

ASPHN and the state teams accomplished their Year 1 objectives.



Workforce Strategy

State teams:

Increased their public health nutrition expertise related to MCH populations with training and professional development provided by ASPHN and other sources.

Identified facilitators that included collaborations, the funding they received, and the alignment between this project and their MCH block grant.

Strengthened existing relationships and developed new relationships with 47 state, local, and tribal organizations that connect with MCH populations.



Data Strategy

State teams:

Increased their awareness of MCH nutrition-related data sources and their value.

Explored data sources and identified gaps in the data available to them.



Plan Implementation

State teams:

Experienced challenges and these varied across the states. These included: identifying who should be at the table and getting them there, setting goals in a dynamic environment, time, funding losses, and capacity.

Identified facilitators that included collaborations, the funding they received, and the alignment between this project and their MCH block grant.

Identified various strategies that worked well. While some were specific to the setting or project, others were more widely applicable.

Encountered implementation challenges, such as organizational changes, navigating relationships among partners, time, and capacity.



Project Administration

The funding helped states to fund staff and expertise that would have otherwise been unavailable.

State team leads described their experience with the CHWCBP as positive.

State team leads identified many aspects of ASPHN's technical assistance that was helpful to them, especially the one-on-one support from the ASPHN Project Manager.

State team leads described ASPHN support as valuable for developing and implementing work plans.

States completed their one- and five-year plans.

ASPHN developed a webpage for the project featuring information about the CHWCBP.

ASPHN formed a National Advisory Team of key stakeholders.

ASPHN's intensive model of support helped states engage in innovative work.

North Dakota



Oregon



Wisconsin



Strengthened 1 partnership and developed 4 new partnerships.

Convened three meetings of the North Dakota Public Health Nutritionists.

Provided outreach and information on the nutrition section of the North Dakota Public Health Association and the Creating a Hunger-Free North Dakota Coalition.

Identified a gap in the BMI data for children ages 6-9. Explored BMI data options from the National Survey of Children's Health and Basic Screening Survey.

Added nutrition related questions to the Pregnancy Risk Assessment Monitoring System.

Tracked food insecurity status of households with children and headed by single parents during the COVID pandemic in 2020.

Local partners engaged in nutrition projects based on local community priorities, the size of the organization, and available resources.

Strengthened 6 partnerships and developed 5 new partnerships.

Collaborated with the Childhood Hunger Coalition to revise an online childhood food insecurity module for health care providers.

Served on the advisory group and informed the Oregon Health Authority Health Policy and Analytics SHARE Initiative about social determinants of health metrics for coordinated care organizations.

Worked with Program Design and Evaluation Services to conduct a program evaluation for 5 years of state and local Title V work on breastfeeding and food insecurity.

Reviewed three 2019-2020 Title V needs assessments for food and nutrition data.

Summarized the Nutrition Council of Oregon's rapid assessment of gaps between transition points in nutrition programs.

Strengthened 6 partnerships and developed 8 new partnerships.

Identified 60 organizations and community champions involved in implementing public health nutrition.

Used a community centered engagement process to develop a health equity model of continuous feedback.

Conducted a statewide survey to assess the workforce's baseline public health nutrition knowledge, skills, and experience and shared results with partners.

Evaluated existing data sources for inclusion and gaps of nutrition specific items.

Conducted qualitative analysis of community conversation data.

Met with and discussed adding questions to the National Survey of Children's Health. Proposed survey developers consider adding fields to capture types of foods such as healthy and local, and availability of healthy spaces.

