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

Evaluation Report

August 31, 2020
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In 2016, the Association of State Public Health Nutritionists (ASPHN) received funding through a cooperative agreement with the Health Services and Resources Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) (# U7NMC30388) 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 in order 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, ASPHN received supplemental funding in the amount of $300,000 to support a robust evaluation of state projects, an additional year of the innovative nutrition integration state team work, and marketing and promotion of state team projects.

The CHW-CoIIN included three workstreams: breastfeeding, physical activity, and nutrition. 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. Support for breastfeeding and physical activity work officially ended in August 2019 (though at least three of the physical activity teams plan to continue this work); nutrition work continued until April 2020.

During the three years of the project, ASPHN provided guidance to projects through driver diagrams and training for using 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.

ASPHN’s CoIIN support included the following key activities:

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

This evaluation report summarizes the findings from the evaluation of ASPHN activities and outcomes. ASPHN activities focused on providing support and technical assistance to 29 teams in 13 states. Of the
29 teams, 23 were Intensive Level, i.e. they received both funding and technical assistance (TA), and six received technical assistance only.

<table>
<thead>
<tr>
<th>Breastfeeding</th>
<th>Physical Activity</th>
<th>Nutrition</th>
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<tbody>
<tr>
<td>11 teams</td>
<td>7 teams</td>
<td>11 teams</td>
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<tr>
<td>7 Intensive</td>
<td>5 Intensive</td>
<td>11 Intensive</td>
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<td>4 TA only</td>
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Evaluation questions related to the CHW CoIIN include:

**How well did the CHW-CoIIN function?**
- What were the challenges and facilitators of the CoIIN process?
- With regard to ASPHN’s technical assistance, what was most helpful to states, and what could be improved?
- With regard to the CoIIN process, what worked well, and what could be improved?

**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 defined by the outcomes and impact?

Several specific evaluation questions and indicators answered each of these key evaluation questions. Establishing these key questions allows program leaders to assess the overarching results of program activities and provides a more comprehensive view of outputs and outcomes.

Key findings from the evaluation include:

- **Nearly all evaluation participants agreed that the CoIIN functioned well.** State teams engaged 150 partners and 133 Title V staff across all CoIIN teams. Successful teams were diverse, included members who were committed to and actively engaged in the work, and capitalized on team members’ strengths and capacities.

- **Overall, there was an increase in the implementation of innovative projects in the states.** CoIIN teams implemented 52 projects, developed 42 new policies, and strengthened 20 existing policies. State teams fully met 58% and partially met 32% of the goals that their teams had set.
Innovative projects that teams developed and implemented included: producing toolkits and information resources; providing mini-grants; providing schools with physical activity programs, including children with special health care needs; providing nutrition related materials for teachers to use in their classrooms; creating stronger systems; and breaking down internal silos.

- **Key factors that supported implementation included collaboration and teamwork, using data, support participants received from ASPHN, and positive group dynamics and processes.**
- **Teams experienced some challenges.** Challenges to implementing projects included: teams that were overly ambitious and set unrealistic goals; resource and capacity challenges, e.g. time and money; staff turnover; failure to engage with communities and consider their needs; team members who were not co-located; low levels of leadership buy-in; and the disruptions and demands created by COVID-19.
- **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 needs.**
- **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.
- **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 members of the CoIIN teams representing multiple programs, divisions, and departments within their state government systems. The projects helped participants increase their understanding of Title V in their states.
- **The CHW-CoIIN facilitated other Healthy Eating, Active Living (HEAL) efforts in states.** It provided states with guidance and tools; small, but mostly sufficient amounts of funding; and 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 toward improving their states’ nutrition and physical activity environments.
- **All evaluation participants agreed that the CoIIN was beneficial to their states.** Participants reported that they addressed health equity, increased partnerships, and shared lessons learned.

**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.**

**Based on the evaluation findings from this report, CES offers the following recommendations:**

1. ASPHN should design future CoINs similarly to the Intensive Model used for this project (technical assistance and support coupled with funding). Technical assistance only was not sufficient and did not produce the same level of effects.
2. Time was one of the greatest challenges that teams encountered in two ways. First, this project did not fund any of the CoIN leads’ time, and as a result, they were expected to lead the CoINs in addition to their regular duties. The second time-related challenge was the length of time CoINs had to develop and complete their projects. Longer periods of time would allow for greater identification of needs and time to make adaptations if needed.

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

4. Structure evaluation and technical assistance from the beginning of an initiative in order to help state teams more accurately capture process and outcome data. Include evaluation frameworks, tools, and training to reinforce the importance of evaluation and build teams’ capacity to collect data.

Finally, 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.
A logic model is an elegant way of depicting the intentions and activities that comprise any initiative. It is a concise diagram that lists and links the program inputs and activities to their associated outputs and outcomes. The Logic Model that ASPHN and CES developed depicts the key inputs (resources), activities, and outputs (products), and the intended short, intermediate, and long-term outcomes.

**Figure 1. Children's Healthy Weight CoIIN Logic Model**
In this section of the report we present the findings from information gathered through this mixed-methods evaluation of the CoIIN project. The evaluation was designed to assess the complexity of the 3 workstreams given the numerous settings of CoIIN projects. Appendix B in the accompanying document describes the evaluation methods in detail.

**Primary Goal 1: To collect data and assess the development and implementation of state projects on physical activity, breastfeeding, and nutrition integration.**

**Key Evaluation Question: How well did the CHW-CoIIN Function?**

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

**What level of implementation did state teams achieve?**

There were some differences in settings where teams implemented projects across workstreams because of the types of projects. For example, information-dissemination projects used posters, infographics, and flyers that they either sent to sites, posted on websites, or made downloadable from websites. Some state teams implemented projects in more than one setting, for example, projects were implemented in both rural and urban settings.

Key informants provided information about project settings for 63 of the 67 projects. Most state teams worked on more than one project. Key informants provided information about the numbers that were served for 28 of the 63 projects for which information was provided. Information about the project settings for the 63 different projects and numbers served by project setting for all three workstreams is presented in Table 1. Key informants also reported the number of families served for 12 projects and the total was 67,344 families served.

**Breastfeeding Workstream**

**Settings.** Breastfeeding workstream projects had a wide range of settings that included childcare/early

| Table 1. Number of project settings and estimated number served* |  |
|---|---|---|
| Setting | Total # of Projects in Each Type of Setting | Total # Served |
| Rural | 26 | 1,651 |
| Urban | 29 | 58,279 |
| Suburban | 3 | 20 |
| Mixed | 52 | 502,120 |

*Note that these numbers are estimates and do not include all CoIIN teams. State teams organized many projects in more than one type of setting, so the numbers presented reflect a duplicate project and number served count.
childhood centers, coalitions, community organizations, conferences, healthcare settings, statewide dissemination of information through multiple channels, local WIC offices, public health departments, social media, state agencies, teleconferences, webinars, and workplaces. Key informants named local WIC offices as the setting that they used most frequently.

**Nutrition Workstream Settings.** Nutrition projects were in some of the same settings as breastfeeding projects, which included childcare/early childhood centers, coalitions, statewide dissemination of information through multiple channels, local WIC offices, public health departments, social media, state agencies, teleconferences, and webinars. Nutrition teams implemented other nutrition projects in people’s homes, K-12 schools, online data collection, Title V nurses, and a university. Key informants named state agencies as the setting that the nutrition workstream used most frequently.

**Physical Activity Workstream Settings.** Physical activity teams mostly conducted physical activity projects in settings where children’s activities take place, such as childcare/early childhood centers, community organizations, K-12 schools, and out-of-school-time programs. Adult settings where training occurred were conferences and state agencies.

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**Key finding: CoIIN teams implemented 52 of the 67 projects that key informants identified: they implemented eight projects on the local level and 42 statewide. Participants did not describe where they implemented the other two. State teams implemented new policies or strengthened existing policies.**

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Each workstream addressed different types of needs and experienced different challenges while facing similar challenges and supports to implementation. Many of the nutrition teams faced challenges related to COVID; however, only one nutrition participant cited COVID-19 as the reason that they did not complete the project. The nutrition team had successfully completed the planning process but did not implement the project. Shorter timelines along with COVID challenged eight nutrition workstream projects. The nutrition teams also faced other delays and challenges, such as lengthy document reviews and team members being reassigned to COVID related tasks. For example, three projects were incomplete because of turnover or competing demands on time and effort. Four respondents noted partially met goals because they did not do as much as they had planned. These leaders said that they could have done more or had hoped to do more. For four others, the partial completions were a result of partnership issues. Either they were unable to make all of the planned connections that they needed to implement the project, the partners did not fully implement, the partners were unable to sustain the project, or there was still a need to further coordinate with internal or external partners.

As seen in Figure 2, teams across all workstreams were able to contribute to the implementation of 42 new policies or the strengthening of 20 existing policies.
Policy work related to breastfeeding was most effective when state teams worked with partners and stakeholders that influence employers and employees and provide input on the program.

Breastfeeding workstream participants mentioned several specific policy efforts. For example, in California the state team’s work captured the attention of a state legislator, who subsequently passed legislation to strengthen the existing breastfeeding workplace accommodation laws. Another team developed an online support group for expectant mothers. Expectant moms could participate in the support group twice a month from their cellphone or laptop, during the lunch hour.

In some cases, there was no need or opportunity to implement a specific breastfeeding policy, but there was an opportunity to strengthen an existing policy. For example, one state team mentioned that an employer already had a policy in place, but they did not have a dedicated space for breastfeeding. In another location, a site was not interested in implementing a policy but would continue to allow moms to pump or breastfeed as needed.

