Children’s Healthy Weight Capacity Building Project

Evaluation Report

September 30, 2022
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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.

ASPHN provided states with funding to develop their state model, engage in planning with key stakeholders, set priorities, share resources, and implement innovative activities. 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. Throughout the first year ASPHN also met with state teams monthly and provided training, feedback, and technical assistance for plan implementation.

During Year 2 of this project ASPHN continued to meet with state teams monthly or more often if needed. ASPHN’s consultant helped state team leads develop their Year 2 plans and implement their one- and five-year plans. ASPHN facilitated connections to needed consultants and university partners and supported state teams undergoing staffing transitions.

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

This evaluation report summarizes the outcomes of ASPHN’s support and the state team activities and outcomes during Year 2 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 continued to function well throughout the second year.** State team leaders described the experience positively, although they faced some challenges. The team leaders cited several ASPHN actions that contributed to this success. They described ASPHN as supportive and helpful to build needed connections. State team leaders provided examples of positive experiences. The work they did pushed their states to focus on building nutrition into block grants, provided opportunities to prioritize nutrition-related projects, and helped to build momentum to provide access to data, build important connections, provided needed funds, and build local and tribal health department capacity.
State team leads identified several facilitators to their success with developing their work plans. Facilitators included the funding they received, leveraging staff turnover to provide new staff with foundational learning to incorporate nutrition into their work, and the connections they formed and partnerships that have developed. State teams are beginning to see the fruits of their labor, which further motivated them to continue building on what they have started.

State team leaders also identified challenges they encountered during Year 2. Time to complete the work as they compensated for staffing shortages was the greatest challenge. Some projects were taking longer than anticipated. State team leads expressed that they are working in “uncharted territory” and sometimes were unsure of needed support and going down the “wrong track” with their systems change work. Some states were challenged with making connections, particularly with tribal nations.

ASPHN’s technical assistance was valuable to the states. Specific aspects of ASPHN technical assistance that were helpful were the monthly check-in calls and the resources provided. They helped state teams to navigate and find data, bi-monthly calls with other states, and connections ASPHN helped them to make. Suggested improvements were additional technical assistance for initiatives in the planning phases, added support during staff transitions, and more streamlined reporting.

Two of the three states fully implemented their work plans, and one state achieved partial implementation. States were challenged with needing to gather additional information before implementing plans, time, staffing, and making needed connections. State team leads reported that using visualizations to demonstrate progress to partners, more connectivity and learning among states, more specific goals and objectives, more alignment between Title V and ASPHN funding cycles, and more funding would all be helpful for implementing work plans.

What did the CHWCBP accomplish?

The goal of the CHWCBP is to build the capacity of state Title V programs to integrate nutrition 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 outcomes during the second year. Most importantly, ASPHN and the state teams accomplished their objectives for this second year. The teams have already started looking toward potential successes in Year 3 and identified challenges they may encounter as they continue to implement their projects.

The ASPHN Year 2 Work Plan is presented in Appendix B, including detailed objectives. Table 1 displays the strategies, objectives, and accomplishments for Year 2.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Accomplishment</th>
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| **Workforce Strategy Goal: Increase the MCH nutrition competency of the state Title V workforce.** | ✓ ASPHN made introductions and facilitated connections for states to individuals with public health nutrition expertise, including university faculty and researchers.  
✓ ASPHN continued to meet with state teams to determine their needs to achieve this objective and develop state-specific follow-up action steps.  
✓ ASPHN formed an Advisory Committee which met quarterly. |
| **Include Public Health Nutrition Expertise**  
**Objective 1:** Engage public health nutritionist | ✓ ASPHN provided training, the annual meeting, and resources to the state teams.  
✓ Building on their partnership with Nurturely, Oregon met to debrief the facilitated film screening of *Chocolate Milk: The Documentary*, during Black Breastfeeding Week.  
✓ Wisconsin used survey results from Year 1 to steer the direction of the development of Wisconsin’s Title V workforce public health nutrition knowledge, skills, and experience.  
✓ State teams attended over 25 different training and continuing education opportunities and provided training and continuing education to local public health and tribal public health units and other entities.  
✓ State teams received technical assistance from ASPHN and other sources and provided technical assistance to local public health and tribal public health units and other entities. |
| **Train the Workforce**  
**Objective 2:** Understand the effects of nutrition on health outcomes of the MCH population. | ✓ ASPHN provided training on equity and a series of ASPHN MCH and Farm to ECE webinars.  
✓ State team leads attended the ASPHN annual meeting.  
✓ Wisconsin partnered with the University of Minnesota MCH faculty to present a course, “Systems Approaches for Healthy Communities.” |
| **Objective 3:** Describe the role of Title V to promote good nutrition and assure access to nutrition programs and services. | |
### Table 1. Objectives and Accomplishments: ASPHN and State Teams

