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

State Team Lead Interviews
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I. Purpose

The goals of this year end interview were to:

- assess progress among states toward meeting goals established earlier in the year;
- assess project reach among various groups, to the extent possible;
- learn about elements of state team operations that contribute to the sustainability of their efforts;
- understand how team leads view their projects as catalysts and/or facilitators of other ECE focused activities in their state;
- assess change in project lead and team member effort on the Mini-CoIIN;
- learn how states are applying the PDSA approach in their projects;
- learn about team successes and needs; solicit state input regarding the support and leadership provided by the Planning Committee; and to report reflections from state leads about lessons learned to date.

The information gathered from this evaluation will help the Planning Committee:

- design future training and TA opportunities;
- develop opportunities to address other needs expressed by state leads;
- continue to explore avenues for sustaining the work of the Mini-CoIIN;
- communicate the effectiveness and impact of the Mini-CoIIN to stakeholders.

II. Methods

Telephone interviews were conducted with the 7 state team leads between October 24 and November 7, 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 25 minutes to 61 minutes.

III. Findings

Progress Toward Meeting Goals and Project Reach

During Spring 2016, State Leads identified specific project goals to achieve by September, 2016. In this set of interviews Leads were asked about progress made to date in achieving these goals. Team leads were also asked to estimate the reach of their project including partners involved, early care and education (ECE) settings, and families and children age 2-5 who are reached through their efforts.

Arkansas

Arkansas is developing curriculum kits and distributing them to Child Care Aware regional centers to encourage the adoption of evidence and best practice-based nutrition and physical activity strategies. They had hoped to distribute the kits and train regional center staff on using the contents, develop an

evaluation system for the kits, and share their project with the Arkansas State Obesity Prevention Initiative by the end of September. Rather than follow their previous model of a large number of smaller kits, they decided to develop a smaller number of more substantial kits. Although the kits are ready to distribute, the state team shifted focus to "train the trainer" and team-building sessions that were conducted by Diane Kraft. Two trainings, focusing on physical activity strategies, were completed in September. Eighteen people, representing 14 different agencies/departments that have roles in ECE attended the team building session. Thirty two people attended the train-the-trainer session.

The team is working on an evaluation plan for the kits and considering the inclusion of parent surveys and a measure to evaluate the amount of time that children are spending in mild to vigorous physical activity (MVPA).

A slow process for approval of the use of 1305 funding for some project supplies contributed to the delay in assembly of the kits. However, other opportunities arose along the way, such as the availability of Diane Kraft for trainings, which contributed to the overall success of the project in meeting its goal of providing resources to help centers adopt nutrition and PA practices. Another new focus for the team is involvement in the Governor's Healthy Active Arkansas 10 year plan, which includes children. The team working on this plan lacked expertise in ECE, so Mini-CoIIN members are attending planning meetings and have provided smart objectives around ECE to add to the plan.

Recently, the Mini-CoIIN team learned that three new Child Care Aware centers will open in Arkansas. Distribution of curriculum kits, playground stencils and other materials will be expanded to include interested new centers.

Arkansas Project Reach

The core Arkansas Mini-CoIIN team includes 5 individuals. Three other partners share information and contribute to the team, but are not considered "official" team members. Two new individuals who are involved in 1305 with a focus on programs that support learning in early childhood will likely be joining the team. The Mini-CoIIN team participates in the larger Arkansas Coalition for Obesity Prevention child workgroup. The Lead estimates that their kits will reach over 900 child care facilities and more than 5,000 children age 2-5.

California

California is updating and enhancing the nutrition, physical activity and reduced screen time information for the web site that is used in their state to train instructors and child care providers. To date, they have chosen all of the materials and are in the process of translating them. With the additional resources from ASPHN, they will be translating more materials than originally planned. They extended their timeline for completion once they found that the Mini-CoIIN would carry into 2017.

A new law in California requires that newly licensed child care staff take a one hour training course on nutrition. There were no plans to specifically address this new training need, so the Mini-CoIIN team stepped in to provide additional web-based training resources.

