) to incorporate an equity lens into our submission form.

Contact Information	
Name:	
Organization:	
Address:	
City, State, ZIP:	
Phone:	
E-mail Address:	

Previous Submission	
Was this practice previously submitted to Innovation Station?	<input type="checkbox"/> Yes. Previously awarded category: _____ <input type="checkbox"/> No

Practice Overview		
Name of Practice:		
What issue does your practice primarily address? <i>Select one</i>	<input type="checkbox"/> Access to Health Care <input type="checkbox"/> Autism/ Dev. Disabilities <input type="checkbox"/> Birth Defects Prevention <input type="checkbox"/> Birth Outcomes (incl. infant mortality, prematurity) <input type="checkbox"/> Chronic Disease <input type="checkbox"/> Data Assessment/Evaluation <input type="checkbox"/> Emergency Preparedness <input type="checkbox"/> Family/Consumer Involvement <input type="checkbox"/> Financing & Insurance <input type="checkbox"/> Health Inequity/Disparity <input type="checkbox"/> Health Promotion <input type="checkbox"/> Health Screening <input type="checkbox"/> Intentional/Unintentional Injury	<input type="checkbox"/> Maternal Mortality/Morbidity <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition/Physical Activity <input type="checkbox"/> Oral Health <input type="checkbox"/> Prenatal Care <input type="checkbox"/> Primary/Preventative Health Care <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Reproductive Health <input type="checkbox"/> Service Coordination/Integration <input type="checkbox"/> Specialized Care <input type="checkbox"/> Substance/Tobacco Use <input type="checkbox"/> Workforce Development & Leadership <input type="checkbox"/> Other:
What additional issue does your practice address? <i>Check one</i>	<input type="checkbox"/> Access to Health Care <input type="checkbox"/> Autism/ Dev. Disabilities <input type="checkbox"/> Birth Defects Prevention <input type="checkbox"/> Birth Outcomes (incl. infant mortality, prematurity) <input type="checkbox"/> Chronic Disease <input type="checkbox"/> Data Assessment/Evaluation <input type="checkbox"/> Emergency Preparedness <input type="checkbox"/> Family/Consumer Involvement <input type="checkbox"/> Financing & Insurance <input type="checkbox"/> Health Inequity/Disparity <input type="checkbox"/> Health Promotion <input type="checkbox"/> Health Screening <input type="checkbox"/> Intentional/Unintentional Injury <input type="checkbox"/> Maternal Mortality/Morbidity	<input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition/Physical Activity <input type="checkbox"/> Oral Health <input type="checkbox"/> Prenatal Care <input type="checkbox"/> Primary/Preventative Health Care <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Reproductive Health <input type="checkbox"/> Service Coordination/Integration <input type="checkbox"/> Specialized Care <input type="checkbox"/> Substance/Tobacco Use <input type="checkbox"/> Workforce Development & Leadership <input type="checkbox"/> Other: <input type="checkbox"/> N/A
What is the primary population domain/focus of your practice? <i>Check one</i>	<input type="checkbox"/> Adolescent Health <input type="checkbox"/> Child Health <input type="checkbox"/> Children and Youth with Special Health Care Needs <input type="checkbox"/> Cross-cutting/ Life Course	<input type="checkbox"/> Perinatal/Infant Health <input type="checkbox"/> Women's/Maternal Health <input type="checkbox"/> Families/Consumers <input type="checkbox"/> Health Care Providers
Which MCH Block Grant performance measure does your practice address? <i>Check all that apply</i>	<input type="checkbox"/> Well-woman Visit <input type="checkbox"/> Low-risk Cesarean Delivery <input type="checkbox"/> Risk-appropriate Perinatal Care/Perinatal Regionalization	<input type="checkbox"/> Bullying <input type="checkbox"/> Adolescent Well-Visit <input type="checkbox"/> Medical Home

