

2016 Pediatric Obesity Mini-Collaborative Improvement & Innovation Network (Mini-CoIIN)

Final Year Two Report
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University of Washington
Center for Public Health Nutrition

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

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2016 Pediatric Obesity Mini-CoIIN: Successes, Lessons Learned, and Looking Toward the Future

Introduction and History

The Pediatric Obesity Mini-Collaborative Improvement and Innovation Network (CoIIN) was created 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 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.

The Mini-CoIIN pilot was funded initially 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 year of project operations and expansion to add three new state teams from California, North Dakota, and Oregon, to the original four teams from Arkansas, Louisiana, Ohio, and Wisconsin.

Year two 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, successes, and lessons learned during year two of the Mini-CoIIN, and to make recommendations for this ongoing work.

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 the evaluation planning, and the 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.

Year two evaluation activities included interviews with state team leads, electronic webinar and training evaluations, evaluation of an in-person meeting, and document reviews. Key evaluation questions included:

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.

- *Implementation:* Which specific changes have been chosen for implementation, and how successful was the state Mini-CoIIN in achieving implementation goals? What barriers and/or challenges have been faced during implementation? What are some state team strengths? What potential opportunities for improvement are identified by state team leads?
- *Impact and Outcomes:* How does the Mini-CoIIN in each state serve as a catalyst and/or facilitator of other ECE efforts? What is the reach of projects so far? What project outcomes can be identified so far?
- *Adequacy and Quality of Training and Support:* How have trainings, materials, and other support provided from the Planning Committee met the needs of state Mini-CoIIN members?
- *Sustainability:* What efforts are included in the Mini-CoIIN work at the state level to help assure its sustainability?

Detailed evaluation reports are 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

The Mini-CoIIN Process

Application Process

The applications from new states to participate in the Mini-CoIIN were submitted in February, 2016. 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. All three of the states that applied were accepted into the Mini-CoIIN. The four existing states were asked to submit a revised scope of work if they were interested in continuing their Mini-CoIIN. All four states submitted the requested revised scope of work. The new applicants described the process as clear and low-burden.

State Teams

State teams were again required to include at a minimum:

- a representative from the state health department (managers of MCH, chronic disease, WIC, or health promotion),
- a public health nutritionist, (RDN preferred), and
- a representative from the state childcare licensing agency

Other recommended partners included representatives from statewide nutrition coalitions or networks, a state Child Care Aware organization, a Head Start program, the Child and Adult Care Food Program and early childhood advisory councils. The number of members in state teams ranges from 4 to 14.

Evaluation Summary: Team members bring unique expertise, experience, contacts, and access to ECE settings to the work of the Mini-CoIIN. State team leads are credited with being organized, keeping their members and projects on-track, coming up with new ideas, listening to input and disseminating information. Team members are cooperative and invested in the work. Most core members have remained engaged in the process, but engagement varies depending on the particular project phase.

Project Effort

States participating in the Mini-CoIIN receive a small amount of funding to help support their projects; funds are spent on items such as toolkit materials, training consultants, student help, and most recently on translations of materials into different languages. Mini-CoIIN funds are not provided to support the time spent by team leads or team members, so the time spent by the state teams is an indicator of each state’s value added investment in the Mini-CoIIN. Figures 1 and 2 show the estimated time that team leads and other team members spent on the Mini CoIIN in Spring, 2016 and Fall, 2016.