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<th>Objective</th>
<th>Accomplishment</th>
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<tr>
<td><strong>Objective 4</strong></td>
<td>Develop a network of relationships at state level, with local agencies, and with tribal communities.</td>
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<td>✓ States continued to strengthen existing relationships and developed new relationships with organizations that connect with MCH populations.</td>
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<td>o North Dakota convened public health nutritionist meetings quarterly; assessed and identified its public health workforce and created a map with all 28 independent local public health units where nutrition expertise was located.</td>
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<td>o Oregon is exploring opportunities for future support with the Northwest Portland Area Indian Health Board.</td>
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<td>o Wisconsin created a partner map and key stakeholder lists for internal users to visualize the partnerships established and maintained, and to ensure a wide, equitable net of geographic and content reach.</td>
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<tr>
<td>o State teams engaged in collaborative initiatives with their partners.</td>
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<tr>
<td><strong>Objective 5</strong></td>
<td>Maintain or strengthen partnerships with state, local, and tribal entities.</td>
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<td>✓ North Dakota provided funding for 13 Local Public Health Units and three tribal entities to implement evidence-based activities.</td>
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<td>✓ Oregon continued to partner with the Childhood Hunger coalition to revise the online childhood food insecurity module for providers. They reviewed grantee reports from Year 1 and developed a new breastfeeding resource which was sent to grantees.</td>
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<tr>
<td>✓ Wisconsin initiated Community Conversations in tribal and Latino/a communities. They also built a learning collaborative model through connections with FoodWIse through the University of Wisconsin Extension and a faculty member at the University of Minnesota.</td>
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<td><strong>Objective 6</strong></td>
<td>Use resources to help integrate evidence-informed nutrition strategies into Title V work plans.</td>
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<tr>
<td>✓ ASPHN provided resources that included information, funding, learning opportunities, and connections to help state teams to integrate evidence-informed nutrition strategies into Title V work plans.</td>
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<td><strong>Objective 7</strong></td>
<td>Develop a five-year plan for this project.</td>
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<tr>
<td>✓ During Year 1, state teams developed and implemented their five-year work plans that included workforce and data strategies with guidance and technical support from ASPHN.</td>
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<td><strong>Objective 8</strong></td>
<td>Develop detailed one-year work plans aligned with Title V block grant applications.</td>
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<tr>
<td>✓ State teams developed and implemented one-year work plans for Year 2 that included workforce and data strategies with guidance and technical support from ASPHN.</td>
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<td><strong>Data Strategy Goal</strong></td>
<td>Optimize MCH-nutrition related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance.</td>
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<tr>
<td>Objective</td>
<td>Accomplishment</td>
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| Use Existing Data | ✓ Teams increased their awareness and use of nutrition-related data, and their awareness of the value of MCH nutrition evaluation data.  
Objective 1: Identify nutrition-relevant data points from existing national and state data sets.  
- 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 somewhat increased their awareness of the value of MCH nutrition evaluation data.  
- State team leads reported some changes in their knowledge about MCH-nutrition related epidemiology.  
- Two of three state team leads reported they have increased awareness of the availability of MCH nutrition evaluation data a little.  
- Two of three state teams engaged in research interactions during Year 2.  
- Oregon identified three new Oregon reports and data sources for future review and alignment with Title V priorities and attended the National Children’s Health Surveillance webinar about new Oregon nutrition data sources.  
- Wisconsin’s review of existing data sources found large gaps in nutrition-specific data for Wisconsin children. |
| Collect New Data Points | ✓ North Dakota is in the process of gathering data to assess the capacity of the public health workforce to integrate nutrition into the Title V Block Grant. They added questions to the PRAMS survey to meet their 2022 data needs, which started distribution in May 2022.  
Objective 2: Assess the need and feasibility of adding MCH nutrition relevant questions to existing surveys.  
- Wisconsin converted a paper version of an out-of-school-time assessment into an electronic form to gather data about out-of-school-time physical activity and nutrition environments. They also submitted a proposal to add questions to the National Survey of Children’s Health to inform Title V programs nationwide. |
| Use Program Evaluation Data | ✓ Oregon, in collaboration with Program Design and Evaluation Services (PDES) completed a draft report, Program Evaluation of Local Grantee Experiences Implementing Breastfeeding and Food Insecurity Title V Priorities.  
Objective 3: Use program evaluation data. |
Table 1. Objectives and Accomplishments: ASPHN and State Teams

