

# Year 3 Pediatric Obesity Mini-Collaborative Improvement & Innovation Network (Mini-ColIN)

State Team Lead Interviews  
Midyear Report  
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## Summary

- State teams have made progress on their projects. Three are mostly on target or beyond, four are moving slower than anticipated for a variety of reasons, and three are having to slightly adjust their projects due to new circumstances.
- All ten state teams made progress toward achieving the Mini-CoIIN aim of embedding policies and practices that support healthy weight behaviors in ECE systems.
- States discussed a variety of different approaches to gathering information on project reach. In general, four that are doing center-level projects plan to collect information on the number of centers and children reached. Five that are providing TA or trainings plan on collecting information about the number of individual providers who receive TA or training. A few states are still unsure of how to best measure reach.
- State projects are addressing sustainability in a variety of ways, including partner and leadership buy-in, communication, integration with existing systems, and maximizing funding (buying web domains, purchasing materials etc) while it is available.
- States provided several examples of project successes to highlight in a Mini-CoIIN infographic.
- States provided numerous examples of the value the Mini-CoIIN brings to state teams and state work, including diverse and engaged partners, collaborative decision making, a structure and timeframe to move work forward, and opportunities to leverage related work and funds.
- Barriers have been minimal, are often project specific or result from having limited time and funds.
- Some states shared areas where they could use further technical assistance, training or resources from the Planning Committee; four states could not think of any needs at this time.

## I. Evaluation Focus

The goals of the midyear evaluation interviews for the third year of the Pediatric Obesity Mini-CoIIN were to assess the status of team projects; identify specific goals teams want to accomplish by the end of the year; discuss reach and sustainability; inform infographic development; learn more about the value the Mini-CoIIN brings to state teams; and learn about needed resources and challenges faced so far. The information gathered from this evaluation will help the Planning Committee provide necessary support to states and inform the final year-end interview. While many other early care and education (ECE) efforts are in place, the state work covered in this report is specific to the work done through participation in the Pediatric Obesity Mini-CoIIN.

## II. Methods

Telephone interviews were conducted with the ten state team leads July 24-August 3, 2017. The leads were provided with interview questions for review ahead of time to allow for input from their team members. All ten leads were interviewed, with co-leads joining the interviews for Ohio and Oregon. The duration of the interviews averaged 42 minutes and ranged from 27 minutes (LA) to 60 minutes (OH). The three new states that are supported with funding from Nemours (IN, MO, and KY) were not included in this evaluation activity.

## III. Findings

### State Projects Status

Leads were asked to describe their project progress and any major changes to their original plans. For the most part, states have made good progress on their projects. Adjustments and delays have occurred due to changing situations and sustainability considerations. Projects fell into four general categories:

#### 1. Project is on target

- *Iowa*, one of the new Mini-CoIIN states, is piloting Farm to ECE best-practices and on track to pilot test their web-based toolkit. Additional resources from a partner's related grant have allowed for the hiring of a consultant to help develop the website.
- *Wisconsin* is in year-three of their Mini-CoIIN project. They are continuing to develop and test toolkits of resources based on Active Early and Healthy Bites guidebooks and trainings and starting to focus on sustainability of their efforts by exploring partnerships with existing lending systems across the state.

#### 2. Project is on target, and expanding beyond original project goals

- *Louisiana*, also in year-three of their project, is on track with painting playground stencils. They also applied for and received a grant to conduct a more rigorous evaluation of their project. This evaluation was not included in their original plan.

#### 3. Project is progressing, but taking longer than expected

- In year two of their project, *California* had hoped to be farther along in revising and adding web-based training resources, focusing on nutrition. Progress has been made in developing materials focusing on menus, recipes, and snack ideas but the team wants to see the website before writing up additional edits or materials. Delays have been encountered because the website host agency is independent of the Mini-CoIIN team and although they feel they are making progress, website updates have been slower than anticipated.
- *Arkansas* is in year three of their project. They have progressed in their development and distribution of their curriculum kits, but distribution to a broader group of Child Care Aware centers is slower than hoped as they continue to work to understand the reorganized structure of Child Care Aware in Arkansas.
- *North Dakota* is also in year two of their project. They had hoped to have their train-the-trainer curriculum finished by the end of the Mini-CoIIN funding cycle, but decided that much more planning was required to assure that the project was sustainable after being implemented.
- The gap analysis conducted in *Oregon* took longer than anticipated to complete, however their team is currently using the analyzed data and deciding on target geographic areas for their efforts to increase CACFP enrollment. Oregon is also in year two of their project.

