Year 2 Pediatric Obesity Mini-Collaborative Improvement & Innovation Network (Mini-CoIIN)

State Team Lead Interviews
Baseline Report
July, 2016

University of Washington
Center for Public Health Nutrition

Donna B. Johnson, PhD, RD
Mary Podrabsky, MPH, RD

Table of Contents

I. Purpose 3

II. Methods 3

III. Findings 3

Purpose Statements 3

Goals to Accomplish by September, 2016 4

Feedback on CoIIN Application Process 5

State Teams 5

New States 5

Ongoing States 6

Project Effort 7

Addressing the Spectrum of Opportunities 7

How Mini-CoIIN Work Supports State Health and Other Agencies 12

Feedback About Information Packet 13

Most Useful Content 13

Things to Add 13

Needed Information, Support, and/or Tools 13

Barriers, Concerns and Other Thoughts 14

Barriers: 14

Other Concerns: 14

Other Thoughts 14

IV. APPENDIX 16

Interview Guide 16

I. Purpose

The purposes of this baseline second-year interview was to help states prepare initial purpose and goal statements; seek feedback from the three new Mini-CoIIN states (California, North Dakota and Oregon) about the application process; learn about the composition of state teams; understand initial plans for addressing the CDC Spectrum of Opportunities; understand how this work supports state health department and other state agencies; and learn about needed resources and challenges faced so far. The information gathered from this evaluation will help the Planning Committee design future training webinars, establish a baseline for this year's efforts, and provide necessary support to states.

II. Methods

Telephone interviews were conducted with the 7 state team leads April 26-May 26, 2016. The leads were provided with interview questions for review ahead of time. All seven leads were interviewed, with the co-lead from Ohio also joining in that interview. The duration of the interviews ranged from 20 minutes (LA) to 44 minutes (CA).

III. Findings

Purpose Statements

State leads were provided with the following purpose statement template:

> The purpose of our state Pediatric Obesity Nutrition Mini-CoIIN is to _____ (put a verb here) for _____ (put a group (s) of people here) so that _____ _____. (Write what you intend will happen when you have achieved the goals of the CoIIN).

Leads developed the purpose statements (Table 1), with the understanding that these would be considered a starting point, with an opportunity to edit when their teams met at the face-to-face meeting in Little Rock, AR in June

Table 1: Purpose Statements

STATE	PURPOSE STATEMENT
Arkansas	The purpose of our state Pediatric Obesity Nutrition Mini-CoIIN is to develop and provide easy-to-incorporate, best-practice materials to 5 additional Child Care Aware regions, so that nutrition and physical activity education will increase at no expense to centers.
California	The purpose of our state Pediatric Obesity Nutrition Mini-CoIIN is to make recommendations to update and enhance the nutrition, physical activity, and reduced screen time information on the EMSA Nutrition training web page that is used by training instructors and child care providers, so that children ages 0-5 fall within a healthy weight range
Louisiana	The purpose of our state Pediatric Obesity Nutrition Mini-CoIIN is to test strategies on screen time regulations for early childhood centers, so that a best practice document can be disseminated.

North Dakota	The purpose of our state Pediatric Obesity Nutrition Mini-CoIIN is to create companion guides to our early learning guidelines specific to nutrition and physical activity for early care and education providers and parents, so that we promote healthy behaviors in children ages 2-5.
Oregon	The purpose of our state Pediatric Obesity Nutrition Mini-CoIIN is to identify disparities in CACFP participation by providers and to target training and outreach for providers, so that enrollment is increased to support healthy weight and development for children in care in vulnerable communities
Ohio	The purpose of our state Pediatric Obesity Nutrition Mini-CoIIN is to assess recruitment techniques for larger(?), hard to reach ECEs for Ohio Healthy Program, so that we can identify possible tools to build at the state level for future recruitment.
Wisconsin	The purpose of our state Pediatric Obesity Nutrition Mini-CoIIN is to engage families and ECE providers to adopt the physical activity and nutrition activities in Active Early and Healthy Bites, so that they will implement wellness policies.