Practice Overview		
	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Safe Sleep <input type="checkbox"/> Developmental Screening <input type="checkbox"/> Injury <input type="checkbox"/> Physical Activity	<input type="checkbox"/> Transition <input type="checkbox"/> Oral Health <input type="checkbox"/> Smoking <input type="checkbox"/> Adequate Insurance Coverage <input type="checkbox"/> N/A
<p>Which MCH Block Grant <u>outcome measures</u> does your practice address? <i>Check all that apply</i></p>	<input type="checkbox"/> Early Prenatal Care <input type="checkbox"/> Severe Maternal Morbidity <input type="checkbox"/> Maternal Mortality <input type="checkbox"/> Low Birth Weight <input type="checkbox"/> Preterm Birth <input type="checkbox"/> Early Term Birth <input type="checkbox"/> Early Elective Delivery <input type="checkbox"/> Perinatal Mortality <input type="checkbox"/> Infant, Neonatal, Postneonatal, Preterm-Related or SUID Mortality <input type="checkbox"/> Drinking During Pregnancy <input type="checkbox"/> Neonatal Abstinence Syndrome <input type="checkbox"/> Newborn Screening Timely Follow-up <input type="checkbox"/> School Readiness <input type="checkbox"/> Tooth Decay/Cavities	<input type="checkbox"/> Child Mortality <input type="checkbox"/> Adolescent Mortality, Vehicle Death, and Suicide <input type="checkbox"/> CSHCN, CSHCN Systems of Care, Autism, and ADD/ADHD <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Overall Health Status <input type="checkbox"/> Obesity <input type="checkbox"/> Uninsured <input type="checkbox"/> Child/Adolescent Vaccination (flu, HPV, Tdap, meningitis) <input type="checkbox"/> Teen Births <input type="checkbox"/> Postpartum Depression <input type="checkbox"/> Foregone Health Care <input type="checkbox"/> N/A

Practice Summary

Practice Description-Long

Provide a brief (one paragraph) description/summary of your practice.

- What is it? What are its key activities or components?
- What does it address?
Which population does your practice impact?

Practice Description-Short

Provide a one sentence description/summary of your practice.



Cutting-Edge

Instructions: Please respond to all the questions in this section. All criteria for the Cutting-Edge category must be met regardless of the category you are applying to.

Need

1) What need in the MCH population (refer to the population you identified in your practice description) does your practice address and how does it address it?

- *Make sure to explain how any research or needs assessment data support the need you've identified.*

Response:

Intended Benefit

2) Describe how the practice benefits the MCH population you identified above.

Response:

Health Equity

3) Describe how your practice promotes health equity, highlighting how health equity is integrated throughout your submission.

Response:

Stakeholder Engagement/Partnership

4) Provide a brief summary of how the practice engages or partners with stakeholders (families, youth, etc.) in decision-making throughout the following practice processes (development, implementation, quality improvement, evaluation etc.).

- Include a description of the stakeholders involved.
- How are you ensuring that stakeholders are involved throughout practice processes?
- Have you assessed how involved they are? (Yes/No)

Response:

Sharing

5) Explain why this practice should be shared with others.

Response:



Emerging

Instructions: Respond to the following questions if you would like your practice to be considered in the Emerging Practice category or above. The practice must meet all Cutting-Edge Practice criteria before it can be considered an Emerging Practice.

Practice Foundation

- 6) Describe the theory of change behind your practice (if available, please attach your practice's logic model). Please also describe if your practice is based on any specific public health theories (6a) and/or research/standards/ guidelines/models (6b) and fill out the corresponding sections below.

Note: You only need to complete question # 6 and either #6a or #6b. You do not need to fill out both sections unless both apply to your practice.

Response:

Theory

- a) Select any relevant public health theory/theories and explain how it/they informed the development of your practice.
- Health Belief Model:** In order to adopt health behaviors, an individual's perceptions of risk for health problems and perceived benefits of action must outweigh their perceived barriers to action.
- Information Processing Theory:** The impact of persuasive communication (e.g., health education, social marketing campaigns) is mediated by three phases of message processing: 1) attention to the message, 2) comprehension of the content, and 3) acceptance of content.
- Life Course Theory:** Encourages a focus on health across the lifespan. It recognizes the complex influence of environmental, biological and social impacts on individual health status, the cumulative effects of these influences on later health outcomes, sensitive periods for intervention across the lifespan, and connections between life stages.
- Relapse Prevention Model:** Behavior change is aided by interventions that help individuals anticipate barriers or factors that can contribute to relapse.
- Social Cognitive/Social Learning Theory:** Health behavior change occurs in a social context and is the result of reciprocal relationships between the environment, personal factors, and attributes of the behavior. People learn through interaction, observation, and imitation of the actions modeled by others and the results of those actions.
- Social Determinants of Health/Systems Theory:** Improving population health requires addressing underlying social and systemic issues preventing healthy behaviors, such as poverty, lack of affordable housing, discrimination, underemployment, and inequitable access to education.