#### **4. Modifications needed from original project plan**

- *Ohio*, in year three of their project, was focusing on developing recommendations to add obesity prevention standards to their QRIS system. After a thorough review of their QRIS system by those in charge of revising and monitoring it, a decision was made to leave the system as is for now. The Ohio team is considering shifting gears to develop training and technical assistance resources for providers that address licensing recommendations which are already in place.
- *Oklahoma* is in year one of their project and originally planned to create and test a technical assistance and training module for online use. They have moved away from creating a web-based training and are now planning for trainings to be conducted live. They have received state continuing education hours approval for not only the in-person trainings, but also for the technical assistance follow-up, which includes goal setting and implementation.
- *Pennsylvania* is new to the Mini-CoIIN this year. They are re-thinking their approach of developing and promoting an updated Child Care Health Consultant toolkit because the original team of health consultants, provided through their local chapter of the Academy of Pediatrics, may be losing funding. They are looking at an alternative approach of working through their licensing agency. They also realized that they needed to put more time into updating current toolkit materials.

### **Meeting the Mini-CoIIN Aim for Policies and Practices**

The Mini-CoIIN aims to embed policies and practices that support healthy weight behaviors in ECE systems by December 2017. States were asked to describe how they are addressing this Aim so far, and what is planned between now and the end of the project period. All states are working towards the Mini-CoIIN aim of embedding policies and practices that support healthy weight behaviors in ECE systems by December 2017 by either developing content of training or materials that focus on policy

and practice change, using existing ECE systems to embed programming, TA, training or materials, or having team members involved with informing or supporting state level ECE systems policies such as QRIS or licensing. Some states fall into more than one of these categories.

**1. The content of the TA, training, or materials focuses on policy and practice change to support healthy weight behaviors.**

- *California* – providing information about model ECE nutrition policies and best practices for nutrition in materials provided on website for required training for new providers
- *North Dakota* – promoting adoption of policies and best practices through a train-the-trainer curriculum
- *Oklahoma* – providing tools and training to providers to support best practices that support healthy weight behaviors in ECE
- *Wisconsin* – promoting the systematic adoption of policies and practices to support healthy weight behaviors through the development and distribution of tested technical assistance tools and training.

**2. The project is using existing ECE systems to embed programming, TA, training, or materials.**

- *Arkansas* – embedding best practices for nutrition and physical activity strategies into the Child Care Aware System
- *Oregon* – facilitating enrollment of centers into CACFP to increase state-wide adoption of practices and policies that support healthy weight behaviors

**3. The team is or has been involved with informing/supporting state level ECE system policies such as QRIS or licensing.**

- *Ohio* – embedded 5 rules that support healthy weight behaviors into revised state licensing requirements
- *Iowa* – providing feedback on including nutrition and physical activity best-practices in QRIS revisions, including information about NAP SACC and farm to ECE
- *Louisiana* – provided tools to centers to help them implement state screen-time regulations
- *Pennsylvania* – using 1035 NAP SACC project, which supports center level policy and practice change, to promote adoption of policies that support healthy weight behaviors at the state level

## Potential Reach of Projects

To help describe the impact of the Mini-COIN and quantify its reach to key stakeholders and potential future funders, the Planning Committee is interested in collecting information about the number of centers, families, partners and children reached through the projects. Evaluators have been working with states to help them identify ways to measure their project reach, and state leads were asked about their plans to determine reach during this interview.

For states working on center-based initiatives, plans include tracking the distribution of kits, stencils, and other materials at centers and attempting to estimate the number of children who are exposed to these activities in centers. For non-center-based initiatives, such as those focused on training of trainers or

providers, plans are to track the number of trainers or providers who access materials through websites, live trainings or other means and to attempt to estimate the number of children impacted by trainings. Only one state described a method to capture the number of partners reached, but this could potentially be expanded to other states with some technical assistance. Some of the states are thinking about approaches to measure reach, but are not sure yet how they will proceed. Table 1 summarizes state plans for capturing reach of their projects.

