In 2016, The Health Services and Resources Administration (HRSA) Maternal and Child Health Bureau (MCHB) provided funding through a cooperative agreement to the Association of State Public Health Nutritionists (ASPHN) to establish and support the Children’s Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN). The goal of the Children’s Healthy Weight CoIIN was to facilitate the development, implementation, and/or integration of evidence-informed policies and practices to support State Title V programs. State teams developed strategies to improve health behavior related to breastfeeding, physical activity and nutrition for children, adolescents and young adults, 0-21 years of age, including those with special health care needs. In September 2019, HRSA provided ASPHN supplemental funding to support a robust evaluation of state projects, an additional year of the innovative nutrition integration state teams work, and marketing and promotion of state team projects.

During the three years of the project, ASPHN provided guidance to projects using driver diagrams and training for using Plan-Do-Study-Act (PDSA) cycles for quality improvement. ASPHN provided support via email, calls, webinars, and expert technical assistance. There were 106 in-person and virtual attendees for the 2018 and 2019 CHW-CoIIN meetings.

Key factors that supported implementation included collaboration and teamwork, using data, support the participants received from ASPHN, and positive group dynamics and processes.

ASPHN’s CoIIN support included the following key activities:

- One-to-one technical assistance
- In-person meetings
- Networking calls with workstream experts
- Webinar trainings
- Monthly virtual meetings
- Email, newsletters, phone calls, and other ongoing communication

CoIIN Teams addressed breastfeeding, physical activity, and nutrition.

**Breastfeeding**
- 11 teams
- 7 Intensive
- 4 TA only

**Physical Activity**
- 7 teams
- 5 Intensive
- 2 TA only

**Nutrition**
- 11 teams
- 11 Intensive
Evaluation participants agreed that the CoIIN functioned well and the CoIIN was beneficial for their states.

Innovative projects that the teams developed and implemented included:
- Toolkits and information resources
- Mini-grants
- Creating stronger systems
- Breaking down silos
- Providing schools with physical activity programs that incorporated children with special health care needs
- Providing nutrition-related materials for teachers to use in their classrooms

CoIIN teams developed 42 new policies and strengthened 20 existing policies.

Teams experienced some challenges:
- Overly ambitious and unrealistic goals
- Resource and capacity challenges (time, money)
- Staff turnover
- Failure to engage with communities and consider their needs
- Team members not co-located
- Low level of leadership buy-in
- COVID-19 disruptions and demands

Key factors that supported implementation included collaboration and teamwork, using data, the support participants received from ASPHN, and positive group dynamics and processes.

The Intensive Model of support was most useful for project development. Intensive state participants reported significantly greater knowledge increases compared to technical assistance only states.

All the teams were able to identify needs within their states and use the driver diagrams and PDSA cycles to develop innovative projects to meet the identified needs.

Successful teams were diverse, included members who were committed to and actively engaged in the work, and capitalized on team members’ strengths and capacities.
CoIIN teams engaged 133 Title V staff in their work

18 of 26 teams included Title V staff on their teams

Title V Staff:
- Sometimes served as the state team lead
- Some Title V Directors directly engaged in the work
- Provided information, feedback and resources
- Collaborated for the needs assessment
- Created the purpose statement
- Helped complete the focus report
- Participated in design and implementation of projects

State CoIIN teams brought in Title V staff when they required their expertise

Title V engagement in the work helped to maximize the impact of the CoIIN support and enabled the CoIINs to sustain that level of support within Title V.

CoIIN teams helped break down silos among various departments – including Title V / MCH

State team members reported new and strengthened partnerships and improved collaboration among CoIIN team members representing multiple programs, divisions, and departments within their state government systems.

Two of the workstream areas, breastfeeding and physical activity, have clear aims and can connect to the Title V MCH Block Grant Program’s National Performance Measures (NPMs) for breastfeeding and physical activity. The third focus area, nutrition, does not have a related Title V National Performance Measure. However, hopefully nutrition strategies developed by state teams might inform the development of a nutrition National Performance Measure.

CoIIN teams identified 150 local, state, and national level partners across the 26 teams.

- 9 of 26 teams named WIC as a partner
- 27% of partnerships were new
- Most CoIIN partners were from departments within state governments’ Health and Human Services divisions.

All evaluation participants agreed that the CoIIN was beneficial to their states.
The CoIIN teams:

- 22 teams addressed health equity
- 22 teams increased partnerships
- 22 teams shared lessons learned

The CHW CoIIN State Teams facilitated other Healthy Eating, Active Living (HEAL) efforts.

CHW CoIIN State Teams provided states with guidance and tools, and small, but mostly sufficient, amounts of funding. They also provided a framework in which states could engage in:
- developing new and innovative programs;
- creating and strengthening policies; and
- building and strengthening partnerships to leverage existing resources to improve their states’ nutrition and physical activity environment.

State teams improved their abilities to use the PDSA methodology, strengthened their partnerships, and increased their overall capacity.

State teams’ members increased knowledge about identifying community needs and programs, standards and guidelines for nutrition training and education, and increasing the pool of resources to improve strategies.
Overall, the CoIIN Project was successful. All the participating states reported that there were benefits, and participants reported positive accomplishments and changes within their states. States committed, to varying degrees, to sustaining the efforts, initiatives, or outcomes.

Recommendations

The Intensive Model used for this project—technical assistance support coupled with funding was more effective than TA-only.

Longer periods of funding would allow more time to identify needs and to make adaptations if needed.

Time was one of the greatest challenges that teams encountered in two ways. First, the project did not fund any of the CoIIN leads’ time. As a result, they were expected to lead the CoIINs in addition to their regular duties. Second, the length of time CoIINs had to develop and complete their projects was too short.

Consider a model that would ensure similarity across projects, or greater means of support for states that engage in innovative projects.

State teams that networked with states doing similar work benefitted by learning from one another. State teams doing work that was unlike other states felt somewhat isolated and less supported.

Structure evaluation and technical assistance from the beginning of an initiative to help state teams more accurately capture process and outcome data.

Because this project was successful, consider continuing to support collaborative interventions at the state level to break down silos, engage in cross-departmental work, and leverage existing state resources.