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In 2020, 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) (#U7NMC39437) to establish and support the Children’s Healthy Weight State Capacity Building Program (CHWCBP). The purpose of the CHWCBP is to build state capacity around MCH nutrition by increasing the MCH nutrition competency of the state Title V workforce and optimizing MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance. The goal is to build the capacity of state Title V programs to integrate nutrition. ASPHN selected three states to work with for this project: North Dakota, Oregon, and Wisconsin.

During Year 1 of this project ASPHN met with lead and team members weekly to develop one- and five-year plans until the plans were completed. ASPHN also provided states with funding to develop their state model, engage in planning with key stakeholders, set priorities, share resources, and implement innovative activities. Throughout the year ASPHN met regularly with state teams and provided training, feedback, and technical assistance for plan development and implementation.

Five-year work plans were required to include the state’s overall project vision and concept for the project. State objectives were required for:

1. Workforce Strategy: Increase the MCH nutrition competency of the state Title V workforce.
2. Data Strategy: Optimize MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance.

States are required to submit: 1) a 1-year work plan that is developed annually to include overall expectations for the years’ activities; 2) specific actions planned for each 5-Year objective and strategy; 3) an evaluation plan to assess progress; 4) a budget; and 5) an evaluation report of the prior year’s activities.

This evaluation report summarizes the findings of ASPHN’s support and the state team activities and outcomes during Year 1 of this cooperative agreement. Data were obtained from program documents (e.g., work plans, evaluation reports), project updates collected via meetings, a Google form, and key informant interviews with state team leaders.

How well did the CHWCBP function?
The CHWCBP functioned well during this first year. Team leads described the experience positively. The team leads named a number of ASPHN actions that contributed to this success, especially the one-on-one support from the ASPHN consultant. Other contributors were the webinars, connections with the other states, regular internal core workgroup meetings, making connections based on their work plans, and attending the ASPHN annual meeting. States reported that calls with the ASPHN Project manager were especially helpful. These one-on-one calls were held weekly as the teams worked to develop their plans, and then shifted to monthly when implementation began. In addition to the calls, support
included review and feedback on iterations of their plans, and connections to the other states and to experts as needed. ASPHN also provided resources, training, and webinars.

State team leads identified several facilitators that supported plan development and implementation. Planning facilitators were collaborations, the funding they received, and the alignment between this project and their MCH block grants. State team leads identified various strategies that worked well during implementation. While some were specific to their setting or project, others were more widely applicable. Strategies included engagement with epidemiologists, regular meetings with internal core work group members, having a plan that aligned with Title V work, and the use of a collaborative and iterative feedback model.

Despite their successes, during planning and implementation, they encountered challenges. Planning challenges varied across the states and included identifying who should be at the table and then getting them there, setting goals in a dynamic environment, time, funding losses, and capacity. Implementation challenges included impending organizational changes, navigating relationships between organizations that have not worked together in the past or may have competing interests, revitalizing and reconceptualizing a past initiative, and using strategies that will fully engage all partners.

State team leads described technical assistance they would find helpful. It included additional guidance, more information and resource sharing, more connections, and additional training.

What did the CHWCBP accomplish?

The goal of the CHWCBP is to build the capacity of state Title V programs to integrate nutrition in order to increase the proportion of children at a healthy weight. ASPHN and the states implemented activities related to three strategies designed to accomplish this goal: Workforce Strategy, Data Strategy, and Administrative Strategy (ASPHN only). Both ASPHN and the state teams accomplished implementation of activities, and accomplishment of outcomes during this first year. Most importantly, ASPHN and the state teams accomplished their objectives for this first year. The teams have already started looking toward potential successes in Year 2 and identified challenges they may encounter as they continue to implement their projects.

The ASPHN Year One Work Plan is presented in Appendix B, including detailed objectives. Table 1 displays the strategies, objectives, and accomplishments for year 1.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Accomplishment</th>
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<tbody>
<tr>
<td><strong>Workforce Strategy Goal: Increase the MCH nutrition competency of the state Title V workforce.</strong></td>
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</table>
| Include Public Health Nutrition Expertise  
**Objective 1**: Engage public health nutritionist | ✓ ASPHN met with public health nutritionists on the North Dakota and Oregon teams to determine their needs to achieve this objective and develop state-specific follow-up action steps.  
✓ ASPHN met with the Wisconsin team to determine how ASPHN can support their team to achieve this objective as Wisconsin does not have a Title V nutrition position. |
<table>
<thead>
<tr>
<th>Objective</th>
<th>Accomplishment</th>
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</table>
| **Train the Workforce**  
*Objective 2*: Understand effects of nutrition on health outcomes of the MCH population. | ✓ ASPHN provided related training and resources to the state teams. |
| **Objective 3**: Describe role of Title V to promote good nutrition and assure access to nutrition programs and services. | ✓ ASPHN provided training on equity and a series of ASPHN MCH and Farm to ECE webinars. State team leads also attended the ASPHN annual meeting. |
| **Develop and Maintain Partnerships**  
*Objective 4*: Develop a network of relationships at state level, with local agencies, and with tribal communities. | ✓ States strengthened existing relationships and developed new relationships with organizations that connect with MCH populations. |
| **Objective 5**: Maintain or strengthen partnerships with state, local, and tribal entities. | This objective applies to years 2-5 |
| **Use Resources**  
*Objective 6*: Use resources to help integrate evidence-informed nutrition strategies into Title V work plans. | ✓ ASPHN provided training and webinars that helped state teams to increase their public health nutrition and other project related expertise specific to working with MCH populations. |
| **Develop State Plans**  
*Objective 7*: Develop a five-year plan for this project. | ✓ State teams developed and implemented their five-year work plans that included workforce and data strategies with guidance and technical support from ASPHN. |
| *Objective 8*: Develop detailed one-year work plans aligned with Title V block grant applications. | ✓ State teams developed and implemented their one-year work plans that included workforce and data strategies with guidance and technical support from ASPHN. |
| **Data Strategy Goal**: Optimize MCH-nutrition related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance. |  |
| **Use Existing Data**  
*Objective 1*: Identify nutrition-relevant data points from existing national and state data sets. | ✓ Teams increased their awareness and use of nutrition-related data, and their awareness of the value of MCH nutrition evaluation data.  
  - Two of the three state team leads reported that they learned about new nutrition-related data sources.  
  - Two of three state team leads also reported that they increased their awareness of the value of MCH nutrition evaluation data.  
  - Two of the three state team leads reported that their knowledge about MCH-nutrition related epidemiology did not change.  
  ✓ Oregon reviewed 3 Title V needs assessments for food and nutrition data. |
Table 1. Objectives and Accomplishments: ASPHN and State Teams

<table>
<thead>
<tr>
<th>Objective</th>
<th>Accomplishment</th>
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</table>
| Collect New Data Points | ✓ Teams identified gaps in data  
  *Objective 2*: Assess the need and feasibility of adding MCH nutrition relevant questions to existing surveys.  
  - North Dakota added questions to the PRAMS survey to meet their data needs in 2022.  
  - Wisconsin met and discussed adding questions to the NSCH to inform Title V programs nationwide. |
| Use Program Evaluation Data | ✓ Wisconsin conducted qualitative analysis of data from a community conversation.  
  *Objective 3*: Use program evaluation data.  
  ✓ Wisconsin conducted a statewide survey to assess the Wisconsin Title V workforce’s baseline public health nutrition knowledge, skills, and experience and shared results with partners. |
| Include Epidemiology and Program Evaluation Expertise | ✓ Oregon contracted Program Design and Evaluation Services (PDES) to conduct a program evaluation for five years of state and local Title V work on breastfeeding and food insecurity.  
  *Objective 4*: Actively engage an MCH or nutrition epidemiologist and/or program evaluator.  
  ✓ All three teams have an MCH epidemiologist and/or program evaluator as active team members. |

**Project Administration Strategy Goal: Maximize design and management of the Children’s Healthy Weight State Capacity Building Program (Expectations of ASPHN).**

<table>
<thead>
<tr>
<th>Accomplishment</th>
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<tbody>
<tr>
<td>✓ ASPHN’s intensive model of support helped states to engage in innovative work.</td>
</tr>
<tr>
<td>✓ ASPHN developed a web page for the project with information about the CHWCBP.</td>
</tr>
</tbody>
</table>
| ✓ ASPHN provided financial support to the 3 states in the CBP.  
  - The funding that was provided was valuable to the state teams. It provided them with money to support time and to contract expertise they needed to successfully engage in their work. State teams all described many accomplishments they made during this first year. |
| ✓ ASPHN provided support and feedback for all 3 states to develop their one- and five-year plans.  
  ✓ ASPHN developed partnerships to form a National Advisory Team of key stakeholders. |

**Conduct an Evaluation**

<table>
<thead>
<tr>
<th>Accomplishment</th>
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</thead>
<tbody>
<tr>
<td>✓ ASPHN retained the services of Community Evaluation Solutions (CES). CES collaborated with ASPHN to create and finalize the project logic model and to develop and implement the evaluation plan. The logic model and evaluation plan were finalized with the project officer.</td>
</tr>
</tbody>
</table>

**Plan to Sustain Resources for States**

<table>
<thead>
<tr>
<th>Accomplishment</th>
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<tbody>
<tr>
<td>This objective does not apply to Year 1.</td>
</tr>
</tbody>
</table>

*Objective 3*: Develop a plan to share resources and information and make available to all state Title V programs.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Management</td>
<td>✓ ASPHN has submitted required reports, participated in HRSA meetings as requested, and reviewed the work plan and budget progress with the project officer.</td>
</tr>
</tbody>
</table>

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

- ✓ Identify potential commonalities between projects and facilitate sharing of tools and data resources.
- ✓ Develop and share a collection of public health nutrition initiative related strategies and resources.
- ✓ Continue to support state teams’ data needs by facilitating conversations with organizations that are collecting national data from the target populations to add MCH nutrition related questions to existing surveys.
- ✓ Support state teams’ ability to collect new and local qualitative and quantitative data to supplement existing data sources and provide additional information for planning and evaluation.
A logic model is a visual and concise way of depicting the intentions and activities that comprise any initiative. The Children’s Healthy Weight Capacity Building Program Logic Model (see Figure 1) depicts the key inputs (resources), activities, and outputs (products), and the intended short, intermediate, and long-term outcomes.

### Project Goals:
- Increase the proportion of children at a healthy weight
- Build the capacity of state Title V programs to integrate nutrition
- Increase the MCH nutrition competency of the state Title V workforce (workforce competency)
- Optimize MCH nutrition-related data sources for effective program planning (data capacity)

### Assumptions:
- Across the country, state Title V programs lack critically important nutrition infrastructure and expertise
- Improving Title V workforce competency and data and evidence capacity around MCH nutrition will ultimately improve the health of the MCH population
- Participating states in this project will build on lessons learned and formative work from the Children’s Healthy Weight CoiN
- The first step to building capacity of a state Title V program to integrate nutrition is to complete a statewide nutrition needs assessment
- By September 2020, life will return to something like what it was before the COVID-19 pandemic started

### Project Target Audience:
State Title V programs and stakeholders in state and local organizations

### Logic Model

#### Figure 1. Children’s Healthy Weight Capacity Building Program Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>State teams</td>
<td>ASPHN will provide MCH nutrition leadership for states on several activities related to Title V workforce competency and data capacity. Broadly, ASPHN will...</td>
<td><strong>STATE SPECIFIC</strong></td>
</tr>
<tr>
<td>MCHB</td>
<td>• Engage national, state, local, and tribal partners</td>
<td>#/types of partnerships in states</td>
</tr>
<tr>
<td>ASPHN</td>
<td>• Provide resources, training, and intensive, individualized technical assistance</td>
<td># of promising practices that increase MCH nutrition competency and that optimize MCH nutrition data sources</td>
</tr>
<tr>
<td>Assoc of MCH Programs (AMCHP)</td>
<td>• Lead meetings</td>
<td># of state Title V block grant applications that incorporate nutrition services, programs, and PSE strategies</td>
</tr>
<tr>
<td>Council of State &amp; Territorial Epidemiologists (CSTE)</td>
<td>• Evaluate project performance and effectiveness</td>
<td>3 state models of MCH nutrition integration</td>
</tr>
<tr>
<td>Subject matter experts</td>
<td>• Disseminate learnings</td>
<td>ASPHN SPECIFIC</td>
</tr>
<tr>
<td>Funding</td>
<td>• Manage state teams and the cooperative agreement</td>
<td>– #/type of partnerships with experts, state Title V programs, and other national groups</td>
</tr>
<tr>
<td>MCH nutrition-related data</td>
<td>– #/types of resources, templates and tools including dedicated webpage; shared online platform</td>
<td>– #/types of TA sessions, meetings, and trainings</td>
</tr>
<tr>
<td>Evidence-informed nutrition interventions</td>
<td>– 1 evaluation plan and # of reports</td>
<td>1) public health nutrition expertise focused on MCH population</td>
</tr>
<tr>
<td>Resources that demonstrate value of nutrition</td>
<td>– 1 coordinating center of expertise on integrating nutrition into state Title V programs</td>
<td>2) awareness by the Title V workforce of how nutrition can be integrated across a range of MCH priorities</td>
</tr>
<tr>
<td>Resources to improve the public health infrastructure</td>
<td><strong>States have increased:</strong></td>
<td></td>
</tr>
<tr>
<td>ASPHN</td>
<td><strong>States have increased:</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Short Term (1-2 Years)
- Increased access to evidence-informed nutrition programs and services, including policy, system, and environmental (PSE) change strategies for the MCH population

#### Intermediate (3-5 Years)
- Increased awareness of the value of nutrition among national, state, local, and tribe partners
- Use of nutrition-related data sources in program planning

#### Long Term (>5 Years)
- Decreased obesity prevalence among children
In this section of the report, we present the findings from information gathered through this mixed-methods evaluation of Year One of the Children’s Healthy Weight State Capacity Building Project (CHWCBP). In year 1, the evaluation assessed the implementation of the CHWCBP and selected short term outcomes. Appendix C describes the evaluation methods in detail. Information related to HRSA Performance Measures and findings are presented in Appendix D, and copies of instruments used to collect data are shared in Appendices E through G.