Table 1: Summary of State Plans for Capturing Project Reach

State	# children	# centers	# providers	# partners	Method
AR	X	X			Survey
CA			X <sup>1</sup>		Survey and/or training records
IA			X <sup>2</sup>		Not specified
LA	X	X	X	X	Survey
ND <sup>3</sup>					
OH	X				Existing OCCRRA data <sup>4</sup>
OK <sup>5</sup>					
OR		X	X		From outreach specialist
PA	X <sup>6</sup>	X <sup>6</sup>	X <sup>7</sup>		Webinar tracking Online PA NAPSACC data
WI	X	X	X		Distribution data CCR&R data

<sup>1</sup> would only capture new providers

<sup>2</sup> captures pilot participants only for this year

<sup>3</sup> none this project cycle, though did discuss potential methods as project continues

<sup>4</sup> Ohio Child Care Resource & Referral Association: would provide number of all children in publicly-funded child care that would be impacted by potential changes to QRIS system

<sup>5</sup> not sure yet of approach

<sup>6</sup> centers and kids enrolled through PA NAPSACC online system

<sup>7</sup> consultants accessing toolkit via webinar

## Project Goals

State team leads were asked to provide a few specific goals for their projects that they wish to accomplish by the end of 2017. We have plans to follow-up with each state about these specific goals during the final interviews in November. The final Mini-CoIIN report will include information about each states' ability to reach their goals. A list of each state's specific goals can be found in Appendix A.

## Sustainability of Projects

The Mini-CoIIN evaluation team identified core elements of sustainability from *CDC's Healthy Communities Sustainability Planning Guide*, to use as indicators of sustainability of state projects. State leads were asked to describe how their team is addressing each of the elements, and what additional steps they could take toward assuring sustainability of their efforts. Key elements are:

- Buy-in and support from key decision makers and the community
- Sufficient leadership, funding, and channels of communication
- Procedures in place to monitor results and to modify strategies as needed

Although state leads did not specifically address each of these elements, they each addressed one or more of them as they described their current efforts and plans for sustainability of their projects.

*Arkansas:* The team lead indicated that although reports about the toolkits are positive, they need to find out more about the level of buy-in from key decision makers, like the regional supervisors, as the project scales up. Future plans to monitor results and modify strategies may be built into a standard rotation with dietetic interns, but the team lead's future funding, and thus ability to see this plan through, is uncertain with the ending of 1305. As the project becomes more integrated into Child Care Aware, and the state team has less control of the toolkit's dissemination or use, their continued involvement and role is unknown.

*California:* The lead indicated that since the materials are located on the web, it is sustainable and will be up to date for a couple of years. Future updating will depend on the host-agency and their ability to, and interest in maintaining the site.

*Iowa:* The fact that their website domain is purchased and therefore secure for 10 years contributes to the sustainability of their project. It is a free-standing website, and owned by an organization with an ECE focus and buy-in, currently funded through a Kellogg grant. Therefore, the site is not vulnerable to changes in Public Health funding and/or priorities.

*Louisiana:* Partners involved in the project, such as Pennington and the Coalition, are stable and committed to its ongoing success. Grants continue to be written to support ECE work, and the Health Department brings key decision makers to the group. Pennington is making sure that a rigorous evaluation will help assure future funding and other support.

*North Dakota:* Buy-in is strong from key decision makers at the state level, and once trainings are underway, community level support is anticipated. Leadership, funding and communication plans are being established now with Child Care Aware. Funding is uncertain, but they are reaching out to MCH Title V partners. Their biggest focus right now is involving more partners to help assure the quality and sustainability of the project.

*Ohio:* Ohio has a strong state team which represents key partners who are interested and supportive of the project. Focus groups have helped them gain strong community buy-in. Leadership for the project has changed over time. While the lead feels that support from leadership within the agency could be stronger, the team itself is strong. The team regularly communicates via email, meetings, calls and webinars. Overall, the team is conscientious in making sure that their efforts are useful and impactful. Resources are sufficient for now and team members are pitching in as much as possible, but the uncertainty of future funding and ability of team member continued involvement at this level is unknown.

*Oklahoma:* Oklahoma is being very mindful of sustainability as they create their trainings and TA protocols by working to embed these with resource and referral groups and the TA request system that is already available. They have also gained support and buy-in from the training agency and licensing

department. While the core team communicates well and regularly, they are still trying to figure out a more targeted approach for key decision makers, including their licensing agency.

*Oregon:* The gap analysis and data piece was a big lift for their team, and now that that has happened, the state team feels like they have established sound relationships that will continue on in the future. They are looking forward to continue a data driven approach for both the Dept of Education and Dept of Health and feel like they have buy-in from their director. Communication has been good but it is unclear what it will look like in the future related to this specific project.

*Pennsylvania:* In Pennsylvania, they benefit from having buy-in from a long-standing state work group with key decision makers supporting healthy children. State team members are working to get more community buy-in. They are also working to build relationships with their Office of Child Development and Early Learning. Furthermore, their 1305 NAP SACC work has provided them with pre and post data that can help them apply for further funding. There is less clarity about evaluating their work with child care health consultants.

