2017 Pediatric Obesity Mini-Collaborative Improvement & Innovation Network (Mini-CoIIN)

2017 Final Year-End Evaluation Report
January, 2018

University of Washington
Center for Public Health Nutrition

Donna B. Johnson, PhD, RD
Mary Podrabsky, MPH, RD
Tori Bradford, MPH, CHES

UNIVERSITY OF WASHINGTON
uwcphn
CENTER FOR PUBLIC HEALTH NUTRITION

Contents

2017 Pediatric Obesity Mini-CoIIN

Introduction and History

The Pediatric Obesity Mini-Collaborative Improvement and Innovation Network (CoIIN) was initiated in 2015 to bring together state-level practitioners who were interested in learning and working together to implement evidence-based, comprehensive approaches to prevent pediatric obesity among children ages 2-5. CoIINs have been established to address a variety of maternal and child health issues including infant mortality, home visiting to support at-risk parents, and school-based health. The Association of State Public Health Nutritionists (ASPHN) is the Administrative Lead for the Mini-CoIIN.

In the first year, the Pediatric Mini-CoIIN pilot was funded by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB). The Centers for Disease Control and Prevention (CDC), Division of Nutrition and Physical Activity (DNPAO) provided funding to support the second and third years of the Mini-CoIIN. In the first year, there were four teams- Arkansas, Louisiana, Ohio, and Wisconsin. They were joined by California, North Dakota, and Oregon in the second year, and Iowa, Oklahoma and Pennsylvania in the third year. In early 2017, ASPHN announced a collaboration with the Nemours National Office of Policy and Prevention which allowed for the Mini-CoIIN support of three additional state teams from Indiana, Kentucky and Missouri, however these states are not included in the evaluation activities.

Year three activities continued to focus on adopting policies and practices in early care and education (ECE) settings that support healthy weight behaviors – one of three priority strategies contained in the Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity Summary Report.[1] Specific areas of focus were adopted from CDC's Spectrum of Opportunities to Support ECE facilities to achieve recommended standards and best practices for obesity prevention.[2]

The purpose of this report is to summarize activities, impact, and lessons learned during the third year of the Mini-CoIIN, and to make recommendations for future state-level collaborative activities supporting the development and implementation of policies and practices related to nutrition and physical activity.

Evaluation

The evaluation for the Mini-CoIIN was conducted by the University of Washington, Center for Public Health Nutrition (UWCPHN). The evaluation incorporated principles from the Utilization-Focused Evaluation (UFE) approach, developed by Michael Quinn Patton,[3] whereby decision makers are involved in evaluation planning, and evaluation is planned and conducted in ways that are useful to decision makers in informing decisions and improving performance. Additionally, evaluation activities were designed to be low-burden for state team members, and evaluation team members offered state teams individual consultation as requested.

---

[1] Barlow S. Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report. *Pediatrics*. 2007; 120: S164-S192

[2] http://www.cdc.gov/obesity/strategies/childcareece.html

[3] Patton, M.Q. (2008). Utilization-focused evaluation, 4th edition. Thousand Oaks, CA: Sage.

Evaluation activities for the third year of the Pediatric Mini-CoIIN included interviews with state team leads, electronic webinar and training evaluations, evaluation of an in-person meeting, and document reviews. Key evaluation questions included:

Process Evaluation – How did the Mini-CoIIN function?

- *State Teams:* What are facilitators and barriers to working as a state team? How do state teams function?
- *Trainings:* With regard to both In-person meeting and webinars, what worked well? What formats and topics were most useful and met team member needs?
- *Overall Mini-CoIIN Process*: How did team members view the application process? What was the time and effort required by team members? Were opportunities for networking beneficial and sufficient? What were the perceived benefits and barriers to participating in the Mini-CoIIN and how could it be improved?

Outcome Evaluation – What did the Mini-CoIIN accomplish?