**Key Evaluation Question: How well did the CHWCBP function?**

Data used to answer this question were obtained mostly from key informant interviews with the state team leads and were supplemented by program records including ASPHN and state work plans and the Year 1 state evaluation reports.

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**Key Finding:** State team leads described their experience with the CHWCBP as positive. All of the state team leads described their experience as positive. ASPHN consultants were seen as supportive and understanding. State team leaders appreciated that ASPHN recognized that they are doing something new and gave them permission to take their time to develop their initiatives. Looking at their work using a systems perspective helped them to recognize potential ripple effects that an action may have in their states. One team noted that conversations with partners in the public health nutrition space led to other conversations where they learned about new initiatives and partners. They also commented on positive interactions with other states as well.

Two of the three state team leads reported that so far, the CHWCBP has met their expectations. The third commented that they did not know what to expect, although now that they were engaged in the process, they believed it will be very beneficial to them moving forward.

**What were the challenges and facilitators of the CHWCBP?**

**Key Finding:** Challenges varied across the states and included identifying who should be at the table and then getting them there, setting goals in a dynamic environment, time, funding losses, and capacity. All of the states felt it was important to ensure that the right people were at the table. One state, whose Title V program works through local health units, identified that the work would be a natural fit for them. They were additionally challenged with questions about how to get everyone on the same page and convince them to work with them, and how to bring them to the table.
Another state was challenged with setting tangible goals that were still flexible enough to change over time. As state action plans, circumstances, information, and connections change, the goals may need to change with them.

Time and staff capacity challenged one state team in particular. This team was challenged with finding times when everyone could show up for calls. The state team lead pivoted to working with the team members one-on-one. While effective for connecting with others, this approach could potentially stifle a collaborative approach to the work and the ability to build on team synergy.

Funding was also noted as challenging in one state where major funding losses over the past few years resulted in losses to some infrastructure. However, the team is applying a growth mindset and viewing this as an opportunity to rebuild a more sustainable infrastructure for the future.

Finally, another challenge cited by a state was the confusion of working on a new project that does not have a prior model to help define it. The team lead described how sometimes their partners got confused when they met with other states because other states activities are so different from their own activities.

The state team leads identified several facilitators to their success with developing their work plans. Collaboration with others was important within and outside of their teams. Collaboration was helpful for identifying goals and putting their plans together. One team cited having epidemiologists engaged and wanting to work with their department of health was particularly beneficial.

They also noted that even with good intentions and efforts, state departments often work in silos. Leaders felt this project will encourage state teams to work for a better, more coordinated initiative with better alignment around nutrition.

An additional facilitator was the funding they received from this grant which allowed one team lead to increase from 0.5 full-time equivalent (FTE) to 1.0 FTE so they have the capacity for the work. The additional time was helpful to supports their work on the Title V block grant and other work aligned and supportive of their MCH block grant.

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**Key Finding:** State team leads identified several facilitators that included collaborations, the funding they received, and the alignment between this project and their MCH block grant.
In regard to ASPHN’s technical assistance, what was most helpful to states?

Key Finding: State team leads identified many aspects of ASPHN’s technical assistance that has been helpful to them, especially the one-on-one support from the ASPHN Project Manager.

The Project Manager helped them to make needed connections to individuals or organizations as they formulated their plans. She talked through their plans and ideas with them and gave them feedback on iterations of their plans. As needed, she organized peer calls with other states so they could learn from one another. She also helped to review the five-year plan narrative.

Calls with the ASPHN Project Manager. All three of the state team leads mentioned the calls with the Project Manager as being helpful to them. They met with her individually on a weekly basis as they put their plans together, and then monthly after plans were submitted. They noted how helpful it was that she was flexible with communication.

Webinars. State team leads commented on how helpful webinars, both provided or shared, were for them. The data sources webinar was particularly helpful. The series of webinars related to MCH and food systems was also beneficial. One state team lead noted that they learned something from each of the webinars that were provided.

Connections with other states. The state team leads valued their connections with other states and found the peer-to-peer learning important to inform their work. This was facilitated through the peer calls organized by the ASPHN Project Manager. Calls allowed leaders to hear how other states were organizing around public health. This helped spark ideas for state teams to try. For example, one state, after listening to a peer, was able to explore how a statewide nutrition council might look in their own state.

Regular internal core workgroup meetings. Core workgroup meetings (which included the ASPHN Project Manager) were important venues for internal state teams to provide updates, disseminate information, and to connect with one another.

Making connections based on the work plan. Connections to experts and others were helpful. One state mentioned that connections helped them develop workplan goals; another state said they were able to obtain the technical assistance they needed. For example, one state was able to make a connection to an MCH training program at a local university with a faculty member who had the specific expertise they needed. They were also able to engage in conversations about a potential MCH traineeship to help their state with training and technical assistance.

Attending the ASPHN annual meeting. State team leaders reported they were encouraged to attend the ASPHN annual meeting. As a result, they got good ideas from information that was shared at the meeting.
In regard to ASPHN’s technical assistance, what could be improved?
State team leads described technical assistance they would find helpful. It included guidance, more sharing of information and resources, more connections, and training.

Teams were unsure where to begin. One state team lead noted that having more specific guidance about where to take their project would be helpful.

Sharing other states’ plans, data, and tools was also cited as something that would be helpful. It would be useful to determine if there are areas of overlap across states and could provide opportunities for states to share data and tools with one another.

One state team leader would like to be connected to MCHB representatives so that states could talk about how MCHB can help, and potentially close the loop between Title V and MCHB. They would like a connection to John Richards specifically, to learn about a tool to evaluate the strategic measures for the Title V block grant. State team leads were curious as to whether MCHB is exploring food and nutrition security as a performance measure, and connections to MCHB would allow them to verify if this is true.

One resource that was mentioned as potentially helpful is an archive of public health nutrition related strategies and resources. Sharing ASPHN work, including trainings, webinars, and conferences to support their public health nutrition work could be a valuable resource for the MCH workforce.

With regard to implementation of the CBP work plan, what worked well and what could be improved?

All three states reported they had just begun to implement their work plans at the time the interviews were conducted in June 2021. Two of the three state teams reported they were working to build partnerships as a first step and noted that doing so takes time.

ASPHN support was described as valuable for the development and implementation of work plans. The ASPHN Project Manager met with each team weekly during development to talk through plans. She provided overall structure and helped to determine deadlines for work being done. She also helped them make needed connections for expertise and partnerships.
One team described that positive engagement with epidemiologists on their team was helpful for identifying sources for nutrition data. This team identified the PRAMS data system as a relevant source of data and were able to get two questions added to it to meet their data needs.

Regular meetings to check in with core state level work group members also worked well. It helped the team to remain organized, assign roles, establish regular contact, check timelines, and determine if anyone in the group needed anything.

Having a work plan, especially one that aligned with Title V work, functioned well. The work plan helped the team to maintain consistency and supported the Block Grant plans. It also helped the team more quickly implement their Title V plans as well.

On team lead described the use of a collaborative and iterative feedback model as helpful to strengthen nutrition connections with other state government agencies, academic partners, statewide partners, and local health departments.

**Key Finding:** State teams identified various strategies that worked well. While some were specific to the setting or project, others were more widely applicable.

Navigating relationships between organizations that have not worked together in the past or may have competing interests was another challenge that was identified. A leader expressed that their team would need to carefully navigate the relationships and build some new bridges between organizations that have not worked together in the past. They are professionally associated with one organization, but their work aligns more closely with another. They recognized some potential tensions between their professional alignment and their work in public health that may create a challenge.

Revitalizing and reconceptualizing a past initiative was another challenge. One state team shared that the infrastructure for nutrition and obesity programming existed in the past, until it lost all its funding. There was once a statewide coalition for nutrition and obesity. They are now planning to rebuild the infrastructure needed and are in the process of determining what the next iteration of these relationships will look like. They are hopeful they will be able to create more alignment between the organizations that will be engaged in order to successfully engage in collaborative work.

**Key Finding:** Despite their implementation successes, state teams encountered challenges, such as organizational changes, navigating relationships among partners, time, and capacity.

**Impending organizational changes.** One state team lead reported there was some uncertainty about whether an element of their plan was going to work as intended once implementation began. The task depended upon having a well-defined workforce to focus on and this was disrupted by upcoming state department mergers and potential changes in local public health units.
Other challenges cited were time and capacity and using effective strategies that will fully engage all partners. The state team lead who described this challenge also noted that they found that this takes longer than anticipated.

**Key Evaluation Question: What did the CHWCBP accomplish?**

Data needed to answer this question were obtained from program documents (e.g., state evaluation reports, work plans), state team lead interviews, and the Google data collection form completed by the state team leads.

**What is the value of ASPHN’s intensive model of support to state teams implementing CHWCBP projects?**

ASPHN engaged in three primary strategies to provide support to the states. First, the **Project Administration Strategy** included operating a Center of Expertise, conducting an evaluation, and grant management. ASPHN administrative support for states included developing a webpage for the project featuring information about the CHWCBP, the program logic model, and information describing each of the participant states’ goals and strategies. ASPHN met with state teams weekly initially, and then monthly after plans were developed to provide each team with one-on-one support and technical guidance. ASPHN formed a National Advisory Team of key stakeholders that included the Council of State and Territorial Epidemiologists, representation from the Association of Maternal and Child Health Programs, and public health nutrition faculty with MCH nutrition expertise. ASPHN also provided support and feedback for development of the state one-year and five-year plans, as well as the overall project evaluation plan.

Second, for the **Workforce Strategy** ASPHN provided support for states to achieve their workforce strategy objectives. In addition to regular meetings where ASPHN provided technical assistance, ASPHN assisted state teams with forming their work teams, determining their needs to achieve their objectives, and ASPHN set up a Basecamp3 project management page to house resources and facilitate networking across states by consolidating and organization communications, resources, and task lists.

State team leads reported that ASPHN provided them with resources such as information, webinars, and expertise they needed. ASPHN also provided them with templates and technical assistance to develop their plans and was helpful to identify existing relationships and potential collaborations. As needed, ASPHN set up peer-to-peer calls among states. States described the technical assistance they received as helpful and ASPHN as responsive to their needs.
During this first year, state teams focused much of their efforts on building existing relationships and identifying new partners. Partnership information is summarized by state.

**Key Finding:** States strengthened existing relationships and developed new relationships with organizations that connect with MCH populations.

**North Dakota.** North Dakota’s workforce strategy included developing a network of relationships at the state, local, and trial levels to share MCH nutrition-related resources on childhood obesity prevention and food insecurity. Their activities during the first year included:

- Provided outreach and information to the Nutrition Section of the North Dakota Public Health Association and the Creating a Hunger Free North Dakota Coalition.
- Explored tribal connections through breastfeeding and local foods connections.