- Social Ecological Model:** People's behaviors are shaped by multiple factors in the social environment, including individual, interpersonal, organizational, community and public policy.
- Social Support Theory:** Social support can be instrumental, informational, emotional, or appraising (feedback and reinforcement of new behavior).
- Stages of Change (Trans-theoretical) Model:** In the adoption of behavior changes, people progress through five stages of readiness to change: 1) precontemplation, 2) contemplation, 3) preparation, 4) action, and 5) maintenance.
- Theory of Reasoned Action/Planned Behavior:** An individual's perceived control over the opportunities, resources, and skills needed to perform a behavior influence his or her behavioral intentions, which in turn predict actual behavior. Intentions are also influenced by the individual's attitude toward the behavior and his or her beliefs about others' support of the behavior.
- Other:** _____

Response:

Research/Standards/Guidelines/Models

- b) Describe any research/standards/guidelines/models used to develop your practice.
 - o *Be sure to mention any changes you made from the original.*

Response:

Evaluation Plan

- 7) Describe the evaluation plan, including **all** the following:
- a) What is your overall evaluation question(s)?
 - b) How were/will participants be selected to participate in this practice?
 - c) What are their baseline values/characteristics?
 - d) What outcome measures will you measure? For an Emerging Practice, these may be relevant process measures.
 - e) How do you plan to collect these data?
 - f) How do you plan to analyze these data?

Note: If you're applying as a Promising or Best Practice, please skip this question and answer this as a part of questions # 9 and 10.

Response:

- What is your overall evaluation question(s)?
- How were participants selected to participate in this practice?
- What are their baseline values/characteristics?
- What outcome measures are you trying to measure? For an Emerging Practice, these may be relevant process measures.
- How do you plan to collect these data?
- How do you plan to analyze these data?

Lessons Learned

8) Explain how you've identified or plan to identify big picture lessons learned that will be used to improve your practice.

Response:



Promising

Instructions: Respond to the following questions if you would like your practice to be considered in the “Promising Practice” category, or above. The practice must meet all criteria in the “Cutting-Edge” and “Emerging” sections to be considered for the “Promising” category.

Evaluation Data

- 9) Describe the evaluation plan, including **all** the following:
- What was your overall evaluation question(s)?
 - How were participants selected to participate in this practice?
 - What were their baseline values/characteristics?
 - What outcome measures did you measure?
 - How did you collect these data?
 - How did you analyze these data?
- 10) Report any evaluation data that clearly demonstrates positive outcomes in the intervention group (target population) from baseline or comparison group.
- What data have you collected that demonstrate the impact of your practice on health equity?
 - Were any of these data disaggregated to assess the impact of the practice?

Note: Please include your logic model or evaluation plan to supplement your responses.

Response:

Potential Biases/Confounding

- 11) Describe any potential biases/confounding factors that you noticed in the evaluation of this practice.
- Are there any of these biases/confounding factors due to cultural or racial/ethnic issues/context?

Response:

Continuous Quality Improvement

- 12) Describe how a continuous quality improvement process was implemented and explain any changes made to the practice as a result. Please include any tools you used including PDSA cycles, Plus/Delta, etc.

Note: A continuous quality improvement process includes identifying the problem, developing a plan, carrying out the plan, reflecting on whether this action worked, and determining a course of action based on whether this action worked.

Response:

Unexpected/Unintentional Results

- 13) Describe how you identified or assessed any unexpected/unintentional results in the evaluation and/or during practice implementation.

Response:



Best

Instructions: Respond to the following questions if you would like your practice to be considered in the “Best Practice” category. The practice must meet all criteria in all other categories to be considered a “Best Practice”.

