You are receiving this monthly newsletter because you are either a part of the ASPHN Children’s Healthy Weight CoIIN or a partner in this CoIIN. This newsletter will feature stories and highlights from partners and CoIIN members, information about resources and upcoming trainings, and other important news. If you have anything you’d like to contribute, you can reach out to Rebecca Leighton at rleighton142@gmail.com. Thank you!

**Upcoming Events**

- September 26, 2018: Webinar - Walking Towards Justice Episode #4: Connecting and Allying with the Disability Rights Movement
- September 26, 2018: CHW-CoIIN Physical Activity Work Stream Networking Call
- October 17, 2018: CHW-CoIIN Webinar - Innovative Nutrition Integration Work Stream
- October 25, 2018: Breastfeeding Workstream Networking Call

**Reminders**

**September 30, 2018:** First step of Innovative Nutrition Integration due

Did you miss a CHW-CoIIN Webinar? All past webinars are available to view at https://asphn.org/trainings-webinars/.

We want to hear from you. After all webinars, look for an email from Cheryl Clark (cclark@amchp.org) with a link to an evaluation survey. All webinar attendees are expected to complete the survey.

**Save the Date**

January 8-9, 2018: CHW-CoIIN In-Person Meeting

Hyatt Regency Bethesda
One Bethesda Metro Center (7400 Washington Ave)
Bethesda, Maryland

**Less Than One Week Left for the Preventing Childhood Obesity Challenge!**
There is less than 1 week for innovators to submit their solutions to Phase 1 of the Using Technology to Prevent Childhood Obesity Challenge. The deadline for submission is September 24, 2018.

You need only a five-page description of your great idea that meets the Submission Requirements and Review Criteria. This challenge supports the creation of tech innovations to promote healthy weight for children and families within the context of their communities.

The Maternal and Child Health Bureau (MCHB) is part of the Health Resources and Services Administration in the U.S. Department of Health and Human Services. Our Challenges are designed to inspire innovation, promote partnerships, and help families and care providers address some of today's most important health issues.

For questions, please contact MCHBGrandChallenges@hrsa.gov.

For more information or to upload an application, visit our website.

---

ASPHN has developed an infographic about the CHW-CoIIN!

---

**Partner Spotlight**

The United States Breastfeeding Committee (USBC) is another great partner of ASPHN. USBC is a nonprofit organization formed in 1998. Their mission is to "drive collaborative efforts for policy and practices that create a landscape of breastfeeding support across the United States," with a focus on the values of leadership, integrity and inclusion. USBC is made up of 50 member organizations, including federal agencies and national non-profit organizations (including ASPHN!), state breastfeeding coalitions, and action-focused work groups known as "Constellations." Centering equity in its strategic initiatives, USBC is involved with several national collaborative groups, including the Breastfeeding Public Health Partners and the Children’s Health Weight CoIIN. Kinkini Banerjee, Coalition Relations Director for USBC, serves on the Steering Committee of the CHW-CoIIN and
leads its Breastfeeding Workstream. “Partnering with ASPHN on this exciting initiative is fostering synergies across a range of breastfeeding priority areas. Each of the eleven states participating in the CHW-CoIIN are designing and implementing policies, programs and practices that will impact the landscape of breastfeeding support beyond the borders of their states,” she said.

As the national breastfeeding coalition, the USBC was built as an organization of organizations: a place to coordinate opportunities for collaboration and change and provided infrastructure supports for stakeholders to engage in policy, systems and environmental change. Throughout USBC’s history of providing capacity-building assistance to the breastfeeding field, they are guided by the belief that effective collaborations include individuals with lived experience, community-based organizations providing direct services, state-level coalitions advocating for change, and national entities leading and supporting trends and strategic opportunities, with diversity of those being served and of those serving, at every level. USBC is expanding its membership structure to include groups at all those levels, ensuring that all organizations have an equitable membership experience.

Breastfeeding Team Highlight

Each month, a new Children’s Health Weight CoIIN team will be featured in the newsletter! This is what team lead Shawn Meyer shared about Wisconsin's project.

We started our work by partnering with the Wisconsin Breastfeeding Coalition and forming the WBC Worksite Committee which includes representation from local and tribal health departments. We started our work with two PDSA cycles assessing what local businesses may want out of a statewide recognition program including what they currently offer employees, how they may want to be recognized and who they want to be recognized by. During that process, one theme that resulted was a need for more funding to support the creation of lactation spaces. We budgeted $2500 to create 10 mini-grants of $250 each to help with the creation of lactation spaces with the purpose to improve lactation services and policies within workplaces and to address disparities in lactation support offered to women of various backgrounds and experiences. We launched this initiative during Breastfeeding Week. The mini grant application asked applicants to describe how the project would promote and/or support breastfeeding among employees, especially among groups of women who may be less likely to breastfeed their infants. Examples included: creating/improving a dedicated lactation room (space, chair, table, artwork, printed materials, lock changes), developing/providing educational materials in multiple languages, etc. A lactation policy was a requirement of the project. The applicant had to be working with a local or tribal health department for support with the lactation policy and creation of the lactation space or support materials. At this time, the application process has closed. We have received many strong applications from across the state and we are preparing to notify the awardees.

Successes include meeting monthly with our core team as well as our WBC Worksite Committee. This has provided the opportunity to continue efforts consistently and keep the momentum of the CoIIN going. We have had a dedicated group of Worksite Committee members that have offered their expertise on their communities, breastfeeding and local efforts. Our core team included representation from the Wisconsin Breastfeeding Coalition, the Nutrition Coordinator from the WI DHS Chronic Disease Prevention, WI DHS Maternal and Child Health Program, a local tribal agency, a local health department, a local university system and our DHS QI director. We were grateful to have our QI Director involved in our core team. She has provided us with a wealth of knowledge and expertise related to the PDSA cycles and structuring of the mini
Are you interested in sharing the great work your team is doing? Fill out the form to be featured in the next newsletter!

Share your story here!

About Us

The Children’s Healthy Weight Collaborative Improvement & Innovation Network (CoIIN), is designed to support Title V programs to promote nutrition, physical activity and breastfeeding through collaborative learning and quality improvement practices.

The Children’s Healthy Weight CoIIN is managed by the Association of State Public Health Nutritionists (ASPHN). Visit www.ASPHN.org for more information about ASPHN.

Visit the CoIIN Website

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number, U7NMC30388, Pediatric Obesity CoIIN 2.0 (also known as the Children’s Healthy Weight CoIIN) for $300,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.