Children’s Healthy Weight Collaborative Improvement and Innovation Network (CoIIN)

Evaluation Report Appendices
August 31, 2020
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Background and Description

In 2016, the Association of State Public Health Nutritionists (ASPHN) received funding to establish and support the Children’s Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN) that the Health Resources and Services Administration (HRSA) funded through a cooperative agreement with the Maternal and Child Health Bureau (MCHB) (Grant Number U7NMC30388). In September 2019, ASPHN received supplemental funding in the amount of $300,000 to support a robust evaluation of state projects designed to demonstrate and promote state-level outcomes. State teams that participated designed state projects to address MCHB’s Title V Block Grant National Performance Measures that related to breastfeeding and physical activity. MCHS and ASPHN also required the evaluation of the collective contribution of these projects to healthy outcomes. In addition, HRSA intends for the supplemental funding to support technical assistance for the completion of state Innovative Nutrition Integration Projects. The purpose of the CHW-CoIIN was to help identify effective ways for HRSA to address childhood obesity and inform future activities related to nutrition and reducing childhood obesity. Specifically, the goal of the CHW-CoIIN was to contribute to the increase in the proportion of children and young adults, including those with special health care needs, whose weight is in a healthy weight range.

The CHW-CoIIN includes three workstreams: breastfeeding, physical activity, and nutrition. Two of the workstream areas, breastfeeding and physical activity, have clear aims and can connect to the National Performance Measures (NPMs) for breastfeeding and physical activity. The third focus area, nutrition, does not have a Title V National Performance Measure. Hopefully, nutrition strategies that state teams develop through the CHW-CoIIN might inform the development of a nutrition National Performance Measure. For this CoIIN, state teams addressed the breastfeeding and/or physical activity work stream in the first year and added the nutrition work stream in year two. Breastfeeding and physical activity work officially ended in August 2019 (though at least 3 of the physical activity teams plan to continue this work); nutrition work was continued until April 2020.

ASPHN designed CHW-CoIIN to establish a peer-to-peer network to increase sharing among states about best practices and lessons learned in order to maximize state-level outcomes and contributions toward the NPMs. Figure 1 depicts the project timeline from the start of the project to 2019.

During Years 1 and 2 of state teams’ work, the Association of Maternal & Child Health Programs (AMCHP) conducted the evaluation. This 2019-2020 cooperative agreement year, ASPHN hired Community Evaluation Solutions (CES) as the external evaluator; they, along with ASPHN consulting staff, designed this evaluation plan. MCHB staff provided feedback to drafts of the plan, and CES incorporated their feedback.
Scope and Purpose of the Evaluation

This section of the evaluation plan provides information on the scope of the evaluation, its overall purpose (use), and specifies the users of the evaluation information.

State teams are using a plan-do-study-act (PDSA) model of quality improvement to achieve progress in their work. For each work stream, the CHW-CoIIN Steering Committee developed Driver Diagrams that define the “Aims” or desired outcomes, the primary or secondary “drivers” or leverage points, and the specific change ideas and concepts that state teams expect to lead to change.

With regard to scope, this evaluation will answer key evaluation questions and present important findings related to the success of the workstream projects as they related to workforce development in states and to lessons learned that will benefit other Title V programs.

Specifically, CES will assess: 1) state teams’ progress towards their defined aims; and 2) assess the contribution of ASPHN to state teams’ success in designing and implementing their innovative projects. The evaluation will not specifically measure states’ specific contributions to NPMs outcomes and does not focus on the CoIIN methodology. The short time frame of the state teams’ work (2 years) and the fact that NPM data is reporting with a two-year delay make methodology impossible to measure, now, long-term effects of state team work. Therefore, the evaluation will assess lessons learned from the state teams as it relates to childhood obesity prevention. These lessons learned will inform future activities related to breastfeeding, physical activity, and nutrition in the state Title V program.
Related, primary evaluation questions and related sub-questions for this evaluation include:

**How well did the CHW-CoIIN function?**

- What were the challenges and facilitators of the CoIIN process?
- Regarding ASPHN’s technical assistance, what was most helpful to states and what could they improve?
- Regarding the CoIIN process, what worked well and what could they improve?

**What did the CHW-CoIIN accomplish?**

- What is the value of ASPHN’s Intensive model of support to state teams’ implementing CoIIN projects?
- What is the value of this funding to states? What were state teams able to accomplish? What did they learn through the PDSA process?
- How have states planned for sustainability of their projects once CoIIN funding ends?

**What is the value of the CHW-CoIIN?**

- What is the success of the whole CoIIN project as the outcomes and impact define?

**Key stakeholders include:**

Stakeholders of any evaluation include those people and organizations that have a vested interest in using information that they gleaned from an evaluation. Stakeholders for the CHW-CoIIN include:

- ASPHN (consultant staff, board members, and members-at-large)
- MCHB
- Existing CHW-CoIIN state teams
- CHW-CoIIN Steering Committee
- Other state workers and non-ASPHN members

ASPHN will use evaluation information to help determine the focus of future work, especially as it relates to nutrition in Title V. ASPHN will use evaluation information to determine the effectiveness of its Intensive Model of technical assistance to support public health nutritionists, to modify the program design as evaluation data indicates, and to submit annual reports to the funder.

MCHB will use evaluation results to inform future funding priorities and to help determine the value of their investment. **MCHB will use the evaluation information related to lessons learned from implementation strategies and outcomes to inform decisions related to the most effective ways to address childhood obesity.**

Existing CHW-CoIIN state teams will use evaluation results to improve their future state level work. Other state workers and non-members who are familiar with ASPHN may also have an interest in using evaluation findings in order to improve their own work.
**Context/Environments**

This section provides information about the context of CHW-CoIIN initiative.

CES has identified the following contextual factors which influence the CHW-CoIIN:

- Another organization previously conducted the evaluation. CES is coming into this project during the last year of funding.

- ASPHN funded some states at an Intensive level and provided travel support for in-person training at two meetings, grant funding two years, monthly technical assistance, monthly webinar trainings, and partner-led networking calls every other month. Technical assistance states did not receive in-person training travel support nor grant funding, and their participation on networking calls and webinar training was optional.

- Eight states started in the program in October 2017 at the Intensive level, and then in August 2018, four states moved from the “technical assistance” level to the Intensive level.

- The time between conceptualization and implementation and subsequent duration was relatively short. Breastfeeding and Physical Activity teams had 2 years to design and implement their projects; State teams carried out the nutrition work over the last year of the project and continued it for a second year simultaneous with the evaluation up until May 2020.

- Each state has its own unique environment and has designed and implemented different innovative projects. Further, each of these projects are at varying levels of implementation.

- Researchers use different surveys and methods to collect national surveillance information.
  
  - For example, National Immunization Survey (NIS) measures breastfeeding rates. However, the most recent NIS breastfeeding data are from 2014; this project began in 2017. States frequently look to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) data for more recent information, but those data only represent WIC participants.

  - The National Survey of Children’s Health gathers children’s physical activity data. However, timing of when national surveillance is available does not align with the CHW CoIIN workplan. The Maternal and Child Health Bureau released the most recent National Survey of Children’s Health data in October 2019 which represents data MCHB collected from June 2018-January 2019; this project began in 2017 and continued until August 2019.

- Funding size is small compared to overall state budgets. States do not have supplemental funding to participate in the evaluation of the CoIIN.

- The funder, ASPHN, and states may have different priorities and expectations of the evaluation.

- States teams are not responsible for the adoption of the innovative projects they design at the local level.

ASPHN should consider the impact of these contextual factors on the ability of the program to affect long-lasting change directly. Therefore, the focus of the evaluation will be on demonstrating contribution to positive outcomes rather than attribution (mitigating these factors entirely through the program).
Evaluation Method

The evaluation is a mixed-method design that includes 1) document reviews; 2) process data analysis of state team participation in technical assistance and trainings that ASPHN and this evaluation collected; 3) a survey of CHW-CoIIN participants; and 4) key informant interviews with state team leads (17 interviews).

This design is appropriate because random assignment to intervention and comparison groups is not possible. In addition, these are all new pilot projects with varying levels of implementation. Outcomes are complex with no long-term public health data approach that matches project timelines. Finally, because the CHW-CoIIN has been in place for the last two years, CES needed to use a retrospective approach, especially to assess the usefulness of the breastfeeding and physical activity-related projects. There are several drawbacks to this design, but the most important limitation is that CES cannot rule out the possibility that other factors beside the CHW-CoIIN activities affected changes in states.

The evaluation will focus on quantitative and qualitative data that reflects the development and implementation of state projects in all three work streams; state-level impacts of CHW-CoIIN projects; and the overall impact of funding.

Data sources and data collection method

This section of the plan describes the evaluation information CES will collect in order to answer the proposed evaluation questions (See Table 1). CES will collect the detailed indicators provided in Table 2.

**ASPHN Administrative Records.** CES will review the prior evaluation plan, reports, and project documentation during the funding period. CES will collect process information to assess: 1) the level of engagement in the training and technical assistance that ASPHN provided and 2) the level of implementation of CHW-CoIIN activities by state teams.