### North Dakota Partnerships

**Strengthened Partnerships**

- North Dakota Maternal and Child Health / Title V Program: Maternal and Child Health Nutrition; Epidemiology

**New Partnerships**

- North Dakota Women, Infants, and Children (WIC) Program
- Ehrens Consulting
- Creating a Hunger Free North Dakota Coalition
- North Dakota Public Health Association, Nutrition Section

**Oregon.** The state team strengthened six existing partnerships and developed five new partnerships. Through their strengthened partnership with the Childhood Hunger Coalition (CHC) they collaborated to revise an online childhood food insecurity module for health care providers. The CHC members represent Oregon State University Extension, Providence Health Systems, Oregon Health Sciences University, and Oregon Child Development Coalition.
Oregon Partnerships

- Nutrition Council of Oregon: Engaged in food and nutrition needs assessment results. Members represent public health, health care, academia and research, food and nutrition programs and non-profit organizations
- SNAP-Ed Cultural Work Groups: Identified for future opportunities
- MIECHV Program: For workforce training opportunities
- Oregon Department of Education Child Nutrition Programs: Focus on workforce training
- Oregon WIC: Network with staff who work with tribes
- Childhood Hunger Coalition: Provided leadership

New Partnerships

- Nurturely: For workforce training opportunities
- Oregon Health Sciences University Moore Institute: Shared efforts related to food insecurity
- Oregon Health Authority Health Policy and Analytics SHARE Initiative: Advisory group member. Informed about social determinants of health metrics for coordinated care organizations
- Oregon Health Authority Public Health Division: State Health Improvement Plan implementation work group for food security. Environmental Health Climate Change Program expertise for paper Understanding the Role of Public Health in Building Resilient Food Systems in Oregon, and food security presentation.

Additional Partnerships

- Local public health agencies: Clackamas County, Clatsop County, Coos County, Crook County, Deschutes County, Douglas County, Harney County, Hood River County, Jackson County, Jefferson County, Malheur County, Marion County, Morrow County, Multnomah County, Tillamook County, Washington County
- Tribal public health agencies: Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians

Wisconsin. The state team identified 60 organizations and community champions involved in implementing public health nutrition. They used a community centered engagement process to develop a health equity model of continuous feedback. It will continue throughout this program cycle to allow communities to drive this program. To track ongoing partner relationships, the team developed a document that includes the name of each partner organization, contact information, their level of interest or capacity to be involved with program planning and identifies the Wisconsin team member who is building the relationship. They also created a partner map and key stakeholder list for internal planning that is helpful to visualize the geography and content of partnerships to ensure a wide equitable net of reach.
Key Finding: State teams increased their public health nutrition and other project related expertise related to MCH populations with training and professional development provided by ASPHN and other sources.

States increased their capacity to gather data they needed for planning. For example, to gather baseline data for their initiative, one state completed an online survey assessment of their Title V workforce regarding their public health nutrition knowledge, experience, and level of comfort with implementing nutrition and physical activity programming. They received over 300 responses, of which 125 indicated an interest in participating in future steering team opportunities to provide continuous feedback from communities.

State teams increased their expertise by attending training and engaging in other professional development opportunities. States participated in training and opportunities provided by ASPHN that included equity training, the annual meeting in June 2021, and a series of ASPHN-MCH and Farm to ECE webinars. Other training that states attended that were not provided by ASPHN were Providing Cultural
competency and Effective Communication for the Hmong Population, Historical Trauma in the American South, and a Lunch and Learn about Community Health Workers.

**States also shared their expertise and training resources and expertise with the MCH workforce.** A state provided training via an MCH Summit Series episode on Historical Trauma. Another state provided technical assistance to local public health agencies and tribes who selected breastfeeding (14) and/or food security (8) priorities for their Title V work.

Third, the **Data Strategy** provided support for states to achieve their data strategy objectives. States received guidance and technical assistance from ASPHN, and all began exploring the data that are currently available, and where there are gaps in needed data. One team was able to get questions added to the Pregnancy Risk Assessment Monitoring System (PRAMS) survey to fill a gap in the data they need. Another state is working on a strategy to have questions added to the National Survey of Children’s Health (NSCH).

**Key Finding:** State team leads increased their awareness of nutrition-related data sources and the value of MCH nutrition evaluation data. They explored data sources and identified gaps in the data that are available to them.

Two of the three state team leads reported that they learned about new nutrition-related data sources. They described that their knowledge of MCH data that are available increased somewhat. Data they learned about included the National Survey of Children’s Health (NSCH), Basic Screening Survey (BSS), and PRAMS questions. They learned about the need to expand these surveys to better meet the needs of MCH nutrition professionals.

**Two of three state team leads also reported that they increased their awareness of the value of MCH nutrition evaluation data – one a little and the other a lot.** The third shared that they already had high interest. One state team lead commented that they did not know what was available and why it was so important to collect good data and integrate nutrition before. Another noted they knew the value is there, but did not have the data sources.

**Two of the three state team leads reported that their knowledge about MCH-nutrition related epidemiology did not change.** A third reported that they met with the NSCH group and were exploring if they can use MCH funds to sponsor or add a question about nutrition into the survey. Additionally, they learned that their state has been oversampling for this survey.

At the time the state team leads were interviewed during this first year of the grant cycle, they reported that they had not yet worked on evaluation, as it was not included as a Year One objective aside from evaluation plan development. One team reported they would be hiring someone to do the evaluation for them. They had prepared an evaluation plan but recognized that they would likely revise it with the evaluator they hire.
Information obtained from the year-end state reports summarized the gains states made in their identification of available data and data use.

**North Dakota.** This state’s data strategy activities and accomplishments included:

- Identified a gap in the data for BMI for children ages 6-9
- Nutrition related questions were added to the Pregnancy Risk Assessment Monitoring System related to nutrition status during pregnancy.
- Explored options for BMI data for children ages 6-9 from the National Survey of Children’s Health and Basic Screening Survey.
- Tracked food insecurity status of households with children and households headed by single parents, who were among most impacted groups, during the COVID pandemic year, 2020.
- Participated with networking calls and technical assistance with the Maternal and Child Health Bureau regarding the National Survey for Children’s Health.
- Webinar/connection with MCHB Epidemiologist regarding National Survey for Children’s Health.

**Oregon.** This state team’s data strategy activities and accomplishments included:

- Reviewed the following three Title V needs assessments (2019-2020) for food and nutrition data.
  - Community Voices
  - Community Health Improvement Assessments for counties and tribes
  - The Title V Partner Survey.
- Summarized the Nutrition Council of Oregon’s rapid assessment of gaps between transition points in nutrition programs.
- Began work with Program Design and Evaluation Services (PDES) to conduct a program evaluation for five years of state and local Title V work on breastfeeding and food insecurity.
Wisconsin. This state team’s data strategy activities and accomplishments included:

- Evaluated existing data sources for inclusion and gaps of nutrition specific items.
- Found proxy data elements for school-aged children, but little to no data capturing nutrition that were specific to children.
  - PRAMS assesses mothers’ food insecurity, breastfeeding status, and folic acid intake but does not ask about nutrition intake for other children in the home.
  - Youth Risk Behavior Survey (YRBS) includes some nutrition questions but is only conducted with students at age 13 and high school students.
- Met with National Survey of Children’s Health (through ASPHN) and discussed adding additional new questions to the national survey that informs Title V nationwide.
  - Also proposed survey developers consider adding fields to capture types of foods such as healthy and local, and availability of healthy spaces.
- Conducted qualitative data analysis (coding and theming) of data from a community conversation conducted in the Black communities in Milwaukee and Madison areas.
  - Identified themes and potential policy, systems, and environmental changes to facilitate healthy eating and active living.

What is the value of this funding to states?

All the state team leads found the funding to be valuable. States used their funding to pay for staff time internally or to fund external expertise. Two state team leads talked about the value of being able to provide for existing staff time to do the work associated with this project.

One state team lead shared that the MCH nutrition position was funded for only half-time for many years prior to this grant funding. Receiving the grant increased their focus on nutrition, and the position was increased to full-time, improving MCH program capacity.

Two states were able to fund external expertise they needed. One contracted the services of someone with food and nutrition security expertise to help them to write their plan and generate ideas. Another was able to fund program evaluation services. In the past their state did not do any program evaluation for their Title V work aside from performance metrics for reporting. The evaluator will be able to help with this work and to summarize five years of data to describe strategies, activities, policies, and systems.
What were state teams able to accomplish?

Key Finding: In addition to completing their one- and five-year plans, each state described several accomplishments they made during implementation of their plans.

In addition to developing their plans, state teams described many other accomplishments during the first year. Each also described their anticipated potential challenges for Year 2 and hopes for Year 2 successes as well.

North Dakota

Accomplishments

Questions about nutrition were added to the PRAMS survey and the data will be available in 2022.

Local partners engaged in nutrition projects based on local community priorities, the size of the organization, and available resources. North Dakota’s public health system is decentralized, so there is not a statewide focus nor is there a statewide group.

The state team adapted the partner assessment used in Wisconsin but it was not used as the team was not aware of partners in the state that were engaged in nutrition work. The team instead worked to define the scope of their project and opportunities to build stronger partnerships with local public health units to expand their nutrition reach.

Year 2 Potential Challenges

Time and availability to work with the state team.

Hopes for Success in Year 2

To identify and focus in on a workforce to work with.

Increasing clarity with the project and what they are asking partners to do with them.
The state team hosted *Chocolate Milk: The Documentary* film screening for public health providers during Black Breastfeeding Week in partnership with Nurturely, a national non-profit based in Oregon. Lactation professionals, physicians, psychologists, and nurses received 2.5 continuing education credits for attendance and doulas and traditional health workers received a certificate of attendance. There were 84 people registered, 49 (58%) of whom represented 12 counties in Oregon.

They contracted Program Design and Evaluation Services (PDES) to conduct an evaluation of breastfeeding and food insecurity activities using five years of state and local data and supporting materials.

The state team engaged in a variety of collaborative initiatives. They convened a group of partners to revise the online childhood hunger module. As a member of the advisory group for the SHARE initiative, their team lead provided expertise. The team explored partnership opportunities, networking with state and non-state partners, and developed a spreadsheet so they could track community investments in food and nutrition work by county across the state. The state team lead became a member of the cross-agency SHIP food insecurity implementation work group and provided expertise. The team participated in a meeting with local WIC staff who work with Oregon tribes to network and explore Title V opportunities.

The state team also provided technical assistance for local public health agencies for plan development, implementation, and evaluation for Title V grantees who selected breastfeeding (14) and/or food security (8) strategies. They summarized the Nutrition Council of Oregon (NCO) environmental scan and the food and nutrition components of the Title V needs assessments and presented them to the NCO member organizations.

**Partnership time.**

Getting things completed can take longer than expected.

Working with tribes as they have different systems.

Managing bureaucracies.
Hopes for Success in Year 2

The evaluation that is underway will be continuing and completed to produce lessons learned and recommendations, and to inform the future Title V work.

Completion of an online course to share with partners around the state.

Financial support for tribes to support nutrition work within the Title V work.

Wisconsin

The state team engaged with a number of new partners. They built a learning collaborative model through connections made by partners that will offer virtual learning to increase confidence nutrition specific public health programming implementation confidence and provide virtual peer-to-peer support.

Based on information identified by the results of a survey the state team conducted, they built and connected partnerships with organizations that focus on physical activity for children. They also identified that survey respondents wanted physical activity training to implement and incorporate physical activity into their organizations and innovative physical activity ideas.

The team identified a need for mindfulness/meditation activities that connect the body with the inner self-identity. They made a new connection to UW-Madison research faculty interested in pursuing a research grant related to youth gardening and mindfulness.

They formed a partnership with an organization and university that developed their own training specifically focused on nutrition for children, and that granted the state team access to use the training for their local partners.

They identified the potential to collaborate with a university to offer an internship experience for a student with nutrition knowledge who can facilitate integrating nutrition into public health programming development.

The state team identified the need to optimize and digitize an out-of-school nutrition tool (O-SNAP) for children through their partnership with the Department of Children and Families, Department of Health Services, and the Harvard School of Public Health.
Continuing to work through COVID with the shifts, changes, habits, and responsibilities.

Bringing in potential new strategies.

Building back in time and effort to work on healthy eating and physical activity that fell down on the list last year.

Turf and territory issues. Organizations who have been working in this space will wonder what it is about in terms of MCH.

Potential for miscommunications.

Organizations bringing in their own agendas and being unwilling to let them go.

Increased number of connections and partnerships to support public health nutrition in Wisconsin. Partners who want to be in this space. More collaboration and networking.

Formalizing a structure and steering committee for partners to share and connect.

Potentially some collective action in terms of state policy or systems change. Continue to build and have opportunities to do. Implement plans and move forward.

An uptake of objectives rolled out to local health departments for comments and feedback.

**What did state teams learn through the PDSA process?**

*Key Finding: State teams did not yet have an opportunity to use a PDSA or other quality improvement process.*

At the time the state team leads were interviewed during this first project year, they were focused primarily on developing and implementing their plans. There had not been time nor plans for them to engage with a PDSA or other quality improvement processes.
Conclusions

Overall, the CHWCBP’s first-year was successful in that states developed their 5-Year and 1-Year workplans, developed an evaluation plan, engaged key partners, increased their public health nutrition and data knowledge and expertise, implemented their projects and summarized their work in a Year 1 evaluation report. ASPHN provided participating states with the support and technical guidance they needed to develop and implement their plans, build collaborative partnerships, and develop knowledge and expertise. The states were able to begin implementing their plans and have already logged many accomplishments.

How well did the CHWCBP function?