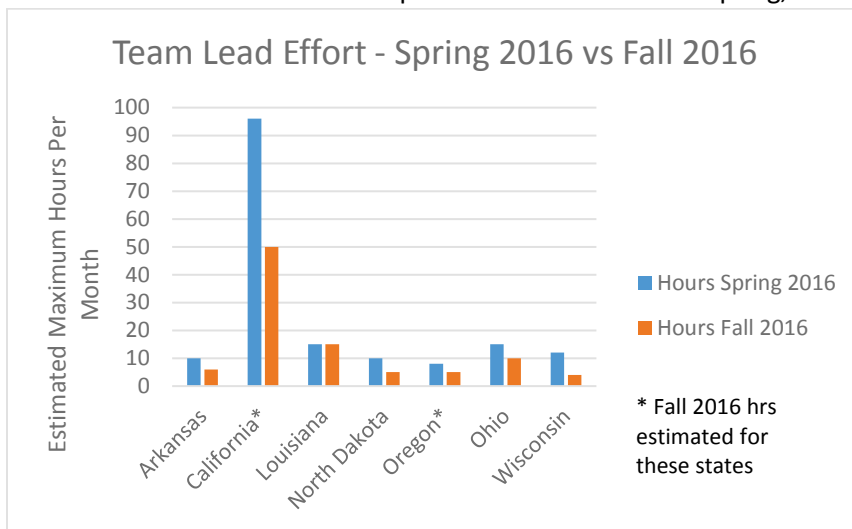


Figure 1. Hours per month spent on Mini-CoIIN project by team leads.

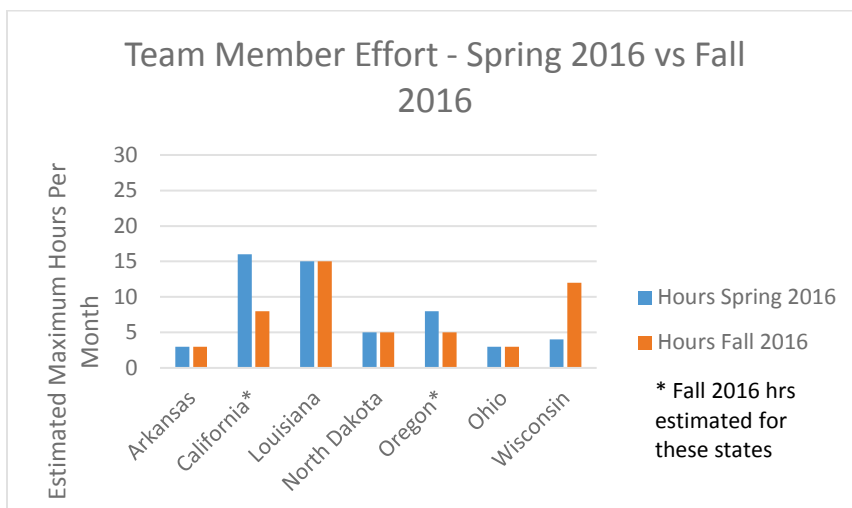


Figure 2. Hours per month spent on Mini-CoIIN by non-lead team members

Evaluation Summary: Team lead and member level of effort varies depending on project stage.

Plan-Do-Study-Act (PDSA) Cycles

Following the CoIIN procedures established by other types of MCHB-funded CoIINs the Plan-Do-Study-Act (PDSA) tool was initially an important part of the Mini-CoIIN as a process for continuing quality improvement. The idea behind applying PDSA cycles is that state teams test ideas and changes in rapid cycles that lead to increased information, knowledge, and learning.

Evaluation Summary: The original four state teams used PDSA in their year-one work, but they have not returned to using it and new states have not engaged with PDSA at all. It is unclear whether this difference in use is due to the greater emphasis and level of technical assistance provided in year one, or to its decreased level of utility with spectrum of opportunities-type projects and/or specific project phases-or to a combination of both factors.

Planning Committee

A 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 as before. The original committee roster at the beginning of 2016 included 18 members. Between April 7 and December 13, 2016, 18 different individuals participated in 14 Planning Committee calls. Fifteen of the 18 members who participated at different levels throughout the year were original planning committee members (Fig 3). Others joined at different times throughout the year and a few original members ceased participation in the calls for a variety of reasons, including retirement or other changes of job positions.