*Wisconsin:* The Wisconsin state team feels they have benefited from having buy-in from key partners and related project funding that they have been able to apply to their kits. They have used google forms to create surveys and collect feedback from providers to modify and improve the kits, which helps with community buy-in and implementation. The team is looking to expand distribution of the kits through lending library systems and will post all materials on the web to increase access.

## **Infographics Planning**

To disseminate Mini-CoIIN information to a diverse range of federal and state-level stakeholders, and support ongoing support of the efforts, we are developing infographics to highlight both the process and successes of the Mini-CoIIN. One infographic will specifically target a federal-level audience, while the others will be tailored to states – showcasing their successes and providing a “take away” message for readers. States were asked to identify key audience(s) for the infographics and key successes and message(s) they want to highlight. State leads were introduced to this idea at the in-person meeting, and they expressed enthusiasm for the usefulness of an infographic.

A variety of target audiences, including state-agency leadership, leadership of Mini-CoIIN partner organizations, state legislators, and child care providers were identified by the leads. Leads also provided examples of successes and thoughts about key messages to include. Additional follow-up will take place to help states identify and articulate the key components for their infographic. Appendix B contains information from the interviews about the audiences, successes, and key messages that states have identified so far. Infographics are targeted for completion by the end of the project period.

## **State Level Mini-CoIIN Process and Function**

### **Value of the Mini-CoIIN to State Teams**

Leads were asked for specific examples and stories about the value the Mini-CoIIN adds to state level work and how the state teams function and benefit from participating in the Mini-CoIIN. While some state leads felt that the greatest benefits were at the state team level, all acknowledged the additional

benefits from connecting with other states doing related work in ECE settings. Specifically, they highlighted:

- Learning what other states are doing, how they approach challenges and find solutions, and what they have found to be successful for various challenges.
- Being able to build their network and learning who to reach out to for resources or more information on specific topics.
- Attending the Face-to-face meeting annually, and experiencing valuable opportunities for networking, resource-sharing and relationship-building.

### Team characteristics that contribute to success

Leads shared examples of how their team has come together to address challenges and discussed characteristics that make their team successful. While not often explicitly stated, many of these discussions relate to the Mini-ColIN's emphasis on quality improvement and small rapid PDSA cycles to move projects along. The following themes about state teams emerged:

#### **Having diverse partners with one shared goal at the table contributes to project success.**

- In *Iowa*, the Mini-ColIN brought together individuals from different levels in the state: state public health, non-profits, and small local county public health. These individuals brought different perspectives, from those working on the ground with providers to those very experienced with farm to ECE.
- *North Dakota* recognizes that their core team is small, but they are all well connected and can identify and reach out to other critical partners when needed.
- The *Oregon* team is also few in number, but it has key and unique expertise, such as information technology and marketing skills.

#### **Partners are enthusiastic, provide input and share opinions; several state teams are engaging with new partners or agencies that have previously been difficult to bring on board.**

- This year the *Oklahoma* Mini-ColIN worked with their licensing agency to assure that child care professionals receive formal educational credits when they participate in Mini-ColIN training and technical assistance. Specifically, the team made a strong case to the licensing agency about the importance of TA, goal planning, and practice change in adult learning, and were successful in getting the approval for providers to get education credits for this change process - which had not occurred before in OK.
- The *Oregon* Mini-ColIN has been successful in getting a data sharing process and agreement up and running with a new partner. This was a large lift that took many months, but monthly team meetings kept the process moving forward.
- The *Ohio* team has been successful in gathering timely and useful input from two state agencies that have previously been difficult to get to the table. Rotating meeting locations between the agencies helped create buy-in and ownership.

**Changing situations have required states to make on-going decisions and adjustments during the project period; many felt their teams helped navigate these changing times and worked well together to make sure the end product is useful.**

- *Iowa's* team is adjusting some of their Mini-CoIIN planned activities, as more funding has become available through a new mechanism. While this has required a lot of on-going decision making as a team, they have been able to come to consensus about how to allocate these funds.
- *California's* original plan was to translate several materials into Spanish and Chinese, but the team realized it would be more feasible to translate only materials owned by a Mini-CoIIN team member. With the team members' help, they identified a variety of materials that they could successfully translate during the project period.
- Last year, *Ohio's* project to provide targeted assistance for hard to reach providers was not going the way they had anticipated. The team came together and came up with several new ideas - deciding to change their project focus. Similarly, *Wisconsin* identified a new course of action when their original texting program for parents did not work out as planned.
- *Pennsylvania* has recently found out that the current system of Child Care Health Consultants, which played a large part in their project plans this year, may lose funding. The team is gathering information about the situation and being mindful of realistic future possibilities as they move forward.