The CHWCBP functioned well during this first year. Team leads described the experience positively. They encountered challenges and were able to identify facilitators to plan development and implementation. The team leads named a number of ASPHN actions that contributed to this success. States reported that calls with the ASPHN Project Manager were especially helpful. These one-on-one calls were held weekly as the teams worked to develop their plans, and then shifted to monthly when implementation began. In addition to the calls, support included review and feedback on iterations of their plans, and connections to the other states and to experts as needed. ASPHN also provided resources, training, and webinars.

When the team leads were asked what they needed, they asked for more of what they are getting. More guidance, to share more information and resources, more connections, and more training.

What did the CHWCBP accomplish?

ASPHN and the state teams accomplished their objectives for this first year. ASPHN provided the needed support and guidance for state teams to develop and implement their work plans that included workforce and data strategies.

ASPHN also provided training and webinars that helped state teams to increase their public health nutrition and other project related expertise specific to working with MCH populations. Teams also increased their awareness and use of nutrition-related data. They explored data sources and identified gaps. In some instances, the state teams worked with the data collection sources to add questions to surveys that would close the gaps and provide them needed data. Two of the three state team leads reported that they learned about new nutrition-related data sources.

The funding provided was valuable to the state teams. It provided them with money to support time and to contract expertise they needed to successfully engage in their work. State teams all described many accomplishments they made during this first year. Most importantly, the teams have already started looking toward potential successes in Year 2 and identified challenges they may encounter as they continue to implement their projects.

The goal of the CHWCBP is to build the capacity of state Title V programs to integrate nutrition in order to increase the proportion of children at a healthy weight. ASPHN and the states planned and implemented activities related to three strategies designed to accomplish this goal: Workforce Strategy,
Data Strategy, and Administrative Strategy (ASPHN only). Both ASPHN and the state teams accomplished implementation of activities, and accomplishment of outcomes during this first year. Most importantly, **ASPHN and the state teams accomplished their objectives for this first year.** The teams have already started looking toward potential successes in Year 2 and identified challenges they may encounter as they continue to implement their projects.

**Recommendations**

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

- Identify potential commonalities between projects and facilitate sharing of tools and data resources.
- Develop and share a collection of public health nutrition initiative related strategies and resources.
- Continue to support state teams’ data needs by facilitating conversations with organizations that are collecting national data from the target populations to add MCH nutrition related questions to existing surveys.
- Support state teams’ ability to collect new and local qualitative and quantitative data to supplement existing data sources and provide additional information for planning and evaluation.
Background and Description

Evaluation and Technical Support Capacity
The Purpose of ASPHN’s Capacity Building Project (CBP) is to build the capacity of state Title V programs to integrate nutrition into their work by 1) increasing the maternal and child health (MCH) nutrition competency of the state Title V workforce and 2) optimizing MCH nutrition-related data sources to contribute to data-driven programs and 3) activities related to assessment, policy development, and assurance. The goal of the CBP is to build participating states’ capacity to offer evidence-informed nutrition services to the MCH population thereby resulting in improved nutrition status and other positive health outcomes, ultimately a decrease in obesity prevalence among children.

Children’s Healthy Weight State Capacity Building Program (CBP). The program performance evaluation plan defines how we will monitor ongoing processes and the progress towards the defined strategy goals and objectives for the CBP. In the plan, we describe the inputs, key processes, and expected outcomes of funded activities.

Our evaluation will assess the impact of funding throughout the 5-year period of performance. We will use evaluation results to: 1) modify and improve strategies and activities; 2) provide accountability to funders; and 3) share findings with participating state teams, ASPHN membership, and partners.

The evaluation plan describes our strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development.

Evaluation Plan and Data Management Plan. Within the first six months of this award, ASPHN will develop a detailed Program Performance Evaluation Plan. The plan will specify key evaluation questions, indicators, measures, analysis, and reporting plan. The Evaluation Plan will be updated yearly throughout the life of the grant period. See Table 1: Evaluation Plan for our draft evaluation plan with proposed questions and indicators.

Use of Evaluation Findings to Document and Monitor Progress. With guidance from the evaluation consultant, ASPHN will document and monitor progress of objectives. ASPHN will use evaluation findings to make course corrections as needed, monitor the extent to which planned action steps were implemented successfully, demonstrate the effectiveness of each strategy and objective, and assess their contribution to the achievement of proposed outcomes. Key personnel of the CBP will meet monthly with the contracted evaluator to review evaluation data collected to date. ASPHN has a track record of evaluation use and has evaluated the effectiveness of programs and services since 2014. ASPHN uses evaluation findings to inform and ensure continuous quality improvement and to assess the contribution of ASPHN’s programs and services that support the leadership capacity of public health nutritionists’ and provide them with skills needed to contribute to public health outcomes.

The effectiveness of ASPHN’s technical assistance (TA) and training will be assessed via a survey administered after key trainings, meetings, and networking webinars. Using feedback from this survey, state-level TA will be adjusted for each state participant as their needs change. Evaluation data will guide implementation of ASPHN’s work plan throughout the five years of the program through regular feedback provided by the CBP Manager with states, data collected from states monthly via a Google form and yearly final evaluation report. A comprehensive evaluation report at the end of the fifth year.
of funding will document the impact of the overall program on MCH populations using evaluation information developed by states.

Key stakeholders

Key stakeholders with a vested interest in our findings will be involved in finalizing evaluation questions and discussions about data interpretation and use. We will engage our stakeholders by sharing our evaluation plan and asking for their feedback via conference calls and email responses. Stakeholders for this funding include key personnel of the CBP; project advisory team; Maternal and Child Health Bureau (MCHB); partners that are part of the work plan (Association of Maternal and Child Health Programs (AMCHP) and Council of State and Territorial Epidemiologists (CSTE)); and other partners.

Scope and Purpose of the Evaluation

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

The CBP is intended to build the capacity of state Title V programs to integrate nutrition. With regard to scope, this evaluation will answer key evaluation questions and present important findings related to the success of the project.

Specifically, we will: 1) assess state teams’ progress towards their goals and objectives; and 2) assess the contribution of ASPHN to state teams’ projects.

Related, primary evaluation questions and related sub-questions for this evaluation include:

How well did the CBP function?

- What were the challenges and facilitators of the CBP?
- With regard to ASPHN’s technical assistance, what was most helpful to states and what could be improved?
- With regard to implementation of the CBP work plan, what worked well and what could be improved?

What did the CBP accomplish?

- What is the value of ASPHN’s intensive model of support to state teams implementing CBP 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 CBP funding ends?
### Logic Model

CES, with help from ASPHN’s consulting staff, developed a logic model as a visual representation of the CHW-CBP. The logic model is used to guide the evaluation process and will serve as the touch point for our evaluation questions and our data interpretation.

#### Children’s Healthy Weight State Capacity Building Program Logic Model

**Project Goals:**
- Increase the proportion of children at a healthy weight
- Build the capacity of state Title V programs to integrate nutrition
- Increase the MCH nutrition competency of the state Title V workforce (workforce competency)
- Optimize MCH nutrition-related data sources for effective program planning (data capacity)

**Assumptions:**
- Across the country, state Title V programs lack critically important nutrition infrastructure and expertise
- Improving Title V workforce competency and data and evidence capacity around MCH nutrition will ultimately improve the health of the MCH population
- Participating states in this project will build on lessons learned and formative work from the Children’s Healthy Weight CoILN
- The first step to building capacity of a state Title V program to integrate nutrition is to complete a statewide nutrition needs assessment
- By September 2020, life will return to something like what it was before the COVID-19 pandemic started

**Project Target Audience:** State Title V programs and stakeholders in state and local organizations

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| State teams MCH | ASPHN will provide MCH nutrition leadership for states on several activities related to Title V workforce competency and data capacity. Broadly, ASPHN will... | Short Term (1-2 Years) | States have increased:
| Assoc of MCH Programs (AMCHP) | - Engage national, state, local, and tribal partners
- Provide resources, training, and intensive, individualized technical assistance
- Lead meetings
- Evaluate project performance and effectiveness
- Disseminate learnings
- Manage state teams and the cooperative agreement | 1) increased access to evidence-informed nutrition programs and services, including policy, system, and environmental (PSE) change strategies for the MCH population | 1. Increased access to evidence-informed nutrition programs and services, including policy, system, and environmental (PSE) change strategies for the MCH population | 2. Improved nutrition status among MCH population | 3. Decreased obesity prevalence among children |
| Council of State & Territorial Epidemiologists (CSTE) | ASPHN SPECIFIC
- #/type of partnerships with experts, state Title V programs, and other national groups
- #/type of resources, templates, and tools including dedicated webpage, shared online platform
- #/type of TA sessions, meetings, and trainings
- 1 evaluation plan and # of reports
- 1 coordinating center of expertise on integrating nutrition into state Title V programs | States have increased:
- nutrition interventions in state Title V work plans | States have increased:
- collaboration among national, state, local, and tribe partners | use of nutrition-related data sources in program planning | use of MCH nutrition program evaluation data |
Evaluation Methods. Performance measurement is the process of defining, monitoring, and using objective indicators of the performance of programs on a regular basis. For this project, we will use a mixed-method approach in order to evaluate the attainment of our process outcomes (i.e. inputs) and our contributions to short-term, intermediate and long-term outcomes. Data that will be collected using these cooperative agreement funds include process data, administrative records, qualitative data, and survey data from program participants.

Data limitations include a reliance on self-report and post-only surveys. However, because we collect information over time, we can examine trends, thus strengthening our ability to make informed decisions. All evaluation data used in this evaluation will be held by CES in a secure location for a period of three years; ASPHN will hold evaluation information for 10 years.

The evaluation plan specifies the key data collection activities regarding the program implementation process and overall performance of the program. We define key evaluation activities in order to assess the overall effectiveness of the CBP, the three state specific projects, and ASPHN’s support of the CBP. Specifically, we define a process to addresses the evaluation of the impact of the training and TA provided to the states. The evaluation plan and our TA will support data collection from the three states in order to demonstrate the impact of funding. The plan includes an ongoing quality improvement strategy that collects data over time and is used to improve program implementation and identify any gaps and challenges that might impact the effectiveness of project activities.

Data Sources and Data Collection Methods. We will collect process and outcome data as described in Table 1. We will collect Process data (i.e. inputs) related to states (# of promising practices identified, # of state Title V block grant applications that incorporate nutrition, #/types of partnerships, state models demonstrating MCH nutrition integration). In addition, we will collect process data related to the work of ASPHN (# of new and strengthened partnerships; # and types of resources and tools developed or provided; and # and types of TA sessions, meetings, and trainings). ASPHN and the external evaluator will work together to develop a process data collection system and review monthly as part of our continuous quality improvement process. We will use key informant interviews and state team participant surveys to gather outcome data. Outcome evaluation data will be collected through surveys and is the responsibility of CES.