- *State Project Accomplishments*: What activities did states complete? Did states meet their goals? To what extent were state agencies, community organizations, child care centers, families and children age 2-5 reached through the projects? How did projects build on/leverage other state work? What are some key lessons learned from projects?

- *Collaboration and Networks:* What new or strengthened collaborations were made during the project period within and between states?

- *Training and Technical Assistance*: How did states participate in and value trainings? Did attendees meet the learning objectives of the trainings? What knowledge and skills were gained as a result of training and technical assistance provided through the Mini-CoIIN?

- *Quality Improvement Skill Development*: What quality improvement skills did team members develop as a result of participating in the Mini-CoIIN?

The focus of this current report is an overarching evaluation of year three of the Mini CoIIN. Detailed evaluation reports are also available for:

- CoIIN formative evaluation – November, 2014
- Baseline state team lead interviews – May, 2015
- Mid-term state team lead interviews – August, 2015
- Year-end state team lead interviews – December, 2015
- Community Partner interviews – April, 2016
- Baseline state team lead interviews – July, 2016
- Year-end state team lead interviews – November, 2016
- Final year-end project report – December, 2016
- Baseline state team lead interviews – May, 2017
- Mid-term state team lead interviews – August, 2017
- Year-end state team lead interviews – December, 2017

The Mini-CoIIN Process

2017 Application Process

The seven states that had participated in the Mini CoIIN in year two, were asked to submit a revised scope of work if they were interested in continuing their Mini-CoIIN. Applications from new states that wanted to participate in the Mini-CoIIN were submitted in February, 2017. New applicant states were asked to identify which of the CDC Spectrum of Opportunities they planned to address and to describe their proposed project and expected outcomes. Eight new states applied to participate. Applications were scored by Planning Committee members, using established content and scoring criteria. Three additional states out of the eight that applied were accepted into the Mini-CoIIN.

Evaluation Summary of the Application Process: The new applicants described the process as clear and low-burden, and existing states appreciated the minimal burden of simply submitting a revised scope of work. Applicants reported that the most useful components of the application packets were examples of what other teams were doing and the CDC Spectrum of Opportunities, team expectations and important dates, Information on PDSA cycles, driver diagrams, and links to resources and research. Some applicants felt that more information about state expectations and how to use driver diagrams and integrate policy, systems, and environmental work into the CoIIN would have been helpful.

State Teams

All state teams included a representative from the state health department (managers of MCH, chronic disease, WIC, or health promotion), a public health nutritionist, and a representative from the state childcare licensing agency. Most states went beyond these minimum requirements and added representatives from statewide nutrition coalitions or networks, the state Child Care Aware organization, Head Start agencies, the state Child and Adult Care Food Program (CACFP), and early childhood advisory councils.

Evaluation Summary of the State Teams: While many team members worked together previously, others were working together for the first time as a result of the Mini-CoIIN, and this built sustainable state capacity to address nutrition and physical activity in ECE settings. CoIIN funding was highly leveraged; although the leads reported that they and their team members spent several hours a month working on the CoIIN, none of the COIIN funds were used to pay for the time of state team members.

National Mini CoIIN Planning Committee

A national Planning Committee of experts in pediatrics, maternal and child health, evaluation, children with special care needs, state public health nutrition practice, quality improvement, and the CoIIN process continued to have regular calls and support the project. The Planning Committee roster for 2017 included 28 individuals. Between January 10 and November 7, 2017 17 different members participated in 12 Planning Committee calls. Eleven original 2017 roster members did not participate on any of the calls. Nine core Planning Committee members remained consistently engaged during all three years of the Mini-CoIIN. Figure 1 shows monthly attendance at Planning Committee meetings.