Controlling for Confounding

- 14)** Provide data that clearly link positive outcomes to the practice and not outside factors or methodological flaws. Suggestions for inclusion are:
- Description/explanation of the evaluation design used to control for external factors.
 - Explanation of any potential biases/confounding and how they were discounted. (You can build off your response to question #11).

Response:

Peer Review

- 15)** Has the practice been peer reviewed in a journal? Please include citations for each article.

Response:

Replication

- 16)** Describe how the practice has been replicated in another setting or with a different population. Provide evaluation data that demonstrates the replication was successful.

Response:



Supplemental Materials

Resources

Did you develop any products/resources for your practice (e.g., website, published article, agency report, brochures, online toolkit, etc.)? Please list below, with web links if available.

Response:

Other Supplemental Materials

Please attach any other files relevant to your submission.

Optional Question to be Considered for Conference Awards

To recognize the diverse accomplishments of the practices accepted into Innovation Station, AMCHP is piloting several new award opportunities for the 2020 AMCHP Conference. One award will be provided to the overall highest scoring practice, and two other awards will be selected from the following areas: health equity, innovation, stakeholder engagement/partnership, and practices that have moved the furthest along the [best practices continuum](#). The optional question below will not impact your overall score but will be used to determine award recipients related to innovation. The other awards will be determined by overall practice scores or through specific required questions on the submission form.

Innovation

For purposes of this application, innovation can be a new approach, methodology, application of theory, etc. to address a public health issue. Innovation also includes the adaptation of an existing approach to a new context or issue.

17) Please describe why your practice is considered innovative. Provide a brief summary of how your practice utilizes the existing evidence base in a novel way (e.g. challenges norms, adds value to existing strategies).

Response:



Next Steps

Thank you for taking the time to share your practice with other practitioners so we can work towards improving the lives of MCH populations. Your submission will be carefully reviewed by AMCHP's Best Practices Committee. You will also be asked to complete a short survey on the submission form and submission process, so we can provide a better submission experience. You may also be contacted for follow-up if the committee has questions or needs additional information while reviewing your submission.

If accepted, you will be asked to fill out a practice summary sheet that will be included in Innovation Station. You may also be eligible to participate in other promotional opportunities such as writing an article for *Pulse* or presenting at a conference. If your practice is scored at the Emerging level or above, you are eligible to provide technical assistance for states/territories interested in replicating your practice through [AMCHP's Best Practices Technical Assistance Replication Project](#). You are also eligible to receive a practice award at the AMCHP Annual Conference

If you have any questions, please contact Lynda Krisowaty at lkrisowaty@amchp.org.



Appendix

- **Baseline Values/Characteristics:** Control measurements carried out before an experimental treatment.
 - Source: <http://libguides.usc.edu/writingguide/researchglossary>
- **Bias:** Anything that causes a loss of balance and accuracy in the use of evaluation methods. This can appear via the sampling frame, random sampling, or non-response. It can also occur at other stages, such as while interviewing, in the design of questions, or in the way data are analyzed and presented. Bias means that the research findings will not be representative of, or generalizable to, a wider population.
 - Source: <http://libguides.usc.edu/writingguide/researchglossary>
- **Confounding:** Sometimes referred to as confounding bias, is mostly described as a 'mixing' or 'blurring' of effects. It occurs when an investigator tries to determine the effect of an exposure on the occurrence of a disease (or other outcome), but then actually measures the effect of another factor, a confounding variable
 - **Controlling for Confounding:** As confounding obscures the real effect, it needs to be prevented or removed as much as possible. Like other types of bias, confounding can be addressed during evaluation design. At that stage, confounding can be prevented by use of randomization, restriction, or matching. In contrast to other types of bias, confounding can also be controlled by adjusting for it after completion of an evaluation using stratification or multivariate analysis. Adjusting for confounding at this later stage can only take place if information on the confounding factors has been collected during the study.
 - Source: <http://www.sciencedirect.com/science/article/pii/S0085253815529748>
- **Continuous Quality Improvement:** Continuous Quality Improvement (CQI), sometimes referred to as Performance and Quality Improvement (PQI), is a process of creating an environment in which management and workers strive to create constantly improving quality.
 - Source: <http://www.dcf.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&pid=114>
- **Data Analysis Methods:** Systematic approaches to the conduct of an operation or process. It includes steps of procedure, application of techniques, systems of reasoning or analysis, and the modes of inquiry employed by a discipline.
 - Source: <http://libguides.usc.edu/writingguide/researchglossary>
- **Data Collection Methods:** The way facts about a program and its outcomes are amassed. Data collection methods often used in program evaluations include literature search, file review, natural observations, surveys, expert opinion, and case studies.
 - Source: <https://www.cdc.gov/eval/guide/glossary/index.htm>