**Participant Surveys.** CES will develop and administer a survey to gather information on: 1) participant satisfaction with the CoIIN process; 2) participant satisfaction with the technical assistance that ASPHN consultants provided; and 3) participant feedback on the CoIIN process. Survey questions may include some items that AMCHP administered, but CES will not repeat questions from AMCHP surveys, unless there is a clear need for updated data. CES will add other questions to assess participant satisfaction with the CoIIN process and to gather participant perspectives about the benefit of the CoIIN.

**Key Informant Interviews.** There are 18 total teams in breastfeeding, physical activity, and nutrition workstreams. CES will administer a key informant interview protocol to the state team leads for the breastfeeding, physical activity, and nutrition workstreams. ASPHN's lead consultant, Sandy Perkins will collect baseline information during her monthly calls with state team leads of the nutrition workstream. The purpose of the key informant interviews is to determine how well the CoIIN approach worked in each state and to identify the successes and challenges of forming the state teams and implementing the work.
### Table 1. ASPHN Detailed Measurement Model

**Primary Goal 1:** To collect data and assess the development and implementation of state projects on physical activity, breastfeeding, and nutrition integration. What did the CHW-CoIIN accomplish?

**Summary Evaluation Questions:** How well did the state teams function? What did each state develop and implement? What was helpful in developing and implementing the state projects and why? What wasn’t helpful and why not?

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Indicator(s)</th>
<th>Method/Source</th>
<th>Who is responsible?</th>
<th>Report Date</th>
</tr>
</thead>
</table>
| 1. What level of implementation did state teams achieve? | # and type of settings where projects were implemented  
# of people served in each setting  
# of new projects identified/implemented  
# of new policies implemented  
# of existing policies strengthened or enforced  
# and type of goals met by the state  
#/types of primary and secondary drivers addressed  
# and types of agencies, partners and state team members engaged  
# of Title V staff engaged | Qualitative/Quantitative  
Key Informant Interviews  
ASPHN Administrative Records | Sandy Perkins | August 2020 |
| 2. Whom did state teams engage in the work? | Perceptions of CoIIN functioning and benefits of participation  
# and % of state team members reporting that the CoIIN process benefited their state | Qualitative/Quantitative  
Key Informant Interviews  
Participant Surveys | CES | August 2020 |
| 3. How did team members perceive the CoIIN? | # of TA sessions and webinars provided by ASPHN  
# of TA sessions and webinars attended by state team participants  
# of state teams/# of participants on each team  
# of state team members participating in TA  
# of CoIIN participants attending ASPHN and MCHB meetings | Quantitative  
ASPHN Administrative Records (Interaction Log) | Sandy Perkins | August 2020 |
**Primary Goal 1:** To collect data and assess the development and implementation of state projects on physical activity, breastfeeding, and nutrition integration.

What did the CHW-CoIIN accomplish?

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Indicator(s)</th>
<th>Method/Source</th>
<th>Who is responsible?</th>
<th>When will this be reported?</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. How well did ASPHN’s “intensive model” work?</td>
<td>Perceived usefulness of the intensive model as reported by state team leads</td>
<td>Quantitative/Qualitative Participant Survey Key Informant Interviews</td>
<td>CES</td>
<td>August 2020</td>
</tr>
<tr>
<td>7. What needs did state teams identify?</td>
<td>Types of needs identified</td>
<td>Qualitative ASPHN Administrative Records (Evaluation Excel File) Key Informant Interviews</td>
<td>Sandy Perkins CES</td>
<td>August 2020</td>
</tr>
<tr>
<td>8. What types of innovative projects were developed?</td>
<td>Types of innovative projects developed</td>
<td>Qualitative ASPHN Administrative Records (Evaluation Excel File) Key Informant Interviews</td>
<td>Sandy Perkins CES</td>
<td>August 2020</td>
</tr>
<tr>
<td>9. What types of new or strengthened partnerships did state teams identify?</td>
<td>Types of new or strengthened collaborations</td>
<td>Qualitative ASPHN Administrative Records (Evaluation Excel File) Key Informant Interviews</td>
<td>Sandy Perkins CES</td>
<td>August 2020</td>
</tr>
</tbody>
</table>
**Primary Goal 2:** Collect data to determine state-level impacts of CHW-CoIIN projects, including sustained outcomes related to enhanced partnerships, policy implementation, and strengthened workforce capacity.

**Summary Evaluation Questions:** What did the CHW-CoIIN accomplish? What is the impact of each project in each state? What are the successes in each state?

<table>
<thead>
<tr>
<th>Evaluation Question</th>
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<th>When will this be reported?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How did the process of forming state teams work?</td>
<td>The process that state teams used to identify potential participants</td>
<td>Quantitative/Qualitative</td>
<td>CES</td>
<td>August 2020</td>
</tr>
<tr>
<td>2. What types of new or strengthened partnerships did teams develop?</td>
<td>Facilitators and barriers that state teams experienced in forming their teams</td>
<td>Key Informant Interviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health equity and inclusion needs that state teams identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># and type of partners, organizations, and agencies that state teams engaged</td>
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<td></td>
<td></td>
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<tr>
<td>Results Level: Short-term Outcome</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>3. Were the trainings, materials, and other technical assistance that the steering committee and ASPHN provided useful in meeting the needs of state teams?</td>
<td>% of state team participants that report that training, materials, and resources met the needs of state teams</td>
<td>Quantitative</td>
<td>CES</td>
<td>August 2020</td>
</tr>
<tr>
<td>4. Did support that states received, including support from ASPHN and its national partners (U.S. Breastfeeding Committee and National Physical Activity Society) make a difference in state teams' knowledge of innovative projects and effective policies? Did outcomes that state teams achieve differ based on the type of support they received?</td>
<td>% of state team participants that report that support from ASPHN and National Partners was useful (intensive vs. TA)</td>
<td>Participant Survey</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>% of state team participants that report they are using the knowledge they gained by support type (intensive vs. TA)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Results Level: Intermediate Outcome</td>
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**Primary Goal 2:** Collect data to determine state-level impacts of CHW-CoIIN projects, including sustained outcomes related to enhanced partnerships, policy implementation, and strengthened workforce capacity.

**Summary Evaluation Questions:** What did the CHW-CoIIN accomplish? What is the impact of each project in each state? What are the successes in each state?

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</tr>
</thead>
</table>
| 5. How well do state teams function? | - % of CoIIN participants that report an increase in state projects that consider health equity and inclusion; increase in the knowledge of public health strategies; and an increase in engagement of new partners  

   - Successes, challenges, and unintended outcomes experienced by state teams/state team participants | **Quantitative/Qualitative**  
   Participant Survey  
   Key Informant Interviews | CES | August 2020 |

| Results Level: Intermediate Outcome |

| 6. How effective was the PDSA approach? | Perceived effectiveness of PDSA cycles and driver diagrams in changing state activities | **Quantitative/Qualitative**  
   Participant Survey | CES | August 2020 |

| 7. In what ways was the driver diagram helpful in developing and implementing state projects? | Perceived innovation of the CoIIN approach from what states typically do to implementing or developing policy | **Quantitative/Qualitative**  
   Participant Survey | CES | August 2020 |

| 8. What accomplishments did each workstream achieve? | Accomplishments that each workstream identified (i.e. new or enhanced policies identified and implemented). | **Quantitative/Qualitative**  
   Participant Survey | CES | August 2020 |

| 9. What were key lessons learned? | Key lessons learned from state projects; lessons learned that inform other Title V projects or contribute to NPMs | **Quantitative/Qualitative**  
   Participant Survey | CES | August 2020 |

| Results Level: Long Term Outcome |
**Primary Goal 3:** Collect data to determine overall collective impact\(^1\) in the field related to CHW-CoIIN projects.

**Summary Evaluation Questions:** What is the value of the CHW-CoIIN? What is the success of the whole CoIIN project?

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Indicator(s)</th>
<th>Method/Source</th>
<th>Who is responsible?</th>
<th>When will this be reported?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has there been an increase in the implementation of innovative projects in states?</td>
<td># and type of innovative projects</td>
<td>Quantitative</td>
<td>Sandy Perkins</td>
<td>August 2020</td>
</tr>
<tr>
<td>Results Level: Long Term Outcome</td>
<td></td>
<td>Participant Survey</td>
<td></td>
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</tr>
<tr>
<td>2. Did the work of the CHW-CoIIN state teams serve as a facilitator of other Healthy Eating, Active Living (HEAL) efforts in states?</td>
<td>Perceived influence of PDSA cycles on implementation of healthy eating active living policies and practices</td>
<td>Qualitative</td>
<td>CES</td>
<td>August 2020</td>
</tr>
<tr>
<td>Results Level: Long Term Outcome</td>
<td></td>
<td>Key Informant Interviews</td>
<td></td>
<td></td>
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<tr>
<td>3. What evidence is there that there is an increase in sustainable practices?</td>
<td>Types of sustainability plans that state teams developed</td>
<td>Qualitative</td>
<td>CES</td>
<td>August 2020</td>
</tr>
<tr>
<td>4. Did the work of the CHW-CoIIN leverage other funds? If so, how?</td>
<td>Increase in funding applications, partnerships, implementation of policies etc.</td>
<td>Quantitative</td>
<td>CES</td>
<td></td>
</tr>
<tr>
<td>Results Level: Long Term Outcome</td>
<td></td>
<td>Key Informant Interviews</td>
<td></td>
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<tr>
<td>5. To what extent did state projects contribute to the workforce development of Title V staff in states?</td>
<td># of Title V staff trained</td>
<td>Qualitative</td>
<td>CES</td>
<td>August 2020</td>
</tr>
<tr>
<td>Results Level: Long Term Outcome</td>
<td></td>
<td>Key Informant Interviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. What lessons did state teams learn that can benefit other states’ Title V program?</td>
<td>Ways states engaged with Title V and other MCHB sponsored programs; the perceived effect on state Title V management from the state’s work in the CHW-CoIIN; other lessons learned</td>
<td>Qualitative</td>
<td>CES</td>
<td>August 2020</td>
</tr>
<tr>
<td>Results Level: Long Term Outcome</td>
<td></td>
<td>Key Informant Interviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did CoIIN states share their lessons learned? And if so, where did they share these lessons?</td>
<td># of nutrition, breastfeeding, and physical activity contributions to Innovation Station</td>
<td>Qualitative</td>
<td>CES</td>
<td>August 2020</td>
</tr>
<tr>
<td>Results Level: Long Term Outcome</td>
<td></td>
<td>Participant Survey</td>
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</tbody>
</table>