California evaluated their team's collaboration process and learned that all partners appreciate the fact that the Mini-CoIIN is providing materials that will have statewide impact. They are looking ahead to possibly produce videos that address implementation of Farm to Preschool strategies.

California Project Reach
California has twelve project partners. The lead is currently unable to estimate the reach of their efforts to child care centers, families or children.

Louisiana

The Louisiana team is identifying and testing strategies to meet new screen time regulations for early childhood centers. They developed lesson plans and disseminated materials to 5 pilot centers. They also conducted a session on screen time at an Early Childhood conference in October and printed 50 toolkits-that included lesson plans, posters, sample policies and other materials and distributed them to conference attendees. The materials will be made available for download on the Well-Ahead Louisiana website. A study is underway with 6 centers to interview directors about their current policies and procedures around screen time. Once IRB approval for this study was received, centers were randomly chosen and director interviews will begin soon.

Although the development of toolkits was not in their original goals, this has been a successful outcome of their work and they are requesting supplementary funds to purchase playground stencils to enhance the kits. They will pilot the stencil project with centers in the near future.

Louisiana Project Reach
Louisiana has 6 partners directly involved in their project. They estimate a total of 17 child care centers involved in their pilot, but predict that all 1,500 licensed centers in their state could potentially benefit from the toolkits. Three hundred families participate in the pilot project centers, with an estimated 300 children benefitting. Once the toolkit distribution expands, many more children and families will benefit.

North Dakota

North Dakota is developing companion guides to address nutrition and physical activity-related early learning guidelines. They met their September goal of contracting with an expert to develop evidence-based guides that align with Caring For Our children national health and safety standards for ECE, and with the state's Bright and Early rating system. The team is working with Child Care Aware in 25 home and center ECE sites. They plan to have guides available for them and for CACFP and Head Start. They just received the hard copies of the guides and are planning to pilot them before disseminating broadly. They received funding to print 2,000 guides, which allows them to disseminate the guides more broadly than initially planned.

The North Dakota team is working to identify an evaluation mechanism for the guides.

North Dakota Project Reach
North Dakota has 6 partners working with their project. Although their companion guides are not distributed yet, they anticipate that 60 licensed childcare programs, 200 child care centers, and 145 CACFP programs, along with Head Start, will benefit. These numbers will increase as more guides are printed. They are unable at this time to estimate the number of families or children age 2-5 who will benefit from their project.

Ohio

The Ohio Mini-CoIIN team is assessing recruitment techniques for hard-to-reach ECEs to participate in healthy eating, active living trainings. Their goal is to identify tools that can be successfully used for future recruitment. They have achieved their goals of figuring out a system for reaching high risk larger centers, and assessing the utility of using the Go NapSACC online tool for recruitment and self-assessment in 14 centers. While they hoped that Go NapSACC would serve to motivate hard to reach sites to participate in trainings, they found that sites were already saturated with self-assessment requirements and that this tool was not engaging or motivating. Their goal was to complete 15 assessments, but 14 of the 15 sites recruited completed the tool. Recruitment incentives that were provided (physical activity resources such as play equipment, games, and hula hoops) proved to be ineffective. Face-to-face recruitment and a kick-off training would have been beneficial, but time and travel restrictions made this approach unfeasible. They originally planned to be finished with trainings by September, but are just completing the assessments, which have required a significant level of technical assistance.

In Ohio ECE sites can achieve a Ohio Healthy Program (OHP) designation when they meet specific criteria, including 15 hours of staff training. The Ohio team is hopeful that providing free training points for this quality rating will be a big incentive for participation. The team is hoping that at least 50% of the hard-to-reach centers that completed the Go NapSACC assessment will achieve OHP designation.

Ohio Project Reach

Fourteen partners are involved in their project. The number of child care centers reached through this year's project is 14, however all 7,300 sites will be reached when licensing changes, which were passed last year and include recommendations resulting from Mini-CoIIN work, are implemented in December, 2016. The Ohio team is unable to estimate the number of families or children age 2-5 reached through their project.