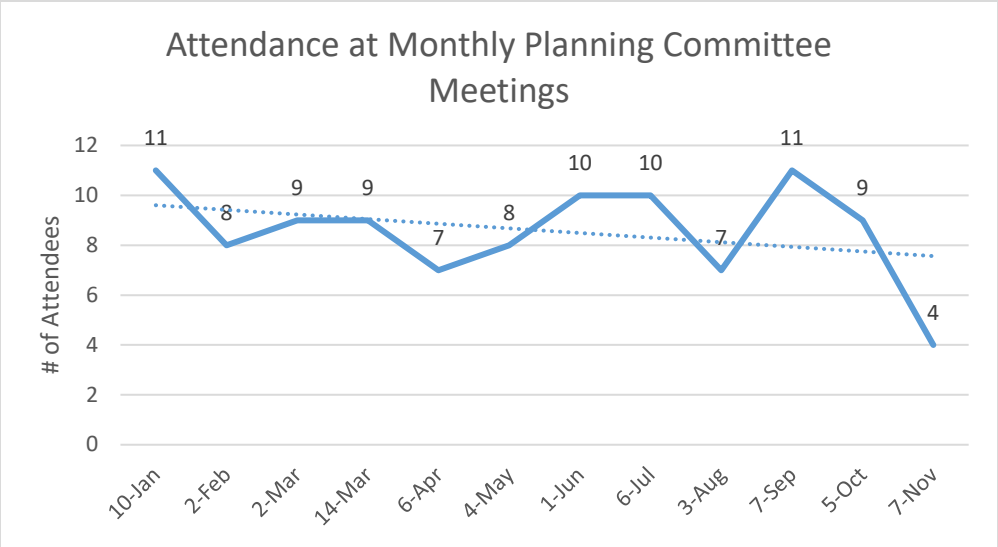

Figure 1. Planning committee meeting attendance over time in 2017

Evaluation Summary: Similar to last year, planning committee meeting participation rates varied, declining slightly over time (Fig 1). However, the first call of September had the highest participation of the year.

Use of Basecamp

Basecamp is the secure online sharing and communication platform adopted for use by Mini-CoIIN participants. Nine out of 10 states have individual sites, and additional sites are set up for sharing between projects and for the Planning Committee. States were again encouraged to use their sites to share project-related documents, and as a vehicle for intra-team discussions.

As with previous years, use of Basecamp varied by state. Documents uploaded by state teams to their own sites included policy documents; project-specific plans, materials and drafts; state team meeting minutes; and other project-related resources. The number of documents uploaded per state in 2017 varied from a low of 1 to a high of 43 (CA), as compared to a low of 15 to a high of 48 in 2016 and a range of 20-80 uploaded documents in the first year of the Mini-CoIIN. States new to the Mini-CoIIN averaged 3 document uploads while continuing states averaged 12, down from an average of 25 in 2016. Minutes from calls between the ASPHN Mini-CoIIN administrative lead and state teams to check-in on progress, issues, and need for support were uploaded to individual state Basecamp sites and are included in the document count above. Overall, the use of Basecamp for discussions between state team members and with ASPHN was low, and declined over the three years of the project.

The State Sharing Basecamp site also had lower activity than the previous year. Five new files were added in 2017 (2 by ASPHN and 3 by 2 different states), compared to 9 added in 2016.

Several states reported difficulty in using Basecamp due to restrictions by state agency.

Evaluation Summary for basecamp: Basecamp is a valuable technology for a resource-sharing platform for some states, but not for others. Use of Basecamp varies widely by state.

Webinars

Webinars were conducted each month, with the exception of June when a face-to-face meeting was held in Minneapolis, Minnesota. Content for the webinars was based on input from the Planning Committee, state leads, and webinar attendees. Table 1 shows webinar topics and the number of participants.

Table 1: Pediatric Mini-CoIIN Webinar Topics and Participants for 2017

Webinar Topic	*Number of Participants
Mini-CoIIN Administrative Topics	
Technical Assistance for Mini-CoIIN Member States	9
Preparation for Face to Face Meeting	25
Mini-CoIIN Orientation	39
Policy and Practice Topics	
Overview of Nemours National ECE Learning Collaboratives Project and Overview of PDSA	35
Screen Time Guidelines and Resources	29
Controversies in Early Care and Education Practices	19
Farm to ECE	30
Qualitative Evaluation	25
Consistent Messaging	28
Baby Behavior in Childcare Settings	22

*number does not include planning committee members or presenters

Webinar evaluations were conducted via electronic survey of all participants. Figures 2 and 3 present data about the process of conducting the webinars.