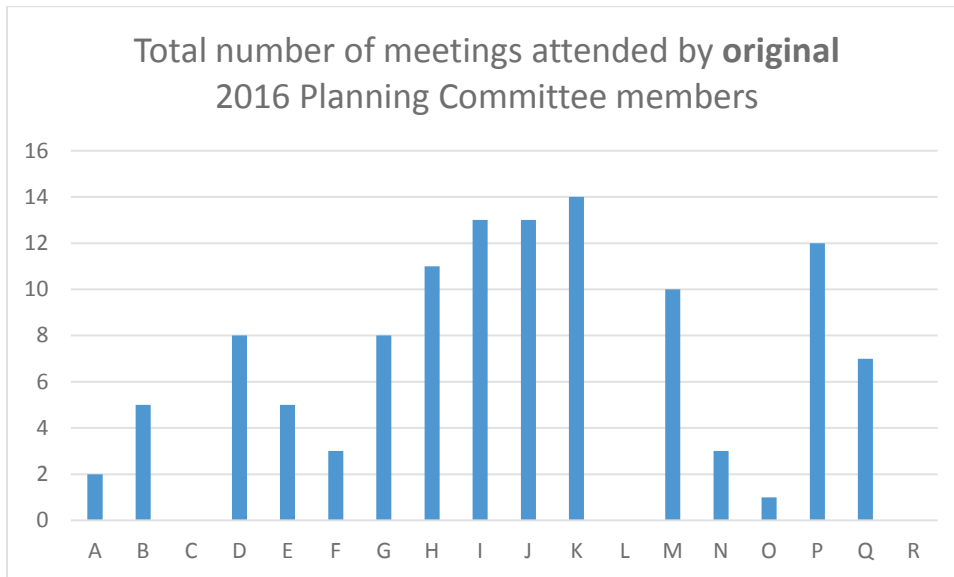


Figure 3. Total meeting participation by original planning committee members.

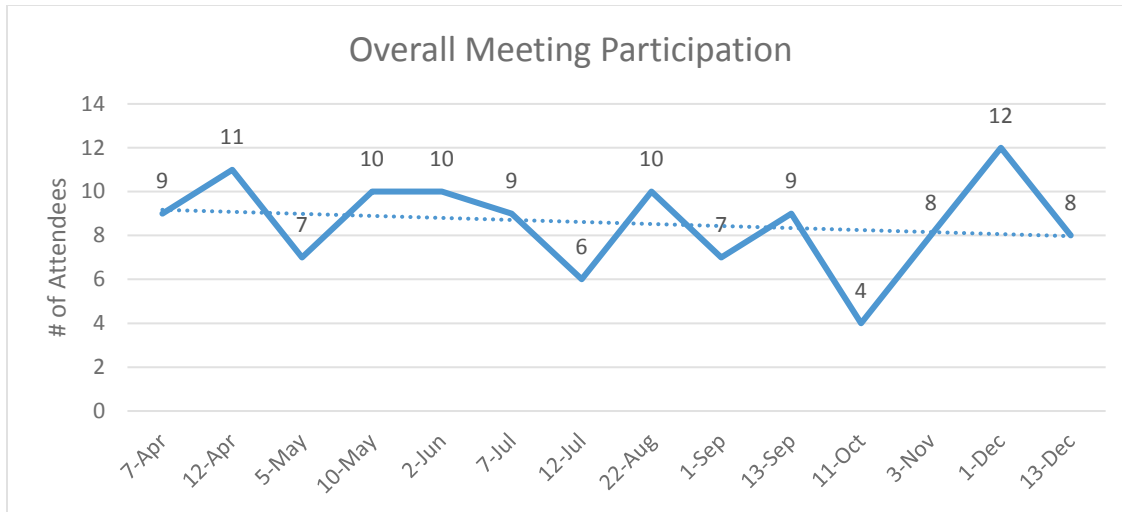


Figure 4. Planning committee meeting attendance over time in 2016

Evaluation Summary: Similar to last year, planning committee meeting participation rates varied, declining slightly over time (Fig 4). However, the first call of December had the highest participation of the year.

Technology and Communication

Basecamp is the secure online sharing and communication platform adopted for use by Mini-CoIIN participants. In addition to sites for the original 4 states, 3 more sites were set up for the new states to use in 2016. 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.

Like last year, utilization 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 resources. The number of documents uploaded per state in 2016 varied from a low of 15 to a high of 48, which is less than last year’s range of 20 to 80 uploaded documents. States new to the Mini-CoIIN averaged 35 document uploads while continuing states averaged 25 for 2016. Minutes from calls between the ASPHN 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, with most states having 1-2 total discussions and little interaction or comment activity.