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<tr>
<td><strong>Include Epidemiology and Program Evaluation Expertise</strong></td>
<td>✓ Oregon, in collaboration with Program Design and Evaluation Services (PDES) completed a draft report, <em>Program Evaluation of Local Grantee Experiences Implementing Breastfeeding and Food Insecurity Title V Priorities.</em></td>
</tr>
<tr>
<td><strong>Objective 4</strong>: Actively engage an MCH or nutrition epidemiologist and/or program evaluator.</td>
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</table>
| **Project Administration Strategy Goal**: Maximize design and management of the Children’s Healthy Weight State Capacity Building Program (Expectations of ASPHN). | ✓ ASPHN’s intensive model of support helped states to engage in innovative work.  
✓ ASPHN maintained a web page for the project with information about the CHWCBP.  
✓ ASPHN provided financial support to the three states in the CBP.  
  ○ 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.  
✓ ASPHN provided support and feedback for all three states to develop their Year 2 one-year plan.  
✓ ASPHN convened the National Advisory Team of key stakeholders regularly throughout Year 2. |
| **Operate a Center of Expertise**                                         | ✓ ASPHN’s intensive model of support helped states to engage in innovative work.  
✓ ASPHN maintained a web page for the project with information about the CHWCBP.  
✓ ASPHN provided financial support to the three states in the CBP.  
  ○ 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.  
✓ ASPHN provided support and feedback for all three states to develop their Year 2 one-year plan.  
✓ ASPHN convened the National Advisory Team of key stakeholders regularly throughout Year 2. |
| **Objective 1**: Operate a coordinating center of expertise on integration nutrition into state Title V programs. | ✓ ASPHN’s intensive model of support helped states to engage in innovative work.  
✓ ASPHN maintained a web page for the project with information about the CHWCBP.  
✓ ASPHN provided financial support to the three states in the CBP.  
  ○ 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.  
✓ ASPHN provided support and feedback for all three states to develop their Year 2 one-year plan.  
✓ ASPHN convened the National Advisory Team of key stakeholders regularly throughout Year 2. |
| **Conduct an Evaluation**                                                 | ✓ Community Evaluation Solutions (CES) continues to provide evaluation support, participating in monthly calls with ASPHN’s lead consultant, grantee networking calls, and Advisory meetings.                                 |
| **Objective 2**: Implement CBP’s evaluation plan.                        |                                                                                                                                                                                                                 |
| **Plan to Sustain Resources for States**                                 | ✓ Wisconsin began talking about their partnership with FoodWIse taking ownership of the University of Minnesota Systems Change course so it will continue to be available to MCH in the future.                             |
| **Objective 3**: Develop a plan to share resources and information and make available to all state Title V programs. | ✓ Wisconsin began talking about their partnership with FoodWIse taking ownership of the University of Minnesota Systems Change course so it will continue to be available to MCH in the future.                             |
| **Grant Management**                                                     | ✓ ASPHN submitted required reports, participated in HRSA meetings as requested, and reviewed the work plan and budget progress with the project officer.                                                              |
| **Objective 4**: Comply with required responsibilities of receiving cooperative agreement funds. | ✓ ASPHN submitted required reports, participated in HRSA meetings as requested, and reviewed the work plan and budget progress with the project officer.                                                              |

Overall, the CHWCBP’s second year was successful in that states developed their Year 2 one-year workplans, engaged key partners, increased their public health nutrition and data knowledge and expertise, continued to implement their projects, and summarized their work in a Year 2 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 continue implementing their plans and documented additional accomplishments.
Based on evaluation findings gathered in Year 2, CES offers the following recommendations:

✓ Continue to identify potential commonalities between projects and facilitate sharing of tools and data resources and to convene states on regular calls to facilitate connectivity and learning among states.