Goals to Accomplish by September, 2016

Team leads were asked to identify some goals that they wished to accomplish by September, 2016:

Arkansas

- Conduct work days where we bring in staff from Child Care Aware regional centers and construct the bags and teach them about using their contents.
- Determine a better evaluation system for the kits.
- Host open houses at centers (maybe).
- Share project with AR state Obesity Prevention Initiative (hopefully-depends on timing).

California

- Finalize recommended links for EMSA webpage.
- Choose documents for translation.
- Submit translated documents for field testing.

Louisiana

- Wrap up year 1 project-some centers want help developing lesson plans around screen time; want to hold a parent meeting. Still have to disseminate lesson plans (not finalized).
- Use CoIIN $ to bring in speaker – topic on screen time- for October Early Childhood conference (by Sept have speakers identified etc.).
- Pilot study by interviewing child care directors around the state about their current policies. Right now, just have 6 centers in pilot. Broaden this to talk with directors about their policies and procedures.

North Dakota

- Contracted with expert in childhood nutrition and physical activity and hope to develop the companion guides based on evidence, and have them align with Caring for our Children and our rating system.

- We work with Child Care Aware in 25 either home or center day cares. We want to start having books for them, and then for CACFP and then for Head Start. This will be a pilot, before we send it out to everybody.

Oregon

- Perform a gap analysis using CACFP, child care and census data.
- Identify target areas where CACFP participation is low respective to the number of providers and income levels.
- Train licensing specialists, quality improvement specialists and other TA providers about CACFP.
- Provide outreach materials for TA providers to use.
- Inform revision of training and onboarding of licensing specialists.

Ohio

- Assess methods for identifying hard to reach (but not impossible sites) – ODJFS lists in ODE high risk area, CACFP participants.
- Assess the utility of using Go NAPSACC for recruitment and data (not using this now-Ohio's first foray into going into Go NAPSACC. At state level have been using Let's Move childcare…shifting).
- Assess the ease of use of Go NAPSACC. Is it a barrier? Are they sick of being assessed? It's pretty time-demanding.
- Assess the use of incentives in recruitment.
- Assess the need and volume of emails, calls, one-on-one to recruit.
- Assess the barriers to OHP training and designation for these sites.

Wisconsin

- Find sustainable and engaging modules that address nutrition and physical activity in Active Early/Healthy Bites (AHEB) for inclusion in toolkit.
- Increase the knowledge of parents and families around AEHB so they are making changes in home as well as supporting providers in making changes.

Feedback on CoIIN Application Process

Feedback from the three new Mini-CoIIN states about the application process was positive. All felt that the application process was clear and that application forms were easy to understand and complete. They appreciated the accessibility of Sandy and the support received from the ASPHN office. The only suggestion for future consideration was asking states to frame their plan as a "potential project," thus leaving some room for refinement as the work progresses. This would better reflect the expectation that the Mini-CoIIN is a living entity, and that the project would likely change over time.

State Teams

New States

The three new state team leads were asked about the composition of their state team.

California: California included eight team members in the original application: The state lead-a Public Health Nutritionist for the State Department of Health (CDOH); the Coordinator of the Healthy Apple Program-a program of the Children's Council of San Francisco; A Nutrition Education Specialist from the State Department of Education; a Health Program Specialist from the CDOH; an MPH intern working with the CDOH; an Analyst for the Child Care Training Unit responsibility for overseeing nutrition training of licensed childcare sites; a Policy Analyst working in childcare licensing and a MCH Nutrition Professor at the University of California Davis. After the first team meeting, they brought on a member from First Five California-a program funded through the tobacco settlement to promote, support and optimize early childhood development. There are other potential members who are interested in the work and the California team will likely continue to evolve and expand. Each member was chosen for their ability to help facilitate the enhancement of the nutrition, breast feeding, physical activity and screen time information on the training web page that is used by instructors and child care providers.