**Building on existing and/or related projects is helpful.**

- *California* team members were working on projects that they could support with the Mini-CoIIN and vice versa. The overlap in topics helped them access and find materials to translate.
- There have been position or job changes for some of the *Arkansas* team members; when their job no longer aligns with the goals of the Mini-CoIIN project, it has been difficult to remain engaged.

**Team accomplishments because of the Mini-CoIIN**

Participating in the Mini-CoIIN has helped teams accomplish things that otherwise were not likely to happen.

**Projects helped teams get the right partners involved at the right time.**

- When *Ohio* passed state licensing requirements that included physical activity and nutrition best-practices, having a Mini-CoIIN project and team helped to get the right people involved at the right time to make this happen. It would likely have not happened without the Mini-CoIIN bringing them together.
- The *Oklahoma* team worked with their state licensing agency for education hours approval; this happened much faster than previous efforts because the Mini-CoIIN provided the impetus and connections.
- *Pennsylvania* has recently included a Child Care Health Consultant on their team to help them figure out next steps as the current funding for Child Care Health Consultants is now unclear.

**Project specific activities would not have happened without the targeted effort of the Mini-CoIIN, which gave teams a structure, concrete timeline, and flexibility to try things out and make things happen.** As a result of the Mini-CoIIN:

- *California* was able to work with EMSA to update their webpage and resources, and translate key materials.

- *Louisiana* developed and implemented their stencil project - an idea they got from California during one of the Mini-CoIIN meetings.
- *Oregon* was able to pull critical data and set up a data sharing agreement through new partnerships.
- *North Dakota* developed and completed companion guides due in large part to the support and concrete and external deadlines of the Mini-CoIIN.
- *Wisconsin* created toolkits for their providers, due to the extra funding and focus on quality improvement through the Mini-CoIIN.

**States have received, or are applying for, additional funding as a result of their Mini-CoIIN work.**

- When *Iowa's* health department funding dropped, their Director may not have reallocated funds to ECE and obesity work without the existing partnership and project the Mini-CoIIN team was involved in.
- *Arkansas* is looking to apply for Nemours funding as a result of working on this project.
- In *Oklahoma*, their team is growing as more agencies are joining their effort and bringing resources with them.
- Several talked about how their time spent on the Mini-CoIIN is not funded, but that it overlaps with related and similar efforts in their jobs.

## Barriers and Concerns

Most state team leads did not have concerns about participating in the Mini-CoIIN at this time. The states each expressed various barriers they previously or currently experience, but they generally feel that these barriers were not major, and are part of the realities of doing this type of work.

- Several states have experienced project specific barriers such as needing to learn exactly how to use CACFP data (OR), having to complete the process to get approval for continuing education credits for child care trainings (OK), difficulty transporting large stencils (LA), having uncertainties about child care health consultant funding moving forward (PA), or not having enough funding to provide resources for every provider in the state (WI).
- State also discussed barriers about committing time to this project which has limited funds, when they all have many competing priorities (OH, OR, WI, CA). States described keeping the momentum going as challenging at times, even with enthusiastic partners.
- Some states experienced barriers regarding working with their teams, such as trying to get on the same page about next steps (IA), having team members change jobs or some team members having difficulty letting go of the project as it expands to new regions in the state (AR).
- A few teams mentioned that they weren't sure sometimes if they were meeting the requirements and expectations of the project (PA, ND) and that while they see this as a long-term sustainable thing, they might not meet some immediate annual objectives.

## Additional Training or Technical Assistance

States suggested the following as areas for training or technical assistance.