A nutrition workstream team shared that they had a nutrition-focused performance measure within their Title V block grant for at least the past five years. They will intend to expand the performance measure to make it more inclusive of the different life stages and include children with special healthcare needs.

**Key Finding:** Twenty-three of the 26 interview participants reported that they had met or partially met at least one of their goals. State teams fully met 58% of the goals that they set.

The number of goals set, met, partially met, and where there was no progress made is presented in Figure 3.
**Key Finding:** All seven of the Intensive breastfeeding workstream teams addressed all three of the primary drivers. All five of the Intensive physical activity workstream teams addressed the Technical Assistance and Professional Development primary driver. All 11 of the nutrition workstream teams addressed the Collaboration primary driver and all 11 addressed the corresponding Build and Strengthen Existing Relationships secondary driver.

All 11 Nutrition teams addressed the Collaboration primary driver, nine nutrition teams addressed the Educating Workforce through Collaboration primary driver, and one team addressed the Communication primary driver.

Appendix D in the companion document to this report provides detailed information about secondary drivers.

**Whom did state teams engage in the work?**

**Key Finding:** Participants identified a total of 150 partners across all the teams. Most CoIlIN partners were from departments within state governments’ Health and Human Services divisions. State teams engaged 133 Title V staff in their work.
There were partners at the local, state, or university level or national level. Nine teams named state and local WIC as a partner (AR, CA, FL, IA, IN, LA, NC, NV, ND). Some state teams named the same partners on more than one of their teams. For example, some teams partnered with a university for their breastfeeding workstream and then continued to collaborate on the nutrition integration work.

CoIIN teams engaged Title V staff in a variety of ways. A Title V staff member working on the team (18 mentions) was the most frequently cited example of Title V staff engagement. For example, in several instances, the state team lead was embedded in Title V. In some cases, the Title V Director directly engaged in the work; in other cases, they engaged less. Title V involvement did not always happen right away, but respondents reported that with ASPHN’s encouragement, they eventually engaged Title V staff. Only three participants reported that they were only able to engage Title V staff minimally, but they informed Title V staff of the work. Specific examples of engagement include:

- Title V staff provided information, feedback, and resources to support the work. In some cases, Title V staff collaborated for the Title V needs assessment, created the purpose statement, helped complete ASPHN’s focus report, helped design and implement the projects, and helped to generate survey questions.
- State CoIIN teams sometimes brought in Title V staff when they required Title V expertise. For example, a participant mentioned that their team sought assistance from a communication expert and an equity expert for their project.
- The structure of the departments as it related to Title V differed across states. A participant shared that in their state, Title V in Maternal and Child Health (MCH) is separate from the Division of Nutrition and Physical Activity, where the participant worked. Title V staff were often aware of the work because they funded much of the nutrition and physical activity work, and Title V staff members were part of the state team.
- The engagement of Title V in the work helped maximize the impact of the CoIIN support and enabled them to sustain that level of support within Title V.
- State teams’ communication to Title V also benefited the state team. Teams communicated project updates in various Title V departmental meetings, through newsletters and infographics and recruited support for various programs. For one physical activity team lead, Title V engagement brought physical activity to the forefront of conversations needed at the state level. A participant provided as an example that as a result “we were able to increase funding and show the need to increase funding for this project to get the regional landscape.”

“But when MCH decided they wanted to focus on physical activity in that child and adolescent population, they thought that position would be better fit for our division than theirs. So ever since that, we’ve kind of been separate. We do all the physical activity and nutrition work with their funding. But we’re our own division.” – Physical Activity, Intensive Participant
The timeline for the nutrition team planning and implementation of their projects and COVID-19 likely affected the number of members per nutrition team. There were 29 state teams across the three workstreams: 23 intensive and six technical assistance only. For the Breastfeeding Workstream, there were seven Intensive state teams and four Technical Assistance state teams. For the Physical Activity Workstream, there were five Intensive state teams and two Technical Assistance state teams. For the Nutrition Workstream there were 11 Intensive state teams.

**Key Finding:** The seven Intensive breastfeeding teams averaged seven members per team; the five Intensive physical activity teams averaged seven members per team; and the 11 Intensive nutrition teams averaged between four and five members per team.

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Technical Assistance state teams. For the Nutrition Workstream there were 11 Intensive state teams.

**How did state team members perceive the CoIN?**

- TA was accessible, but some teams found the content difficult to understand because of the inclusion of all the different workstreams.
- While stating that the CoIN functioned well, some states found the transition to the nutrition focus difficult because state level officials made assumptions about the team’s level of understanding regarding Title V and staff changes to their team.
- Several teams believed that they needed clarification regarding expectations by ASPHN regarding what their CoIN should accomplish.
- Participants noted that they were challenged by the level of time commitment. Many stated that there were too many meetings and evaluations from an insider perspective.

**Key Finding:** Nearly all participants agreed that the CoIN functioned well. All survey and interview participants agreed that the CoIN was beneficial to their states. Participants reported their efforts benefited the state, addressed health equity, increased partnerships, and shared lessons learned.

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![Figure 4. Agreement about CoIN Functioning (n=33)](image)
Key informants identified that there were specific benefits of CoIIN participation including:
- Increased networks, partnerships, and collaborative efforts.
- Increased knowledge and access to helpful resources.
- Increased identification of the needs of their target communities.

Even TA only states were able to increase their work at the community level while also increasing their networks and resources. Specifically, TA nutrition focused teams were able to increase their networks and partnerships that in turn fostered more collaborative efforts.

![Survey participants agreement about whether the CoIIN was beneficial to their states (n=33)](image)

**Figure 5. Survey participants agreement about whether the CoIIN was beneficial to their states (n=33)**

![Participant reported results of their efforts](image)

**Figure 6. Participant reported results of their efforts**
What types of support did ASPHN provide to CoIIN participants?

**Key Finding:** ASPHN provided support to CoIIN participants through email, calls, webinars, in-person and virtual CHW-CoIIN meetings, and expert technical assistance among all participants.

Table 2 provides a breakdown of the types of support that ASPHN provided to the CoIIN teams, the number of times that they provided it, and the number of CoIIN state team participants that took advantage of each type of support. ASPHN provided most of their support by email. Webinars were the most attended type of support offered. There were 106 in-person and virtual attendees for the 2018 and 2019 CHW-CoIIN meetings.

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Number of times ASPHN provided</th>
<th>Number of State Team Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Contact</td>
<td>36</td>
<td>NA</td>
</tr>
<tr>
<td>Calls</td>
<td>19</td>
<td>199</td>
</tr>
<tr>
<td>Webinar</td>
<td>17</td>
<td>426</td>
</tr>
<tr>
<td>Expert TA</td>
<td>4</td>
<td>8</td>
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What was the level of engagement in the TA support that ASPHN provided?

**Key Finding:** State teams highly engaged in the monthly TA that ASPHN provided as well as the other types of TA.

As Table 2 above shows, the support that ASPHN provided to CoIIN participants consisted of emails, calls, webinars, and expert TA sessions. A total of 199 participants attended 19 calls, which is an average of over 10 participants per call. An average of 25 participants attended each of the 17 webinars. On four occasions ASPHN provided expert technical assistance to a total of eight state team participants.

How well did ASPHN’s Intensive Model work?

**Key Finding:** All 24 Intensive State participants agreed that the Intensive Model of support was useful to the development of their project.

Participants described the monthly webinars that ASPHN provided as not too helpful. Some participants expressed confusion about how to implement PDSA cycles, especially regarding the extent of local community

“*It felt at times like, as the TA states, we were the fair-haired stepchildren. We didn’t get all the information. Like because we weren’t getting direct TA assistance, it sometimes felt like we weren’t always getting the best information.*” - Breastfeeding Technical Assistance Participant
engagement required. However, TA-only states said they did not get all the information available and expressed that the CoIN process was not as well-defined for TA-only states.

What needs did state teams identify?

**Key Finding:** State teams identified needs that were specific to each workstream: breastfeeding, physical activity, and nutrition integration. State teams also identified needs that were common across workstreams.

For all three workstreams, the needs discussed were more often about the work of the state teams than what the ASPHN needed. Table 3 presents needs that each unique workstream identified. Identified needs across workstreams focused on partners, education, understanding of needs, and communication. Table 4 contains the needs that state teams identified that were common across workstreams.

### Table 3. Needs Identified by Workstream

- **Breastfeeding**
  - Increase breastfeeding
  - Increase number of mothers eligible for WIC and connect them with services at the hospital
  - Address needs of working moms
  - Address health disparities among African American, Latino, and tribal communities, especially among low-income populations
  - Educate moms, early childcare education settings, and workplaces on breastfeeding accommodation laws
  - Provide funding to support worksites

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**Figure 7. Perception of usefulness of intensive model support.**
Table 3 continued. Needs Identified by Workstream

**Physical Activity**
- Adopt evidence-based policies and practices related to physical activity to increase moving minutes for the proportion of children ages five to eight years, including those with special healthcare needs, which fall within a healthy weight range.
- Enhance health and academic achievement of students through increased physical activity
- Consider the needs of specific groups such as youth, parents, and schools

**Nutrition Integration**
- Address perinatal needs of moms and infants through home visiting programs
- Facilitate an improvement in birth outcomes and the nutrition status of pregnant women and their children, and the need to provide healthier nutrition choices in general.
- Focus on infant nutrition and introduction of solid foods
- Attend to adolescents' nutrition needs
- Improve access to nutrition and feeding resources in rural areas to overcome effect of isolation and distance from urban areas
- Deliver messaging for community members who may be resistant to information

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Table 4. Common Needs Identified Across All Workstreams

**Partners**
- Methods to facilitate focusing on complex issues (e.g., breastfeeding)
- Work with partners takes more time
- Identify needs of partners
- Choose a program with community recognition to focus on a need and gain initial traction
- Connect with partners at the local level

**Education**
- More professional development and TA in schools and communities
- Information on how to support new mothers
- Education and support to promote the laws

**Understand Needs**
- Increase training opportunities and connect to local programs
- Identify what is and what is not happening related to focus
- Ensure that data collected is specific to support Needs Assessment

**Communication**
- Communication network to provide consistent communication and updates statewide and establish network
- Cohesiveness around information and resources
What types of innovative projects did state teams develop?