North Dakota: The North Dakota team plans to build on work that has been done to develop Companion Guides for Early Learning Guidelines for parents and families in a variety of settings that reach children age birth to 5 years. Specifically, they aim to add resources to the guides related to nutrition and physical activity, thus addressing an important gap in information in these well-utilized guides. Their team includes the Early Childhood Services Administrator from the State Childcare Licensing Agency; a representative from Head Start; a representative from agency that administers CACFP; a MCH Nutritionist from Public Health; and a Child Care Wellness Manager from Child Care Aware of ND. They identified team members that have knowledge about early learning guidelines and how to align with them, as well as members who could make sure that topics align across systems like Head Start and CACFP, and could help them reach as many centers as possible.

Oregon: Oregon has four team members. They include two members from the Oregon Department of Education-the Director of Child Nutrition Programs (team lead) and the Special Projects Coordinator. The other two members are from the Oregon Health Authority – the MCH Operations and Policy Analyst and a Nutrition Consultant. Strengthening the relationship between these two agencies was deemed important. This team plans to add more members once their work plan is more fully developed.

Ongoing States

The four ongoing state team leads were asked to describe any changes in their state team composition for this second year of work. In *Arkansas*, two former members (an RD who is a professor at UCA and a member from the Department of Licensing) are available as consultants if needed, but do not attend meetings. Two dietetic program preceptors in the DHS early childcare division may be joining the team. In addition to the lead, five others will continue on as integral members of their team. *Louisiana* added two team members, one from the Tulane School of Public Health and one member from the Department of Health and Hospital's Well-Ahead Program – Louisiana's healthy designation program. *Ohio* gained a representative from Medicaid and a WIC breastfeeding expert. Three members left the Ohio team due to job changes and two others decided to delegate the Mini-CoIIN work to others they supervise. The *Wisconsin* team experienced several changes, and now includes three members from the area of chronic disease. Staff turnover in the Department of Children and Families resulted in three different representatives from that agency participating on the team over the last year. These positions

were funded through Race to the Top Funding, which is ending. A new member from Children's Trust Fund – an advocacy organization – has joined the team. One extension team member is retiring and moving off of the team and one member passed away last fall. A member working with an American Heart Association Anchor grant has recently been transferred, but the team hopes there will be a replacement for him.

Project Effort

Teams were asked to estimate the amount of time per month spent working on Mini-CoIIN activities (Table 2). While estimates varied depending on the phase of work, in all instances team leads and sometimes other key members, spent more time on activities than other team members.

Table 2: Estimates of Time Spent on Mini-CoIIN Activities

State	Team Lead and Key Member(s) hrs/mo	Other Team Members hrs/mo	Frequency and Duration of Team Meetings
Arkansas	6-10	3	Once per month 1.5 hrs
California	96*	16	Once per month 1.5 hrs
Louisiana	10-15	10-15	Once per month 1 hr
North Dakota	8-10	4-5**	Once per month 2 hrs
Oregon	8+	4-8	Twice per month 1hr
Ohio	10-15	2-3***	Once per month 1.5 hrs
Wisconsin	8-12	3-4	Once per month 1 hr

* The CA team lead indicated that she was currently spending 3 days/week on the project which is "way too much and due to the fact that the student has not been able to help much."

** The contract RD who will be starting on the team will spend approximately 8-10 hrs/mo.

***when summer begins, the lead trainer will spend 20-40 hrs/month

Addressing the Spectrum of Opportunities

Team leads were asked to briefly describe their plans to address each of CDC's 10 Spectrum of Opportunities. http://www.cdc.gov/obesity/downloads/spectrum-of-opportunities-for-obesity-prevention-in-early-care-and-education-setting_tabriefing.pdf. Table 3 includes the state lead responses.