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\(^1\) Note: Collective Impact here is meant in the general sense and does not refer to the Collective Impact Process developed by Kania & Kramer (2011).
Data Collection and Management

CES will collect process data through primary administrative documents. Data collection of process data is the responsibility of ASPHN staff who will submit it to CES. CES will collect outcome evaluation data from state team participants with the CoIIN participant survey and via key informant interviews with state team leads and is the responsibility of CES. Because state teams had diverse projects in diverse settings, it is possible that not all of these indicators will be available for each state team. In the next section of the evaluation plan, Table 2 presents the indicators as defined by ASPHN in their response to MCHB’s Request for Information (RFI). CES will hold all evaluation data used in this evaluation in a secure location for a period of three years; ASPHN will hold evaluation information for a period of 10 years.

Data analysis

CES will collect quantitative (survey) data in Survey Monkey and exported to Microsoft Excel. CES will then upload data to SPSS, statistical software that helps analyze quantitative information. CES will provide frequencies and descriptive results quantitative questions. CES will conduct T-tests and ANOVAs where appropriate. CES will examine open-ended answers for key themes. CES will use Max-QDA to analyze qualitative data. CES will organize findings across and within workstreams where data are available.

Reporting and Using Findings

The final, comprehensive report will summarize the findings from the three primary evaluation questions and related sub-evaluation questions as described in the measurement model. CES will gather data on specific outcomes through the multi-method approach as this plan describes. The information that CES gathered from this multi-method evaluation will answer key evaluation questions and present important findings related to the success of the workstream projects as they related to workforce development in states and to lessons learned that will benefit other Title V programs.

CES will use the 1-3-30 reporting model that includes: a 1-page handout, a 3-page executive summary, and a 30-page comprehensive report. CES’s approach is to arrange the sections of the report to maximize usability by presenting key findings and conclusions first. CES will present details about background, methodology measures and detailed findings in the appendices. CES will submit all slides created to visualize the Participant Survey results with the 1-3-25 reports.

The comprehensive report will focus on actionable information that will benefit MCHB and ASPHN in order to inform future work as it relates to state public health work for Title V and workforce development. CES will enhance evaluation use by collaboration with ASPHN and MCHB on recommendations and will include it in the comprehensive report.

Our reports will include:

- Broad, cross-cutting information learned from across the workstreams
- Specific lessons learned from the three workstreams (breastfeeding workstream, physical activity workstream, and nutrition workstream)
- State-specific reports that highlight the work and outcomes for each state project
Challenges and Limitations to the Evaluation

Potential challenges which may limit the usefulness of the evaluation results include:

- State teams entered the project and stopped their projects at varying times.
- Measuring the complex nature of the CoIIN activities and the expression of the work at the state level is difficult.
- The level of intensity may not be sufficient and there may be insufficient time to affect the National Performance Measures (NPMs). The timing of when MCHB assesses surveillance data that represent NPMs complicates this.
- The model of the CoIIN is to start small and then add locations; therefore, the statewide impact is further downstream.
- The CoIIN model was designed for clinical work, not for public health population-level outcomes.
- The state lacks the ability to control the changes that they propose in their projects.
- States have varying ability to collect good process data because of various settings and small sample sizes.
- Staff turnover is an issue for some state teams.

Strengths

ASPHN brings important strengths to the evaluation, including:

- Recognized expert in food and nutrition policy, programs, and services
- Commitment to the prevention of obesity
- Four years of experience with nutrition-related CoIIN projects
- The ability to engage key leaders in the prevention of obesity and the promotion of healthy nutrition
- Commitment to public health nutrition and the promotion of public health nutrition as a viable career
Appendix B: Method

This evaluation employed a multimethod data collection approach that included a review of administrative documents and data, a survey of CoIIN participants, and key informant interviews with state team leads. CES conducted the evaluation consistent with the evaluation plan that CES described in Appendix A.

Administrative Documents and Data
ASPHN shared program records that included spreadsheets with numbers that state teams reported, information about drivers that state teams addressed, and technical support training and numbers in attendance, among other information. The Community Evaluation Solutions (CES) evaluation team reviewed and summarized information from all administrative documents and data that were shared.

CoIIN Participant Outcome Survey
The external evaluator, CES, developed and administered a survey to gather CoIIN participants’ feedback about their CoIIN involvement and about the support and resources that ASPHN provided to them. CES administered the Participant Outcome Survey, analyzed survey responses, and included them in this report. This Appendix includes a copy of the survey questions.

CES sent an email with a link to the online survey to 90 CoIIN participants who played a role on a state team (lead, co-lead, member). Two people opted out of the survey, and one email bounced back. Thirty-three people responded to the participant information questions, and 31 completed the entire survey (36% response rate). At least one representative from each participating CoIIN state responded to the survey.

CES analyzed quantitative data using descriptive statistics (frequencies). CES conducted chi-square tests to explore differences in the perceived outcomes of Intensive state participants and technical assistance participants. For qualitative data, CES reviewed all open-ended responses to the survey questions. CES established common themes and presented them in this report. A list of all open-ended responses is available upon request.

Of the 33 respondents, 24 were from Intensive states (states that received CoIIN funding) and nine were from “Technical Assistance” (TA) states (states that did not receive funding but were able to participate on calls and webinars).
Most participants stated that the state team on which they were a member had a focus on breastfeeding. Some respondents served on more than one team.

Most participants served as a core team member / steering committee member on their teams.

Most participants participated on their state CoILLN team for two years.

**Key Informant Interviews**

The external evaluator, CES, conducted interviews with the CoILLN state team leads to gather their feedback about their CoILLN involvement and the support and resources that ASPHN provided to them. CES conducted the interviews via Zoom, analyzed responses, and included them in this report. This Appendix includes a copy of the interview questions.

CES sent an email to 29 CoILLN state team leads asking them to click a link to schedule an interview. After they scheduled their interviews, they received a calendar invitation with a Zoom link and a copy of the interview questions. Twenty-six team leads representing 12 states scheduled interviews and agreed to participate (90% response rate). The three that declined were all from TA states.
CES analyzed quantitative data using descriptive statistics (frequencies). CES conducted chi-square tests to explore differences in the perceived outcomes of Intensive state participants and technical assistance participants. For qualitative data, CES reviewed all open-ended responses to the survey questions. CES established common themes were established and are presented within this report. A list of all open-ended responses is available upon request.

Of the 26 respondents, 23 were from Intensive states (states that received CoIN funding) and three were from Technical Assistance (TA) states (states that did not receive funding but were able to participate on calls and webinars). Among participants, 11 represented the nutrition workstream, nine represented the breastfeeding workstream, and six the physical activity workstream.

**Participant Outcome Survey Questions**

- **Email address**
  Open-ended

- **Please select your state**
  Multiple choice
  Louisiana; Florida; Indiana; Wisconsin; Texas; Iowa; Arkansas; Nevada; North Carolina; California; Iowa; North Dakota

- **Please select the focus of the state team you are a member of (check all that apply)**
  Check boxes
  Nutrition; Breastfeeding; Physical Activity

- **What is your role on the Team?**
  Multiple choice
  Team lead; core team member/steering committee member; advisor; other

- **How long have you participated on your state CoIN team?**
  Open-ended – must enter whole number

- **We are an “Intensive” state. Intensive states received grant funding and travel support to in-person trainings.**
  Multiple choice
  Yes; no

- **The intensive model of support was useful to the development of our project.**
  Multiple choice
  Strongly agree; agree; disagree; strongly disagree

- **In what way was participating in Intensive support useful to your state?**
  Open-ended

- **Overall, the CoIN functioned well.**
  Multiple choice
  Strongly agree; agree; disagree; strongly disagree
The CoIIN was beneficial to my state.
Multiple choice
Strongly agree; agree; disagree; strongly disagree

In what way did your state team benefit by participating in the CoIIN?
Open-ended

Please select the level of agreement with the following statements:
- The support our state received from ASPHN made a difference in our state team's knowledge of innovative projects.
- The support our state received from national partners (U.S. Breastfeeding Committee and National Physical Activity Society) made a difference in our state team's knowledge of innovative projects.
- The support our state received from ASPHN made a difference in our state team's knowledge of effective policies.
- Our state team is using the knowledge we gained through the CoIIN.
Multiple choice matrix
Strongly agree; agree; disagree; strongly disagree