- **Evaluation Question(s)/Aim(s):** Specific statements indicating the key issues to be focused on by the evaluation effort. An evaluation project may have several specific questions/aims
 - *Source:* https://www.researchgate.net/profile/David_Thomas11/publication/224029399_Chapter_3_from_Designing_and_managing_your_research_project_Core_skills_for_social_and_health_research/links/00b7d520eee9676c77000000/Chapter-3-from-Designing-and-managing-your-research-project-Core-skills-for-social-and-health-research.pdf
- **Outcomes to be Measured** (short-term and long-term, as appropriate for practice): The results of program operations or activities; the effects triggered by the program. (For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced TB morbidity and mortality.)
 - *Source:* <https://www.cdc.gov/eval/guide/glossary/index.htm>
- **Peer Review:** Review of an evaluation by a qualified and objective third party. Peer review helps validate research and evaluation, establish a method by which it can be assessed, and increase networking possibilities within research/evaluation communities. Despite criticisms, peer review is still the only widely accepted method for research validation. Peer review is designed to assess the validity, quality and often the originality of articles for publication. Its ultimate purpose is to maintain the integrity of science by filtering out invalid or poor-quality articles.
 - *Source:* <https://authorservices.wiley.com/Reviewers/journal-reviewers/what-is-peer-review/index.html>
- **Stakeholders:** People or organizations that are invested in the program or that are interested in the results of the evaluation or what will be done with results of the evaluation.
 - *Source:* <https://www.cdc.gov/eval/guide/glossary/index.htm>
- **Stakeholder Selection Process:** The method(s) used to engage stakeholders in a program design, delivery and/or evaluation.
 - The sample frame is the group of individuals that can be selected from the target population given the sampling process used in the study.
 - The **sample** frame is the group of individuals that can be **selected** from the target population given the **sampling method** used in the study.
 - *Source:* Adapted from multiple research references to reflect a broader range of stakeholders including research participants, program beneficiaries, and other interested parties.
- **Theory of Change:** Theory of Change is essentially a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused in particular on mapping out or “filling in” what has been described as the “missing middle” between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved.
 - *Sources:*
 - <http://www.theoryofchange.org/what-is-theory-of-change/>
 - <https://www.mchnavigator.org/trainings/detail.php?id=1657>
- **Replication:** Replicating successful, existing programs, services, models and curricula is a time-honored strategy for increasing the impact of mission-driven organizations. It’s a recycling strategy,



putting to new use the creativity, energy and resources that went into developing the original success.

- Sources:
 - <http://www.changemakerspartners.org/new-blog/2015/3/27/replicating-programs-services-models-and-curricula>
 - https://ssir.org/articles/entry/going_to_scale

Evaluation Resources

- www.cdc.gov/eval The CDC has very fine links and guidelines on evaluation
- www.betterevaluation.org A wonderful site that guides the reader through the process of evaluation from start to end – highly recommended and easy to follow, relevant in USA or globally
- [American Evaluation Association](http://www.american-evaluation-association.org) – great resources meta-site. For those whose work is closely related to program evaluation on a regular basis, we *highly recommend* joining the AEA. Dues are very reasonable, and the journals, webinars, listserv, and conferences are outstanding. This is a great way to join the wider evaluation community of practice.
- [The Community Toolbox, University of Kansas](http://www.communitytoolbox.org) – a fantastic site for those who work at the community level or who advise and train those who do. Resources helpful for domestic and global work.
- <http://www.esourceresearch.org/> - excellent overview of evaluation and research methods
- <http://gsociology.icaap.org/methods/> - meta-site with lots of links
- <http://www.pitt.edu/~super1/> (on line ppt lectures on epi, statistics, eval.)
- William Trochim web site, Cornell: www.socialresearchmethods.net