✓ Provide state teams with additional opportunities for networking and integration at the Federal level.

✓ Continue to work to streamline reporting processes while providing more feedback on reports submitted to ASPHN.

✓ Provide additional support to help state team leads to condense overly ambitious plans and ensure they are realistic.

✓ Help state teams to ensure their goals and objectives are specific with specific steps and check-in points.
In this section of the report, we present the findings from information gathered through the mixed-methods evaluation of Year 2 of the Children’s Healthy Weight State Capacity Building Project (CHWCBP). In Year 2, the evaluation assessed the continued implementation of the CHWCBP and selected short and intermediate term outcomes. Appendix A presents the evaluation plan used to guide data collection, analysis, and reporting. 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 and F.

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

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**Key Finding:** State team leads described their experiences with the ASPHN Children’s Healthy Weight Capacity Building Program as positive, although not without challenges.

Descriptions of the state team leads’ experience with the ASPHN CHW Capacity Building Program (CHWCBP) ranged from “overall good” to “super beneficial, especially this past year.” State team leads described ASPHN as supportive and helpful for building the connections they need.

State team leads provided several examples of positive experiences. The work encouraged states to focus on building nutrition into their block grants. It provided opportunities to prioritize nutrition-related projects and do things they were unable to do before. The positive experience helped to build momentum, provide access to data to promote better understanding, build important connections, provide needed funds, and overall build capacity to support local and tribal health departments.

Two state team leaders described the capacity building project as working well. In one state, for the first time, nutrition was formalized into the block grant. The nutrition piece is becoming more defined, and the state is working well with public health departments across the state. They are developing more plans with evidence-based strategies that they want public health to work on and narrowing them down so they can move together and see actual impact.

Another state partnered with a university to offer a course on systems change to provide to their MCH grantees and they are evaluating it to ensure it is meeting its objectives. States are working together to identify ways to track their partnerships and document their impacts.

Two of the three state team leads reported that the CHWCBP is meeting expectations regarding support and through the connections they have made. One expressed that it is meeting expectations due to the expertise available to them from across the country. They shared it is helpful to learn about what other states are doing and hear about common themes across projects. Another team expressed that ASPHN listened, talked through, and helped them through some of their challenges.
The third expressed mixed feelings about how well it is meeting expectations. Their plans were ambitious, and some actions have been slower than expected, and they were unable to make progress in other areas. This state team lead explained that states received the grant prior to the pandemic. They put solid work plans in place, and then the disruptions and delays caused by the pandemic resulted in everything taking longer than anticipated.

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

**Key Finding:** State team leads described several challenges that included time and staffing shortages, the time it takes to build partnerships, and lingering effects from the COVID pandemic.

State team leads identified several challenges encountered during Year 2. Time to complete the work while compensating for staff shortages was perhaps the greatest challenge. The pandemic led to higher-than-normal staff turnover and capacity. Their organizations posted open positions and encountered difficulties with filling them. In one organization staffing shortages coincided with the implementation of their workplan. One state experienced a mass exodus of public health staff. Consequently, newer staff are less experienced and have fewer connections than the more experienced staff who resigned.

Another time-related issue was that projects were taking longer than the state teams anticipated they would take. They failed to appreciate the time needed to engage with others outside their organizations. COVID dynamics were still operating and impacted the work. Aligning all the pieces of the project was also taking more time than anticipated. For example, forming relationships with key partners. States shared they believe in the long run the time invested will be well-spent. State team leads are confident that in the future, other entities will invest resources toward nutrition work.

States were challenged with identifying what types of support they will need in the future to plan and implement initiatives. One state team lead described their task as developing something new and entering “uncharted territory,” and expressed that they were not sure how well they are doing regarding implementing their plans. Systems change was new to the state team and there were concerns about being on the wrong track.

State teams recognized the importance of partnerships for the work they were doing, and that building partnerships and relationships takes time. Some states were challenged with making connections, particularly with tribal nations. One state team lead commented that “relational work moves at the speed of trust – it is hard, but necessary.”

State team leaders described being uncertain on how to best use their funds. One state team wanted to spend most of their funds to bring in training for the workforce and local public health staff. Then they found they needed to put it on hold to get a better sense of what the workforce and local public health staff really needed before they could schedule training.
One state commented on challenges with the grant work plan timeline (September through August), which does not match their Block Grant timeline (January through December). This made planning and budgeting difficult at times since each timeline started in different years.