Please rate the extent that your team's knowledge increased in the following areas:
- Technical assistance/training for professionals
- Family engagement
- Facility level interventions
- Knowledge of the role of state and local health departments and community organizations in addressing disparities
- Needs assessment
- Coalition development
Multiple choice matrix
Not at all; a little; somewhat; a lot

Please tell us how your state is using the knowledge gained through the CoIIN.
Open-ended

Please rate the extent that your team's skills increased in the following areas:
- Cultural Competence
- PDSA cycles/ Quality Improvement
- Program Evaluation
- Team Facilitation
- Building and strengthening partnerships
Multiple choice matrix
Not at all; a little; somewhat; a lot

In our state, because of the work of our state team, there has been an increase in:
- The number of projects that take into consideration health equity and inclusion.
- The knowledge of public health strategies among public health professionals.
- The engagement of new partners.
Multiple choice matrix
Strongly agree; agree; disagree; strongly disagree
Did your state team meet its goals?
Multiple choice
Yes; no

Please explain why your state team did or did not meet its goals.
Open-ended

What best practices did your team identify?
Open-ended

Was the time and effort required by state team members worth it?
Multiple choice
Yes; no

Please explain why the time and effort required was or was not worth it.
Open-ended

In what ways did the PDSA and Model for Improvement training help team members develop quality improvement skills?
Open-ended

Our state has increased the number of innovative projects implemented.
Multiple choice
Strongly agree; agree; disagree; strongly disagree

How many innovative projects have you implemented?
Open-ended; requires a whole number

What types of innovative projects have you implemented? Please describe
Open-ended

Did your team submit any practices to Innovation Station?
Multiple-choice
Yes; no

What type of story or stories did you submit?
Multiple choice
Breastfeeding; physical activity; nutrition; other
To what extent were the following tools/resources helpful in developing your state projects?
- In person learning sessions
- Monthly webinars
- Bi-monthly Workstream Networking Calls
- Technical assistance provided by ASPHN consultant (Sandy Perkins)
- Technical assistance provided by a national partner
- Driver diagrams
- PDSA cycles
- Monthly CHW-CoIIN Newsletter
- Emailed resources

Multiple Choice
*Ineffective; somewhat effective; effective; very effective; not applicable*

Please explain how were each of the following helpful or not helpful.
- In person learning sessions
- Monthly webinars
- Bi-monthly Workstream Networking Calls
- Technical assistance provided by ASPHN consultant (Sandy Perkins)
- Technical assistance provided by a national partner
- Driver diagrams
- PDSA cycles
- Monthly CHW-CoIIN Newsletter
- Emailed resources

Open-ended

In what ways were the trainings and resources provided useful?
Open-ended

What suggestions do you have for future collaborative initiatives?
Open-ended

**Key Informant Interview Questions**

Introduction: Thank you for agreeing to talk with us today about your experience with the CHW-CoIIN. My name is Dr. Ann Price/Dr. Susan Wolfe, and I have been asked by ASPHN to speak with you about your work in the Children’s Healthy Weight CoIIN.

This interview is part of an evaluation of the effectiveness of the CoIIN. We would like to understand your experiences and the challenges your state faced in implementing your state plans as well as lessons learned. ASPHN and MCHB will use this information to inform future work and to promote the outcomes of the CHW-CoIIN.

Before we get started, I want to let you know that:

- We appreciate your time and honest opinions about this topic.
- You do not have to answer any questions that make you feel uncomfortable, and you can stop or even leave the call anytime you want.
• The information you provide today will be confidential. The information you provide will be shared with ASPHN and MCHB staff, but you will not be personally identified.
• We are recording the conversation today, just so we can go back and make sure we have captured your thoughts accurately. We will erase it as soon as we write a summary of the main points from today’s talk.
• Again, the information you provide will be summarized, and you will not be personally identified.

Do you have any questions before we begin?

Primary Goal 1

For Nutrition Only: First, tell me about how COVID-19 has affected your work?

For Breastfeeding: Let’s first start by talking about your state team’s work related to breastfeeding. In this section, we want to understand the level of implementation and impact achieved by your state team and who you engaged in the work.

For Physical Activity: Let’s first start by talking about your state team’s work related to physical activity. In this section, we want to understand the level of implementation achieved by your state team and who you engaged in the work.

For Nutrition: Now let’s talk about your state team’s work related to nutrition. In this section, we want to understand the level of implementation and impact achieved by your state team and who you engaged in the work.

What was your initial project plan related to [breastfeeding] [physical activity] [nutrition]?

How did your plan change over time?

Who did you engage in this work? What partners – agencies or programs, were actively involved in planning, implementation, and evaluation of the project related to breastfeeding? Please explain their role. Was this a new partnership or an existing partnership that was strengthened?

How many additional organizations were involved in the implementation of the project? By “involved” we mean, provided information and guidance, participated in workgroups, or attended meetings.

State Accomplishments

In thinking about the past two years you participated in the CoIIN, what would you say are your top three accomplishments related to [breastfeeding] [physical activity] [nutrition] in the following areas:

1. Identifying state needs and designing innovative projects to meet those needs?
2. Increase in state team participants’ knowledge of innovative public health strategies related to [breastfeeding] [physical activity] [nutrition]?
3. Increase in state team participants’ capacity to implement innovative projects?
Are there any other key state accomplishments that were not captured by the previous three categories?

Now we would like to talk to you about reach. We want to capture the reach of your work across the 2 years of the CoIIN related to breastfeeding. In our questions, we will be using the term “project” to refer to the unique, innovative activities defined by your state team.

How many projects did your state team identify related to [breastfeeding] [physical activity] [nutrition]?

Of these, how many were new projects?

Of the number of new projects identified, how many were implemented?

How many settings were the projects implemented in?

The following set of questions were asked for each project the participant identified:

Project #X: Starting with the first project, please tell us about the type of settings where the project was implemented (i.e. state agencies, community organizations, childcare centers, families).

For each of these settings, which were in rural (R), urban (U), suburban (S), or mixed (M) settings?

For each of these settings, approximately how many people were served?

Approximately how many families did you reach?

For the project we just discussed, approximately how many staff members were trained by location and funding source?

Location – Was this a local or statewide project?

What was the funding source? (Title V, WIC, Other)

**Breastfeeding only:** The AIM of the Breastfeeding workstream was to establish new policies or practices that address social and ecological barriers to breastfeeding. In this section we will discuss your team’s work in this area.

**Physical Activity only:** The AIM of the Physical Activity workstream was to increase the number of schools/programs implementing components of the Comprehensive School Physical Activity Program (CSPAP). In this section we will discuss your team’s work in this area.

**Nutrition only:** The AIM of the Nutrition workstream was to innovatively integrate nutrition into Title V MCH Block Grant and other MCH programs. In this section we will discuss your team’s work in this area.

What needs did your state team identify?

**Breastfeeding only:** Did you implement new policies or practices to better address social and ecological barriers to breastfeeding? If yes, how many? Please describe them.
**Nutrition only:** Did you implement new policies or practices to better address social and ecological barriers to integrating nutrition into Title V MCH Block Grant and other MCH programs? If yes, how many? Please describe them.

**Breastfeeding and Nutrition:** How many existing policies and/or practices were strengthened or enforced? Please describe them.

**Physical Activity only:** Did you implement new programs to address components of the Comprehensive School Physical Activity Program? If yes, how many? Please describe these components.

**Physical Activity only:** Were they related to adaptations for special needs, technical assistance and professional development or physical activity before, during, or after school?

Now I would like to ask you to think about the goals your state team set. How many goals did your state team fully meet related to breastfeeding? Please describe the type of goals you met.

How many goals did your team partially meet? Please describe the type of goals you partially met?

How many goals were you unable to make progress? Please describe the type of goals where you were unable to make progress? Why was your team unable to make progress – what were the challenges/barriers?

In this next section, we will talk about how the work of the CoIIN influenced or did not influence Title V in your state.

In what ways did you engage Title V in the work related to [breastfeeding] [physical activity] [nutrition]? By engage, we mean include Title V staff on your state team, seek their input on the design and implementation of projects etc. How many Title V staff were engaged in your projects? How many Title V staff were trained thorough your projects?

What are some of the effects that you saw in your state Title V program as a result of your state’s participation in the CHW-CoIIN related to [breastfeeding] [physical activity] [nutrition]?

What were some lessons-learned from the work of the state team? Have you shared any of the lessons you have learned? If yes, where did you share them?

Did your CoIIN work related to [breastfeeding] [physical activity] [nutrition] involve other MCHB-funded programs such as Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Healthy Tomorrows Partnership for Children Program, or MCH Nutrition Training Program?

What plans is your state making to innovatively integrate nutrition into Title V MCH Block Grant and other MCH Programs?

Overall, how well do you feel the CoIIN process functioned?

Did participating in the CoIIN related to breastfeeding benefit your state? (If yes) How did participating in the CoIIN benefit your state?
**Primary Goal 2**

Now I’d like to ask you about the team’s accomplishments and the state-level impact of the work related to [breastfeeding] [physical activity] [nutrition].