Oregon

Oregon is identifying disparities in CACFP participation by ECE settings and targeting training and outreach regarding CACFP. They planned to complete a gap analysis by September, and identify target areas, train licensing and quality improvement specialists about CACFP, provide outreach materials for TA specialists to use, and inform the revision of training materials used to onboard licensing specialists. Their gap analysis is moving forward but is taking much longer than anticipated, due to the need for coordination and access and cleaning of data across two divisions (CACFP and Early Learning Division (ELD)). While most other goals are dependent on the gap analysis, one CACFP Mini-CoIIN member has provided training about CACFP to licensing specialists and provided information about accessing resources, webinars and a library of trainings. So, although they have not yet identified ECE providers to target, licensing specialists have received CACFP training and are ready to work with the providers when the time comes.

An unanticipated and positive outcome of this work is that the CACFP and ELD teams held a joint meeting to map opportunities for shared activities across programs. A draft of a shared vision between

the ELD and Child Nutrition Programs was developed. The systems are working together to share communication that is aligned in language, monitoring, workforce training and data systems so that seamless services can be provided for children, families and providers. The ELD is incorporating information into their data system about CACFP participation-a sustainable system level outcome.

Oregon Project Reach

Oregon has three key division partners in their Mini-CoIIN project, working across three different state agencies. Their partners have expanded to include the licensing lead, a teaching research institute (Western Oregon University-which holds the contract to work on QRIS), and Child Care Resource and Referral. One hundred two centers were surveyed about their perceptions about CACFP. As a result, CACFP is conducting a strategic plan and is using the survey to inform that plan. Oregon does not have an estimate yet as to the number of families and children to be reached through their project.

Wisconsin

Wisconsin is developing engaging modules that address nutrition and physical activity, for inclusion in the Active Early and Healthy Bites (AEHB) toolkit. They met their goal of identifying and including modules and have received feedback from family and group providers about the content of the kits. Their evaluation of the impact of the new kits showed that providers increased physical activity programs as a result of the toolkit, and that willingness of children to try new foods has increased.

The Wisconsin team is now working on improving family engagement activities in the toolkit, with a focus on identifying things that will be useful to and be used by parents and families. They would like to conduct parent focus groups, but currently lack the time and resources to do so. They are modifying their existing evaluation tool to try to capture some of this information.

This work is associated with the American Heart Association Anchor grant, which provides training on Active Early. Race to the Top grant funding is also being used to provide additional technical assistance to centers, and Wisconsin is conducting their PDSA #4 to evaluate whether the toolkit plus the training and technical assistance provided through these other mechanisms results in a bigger impact.

Wisconsin Project Reach

Wisconsin has 5 organizations that are active Mini-CoIIN team partners. They work closely with the Wisconsin Obesity Prevention Initiative (WICOPI), which has 20 core team members. They have reached approximately 12 child care centers so far. Additionally, 30 providers that were in attendance for an American Heart Association Anchor Grant training received toolkits. They are unable to estimate the number of families or children age 2-5 reached though their project.

Sustainability of Efforts

Team Leads were presented with a list of core elements that could help assure that the work being done through the Mini-CoIIN is sustainable. These elements were adopted from CDC's Healthy Communities Sustainability Planning Guide, available at:
https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf

They 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.

Team Leads were asked to describe their team's ability and current success in addressing these core elements of sustainability.

Arkansas

The Arkansas Lead believes that their efforts will be sustained due largely to the level of buy-in from diverse partners, including ECE providers. She also is willing to continue playing a lead role and the Mini-CoIIN team agrees that they want to continue working together. The Lead sees recognition of the state's weak licensing standards for physical activity components as a potential area of new and sustained effort.

California

The Lead indicated that their team's ability to address these core elements is limited, due in part to the concerns about the time and support required.

Louisiana

Support from key decision makers and the community exists to an extent, but additional leadership from the Education Department is a recognized need. The Louisiana team has a research arm (two members from Pennington and Tulane) who help assure that evaluation is being done in some way. The team is constantly looking for opportunities to apply for a larger grant, using their pilot data.

North Dakota

The Lead reports that they do have buy-in and support from key decision makers and the community, including the organization overseeing licensing, CACFP and Child Care Aware. Key partners continue to be engaged. The Mini-CoIIN team is also on the Health Department's Nutrition and Physical activity committee. The Lead and another member working within the department on 1305 are leaders, and they hope to engage more members and build additional channels of communication. They are interested in enhancing their evaluation and tracking efforts.