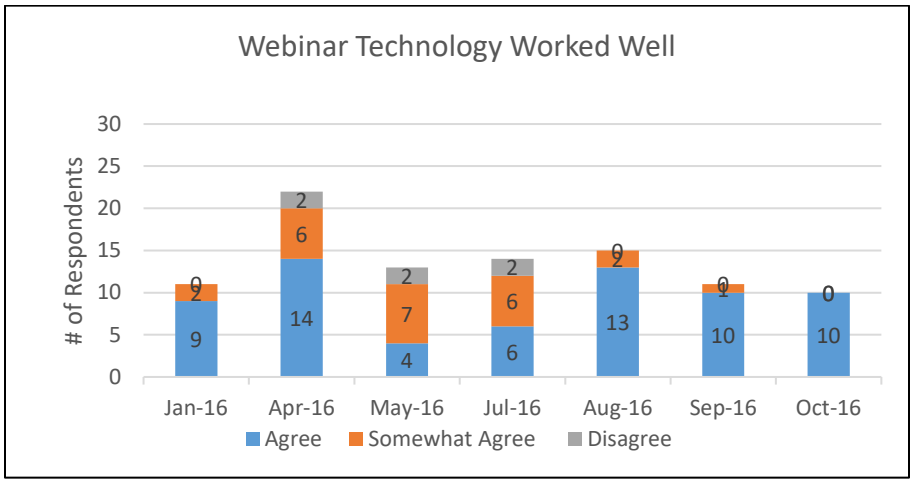

Figure 2. Numbers of webinar participants responding that they agree, somewhat agree or disagree that the webinar technology worked well.

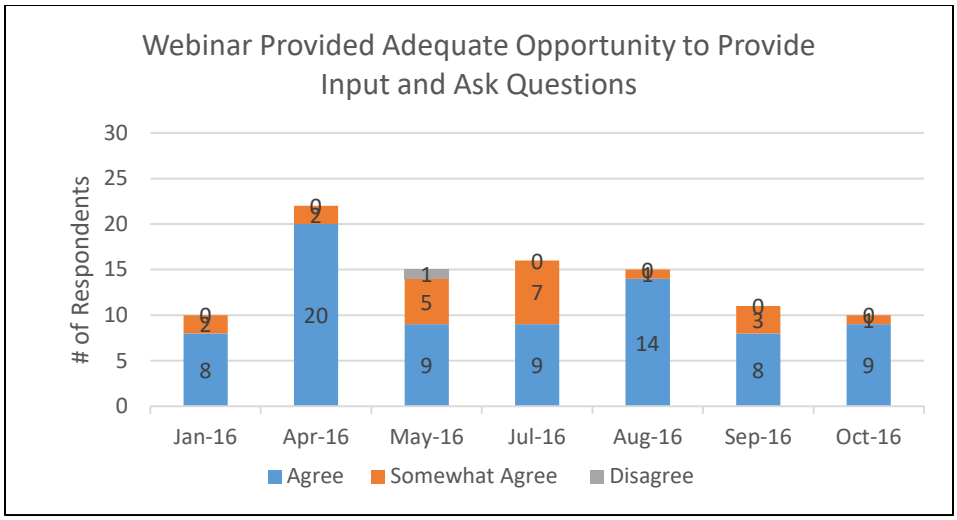

Figure 3. Numbers of webinar participants responding that the webinar provided adequate opportunities for input and questions.

Evaluation Summary for webinars Although there were some challenges in using the webinar technology and striking the right balance between providing information and providing opportunities for questions and discussions, for the most part the webinar process went well.