One state team lead commented that the performance measure (PM) for nutrition is new and team leads did not expect local health departments to select it for their funded projects. However, six local health departments and three tribal nations did select it. Although they were initially surprised, the team was pleased and took the uptakes as an indication they value the work and appreciate the professional development and skill building provided by the grant.

State team leads identified several facilitators contributing to the success of developing and implementing their work plans. Not surprisingly, funding was the most cited facilitator. State team leads used funding to support the nutrition work and hire consultants that provided them with needed expertise to move their initiatives forward.

Although they were described as challenging, the recent turnover in staffing at state government offices presented opportunities as well. One state team viewed the hiring of new staff as a chance to provide them with foundational learning about incorporating nutrition into their work.

In Year 2, state teams developed connections, formed relationships, and engaged in partnerships that contributed to the implementation of their nutrition work. During Year 2 state teams began to see the fruits of their labor, which served as a motivating factor, creating momentum to continue building on the nutrition work started.

**Regarding ASPHN’s technical assistance, what was most helpful to states?**

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**Key Finding:** Monthly check-in calls with ASPHN, resources that were shared, data, bi-monthly calls among states, and making needed connections were most helpful to states.

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**Key Finding:** State team leads identified facilitators that included identifying ways to best use their funds, leveraging turnover as an opportunity to train new staff, and building on the relationships they developed in Year 1.

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Monthly check-in calls with ASPHN. Calls with ASPHN helped ensure the state teams stayed on track. While on a few occasions the state teams did not have a lot to share, they still appreciated having these regular opportunities for support. The monthly one-on-one meetings with the ASPHN lead consultant also helped state team leads to keep ASPHN in the loop regarding what they were accomplishing. ASPHN often shared helpful webinars, partners, and other resources.
**Resources.** ASPHN provided state teams with resources including nutrition and other relevant information, learning opportunities, and connections with national partners and experts. One resource cited was a speaker from MCHB who shared information about data and measures that are available on the MCHB website. Once they were able to identify the resources, ASPHN’s technical assistance and conversations with other states helped them to continue to keep moving their initiatives forward. State team leads also mentioned the value of the policy group and regular emails that provided helpful information relevant to the state team leads and their work.

**Data.** ASPHN’s technical assistance helped them to find, navigate, and use national data.

**Bi-monthly calls with other states.** Bi-monthly calls allowed state team leads to share with other states. One state team lead expressed that the calls helped build camaraderie. Their peers knew that others shared their feelings and challenges and helped them know they were on the right track. A state team lead noted that states were able to identify common focus areas even though they were all addressing them differently. Challenges were shared in the group which provided the opportunity to problem solve together. One state team lead mentioned a discussion about how to measure food security and social determinants of health as an example about problem solving.

**Making connections.** ASPHN made connections to researchers with expertise in specific areas such as experts in public health nutrition data. ASPHN made introductions and convened meetings, saving states the difficulty and time-consuming task of identifying the researchers themselves and having to make the connections on their own.

**Regarding ASPHN’s technical assistance, what could be improved?**

State teams offered few examples on how ASPHN technical assistance could be improved.

State teams anticipate they will need technical assistance and support for initiatives they are planning to develop during Year 3. They are interested in integrating the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) with other programs under the Title V umbrella and identifying more opportunities to partner with home visiting programs. They suggested that perhaps ASPHN would be able to help them with more networking and integration at the Federal level.

Onboarding new team members is also an area that ASPHN might help, perhaps meeting more often with them during the onboarding process to provide support to keep them on track as staff make their transition to the team.

**Key Finding: Improvements included technical assistance needed for Year 3 initiatives that are in the planning phases, added support for a staff transition period, and more streamlined reporting.**
They also expressed a desire for more consolidated and streamlined reporting processes whereby they are currently submitting monthly and quarterly reports. They would also like more feedback on the quarterly and year-end evaluation reports that they submit to ASPHN.

**Regarding implementation of the CBP work plan, what worked well and what could be improved?**

Two of the three states reported they have implemented their Year 2 work plans and are on track to accomplish their goals. The third state partially implemented their work plan.

One state that is experiencing success described things that supported their work plan implementation. First, the three components to their plan were aligned with each other which helped them to intentionally leverage resources. Second, once they put the framework in place to focus on data, build workforce capacity, and develop partnerships, they were able to implement activities to move their plans forward. Finally, they found that each goal had its own individual benefits, but when they were aligned with one another they were able to support the overall goal.