Breastfeeding workstream team projects focused on educating mothers and workplaces, producing toolkits and information resources (including data briefs), conducting training, providing mini-grants, creating stronger and more consistent referral systems, training women of color as Certified Lactation Consultants, and increasing availability of breastfeeding supplies.

Physical activity workstream projects included providing schools with a program; providing educational materials and training for school and out-of-school-time program staff about providing physical activity for children, including children with special health care needs; conducting focus groups; and providing programs.

Nutrition workstream teams provided information through creating infographics, posters, webinars, cookbooks, and presentations; providing materials for teachers to use in classrooms; creating stronger referral systems; developing farm to early childhood center programs; breaking down internal silos; creating and distributing toolkits; and conducting surveys and focus groups.

Key Findings:

- The 29 breastfeeding projects focused on lactation accommodation, workplace rights, information dissemination, building partnerships, strengthening systems, providing programming, and providing resources.
- The focuses of the eight physical activity projects were resource distribution, training, data collection, and programming.
- The 24 nutrition projects focused on promoting healthy eating, disseminating information, providing nutrition education, strengthening systems, data collection, and creating and distributing resources.
- CoLIN teams helped breakdown silos among various departments including Title V/MCH.
Primary Goal 2: Collect data to determine state-level impacts of CHW-CoIN projects, including sustained outcomes related to enhanced partnerships, policy implementation, and strengthened workforce capacity.

Key Evaluation Question: What did the CHW CoIN accomplish?

**Summary Evaluation Questions:** What is the impact of each project in each state? What are the successes in each state?

Most state teams drew upon existing partnerships to form their teams, especially teams that had been working collaboratively with other departments and organizations in the past. A benefit to this strategy was that the team could hit the ground running without taking time getting to know one another or getting used to working together.

When teams brought new members on, they looked for members with expertise in the workstream and often capitalized on individuals’ strengths and capacities to support the work of the team. For example, while the state teams focusing on nutrition relied heavily on existing partnerships, teams focused on breastfeeding and school activity found new members by exploring organizations and agencies with a similar focus.

Some teams used the requirements that CoIN leadership provided as guidelines for forming their teams.

Successful teams included members who committed to and actively engaged in the work. They capitalized on team members’ strengths and capacities. Some state teams expanded their internal and external partnerships and improved their collaborative efforts at the local and state levels.

“... outlined by the CoIN leadership. It said we had to have Title V director. We had to have somebody from the Title V program and WIC staff. So that’s how it started in the beginning was just to meet the expectations of the CoIN.” – Breastfeeding Intensive Participant

**Key Finding:** States formed teams by drawing upon existing partnerships, bringing on new organizations that focused in similar areas, and using guidelines that CoIN leadership provided. Existing partnerships and active member commitment and engagement facilitated team formation. Time constraints, COVID-19, and needs for more coordination challenged team formation.
Ensuring diversity among team members across various disciplines and cultures also contributed to team success.

“\textbf{I think it was just a great collaborative relationship. I feel like the health care professionals were pretty impressed with public health and learned a lot more about public health and our knowledge of nutrition and our patient population. And then I think we learned about their time constraints in providing nutrition education, and I guess I was pretty shocked at their willingness to collaborate and their excitement about the overall project.}” – Nutrition Intensive Participant

Many of the state teams faced challenging time restraints because their team members were managing a multitude of projects and tasks which made scheduling meetings difficult. COVID-19 produced additional challenges as some team members’ responsibilities and roles shifted in response to the needs that the pandemic generated.

Some participants noted the challenge of coming to consensus among agencies and staff when members had a variety of ideas and there was a lack of coordination among the various agencies and staff. Teams confronted issues with staff turnover and limited numbers of available staff. Some teams reported that they did not have enough staff to implement their programs effectively. The TA respondents who focused on physical activity mentioned a lack of accountability on the part of the collaborating agency, suggesting that when agencies do not receive funds, they do not prioritize initiatives, or have a sense of accountability toward the sponsoring organization. Five participants from Intensive states reported that they did not face challenges.

\begin{quote}
\textbf{[It was a]} time consuming project since everyone has busy schedules and pre-arranged deadlines. The INI CoIIN six-month duration did not allow for efficient work efforts. Six months was way too short.” – Nutrition Intensive Participant
\end{quote}

\textbf{Key Finding: Project supports for implementation included collaboration, data usage, support from ASPHN, and group dynamics and process. Project implementation challenges included getting started and continuing projects, resource and capacity challenges, staffing issues, community engagement, and COVID-19 related setbacks.}
Table 5. Project Supports and Challenges for Implementation

**Supports**

**Collaboration** was the most frequently cited support for implementation. Themes included:
- Leveraging strong, existing relationships
- Teamwork
- Collaborators willing to push through barriers
- Commitment to the work
- Expertise of various team members

**Data Usage** was the second most frequently mentioned supporter of implementation. Title V Needs Assessments were cited as an important guide that helped teams to identify:
- Where problems existed
- Learn more about the context of the problems
- Plan for projects that would address specific needs

**Support participants received from ASPHN**
- Check-in calls and consultation helped them: navigate bureaucracy, learn best practices, become better partners, and understand how to use the funds that ASPHN provided
- The guidance that ASPHN provided including the PDSA cycles and the driver diagrams

**Group dynamics and process issues helped facilitate implementation**
- It was helpful to have state team members with a flexible and adaptable mindset that were able to listen and adapt to ideas that team members presented.
- The structure of collaborative learning among CoIIN teams allowed respondents to learn from other states, specifically about their focus and strategies.
- Some teams reported that once they gained momentum, the work became easier.
- Project selection made a difference, especially if the project was realistic.
- Taking the time needed to brainstorm, plan, and prioritize helped the implementation process.
- After COVID, team members worked from home, video-conferencing technology was facilitative.

**Challenges**

**Resource and Capacity Challenges**
- Funding was also not always enough to pay all of the costs related to the planned projects including staff time.
- Time was also a challenge for CoIIN team members who had many conflicting responsibilities and priorities.
- Measuring outcomes and determining the extent to which their projects were effective was a challenge for teams.

**Staffing Issues**
- Staff turnover, in their own or partner agencies, led to lack of follow-through on commitments.

**Engaging with community members and community-based organizations**
- There was failure to consider the needs of target communities
- Project requirements for some projects did not fit with communities and their participants.

**Team members who were not co-located created challenges for scheduling meetings.**

**Low levels of leadership buy-in made implementation more challenging for some teams.**

**COVID-19 and demands of the response led to disruptions.**
Key Finding: Addressing health equity included identifying community needs, ensuring culturally and linguistically appropriate resources and materials, and examining work through a health equity lens.

Efforts to address health equity emphasized community needs, ensured that resources and materials that state teams provided were culturally and linguistically appropriate for the focal community, and examined work through a health equity lens. Health equity needs that teams addressed focused on communities with lower socioeconomic status, rural communities, and communities of color. State teams identified needs by reaching out to community members and conducting needs assessments, and many teams planned events and attempted pilot programs based on the needs identified by taking a community perspective. As an example, one state team gained a LGBTQ community perspective on breastfeeding. Some respondents expressed the beliefs that their entire program addressed health equity and that they led their programs through a health equity lens. Several teams engaged a health equity specialist to ensure that their programs addressed the topic. Only one team suggested that there was an opportunity for improvement in addressing health equity as they wanted to implement their program at a broader community level.

What types of new or strengthened partnerships did state teams develop?

Key Finding: 27% of partnerships were new, and included WIC, state coalitions, universities, local health and social service organizations, and national organizations.

“...We have a lot of language that directs things towards moms, and we know that we don’t just have moms these days. We have dads, chest-feeding. And we have two dads caring for... babies. So, I’d say that that partner support of breastfeeding has certainly made me think about equity and more inclusive language.” – Breastfeeding Intensive Participant

<table>
<thead>
<tr>
<th>Workstream</th>
<th>Total #</th>
<th>Total New</th>
<th>State Office or Dept</th>
<th>University</th>
<th>WIC</th>
<th>Coalition</th>
<th>Community</th>
<th>National</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding</td>
<td>65</td>
<td>15</td>
<td>27</td>
<td>4</td>
<td>11</td>
<td>7</td>
<td>11</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>36</td>
<td>15</td>
<td>13</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Nutrition</td>
<td>49</td>
<td>13</td>
<td>28</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>
Most state teams engaged state offices and departments. Breastfeeding and nutrition teams included state WIC departments, local WIC offices, and WIC coalitions, as well as state breastfeeding coalitions. All three workstreams included universities, community-based health and social service organizations, national organizations, and other types, such as consulting firms and state associations. Integrating nutrition into other areas was a change for some of the partners with whom the state teams engaged. One example is that many physical activity initiatives in schools did not include a nutrition component. Another example is that many Title V programs focused on reproductive health. Even though nutrition plays a role in preventing and controlling hypertension, diabetes, and obesity, they did not include nutrition components.