Limitations and Potential Barriers. We acknowledge some potential barriers to the evaluation. Although states will sign a memorandum of understanding that includes the requirement to collect evaluation data, we are dependent on state’s ability to get data (existing and new data) and the evaluation capacity of the selected states.
Table 1. Measurement Model.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Indicator(s)</th>
<th>Method/Source</th>
<th>Analysis</th>
<th>Report Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well did the CBP function? How was the program implemented?</td>
<td>3 state team five-year plans developed</td>
<td>Quarterly Reports</td>
<td>Descriptives</td>
<td>2/28/21</td>
</tr>
<tr>
<td></td>
<td>One-year work plans developed</td>
<td>Y/N plans developed</td>
<td></td>
<td>5/31/21</td>
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<tr>
<td></td>
<td>Sustainability plans developed</td>
<td>Y/N work plans</td>
<td></td>
<td>8/31/21</td>
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<tr>
<td></td>
<td>#/types of new and strengthened partnerships</td>
<td>Y/N sustainability</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>#/types of state agencies participating (EHB CB1)</td>
<td></td>
<td></td>
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<td></td>
<td>#/types of activities promoting and facilitating state capacity for</td>
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<td></td>
<td>advancing the health of MCH populations</td>
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<td></td>
<td># of promising practices identified</td>
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<td></td>
<td># of state Title V block grant applications that incorporate nutrition</td>
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<td></td>
<td># state Title V agencies with collaborative service, training, continuing</td>
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<td></td>
<td>education, technical assistance, product development, and research</td>
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<td></td>
<td>interactions. (EHB TF4)</td>
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<td></td>
<td>3 state models demonstrating MCH nutrition integration</td>
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<tr>
<td></td>
<td>Identification of reimbursable services codes to cover delivery of services (EHB CB1)</td>
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<tr>
<td>What was ASPHN able to achieve? What value was ASPHN support to state teams?</td>
<td>• Inclusion of specific language in Medicaid managed care contracts (EHB CB1)</td>
<td>• Domains pertaining to which program addresses health equity (EHB Core 3)</td>
<td>• #/types of ways addressing sustainability (EHB CB4)</td>
<td>• # Family/youth engagement in MCH training programs elements checked (EHB TF1)</td>
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</tr>
<tr>
<td>Results Level: Outcome</td>
<td>• #/types of new and strengthened partnerships</td>
<td>• #/types of resources, templates and tools shared (EHB CB6)</td>
<td>• Types of needs identified</td>
<td>• # of advisory team members, background of advisory team, attendance at meetings; attrition over the five years of the CBP</td>
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<tr>
<td>What did the CBP accomplish? Did the initiative produce the intended short and intermediate outcomes?</td>
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<tr>
<td>Did states increase their public health nutrition expertise related to MCH populations? (Aim 2)</td>
<td>• # of states that report increased public health nutrition expertise</td>
<td>State Examples</td>
<td>Pre/Post Retrospective Survey</td>
<td>Descriptives</td>
</tr>
<tr>
<td>Question</td>
<td>Method</td>
<td>Source</td>
<td>Date</td>
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<tr>
<td>Did awareness of how to integrate nutrition across MCH priority areas increase among states’ Title V workforce?</td>
<td># of state Title V staff that report increased in awareness of how nutrition can be integrated across MCH programs</td>
<td>Pre/Post Retrospective Survey</td>
<td>5/31/21</td>
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<td>Results Level: Intermediate Outcome</td>
<td>State Examples</td>
<td>Descriptives</td>
<td>5/31/21</td>
<td></td>
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<tr>
<td>Did states meet specific stated goals/objectives around health equity?</td>
<td># of stated goals/objectives for health equity that were met</td>
<td>ASPHN Records – health equity goal progress</td>
<td>5/31/21</td>
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<td>Results Level: Intermediate Outcome</td>
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<td>Did states increase their relationships with organizations that connect with MCH populations?</td>
<td># of state organizations that are connected to each other who reach MCH populations</td>
<td>Pre/Post Retrospective Survey</td>
<td>5/31/21</td>
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<td>Results Level: Short-term Outcome</td>
<td>State Examples</td>
<td>Key Themes</td>
<td>5/31/21</td>
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</tr>
<tr>
<td>To what extent did states increase their awareness of nutrition-related data sources, MCH-nutrition-related epidemiology, and evaluation expertise? (Aim 3)</td>
<td># of state team members that report increased awareness of nutrition-related data, epidemiology and evaluation sources</td>
<td>Key Informant Interviews</td>
<td>5/31/21</td>
<td></td>
</tr>
<tr>
<td>Results Level: Short-term Outcome</td>
<td>State Examples</td>
<td>Key Themes</td>
<td>5/31/21</td>
<td></td>
</tr>
<tr>
<td>To what extent did states increase their awareness of MCH nutrition program evaluation data? (Aim 3)</td>
<td># of state team members that report increased their awareness and value of MCH nutrition evaluation data</td>
<td>Key Informant Interviews</td>
<td>5/31/21</td>
<td></td>
</tr>
<tr>
<td>Results Level: Short-term Outcome</td>
<td>State Examples</td>
<td>Key Themes</td>
<td>5/31/21</td>
<td></td>
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</tbody>
</table>
Data analysis

**Quantitative (survey) data** will be collected in Survey Monkey and exported to Microsoft Excel. Data will then be uploaded to SPSS, statistical software used to analyze quantitative information. Frequencies and descriptive results will be provided for quantitative questions. T-tests and ANOVAs will be conducted where appropriate. Open-ended answers will be examined for key themes. Max-QDA will be used to analyze qualitative data. Findings will be organized across and within workstreams where data is available.

Reporting and Using Findings

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

We will use the 1-3-30 reporting model that includes: a 1-page handout, a 3-page executive summary, and a 30-page comprehensive report. Our approach is to arrange the sections of the report to maximize usability by presenting key findings and conclusions first. Details about background, methodology measures and detailed findings will be presented in the appendices. All slides created to visualize the Participant Survey results will be submitted with the 1-3-25 reports.

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

Our reports will include:

- Broad, cross-cutting information learned from the states;
- Summary of progress related to the three project goals: workforce development, optimizing MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance;
- Specific lessons learned from the states; and
- State-specific examples that highlight the work and outcomes for each state project.

Challenges and Limitations to the Evaluation

Potential challenges which may limit the usefulness of the evaluation results include:
Measuring the complex nature of the project activities and the expression of the work at the state level is difficult; For example, change in nutrition knowledge in Title V workforce (I’m not sure if this is the workforce at the state or local levels or both);

The time and intensity needed to collect nutrition-related data in states is problematic and politically complicated;

Evaluation information will be collected from three states who are receiving substantial funding and technical assistance. The level of generalizability of findings to other states without this level of support is unknown;

The time and intensity needed to collect nutrition-related data in states is problematic and complicated; and

Delineating ASPHN’s performance and state goals is a challenge.

**Strengths**

ASPHN brings important strengths to the evaluation, including:

- Recognized expert in food and nutrition policy, programs, and services;
- Commitment to the prevention of obesity;
- Experience with nutrition-related efforts and Title V
- The ability to engage key leaders in the prevention of obesity and the promotion of healthy nutrition; and a
- Commitment to public health nutrition and the promotion of public health nutrition as a viable career
Year 1: Work Plan

Children’s Healthy Weight State Capacity Building Program (CBP)

VISION
Good health and optimal nutrition for women of childbearing age; children, including children with special health care needs; and families

GOAL
Build the capacity of state Title V programs to integrate nutrition

Workforce Strategy: Increase the MCH nutrition competency of the state title V workforce

Nine objectives are listed under this strategy. The objectives are expectations of the three states in the CBP. The action steps under each objective are what ASPHN will do to help the states achieve the objectives.

Include Public Health Nutrition Expertise
Objective 1: Throughout the Period of Performance, the Title V programs in ND, OR, and WI will actively engage at least one public health nutritionist with knowledge of evidence-informed childhood obesity prevention strategies including maternal factors, the built environment, food insecurity, school-based interventions, sleep promotion, early care and education setting, diet patterns, etc.

Train the Workforce
Objective 2: By August 31, 2025, the state Title V workforce in ND, OR, and WI will understand the effects of poor nutrition on health outcomes of the MCH population, and that good nutrition is essential to the overall health of mothers, children, adolescents, and young adults including children with special health care needs (CSHCN) and their families.

Objective 3: By August 31, 2025, the state Title V workforce in ND, OR, and WI will describe the vital role of Title V in promoting good nutrition and assuring access to nutrition programs/services for women, children, adolescents, young adults, including CSHCN and their families. This objective addresses a subtle but important distinction from objective 2. In addition to focusing on why good nutrition is important for the maternal and child health population (obj 2), it is also important to demonstrate to the Title V workforce the vital role of the Title V program in assuring optimal nutrition and good health for the nation (obj 3).

Develop and Maintain Partnerships
Objective 4: By August 31, 2022, ND, OR, and WI will develop a network of relationships at the state level, with local agencies, and with tribal communities for the purpose of sharing MCH nutrition-related resources and successes and of collaborating on childhood obesity prevention interventions for MCH populations. After all 3 states have developed a team for this project and have access to a statewide nutrition coalition, the assistance needed regarding partnerships will be picked up under objective 5 to maintain and strengthen partnerships.

Objective 5: In years 2 through 5 of the CBP, the ND, OR, and WI state Title V programs will maintain or strengthen their partnerships with state, local, and tribal entities through greater coordination and more communication among stakeholders related to integrating nutrition in Title V programs.

Use Resources
Objective 6: Throughout the Period of Performance, the ND, OR, and WI state teams will use resources (webinar recordings, documents, online tools, etc.) that will help integrate evidence-informed nutrition strategies into state Title V work plans. The activities in this objective are somewhat duplicative of activities in other objectives that mention identifying resources and posting them on Basecamp3. However, we do want this to be a separate objective to give emphasis to the work of collecting, tailoring, and/or creating new resources. Resources can include documents, recorded webinars, online and interactive tools, websites, videos, podcasts, in-person meetings, and intensive TA.

Develop State Plans
Objective 7: By February 28, 2021, the state teams in ND, OR, and WI will develop a five-year plan for this project. This is not a plan with details but a plan to provide general strategic direction for the life of the project and aligns with each state’s 2021-2026 five-year Title V Action Plan.

Objective 8: By August 31, 2021, and annually through to 2025, state Title V staff in ND, OR, and WI will develop detailed, one-year work plans aligned with their respective Title V block grant applications that incorporate nutrition services and aligned with the state’s five-year plan for this project. Each state action plan will be different to meet each state’s needs, but we expect broad similarities to include training of Title V staff on MCH nutrition topics, support of partnerships related to MCH nutrition, and inclusion of evidence-informed nutrition interventions within one or more National Performance Measures or State Performance Measures. Also the completion date for each state will be different and matched to their own internal deadlines related to the state’s block grant application.

Data Strategy: Optimize MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance

Four objectives are listed under this strategy. The objectives are expectations of the three states in the CBP. The action steps under each objective are what ASPHN will do to help the states achieve the objectives.
Use Existing Data

Objective 1: Throughout the Period of Performance, state Title V programs in ND, OR, and WI will identify nutrition-relevant data points from existing national and state data sets that could be extracted and used to develop their state’s block grant application (e.g. beverage consumption of third graders from oral health’s Basic Screening Survey or food insecure households from Current Population Survey Food Security Supplement).

Collect New Data Points

Objective 2: Annually throughout the Period of Performance, the state Title V program in ND, OR, and WI will assess the need and feasibility of adding MCH nutrition-relevant questions to existing state surveys of the MCH population, such as National Survey of Children’s Health (NSCH), Pregnancy Risk Assessment Monitoring System (PRAMS), or Basic Screening Survey (BSS).

Use Program Evaluation Data

Objective 3: Starting September 2021 and throughout the remaining Period of Performance, Title V programs in ND, OR, and WI will use program evaluation data to 1) document and monitor progress; 2) identify quality improvement opportunities and challenges to implementation; 3) identify effective interventions; 4) track and measure outcomes and impact of the CBP; and 5) use evaluation information to contribute to the evidence base of effective nutrition interventions.

Include Epidemiology and Program Evaluation Expertise.

Objective 4: Throughout the Period of Performance, the Title V programs in ND, OR, and WI will actively engage in this project an MCH or nutrition epidemiologist and/or program evaluator.

Project Administration Strategy: Maximize design and management of the Children’s Healthy Weight State Capacity Building Program

Four objectives are listed under this strategy. The objectives and action steps are expectations of ASPHN, the applicant.

Operate a Center of Expertise

Objective 1: Throughout the Period of Performance, ASPHN will operate a coordinating center of expertise on integrating nutrition into state Title V programs.

Conduct an Evaluation

Objective 2: Throughout the Period of Performance, ASPHN will implement the CBP’s evaluation plan in order to manage the quality improvement process, monitor process and implementation goals, and measure impact and outcomes.
Plan to Sustain Resources for States  (no year 1 action steps)
Objective 3: By August 31, 2024, ASPHN will develop a plan to share the resources and information developed in the CBP and will make this information available to all state Title V programs.