The State Sharing Basecamp site also had lower activity than the previous year. Nine new files were added in 2016 by two different states.

Evaluation Summary: Basecamp is a valuable technology for a resource-sharing platform. Utilization of Basecamp varies widely by state.

Training and Technical Assistance: Using Technology for Communication and Evaluation Webinars

Monthly webinars were conducted with the exception of June when a face-to-face meeting was held in Little Rock, Arkansas. Content for the webinars was chosen by considering input from both the Planning Committee, state leads, and webinar attendees. Webinars included a variety of orientation, training and technical assistance topics such as:

- Economic Evaluation of ECE Interventions
- Orientation to the Mini-CoIIN
- Evaluation
- QRIS
- Evidence Based Practice
- Update on the ECE Landscape

Four of the webinars provided a focused opportunity for state-to-state updates and sharing.

Webinar evaluations were conducted via electronic survey of all participants. To assess state team members' ongoing understanding of the CoIIN process and confidence in their teams' progress, three common questions were added to most surveys. Participants were asked to respond "agree," "somewhat agree," or "disagree" to the following statements:

I understand the CoIIN process.

I understand what the state teams are expected to accomplish.

I am confident that our state is making progress implementing the CoIIN.

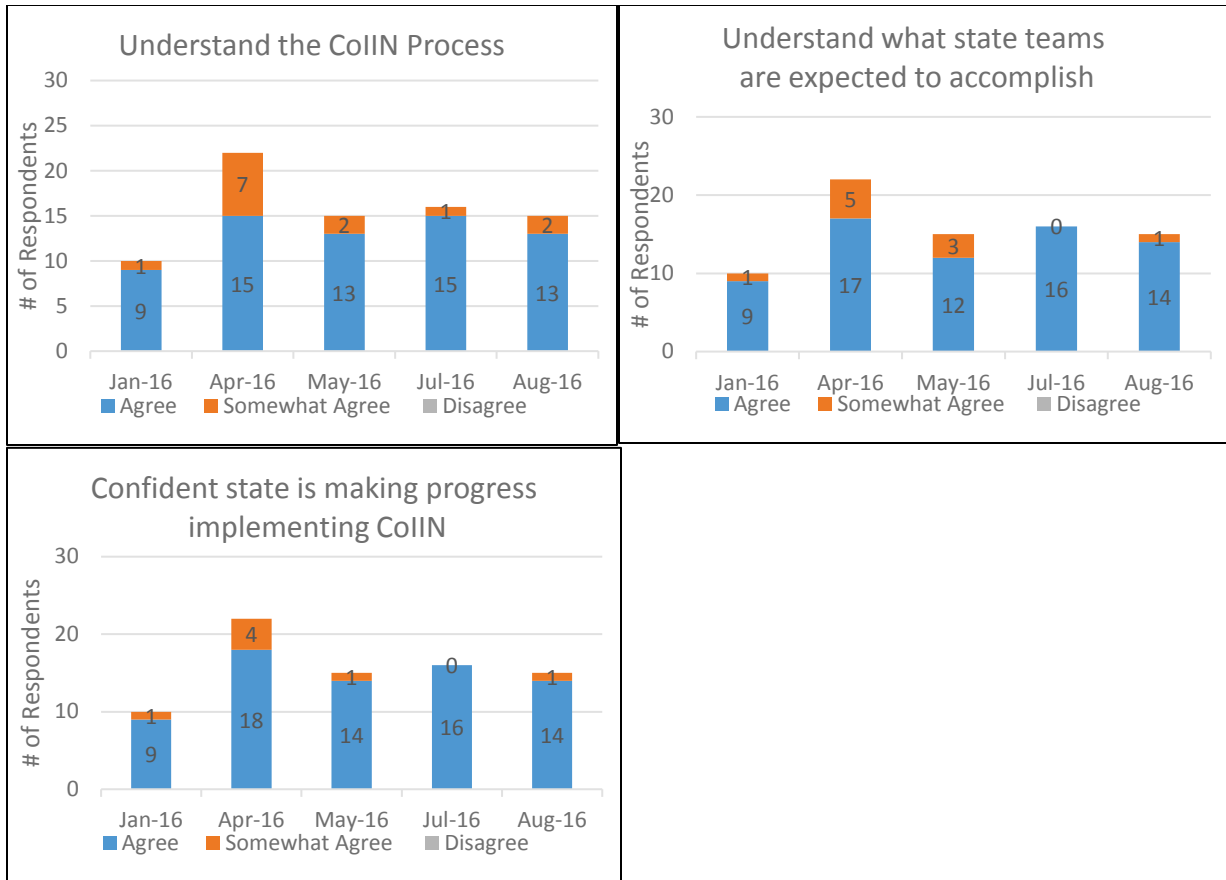


Figure 5. Proportion of webinar participants responding that they agree, somewhat agree or disagree with statements related to understanding and confidence in their state’s Mini-ColIN efforts

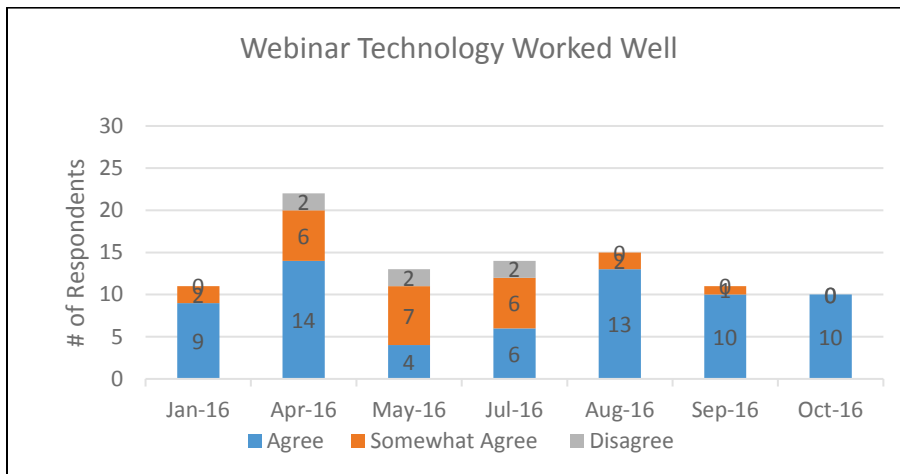


Figure 6. Proportion of webinar participants responding that they agree, somewhat agree or disagree that the webinar technology worked well.

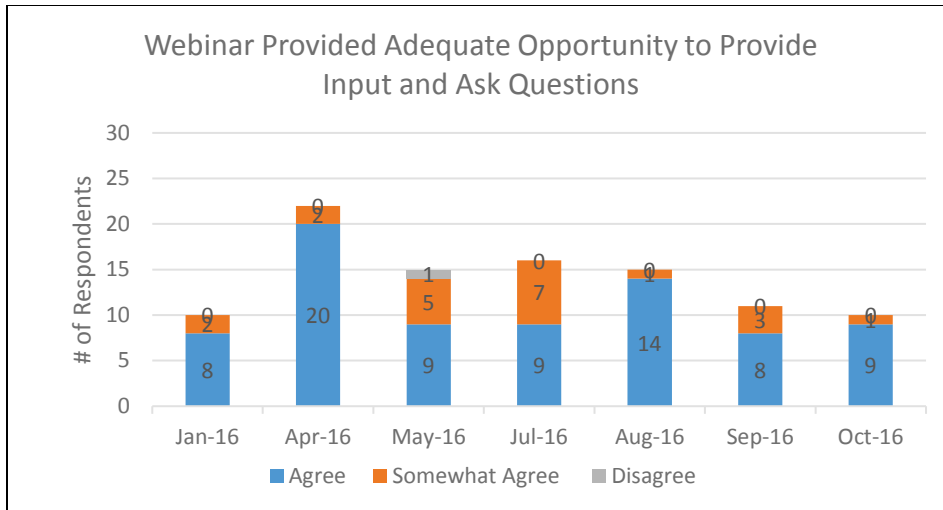


Figure 7. Proportion of webinar participants responding that the webinar provided adequate opportunities for input and questions.

