



innovation hub

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MCH Innovations Database – Promising Submission Form



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

A Note About Equitable Language

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

A Note About Citations

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

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

Promising Practice Submission Overview

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

Promising 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 12 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:

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 (TennIIS). 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 much-needed 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/EPSTs at 20 unique clinic locations.

We 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 hard to reach, underserved populations. Through Connections™, a mother can accomplish two things (receive required immunizations and diapers) at the same time and in the same place, expanding her 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 hard-to-reach healthcare customers in a manner that rewards repeat engagement.

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:

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. 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 mothers; 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.

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
<p>Create a collaborative partnership</p>	<p>Engaged and invested Stakeholders:</p> <ul style="list-style-type: none"> ● Public Health Champion ● Payers MCOs ● Providers – FQHCs ● Community Partners ● Diaper Bank 	<p>Each Stakeholder invests time, money, staff, space and/or social/political capital into Connections™ Program.</p>
<p>Tie economic and reputational benefits to program success</p>	<p>Public Health Champion provides grant funding to nonprofit for:</p> <ul style="list-style-type: none"> ● Percentage of overhead ● Printing of promotional material ● Event logistics <p>Lead MCO provides grant funding to nonprofit for:</p> <ul style="list-style-type: none"> ● Program development ● Program implementation <p>All MCOs provides funding via:</p> <ul style="list-style-type: none"> ● Sponsorships ● Pay for success fee <p>Diaper Bank pays for:</p> <ul style="list-style-type: none"> ● Diapers ● Staffing ● Event logistics 	<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>
<p>Promote infant, toddler, and</p>	<p>Provide diapers at immunization events and in participating clinics:</p>	<p>Promote where the parents are with their kids.</p>

<p>pediatric immunizations</p>	<ul style="list-style-type: none"> • Held at/with credible trusted resource in patient’s community or neighborhood • Event/clinic specific, neighborhood-based marketing, promotion, and outreach by all stakeholders • Family education about and preferred access to clinics in their neighborhood • Family education about the importance and benefits of their child being immunized 	<p>Presenting MCO conducts member outreach for the events at which they are present.</p> <p>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.</p>
<p>Immediate, tangible results for mothers, not referrals</p>	<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>	<p>Parents accomplish multiple important tasks at one time, in one location.</p> <p>MCO delivers in person practice-building support to clinics.</p> <p>NashDiaper drives patients to clinics improving MCO member outreach results.</p>
<p>All stakeholder actively engaged in Connections™ Program</p>	<p>Stakeholder ownership of and active involvement in:</p> <ul style="list-style-type: none"> • Initial and ongoing program development • Scheduling and holding 4 to 6 event/clinic promotions monthly • Each MCO alternates as “presenting” sponsor at all events/clinic promotion • 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.</p>
<p>Collect, Aggregate and Analyze Data, Report Results</p>	<p>Diaper Need Surveys</p> <p>Clinic and Event Logs</p>	<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 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>

Monthly reporting to MCO; regular reporting to Public Health Champion

Allow each stakeholder to measure outcomes (# of immunizations, # EPSDTs, # diapers given away) and track the effectiveness of the Connections™ Program at particular clinics, events, or overall.

Practice Foundation

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

Response:

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 of 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.

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.”

5) How has your practice contributed and/or worked towards reducing health inequities and systemic oppression (including structural racism) that impact your key population?

Response:

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 (74%), pay rent or mortgage (36%), and pay utilities (30%), and it allows them to attend work or school (65%). 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.

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 explain 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.
Mothers	Needs Identification, Development	Yes, mothers continue to contribute to needs identification of the program and they represent the lived experiences of the key population our program serves.
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	Needs Identification, Development, Planning, Implementation (Connections™ Promotional Events), Evaluation (Post-Event Debrief)	<p>Yes. The Connections™ Program's community partner organizations include Title 1 Metro Nashville Public Schools and charter schools, immigrant aid organizations, refugee relief organizations, and community food pantries.</p> <ul style="list-style-type: none"> • Legacy Mission Village is an immigrant and refugee aid organization founded in 2000 by William and Embraille Mwizerwa. In 1994, the Mwizerwa family lived through the horrific genocide against Tutsi in Rwanda where nearly one million people were killed in just one hundred days - including their parents and most members of their extended families. As noted on the Legacy Mission Village website, "Being refugees themselves serves as great motivation to the Mwizerwa family as they work, helping hundreds of refugees adjust to their new homes and become active and productive members of their community." Legacy Mission Village's Program Manager Elisha Williams was a member of the Catalyst Team that launched the Connections™ Program. Other input to the Connections™ Program was gathered from interviewing mothers, who were receiving diapers provided by NashDiaper at Legacy Mission Village, along with mothers receiving diapers at NICE. • Nashville International Center for Empowerment (NICE) is an immigrant and refugee aid organization founded in 2005 by Dr. Gatluak Ter Thach and a group of other Sudanese refugee men and women. desired to help other refugees and immigrants living in Middle Tennessee. Today, key NICE program leaders and staff are members of the growing Nashville immigrant community leveraging their lived experience as newcomers to this country. • Metro Nashville Public School's Community Achieves schools are public schools that

		form partnerships with community organizations and use additional staff to meet the educational, physical, and emotional needs of economically disadvantaged students, families, and communities. Many Community Achieves coordinators at NashDiaper’s community partner schools’ have been students and/or parents in the neighborhood schools in which they now serve. They have firsthand, personal experience overcoming the barriers to health and social support that their current parent/student clients face.
Joe C. Davis Foundation	Development	
Nashville Diaper Connection	Needs Identification, Development, Planning, Implementation, Evaluation, Enhancement	

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.