Grant Management
Objective 4: Throughout the Period of Performance, ASPHN will comply with required responsibilities of receiving cooperative agreement funds such as submitting progress and performance reports, notifying the project officer of materials produced through the cooperative agreement, participating in HRSA meetings as requested, and reviewing work plan and budget progress with the project officer.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Obj #</th>
<th>ACTION STEPS</th>
<th>Year</th>
<th>Time</th>
<th>LEAD PERSON &amp; PARTNERS</th>
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</thead>
<tbody>
<tr>
<td>Admin</td>
<td>1</td>
<td><strong>Dissemination. Disseminate Learnings Develop a webpage for this project on <a href="http://www.asphn.org">www.asphn.org</a>.</strong></td>
<td>1</td>
<td>2020 09</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>4</td>
<td>Meeting. Meet with project advisory team to review work plan.</td>
<td>1</td>
<td>2020 09</td>
<td>K Probert, S Perkins, and B Spear</td>
</tr>
<tr>
<td>Admin</td>
<td>4</td>
<td>Meeting. Meet with the 3 team leads and/or full teams to review the work plan. Assess need to revise action steps and/or timeline considering post COVID-19 crisis.</td>
<td>1</td>
<td>2020 09</td>
<td>K Probert and S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Resources. 3 State Focus Provide financial support to the 3 states in the CBP. Work with the designated contact in each state to develop an agreement that includes total fee, list of deliverables, and reporting requirements.</td>
<td>1</td>
<td>2020 09</td>
<td>C Atterbury and K Probert</td>
</tr>
<tr>
<td>Workforce</td>
<td>4</td>
<td>Technical Assistance. Based on the implementation science principles for formation of a team, meet with each state team lead and finalize the list of team members for this project and discuss a plan for operating the project team. We will follow the guidance developed by the National Implementation Research Network at The University of North Carolina at Chapel Hill.</td>
<td>1</td>
<td>2020 09</td>
<td>S Perkins and AMCHP staff</td>
</tr>
<tr>
<td>Workforce</td>
<td>1</td>
<td>Technical Assistance. Meet with public health nutritionists on the ND and OR teams to determine their needs to achieve this objective over all 5 years and beyond. Develop a list of state-specific follow-up action steps.</td>
<td>1</td>
<td>2020 09</td>
<td>S Perkins</td>
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<tr>
<td>Strategy</td>
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<tr>
<td>Workforce</td>
<td>1</td>
<td>Technical Assistance. Meet with the WI team to determine how ASPHN can best support their team in achieving this objective over all 5 years and beyond. (Wisconsin does not have a Title V nutrition position.) An example of support from ASPHN could include help writing a description of the required public health nutrition expertise during this project. Develop a list of state-specific, follow-up action steps.</td>
<td></td>
<td>2020 09</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Workforce</td>
<td>6</td>
<td>Training. Train participants how to use the virtual project management tool (Basecamp3) that will house the resources and facilitate networking across the 3 states by consolidating and organizing e-communication, resources, to-do lists, etc.</td>
<td></td>
<td>2020 09</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Partnerships. National Advisory Team Finalize formation of a national advisory team of key stakeholders to the project including a representative from the Council of State and Territorial Epidemiologists (CSTE), a representative from the Association of Maternal and Child Health Programs (AMCHP), and public health nutrition faculty with expertise in MCH nutrition.</td>
<td></td>
<td>2020 09</td>
<td>K Probert and B Spear</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Management. National Advisory Team Finalize agreements with AMCHP, CSTE, and the advisory team chair.</td>
<td></td>
<td>2020 10</td>
<td>K Probert</td>
</tr>
<tr>
<td>Admin</td>
<td>4</td>
<td>Meeting. Meet with project officer to review work plan and any proposed changes if called for by state teams.</td>
<td></td>
<td>2020 10</td>
<td>K Probert and S Perkins</td>
</tr>
<tr>
<td>Strategy</td>
<td>Obj #</td>
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<tr>
<td>Data</td>
<td>4</td>
<td>Resources. Gather materials from the 3 states related to the epidemiology and evaluation staff within their state Title V program or what state health agency staff consult with the state Title V program. Obtaing permission to share materials.</td>
<td>1</td>
<td>2020 10</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Workforce</td>
<td>3</td>
<td>Resources. Identify existing educational resources that explain why the unique elements of Title V are important to promoting optimal nutrition. For example, a Title V emphasis on social determinants of health might shift a statewide Farm to Early Care and Education initiative to prioritize communities with health disparities.</td>
<td>1</td>
<td>2020 10</td>
<td>S Perkins, AMCHP staff, and other SMEs</td>
</tr>
<tr>
<td>Workforce</td>
<td>7</td>
<td>Technical Assistance. Develop a template and help each state team lead draft the five-year plan.</td>
<td>1</td>
<td>2020 10</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Workforce</td>
<td>8</td>
<td>Technical Assistance. With each state team lead make a template for the 1-year action that considers that state’s Title V block grant application. The 1-year action plan will be for the following year’s state Title V block grant application.</td>
<td>1</td>
<td>2020 10</td>
<td>S Perkins and AMCHP staff</td>
</tr>
<tr>
<td>Data</td>
<td>4</td>
<td>Meeting. Meet with epidemiology and evaluation staff on the 3 teams to determine their needs to achieve this objective over all 5 years and beyond. Develop a list of follow-up action steps for each state.</td>
<td>1</td>
<td>2020 11</td>
<td>S Perkins, CSTE staff, and AMCHP staff</td>
</tr>
<tr>
<td>Admin / Workforce</td>
<td></td>
<td>Meeting. 3 State Focus Hold an in-person, kickoff meeting with each state team. The manager of the CBP, and, as needed, one other SME to match each state’s unique needs will travel to each state to help launch the project.</td>
<td>1</td>
<td>2020 11</td>
<td>S Perkins and SMEs as needed</td>
</tr>
<tr>
<td>Strategy</td>
<td>Obj #</td>
<td>ACTION STEPS</td>
<td>Year</td>
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<td>Workforce</td>
<td>2</td>
<td>Resources. Identify existing resources for a general, comprehensive in-service on the role of good nutrition across the lifespan. If a resource does not exist then collectively develop an in-service that can be used by all three states.</td>
<td>1</td>
<td>2020 11</td>
<td>S Perkins and AMCHP staff</td>
</tr>
<tr>
<td>Workforce</td>
<td>7</td>
<td>Technical Assistance. Provide individualized TA to each state team to finalize their five-year plan.</td>
<td>1</td>
<td>2020 12</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Data</td>
<td>1</td>
<td>Meeting. Facilitate a meeting with the 3 state teams and National Survey of Children’s Health (NSCH) staff at MCHB, so states fully understand this data source and MCHB understands states’ needs and use of the data.</td>
<td>1</td>
<td>2021 01</td>
<td>S Perkins and MCHB</td>
</tr>
<tr>
<td>Workforce</td>
<td>7</td>
<td>Five-year plan finalized</td>
<td>1</td>
<td>2021 02</td>
<td></td>
</tr>
<tr>
<td>Admin</td>
<td>2</td>
<td>Meeting. Finalize logic model and evaluation plan. First, finalize work plan; second, review logic model and evaluation plan accordingly is needed; third, finalize logic model and evaluation plan with project officer.</td>
<td>1</td>
<td>2021 02</td>
<td>A Price</td>
</tr>
<tr>
<td>Data</td>
<td>3</td>
<td>Technical Assistance. As needed work with the 3 state teams to develop a plan for gathering program evaluation information including process and outcome data. A first step could be to work with the Oregon team on a draft program evaluation tool.</td>
<td>1 - 3</td>
<td>2021 02</td>
<td>S Perkins, A Price, and other SMEs</td>
</tr>
<tr>
<td>Strategy</td>
<td>Obj #</td>
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<td>Data</td>
<td>1</td>
<td>Technical Assistance. Help each state conduct an environmental scan to find out what data points are available in the state and develop a plan for how a state can use what is available. We can also help states develop nutrition-related, evidence-based or -informed strategy measures (ESMs) based on available data for their state.</td>
<td>1</td>
<td>2021 02</td>
<td>S Perkins and CSTE staff</td>
</tr>
<tr>
<td>Workforce</td>
<td>4</td>
<td>Technical Assistance. Work with each state team to identify existing relationships with local agencies and with tribal communities and define the level of collaboration with each partner as a starting place for strengthening the relationships.</td>
<td>1</td>
<td>2021 02</td>
<td>S Perkins and AMCHP staff</td>
</tr>
<tr>
<td>Workforce</td>
<td>4</td>
<td>Networking and Technical Assistance. Hold a virtual meeting with all 3 states to hear about existing statewide nutrition-related coalitions and highlight the Oregon Nutrition Council and its role with the state’s Title V program. As needed, provide individualized technical assistance to the three states on establishing a new statewide coalition or expanding an existing coalition that can address MCH nutrition.</td>
<td>1</td>
<td>2021 03</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Data</td>
<td>1</td>
<td>Resources. Create a resource that lists available national and state data sources with nutrition-relevant data points. Include information to help Title V staff understand the differences among the data sources and describe how the data points could be used by state Title V programs. Develop this resource with help from the 3 state team members, the advisory team, staff from the Council of State and Territorial Epidemiologists (CSTE), and other SMEs. Review the resource at least annually and update as needed.</td>
<td>1 - 5</td>
<td>2021 03</td>
<td>S. Perkins and CSTE staff</td>
</tr>
<tr>
<td>Strategy</td>
<td>Obj #</td>
<td>ACTION STEPS</td>
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<tr>
<td>Admin</td>
<td>2</td>
<td>Training. Review final plan and evaluation responsibilities with the 3 states.</td>
<td>1</td>
<td>2021 03</td>
<td>A Price</td>
</tr>
<tr>
<td>Data</td>
<td>4</td>
<td>Networking. Hold at least 1 networking call with the 3 states on including this expertise on a state team working to incorporate nutrition into Title V Block Grant applications.</td>
<td>1</td>
<td>2021 04</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td></td>
<td>Dissemination. Coordinate With Other MCHB Investments Hold 1 meeting a year with these other entities to review resources available to share from the CBP.</td>
<td>1 - 5</td>
<td>2021 06</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Workforce</td>
<td>2</td>
<td>Resources. If there is no available training that shows how to incorporate nutrition into a specific MCH priority then work with an SME who could develop a training. For both existing training resources and developing new trainings we will prioritize content that highlights evidence-informed interventions focused on policy, systems, and environments (PSE) that support healthy food choices and prevent childhood obesity.</td>
<td>1 - 5</td>
<td>2021 06</td>
<td>S Perkins and SMEs</td>
</tr>
<tr>
<td>Data / Workforce</td>
<td></td>
<td>Management. With input from the advisory team and the 3 states, develop an ASPHN action plan for the following year for all strategies and objectives</td>
<td>1 - 4</td>
<td>2021 07 - 08</td>
<td>S Perkins and K Probert</td>
</tr>
<tr>
<td>Workforce</td>
<td></td>
<td>Meeting. At the end of the cooperative agreement year, meet with the state team lead to assess progress and revise the plan for remaining years.</td>
<td>1 - 4</td>
<td>2021 08</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Strategy</td>
<td>Obj #</td>
<td>ACTION STEPS</td>
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<tr>
<td>Workforce</td>
<td>3</td>
<td>Technical Assistance. Identify unique elements of the Title V Program, such as following the life course theory, emphasizing social determinants of health, working on cultural competence, conducting a needs assessment prior to program planning, serving the CSHCN population, engaging families in developing and implementing programs, serving the entire MCH population without specific income limits, working in multi-disciplinary teams, etc.</td>
<td>1</td>
<td>2021 08</td>
<td>S Perkins, AMCHP staff, state teams, project advisory team</td>
</tr>
<tr>
<td>Workforce</td>
<td>2</td>
<td>Technical Assistance. Work with each state team to develop a training plan for Title V staff on the importance of nutrition in MCH population and how their state could incorporate nutrition into the state’s MCH priorities. (Note this will not necessarily be a stand-alone training plan, but instead could be included in the state’s detailed work plan for this project described in objective 8.)</td>
<td>1 - 4</td>
<td>2021 08</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>2</td>
<td>Management. Prepare an annual evaluation report</td>
<td>1 - 4</td>
<td>2021 8</td>
<td>A Price, S Perkins &amp; K Probert</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Dissemination. Coordinate With Other MCHB Investments As appropriate, cross reference resources between this project and other MCHB-funded projects including the MCH Workforce Development Center’s Cohort Learning Institute; Centers of Excellence in MCH Education, Science and Practice; and the contract, “Public Health Nutrition Workforce and Integration of Nutrition in State Title V Programs.”</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>S Perkins</td>
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<tr>
<td>Strategy</td>
<td>Obj #</td>
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<tr>
<td>Admin</td>
<td>1</td>
<td>Dissemination. Disseminate Learnings in addition to developing and describing 3 state models, we believe there will be modules of specific activities that will also be useful to states. For example, ASPHN could create a set of materials (mini module) on gathering and using program evaluation data from local-level interventions, forming statewide nutrition coalitions, selecting data points from existing state and national surveys, etc.</td>
<td></td>
<td></td>
<td>S Perkins and other SMEs</td>
</tr>
<tr>
<td>Data / Workforce</td>
<td></td>
<td>Dissemination. Gather, organize and post resources on the virtual project management tool, Basecamp3.</td>
<td></td>
<td></td>
<td>S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Dissemination. Disseminate Learnings Make information available through the various communication venues of our stakeholders, including websites, newsletters, and other communication tools.</td>
<td></td>
<td></td>
<td>S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Management and Meeting. 3 State Focus Monitor and manage the work of 3 teams in ND, OR, and WI that are dedicated to building the capacity of their state Title V program around MCH nutrition. This would include monthly meetings with team leads (one-on-one with team lead and project manager and/or group check-ins with all team leads plus project manager).</td>
<td></td>
<td></td>
<td>S Perkins and AMCHP</td>
</tr>
<tr>
<td>Admin</td>
<td>2</td>
<td>Management. Administer evaluation activities according to plan. Activities might include collecting process data, administering surveys, supporting states in collecting information, etc.</td>
<td></td>
<td></td>
<td>A Price and S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>4</td>
<td>Management. Submit required progress, performance, and financial reports by the published deadlines.</td>
<td></td>
<td></td>
<td>K Probert and C Atterbury</td>
</tr>
<tr>
<td>Strategy</td>
<td>Obj #</td>
<td>ACTION STEPS</td>
<td>Year</td>
<td>Time</td>
<td>LEAD PERSON &amp; PARTNERS</td>
</tr>
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</tr>
<tr>
<td>Admin</td>
<td>2</td>
<td>Management. Develop surveys, interview protocols, and process monitoring tools.</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>A Price and S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Management and Meeting. 3 State Focus Monitor and manage the work of 3 teams in ND, OR, and WI that are dedicated to building the capacity of their state Title V program around MCH nutrition. This would include reviewing progress reports from states (ideally using an existing Title V-related report from the state).</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>S Perkins and AMCHP</td>
</tr>
<tr>
<td>Admin</td>
<td>4</td>
<td>Meeting. Meet monthly with project officer to review progress on work plan highlighting required “notice” items such as publications and presentations.</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>K Probert and S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Meeting. National Advisory Team Hold monthly meetings of the national advisory team to guide implementation of the CBP and provide access to SMEs.</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>B. Spear</td>
</tr>
<tr>
<td>Admin</td>
<td>4</td>
<td>Meeting. As requested, participate in HRSA meetings</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>K Probert, S Perkins, and C Atterbury</td>
</tr>
<tr>
<td>Workforce</td>
<td>5</td>
<td>Networking and Technical Assistance. Facilitate networking calls as requested by state teams related to developing and maintaining or strengthening partnerships. Invite an SME on partnerships if needed to address common challenges.</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>S Perkins and AMCHP staff</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Networking. 3 State Focus As needed, hold virtual networking sessions of all 3 state teams on topics needed by state teams.</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>S Perkins, AMCHP, CSTE, and SMEs</td>
</tr>
<tr>
<td>Strategy</td>
<td>Obj #</td>
<td>ACTION STEPS</td>
<td>Year</td>
<td>Time</td>
<td>LEAD PERSON &amp; PARTNERS</td>
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</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Networking. All-state Inclusion When appropriate invite state Title V programs and other public health nutritionists from non-participating states to networking and training webinars.</td>
<td></td>
<td>1-5</td>
<td>Ongoing S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Partnerships and Resources. Coordinate With Other MCHB Investments Identify existing training programs available from MCHB nutrition training grantees to share with state teams, and incorporate resources developed through the CBP into projects with the MCHB nutrition training grantee network.</td>
<td></td>
<td>1-5</td>
<td>Ongoing S Perkins and MCHB nutrition training grantees</td>
</tr>
<tr>
<td>Workforce</td>
<td>5</td>
<td>Resources. Collect, organize and post resources related to developing and maintaining or strengthening coalitions. Some example resources include “Creating and Maintaining Coalitions and Partnerships” from the Community Tool Box, the ASPHN Partnership Learning Community, archived webinars from the Children’s Healthy Weight CoIIN and ASPHN Obesity Mini CoIIN: Farm to ECE, materials from the Oregon Nutrition Council, etc.</td>
<td></td>
<td>1-5</td>
<td>Ongoing S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Resources. 3 State Focus Provide financial support to the 3 states in the CBP. Monitor use of funds.</td>
<td></td>
<td>1-5</td>
<td>Ongoing C Atterbury and K Probert</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Resources. Gather resources from 3 participating states</td>
<td></td>
<td>1-5</td>
<td>Ongoing S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Dissemination. Disseminate resources from all states via webpage</td>
<td></td>
<td>1-5</td>
<td>Ongoing S Perkins</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Resources. Gather resources from all states. Encourage non-participating states to share their own resources.</td>
<td></td>
<td>1-5</td>
<td>Ongoing S Perkins</td>
</tr>
<tr>
<td>Strategy</td>
<td>Obj #</td>
<td>ACTION STEPS</td>
<td>Year</td>
<td>Time</td>
<td>LEAD PERSON &amp; PARTNERS</td>
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<tr>
<td>Workforce</td>
<td>2</td>
<td>Resources. Identify existing training resources that states could use to train their Title V workforce to show how to incorporate nutrition into a state’s MCH priorities. Existing resources include, but are not limited to, AMCHP’s early childhood nutrition capacity-building resources; University of Tennessee Promoting Healthy Weight Colloquium Series 1.0, 2.0, and 3.0; University of Minnesota National, Maternal, Infant, &amp; Child Nutrition Course; ASPHN’s <em>Moving to the Future: Nutrition and Physical Activity Program Planning</em>; or the ASPHN resource <em>Incorporating Nutrition in the Title V MCH Services Block Grant National Performance Measures</em>.</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>S Perkins and AMCHP staff</td>
</tr>
<tr>
<td>Data</td>
<td>1</td>
<td>Resources. As needed, gather and develop resources, such as a draft data sharing agreement, to help state Title V programs get data that is collected in their state but not available to the state Title V program.</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>S Perkins, CSTE staff, and AMCHP staff</td>
</tr>
<tr>
<td>Workforce</td>
<td>8</td>
<td>Resources. Identify existing tools or help develop tools that each state team can use as they plan the following year’s work to incorporate nutrition into their state Title V block grant application. An example of a tool that a state might find helpful is a comprehensive, statewide environmental scan of nutrition-related services and obesity prevention interventions for MCH populations. Another resource is a list of websites containing databases of evidence-informed programs to improve diet and exercise behaviors of communities (e.g. The Community Guide, What Works for Health, MCH Evidence, SNAP-Ed Toolkit, Healthy People 2020 Evidence-Based Resources, etc.)</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>S Perkins and another SME</td>
</tr>
<tr>
<td>Strategy</td>
<td>Obj #</td>
<td>ACTION STEPS</td>
<td>Year</td>
<td>Time</td>
<td>LEAD PERSON &amp; PARTNERS</td>
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</tr>
<tr>
<td>Workforce</td>
<td>6</td>
<td>Technical Assistance and Resources. Work with states to develop new resources if needed. Sometimes more than one state could use the same new resource. We will permit states to develop their own new resource that can be shared and/or ASPHN can solicit SMEs to develop new resources to be used by more than one state.</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>S Perkins and other SMEs</td>
</tr>
<tr>
<td>Workforce</td>
<td>6</td>
<td>Technical Assistance and Resources. Help the 3 state teams customize existing resources to meet each state’s needs and as permitted by the original creator.</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>S Perkins and another SME</td>
</tr>
<tr>
<td>Admin</td>
<td>1</td>
<td>Technical Assistance. 3 State Focus As needed, provide individualized, intense technical assistance to state teams. With the state team lead, the CBP Manager will help find SMEs to connect to each state.</td>
<td>1 - 5</td>
<td>Ongoing</td>
<td>S Perkins plus SMEs as needed</td>
</tr>
</tbody>
</table>
This evaluation employed a multimethod data collection approach that included a review of administrative documents and data, state team completion of reporting forms, and key informant interviews with state team leads. CES conducted the evaluation consistent with the evaluation plan that CES described in Appendix A.