Table 3: Plans to Address CDC's 10 Spectrum of Opportunities

CDC Spectrum of Opportunity	Arkansas	California	Louisiana	North Dakota	Ohio	Oregon	Wisconsin
Licensing and Administrative Regulations	No	No	Yes Helping centers meet screen-time regulatory requirements	No	No Celebrating the adoption of our previous recommendations into rule 10/2016	Yes Tangentially	No
Child Care and Adult Care Food Program (CACFP)	No	Yes Working on resources-one curriculum topic will be choosing best resources for them to post on their web site.	No	No	Yes Incorporating parallel changes to our Ohio Healthy Program (OHP) curriculum and requirements. The CoIIN is supporting these changes by utilizing OHP as a component of our year 2 CoIIN work. OHP is focal point for our state work.	Yes Original: review eval and propose language for QRIS standards for screen time, etc. Shifted to focusing now on CACFP enrollment Identifying disparities in enrollment-which providers that are eligible that don't participate.	~Yes Will be doing some work now that new guidance is out. Will be incorporating something into tool kit for Healthy Bites. Not directly affecting, but want to be sure we're incorporating CACFP standards into our work.

CDC Spectrum of Opportunity	Arkansas	California	Louisiana	North Dakota	Ohio	Oregon	Wisconsin
Quality Rating and Improvement System (QRIS)	No	No	No	No	~Yes The CoIIN is following the OECHN work on drafting QRIS recommendations.	Yes Tangentially. 2 hr meeting was focus group for revisions of QRIS. Was a little more daunting for us to influence-so just participated via focus groups and shifted to CACFP	Yes YoungStar, family engagement and PA and wellness are points that are in Young Star. This work is coordinated with that-will help providers meet criteria to receive these points and increase star rating.
Funding and Finance	No	No	Yes-through research we do with centers, using that data to be able to write for larger grant opportunities. Tulane research; and Pennington faculty.	No	No ***(Ohio is interested in learning from states who are working in this area – potential webinar topic)***	No	No

CDC Spectrum of Opportunity	Arkansas	California	Louisiana	North Dakota	Ohio	Oregon	Wisconsin
Pre-Service and Professional Development	No We did this last year, this year not comfortable saying we're doing this, offering CEUs, etc…)	Yes This is our biggie	Yes-people who come to conference will be for professional development	No	No ***(Ohio is interested in learning from states who are working in this area – potential webinar topic)***	Yes As part of CACFP work.	No
Facility-Level Interventions	Yes Our biggest effort is here	Yes Posting materials on web related to this	Yes Lesson plans and childcare meetings, posters, etc.	No	Yes This is our main focus for year 2 – to assess how to recruit sites that have been resistant to OHP or other changes in the past. We are using GO NAPSACC as a tool in recruitment.	No	Yes With the toolkits and wellness policies, we will be working with providers on this.
Technical Assistance	Yes We will provide this-open house/teachers/show materials, etc.	No	Yes We are providing TA around meeting screen time regulations. Will create a guidance document and post on website.	No	Yes We are using TA as an incentive and tool.	No	No

CDC Spectrum of Opportunity	Arkansas	California	Louisiana	North Dakota	Ohio	Oregon	Wisconsin
Access to Healthy Environments	No	Yes Posting things on web like awards for farm to school work	No	No	No	No	No
Early Learning Standards	No	No	No	Yes This is only one we're working on via developing the companion guides for early learning standards addressing NPA. Focus of CoIIN	No	No	
Family Engagement	No	No (other than having materials for them to engage families)	Yes. Sending out family newsletters.	No	~Yes Component of OHP.	No	Yes Focus area for the toolkits to see if things we're increasing family engagement

How Mini-CoIIN Work Supports State Health and Other Agencies

State leads were asked to describe how the Mini-CoIIN work will help support their state health department as well as other state agencies.