The seven different national level that teams engaged were:

- NCHPAD – National Center on Health, Physical Activity, and Disability
- AAP – American Academy of Pediatrics
- ACOG – American College of Obstetricians and Gynecologists (Iowa Chapter)
- ASPHN – Association of Public Health Nutritionists
- U S Breastfeeding Committee
- U S Department of Labor
- OpenPhys National Online Physical Education Network

**Key Finding:** Interview participants commented that the CoIIN projects strengthened relationships, brought old relationships in to collaborate on new work around statewide nutrition and physical activities in schools. The partnerships also increased collaboration.

“I feel like nutrition has been narrowed down so much in our Title V program right now that they’re just trying to figure out how to integrate it into all the other Title V programs and build capacity among the rest of the workforce. But as far as through this work, I think this was more of a collaborative look at the state rather than just a Title V-focused look.” – Nutrition Intensive Participant
Were the trainings, materials, and other technical assistance that the steering committee and ASPHN provided useful in meeting the needs of state teams?

**Key Finding:** Most survey participants found that nearly all the provided tools and resources were effective for meeting their needs.

Figure 7 below provides a summary of the survey participant ratings of assistance ASPHN provided. Survey participants shared the ways that the provided tools and resources were helpful or not helpful. These are in Table 7 on the next page.
Table 7. Ways that Tools and Resources Provided were Helpful or Not Helpful

<table>
<thead>
<tr>
<th>Type of Resource or Tool</th>
<th>How it was helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emailed resources</td>
<td>• Good method for sharing information</td>
</tr>
<tr>
<td></td>
<td>• Created options regarding useful information</td>
</tr>
<tr>
<td></td>
<td>• Provided communication updates</td>
</tr>
<tr>
<td>Bi-monthly Workstream Networking Calls</td>
<td>• Thought provoking</td>
</tr>
<tr>
<td></td>
<td>• Expert content</td>
</tr>
<tr>
<td>PDSA Cycles</td>
<td>• Broke down process into doable actions</td>
</tr>
<tr>
<td></td>
<td>• Kept project going</td>
</tr>
<tr>
<td></td>
<td>• Adaptable to the changing needs of participants</td>
</tr>
<tr>
<td>Driver Diagrams</td>
<td>• Defines problems and goals</td>
</tr>
<tr>
<td></td>
<td>• Visualizes process</td>
</tr>
<tr>
<td></td>
<td>• Guides and supports state teams’ work</td>
</tr>
<tr>
<td>Technical Assistance Provided by a National Partner</td>
<td>• Provided different perspectives and ideas</td>
</tr>
<tr>
<td></td>
<td>• Good communication and informed process</td>
</tr>
<tr>
<td></td>
<td>• Reshaped evaluation method for non-CoIIN project</td>
</tr>
<tr>
<td>In-person Learning Sessions</td>
<td>• Connection with other states</td>
</tr>
<tr>
<td></td>
<td>• Dedicated team time</td>
</tr>
<tr>
<td></td>
<td>• Collaborative conversations within and between states</td>
</tr>
<tr>
<td>Technical Assistance Provided by ASPHN Consultant (Sandy Perkins)</td>
<td>• Focused time for questions and immediate answers</td>
</tr>
<tr>
<td></td>
<td>• Provided guidance</td>
</tr>
<tr>
<td></td>
<td>• Expertise offered</td>
</tr>
<tr>
<td>Monthly Webinars</td>
<td>• Useful information</td>
</tr>
<tr>
<td></td>
<td>• Introduction to new concepts</td>
</tr>
<tr>
<td>Monthly CHW-CoIIN Newsletter</td>
<td>• Allowed state teams to view other state teams’ work</td>
</tr>
<tr>
<td></td>
<td>• Effective way to read updates and share with team members</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How Resources or Tools Were Not Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDSA Cycles</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Driver Diagrams</td>
</tr>
<tr>
<td>Monthly Webinars</td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Monthly CHW-CoIIN Newsletter</td>
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<td></td>
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<td></td>
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</tbody>
</table>
More general ways ASPHN training and resources were useful mentioned by interview participants but not mentioned in Table 7 included:

- Heard updates and had resources from Federal partners.
- Shared with leadership to show the value and importance of the work.
- Learned what other states were doing.
- Aided in developing their plan for the CoIIN project.
- Dedicated work time with expertise available.

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 achieved outcomes differ based on the type of support that states received?

**Key Finding:** Intensive state participants reported that support from ASPHN and National partners was useful for increasing knowledge and skills. All Intensive state participants responding to the survey agreed that they are using the knowledge that they gained if it was applicable.

“*The in-person trainings were very helpful. Maybe could be structured differently, but it made a difference to have everyone in the same place together. Really seemed to give our work added value by knowing that it was important enough to travel for.*” – Survey Participant

Intensive state teams agreed that the support that they received from national partners and ASPHN made a difference in their teams’ knowledge of innovative projects and effective policies.
Intensive state participants reported that their teams’ skills related to building partnerships, PDSA cycles, program evaluation, team facilitation, and cultural competence increased.

Figure 8. ASPHN and national partner support (n=23, 1 missing).

Figure 9. Partnership, PDSA, program evaluation, team facilitation, and cultural competence skills gains (n=23; 1 missing)
Intensive state participants reported that their teams’ knowledge related to facility level interventions, technical assistance, and family engagement increased at least somewhat.

Intensive state participants reported that their teams’ knowledge related to coalition development, needs assessment, and knowledge of the role of state and local health departments increased at least somewhat.

Interview respondents shared positive comments about ASPHN and described the support that they received. While respondents appreciated the ongoing virtual connection, they described in-person meetings as advantageous. Respondents said that the information and guidance provided by ASPHN through workgroups, professional development, and meetings was helpful. The flexibility regarding how CoIIN teams could use the funds was also appreciated by state teams.
Key informants specifically mentioned that the support they received from Sandy Perkins as helpful to focus their projects, learn best practices, and expand their knowledge.

Negative comments were mostly from technical assistance sites. A TA-only participant shared that it would have been helpful if the information from ASPHN related to PDSA cycles specifically targeted primary and secondary drivers rather than generic. TA Key informants said that the technical assistance did work well for them and they received the information they received was confusing and late. A participant from an intensive site commented that ASPHN needed more flexibility from the funding source. There were times when a state team had to wait for responses to their questions because ASPHN was waiting for answers from the funder and could not respond to the state team’s questions.

Figure 12. Survey participant agreement that state team is using knowledge gained through the CoiIN (n=23)

Key Finding: Intensive state participants reported significantly greater increases in knowledge compared to TA states.

- Facility level interventions ($\chi^2[4, n=33] =14.9$, $p=.005$)
- Roles of state/local health departments ($\chi^2[4, n=33] =15.2$, $p=.004$)
- Coalition development ($\chi^2[4, n=33] =9.7$, $p=.045$)

Intensive participants were also significantly more likely to agree that the support that their state received from ASPHN made a difference in their state team’s knowledge of effective policies than technical assistance participants ($\chi^2[4, n=33] =11.8$, $p=.019$).

"We are leveraging our work with both the CoiIN and CDC grant and collaborating on both with Title V, Education, and public health, and other nutrition and physical activity partners in the state. We have a much better reach and can share our learning in a more comprehensive and impactful way." – Survey Participant
How well do state teams function?

**Key Finding:** Intensive state participants agreed that there was an increase in engagement of new partners, knowledge of public health strategies, and consideration of health equity and inclusion within their states.

**Figure 13. New partner engagement, knowledge of public health strategies, and health equity and inclusion**

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The engagement of new partners</td>
<td>1</td>
<td>13</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>The knowledge of public health strategies among public professionals</td>
<td>4</td>
<td>15</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>The number of projects that take into consideration health equity and inclusion</td>
<td>3</td>
<td>15</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**Key Finding:** State team successes included strengthening teams by increasing diversity, promoting nutrition best practices, strengthening relationships among team members, and team-specific benefits, such as successful funding applications and filling needs.
Several key-informant respondents gave specific examples of how the CoIIN benefited their state teams, including:

- The CoIIN helped streamline workflow, created a collaboration of efforts, and educated and informed partners.
- A state team reported that when they were awarded a grant, because of the partnerships that they developed and ideas that they generated, they were better positioned to do the work.
- A state team used their CoIIN funding to create a resource to help improve the physical activity of children involved in out-of-school time programs. Funds were used to pilot and share both the resource and guide.
- A state team was able to focus on nutrition, as an identified need from their assessment. Their CoIIN participation helped them prioritize nutrition work, devote resources, and create an internal integration process useful for future projects.
- Participants reported that diversity strengthened the teams themselves.
- A state team used their CoIIN funding to create a resource to help improve the physical activity of children involved in out-of-school time programs. Funds were used to pilot and share both the resource and guide.
- A state team was able to focus on nutrition, as an identified need from their assessment. Their CoIIN participation helped them prioritize nutrition work, devote resources, and create an internal integration process useful for future projects.
- Participants reported that diversity strengthened the teams themselves.
- A state team was able to focus on nutrition, as an identified need from their assessment. Their CoIIN participation helped them prioritize nutrition work, devote resources, and create an internal integration process useful for future projects.
- Participants reported that diversity strengthened the teams themselves.