**Administrative Documents and Data**
ASPHN shared program records that included meeting notes, state plans submitted, and review of other documents. The Community Evaluation Solutions (CES) evaluation team reviewed and summarized information from all administrative documents and data that were shared.

**Google Forms Data Collection**
The external evaluator, CES, developed and administered a Google Form based survey to gather updates from state team leads. It included updating information about new and strengthened partnerships, major accomplishments, promising practices, training and technical assistance received and provided, product development and tools shared, research interactions, and information ASPHN needed to complete its annual Performance Report to HRSA.

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

CES sent an email to the state team leads asking them to click a link to schedule an interview. After they scheduled their interviews, they received a calendar invitation with a Zoom link and a copy of the interview questions. All state team leads participated in the interviews. Interviews took an average one hour to complete.
Aim 1

Develop three state models in MCH nutrition integration, which can then be implemented and replicated in states nationwide.

**Related Activity 1:** Finalize selection of state Title V programs in North Dakota, Oregon, and Wisconsin. This will include confirmation letters of participation and sub-agreements with each state.

**Related Activity 2:** Develop state plans. By February 28, 2021, the state teams in ND, OR, and WI will develop a five-year plan for this project. This is not a plan with details but a plan to provide general strategic direction for the life of the project and aligns with each state’s 2021-2026 five-year Title V Action Plan.

- By August 31, 2021, and annually through to 2025, state Title V staff in ND, OR, and WI will develop detailed, one-year work plans aligned with their respective Title V block grant applications that incorporate nutrition services and aligned with the state’s five-year plan for this project.
- By August 31, 2024, state Title V staff in ND, OR, and WI will develop a plan to sustain each state’s commitment to integrating nutrition into their respective Title V block grant applications beyond the life of The Program.

Aim 2

Focus on increasing the MCH nutrition competency of the state Title V workforce.

**Related Activity 1:** Include public health nutrition expertise. Throughout the Period of Performance, the Title V programs in ND, OR, and WI will actively engage at least one public health nutritionist with knowledge of evidence-informed childhood obesity prevention strategies including maternal factors, the built environment, food insecurity, school-based interventions, sleep promotion, early care and education setting, diet patterns, etc.

**Related Activity 2:** Train the workforce.

- By August 31, 2025, the state Title V workforce in ND, OR, and WI will understand the effects of poor nutrition on health outcomes of the MCH population, and that good nutrition is essential to the overall health of mothers, children, adolescents, and young adults including children with special health care needs (CSHCN) and their families.
- By August 31, 2025, the state Title V workforce in ND, OR, and WI will describe the vital role of Title V in promoting good nutrition and assuring access to nutrition programs/services for women, children, adolescents, young adults, including CSHCN and their families.
**Aim 3**
Focus on optimizing MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance.

**Related Activity 1**: Include Epidemiology and Program Evaluation Expertise. Throughout the Period of Performance, the Title V programs in ND, OR, and WI will actively engage in this project an MCH or nutrition epidemiologist and/or program evaluator.

**Related Activity 2**: Use Data. Existing Data. Throughout the Period of Performance, state Title V programs in ND, OR, and WI will identify nutrition-relevant data points from existing national and state data sets that could be extracted and used to develop their state’s block grant application (e.g. beverage consumption of third graders from oral health’s Basic Screening Survey or food insecure households from Current Population Survey Food Security Supplement).

**New Data Points.** Annually throughout the Period of Performance, the state Title V program in ND, OR, and WI will assess the need and feasibility of adding MCH nutrition-relevant questions to existing state surveys of the MCH population, such as National Survey of Children’s Health (NSCH), Pregnancy Risk Assessment Monitoring System (PRAMS), or Basic Screening Survey (BSS). Program Evaluation Data. Starting September 2021 and throughout the remaining Period of Performance, Title V programs in ND, OR, and WI will use program evaluation.

**Healthy Objective 1**
Reduce household food insecurity and in doing so reduce hunger.

**Healthy Objective 2**
Reduce the proportion of children and adolescents with obesity.

**Healthy Objective 3**

**Coordination**: North Dakota, Oregon, and Wisconsin Title V Programs. Develop and implement plans to 1-increase the MCH nutrition competency of the state Title V workforce; and 2-optimize MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance. Association of Maternal and Child Health Programs (AMCHP) with expertise in Title V. Serve on the National Advisory Team and provide expert consultation to the project manager. Council of State and Territorial Epidemiologists (CSTE) with expertise in surveillance and epidemiology. Communicate with MCH staff lead regarding CSTE-directed MCH public health surveillance and capacity building projects and updates about this project. MCHB Nutrition Training Grantees with multiple MCH nutrition experts. Some grantees will serve on the National Advisory Team, and all will be available to provide expertise on various MCH nutrition topics.
In the first six months of the award, we will finalize the program performance evaluation plan which defines how we will monitor ongoing processes and the progress towards the defined strategy goals and objectives for the project. Our evaluation will assess the impact of funding throughout the 5-year period of performance. We will use evaluation results to: 1) modify and improve strategies and activities; 2) provide accountability to funders; and 3) share findings with participating state teams, ASPHN membership and partners. We will use a mixed-method approach in order to evaluate the attainment of our process outcomes (i.e. inputs) and our contributions to short-term, intermediate and long-term outcomes. Data that will be collected using these cooperative agreement funds include process data, administrative records, qualitative data, and survey data from program participants.

The program performance evaluation will contribute to continuous quality improvement of the project. The evaluation plan describes our strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development. With guidance from our evaluation consultant, ASPHN will document and monitor progress of objectives. ASPHN will use evaluation findings to make course corrections as needed, monitor the extent to which planned action steps were implemented successfully, demonstrate the effectiveness of each strategy and objective, and assess their contribution to the achievement of proposed outcomes. We will use the evaluation findings to inform and ensure continuous quality improvement and to assess the contribution of this program to each state's ability to reach the program's objectives.

**Characteristics of Primary Intended Audiences:** Providers/professionals, Local/community partners, Title V, Other State Agencies/Partners, Regional, National, International

<table>
<thead>
<tr>
<th>Resource/TA and Training Centers</th>
<th>Characteristics of Primary Intended Audiences: Providers/professionals, Local/community partners, Title V, Other State Agencies/Partners, Regional, National, International</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Requests Received</td>
<td># of Requests Answered</td>
</tr>
<tr>
<td># of Continuing Education Credits Provided</td>
<td># of Individuals/Participants Reached</td>
</tr>
<tr>
<td># of Organizations Assisted</td>
<td><strong>Major Type of TA or Training Provided:</strong> Continuing Education Courses; Workshops; On-site Assistance; Distance Learning Classes; One-on-one Remote Consultation; Other</td>
</tr>
</tbody>
</table>

**Core 3 – Health Equity**

The % of MCHB funded projects with specific measurable aims related to promoting health equity.