Arkansas: In Arkansas, their health department has historically not been looked to for anything that involves child care. This work has helped "get them in the door." Previously, the health department tried to partner with the Department of Human Services (DHS) for some 1305 work, but the work did not get completed partly because the partnership was not successful. Other state agencies (Child Care Aware, Arkansas Educational Television Network) were very helpful and now, with the Mini-CoIIN work, a partnership has been formed with DHS and they are very involved in the meetings and the work.

California: For MCH, the Mini-CoIIN is one of the few things they do to address children in MCH in the state of California. Most of the MCH work is focused on maternal, infant and adolescent issues. This work "puts the C in MCH." With regard to other state agencies, all are getting something out of the partnership. For example, the Department of Education is able to coordinate with Emergency Medical Services Authority. All are learning from each other.

Louisiana: The Mini-CoIIN helps strengthen the work they are already doing in the health department. Implementation of NAPSACC and the Well Ahead program are all supported by this work. The work is helping the Department of Education because they put out licensing regulations. By providing best strategies for centers to help meet this, relationships between the two agencies are strengthened.

North Dakota: Part of the work of the lead at the state health department is to make sure that they are promoting nutrition and physical activity for children. The Mini-CoIIN is how they are providing this support. It has also helped create partnerships and develop relationships which will help the health department accomplish what they need to do. With regard to other agencies, the Human Services has been talking about looking at early learning guidelines to see where change and improvement can be made. The Mini-CoIIN work has sparked some conversation around this, and including nutrition and physical activity in the conversation is new.

Oregon: The state health department has very little capacity to address child care in Oregon. They lost a position, and have only half a position that monitors and tracks but there are no program staff there, like there were years ago doing activities like health consultation. The Mini-CoIIN helps focus attention on ECE population within the health division. There are activities and grants (like 1305) specific to healthy weight, but they don't have resources to support child are. The Mini-CoIIN work helped strengthen relationships with the Early Learning division. They are focusing on healthy weight instead of just mental health and academics. The health focus has been brought in. They are bringing the Early Learning division in with CACFP as well-so all three are partners. The lead wants to share this work at various team, unit, and/or cross-partner meetings to explore how to partner more fully.

Ohio: The Ohio health department hopes to capitalize on any success found in the CoIIN. The Mini-CoIIN work is perceived as a kind of pilot for the state work.

Wisconsin: From the health department perspective and ECE work, it is important to maintain partnerships with the licensing agency and the Department of Public instruction – where CACFP lives – as well as with the complicated ECE system of partners. The Mini-CoIIN work helps facilitate these relationships and conversations, thus keeping the work moving. With regard specifically to 1305, this work helps to advance nutrition standards related to physical activity. The Mini-CoIIN supports other state agency efforts in Wisconsin as well. The Young Star (QRIS) program is housed within the Department of Families and Services, which looked to the Mini-CoIIN to help inform ways that the family engagement component could be implemented/obtained by providers. The Department of Public Instruction are a co-chair of the Wisconsin Early Childhood Obesity Prevention Initiative (WECOPI) and they are interested in anything that helps further WECOPI priority areas, one of which is family engagement.

Feedback About Information Packet

State leads were asked about the most useful content in the Information Packet, and about additional things that should be included.

Most Useful Content

- Dates and reminders
- Pages that describe the project deliverables
- PDSA cycle information
- Evidence-base and best practices; drivers; supporting research
- Spectrum of Opportunities framework
- Key driver diagram
- Resource list

Things to Add

- Better layout: more headers; easier-to-follow format
- Clear purpose statement, outcomes and objectives that are ready to "cut and paste."
- Keep research up to date
- Add links to things like the Public Health Law Center work
- Things that have been sent out to teams over the last year like comparison of QRIS across states
- More materials to help states with the PDSA process and help them hone in on smaller steps to test; examples of completed PDSA documents – also make existing materials easier to find in the document

Needed Information, Support, and/or Tools

Teams were asked to suggest additional information, tools, and/or support that would be useful at this point or in the future. Suggestions included:

- Pre-designed promotional information for use with local media
- More money!
- More support and information about evaluation of state efforts

- More “hand holding” on PDSA development
- Examples of what other states are doing, how they are doing evaluation pieces-including gathering information.