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“So even though the majority of them were WIC breastfeeding coordinators, they do represent different racial and ethnic groups across the state, so they definitely brought their perspectives to the table.” – Nutrition Intensive Participant
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“Oh, it's a great partnership. Working by yourself with the state is kind of siloed. So, having other people to work with and discussing and working on projects and co-editing. We all have different connections. So, we all bring something different type of table.” Breastfeeding Intensive Participant
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**Key Finding:** Teams demonstrated an ability to adapt and make needed changes in response to challenges. Teams encountered unexpected outcomes – some were not so good, and others were unexpected surprises.

- Only three of the 24 interview participants reported that their implemented plan was the same as their initial plan.
- State teams implemented some programs in different locations than initially planned. For example, state teams implemented some programs locally rather than statewide, or in more sites than originally planned.
- State teams expanded plans. Four teams ended up doing more than originally planned in some instances as their original plan took less effort than initially expected or opportunities arose to expand.
- State teams reduced plans. Four teams pared back their plans due to timelines, resources, or the recognition that they were overly ambitious.
- Implementation methods changed. Three teams implemented their plans, but the implementation path or methods were different than originally planned.
- There were delays. Two teams were implementing their initially planned programs, but COVID delayed their progress.
- State teams did not implement projects at all. Two teams were not able to realize their projects or implement them. One was due to staff turnover and the other because of a hurricane.
- The community wanted to do it. In one instance the state team changed the implementation when the community asked to take control of the project.
- Non-ASPHN Grantors cut funding. Because of major funding cuts to a program, a team implemented a different strategy.

Some unexpected outcomes were negative, but most teams shared unexpected, positive outcomes. Some learned lessons from actions, others were things the state teams learned. One respondent commented that since they did not really know what they were going to do, everything that occurred was unexpected. See Table 8 for other types of unexpected learning and outcomes.

<table>
<thead>
<tr>
<th>Table 8. Unexpected outcomes and surprises</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>There is more to information dissemination than initially thought</strong></td>
<td>Adding materials to a website made them easily and widely accessible.</td>
</tr>
<tr>
<td></td>
<td>After disseminating information, it was important to follow-up with recipients to determine whether they were using the materials.</td>
</tr>
<tr>
<td></td>
<td>Information dissemination about breastfeeding for policy-change work led to increased awareness of the importance of women having support to breastfeed.</td>
</tr>
<tr>
<td><strong>CoIIN work can bring attention and status within their organization</strong></td>
<td>CoIIN participation gave credence to the work that was done. State officials reviewed work more quickly, and projects had clout.</td>
</tr>
<tr>
<td></td>
<td>Working with Black churches generated a lot of buzz within their organization.</td>
</tr>
<tr>
<td><strong>The work resulted in unexpected learning and awareness</strong></td>
<td>A state team gained awareness that most rural counties in a state did not have parks and recreation or structured play areas</td>
</tr>
<tr>
<td></td>
<td>Providing small amounts of funding through mini grants facilitated large changes in some organizations, such as creating spaces to accommodate breastfeeding.</td>
</tr>
<tr>
<td></td>
<td>Collaboration facilitated state team members’ learning about work going on around states by other departments and organizations.</td>
</tr>
<tr>
<td></td>
<td>Attending seminars led to learning ideas, best practices, and from other states’ experiences.</td>
</tr>
<tr>
<td></td>
<td>The CoIIN work was the type of work that state team members should be doing in their daily context.</td>
</tr>
<tr>
<td></td>
<td>Teams had focal projects at the same time they were working on multiple other projects and initiatives</td>
</tr>
<tr>
<td><strong>Policy work has impact</strong></td>
<td>A policy-focused project generated legislative interest that may lead to increased funding.</td>
</tr>
<tr>
<td></td>
<td>Working to change one policy influenced policy changes in other areas.</td>
</tr>
</tbody>
</table>
### Table 8. Unexpected outcomes and surprises

<table>
<thead>
<tr>
<th>Sometimes it is necessary to change course</th>
<th>Policy work took longer than expected and required going through multiple channels or involving multiple policies and departments.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What teams had planned was not what they needed. A team’s response and approach changed because teams needed to gather more data.</td>
</tr>
<tr>
<td></td>
<td>Online survey tools did not meet needs for qualitative data analysis.</td>
</tr>
<tr>
<td></td>
<td>Community members wanted to take the lead on a project and do the work themselves.</td>
</tr>
<tr>
<td></td>
<td>Hosting their own photo shoot that provided a library of suitable photographs filled the need for photographs for materials produced that adequately represented people in the communities they were serving.</td>
</tr>
<tr>
<td></td>
<td>Requested evaluation guidance that a CoIN call provided made a huge difference in the project outcome.</td>
</tr>
<tr>
<td>There is interest in continuing and expanding work</td>
<td>ASPHN is applying for funding for further work which will include state teams.</td>
</tr>
<tr>
<td></td>
<td>Because the process was so valuable and worthwhile, the team will continue working together beyond the end of the CoIN.</td>
</tr>
<tr>
<td></td>
<td>A state team received requests to implement accommodations in other unanticipated areas, including an Air Force base.</td>
</tr>
<tr>
<td>Their work garnered interest from large organizations</td>
<td>Large state and national organizations along with universities were interested in partnering with state teams.</td>
</tr>
<tr>
<td>The work by teams sometimes led to unimagined and unexpected surprises</td>
<td>State teams learned that they can provide technical assistance to other states.</td>
</tr>
<tr>
<td></td>
<td>A project that included providing Certified Lactation Consultant training to a translator at an FQHC increased her skill level to such an extent that the FQHC promoted her to full-time and increased her responsibilities.</td>
</tr>
<tr>
<td></td>
<td>The work led to doing things outside of the “normal” range of activities. As an example, a state team sponsored two outdoor breastfeeding nooks at public events in addition to the usual facilitating and creating lactation accommodations at worksites.</td>
</tr>
</tbody>
</table>

### How effective was the PDSA approach?

Twenty-two of 24 survey participants rated the PDSA approach as effective or very effective. Those who did not find the approach helpful described it as difficult to do and said that it created more “overthinking” than necessary.

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**Key Finding:** The PDSA and Model of Improvement training helped develop state team members’ quality improvement skills.
Survey respondents reported that the QI training that was provided for PDSA:

- Enabled the same foundational QI knowledge and consistent language use among team members.
- Broke the process down into smaller sections to help everyone involved understand.
- Improved the organization of the process of quality improvement.
- Improved the overall evaluation process.

“It [PDSA] allowed for us to have a clear way to evaluation and plan our work.” – Survey participant

In what ways was the driver diagram helpful in developing and implementing state projects?

**Key Finding:** Most state teams found the driver diagrams to be an effective way to define problems and goals, visualize the process, and guide and support state teams’ work. Most survey participants stated that they implemented at least one innovative project in their state and either directly or indirectly affected policy.

Twenty of 23 survey participants rated the driver diagrams as effective or very effective. Notably, some participants described them as a bit confusing to do. Appendix D provides details about each driver and which driver diagrams each state team addressed.

Innovative projects either directly or indirectly affected policy. They included changes such as developing community advisory boards, forming statewide work groups, and developing a statewide WIC breast pump distribution policy.

What accomplishments did each workstream achieve?

**Key Finding:** The increased knowledge among state team members included identifying community needs and programs, standards and guidelines regarding nutrition training and education, and increasing the pool of resources to improve strategies. State teams described many accomplishments from their innovative projects. State teams also improved their abilities to engage PDSA methodology, strengthened partnerships, increased capacity.

Interview participants named numerous accomplishments that their state teams achieved. They cited accomplishments related to increased knowledge of public health strategies, innovative projects, and state team members.

Most states were able to gain knowledge of other state’s strategies and identify the needs of their communities and their programs. Some used standard guidelines and models to improve their strategies. Technical assistance only states were able
to identify needs of their communities and programs and were able to give and receive insight from other states.

Within the nutrition workstream, there was an increase in the use of standards and guidelines regarding nutrition training and education. They were able to exchange knowledge and strategies between states. Fueled with new resources, these states were able to develop new tools and resources for the community.

Breastfeeding workstream state teams identified the needs within their programs, explored other states’ strategies, and increased their pool of resources, encouraging them to improve their strategies.

State team accomplishments from innovative projects included:

- **Expanded outreach and partnerships** – gained new partners, strengthened existing partnerships, reached out to new departments and organizations. This helped to dive deeper into data; reach new populations, expand expertise, respond to local community needs, garner wider support and more stakeholder engagement, capitalize on existing networks for program implementation and information dissemination.

- **Broke down silos** - internal silos between state departments and divisions, and external silos between organizations. Example: creating a breastfeeding referral system to break down silos between hospitals and WIC to ensure mothers enrolled before leaving the hospital after giving birth.

- **Integrated their efforts into Title V** - integrate breastfeeding, physical activity, and nutrition into Title V planning. Added questions to the Title V needs assessment and informed Title V about issues they uncovered, such as confusion about how to get breastfeeding supplies.

- **Expanded their human resource capacity** - Funding the intensive teams received allowed them to contract for expertise or other human resources. State teams drew on individuals from other departments such as a Quality Improvement Director to assist with the work.

- **Identified needs, developed plans based on the identified needs** - Collaborated for needs assessments.

- **Increased within team communication** – improved Title V stakeholder engagement.

- **Developed innovative information and resource dissemination methods** - infographics, methods to reach new populations and deliver training.

- **Developed innovative service delivery methods** - worked with small family farms so Early Childhood Centers could buy shares for access to fresh food and educational field trips for children.