- Some kind of facilitation to help the states continue to connect with each other (AR)
- How to get buy-in from management, especially for partner organizations (CA)

- Example training modules or information on nutrition/physical activity/reduced screen time to help when writing workshop modules (OK)
- Help with sustainability planning (OK)
- Having the posted webinars on ASPHN's website be searchable by topic or spectrum of opportunity area so that they can easily be accessed when that issue comes up (OR)
- Taking evaluation to the next level – are we getting the outcomes that are desired, how do we improve and measure reach, what systems can we get in place (WI)
- None at this time (IA, LA, OH, PA)
- Wants to follow up with their team about this (ND)

## IV. APPENDIX A - Project Goals for December 2017

State	Goals	Notes
AR	<ol style="list-style-type: none"> <li>1. Obtain greater access in the Delta region, the state's most impoverished area, through new and stronger partnerships.</li> <li>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.</li> <li>3. Have useful evaluation up and running to get feedback and input from kit users; use dietetic interns to collect data</li> </ol>	Does not plan to have results from the evaluation by Dec.
CA	<ol style="list-style-type: none"> <li>1. Complete the updates to the EMSA webpage with nutrition and physical activity resources.</li> <li>2. Put evaluation survey on the webpage (survey monkey); translate into Spanish and Chinese.</li> <li>3. Review feedback and compile further edits to make on the webpage or to resources.</li> <li>4. Complete all planned translations and field tests of materials.</li> </ol>	
IA	<ol style="list-style-type: none"> <li>1. Gather input on Farm to ECE website from pilot communities and the statewide Farm to School coalition</li> <li>2. Publish website (go live) and start promoting it as a product and resource</li> </ol>	
LA	<ol style="list-style-type: none"> <li>1. Paint stencils at TBD locations</li> <li>2. Partner with Junior League of Baton Rouge to paint stencils at more locations</li> <li>3. Train providers on how to use stencils after painting is done</li> </ol>	Unsure how many locations/providers they will actually work with
ND	<ol style="list-style-type: none"> <li>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.</li> <li>2. Identify hosting agency for piloting these trainings – Likely will be Child Care Aware.</li> <li>3. Purchase any resources that will go with the training – materials needed to carry out physical activity and nutrition activities.</li> </ol>	
OH	<ol style="list-style-type: none"> <li>1. Draft recommendations for QRIS changes to integrate physical activity and nutrition standards</li> <li>2. Complete and summarize findings from focus groups with providers and QRIS monitors</li> <li>3. Review summary from the focus groups</li> <li>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.</li> </ol>	Goals 1 and 2 have already been accomplished.
OK	<ol style="list-style-type: none"> <li>1. Finish developing five topical trainings for TA providers</li> <li>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.</li> </ol>	Will likely be able to pilot more than one training

OR	<ol style="list-style-type: none"> <li>1. Use data from gap analysis and rubric to select target areas for targeting CACFP outreach</li> <li>2. Test outreach materials with a PDSA cycle or more with outreach specialist</li> <li>3. Draft online web resource – finalize materials and plan</li> <li>4. Identify messengers for outreach – licensing specialist, CCR&amp;R or somewhere else – and what support they will need</li> </ol>	
PA	<ol style="list-style-type: none"> <li>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.</li> </ol>	<p>Are having to adjust their project due to new funding realities</p>
WI	<ol style="list-style-type: none"> <li>1. Get toolkits to regional CCR&amp;R agencies and family resource centers across the state and ready for check-out and TA.</li> <li>2. Get additional toolkits in libraries and library systems for check-out.</li> <li>3. Purchase more kits with Race to the Top funds.</li> </ol>	

## V. Appendix B – State Infographic Details

State	Audience	Successes/Items for the infographic	Take-home Message
AR	Child care center directors and staff though there is still some discussion about targeting decision makers.	<ul style="list-style-type: none"> <li>• With little funding, a diverse team came together with the same goal and created a strong successful partnership.</li> <li>• The team made policy change recommendations for statewide groups.</li> <li>• National connections from the Mini-CollN have shared resources and led to new opportunities in AR (i.e. getting PA Better Kid Care trainings approved for AR, applying to the Nemours expansion)</li> </ul>	<p>Lessons learned from the project:</p> <p>Meaningful evaluation and getting input from various perspectives is key.</p> <p>Flexible planning is key.</p> <p>‘Policy’ can mean different things to different people.</p>
CA	Trainers and new child care providers	<ul style="list-style-type: none"> <li>• New state law (AB 290, effective Jan 1, 2016) requires new licensed child care providers to complete an hour of training on the importance of childhood nutrition.</li> <li>• [EMSA web address] with brief summary of materials that are available on the web page. <i>(Would need to get this detail from team).</i></li> <li>• The project provided team members with new relationships that have strengthened the EMSA childhood nutrition curriculum.</li> </ul>	<p>A recent survey done by the California Child Care Regulatory Workgroup showed that child care providers were very interested in learning more about childhood nutrition. The extensive vetting of resource documents done by the members of the Mini CollN provides a carefully curated clearinghouse of nutrition and physical activity resources for child care providers, parents, training instructors and curriculum developers.</p>
IA*	Policy makers and partners	<ul style="list-style-type: none"> <li>• A statewide Farm to Early Care and Education coalition strengthens partnerships in Iowa.</li> <li>• The project is working to increase the number of providers that are doing Farm to ECE activities by providing training and implementation support.</li> <li>• [The website address] is a toolkit with resources for programs to engage in Farm to ECE activities.</li> </ul>	<p>There is a need to leverage funds and expand this pilot to continue supporting this important work in Iowa.</p> <p>Note: The state eliminated funds for childhood obesity last year – her directors reallocated funds for the department and brought some funding back to keep things moving. There is a need to identify this as a high need area and show the impact this work has in a broad way.</p>