Evaluation Summary: High levels of understanding and confidence in the CoIIN process and state team progress over time are reflected in Figure 5. Figures 6 and 7 reflect variation in how well webinar technology worked, and in how participants felt about their ability to interact with others and ask questions during the webinars.

Face to Face Meeting

Twenty nine state team members came together June 14-15 in Little Rock, Arkansas to learn about successful strategies and best practices for nutrition and physical activity and to learn how to apply the PDSA model for improvement. Other goals of the meeting included fostering the development of state-to-state collaboration and clarifying next steps.

Evaluation Summary: Twenty five of the 29 participants completed the evaluation. Participants felt that most of the meeting objectives were met either “very well,” or “somewhat well.” However, half of the participants reported that the objectives of describing barriers and facilitators to implementing policy and practices, and overcoming barriers and challenges in their state were only “slightly well” met. Participants especially valued the opportunities to meet with other states and learn about their goals and strategies. They offered several suggestions for consideration in planning next year’s meeting. These are contained in the detailed evaluation report from the meeting.

State Activities

Table 1 shows the Spectrum of Opportunities addressed by states during year two.

Table 1. CDC Spectrum of Opportunities Addressed by States During 2016

CDC Spectrum of Opportunity	Arkansas	California	Louisiana	North Dakota	Ohio	Oregon	Wisconsin
Licensing and Administrative Regulations			X		X		
Child Care and Adult Care Food Program (CACFP)		X			X	X	
Quality Rating and Improvement System (QRIS)					X	X	X
Funding and Finance			X				
Pre-Service and Professional Development		X	X			X	
Facility-Level Interventions	X	X	X		X		X
Technical Assistance	X		X		X		
Access to Healthy Environments		X					
Early Learning Standards				X			
Family Engagement			X		X		X

Key Year 2 State-Level Accomplishments

Arkansas

- Supported child centers in improving their nutrition and physical activity-related practices through the development of curriculum kits that support the implementation of evidence and best-practice based nutrition and physical activity strategies. The kits will reach over 900 child care facilities and more than 5,000 children, age 2-5.
- Increased their system capacity to implement physical activity strategies by training trainers who will then train child care facility staff.
- Facilitated ongoing ECE cross-agency and department collaboration by providing team building training to 14 different agencies with various roles in ECE.

California

- Supported implementation of child care licensing requirements by providing culturally relevant, updated materials that support new course training conditions. These web-based support materials will be available to all ECE providers in the state.
- Strengthened partner collaborations and helped assure sustainability through assessment of their team's collaborative process that identified priorities and goals of members.

Louisiana

- Supported child centers in improving their physical activity-related practices through the development, testing, and distribution of lesson plans and toolkits that include strategies to help child care centers meet new state-wide screen time regulations. Ultimately, all families and children served through 1,500 licensed centers in their state could benefit from the toolkits.

North Dakota

- Supported child centers in improving their nutrition and physical activity-related practices through the development of companion guides to address nutrition and physical activity-related early learning guidelines from Caring for Our Children standards, and from their state's Bright and Early Rating System. Families and children served through at least 125 Child Care Centers working with the CACFP program, 145 Child Care Centers and Homes working with Child Care Aware, and 14 Head Start Programs will benefit from the companion guides.

Ohio

- Targeted technical assistance to higher-risk populations by engaging 14 hard-to-reach child care centers, and developing a strategy for encouraging their participation in free trainings which would help them achieve the Ohio Healthy Program designation.

Oregon

- Working to maximize resources for provision of nutritious foods in child care sites by identifying disparities in CACFP participation, and providing training for licensing specialists and outreach materials to encourage participation in CACFP by sites identified in a gap analysis conducted this year.

Wisconsin

- Supported child care centers in improving their nutrition and physical activity-related practices through the development of new modules that are included in existing toolkits. Ultimately, the toolkits will be available to all child care providers in the state.