First, tell me about the process you used to identify potential state team participants.

What success did you experience in forming your team(s)?

What challenges did you experience in forming your team(s)?

What facilitated your success in identifying and implementing your innovative project?

What challenges did you experience in identifying and implementing your innovative project(s)?

Did your work produce any unexpected outcomes?

Were you able to build on or leverage other state work? How so?

In what way or ways did you address health equity and inclusion needs identified by your team(s)?

What best practices did you identify? By best practices, we mean those that are shown by research and experience to produce optimal results that would be a suitable for widespread adoption.

In what ways did the CoIIN support state Title V agencies to achieve the NPM?

**Primary Goal 3**

Now I’d like to ask you about sustainability of the work related to [breastfeeding] [physical activity] [nutrition].

To what extent will your state be able to maintain all or parts of the project after the Children’s Healthy Weight CoIIN funding ends?

Has your state developed a sustainability plan?

Specifically, did you increase the number of: funding applications? partnerships? implementation of policies?

What has your team done to advance sustainability practices (e.g. advancing the evidence base; promote healthy eating living policies and practices in your state, promoting active living policies and practices; or other sustainability practices)? For example, did you develop work plans, submit funding applications, or write articles or papers for publication?

To what extent do you think the work of the state team will influence other state healthy eating and active living efforts?

What advice would you have *for states* participating in future work similar to the CoIIN?
What advice would you have for agencies funding this type of work?

If you could make any changes to this CHW-ColIN to improve it, what changes would you make?

Was there anything I didn’t ask that you wish I would have, or do you have any additional comments that were not included in these questions?

**Infographic Information**

We will be developing an infographic, highlighting the work of each state. So, I would like to ask you a few questions about what you would like to see in the infographic for your state.

Who is the intended audience for your infographic (partners, elected officials, co-workers etc.)?

Of the successes we have discussed today, which ones would you want to highlight for your infographic?

What process data would you like to highlight? (i.e. # of policies changed, number of people trained, served, information about strengthened partnerships, cost savings etc.).

What take away message would you like to see on your infographic? Examples: Staff capacity to form collaborative partnerships were enhanced, staff gained knowledge that is being leveraged in other programs, etc.).

Thank you so much for participating today.
Table 2. CoiIN Partners

<table>
<thead>
<tr>
<th>National Partners</th>
<th>Statewide Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCHPAD – National Center on Health, Physical Activity, and Disability</td>
<td>Iowa Healthiest State Initiative</td>
</tr>
<tr>
<td>AAP – American Academy of Pediatrics</td>
<td>Arkansas Breastfeeding Coalition</td>
</tr>
<tr>
<td>ACOG – American College of Obstetricians and Gynecologists (Iowa Chapter)</td>
<td>Healthy Childcare Iowa</td>
</tr>
<tr>
<td>ASPHN – Association for State Public Health Nutritionists</td>
<td>North Dakota Breastfeeding Coalition</td>
</tr>
<tr>
<td>U S Breastfeeding Committee</td>
<td>Family TIES of Nevada</td>
</tr>
<tr>
<td>U S Department of Labor</td>
<td>Wisconsin Breastfeeding Coalition</td>
</tr>
<tr>
<td>OpenPhysEd National Online Physical Education Network</td>
<td>Louisiana Breastfeeding Coalition</td>
</tr>
<tr>
<td></td>
<td>Louisiana Workforce Commission</td>
</tr>
<tr>
<td></td>
<td>Louisiana University Board of Regents</td>
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<tr>
<td></td>
<td>Louisiana Occupational Nurses Association</td>
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<tr>
<td></td>
<td>Oregon Department of Education</td>
</tr>
<tr>
<td></td>
<td>Texas Parent to Parent Family Engagement Organization</td>
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<td></td>
<td>Texas Youth Action Network (TYAN)</td>
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<td></td>
<td>The Parenting Place</td>
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<tr>
<td></td>
<td>Prevent Child Abuse North Dakota</td>
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<tr>
<td>Healthy Start in one of the Tribal Communities (ND)</td>
<td>Nevada Nutrition Assistance Consortium (NNAC)</td>
</tr>
<tr>
<td></td>
<td>California WIC Association</td>
</tr>
<tr>
<td>University Partners</td>
<td></td>
</tr>
<tr>
<td>University of Iowa Health Care</td>
<td>University of Arkansas at Pine Bluff</td>
</tr>
<tr>
<td>University of Arkansas for Medical Services</td>
<td>University of California Davis</td>
</tr>
<tr>
<td>Indiana University</td>
<td>Purdue University Indianapolis</td>
</tr>
<tr>
<td>University of Wisconsin Madison</td>
<td>University of Wisconsin Academic System</td>
</tr>
<tr>
<td>Oregon State University</td>
<td></td>
</tr>
<tr>
<td>Tulane School of Public Health</td>
<td>University Partners</td>
</tr>
<tr>
<td></td>
<td>Local Partners</td>
</tr>
<tr>
<td>Baptist Health Hospital</td>
<td>FQHC and Primary Health Care Clinics</td>
</tr>
<tr>
<td>Young Women’s Resource Center, Des Moines, IA</td>
<td>Healthy Start in one of the Tribal Communities (ND)</td>
</tr>
<tr>
<td>Indianapolis School Systems</td>
<td></td>
</tr>
<tr>
<td>YMCA in Northeast Wisconsin</td>
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</tr>
<tr>
<td>Tribal Agents (WI)</td>
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</tr>
<tr>
<td>Multnomah Education Service District</td>
<td></td>
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<tr>
<td>Umatilla School District</td>
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<tr>
<td>Centennial School District</td>
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</tr>
</tbody>
</table>
A driver diagram is a structured model with three or more levels or measurable factors. A driver diagram organizes information on proposed activities so the relationships between the aim of the improvement project and expected changes are clear. A typical driver diagram has three columns – Aim Statement, Primary Drivers and Secondary drivers.

**Breastfeeding Workstream**

The AIM of the breastfeeding workstream is to establish new policies or practices that address social and ecological barriers to breastfeeding. Each state team participating in this work stream will set their own goal for the number of new policies and practices that they will establish.

In order to participate in the breastfeeding workstream of the Children’s Healthy Weight CoIIN, at the Intensive learning level, the state must have selected National Performance Measure (NPM) 4 in their Title V Maternal and Child Health (MCH) Program Block Grant application or have a related State Performance Measure (SPM). In addition, the project proposed in the application must be consistent with the primary and secondary drivers of the Driver Diagram for the Breastfeeding workstream of the Children’s Healthy Weight CoIIN.

---

**Figure 5. Drivers for Breastfeeding**
## Breastfeeding Change Package

### Capacity-Building for Health Equity

<table>
<thead>
<tr>
<th>Secondary Drivers</th>
<th>Specific Change Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Needs identification</strong></td>
<td>Analyze the role of state and local health departments in addressing breastfeeding disparities and creating connections between breastfeeding and other health initiatives.</td>
</tr>
<tr>
<td></td>
<td>Conduct an environmental scan of state and local landscape of breastfeeding protection, promotion and support and incorporate findings (strengths and gaps) into strategic planning/state plan or blueprint.</td>
</tr>
<tr>
<td></td>
<td>Develop and conduct community survey regarding breastfeeding beliefs and practices.</td>
</tr>
<tr>
<td><strong>Coalition development</strong></td>
<td>Establish or expand collaborative efforts between public health, health care and community organizations serving families facing the greatest barriers to breastfeeding success.</td>
</tr>
<tr>
<td></td>
<td>Establish or expand cross-sector agency collaborations to leverage partnerships and funding.</td>
</tr>
<tr>
<td></td>
<td>Establish or expand communication among lactation support providers in the state by convening an inclusive conversation representing all lactation provider types, to explore triage for referral.</td>
</tr>
<tr>
<td></td>
<td>Collaborate and coordinate with state, local cultural and indigenous breastfeeding coalitions in developing community driven and community-based breastfeeding support programs.</td>
</tr>
<tr>
<td></td>
<td>Strengthen partnerships between state health departments, Title V program providers, WIC, maternity care/perinatal care, quality improvement partners, state breastfeeding coalitions and community-based organizations, including faith-based organizations.</td>
</tr>
</tbody>
</table>
### Technical Assistance and Training on Policies and Practices