Face to Face Meeting

Fifty-six state team members participated in a face to face meeting June 13-14, 2017 in Minneapolis, Minnesota. It was difficult for some team members to leave their states and participate due to state rules about work-related travel, but each state was represented by at least one person in the room and others on the phone. Meeting learning objectives focused on strategies and best practices, PDSA, networking, evaluation, and next steps in the CoIIN process.

Evaluation Summary for Face to Face Meeting: In general participants reported that the meeting's objectives were met, the sessions were useful, and that the meeting was a good use of their time. Participants valued the opportunity to connect and network with other state teams, at the same time, they valued the opportunity to spend time working within their own state teams to apply what was being presented in many of the sessions.

Improvement in Skills and Knowledge

State leads reported that their team members gained skills and knowledge in topic areas that were the target of webinars and the face to face meeting in 2017. All states reported increases in knowledge about facility level interventions, family engagement, QRIS, CACFP, breastfeeding support in ECE settings, media use recommendations in ECE settings, and developmentally appropriate meals and snacks. State team members also gained skills in building and strengthening partnerships, program evaluation, and working with center directors and teachers.

State Activities

State Spectrum of Opportunities Focus Areas

Figure 4 shows the Spectrum of Opportunities addressed by states during 2017.

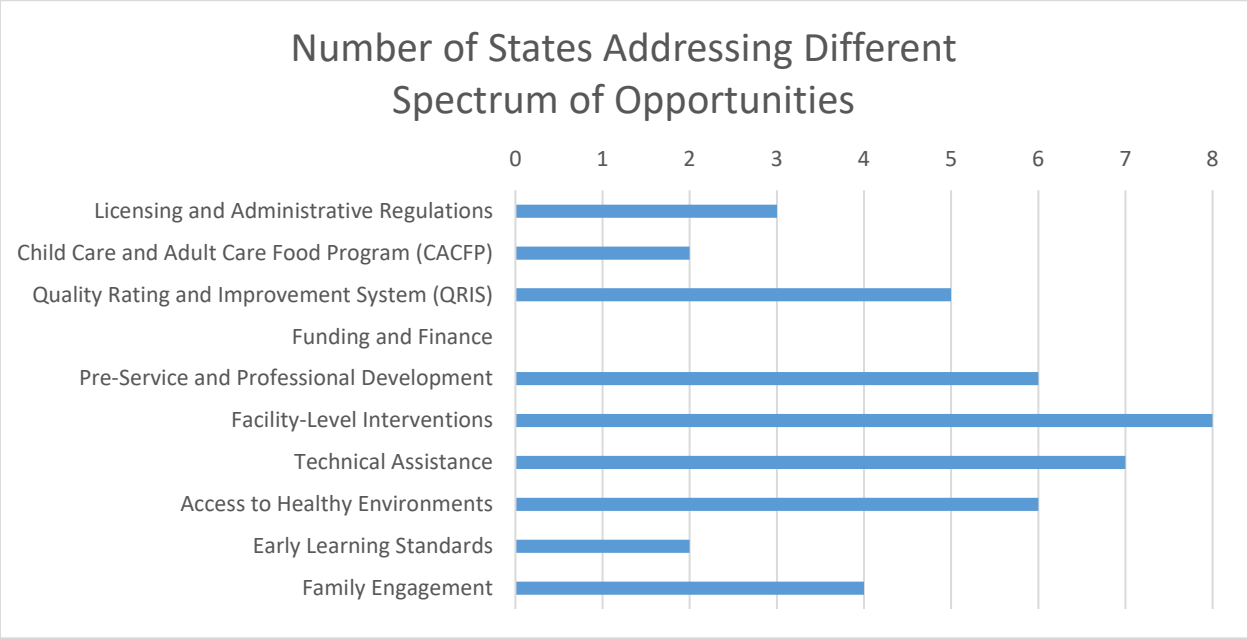

Figure 4: Number of states that addressed components of the CDC Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE)

State Focus and Goals

Appendix A presents the stated goals that each state developed for 2017 and the degree to which they achieved those goals. The general approaches for each state were:

Arkansas: Develop and disseminate curriculum kits and providing trainings that support the implementation of evidence and best-practice based nutrition and physical activity strategies in ECE settings.