State	Audience	Successes/Items for the infographic	Take-home Message
LA	State leadership and partners; potential funders	<ul style="list-style-type: none"> <li>New partnerships were formed in 2017 to use stencils to create environments that support physical activity in child care settings. <i>(Would like to add something else here once they have been painted and evaluated)</i></li> <li>Toolkits were created to support childcare providers in state screen time regulations [<a href="#">link to resource</a>].</li> </ul>	This project impacted centers, staff, and children.
ND	Leadership and partners	<ul style="list-style-type: none"> <li>The North Dakota team developed Nutrition and Physical Activity Companion Guides to Early Learning Guidelines. <ul style="list-style-type: none"> <li>“A Best Practice Guide to Active Play for Early Childhood” offers practical ways to encourage children, ages 2 to 5 years old, to engage in more physical activities. The guide is available at <a href="http://ndchildcare.org/providers/physical.html">http://ndchildcare.org/providers/physical.html</a>.</li> <li>“A Best Practice Guide to Healthy Eating for Early Childhood” offers practical ways to promote healthy foods and eating experiences. The guide is available at <a href="http://ndchildcare.org/providers/nutrition.html">http://ndchildcare.org/providers/nutrition.html</a>.</li> </ul> </li> <li>Being involved in the Mini-COIN has branched into other projects that maybe would not have happened.</li> </ul> <p>Want to include partner logos</p>	Overall message: Outline what providers should be doing (state requirements and best-practice recommendations) and here is how the state team is supporting them to reach that.

State	Audience	Successes/Items for the infographic	Take-home Message
OH	Agency leadership, focus group participants, partners, state legislature	<ul style="list-style-type: none"> <li>• Five nutrition and physical activity recommendations were put into law. (<i>Would need to follow-up to get specific information</i>).</li> <li>• This project has led to strengthened partnerships for future efforts. A diversity of key stakeholders and partners have been involved.</li> <li>• Have collected information from stakeholders and providers about health standards to eventually improve the QRIS process in Ohio.</li> <li>• Established connections across the country and now know who they can reach out to with questions or for specific resources.</li> </ul>	A lot of policy can be accomplished with little money, good partners and resource guidance.
OK*	State agencies, state legislatures	<ul style="list-style-type: none"> <li>• The project is creating connections and synergies within state agencies that have not previously existed. It creates a win-win across agencies and helps them work together in different and satisfying ways.</li> <li>• Received approval for formal continuing education hours for providers; not only the training but also the technical assistance that includes assessment, action planning, and making changes. This is something new the agency is able to offer to providers.</li> </ul>	<p>Highlight how these connections help leverage the limited funds available and continue providing services with a lower budget.</p> <p>Partnerships also contributed to sharing knowledge and expertise with other agency staff.</p> <p>The capacity, knowledge, and skills gained by team members makes this an efficient use of staff time and resources.</p>
OR	Not sure	<ul style="list-style-type: none"> <li>• Created a successful and new partnership for data sharing between specific agencies.</li> <li>• Used data to identify high need areas in order to provide targeted outreach to increase CACFP participation. Now know more about who is using CACFP and their characteristics which can inform future projects and decisions. (<i>Could include a few quick facts from the data about this group</i>).</li> <li>• Developed outreach materials</li> </ul>	<p>Building and sustaining these types of partnerships are key – allows them to align messages, share data and work towards systemic change.</p> <p>Providing opportunities for agencies to create partnerships like these are worthwhile and provide value – a focused well defined project can be successful in strengthening these cross sector partnerships.</p>