<table>
<thead>
<tr>
<th>Secondary Drivers</th>
<th>Specific Change Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workplace support</strong></td>
<td>Conduct train-the-trainer on a breastfeeding friendly workplace guide, such as &quot;The Business Case for Breastfeeding.&quot;</td>
</tr>
<tr>
<td></td>
<td>Educate businesses and health agencies on laws protecting breastfeeding employees and the tools that can help support them.</td>
</tr>
<tr>
<td></td>
<td>Identify promising policies and practices in other areas of the state/country. Implement communications strategies to share success stories in your state.</td>
</tr>
<tr>
<td></td>
<td>Develop and distribute a resource and referral guide outlining key support organizations and agencies providing technical assistance and support for breastfeeding employees and their employers.</td>
</tr>
<tr>
<td></td>
<td>Develop and distribute a resource listing designated breastfeeding friendly childcare providers.</td>
</tr>
<tr>
<td></td>
<td>Expand programs to commemorate breastfeeding-friendly businesses, employers and/or childcare.</td>
</tr>
<tr>
<td><strong>Maternity care practices</strong></td>
<td>Culturally congruent breastfeeding education/training for physicians, nurses, pharmacists, and other health professionals. Integrating safe sleep and breastfeeding education and support.</td>
</tr>
<tr>
<td></td>
<td>Provide technical assistance on developing breastfeeding/infant-feeding policies to maternity facilities.</td>
</tr>
<tr>
<td></td>
<td>Support access to lactation support services and supplies by conducting a survey of existing Medicaid and private plan lactation coverage, to identify gaps and explore mechanisms to expand access to care.</td>
</tr>
<tr>
<td><strong>Continuity of care from pregnancy to 2 years</strong></td>
<td>Develop and distribute a resource and referral guide listing culturally congruent peer and professional lactation support.</td>
</tr>
<tr>
<td></td>
<td>Incorporate standardized breastfeeding education and support among peer counselors, home visitors, and perinatal support workers.</td>
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<tr>
<td></td>
<td>Increase number of peer counselors and home visiting staff training/trained to become ICBLC certified.</td>
</tr>
<tr>
<td></td>
<td>Provide technical assistance to childcare providers and schools on optimal infant feeding policies.</td>
</tr>
</tbody>
</table>
### Normalize Breastfeeding by Establishing Breastfeeding-friendly Communities

<table>
<thead>
<tr>
<th>Secondary Drivers</th>
<th>Specific Change Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family support</td>
<td>Create breastfeeding-related social media campaigns focused on mothers, fathers, and families, so there is better acceptance and support of breastfeeding in public places.</td>
</tr>
<tr>
<td>Health, social, community and civic linkages</td>
<td>Integrate breastfeeding services into civic and local initiatives.</td>
</tr>
</tbody>
</table>

### Figure 6. Breastfeeding Workstream Primary and Secondary Drivers Addressed by State Teams (n=7)

#### Physical Activity Work Stream

The AIM of the physical activity work stream is to increase the number of schools and/or programs implementing select components of the Comprehensive School Physical Activity Program (CSPAP) model. Each state team participating in this workstream will set their own goal for the percentage increase.

In order to participate in the physical activity workstream of the Children’s Healthy Weight CoIN, at the Intensive learning level, the state must have selected National Performance Measure (NPM) 8 in their Title V Maternal and Child Health (MCH) Program Block Grant application or have a related State Performance Measure (SPM). In addition, the project proposed in the application must be consistent.
with the primary and secondary drivers of the Driver Diagram for the Physical Activity work stream of the Children’s Healthy Weight CoIN.

![Driver Diagram for Physical Activity](image)

**Figure 7. Drivers for Physical Activity**

<table>
<thead>
<tr>
<th>Adaptations for Special Needs</th>
<th>Specific Change Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secondary Drivers</strong></td>
<td></td>
</tr>
<tr>
<td>Needs identification</td>
<td>Identify, adapt, and disseminate appropriate community assessment tools to determine present level of needs in the community.</td>
</tr>
<tr>
<td>Coalition development</td>
<td>Acknowledge the importance of the parents, family, caregiver, and significant others in the follow through of physical activity programs.</td>
</tr>
<tr>
<td>Best practices</td>
<td>Develop and/or identify a resource list containing recommendations for adaptations for a variety of needs and settings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Specific Change Ideas</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources and training on healthy practices and regulatory requirements</td>
<td></td>
</tr>
<tr>
<td>Training opportunities</td>
<td></td>
</tr>
<tr>
<td>Evidence based physical activities</td>
<td></td>
</tr>
<tr>
<td>Collaborative relationships</td>
<td></td>
</tr>
<tr>
<td>Strategies to support active transport and increased student physical activity throughout the day</td>
<td></td>
</tr>
<tr>
<td>Collaborations that promote whole family participation in regular physical activity</td>
<td></td>
</tr>
<tr>
<td>Guidelines for safe, developmentally and culturally appropriate physical activity</td>
<td></td>
</tr>
<tr>
<td>Identify strategies for inclusion of individuals with disabilities into regular physical activity opportunities.</td>
<td></td>
</tr>
<tr>
<td>Identify promising policies and practices of adapting physical activity environments for a variety of special needs.</td>
<td></td>
</tr>
</tbody>
</table>
## Technical Assistance and Professional Development

<table>
<thead>
<tr>
<th>Secondary Drivers</th>
<th>Specific Change Ideas</th>
</tr>
</thead>
</table>
| Resources and training on healthy practices and regulatory requirements            | - Identify curricula that provide training on improving physical fitness.  
- Develop a toolkit of data and evidence-based/informed practices for community change.                                                                                                                                                                                                                                                                  |
| Training opportunities                                                            | - Increase training opportunities for school and community personnel on methods for integrating children with special needs into physical activity.  
- Increase training opportunities for school and community personnel on recommendations for adaptations for a variety of special needs.                                                                                                                                                                                                                     |
| Evidence based physical activities                                                 | - Increase professional development opportunities that include evidence-based methods to provide a minimum of 30 minutes of daily physical activity opportunities for all students throughout the school day.  
- Increase professional development opportunities to train educators to integrate evidence-based physical activity into classroom lesson plans.                                                                                                                                                                                      |
| Collaborative relationships                                                        | - Identify successful schools, coalitions, and communities and recruit them to serve as mentors to similar schools, coalitions, and communities.  
- Carry out a marketing plan to promote CSPAP and the Healthier U.S. Schools Challenge to superintendents, principals, PE teachers, nurses, families, community-based organizations (YMCA / Parks and Rec / Boys and Girls Clubs), and local health offices.  
- Educate local businesses on promoting whole-family participation in regular physical activity.                                                                                                                                                                                                                                                          |

## Physical Activity Before, During and After School

<table>
<thead>
<tr>
<th>Secondary Drivers</th>
<th>Specific Change Ideas</th>
</tr>
</thead>
</table>
| Strategies to support active transport and increased student physical activity throughout the day | - Support school and community events promoting physical activity opportunities before and after school activities.  
- Support Safe Routes to School programs.  
- Develop a collaboration to support the role of physical activity throughout the day.  
- Develop a challenge for how to incorporate physical activity in classrooms.  
- Identify best practices.  
- Support community intramural and non-competitive sports programs for children and adolescents outside of the school day.  
- Work with schools and community-based organizations to implement after school physical activity programs. |
<table>
<thead>
<tr>
<th><strong>Secondary Drivers</strong></th>
<th><strong>Specific Change Ideas</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborations that promote whole family participation in regular physical activity</td>
<td>Participate on committees and coalitions to align and support programs that promote active living.</td>
</tr>
<tr>
<td></td>
<td>Develop a toolkit for neighborhood level assessment to increase built environments that support healthy and active living.</td>
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<td>Identify population subgroups for targeted family participation.</td>
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<tr>
<td>Guidelines for safe, developmentally and culturally appropriate physical activity</td>
<td>Identify, adapt, and disseminate guidelines regarding physical activity.</td>
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Figure 8. Physical Activity Workstream Primary and Secondary
Innovative Nutrition Integration Workstream

The AIM of the INI workstream is to integrate nutrition into Title V MCH Block Grant and other MCH programs innovatively. The project proposed in the application must be consistent with the primary and secondary drivers of the Driver Diagram for the INI work stream of the Children’s Healthy Weight CoIN.

Figure 9. Drivers for Innovative Nutrition Integration
<table>
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<th>Educating Workforce through Collaboration</th>
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<td><strong>Secondary Drivers</strong></td>
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<td><strong>Planning / Needs Assessment</strong></td>
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<td><strong>Promote Nutrition Education/Resources</strong></td>
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<td><strong>Provide Nutrition Education Opportunities</strong></td>
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<th>Collaboration</th>
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<td><strong>Secondary Drivers</strong></td>
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<td><strong>Build and Strengthen Existing Relationships</strong></td>
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<tr>
<td>Secondary Drivers</td>
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<td>--------------------------------------</td>
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<tr>
<td>Influence Key Partners</td>
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</table>

**Figure 10. Nutrition Workstream Primary and Secondary Drivers**
Appendix E: Intensive State Summaries

There were 26 CoINs in 12 states as shown in the tile map below. This appendix includes the purpose, drivers that were addressed, a brief description of the projects, and a summary of the data from the ASPHN spreadsheet broken down by each of the 12 states.
Arkansas

Breastfeeding

**Purpose:** To support breastfeeding mothers who have limited access to health care by conducting lactation accommodation training for up to four organizations in Arkansas’ Southeast/Delta region and other at-risk communities so that employers and communities learn, engage, and practice the support lactating women and change procedures/policies to provide accommodations.

**Drivers Addressed:**
- ✓ Capacity Building for Health Equity: Needs Identification; Coalition Development
- ✓ Technical Assistance and Training on Policies and Practices: Workplace Support; Continuity of Care from Pregnancy to 2 Years
- ✓ Normalize Breastfeeding by Establishing Breastfeeding Friendly Communities: Health, Social, Community, and Civic Linkages

**Projects:** Lactation accommodations in seven early childhood education centers that targeted African American community and lower socioeconomic status communities; lactation room at two HBCU campuses and an airport.

**Summary Data from ASPHN Spreadsheet:** Secondary Drivers engaged 2 partners; impacted 3 existing policies; developed 1 new policy.