Barriers, Concerns and Other Thoughts

Team leads were asked to describe barriers encountered so far and any concerns about continuing participation in the Mini-CoIIN. They were also asked if there was anything that we had not covered in the interview that they would like to bring up.

Barriers:

- Perception that the health department is not involved with ECE work-may inhibit what they are doing with the Mini-CoIIN (Arkansas)
- Many inappropriate practices exist in ECE settings-such as encouraging fast meal-finishing, no talking while eating and not touching food (Arkansas)
- More work than expected (California)
- Difficulty getting all involved counties on the monthly calls at one time, necessitating multiple calls (California)
- Scheduling with centers-trying to “get in” (Louisiana)
- Everybody is busy, so a lot of nudging of team members takes place (Oregon)
- QRIS is not open to changes at the moment (Ohio)
- Slow recruitment for pilot (Ohio)

Other Concerns:

- The Mini-CoIIN ending
- Understanding PDSA-as time goes on maybe it will be more clear
- The project is very time-limited, concerned about wrapping it up and getting everything done in time.
- Sustainability: what happens at the end?
- Work load

Other Thoughts

Ohio state leads expressed interest in future webinars that address two specific Spectrum of Opportunities: Funding and Finance, and Pre Service and Professional Development. They suggested getting in touch with Arizona regarding their work in the funding area and South Carolina regarding their new pre-service requirements.

In their assessments, they are trying to get to the hardest-to-reach centers and then be able to provide information and ultimately change behavior. Those centers excited about making changes have volunteered first, now getting to those who don’t want and don’t think they need the help is the challenge. *How do they get to those who need the help most?*

Ohio was also interested in assistance regarding tracking their assessment results. The following suggestions were made to them during the interview:

- Decide what would best inform your process going forward…ask “would you ever look at this again?” What would help you make decisions in the future about where to go-what’s the biggest bang-for-the-buck with limited resources?
- Consider keeping track of what does happen when contact is made-outright refusals, etc.
- If different methods are used (e.g. phone calls, email, etc.) which gets a better response?
- Track the size of centers, different rate of need, uptake, need for “tending” them, etc.
- If Go NAPSACC is used as the assessment tool, what metric to you have to track how much is actually being completed?

IV. APPENDIX

Interview Guide

Mini CoIIN State Lead Baseline Interview (May-June 2016)

Preparation for In Person Meeting

In preparation for the poster-development session in Little Rock, we want to offer our support in helping you develop a purpose statement and some objectives. Please complete A and B below prior to your interview.

A. Please complete the following Purpose Statement (your desired end result)

The purpose of our state Pediatric Obesity Nutrition Mini-CoIIN is to _____ (put a verb here) for _____ (put a group (s) of people here) so that _____ _____. (Write what you intend will happen when you have achieved the goals of the CoIIN).

Example:

- The purpose of our state Pediatric Obesity Nutrition Mini CoIIN is to *develop and advocate for health and wellness standards* for *early care and education programs that can be used by QRIS and licensing decision makers* so that *these standards are incorporated into existing standards.*

B. What are some things you wish to accomplish by September, 2016?

Examples:

- Identify current, evidence-based and best-practice ECE standards related to nutrition and physical activity
- Develop list of proposed standards related to nutrition and physical activity in ECE for consideration in licensure/QRIS revision that are relevant and supported by key state ECE players
- Engage in state licensure/QRIS revision processes and advocate for inclusion of strong obesity-prevention related standards

---

Interview Questions

For new states only

1. Please answer agree, disagree or not sure to the following questions:
    - The CoIIN application process was clear
    - Application forms were easy to understand and complete.