State	Audience	Successes/Items for the infographic	Take-home Message
PA*	Key stakeholders and decision makers	<p><i>This state is new to the COIIN and are having to re-think the approach of their project due to potentially losing funding for their existing network of child care health consultants. It was difficult to identify successes at this time.</i></p> <ul style="list-style-type: none"> <li>PA NAP SACC (<i>something they do through 1305 and have lots of data on</i>) leads to policy and practice change at the provider level.</li> </ul>	<p>Policy change is occurring – if questioning opening up the regulations, it is possible to increase the impact of the regulations. There are programs (like PA NAP SACC) that can align state needs with federal recommendations and best-practices.</p> <p><i>Note: Already have infographic about their PA NAP SACC project</i></p>
WI	Child care providers and families	<ul style="list-style-type: none"> <li>Toolkits to improve the nutrition and physical activity practices in child care have been modified based on actual feedback from child care providers and are available in multiple locations across the state. <ul style="list-style-type: none"> <li>Provider and kid tested</li> </ul> </li> <li>So far, the kits have reached 47 programs and 1794 children.</li> </ul> <p>Include quote from provider about how the toolkits helped them increase their practices, the children have enjoyed being more active and are eating better.</p>	<p>Child care providers in WI are more equipped with the tools to help them incorporate PA and nutrition</p> <p>Child care providers are better supported in earning the Young Star Points in PA, which can increase reimbursement.</p> <p>Need to leverage funding to make this available state wide.</p> <p>Young children will be healthier as a result of this project.</p>

\*First Year in the Mini-COIIN

## VI. Appendix C - Interview Guide

### Mini ColIN State Lead Interview #2 (July 2017)

During this interview we will be discussing project goals and potential reach, audience for and successes to highlight in an infographic, and how your team has been working together. You are encouraged to share these questions and gather input from your team members if possible before the interview. While these are guiding questions to help you prepare your thoughts, we envision these interviews being more of a conversation. Please let us know if you have questions about this process.

#### Interview Questions:

##### *Project Goals and Potential Reach*

1. Last time we talked about your project plans to [insert project description]. How is your project coming along? Have there been any major changes to your plans?
2. What are some things you wish to accomplish by the end of the year? Please provide a few specific goals related to your project.
3. We are interested in collecting information about project reach at the next interview in November. What are ways you could best describe your project's reach? How are you planning to collect information on reach?
  - Examples of reach: # of child care centers, families, or children reached through your project; # of providers trained; # of kits or materials distributed; # of partners involved...
4. Some of the core elements that help assure that the kind of work being done through the Mini-ColIN is sustainable include: *(these are taken from CDC's Healthy Communities Sustainability Planning Guide)*
  - Buy-in and support from key decision makers and the community
  - Sufficient leadership, funding, and channels of communication
  - Procedures in place to monitor results and to modify strategies as needed
  - How would you describe your team's ability and current success in addressing these core elements of sustainability? What kinds of things come to mind as additional steps you can take toward addressing these core elements?

##### *Infographic*

The planning committee is working to develop a two-page infographic for each state to highlight your successes.

5. What audience do you want to target for your state infographic?
6. What key success from your state team do you want to highlight in an infographic? Please provide us with 2-3 sentences per success; we can confirm via email if needed.
  - Returning states: this can be from a previous year, it is not limited to your 2017 project

- New states: this could be an early success or a summary of planned activities or potential reach
  - Numbers are preferable (such as numbers of tool kits distributed, or number of providers trained...) or anything about kids or programs reached, money saved, new or strengthened partnerships, or policies changed.
7. What would be the key take away message or call to action you would want readers to have?
- Examples include: this is a good/efficient use of staff time, we were able to leverage or apply for more funds because of this project, staff gained knowledge and skills from participating, projects had an impact on centers, children, and families...

### *State Teams*

We are interested in gathering specific examples of how state teams function and how the Mini-ColIN helps you work together.

8. What is unique about your state team composition, function, and/or other characteristic(s) that help it succeed?
9. Can you share a story about how your team has come together to address a challenge?
10. What accomplishment has the Mini-ColIN helped your team to achieve that would not have likely occurred otherwise?
11. What are benefits you see from connecting with other state teams in the Mini-ColIN that are doing related ECE work?
12. The aim of the Pediatric Obesity Mini ColIN is to embed policies and practices that support healthy weight behaviors in early care and education systems by December 2017. How has your team accomplished this aim so far? How do your plans between now and December address this aim?

### *Concerns/Issues*

13. What, if any, barriers have you encountered so far?
14. What, if any, concerns do you have about participating in the Mini-ColIN?
15. What additional training or technical assistance do you need?
16. Is there anything that we haven't covered that you would like to discuss?