7) Describe your overall evaluation design, including data collection methods.

Response:

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. This program objective is measured by the number of EPSDT visits achieved and the number of recommended immunizations delivered. 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. Other relevant data for our Connections™ Program is measured by the number and type of events held; the number of active

clinics participating in this Program; the number of families engaged through the Program; the percent of diaper recipients on TennCare; the number of diapers distributed through the Program; the number of zip codes served by the Program; the number and type of partner hosting promotional events; the gross revenue generated by the Program for NashDiaper; and the diaper need survey results.

8) Provide evaluation data that demonstrate an improvement in outcomes for your key population. Include data that demonstrate any impacts your practice had on addressing health inequities and systemic oppression that exist within your key population.

Response:

- **20 participating clinics**
 - = *Improving access to health services by*
 - *Increasing availability - # of clinics*
 - *Partnering with clinics located in high poverty areas and areas with families who have lower levels of English proficiency*
 - *Building a collaborative partnership within the health sector and intersectoral*

- **Geographical areas reached - zip codes reached; poverty percentage areas reached**
 - 16 unique zip codes reached in 7 counties
 - 20 clinic partners are located in areas with a poverty percentage of at least 10% - majority of these clinics located in areas with 20%+ poverty rate (Poverty Percentage Rates and Locations From U.S. Census Bureau ACS 2019 5-year estimates)
 - = *Improving access to health services by*
 - *Removing geographic barriers*
 - *Partnering with clinics across Middle TN*

- **21 Connections™ immunization promotional events held - 9 of the 21 promotional events were held at Title 1 schools**
 - = *Improving access to health services by*
 - *Increasing availability*
 - *Extending hours of operation*
 - *Hosting events in nontraditional locations (such as school partners and community partners)*
 - *Making material resources (diapers) available*
 - *Providing health education*
 - *Allowing families to speak to healthcare providers about any questions and necessary health requirements for children and parents*
 - *Allowing families to set up appointments on-site*
 - *Spreading awareness of healthcare resources available*

- **9 Connections™ immunization events held**
 - = Improving access to health services by
 - *Increasing availability*
 - *Making immunizations available*
 - *Extending hours of operation*
 - *Hosting events in nontraditional locations (such as school partners and community partners)*
 - *Making material resources (diapers) available*
 - *Providing health education*
 - *Allowing families to speak to healthcare providers about any questions and necessary health requirements for children and parents*
 - *Spreading awareness of healthcare resources available*
- **2,986 families engaged through Connections™ Program**
 - = Matching services to identified population health needs
- **1,337 immunizations administered and EPSDTs conducted through Connections™ Program**
 - = Improving access to health services by
 - *Increasing availability*
- **90% of patients engaged through Connections™ Program are TennCare members**
 - = Improving access to health services by
 - *Increasing availability*
 - *Increasing affordability*
 - *Accepting patients at low or no cost*
 - = Matching services to identified population health needs
- **179,020 diapers provided through Connections™ Program**
 - = Improving access to health services by
 - *Providing free material resources (diapers) - an essential need*
- **4,335 babies served through Connections™ Program**
 - = Improving access to health services by
 - *Providing free material resources (diapers) - an essential need*
- **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

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, participants providing responses they think evaluators want to hear or which seem favorable, etc.

9) Describe any biases that may have affected how your practice is implemented, your data, or how you interpreted your practice's outcomes. *Note: Responses must include any that may be due to cultural or racial/ethnic differences.*

Response:

Potential biases of this process may include a self-selection bias among participants, since there is no control group. The Connections™ Program works in both clinical and community settings. Families who participate in the Connections™ Program are often connected to our school and community partners. Although we attempt to expand our reach, it is more likely that families who are already connected to the clinics, schools, or community partners will participate in the Program. This could also be related to a presentation bias where, although there is a universal invitation to participate in events or clinic referrals, invitations and/or promotion only comes from host partners/locations, event-specific targeting of members by MCOs, and/or advertising targeted to a particular population (e.g., Spanish language radio).

There also appears to be a survey response bias. For one, the languages in which the survey respondent speaks changes the way they answer the survey. English speakers write their answers with no assistance; Spanish speakers write their answers with an interpreter to assist; Arabic speakers have an interpreter read the questions and record their responses. Additionally, all survey respondents do not necessarily answer every question.

94.4% of our survey responses are from unduplicated individuals. Because the Connections™ Program promotes repeat engagement, duplicated individuals engaged in our clinic Connections™ is a sign of Program success.

10) Describe any unexpected or unintended outcomes (both positive and negative) of practice 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?

Response:

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 45% medical engagement rate. We continue to seek ways to encourage this favorable outcome.

Continuous Quality Improvement (CQI)

11) Describe how you implemented a continuous quality improvement process for your practice. 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 your practice because of this process

Response:

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.

Lessons Learned

12) 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:

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

Response:

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Next Steps

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

Response:

Next steps for the Connections™ Program partnership include exploring the feasibility of including pediatric dental care, vision care and backwards integration with prenatal care. We will expand the geographic coverage of the partnership by adding 8 largely rural Middle Tennessee counties.

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

Response:

Additional work needs to be done around data collection, analysis, and evaluation on the effectiveness and outcomes of the Connections™ Program.

Next Steps

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](#).