States valued ASPHN’s support and regular feedback provided in calls and one-on-one sessions. They particularly appreciated the content expert support on finding and interpreting nutrition data. ASPHN’s assistance in connecting and aligning state teams with collaborators, such as universities, was helpful.

Two of the three states described challenges to implementing their work plans. One state planned to provide training to local and tribal public health entities. They realized that before they could initiate training, they needed to identify what types of training were most needed. They put the training on hold until they could complete an assessment.

Staffing and time challenged another state. They were still experiencing staff turnover and shortages related to the COVID pandemic. The remaining staff were burdened with keeping up with more routine departmental work and lacked extra time to engage in project activities. One state admitted that under the circumstances they were perhaps overly ambitious in their planning.

Making connections with tribal entities was challenging one state. They tried to make connections but building the needed relationships to work collaboratively requires time to build trust and identify needs. Staff shortages prevented them from having the time needed to invest in such relationship building.

**Key Finding:** Two of three states were fully implementing their work plans and one state achieved partial implementation.

**Key Finding:** States were challenged with needing to gather additional information before implementing plans, time, staffing, and making needed connections which took more time than anticipated.
The state team leads identified areas for potential improvement. Communication with partners about their plans need improvement. While they share updates about their plans with their partners, leaders recognized that people are visual. They expressed a need to visualize their progress in a way that would keep partners more engaged and involved.

More connectivity and learning among states would be helpful. States specifically mentioned actions such as sharing university faculty that each state engaged with, sharing evaluation tools, and strategizing block grant planning. States suggested that ASPHN could attend Title V workplan meetings to help with language changes in their state action plans, make sure the best measurements are being selected, and that all meeting attendees are understanding and interpreting ideas similarly.

State team leads would appreciate feedback regarding if their plans are too ambitious, so they are more realistic when they write their workplans.

One state described their work plan as “abstract.” They defined goals, but the goals are not strong or specific enough. They recognize the need to break down the work into steps and schedule more details with check-in points. Help from ASPHN to develop more specific objectives and help with tracking the different components of each work plan would benefit states. Each component is on a different timeline and sometimes keeping track of all of them at the same time presents challenges.

Alignment between the Title V and ASPHN funding cycles would make planning, project tracking and reporting easier for states. Having each funding source on different schedules presents difficulties in tracking project, grant, and reporting cycles. The Title V funding cycle is from January through December and the ASPHN cycle runs from September through August.

Finally, states shared that more funding would help them to do more to integrate nutrition into Title V activities and to implement the activities described in their work plans. One suggestion to increase their funding was to get more information about how ASPHN is aligning with other national funders such as the CDC, USDA, and other Federal agencies and to make some connections to agencies. They were also interested in what part of CDC Division of Nutrition, Physical Activity, Obesity (DNPAO) will be MCH dedicated and whether the USDA will be providing additional funding.

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

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

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**Key Finding:** Using visualizations to demonstrate progress to partners, more connectivity and learning among states, more specificity, alignment between Title V and ASPHN funding cycles, and more funding would be helpful for implementing the work plans.
**Key Finding:** States built some new relationships, but mostly continued to strengthen relationships build during the first year of the CHWCBP.

North Dakota. North Dakota’s workforce strategy maintained a network of partnerships at the state, local, and tribal communities and shared MCH nutrition related resources on childhood obesity prevention and food insecurity. The state team disseminated information about food security and health along with a communication plan for state and local public health leaders. Activities accomplished during the second year included:

- Preparing a map and spreadsheet locating all 28 independent Local Public Health Units (LPHU) in the state with nutrition expertise.
- Offering funding to all LPHUs to implement evidence-based activities for breastfeeding, nutrition, and physical activity in children, and thirteen LPHUs accepted.
- Funding three tribal entities to support evidence-based activities for breastfeeding and children’s physical activity.
- Representing MCH nutrition and food and nutrition insecurity on the North Dakota Department of Health Health Equity Committee and exploring opportunities to provide information and education to committee members and their networks.