- **Leveraged the CoIIN to further a current effort** - build off current projects and adapt initiatives. Example: promote more breastfeeding requirements in their requests for funding applications, identify gaps in available play areas to direct counties to funding opportunities for adaptive equipment.

- **Employed a lifespan or more comprehensive approach to nutrition** - focus on the mother and the entire family and on healthy weight with nutrition and physical activity for improvements in food environments and nutrition habits across the lifespan.
- **Plan and fully implement an intervention** - an accomplishment to be able to plan and fully implement an intervention.
- **Provided technical assistance** – including support and technical assistance to county health departments and worksites to implement breastfeeding policies and programs.
- **Achieved systems level changes** - changed worksites to make breastfeeding accommodations and put breastfeeding policies in place; incorporated physical activity into classrooms and out-of-school time programs.

The PDSA or quality improvement projects that state teams identified led to accomplishments. State teams increased member knowledge through connections with other states and increased their understanding of the PDSA methodology. They collaboratively shared resources to support projects and identified populations that they had not previously served. They increased their evaluation and gathered evidence toward improving projects and identifying promising practices and their education, communication, and social media outreach. Specific project examples that interview participants shared included an online support group for new mothers; a program and related app for a statewide nutrition project; and infographics targeting new moms as they returned to work. State teams also created a resource in Spanish, lactation accommodations for workplaces and early childhood centers, developed a comprehensive perinatal services program, and engaged school personnel in physical activity work.

State teams engaged key partners to form multidisciplinary teams that included quality improvement consultants, health equity experts, primary care providers, local health departments, data analysts, MCH staff, coalitions related to their workstreams, legal aid, and even the U.S. Department of Labor.

State teams also increased their capacity in many ways, including:

- Connecting with other states to learn about their projects.
- Developed the capacity of the health professionals to provide nutrition education and in-class physical activity.
- Increased the organizational capacity of those involved in state teams.
- Developed health technology physical integration platform.
- Increased knowledge about health equity and the barriers of participation experienced by women of color in communities.
- Increased team members’ facilitation skills.
- Increased their engagement of Title V staff.
- Increased data collection and the ability to look at trends.

“We already had sort of a collaborative relationship with MCH, but particularly because with my position in the past I’m actually one of our own positions within our division that’s not funded through Title V dollars. So, I probably had the least amount of collaboration with MCH before other than in the breastfeeding realm. So, I think that this has enabled me to – specifically me – to form relationships within MCH that I might otherwise have not. Which I believe has increased my capacity to kind of address nutrition in ways that are different than I normally would in my role. – Nutrition Intensive Participant
Interview participants acknowledged the benefit of leveraging Title V with WIC. They strengthened relationships across MCH, WIC, and Title V funded staff and benefitted through changes in policy. Respondents described communication improvements such as getting publicity for their (breastfeeding) projects; increased conversations and information about school-age programs and out-of-school time program training needs and challenges of front-line staff; and learned how to use data to support conversations. Respondents found ways to leverage their work for increased resources.

**What key lessons did state teams learn?**

*Key Finding: Lessons from state projects included the value of collaboration and engaging stakeholders, how helpful the PDSA process is for quality improvement, and the importance of planning ahead.*

“**Well, I just think we just saw the strength of partnership. Each of these people, somebody knew somebody and so we brought them in and collaborated, and by that collaboration, like I said, it expanded to something way bigger, better, and broader than we originally could have. And even though we had very little money, it was like everybody came together with ideas and a group contribution that made a good end product, without hardly any money. So, I’d say getting a lot done with a little bit of money, really optimizing partnerships, and then also the strength of combining Title V with WIC.”** – Nutrition Intensive Participant

“**Don’t be afraid to fail forward.”** - Breastfeeding TA Participant

The value of collaboration was the most common lesson that participants learned. Collaboration helped maximize individuals’ and state teams’ efforts and state team members’ expertise, identify best practices, and get people moving in the same direction.

State team participants agreed that it is important to engage the right people from the outset and to be intentional when you are convening stakeholders. Having a clear purpose and goal for engaging team members was important to respect people’s time. Team members discussed engaging specific audiences including community members, such as school staff. A breastfeeding team mentioned that another lesson learned was starting with the specific program that would provide quick access to local staff in order to more quickly narrow the focus because of the variety of breastfeeding programs represented on the team.

State teams viewed getting leadership buy-in, especially working with the Title V block grant funded staff, as important because requirements and resources are restricted. Having a strong core team was helpful for gaining and keeping momentum.
The PDSA as a quality improvement process was helpful. Some teams had a CQI or PDSA person on the team. Having an evaluation expert on the team with background in PDSA cycles was critically important. A state team member with QI expertise was able to distill the PDSA process and guide the team. Going through the PDSA process was beneficial for ensuring the outcomes were used to guide Title V work described in the Title V report. An example of outcome use is where a respondent did not feel their team did “a stellar job,” after each community focus group, they would go back and talk about what they would do differently next time and revise the script and the questions that they were asking.

Planning ahead is important. Interview participants recognized the importance of taking time to set priorities at the beginning of the project. They recognized that they have a higher need to identify what they should report across the life of the funding, including process data, lessons learned, successes, and challenges. They also noted the value in having lead time to prepare documents at a standard suitable for sharing with Federal agencies.

Key Finding: State teams learned lessons that will inform other Title V projects or contribute to National Performance measures, especially developing a better understanding of Title V in their states.

The projects helped participants increase their understanding of Title V in their states. Participants observed that state team members increased their understanding of how siloed some of the programs are within the MCH space. For workstreams like breastfeeding, opportunities to work across these silos were more obvious.

However, the work of the nutrition workstreams seemed more complicated and the difficulty of integrating nutrition into their work surprised some respondents. A participant recognized that there is “a knowledge gap” to fill related to nutrition expertise within Title V. Once teams understood this, some state teams were able to work across departments and problem solve in order to address their state’s issues.
Primary Goal 3: Collect data to determine overall collective impact in the field related to CHW-CoIN projects. ¹

Key Evaluation Question: What is the value of the CHW-CoIN?

Summary Evaluation Questions: What is the success of the whole CoIN project?

Terms such as “value” and “success” are subjective. Merriam-Webster defines them as “relative worth, utility, or importance” and “favorable or desired outcome” respectively.² ³ The sub-questions under this goal contribute to the identification of the value of the CHW-CoIN to the participating states. Both definitions support the subjectivity and relativity of the two terms. Both value and success are relative to the goals and accomplishments as defined by each of the state teams that participated in this project. Although this primary goal asks questions about the value and success of the CoINs, in reality, the entire findings section addresses the questions posed under this Primary Goal.

Has the implementation of innovative projects in states increased?

Key Finding: Most survey participants agreed that the number of innovative projects implemented in their states increased. Most participants implemented at least 1 innovative project.

![Figure 14. Participant agreement that the number of innovative projects increased in their states.](image)

Participants described innovative projects that included a community advisory board, statewide work group, nutrition integration, webinars, mini-grants for worksites, infant feeding briefs, social marketing

¹ Note: Collective Impact as used here is meant in the general sense and does not refer to the Collective Impact Process developed by Kania & Kramer (2011).
² Accessed on July 26, 2020 at: https://www.merriam-webster.com/dictionary/value
campaigns, breastfeeding partner support projects, key stakeholder meetings, toolkits for WIC and MCH agencies, and a statewide WIC breast pump distribution policy.

Participants described innovative projects that included a community advisory board, statewide work group, nutrition integration, webinars, mini-grants for worksites, infant feeding briefs, social marketing campaigns, breastfeeding partner support projects, key stakeholder meetings, toolkits for WIC and MCH agencies, and a statewide WIC breast pump distribution policy.

**Figure 15. Participant agreement that the number of innovative projects increased in their states.**

![Bar chart showing participant agreement](image)

Participants described innovative projects that included a community advisory board, statewide work group, nutrition integration, webinars, mini-grants for worksites, infant feeding briefs, social marketing campaigns, breastfeeding partner support projects, key stakeholder meetings, toolkits for WIC and MCH agencies, and a statewide WIC breast pump distribution policy.

**Figure 16. Number of innovative projects implemented.**

![Bar chart showing number of projects](image)

**Did the work of the CHW-CoIIN state teams facilitate other Healthy Eating, Active Living (HEAL) efforts in states?**

Nutrition integration happened through:

- **Team member composition and collaborations.** This included having the Maternal Health Coordinator on the team; increased collaboration between school health and wellness, Title V MCH, and the other state departments; working with individuals and groups who were working with school-age children and Title V; and working to build relationships with adolescent initiatives and maternal health around breastfeeding and child obesity.

**Key Finding:** Seventeen of 20 interview participants mentioned that they were working on innovatively integrating nutrition into Title V programs.
Making new connections. Teams made connections with home visiting programs, stakeholder groups, department of agriculture (through SNAP) and other new partnerships.

Restructuring existing departments or building new structures. Internal restructuring led to collaboration to develop a lifespan approach to nutrition and new structures included a new nutrition team.

Doing the work. State teams helped to develop state plans or state capacity building programs, to support breastfeeding, to incorporate nutrition national performance measures into block grants and shared with other state departments, and worked on the state needs assessment using the policy, system and environmental (PSE) framework for action that was part of the MCH Nutrition Training Program.

What evidence is there that there is an increase in sustainable practices?

Key Finding: States made some commitment to sustain efforts, initiatives, or outcomes, although some did not yet have a solid plan for how to do so.