Ohio

The Leads report that support from key decision makers and the community was stronger during the first pilot (licensing changes) because they often had contacts that knew ECE providers well. In terms of leadership, being able to work face-to-face would have helped build leadership and buy-in. Additional funding may have made another training possible, and helped facilitate leadership building.

The Lead believes that their team has the knowledge to address the core elements of sustainability, but not necessarily the time. In terms of additional steps to that can be taken to address the core elements, the Leads believe strongly that they need face-to-face time to create the buy-in and that some kind of

orientation or training to create connections is important. The ability to do policy level work is important for sustainability, and having someone who can communicate with state agency leaders is critical to do this work. Ohio is also finishing the second version of their state health improvement plan. Everything that the Department of Health is doing in the next three years must relate to this plan. Assuring that ECE work remains within the plan is a priority.

Oregon

Oregon has strengthened partnerships between all of the Mini-CoIIN member's agencies. Their project and the Mini-CoIIN resources are supporting efforts to update QRIS recommendations.

Wisconsin

WICOPI has a core team of 19 or 20 organizations, as well as a broader group of interested people. The core team meets every other month. The Mini-CoIIN team is a subset of this larger group. Mini-CoIIN team members bring updates to WICOPI regarding their work. WICOPI is supportive of the Mini-CoIIN, and is currently planning future grant applications for funding opportunities to enhance Active Early and Healthy Bites. The toolkits and work of the Mini-CoIIN, used as incentives for providers, are integrated into these applications.

The Lead is interested in developing a method of monitoring the kits, and looking at the associations between the use of the kits and the achievement of "YoungStar" points for family engagement and nutrition. In terms of additional steps that can be taken to address the core elements of sustainability, Wisconsin is interested in addressing all areas of the Spectrum of Opportunities, working with WICOPI, Race to the Top, Mini-CoIIN and other entities involved in ECE. Revisions to licensing are also on the horizon. WICOPI is currently working on a commentary, which serves as a preamble to this effort.

Mini-CoIIN Work as Catalyst and Facilitator

Team Leads were asked to describe the extent to which they see their Mini-CoIIN work serving as a catalyst or facilitator of other ECE-focused work in their state, including 1305 nutrition and physical activity efforts.

Arkansas

The Lead reports that the Mini-CoIIN work forced ECE into the limelight, starting in year three of the 1305 grant. Up to that point, ECE-focused efforts were not a priority.

California

The California Mini-CoIIN team and the 1305 team collaborate closely and share members. The Mini-CoIIN team is providing Spanish translation for sample policies being developed for 1305. Information such as breastfeeding policy guidelines and farm to preschool strategies, are broadly shared between the Mini-CoIIN and 1305 team members.

Louisiana

Although the state has been working with NapSACC since 2010, the Mini-CoIIN has elevated that work and generated ideas for new products, such as playground stencils and toolkits. The Mini-CoIIN also helped open communication doors with the Department of Education.

North Dakota

Through the Mini-CoIIN, a core group of partners supports 1305 goals and Child Care Aware by providing the nutrition and physical activity companion guides.

Ohio

The Mini-CoIIN resulted in the first inter-agency early childhood task force in the state. The Mini-CoIIN has been helpful for all of this state's 1305 work. Results from pilots helped make state partners at other agencies aware of the ECE work and helped identify needed program and marketing changes. The pilot projects helped the task force to identify ECE needs, determine the value of different ECE environment assessment tools, understand other available state resources, and develop options to expand ECE work. Partners collaborate more and opportunities to work together continue to be identified. The licensing changes achieved in year one were due to the broad representation on the Mini-CoIIN team.

Oregon

The Mini-CoIIN work leveraged other work going on with QRIS and 1305. The 1305 ECE work consists of high level monitoring, with no specifically funded projects. The QRIS process is currently being revised, and the Mini-CoIIN has informed this process. Rules for child care are currently being updated across all settings (family registered, family licensed and licensed). All three have different rules which are inconsistent and not up to date. Coordination is taking place to accomplish these revisions, and the Mini-CoIIN has facilitated critical partnerships.