California: Support implementation of child care licensing requirements by providing culturally relevant, updated web-based materials that support new state-wide training requirements for nutrition and physical activity.

Iowa: Gather input on Farm to ECE from pilot communities and develop website.

Louisiana: Paint playground stencils in ECE settings to encourage active outdoor play.

North Dakota: Offer trainings to support implementation of previously developed nutrition and physical activity curriculum.

Ohio: Draft recommendations for QRIS changes to integrate physical activity and nutrition standards.

Oklahoma: Train the trainer - develop nutrition and physical activity trainings for TA providers.

Oregon: Develop outreach strategies for increasing participation in CACFP in areas of the state that have low participation.

Pennsylvania: Provide support for child care health consultants to improve capacity to address nutrition and physical activity.

Wisconsin: Disseminate previously developed nutrition and physical activity-related modules and tool kits.

Evaluation Summary for State Activities: States addressed multiple areas across the 10 CDC Spectrum of Opportunities and made progress toward their goals.

Sustainability at the State Level

In the third year of the Mini-CoIIN it was important to assess the potential for sustainability of CoIIN-related ECE nutrition and physical activity efforts within each state. To assure ongoing sustainability of public health efforts*, CDC's Healthy Communities Sustainability Planning Guide* highlights the importance of buy-in and support from key stakeholders, sufficient leadership, funding, ongoing communication strategies, and monitoring procedures.

The Pediatric Mini-CoIIN was designed to be sustainable. State leads were required to get the support of state leaders and supervisors as a condition of applying. States were also required to put together a state team that reflected the many agencies that are responsible for nutrition and physical activity in

ECE settings within a state. In many cases, this was the first time that these agencies had worked together, and most of the state leads stated that they anticipated ongoing collaboration now that these relationships had been established. In many states, the modest Mini-CoIIN funding was leveraged to bring other resources to the work. Many of the states are fully or partially delivering their Mini-CoIIN products through the internet, so that the resources will be available after the Mini-CoIIN funding is complete.

Evaluation Summary for Sustainability: In many states the Mini-CoIIN efforts have left a legacy of enhanced buy-in and support from key stakeholders, acknowledgment of the importance of leadership from nutrition and physical activity professionals, and increased understandings about the need for ongoing communications and monitoring. Most states have identified ongoing projects and collaborations that will extend beyond the three-year Pediatric Mini-CoIIN funding period.

State Team Perspectives

There were many benefits to participation in the Pediatric Mini-CoIIN. State leads said that the Mini-CoIIN provided an opportunity to "dive-in", improve, and connect work happening in different agencies. All the states were able to build on related and/or existing projects, develop collaboration and team decision making skills, strengthen or build state team partnerships and networks, and learn from what other states are doing. Most states were able to apply for new funds based on their Mini-CoIIN work, leverage funds from other projects to do the Mini-CoIIN work, and develop quality improvement skills. The Mini-CoIIN experience offers a beneficial way to learn and work with others and to improve leadership skills, to learn each other's strengths, and use what each does well to an advantage. Mini-CoIIN leadership experiences have long term implications for building the skills and capacity of state employees so that they are more effective on other projects.

There were also barriers and concerns associated with participation in the Pediatric Mini-CoIIN. Some state team members found it difficult to commit time to the Mini-CoIIN when there was no funding to cover staff time. Working across state agencies presented challenges because of differences in training, expectations, and perspective. In some states, previous state-level collaborative CoIIN efforts were not well received by state health department leaders. There were project-specific delays in some states due to burdensome bureaucratic requirements.

