You are receiving this monthly newsletter because you are a part of the ASPHN WIC Developmental Monitoring Project. This newsletter will feature updates from states within the project about what they are doing and successes and challenges they have had, information about upcoming trainings, and other news. If you have anything you’d like to contribute, you can reach out to Amber Brown at AmberBrown@asphn.org. Thank you!

**Upcoming Events/ Due Dates**

- **November 18th, 11 am ET**: Virtual Kick Off Call
- **December 16th, 11 am ET**: Topic TBA

*Mark your calendars for our monthly training on the 4th Wednesday at 11 am ET.*

*Please note the November and December Trainings will take place on the 3rd Wednesday at 11 am ET due to the Thanksgiving and Christmas holiday.*

**ASPHN and CDC Updates**

Welcome to Year 3 of the WIC Developmental Monitoring Project! We are excited to get started on creating a virtual model for WIC and working with so many great states! During this project you can expect to receive a monthly newsletter that will provide you with updates from ASPHN and CDC, information on the virtual model, and updates from states in the project letting everyone know what they are working on related to LTSAE in WIC.
their state, including what successes or barriers they may be facing.

We have a total of 19 states joining the project for year 3! The 10 states from year 1 & 2 will continue in year 3 and 9 additional states will be joining. A list of all the states in the project are below:

New states:
- Indiana
- Montana
- South Carolina
- Texas
- Puerto Rico
- Oregon
- Utah
- Hawaii
- Ohio

States from Year 1 & 2:
- Arkansas
- Massachusetts
- Nevada
- Georgia
- Iowa
- Maine
- New Hampshire
- New Jersey
- US Virgin Islands
- Delaware

Advisory Team

The WIC Developmental Monitoring Project is lucky to have an Advisory Team full of experts in WIC and LTSAE. We have added a number of members to this team for year 3. The advisory team will provide feedback and guidance throughout the project as well as play a big role in developing the virtual model. Members of the Advisory Team include CDC staff, WIC staff, NWA staff, AMCHP staff, ASPHN staff, MO WIC program staff, Act Early Ambassadors, other experts in LTSAE, and experts in developing/implementing a virtual program. I want to give a huge thank you to the members of this advisory team for their guidance and expertise!

Members of the Advisory Team include:
Karen Probert (ASPHN), Amber Brown (ASPHN), Katie Green (CDC), Tiffany Williams (CDC), Janet Farmer (University of MO), Kate Taft (AMCHP), Anna Corona (AMCHP), Bridgette Delgman-Yawberry (MO WIC), Alicia Curran (MO Act Early Ambassador), Cecilia Richardson (NWA), Georgia Machell (NWA), Debra Vigil (NV Act Early Ambassador), D’Anne Ward (MO WIC), Lara Evans (NV WIC), BethAnne Vergean (CT Act Early Ambassador), Kate Barlow (MA Act Early Ambassador), Michele Rogers (CA Act Early Ambassador), Erin Barton (MO WIC), Aril Anderson Ravert (University of MO)
Thank You Year 1 & 2 Funded States!!

ASPHN wants to say a huge thank you to the 3 funded states (AR, MA, NV) who have done some incredible work over the last couple of years! We have been incredibly lucky to have 3 states that are so invested in continuing developmental monitoring even throughout the pandemic with things like promoting the app, utilizing social media, developing online checklists, and so much more. Things were put on hold as the pandemic has unfolded and since WIC clinics will not be able to fully open in-person again in the near future we decided to close out the current funded states and wrap up year 1 & 2 of the WIC Developmental Monitoring Project. The 3 states were unable to implement the program statewide, but did conduct successful pilot programs. Now we can put our focus into developing and implementing a more sustainable virtual checklist program. Each of the 3 states will continue to be involved in the project during year 3!

Evaluation Results from Year 1 & 2

To wrap up year 1 & 2 of the WIC Developmental Monitoring Project evaluations were conducted. A staff survey was conducted with the staff from the pilot clinics in September 2020. The results are below:

- Sent to 35; 22 responded (63% response rate)
- 82% agreed or strongly agreed that the Developmental Monitoring Checklist program is a beneficial program
- 73% were supportive or highly supportive of the checklist program
- 73% felt well supported in implementing the checklist program
- 86% felt comfortable discussing child development with parents and referring them if necessary
- 86% were interested in continuing the checklist program
- 77% are interested in implementing a virtual model of the checklist program
- Positive stories related to the checklist program that were shared:
  - Many families shared that they felt a sense of relief after completing the lists
  - People were excited to fill it out. Parents expressed relief knowing that their child did all that was on the checklist.
  - We had a lot of positive feedback from parents about getting the opportunity to learn more about developmental milestones.
  - Through screening of our participants, we have made many referrals and the parents are so appreciative.
- Suggestions for improving the checklist program or continuing it virtually:
  - I like the online survey parents can fill out right now while in office appointments are minimal.
  - Having online checklist is what’s allowing Nevada to launch despite ongoing COVID clinic operations (virtual or hybrid appts). Making sure that all WIC programs are notified when
there are changes to forms or graphics so we can stay current.

- I think virtual checklists would need to be shorter and very easy to access from many different platforms
- Less wording and easier for the client to read.
- Virtually - other languages than SP and easier words.

Key Informant Interviews were also conducted with the state point of contact from each of the 3 funded states and 2 of the technical assistance states. These were conducted by Ann Price with Community Evaluation Solutions, Inc. in September 2020 and a report of the results were put together in October 2020. Some of the highlights include:

- Most participants believed they were able to meet their desired goals given the circumstances presented. Most participants were ready to implement statewide.
- Due to the COVID-19 pandemic, all participants were not able to fully implement LTSAE statewide.
- Participants found email to be the most effective form of communication for implementation.
- With most participants satisfied with the TA provided by ASPHN, most participants believed their ability to connect with other states who were implementing LTSAE was a major benefit of the TA provided.
- Most participants of funded states plan to continue their implementation efforts virtually.
- Participants suggested that additional resources, including educational resources, more frequent interaction, guest speakers, and IT expertise would improve the TA provided by ASPHN.

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**ASPHN's Library of Reliable COVID-19 Information**

ASPHN has created a library of COVID-19 reliable information related to public health nutrition. Check it out here:
[https://asphn.org/covid-19-resources/](https://asphn.org/covid-19-resources/)