Wisconsin

The quality improvement framework used in the Mini-CoIIN is a new concept for partners and staff working in the area of ECE. The Mini-CoIIN gives space to try and learn and do things that would likely not have been possible under 1305 or in other partnerships. Skill and capacity development are also positive outcomes of the Mini-CoIIN that have benefitted the entire ECE system in Wisconsin.

Project Lead and Team Member Time and Effort

Team leads were asked to compare the amount of time currently spent by the Lead and Team Members to estimates provided earlier in the year. The Leads from all states except Louisiana report spending less time than they did before, due to the specific phase of their projects requiring less of their attention. In most cases, leads reported that team members were spending about the same amount of time as before, with one exception, where the team was spending more time due to the phase of their project. Table 1 compares previous estimates with current.

Table 1: Comparison of Estimates of Time Spent on Mini-CoIIN Activities: July vs. September 2016

State	Team Lead and Key Member(s) hours per month (July/September 2016)	Other Team Members hours per month (July/September 2016)
Arkansas	6-10/5-6	3/3
California	96/less but amount not specified	16/less but amount not specified
Louisiana	10-15/10-15	10-15/10-15
North Dakota	8-10/4-5	4-5/4-5
Oregon	8+/less but amount not specified	4-8/less but amount not specified
Ohio	10-15/~10	2-3/2-3
Wisconsin	8-12/3-4	3-4/8-12

Value of PDSA Approach

Team leads were asked to share their thoughts on the value of using the PDSA approach in their Mini-CoIIN work. Impressions of its usefulness were mixed, with most states feeling that it was useful in some instances, but not always necessary.

Arkansas

The tool is good if the team is uncertain about what to take on or which way to go. It was beneficial because the team could launch a small piece of the project and see how it went, without getting stuck. At this point, the team has a clear vision of what needs to be done and the PDSA approach is less useful.

California

California uses this approach of continuous improvement in their work anyway, without a specific form.

Louisiana

The PDSA forced them to evaluate their work early on and make sure that what they were doing was effective. At this point they are no longer using this approach.

North Dakota

The Lead did not feel as if they had used it as well as they could have-perhaps due to not having a clear understanding of it. However, they plan to use it more in the future, especially for meeting organization and tracking progress of the project.

Ohio

PDSA helped in the first year more than it does this year. Although they go through parts of this kind of process naturally and continually discuss next steps, they have not gone back to formally using PDSAs.

Oregon

The Oregon team has not used it as planned, but have appreciated learning about it. It was helpful in making them focus and without it, they would have done the "typical public health solve-everything" approach, and might have been overwhelmed. It is not useful right now for the specific phase of their project.

Wisconsin

The PDSA works well for Wisconsin because it is a systematic approach which gives "permission" to do small tests. This was a struggle in the beginning because the group wanted everything planned out completely ahead of time. This systematic, small scale approach was helpful. It was not always as "rapid" as they liked, but they felt like it worked for them.

Successes and Needs

State leads were asked to describe what they as leaders, their teams, and the Planning Committee had done particularly well, and what could be improved upon going forward.

Team Leads

Some of the things that Leads believed that they did well were being organized and keeping their team members and projects on-track, coming up with new ideas, listening to input, and disseminating information. Other strengths included reaching out to other states, planning good meetings and assembling great teams. Areas where they thought improvement could be made included being more assertive about promoting ECE and successfully recruiting other hard-to engage but critical stakeholders in the work. One state felt that it was very important going forward to emphasize not only what states are going to be doing, but what they will get as a result of involvement in the Mini-CoIIN, including mentoring, leadership, and an opportunity to build evaluation skills. Going forward, some leads also want to focus on preparing members better for upcoming meeting content so they will be better prepared to participate, and holding more "uplifting" meetings.

Teams

In every instance, Leads spoke of the cooperation, and the passionate and invested people they had on their teams. They spoke of their willingness to "step up" and do what needs to be done. None of the Leads had suggestions about things the team could do differently, but one shared a need to have a few more engaged people on the team so that existing ones do not burn out.