Evaluation Summary: Most states addressed multiple areas across the 10 CDC Spectrum of Opportunities.

Sustainability

Key elements that are recognized as important for supporting the ongoing functioning of efforts such as the state-level Mini-CoIIN projects include buy in and support from key stakeholders, sufficient leadership, funding, ongoing communication strategies, and monitoring procedures.

Evaluation Summary: Most state leads report strong support of their efforts from key decision makers as well as strong team leadership. Team leaders identified needs for adequate resources to conduct the work, specifically for staff time, broader representation on Mini-CoIIN and ECE-related work teams, and enhanced communication and monitoring strategies.

Key Mini-ColIN Outcomes

Achievement of AIMS

- *The AIM of the Pediatric Obesity Mini-ColIN is to increase the proportion of children ages 2-5 who fall within a health weight range from ___% to ___% by December 2015.*
 - This AIM was not met because of the lack of available baseline data, and the lack of a data system to capture these data.
- *The Intermediate AIM of the Pediatric Obesity Mini-ColIN is that 100% of states will improve policy in at least one of the 10 Spectrum of Opportunities.*
 - All states made a difference in policy adoption or implementation in ECE settings in at least one of the 10 Spectrum of Opportunities.

The Mini-ColIN 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 with state education and licensing agencies.
- The Mini-ColIN successfully re-invigorated working relationships among the different state team members who are funded through a variety of mechanisms and working on ECE across different initiatives including MCHB Title V and CDC 1305.
- 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 are engaged and committed to the work.

The Mini-ColIN Was A Catalyst and Facilitator

- Mini-ColIN efforts supported, elevated and/or enhanced other ECE work taking place by:
 - Bringing ECE into the spotlight-when ECE efforts were not previously a state priority
 - Broad sharing of information between Mini-ColIN and 1305 ECE-focused staff
 - Generation of new ideas and products to support statewide ECE work
 - Opening communication doors with non-traditional partners, like Departments of Education
 - Development of broad collaborative partnerships that include a wide range of ECE stakeholders
 - Providing a “space” to try and lean and do things that might not have been possible in other arenas

The Mini-ColIN Supported Policy Implementation

- Through the development of 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.

The Mini-ColIN Had State-Wide Impact

- The projects all have far-reaching, statewide potential for impact.

Lessons Learned from State Teams

- Working across state agencies presents challenges.
 - People from different areas of expertise and state agencies may interpret things differently.
 - Support from child care licensing agency is key.
 - Having a variety of team members with different backgrounds and expertise is important. Continue to bring in new expertise as needed, and regularly reassess needs.
 - Get partners to the table and respect them.

- Be thoughtful about how the team is used in a quality improvement process.
 - Keeping the team small and focused makes it possible to produce things more quickly. Don't grow the team just for the sake of growth.
 - The Mini-CoIIN offers an opportunity to accomplish things that might not otherwise happen through existing programs and systems, while using a quality improvement lens. Windows of opportunity can be acted upon more quickly.
 - This 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.
 - The Mini-CoIIN promotes taking baby steps, while weighing long-term goals with realistic expectations and existing resources.

- This work takes time.
 - Be clear and realistic with potential team members about the time commitment needed and expected, and make sure that partners feel like they are getting something out of their efforts.
 - Things always take longer than you expect.

Looking Toward the Future

As the Mini-CoIIN continues to build on previous successes and expand to include additional states and new initiatives, specific recommendations to assure continued success include the following:

At the national level:

- Maintain a strong core Planning Committee that stays engaged
- Focus on data collection and measures that will show specific outcomes to be able to determine return on investment and share data, activities, and outcomes with key state and national-level stakeholders
- Consider ways to integrate approaches that address children with special needs into the Mini-CoIIN work
- Consider ways to integrate cultural competency into the Mini-CoIIN work
- Build a resource/tool “bank” that includes materials developed through the Mini-CoIIN and share widely
- Continue to develop opportunities for states to network and collaborate and to share tools and resources
- Develop a plan for recognizing Mini-CoIIN members and their efforts

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
- Develop a sustainability plan