Nutrition

**Drivers Addressed:**
- ✓ **Educating Workforce through Collaboration:** Planning / Needs Assessment, Provide Nutrition Education Opportunities
- ✓ **Collaboration:** Needs Identification, Build and Strengthen Existing Relationships

**Projects:** Partner with the Arkansas Minority Health Commission for Southern Ain’t Fried Sundays 21-day program provided in collaboration with churches. Aims to teach individuals to prepare soul food in a healthier way. Also promoting breastfeeding through work. Encouraging churches to use the time while they are closed to prepare breastfeeding spaces that will be ready when they reopen. Developing radio commercials and church fans for messaging.

**COVID Impact:** Everything came to a halt. Team reassigned to contact tracing and active monitoring. Then discovered a workaround, shifted strategy to move forward.
California

**Breastfeeding**

**Purpose:** Build capacity to support workplace and school lactation accommodation and reduce related infant feeding disparities in California.

**Drivers Addressed:**
- ✓ Capacity Building for Health Equity: Needs Identification; Coalition Development
- ✓ Technical Assistance and Training on Policies and Practices: Workplace Support; Maternity Care Practices; Continuity of Care from Pregnancy to 2 Years
- ✓ Normalize Breastfeeding by Establishing Breastfeeding Friendly Communities: Family Support

**Projects:** Five webinars – Lactating employee workplace rights; lactation. Produced a data brief and infographics. Social media campaigns. PDSA for displays on the business case for breastfeeding. Presented a workshop on lactation accommodation at the CA WIC Association Conference. Conducted mini-trainings for a conference of perinatal services program and community health workers on lactation accommodation.

**Summary Data from ASPHN Spreadsheet:** Engaged 13 partners. Offered 5 webinars with 354 attendees. Conducted 3 social media campaigns with 322,076 Facebook views. Issued two lactation accommodation issue briefs. Impacted 35 existing policies and 3 new policies.

**Nutrition**

**Drivers Addressed:**
- ✓ *Educating Workforce through Collaboration:* Planning / Needs Assessment, Promote Nutrition Education / Opportunities, Provide Nutrition Education Opportunities
- ✓ *Collaboration:* Needs Identification, Build and Strengthen Existing Relationships

**Projects:** Marketing the California Infant Feeding Guide and educating providers about infant feeding. Held webinars and are using the guide to create an infographic to disseminate to parents.

**COVID Impact:** State approval process has slowed and held up dissemination of an infographic and issue brief.
Florida

Physical Activity

**Purpose:** Increase the number of schools implementing components of the CSPAP model for students, including those with disabilities, so that children are at a healthy weight.

**Drivers Addressed:**
- Adaptations for Special Needs: Best Practices
- Technical Assistance and Professional Development: Resources and Training on Healthy Practices and Regulatory Requirements; Training Opportunities; Evidence Based Physical Activities
- Physical Activity Before, During, and After School: Strategies to Support Active Transport and Increased Student Physical Activity Throughout the Day

**Projects:** Implemented pilot program using an evidence-based health information technology that can track students’ movements in classrooms in one school district with a high obesity rate. Teachers incorporate movement into classrooms throughout the school day.

**Summary Data from ASPHN Spreadsheet:** One to three partners per quarter (an average of one); worked with and implemented components of the CSPAP in an average of one school per quarter; implemented two to three components of CSPAP in at least one school per quarter; and implemented four to five components of CSPAP in at least one school per quarter. 24 existing schools implemented at least one component of CSPAP; 10 schools added or strengthened components of the CSPAP; and six new schools implemented at least one CSPAP component.

Nutrition

**Drivers Addressed:**
- **Educating Workforce through Collaboration:** Planning / Needs Assessment, Promote Nutrition Education / Opportunities, Provide Nutrition Education Opportunities

**Projects:** Promote pregnancy and breastfeeding nutrition best practices for pregnant women and their children. Provided nutrition education to teachers and staff at four schools located in rural areas. Disseminate posters to county health departments with nutrition education.

**COVID Impact:** It delayed everything at the Department. COVID responses took precedence, especially in communications. Delayed review and approval of materials.
**Breastfeeding – Technical Assistance Only**

**Projects:** Identified two hospitals – one rural and one urban. Plan to pilot a system to connect WIC clinics to the hospitals, create a system of referral from the hospital to the WIC clinic to provide breastfeeding support for new mothers. Identified the role of how WIC can support breastfeeding from hospital to community setting and designed a referral process. Unfortunately, there was turnover at the hospitals and WIC sites that impeded implementation.

**Physical Activity**

**Purpose:** Increase access to and knowledge of appropriate physical activity standards and activities with regards to the special needs population.

**Drivers Addressed:**
- Adaptations for Special Needs: Needs Identification; Coalition Development; Best Practices
- Technical Assistance and Professional Development: Resources and Training on Healthy Practices and Regulatory Requirements; Training Opportunities; Evidence Based Physical Activities

**Projects:** Identified a need for professional development for adapted physical activity. Partnered with Indiana University Purdue University Indianapolis and OpenPhys to provide training on physical activity in the special needs population for Indiana educators and other youth focused organizations.

**Summary Data from ASPHN Spreadsheet:** Engaged two to five partners per quarter. Provided four training sessions to increase physical activity in the special needs population. 24 existing schools implemented at least one component of CSPAP; eight existing schools added or strengthened components of the CSPAP, and six new schools/programs implemented at least one component of CSPAP.

**Nutrition**

**Drivers Addressed:**
- **Collaboration:** Needs Identification, Build and Strengthen Existing Relationships

**Projects:** Collaborated with MCH on their needs assessment to collect data and identify need. Work with home visiting programs to address nutrition during the perinatal stage statewide.

**COVID Impact:** Response to COVID-19 took precedence, and everything else deprioritized. Have had little time available to work on this project.
Iowa

**Breastfeeding**

**Purpose:** Drive collaborative efforts for policy and practice that improve breastfeeding support across Iowa.

**Drivers Addressed:**
- Capacity Building for Health Equity: Needs Identification; Coalition Development
- Technical Assistance and Training on Policies and Practices: Maternity Care Practices; Continuity of Care from Pregnancy to 2 Years
- Normalize Breastfeeding by Establishing Breastfeeding Friendly Communities: Health, Social, Community, and Civic Linkages

**Projects:** Improve workforce equity by recruiting and providing Certified Lactation Consultant training to women of color to better support women in their communities with breastfeeding. Develop a consistent breast pump distribution policy for WIC statewide. Develop and provide education on women’s rights for lactation support in the workplace and train childcare providers to support working mothers who breastfeed.

**Summary Data from ASPHN Spreadsheet:** Engaged five to six partners per quarter. Recruited and trained one African American clinic staff member as a certified lactation consultant. Offered breastfeeding classes to 300 participants. Two Title V MCAH agencies/birthing hospitals offering breastfeeding classes. Impacted one existing policy and one new policy.

**Nutrition**

**Drivers Addressed:**
- *Educating Workforce through Collaboration*: Planning / Needs Assessment, Promote Nutrition Education / Opportunities, Provide Nutrition Education Opportunities
- *Collaboration*: Build and Strengthen Existing Relationships

**Projects:** Conducted a needs assessment. Identified that there were no nutrition materials for zero to two and pregnant women being served in Title V and WIC. Develop tools to focus on pregnant women and breastfeeding infants and early feeding. Created and printing 150 tool kits. Piloting a nutrition referral system in WIC clinics in 15 counties.

**COVID Impact:** Switch from face-to-face to doing maternal health visits via telehealth and so there was a lot of education about new guidelines, rules, protocols. Needed to keep up with what was happening throughout the state related to obstetrics and communicate with birthing hospitals and providers.
Louisiana Breastfeeding

**Purpose:** Build the capacity of and expand the Louisiana Workplace Breastfeeding Support program statewide.

**Drivers Addressed:**
- Capacity Building for Health Equity: Needs Identification; Coalition Development
- Technical Assistance and Training on Policies and Practices: Workplace Support; Maternity Care Practices
- Normalize Breastfeeding by Establishing Breastfeeding Friendly Communities: Family Support; Health, Social, Community, and Civic Linkages

**Projects:** Establish a statewide lactation accommodations workgroup. Build capacity of their workplace breastfeeding support program and create more breastfeeding workplace cultures throughout the state.

**Summary Data from ASPHN Spreadsheet:** Engaged two partners per quarter. Received 379 referrals from Well-Ahead; 32 referrals from other entities; 454 employers received technical assistance for Breastfeeding Friendly Workplaces; 39% of infants breastfed at six months; 306 employers with lactation policies in place. Impacted 321 existing policies, 12 new policies.

Nutrition

**Drivers Addressed:**
- **Collaboration:** Needs Identification, Build and Strengthen Existing Relationships
- **Communication:** Influence Key Partners

**Projects:** Established a partnership with Tulane MCH nutrition scholars to establish current level of integration of nutrition into Title V. Narrowed down to nutrition for battling health inequities and opportunities to integrate nutrition. Two projects assessed the level of nutrition integration into Title V programs and integrated nutrition into the Title V Needs Assessment.