**Domains Program Addresses:** Income, race, ethnicity, language, socioeconomic status, health status, disability, sexual orientation, sex, age, geography, other

Has your program stated goal/objectives for health equity?
The % of MCHB-funded projects of a national scale promoting and facilitating state capacity for advancing the health of MCH populations, and through what processes.

Through what activities are you promoting and facilitating state capacity for advancing the health of MCH populations?
- Delivery of training on program priority topic
- Support state strategic planning activities
- Serve as expert and champion on the priority topic
- Facilitate state level partnerships to advance priority topics
- Maintain consistent state-level staffing support for priority topic
- Collect data to track changes in prevalence of program priority issues
- Utilize available data to track changes in prevalence of program priority issue on national/regional level
- Issue model standards of practice for use in the clinical setting
- Conduct participant surveys

Number of professionals trained on program priority topic

How frequently are data collected and analyzed to monitor status and refine strategies?

Number of MOUs between State agencies addressing priority area

State agencies/departments participating on priority area includes: Commissions/task forces, MCH/CSHCN, Genetics, Newborn screening, Early hearing and detection, EMSC, Oral health, Developmental disabilities, Medicaid, Mental and behavioral health, Housing, Early intervention/Head Start, Education, child care, Juvenile justice/judicial system, Foster care/adoption agency, Transportation, Higher education, Law enforcement, Children’s cabinet, Other

Have model standards of practice been established to increase integration of MCH priority issue into clinical setting? (yes/no)

Development or identification of reimbursable services codes to cover delivery of clinical services on MCH priority topic? (yes/no)

Inclusion of specific language in Medicaid managed care contracts to assure coverage of payment for clinical services on MCH priority topic? (yes/no)
CB2 – Technical assistance

The % of MCHB funded projects providing technical assistance, on which MCH priority topics, and to whom.

# of Participants/public; Providers/health care professionals; Community/local partners; State or national partners by topic:
Prenatal care, perinatal/postpartum care, maternal and women’s depression screening, safe sleep, breastfeeding, newborn screening, quality of well-child visit, developmental screening, well visit, CSHCN family engagement, CSHCN medical home, CSHCN transition, adolescent major depressive disorder screening, adequate health insurance coverage, tobacco and eCigarette use, oral health, injury prevention, CSHCN/developmental disabilities, autism, genetics, health equity, nutrition, data research and evaluation.

CB4 – Sustainability

The % of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding, and through what methods.

Through what processes/mechanisms are you addressing sustainability?

- A written sustainability plan is in place within two years of the MCHB award with goals, objectives, action steps, and timelines to monitor plan progress.
- Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and sustainability planning and implementation processes.
- There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority.
- There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative.
- The program’s successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach, and marketing strategies.
- The grantee identified, actively sought out, and obtained other funding sources and in-kind resources to sustain the entire MCHB-funded program or initiative.
- Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization’s system of programs and services.
- The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations.
- The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB funded program or initiative.
| Training 01 – Family / Youth / Community Engagement in MCH Training | The % of MCHB training programs that ensure family/youth/community member participation in program and policy activities. 
(1) Participatory planning; (2) cultural diversity; (3) leadership opportunities; (4) compensation; (5) Train MCH/CSHCN staff (yes/no) |
| Training 02 – Cultural Competence in MCH Training | The % of MCHB training programs that have integrated cultural and linguistic competence into their policies, guidelines, and training. 
(1) Written guidelines; (2) training; (3) data; (4) staff/faculty diversity; (5) professional development; (6) measure progress (yes/no) |
| Training 04 – Collaborative Interactions | The degree to which program collaborates with State Title V agencies, other MCH or MCH-related programs 
(1) Service; (2) training; (3) continuing education; (4) technical assistance; (5) product development; (6) research. State Title V Agencies (yes/no); State Title V Agencies # of Activities; Other MCH-related programs (yes/no); Other MCH-related programs # of Activities |
ASPHN MCHB Project Data Collection -
September 2020 through April 2021

State Responses choices were North Dakota, Oregon, Wisconsin

Please enter today's date.

Please list all new partnerships with non-state agencies that were developed during this period. Please describe the partnership and whether your partnership includes service, training, continuing education, technical assistance, product development, or research.

Please list non-state organizations that the state strengthened its relationships with during this period. Please describe the partnership and whether your partnership includes service, training, continuing education, technical assistance, product development, or research.

Please name all participating state. Please describe the role of each and whether it includes service, training, continuing education, technical assistance, product development, or research.

Please describe major accomplishments during this time period.

Describe promising practices that were identified during this time period.

Please describe collaborative service that the State Title V Agency provided during this time period.

Please describe training or continuing education that State Title V Agency staff received during this time period.

Please describe training or continuing education that the State Title V Agency provided during this time period.

Please describe technical assistance the State Title V Agency received during this time period.

Please describe technical assistance that the State Title V Agency's provided to partners during this time period.

Please describe the State Title V Agency's product development and tools that were shared during this time period.

Please describe the State Title V Agency's research interactions that occurred during this time period.

Did your state develop or identify reimbursable service codes to cover delivery of clinical nutrition services? ASPHN is required to report this information, and "no" is an acceptable answer. Responses: Yes, No, In progress, Other
Did your state include specific language in Medicaid managed care contracts to assure coverage of payment for clinical nutrition services? ASPHN is required to report this information, and "no" is an acceptable answer. Responses: Yes, No, In progress, Other

Please check all domains whereby you addressed health equity during the time period between May 1 and July 31, 2021. Response Choices: Income, Race, Ethnicity, Language, Socioeconomic status, Health status, Disability, Sexual orientation, Sex, Age, Geography, Other

Please check all that apply regarding family, youth, and community member participation in program and policy activities.

- Participate in and provide feedback on planning, implementation and/or evaluation of activities.
- Culturally diverse members facilitate ability to meet the needs of populations served.
- Are offered training, mentoring, and/or other opportunities for leadership roles on advisory committees or task forces.
- Are compensated for their time and expenses.
- Work to provide training to MCH/CSHCN staff and trainees and/or providers.
- None
- Other

Please indicate which of the following were incorporated into your work. Matrix with response choices Yes, No, In Progress

- Strategies to advance cultural and linguistic competency are integrated into your training or written plans
- Cultural and linguistic competence knowledge and skills building are included in your training
- Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings where appropriate
- Staff reflect cultural and linguistic diversity of the significant populations served
- Staff participate in professional development activities to promote their cultural and linguistic competence
- A process is in place to assess the progress of participants in developing cultural and linguistic competence
Please enter today's date.

Please list all new partnerships with non-state agencies that were developed during this period, May 1 through July 31, 2021. Please describe the partnership and whether your partnership includes service, training, continuing education, technical assistance, product development, or research.

Please list all non-state organizations that the state strengthened its relationships with during this period, May 1 through July 31, 2021. Please describe the partnership and whether your partnership includes service, training, continuing education, technical assistance, product development, or research.

Below is a list of the state agencies that participated during the last reporting period. Please check all of the state agencies that continued to participate between May 1 and July 31, 2021.

Please name all state agencies that participated for the first time during the period between May 1 and July 31, 2021. Please describe the role of each and whether it includes service, training, continuing education, technical assistance, product development, or research.

Please describe major accomplishments during this time period between May 1 and July 31, 2021.

Describe promising practices that were identified during this time period from May 1 through July 31, 2021.

Please describe collaborative service that the State Title V Agency provided during this time period.

Please describe training or continuing education that State Title V Agency staff received during this time period.

Please describe training or continuing education that the State Title V Agency provided during this time period.

Please describe technical assistance the State Title V Agency received during this time period.

Please describe technical assistance that the State Title V Agency's provided to partners during this time period.

Please describe the State Title V Agency's product development and tools that were shared during this time period.
Please describe the State Title V Agency’s research interactions that occurred during this time period.

Did your state develop or identify reimbursable service codes to cover delivery of clinical nutrition services? ASPHN is required to report this information, and "no" is an acceptable answer. Responses: Yes, No, In progress, Other

Did your state include specific language in Medicaid managed care contracts to assure coverage of payment for clinical nutrition services? ASPHN is required to report this information, and "no" is an acceptable answer. Responses: Yes, No, In progress, Other

Please check all domains whereby you addressed health equity during the time period between May 1 and July 31, 2021. Response Choices: Income, Race, Ethnicity, Language, Socioeconomic status, Health status, Disability, Sexual orientation, Sex, Age, Geography, Other

Please check all that apply regarding family, youth, and community member participation in program and policy activities between May 1 and July 31, 2021.

✓ Participate in and provide feedback on planning, implementation and/or evaluation of activities.
✓ Culturally diverse members facilitate ability to meet the needs of populations served.
✓ Are offered training, mentoring, and/or other opportunities for leadership roles on advisory committees or task forces.
✓ Are compensated for their time and expenses.
✓ Work to provide training to MCH/CSHCN staff and trainees and/or providers.
✓ None
✓ Other

Please indicate which of the following were incorporated into your work. Matrix with response choices Yes, No, In Progress

✓ Strategies to advance cultural and linguistic competency are integrated into your training or written plans
✓ Cultural and linguistic competence knowledge and skills building are included in your training
✓ Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings where appropriate
✓ Staff reflect cultural and linguistic diversity of the significant populations served
✓ Staff participate in professional development activities to promote their cultural and linguistic competence
✓ A process is in place to assess the progress of participants in developing cultural and linguistic competence
APSN-MCHB Key Informant Interview Protocol 2021

Introduction

Thank you for agreeing to talk with us today about your experience with the ASPHN Capacity Building Program. My name is Dr. Susan Wolfe and I have been asked by ASPHN to speak with you about your experience.

This interview is part of an evaluation of the ASPHN Children’s Healthy Weight State Capacity Building Program (Capacity Building Program). We would like to understand your experiences with the project. ASPHN will use this information to inform future work and for quality improvement.

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

- We appreciate your time and honest opinions about these topics.
- You do not have to answer any questions that make you feel uncomfortable, and you can stop or even leave the call any time you want.
- The information you provide today will be confidential. The information will be shared with ASPHN, but you will not be personally identified.
- I would like to record the conversation today just so I can go back and make sure I have captured your thoughts accurately. I will erase it as soon as I write a summary of the main points from today’s talk.
- Again, the information you provide will be summarized with all other responses and you will not be personally identified.

Do I have your permission to record this conversation?

Yes – turn on the recorder now.

No – Do not record.

How well did the CBP function?

So far, how would you describe your experience with the ASPHN Capacity Building Program?

- How well do you think it is working?
- Is it meeting your expectations?

Tell us about the challenges and successes you had in developing your five-year work plans.
With regard to ASPHN’s technical assistance, what has been most helpful to you?

What would be more helpful?

Have you implemented your capacity building project work plan as scheduled? (y/n)

(if n) What challenges did you have implementing it? Were there any planned delays?

(if y) What has worked well with your plan?

What could be improved or has been a challenge?

In what ways has ASPHN been helpful to you in regard to developing and implementing your work plan?

What could ASPHN be doing that would be more helpful to implement your work plan?

How has the funding provided to your state helped you to implement your plan?

What did the CBP accomplish?

During this first year, what do you see as the greatest accomplishments of the capacity building program?

Have you used a PDSA process or some other quality improvement process? (y/n)

(if y) What have you learned through the PDSA processor quality improvement process?

To what extent did states increase their awareness of nutrition-related data sources, MCH-nutrition-related epidemiology, and evaluation expertise? (Short-term outcome)

Did you learn about any new nutrition-related data sources? (y/n)

(if y) Please describe the new sources you learned about

How did your knowledge about MCH-nutrition related epidemiology change?

Has your evaluation expertise increased? (y/n)

(if y) Would you say it has increased a little, somewhat, or a lot?

(if y) Please describe some of the ways your evaluation expertise increased?
To what extent did states increase their awareness of MCH nutrition program evaluation data? (Short-term outcome)

Have you increased your awareness of the value of MCH nutrition evaluation data?
   (if y) Would you say it has increased a little, somewhat, or a lot?
   (if y) Please describe how it has increased.

Have you increased your awareness of the availability of MCH nutrition evaluation data?
   (if y) Would you say it has increased a little, somewhat, or a lot?
   (if y) Please describe how it has increased.

Looking Forward

Thinking about the second year of the project, what successes are you hoping to see?

What challenges are you anticipating you might encounter?

Wrapping Up

Is there anything else you would like to tell us about your experience with the ASPHN Capacity Building Program that we did not discuss in this interview?