Despite the challenges, most state teams made substantial progress toward meeting their goals in 2017. State leads said that teams are likely to be successful when there are diverse partners with different backgrounds and expertise who come together to focus on one shared goal, and when those partners are enthusiastic, and willing to provide input and share opinions**.** Teams seemed to function best when they were building on existing and/or related projects or initiatives. Unanticipated events required states to make on-going decisions and adjustments during the project period; many felt their teams helped navigate these changing times because they were committed to working together to make sure the end product was useful. The goal of the team leader then is to, "get partners to the table and respect them."

State leads learned to be thoughtful about how their teams were used in the quality improvement process. They warn not to grow the team just for the sake of growth because there is benefit to keeping the team small and focused. This makes it possible to produce things more quickly. Using a quality improvement lens offers an opportunity to accomplish things that might not otherwise happen through

existing programs and systems, because windows of opportunity can be acted upon more quickly. Leads appreciated that the Mini-CoIIN promoted taking baby steps, while weighing long-term goals with realistic expectations and existing resources.

Across the board, state leads learned that this work takes time. "Things always take longer than you expect." They found that it pays to be clear and realistic with potential team members about the time commitment needed and expected, and learned to make sure that partners felt like they are getting something out of their efforts.

Evaluation Summary for State Team Perspectives: Although there were challenges to implementing the Pediatric Mini-CoIIN at the state level, state teams and their leaders were able to find ways to work together and make progress.

Key Mini-CoIIN Outcomes

The Mini-CoIIN Built Partnerships and Collaboration.

- States developed new partnerships, with cross-sector teams coming together toward common goals. Of special note are the new partnerships established between health and human services agencies, nutrition programs, and state ECE, education and licensing agencies.
- The Mini-CoIIN established or re-invigorated relationships among state team members who were funded through a variety of mechanisms and working on ECE across different initiatives including those funded by MCHB, CDC (especially 1305), USDA, and the US Department of Education.
- State team leads and members felt that their purpose, roles and responsibilities were clear. State team members reported that state leads were effective leaders, and the leads in turn reported that team members were engaged and committed to the work.

The Mini-CoIIN Was a Catalyst and Facilitator for Improving Nutrition and Physical Activity Policies, Practices, and Environments in ECE Settings.

- Mini-CoIIN efforts supported, elevated, and/or enhanced ECE nutrition and physical activity work by:
    - Bringing ECE nutrition and physical activity into the spotlight-when they were not previously a state priority
    - Generation of new ideas and products by providing a "space" to try and learn and do things that might not have been possible in other arenas
    - Opening communication doors with non-health partners, like Departments of Education and child care licensing agencies.
    - Developing broad collaborative partnerships that include a wide range of ECE stakeholders

The Mini-CoIIN Supported Implementation of Nutrition and Physical Activity Policies, Practices and Strategies in Many ECE settings.

- Through the development of websites, toolkits, companion guides and other resources, teams supported centers in the adoption and implementation of policies and standards.
- State teams provided training to both trainers and to those implementing new practices at child care centers.
- State teams estimated that they reached an overall total of 22,038 child care settings, 122,850 families, and 470,612 children.

The Mini-CoIIN Had State-Wide Impact.

- The projects all have far-reaching, statewide impact potential.
- Mini-CoIIN initiatives targeted QRIS, state-wide training of child care providers, and CACFP participation.

Ideas for Future State Collaborative Initiatives

At the national level:

- Maintain a strong core Planning Committee that stays engaged to assure a broad range of perspectives and ideas. Assess motivators for ongoing participation in the Planning Committee and implement strategies for maintaining participation.
- Establish clear measurable programmatic objectives and understandings about how to determine the extent to which objectives are being met. Share data, activities, and outcomes with key state and national-level stakeholders
- Provide a searchable and easily accessed resource catalog that includes materials developed by states and /or through collaborative efforts, evaluation materials, and training materials.
- Continue to develop opportunities for states to network and collaborate and to share tools and resources. Consider establishing a list serve.
- Develop and implement a plan for recognizing Mini-CoIIN members, their efforts and their accomplishments.
- Support state teams with initial and ongoing communication with influential state stakeholders who make decisions about travel to meetings and grant-writing, to assure that state leadership is supportive of collaborative efforts across states.