### North Dakota Partnerships

- North Dakota State University Department of Public Health
- North Dakota Public Health Nutritionists
- Healthy Families North Dakota
- Creating a Hunger Free North Dakota Coalition
- Local Public Health Agencies
- North Dakota State University Extension Services
- North Dakota WIC
- Central Regional Education Association

### New Partnerships

- North Dakota State University Department of Public Health
- Healthy Families North Dakota
- Central Regional Education Association
Oregon. In Year 2, Oregon implemented strategies related to developing and maintaining partnerships such as:

- Exploring potential opportunities to work with partners serving the early childhood population.
- Promoting anti-racism resources addressing perinatal health and breastfeeding.
- Developing and strengthening partnerships with Northwest Portland Area Indian Health Board, Intertribal Breastfeeding Coalition, tribal health clinics, and other tribal partners to support nutrition and food security work.
- Identifying community-based organizations to develop partnerships.
- Supporting Title V grantees to engage workplace leaders to develop and implement breastfeeding workforce policies that promote a workplace culture of support for breastfeeding people.
- Continuing partnership engagement with cross-agency coordination on food security initiatives and developing new partnerships to address food insecurity.

Their related activities accomplished during the second year were:

- Continuing the partnership with the Childhood Hunger Coalition (CHC) to revise the online childhood food insecurity module for providers.
- Continued strengthening existing Year 1 partnerships while identifying community-based organizations for new partnership possibilities.

### Oregon Partnerships

- ✓ Nurturly
- ✓ Childhood Hunger Coalition
- ✓ Moore Institute
- ✓ Nutrition Council of Oregon
- ✓ Statewide Local Public Health Agencies
- ✓ Statewide Tribal Public Health Agencies
- ✓ Providence Health system
- ✓ OHSU Pediatrics

### New Partnerships

- ✓ Fellowship Design Team, Cross-Sector Early Learning

Wisconsin. In Year 3, Wisconsin continued to build and maintain a network of public health nutrition related partnerships with communities and organizations. They:

- Identified known public health nutrition experts.
- Completed a partner stakeholder map and spreadsheet.
Continued to identify and conduct one-on-one’s with communities and organizations.
Conducted community conversations with parents and caregivers of young children from most impacted communities.
Continued to explore different structures or mechanisms to bring public health nutrition-related partners together.
Explored equitable compensation mechanisms for community member participation.

**Wisconsin Partners**

- National Survey of Children’s Health
- Great Lakes Intertribal Council
- Wisconsin Farm to School
- Harvard
- University of Minnesota
- Wisconsin Association of Nutrition and Dietetics
- University of Wisconsin Division of Extension
- Wisconsin School Garden Network
- Healthy Early
- Wisconsin Collaborative for Healthcare Quality
- Upper Midwest Alliance of YMCAs
- American Diabetes Association, WI and IL Chapters
- Perseverance Wellness consulting
- Rooted
- Wisconsin Afterschool Network
- Wisconsin Boys and Girls Club

**North Dakota.** North Dakota’s collaborative initiative was to develop contracts with 13 LPHUs and 3 tribal public health units to provide breastfeeding, nutrition, and physical activity strategies for children.

**Key Finding:** *State teams engaged in effective collaborative initiatives with their partners.*

In addition to developing new partnerships and strengthening their existing partnerships, state teams engaged in effective collaborative initiatives with their partners.
Oregon. Oregon worked with partners to identify opportunities to work together on food insecurity. Their partnership with Childhood Hunger continued and they successfully revised an online food insecurity course. For the Moore Institute’s Oregon Nutrition Day, the state team moderated a panel on food and nutrition policy and advocacy. They also reviewed the MCH Title V component of the state’s SNAP-Ed annual reporting.

Wisconsin. Through relationships with partners, the Wisconsin team assessed the needs of communities and offered connections. They worked with University of Minnesota MCH faculty to collaboratively provide local and tribal MCH health departments, local University of Wisconsin Division of Extension staff, FoodWIse staff, and local partners the opportunity to participate in their “Systems Approaches for Healthy Communities” course. The state team engaged in two peer learning calls with all nine MCH local and tribal health departments that selected nutrition and physical activity objective to work on and the Wisconsin “coaching team.” Participating organizations that provided coaches included healthTIDE/UW-Madison, UW-Extension, and the Wisconsin Department of Health Services’ Maternal and Child health Program among others. The coaches developed shared drives and files to align activities and create material collaboratively.

Key Finding: State teams both received and provided training and continuing education.