While there is no universally agreed-upon definition of sustainability, it refers to “the continuation of activities or benefits for target recipients after an initial period of funding ends or following the initial implementation of a new program or procedure” (Scheirer, 2013, p. e1). The highest level of sustainability is policy or legislative change whereby an organization or government institutionalizes the desired actions. In other instances, sustainability is relative to the activities and outcomes. The levels of the CoIN projects’ sustainability ranged from nothing sustained, to parts of the work or products sustained, to sustaining all the work or products. Sustainability manifested itself in different forms as well. Table 10 contains the varied findings related to sustainability.

Table 9. Findings Related to Sustainability

| Sustainability required funding in some instances. | While some states had secured funding, others were still looking for where to allocate funding to maintain and expand their projects. Other states had written their projects into their Title V funding or other ongoing funding streams. |

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<table>
<thead>
<tr>
<th><strong>Table 9. Findings Related to Sustainability</strong></th>
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<tr>
<td><strong>Sustainability looked different across states.</strong></td>
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<td>For some, sustainability involved continuing the committee that has been doing the work or folding the work into another existing committee. For others, sustainability included incorporating it into the Title V work plan or developing a communication plan around lactation accommodation.</td>
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<tr>
<td><strong>Some states were able to promote sustainability by incorporating the work into other goals or state work.</strong></td>
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<td>This was especially true when state teams selected projects that would supplement or enhance existing work or initiatives. State teams found ways to link their projects to existing efforts and make the case for why they connect the two. Some integrated their projects into the work plans for the team members – daily and annual so the CoInN work became part of their regular jobs. A team integrated their project into a grant for another project which will keep it going for at least another three years.</td>
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<td><strong>Knowledge-based and more tangible products that teams created were easily sustainable.</strong></td>
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<td>Some state team projects involved creating new educational materials to create awareness or increase knowledge, such as lesson plans, posters, toolkits, infographics, and webinars. One state provided support to create worksite breastfeeding rooms or nooks, and another disseminated their toolkit that they would sustain on their own website and feature on other websites. Participants recognized that they would need to update and continually disseminate educational and information materials. This would require that they either invest the time and effort into dissemination and updates, or partner with other organizations that take on this work.</td>
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<td><strong>A strategy for sustainability was to create a performance measure or metric.</strong></td>
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<td>This entailed including an indicator in the Quality Rating and Improvement System (QRIS) specific to physical activity practices and policies or their state performance measure held them accountable for continuing the efforts.</td>
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<td><strong>Some state teams were able to sustain at least parts of their projects or sustained the focus of the project.</strong></td>
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<td>A participant noted that they had taken pieces of their project and realized ways to sustain those pieces. Sustaining focus included increasing funding for breastfeeding support overall, continuing to build the topic into ongoing projects, keep building on knowledge that teams had gained, and continuing their work and sharing what they learned with others.</td>
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<td><strong>State teams sustained knowledge and practices through presentations or publishing articles in journals and other venues.</strong></td>
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<td>Such activities included a physical activity project that AMCHP accepted as a Promising Practice; presenting work in posters at the ASPHN conference or on webinars; collaborating with university partners to prepare and submit publications to peer-reviewed journals; and publishing in other statewide venues such as the state public health association newsletter.</td>
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<td><strong>Sustainability planning was still in progress for some states.</strong></td>
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<td>They either did not complete their plan, or they were working to integrate it into their Title V plan for the next cycle.</td>
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### Findings Related to Sustainability

**Some state teams had not made any progress on sustainability planning.**

While some state teams noted that they plan to or had not “yet” done anything to address sustainability, others simply responded they simply had not done anything while offering no suggestion that they may address it in the future. A participant noted that they are currently focused on getting through the COVID-related challenges and could not prioritize sustainability at this time. One state intended to submit their project to the AMCHP innovation station but had not done so yet. They had applied for unrelated grants and would move forward to meet the requirements of their new funding opportunity. One project will work with consultants to formulate a plan.

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**Did the work of the CHW-CoIIN leverage other funds? If so, how?**

**Key Finding:** Among 26 interview participants, six increased funding applications, 23 increased partnerships, 19 leveraged other state work, and 11 increased policies implemented.

<table>
<thead>
<tr>
<th>Sources of funding varied and included ASPHN/CoIIN (24 projects), in-kind/state funding (5), CDC Grant (4), Title V (14), SNAP Ed (2), Other (3), WIC (3), and no funding noted (3). Methods for leveraging other state work included:</th>
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<tr>
<td><strong>Leveraging existing initiatives.</strong> One common strategy was to leverage existing initiatives either as part of the work they were doing (e.g., build a small initiative into their new project), or to expand or enhance the existing initiative. State teams leveraged existing needs assessments to gather data that they needed for their projects as well.</td>
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<td><strong>Leverage learning from other state teams.</strong> Learning what other states were doing and listening to webinars helped some respondents adapt the information that they heard for their own work.</td>
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<tr>
<td><strong>Leveraging partnerships and shared goals.</strong> State teams leveraged partnerships with internal departments and external organizations. They made connections with organizations or departments that shared interests or goals along with expertise and resources.</td>
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<td><strong>Leveraging staff expertise.</strong> State teams brought in individuals from other areas who had expertise that they could use to present training.</td>
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<tr>
<td><strong>Leverage existing tools and materials.</strong> Rather than reinventing the wheel, state teams identified existing materials, information, and toolkits to enhance their programs. Some used tools and materials that their own states had developed; however, some state teams adapted tools and materials that other states had developed as well.</td>
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To what extent did state projects contribute to the workforce development of Title V staff in states?

**Key Finding:** State teams trained 99 Title V staff.

Breastfeeding workstream teams trained 37 Title V staff. A team also brought information to Title V staff meetings such as pieces of the PDSA projects, so they informed additional Title V staff. Another team invited Title V staff to attend the webinars that ASPHN provided. Physical Activity workstream teams trained 10 Title V staff. The training was primarily for data collection. Nutrition workstream teams trained 52 Title V staff, 40 of which they trained for the Healthy Bites program.

What lessons did state teams learn that can benefit other states’ Title V programs?

Key informant interview participants cited several changes, some subtle and some more obvious in their Title V programs.

*Increased awareness of the importance of their work.* The state teams’ work increased Title V staff’s awareness of the importance of nutrition work, including:

- the need to educate women about their rights when they return to work after giving birth,
- the need for a breastfeeding educator that looks like the women in the focal community,
- the importance of nutrition work and integration,
- awareness of activities that are taking place and how to partner and support other staff, and
- the need to assure appropriate nutrition practices for mothers and children to improve health outcomes.

*Increased knowledge.* Although a state team’s breastfeeding work was not complete, they recognized that breastfeeding is one of the state’s Title V performance measures. They were uncertain if the Title V needs assessment or the Title V outcomes reporting included the project.

**Key Finding:** State team effects on Title V programs included increased awareness of the importance of the work that they were doing, increasing their knowledge of various topics, changes in their methods or approaches, and seeking more funding. State teams were working to integrate nutrition into Title V programs innovatively.
Changes in methods or approach. These changes included insuring that providers conducted appropriate nutrition practices for children, reinforcing the quality improvement approach and methods, and working with Title V on the needs assessment.

Seek funding. Teams described efforts to seek funding to support their work and ensure that it continues.

Identified and implemented best practices. They included:

- Conduct community needs assessments and focus groups to connect and collaborate with community organizations, leaders, and members.
- Use strategies/frameworks, such as the PDSA cycles, ASPHN blueprints, CDC scorecard, etc., and evidence-based products and materials.
- Recognize and act consistently with the importance of target audience representation, such as having a lead of similar cultural and ethnic background.
- Increase technical assistance to programs to support progress on physical activity policies and practices in out-of-school-time programs.
- Have a wide variety of disciplines on their teams.
- Develop and identify a resource with recommendations for adaptations for a variety of needs and settings.
- Exercise transparency in work with historically marginalized populations.
- Establish policies related to lactation accommodation.
- Accomplish nutrition integration through maternal health, partnerships, and state programs and departments.
- Maternal Health Coordinators integrated nutrition into home visiting and breastfeeding programs.
- Utilizing partnerships that included connecting the public health nutrition group; increasing collaboration between school health and wellness, Title V MCH, and the department; working with school age children, Title V or agriculture partners; building relationships with breastfeeding and child obesity partners on adolescent initiative and maternal health; and internal restructuring to ensure collaboration to reach all ages.

“I think it helped to sort of elevate the importance and relevance of the workplace breastfeeding program, and the work that we’re doing. There are other Title V folks that participate in CoIINs ...... But I think it helped to elevate our work a bit more.” – Breastfeeding Intensive Participant
State Programs and Departments provided help through developing the state plan or state capacity building program; working on the state needs assessment using the PSE framework from the state’s MCH Nutrition Training Program to look at nutrition across the lifespan; reconnecting public health nutrition group and holding stakeholder engagement meeting for state plan and five-year priorities development; nutrition performance measures in the block grant; sharing information with the state Department of Physical and Behavioral Health about the new nutrition performance measures.

Did CoIIN states share their lessons learned? And if so, where did they do so?

**Key Finding:** Three state teams submitted projects to Innovation Station. State teams shared lessons learned in meetings with ASPHN, informally with their colleagues, at bureau meetings, and in webinars.

The types of submissions to Innovation Station included breastfeeding, physical activity, and one project that started prior to the start of CoIIN.