**COVID Impact:** Slowed down the progression of the project. Had to push back meetings and timelines with Tulane students they are partnering with.
Breastfeeding

**Purpose**: “Normalize Breastfeeding by Establishing Breastfeeding-Friendly Communities” by increasing statewide and community-level breastfeeding awareness and support.

**Drivers Addressed:**
- Capacity Building for Health Equity: Needs Identification; Coalition Development
- Technical Assistance and Training on Policies and Practices: Workplace Support; Maternity Care Practices
- Normalize Breastfeeding by Establishing Breastfeeding Friendly Communities: Family Support; Health, Social, Community, and Civic Linkages

**Projects**: Raise awareness of the role of the partner, community, and provider support for breastfeeding initiation and outcomes focusing on WIC clinics. Educated partners on how they could support breastfeeding and understand common challenges and how they could normalize partners within the WIC clinic setting. Reached out to non-school agencies serving children to educate about local resources for inclusive recreation programs, inclusive playgrounds, and learned gaps in parks and recreations agencies/programs in many rural counties.

**Summary Data from ASPHN Spreadsheet**: Engaged five to seven partners per quarter; impacted one existing policy and one new policy.

Physical Activity – Technical Assistance Only

**Projects**: Increase physical activity among children and youth with special health care needs to increase adaptive physical activity knowledge among them. Family Voices agency conducted survey and disseminated infographic in effort to increase adaptive physical activity.

Nutrition

**Drivers Addressed:**
- **Educating Workforce through Collaboration**: Promote Nutrition Education/Resources
- **Collaboration**: Needs Identification, Build and Strengthen Existing Relationships

**Projects**: Conducted a survey with childhood nutrition experts. Social media campaign to promote fact sheets to assist Early Care and Education Centers to implement the Child and Adult Care Food Program. State Obesity Prevention and Control Program developed fact sheets.

**COVID Impact**: Priorities shifted to more urgent needs and deadlines. Were not able to conduct a needs assessment form MCH staff and funded partners for nutrition education and outreach.
North Carolina

**Breastfeeding – Technical Assistance Only**

**Projects:** Conducted needs assessment and identified common interest in partner support of breastfeeding. Identified that North Carolina Healthy Beginnings program had strengthened interest in doing more to support breastfeeding moms and partners. Were ready to implement intervention, and a hurricane hit the state and derailed the project.

North Dakota

**Breastfeeding**

**Purpose:** Identify breastfeeding needs and offer support for key stakeholders in tribal communities and urban Native American populations.

**Drivers Addressed:**
- Capacity Building for Health Equity: Needs Identification; Coalition Development
- Technical Assistance and Training on Policies and Practices: Workplace Support; Maternity Care Practices; Continuity of Care from Pregnancy to two Years
- Normalize Breastfeeding by Establishing Breastfeeding Friendly Communities: Health, Social, Community, and Civic Linkages

**Projects:** Collaborated with communities (who assumed the lead) to provide support for breastfeeding counselor training. Conducted meetings with key stakeholders and provided five mini-grants. Mini-grants supported setting up a lactation room, a photoshoot of local moms for use on materials, indigenous birth and breastfeeding collective formation, social media campaign, and prenatal support groups.

**Summary Data from ASPHN Spreadsheet:** 17-19 people attending meetings quarterly; four to nine communities engaged quarterly; impact 11 existing policies and seven new policies.

**Nutrition**

**Drivers Addressed:**
- **Educating Workforce through Collaboration:** Planning / Needs Assessment
- **Collaboration:** Needs Identification, Build and Strengthen Existing Relationships

**Projects:** To do an environmental scan to determine what is available in North Dakota for nutrition and activity. Identify gaps and fill in based on findings. Conduct a facilitated stakeholder meeting with partners from state agencies and local public health organizations.

**COVID Impact:** Project lead assisted with hotline, so attention was pulled away from this project. Partners also being pulled in multiple directions. Delays in getting responses from partners and facilitated meeting postponed until they can meet in person.
Oregon

Physical Activity

**Purpose:** Accelerate progress in implementing new physical education standards and laws, adding more physical activity to the school day, and strengthening education and public health partnerships over the next two years so that we can improve the health and wellbeing of students and staff in Oregon schools.

**Drivers Addressed:**
- Adaptations for Special Needs: Needs Identification; Coalition Development; Best Practices
- Technical Assistance and Professional Development: Resources and Training on Healthy Practices and Regulatory Requirements; Training Opportunities; Collaborative Relationships
- Physical Activity Before, During, and After School: Strategies to Support Active Transport and Increased Student Physical Activity Throughout the Day

**Projects:** Conducted three focus groups with principals in three school districts. Created supplemental instructional materials for physical activity.

**Summary Data from ASPHN Spreadsheet:** Engaged five to seven partners per quarter. Conducted three focus groups. 19 existing schools implemented at least one component of CSPAP, 19 new schools implemented at least one component of CSPAP.

Nutrition

**Drivers Addressed:**
- *Educating Workforce through Collaboration:* Planning / Needs Assessment, Promote Nutrition Education/Resources
- *Collaboration:* Needs Identification, Build and Strengthen Existing Relationships

**Projects:** Needs assessment and assessment of programs and agency work around public health nutrition for the state. Conducted focus groups at a meeting with collaborative public health nutrition group.

**COVID Impact:** Cancelled professional development training throughout the state and working to figure out how to get information to people.
Physical Activity

**Purpose:** To create a School Physical Activity and Nutrition (SPAN) survey for distribution in school districts around the state and along the border to assess all children, including children with special needs, on BMI and physical activity and nutrition behaviors. The survey is to be completed by parents for children in 2nd grade and by the students in 4th, 8th and 11th grade. Texas will have achieved this goal of the CoIIN when an adequate sample of surveys have been completed and an accurate assessment of Texas children’s weight and physical activity and nutrition status has been identified.

**Drivers Addressed:**
- Technical Assistance and Professional Development: Resources and Training on Healthy Practices and Regulatory Requirements; Collaborative Relationships

**Projects:** Expand the school nutrition and activity survey that is conducted statewide in the schools. Worked with University of Texas School of Public health. Bring together stakeholders throughout the agency and community.

**Summary Data from ASPHN Spreadsheet:** 10 existing schools/programs implementing at least one component of CSPAP per quarter.

Nutrition

**Drivers Addressed:**
- *Collaboration:* Needs Identification, Build and Strengthen Existing Relationships

**Projects:** Create a toolkit for state health department MCH regional staff across the state. Conduct an environmental scan to see what services and programs exist, gaps, and barriers. Initiative that spans life course – infant through adolescent and CHSCN population. Internal work at the state to break down silos that lead to disconnects in programming.

**COVID Impact:** Little impact, just slight delays in getting team together.
**Breastfeeding**

**Purpose:** Assess and enhance efforts for workplace lactation support for local and tribal health agencies and coalitions so that there is coordinated and consistent statewide support, promotion, and implementation of workplace lactation strategies.

**Drivers Addressed:**
- ✓ Capacity Building for Health Equity: Needs Identification; Coalition Development
- ✓ Technical Assistance and Training on Policies and Practices: Workplace Support; Maternity Care Practices
- ✓ Normalize Breastfeeding by Establishing Breastfeeding Friendly Communities: Health, Social, Community, and Civic Linkages

**Projects:** Provided mini-grants to worksites that included birthing centers, child care centers, health care clinics, libraries, schools, YWCA and YMCA to support lactation rooms and policies regarding breastfeeding. Statewide recognition project with PDSA cycling. Created a worksite toolkit.

**Summary Data from ASPHN Spreadsheet:** Engaged seven to 17 partners per quarter. Offered 24 webinars for 80 participants. Impacted 37 existing policies, 10 new policies, and two policies enhanced.

**Physical Activity**

**Purpose:** Expand an existing online physical activity training to include content relevant and useful for out-school-time programs with high staff turnover and limited resources for training.

**Drivers Addressed:**
- ✓ Adaptations for Special Needs: Needs Identification; Best Practices
- ✓ Technical Assistance and Professional Development: Resources and Training on Healthy Practices and Regulatory Requirements; Training Opportunities; Evidence Based Physical Activities; Collaborative Relationships
- ✓ Physical Activity Before, During, and After School: Guidelines for Safe, Developmentally, and Culturally Appropriate Physical Activity

**Projects:** Produce online and in-person physical activity resource and training to integrate physical activity into daily programming for out of school time programs.

**Summary Data from ASPHN Spreadsheet:** Four partners engaged per quarter; Primary drivers were working with 1,602 schools/programs with at least one component CSPAP implemented and 1,222 schools/programs with two to three components of CSPAP implemented. Impact 405 existing schools/programs implemented at least one component of CSPAP.
Nutrition

Drivers Addressed:
- **Educating Workforce through Collaboration**: Promote Nutrition Education/Resources, Provide Nutrition Education Opportunities
- **Collaboration**: Build and Strengthen Existing Relationships

Projects: Use Healthy Bites guide to train MCH staff, partners, and population for consistent messaging and knowledge. Revised the Healthy Bites guide and will roll out a train the trainer program. Did presentation to the breastfeeding learning community statewide. Also working with farm to Early Childhood Education centers initiatives to partner farms with centers for Community Supported Agriculture projects.

COVID Impact: Part of the team is working on COVID-19 efforts and had to adjust things. Working with childcare agencies and they have closed.