2. Open ended: what suggestions, if any, would you make for improving future application processes?

3. How did you identify your individual team members?

4. What do you hope that these individuals will bring to your team? How will they help you achieve your project goals?

Former states only

5. Has the composition of your state team changed this year? Please explain.

All states

6. How much time per month do you anticipate spending on the CoIIN project?

7. How often do you plan to convene your team either in-person or via telephone?

8. We would like to review the 10 Spectrum of Opportunities and ask you to briefly state whether or not you plan to address them this year. If you intend to address them, please briefly describe your plans to do so.
   A) Licensing and Administrative Regulations (Some examples of this opportunity include: requiring that facilities meet specific obesity prevention related standards; incentivizing facilities to meet standards thru reduced licensing fees; requiring ECE providers to obtain training, CE or certification on obesity prevention; incorporating obesity prevention messages and standards into coursework, training and education requirements for providers; requiring facilities to meet CACFP standards even if not participating in program)

   B) Child and Adult Care Food Program (CACFP) (Some examples of this opportunity include: providing CACFP training and TA focused on obesity prevention measures; enhancing state CACFP standards to align with other national nutrition guidelines; providing information on how to increase CACFP participation among facilities)

   C) Quality Rating and Improvement Systems (QRIS) (Some examples of this opportunity include: design specific obesity prevention-related standards needed to reach higher quality rating; require participating providers to conduct systematic assessment of policies and practices-such as using NAP SACC); include obesity prevention TA activities in the set of materials and resources that programs participating in QRIS receive; incorporate obesity prevention information into coursework training and education requirements for child care providers)

   D) Funding and Finance (Some examples of this opportunity include: explore other funding sources that are over and above allocations received from federal government programs; set standards for federal fund receipt to enhance requirements for obesity prevention activities-or require parent engagement; use MCHBG or SNAP ED $ to provide training and TA for ECE providers and to help implement obesity prevention interventions)

E) Pre-Service and Professional Development – also referred to as Certification and ongoing training for ECE providers… (Some examples of this opportunity include: Ensure that educators of ECE professionals are trained on obesity prevention approaches and that early childhood degree programs include this in coursework; offer optional coursework in obesity prevention for students interested in learning more about adult and child health; require that state certification and continuing education programs incorporate obesity prevention activities; offer optional training in obesity prevention for providers interested in going beyond minimum requirements)

F) Facility-Level Interventions (Some examples of this opportunity include: facility level interventions that take place directly in ECE facilities aimed at obesity prevention - for example Color Me Healthy; NAP SACC assessment; Eat Well, Play Hard in Child Care; Let's Move! They may seek to alter policies and practices in the facility or to support behavior change in children directly. May be a single component like a curriculum or multiple components that are mutually reinforcing).

G) Technical Assistance (Some examples of this opportunity include: expand opportunities to involve nutrition professionals, PA experts, child care health consultants, cooperative extension etc. in providing TA to ECE providers)

H) Access to Healthy Environments (Some examples of this opportunity include: kitchens, farm to preschool program, joint use agreements-shared resources such as property or facilities like a playground)

I) Early Learning Standards (Some examples of this opportunity include: integration of nutrition and PA requirements into early learning standards

J.) Family Engagement (Some examples of this opportunity include: efforts to foster active collaboration and commitment between families and their ECE providers)

9. How do you think this work will help support your state health department? What about other state agencies?

Resources and Support

The purpose of the Information Packet is to provide an overview of the project, background materials, resources, tools and other information to support you and your team in planning and implementing the Mini-CoIIN. Over time, additional information will be provided as needs are identified by the Planning Committee and/or the State Team members.

10. Which content in the Information Packet has been most useful to you so far? Are there additional things that you think should be included?

11. What additional information and/or support would be useful at this point? Looking down the road, can you anticipate additional tools and/or information that might be helpful as you carry out your work?

Concerns/Issues

12. What, if any, barriers have you encountered far?

13. What, if any, concerns do you have about participating in the Mini-CoIIN?

14. Is there anything that we haven't covered that you would like to discuss?