Planning Committee

Leads shared many positive experiences and thoughts about things that the Planning Committee does well, including connecting them to experts; providing technical assistance and funding; providing an opportunity for them to come together at the excellent face-to-face meeting; and keeping them informed. The relationship was described as non-threatening, supportive and comfortable.

Feedback on the webinars is mixed, with some topics of interest to some members more than others. Fatigue with the monthly schedule came through with one Lead expressing that mandatory participation in webinars, plus their monthly Mini-CoIIN state meetings, plus monthly check-in meetings are very time consuming. States also reiterated previous requests for more cross-team dialogue and sharing. Specific requests for help from the Planning Committee included information on incentives used by other states to motivate low-income populations and information about how far state employees can go while "pushing the policy button." One state also requested information about how other states are funding health trainers and information about Empower Arizona and UNC Preventing Obesity by Design.

Reflection – Lessons Learned

Key lessons learned for Leads and for their team as they worked together over the last year, are shared here.

Lessons learned about working with teams across state agencies:

- Realize that people can have different vocabularies and understandings. Be aware of the fact that new people or people from other arenas may be listening and interpreting things very differently.
- Learning about the different roles people play has been a great opportunity, also the opportunity to work collaboratively and dialogue.
- Having the support from your child care licensing agency is key!
- Having a variety of players on the team is valuable.
- Our project provided the impetus for two divisions to look at program data differently and to look at ways to integrate data for the future
- Partners are key to success-get them to the table and respect them.
- Team work is great, and fun and helps make connections to other things that are happening in the state.

Lessons learned about a team approach to a quality improvement process:

- Keep the team small and focused-don't feel like the team needs to grow for the sake of growth. A smaller team is able to produce things more quickly!
- The Mini-CoIIN gives us a different space to do this work - using a quality improvement lens has been helpful.
- Have things ready to work on when a window opens!
- This experience was a beneficial way to learn and work with others and to improve leadership skills.
- Know each other's strengths and use what each does well to an advantage.
- Take baby steps to get where you need to be. It's important to weigh long-term goals with realistic goals that can be accomplished in a given time frame, with existing resources.

Lessons learned about time commitments:

- Be clear and realistic with potential team members about the time commitment needed and expected.
- The time commitment can be a major problem – it is good when the partners feel like they're getting something.
- Things always take longer than you expect.

IV. APPENDIX

Interview Guide

October/November 2016

1.) When we spoke back in July, you set some specific goals that you wanted to accomplish by September. They were: ***(list specific state goals).***

- How would you describe your progress toward meeting each of these goals?
- What things helped you accomplish your goals?
- What things got in the way or hindered you?
- Are there other things that you accomplished that aren't represented among these goals? Please describe them.
- What, if any, new goals have you set for the next few months?

2.) Some of the core elements that help assure that the kind of work being done through the Mini-CoIIN 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?

3.) To what extent do you see your Mini-CoIIN work serving as a catalyst or facilitator of other ECE-focused work in your state, including 1305 ECE physical activity and nutrition efforts?

4.) Please provide your best estimates about the reach of your project for the following groups:

  a. # of partners involved in your project
  b. # of child care centers reached through your project
  c. # of families reached through your project
  d. # of children reached through your project. If you can further define how many of these children were between the ages of 2-5, please indicate that as well.

5.) Last time we spoke, you estimated that you were spending about XX hrs/month as the lead(s) and your team was spending about XX hrs/month on the CoIIN work. Have these numbers changed? If so, how?

6.) For this question, we want to get your thoughts on the value of using the PDSA approach in your CoIIN work. What works well about using PDSA? What doesn't work well?

7.) What have you as a leader done particularly well? Is there anything you think you might do differently going forward?

8.) What has your team done particularly well? Is there anything you think that your team might do differently going forward?

9.) What do you think that the Planning Committee has done particularly well? What do you think they could do differently going forward that would help your team achieve its goals?
10.) What additional information, tools and/or support do you need?
11.) What are some key lessons learned for you and your team as you've worked together over the last year?