Work with states to:

- Encourage continued integration of Mini-CoIIN activities with existing state level initiatives
- Encourage teams to think state-wide and to continually re-visit their purpose and objectives to maintain focus
- Encourage state teams to periodically reassess the composition of their team to assure that the right members are engaged to achieve goals
- Use webinars and meetings to continually build skills in the areas states identified as administratively important: sustainability planning, “managing up” to assure ongoing administrative support, and managing an interdisciplinary and interagency team to make the best use of everyone’s time.

Appendix A. State Goals for 2017

State	Goals	2017 Achievements
AR	1. Obtain greater access in the Delta region, the state's most impoverished area, through new and stronger partnerships. 2. Shift team's focus and solidify roles so they can be a cohesive group that is ready to jump on future projects as this project comes to a close. 3. Have useful evaluation up and running to get feedback and input from kit users; use dietetic interns to collect data	Increased provision of services in Delta; Stronger and expanded team resulted in changes to state QRIS.
CA	1. Complete the updates to the EMSA webpage with nutrition and physical activity resources. 2. Put evaluation survey on the webpage (survey monkey); translate into Spanish and Chinese. 3. Review feedback and compile further edits to make on the webpage or to resources. 4. Complete all planned translations and field tests of materials.	Web page is up; some materials still need translation.
IA	1. Gather input on Farm to ECE website from pilot communities and the statewide Farm to School coalition 2. Publish website (go live) and start promoting it as a product and resource	Input gathered from pilot communities; web site launch planned for March 2018.
LA	1. Paint stencils at TBD locations 2. Partner with Junior League of Baton Rouge to paint stencils at more locations 3. Train providers on how to use stencils after painting is done	Some stencils completed; Jr. League is just starting to plan for expanding project to more locations; training will follow.
ND	1. Put together applications for and identify at least five qualified trainers who are interested in being trained in offering the nutrition and physical activity curriculum. 2. Identify hosting agency for piloting these trainings – Likely will be Child Care Aware. 3. Purchase any resources that will go with the training – materials needed to carry out physical activity and nutrition activities.	Child Care Aware of ND will be the hosting agency; application for trainers has been developed and will be released in January 2018.
OH	1. Draft recommendations for QRIS changes to integrate physical activity and nutrition standards 2. Complete and summarize findings from focus groups with providers and QRIS monitors 3. Review summary from the focus groups 4. Determine next steps – consider going forward with recommendations though they have been told they are unlikely to change for a few years, or take these findings and do something else.	Goals 1 and 2 have already been accomplished; information will be shared when changes to QRIS go forward.

OK	1. Finish developing five topical trainings for TA providers 2. Pilot at least one training with a focus group – do a PDSA cycle to make changes or adaptations as they get input and see how it resonates.	Training developed; anticipate holding one focus group in 2018.
OR	1. Use data from gap analysis and rubric to select target areas for targeting CACFP outreach 2. Test outreach materials with a PDSA cycle or more with outreach specialist 3. Draft online web resource – finalize materials and plan 4. Identify messengers for outreach – licensing specialist, CCR&R or somewhere else – and what support they will need	Data agreement reached so gap analysis can go forward; draft outreach materials developed; on-line resource completed; potential messengers identified.
PA	1. Create a network or list of child care health consultants in preparation for the current system to change with PA Academy of Pediatrics funding going away.	Adjusting approaches due to changes in licensing, training, and funding realities.
WI	1. Get toolkits to regional CCR&R agencies and family resource centers across the state and ready for check-out and TA. 2. Get additional toolkits in libraries and library systems for check-out. 3. Purchase more kits with Race to the Top funds.	Kits will be disseminated in early 2018; Libraries may make their own copies of the kits; Race to the Top funds have been designated for kits in 2018.