**Through ASPHN.** The most common way for states to share lessons learned was through contact with other CoIIN participants and through ASPHN. Both Intensive and TA-only states created and presented posters at the 2019 ASPHN meeting, on a CoIIN call or webinar, or at other professional meetings. At least one of the three TA-only states shared that they felt that TA states did not get as much as an opportunity to share lessons learned as the Intensive states.

**Shared with Title V.** Sharing information with state Title V programs or through a Title V communication was the next most common way to share lessons learned. States shared their information through a newsletter. Several states shared lessons learned during their Title V review about aligning breastfeeding work and physical activity work, and one state mentioned that they shared information directly with their Title V Director.

**Informally with colleagues.** Several respondents said that they shared lessons learned informally and discussed what communication within their division can look like. They cited the importance of standardizing and documenting their approach to make it easier to work through staff turnover.

**At Bureau Meetings.** State teams discussed the lessons learned at three specific meetings including The Bureau of Chronic Disease Prevention, the Bureau of Family Health, and their Child and Adolescent Health branch.

**Other.** A TA Physical Activity state participated in a webinar that they conducted jointly with AMCHP Innovation Station about benefits of submitting physical activity projects.
Additional Evaluation Questions

How were the CoILNs involved with other MCHB funded programs?

Key Finding: 11 state teams engaged with MCHB funded programs, and five state teams plan to do so.

MCHB funded programs that state teams engaged with included:

- Maternal, Infant, and Early Childhood Visiting Program (7 state teams)
- MCH Nutrition Program (3 state teams)
- Healthy Start (2 state teams)
- MCH Meetings (unspecified)
- MCH County Directors
- Title V Training
- Comprehensive Perinatal Services Program
- MCH Title V Needs Assessment

What feedback did participants offer about the CoILN?

Key Finding: 23 of 28 survey participants stated that the time and effort required of the CoILN was worth it. Survey and interview participants generally expressed positive feedback about their experience with the CoILN and benefits for their states. They also shared advice for other similar projects and provided suggestions for improvements. Topics for suggested changes included time guidelines, processes, communication, and resources.

Overall, CoILN participants had a positive experience. The quote below is representative of most comments that were made.

For agencies involved with the work, the most notable advice was to identify the needs of the community, tailor the program accordingly, and utilize/provide additional technical assistance. Other advice included connecting with other states and involving key community leaders/stakeholders in the process. Agencies should maintain adaptability and seek out other funding sources when possible.

The time and effort were worth it because it helped to make a difference in the lives of many.” – Survey Participant
For others trying to complete work with a similar specific focus, the most notable advice was to encourage collaboration and engagement among the members involved with the project. Involving key community leaders and stakeholders is essential because they understand the community and help alleviate problems regarding implementation in the community.

**Time.** Some participants suggested lengthening the CoIN; others thought it should be shorter. Time-related suggestions also included having fewer webinars that were not workstream specific because the webinars took away from time to work on the projects. Participants needed more time to execute the work. Planning needed to account for the state staff capacity and workload. The timing of the evaluation was problematic for the nutrition workstream since they were still implementing their work (or just beginning to) and did not have time to demonstrate outcomes.

**Process.** Participants noted potential changes that the state teams could make in the CoIN processes and procedures. Some potential changes the participants described included better organization of the in-person trainings, having more facilitated information sharing calls among the states, having states do more similar projects, and conducting evaluations closer to the end of the program. A recommended change was either to increase the assistance for TA states or consider rethinking their inclusion altogether. Some also cited difficulties in transitioning from one workstream to another.

**Guidelines.** A few interview participants mentioned a need for clearer guidelines, and a survey participant also commented on the need for clearer expectations from the outset, such as how states should be documenting process and outcomes. A TA state participant noted a need to have a technical assistance plan that describes what technical assistance involves. The plan might help during periods of staff turnover.

**Communication.** Participants' suggestions were about waiting for ASPHN to answer questions, communicating with states doing like-work, and the switch to a nutrition focus.

**Resources.** Specifically, there was a request for a fact sheet for how workstreams could work together, training on the CoIN process, webinars that were specific to each workstream; and a request for more learning sessions.

“How wonderful it was to bring these different groups together, to work together, to learn about each other's work, and then to see all these other opportunities where we could leverage each other's work. And we could pull in somebody that we had never thought about before because we were working with this partner that had the relationship with that partner, so I would say it's not only strengthened our work as a team of people that participated in a COIN, but it's also strengthened some of our partners' work because we've brought different people in.” – Breastfeeding Intensive Participant

“I have felt that we didn't really get to interact that much with the other states just to really discuss in detail some of the work and get feedback from them. I don't know if everything was virtual too, but I think there are ways that you could make it-- and maybe it needed to be like in smaller groups of the groups working on similar types of work. So, splintering off the states into smaller groups to really be able to have some discussion.” – Breastfeeding Intensive Participant
with time allotted for states to ask more questions rather than having planned educational topics. Another resource that participants mentioned was funding. States did fairly well with their funding, and they acknowledged that more funding would allow them to do a broader range of activities.

**How did the CoIIN work provide support for the National Performance Measures?**

*Key Finding: Breastfeeding and physical activity workstreams cited examples of how their work supported the work towards the National Performance Measures, while there were no NPMs for nutrition.*

Breastfeeding focused state teams work toward the NPMs were:

- The number of breastfeeding-friendly designated workplaces
- Workplace support for breastfeeding
- Improved duration rates for breastfeeding
- Initiation rates for breastfeeding

Physical activity focused state teams’ work included:

- Increasing physical activity in the state by providing technical assistance and to reach a special population
- Support for the state performance measure related to reducing obesity in children 1 to 11

*What was the impact of COVID-19 on the CoIIN work?*

The impact of the pandemic was relative to the type of project, the work roles of team leaders and members, and the impact on the states. One of 11 of the nutrition workstream interview participants stated that there was no impact and they were able to continue to make progress and meet their goals and deliverables.

Impact that others described included:

- Having to reschedule or cancel events
- Shortened timelines
- Difficulties with connecting to partners that had closed
- Needing to develop new strategies to get information to people
- Having to switch from face-to-face meetings to online
- The additional task of keeping up with what was going on in their state relative to COVID

*Key Finding: COVID-19 had an impact on the nutrition workstream state teams.*
Switching duties to help with the state’s COVID-19 response (conducting contact tracing and active monitoring) while deprioritizing all other work.

Inability to conduct the MCH staff and funded partner needs assessment component of their project

Slowing down progression with slower review and approval processes and communications

One project was working with churches to prepare breastfeeding rooms or nooks for moms attending services. The team was able to take advantage of the church closures. Church staff worked to prepare the spaces so that they would be ready for the mothers when they were able to return to the church.
Conclusions

Overall, the CoIIN Project was successful. All the participating states reported there were benefits, and participants all reported positive accomplishments and changes within their states. States were committed, to varying degrees, to sustaining the efforts, initiatives, or outcomes.

How well did the CHW-CoIIN function?

The teams functioned well by developing new partnerships, strengthening existing partnerships, and increasing the implementation of innovative projects in all the participating states. All the teams were able to identify needs within their states and use the driver diagrams and PDSA cycles to develop and implement innovative projects to meet those needs. This project identified supports for implementation such as collaboration and teamwork, using data, the support that ASPHN provided, and positive group dynamics and processes. It also identified challenges such as time and other resource limitations, staff turnover, failure to adequately engage with communities and identify their needs, and COVID-19 related disruptions and demands.

The use of the driver diagrams and PDSA cycles, coupled with opportunities for learning, technical assistance, and funding provided the state teams with the resources, knowledge, and guidance needed to develop and implement projects, setting them up to be successful. State team members rated the support that they received from ASPHN highly and generally found it helpful. Additionally, teams felt that leadership empowered and supported them partially because of the added status of being part of a larger project that a national organization (ASPHN) and a Federal agency (HRSA) supported.

What did the CHW-CoIIN accomplish?

Outcomes from this CoIIN initiative were overall positive through their impact on state practices, programs, and policies. Internally, the project created new and strengthened existing partnerships across divisions and departments, resulting in less duplication of effort, greater coordination, breaking down of silos, and the ability to leverage existing work to produce more innovative solutions. The Intensive Model that included both funding and technical assistance produced better outcomes compared with the Technical Assistance Model.

What is the value of the CHW-CoIIN?

Participants in this CoIIN all agreed that the project benefitted their states. The teams successfully implemented their projects, created or changed policies, and met or partially met nearly all of the goals they set. Participants in the Intensive model CoIINs that included funding and technical assistance reported the highest levels of satisfaction with the process.
**Recommendations**

Based on evaluation findings from this report, CES offers the following recommendations:

1. ASPHN should design future CoILNs similarly to the Intensive Model that this project used. They should include both the technical assistance and support coupled with funding. Technical assistance only was not sufficient and did not produce the same level of effects.

2. Time was one of the greatest challenges that teams encountered in two ways. First, this project did not fund any of the CoILN leads’ time, and as a result, states expected them to lead the CoILNs in addition to their regular duties. The second time-related challenge was the length of time CoILNs had to develop and complete their projects. Longer periods of time would allow for greater identification of needs and time to make adaptations if needed.

3. State teams that networked with states doing similar work, benefitted by learning from one another. State teams that were doing work that was unlike the work that other states were doing felt somewhat isolated and less supported. Consider a model that would ensure more similarity across projects, or greater means of support for states that engage in more innovative projects.

4. Consider structuring evaluation and technical assistance from the beginning to help state teams to capture process and outcome data better. Include evaluation frameworks, tools, and training to reinforce the importance of evaluation and build teams’ capacity to collect data.

Finally, 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.