- ASPHN Health Equity and Diversity Series (ND, OR, WI)
- Providing Cultural Competency and Effective Communication for the Hmong People (WI)
- PACEs Connection: Historical Trauma in the American South (WI)
- BCHP Lunch and Learn – Community Health Workers (WI)
- MCH Summit Series, Episode #3 – Historical Trauma (WI)
- ASPHN Annual Meetings (ND, OR, WI)
- Learning Network Webinar: Decolonizing Gender in Parent and Child Health (WI)
- ASPHN-MCH and Farm to ECE Webinars (OR, WI)
- Tribal Systems and Tribal Urban Populations, Sacred Pipe Resource Center of Bismarck-Mandan (ND)
- Cultural Views of Helping, Sacred Pipe Resource Center of Bismarck-Mandan (ND)
- Multiple webinars related to breastfeeding, food insecurity, Indigenous Health, and data presented by ASPHN, NACCHO, Johns Hopkins Center for a Livable Future, USBC, CSPI, Center for health Care Strategies, Indigenous Health, and Oregon State University (OR)
- CityMatCH Conference (WI)
- Lessons Learned Addressing Food Insecurity Throughout COVID-19 by NACCHO (OR)
- Indigenous Food Sovereignty and Health Symposium by Indigenous Health (OR)
- Breastfeeding PSE and Lactation-Friendly Environments by NACCHO (OR)
- Oregon Academy of Nutrition and Dietetics Conference (OR)
- Western Region Nutrition Leadership Network by USBC (OR)

State teams increased their expertise by attending training and engaging in other professional development opportunities provided by ASPHN and other entities.

Training opportunities included:
Two of the three states shared their expertise and training resources with the MCH workforce in their states and nationally. Each state provided training and technical assistance. Oregon continued to host film screenings and facilitated discussions led by the film producer of Chocolate Milk in collaboration with Nurturely, offering CEUs for nurses and lactation professionals.

Wisconsin presented at the CityMatCH conference in December 2021. They also hosted two MCH Graduate Student Trainees who worked on a project to automate the O-SNAP tool and create a training manual and webinar for the YoungStar Technical Consultants. YoungStar is Wisconsin’s child care quality rating and improvement system. The materials were also used at a Wisconsin Department of Health Services Family Health Section meeting to train others on making the O-SNAP tool available in an electronic form. As mentioned in other sections, they also collaborated to offer the University of Minnesota’s Systems Approaches for Healthy Communities Course to the University of Wisconsin-Madison’s Division of Extension, local and tribal health departments, and extension partners. Their University of Minnesota MCH trainees presented at the ASPHN conference regarding the out-of-school-time assessment.

**Key Finding:** State teams received technical assistance from ASPHN and other sources and provided technical assistance to local and tribal health units and other entities in their states.

All three state teams received technical assistance during Year 2 from ASPHN and other sources. North Dakota received technical assistance via email to their state epidemiologists from the HRSA Office of Epidemiology and Research regarding oversampling updates for the upcoming year.

Oregon met with the Oregon Center for Children and Youth with Special Health Needs staff to learn about their pilot CHW training course and explore opportunities. They also received support from ASPHN to set up a meeting with an Oregon State University researcher for a presentation and discussion.
Wisconsin received technical assistance from an individual at Harvard for the O-SNAP tool revision; worked with University of Minnesota Extension to learn about the “roll out” of the Systems Approaches course for community members; provided input into the White House Hunger, Nutrition, and Health mission for a conference to be held in September 2022 and sought assistance and information regarding evaluation resources at the State Capacity Building Call.

**All three state teams provided technical assistance during Year 2.** North Dakota provided an update to partners about the term Nutrition Security and shared updates on safe infant feeding practices; shared a Local Public Health Nutritionist map with the American Heart Association; shared sources of information about cooking with limited resources and provided an update on food insecurity and nutrition security with state health department staff, and shared resources for accessing nutrition assistance with staff of the State Health Equity Ambassadors Program.

Oregon shared information about webinars relevant to breastfeeding and food insecurity with Title V grantees, supported a grantee to address expansion of lactation services in their county related to billing mechanisms, assisted 12 grantees to develop their 2022-23 Title V plans and reviewed and approved grantee plans.

Wisconsin provided consulting for the National Survey of Children’s Health nutrition related content, assembled a coaching team to support MCH partners that selected the nutrition and physical activity objective in 2022, and provided technical assistance for the Systems Course and O-SNAP tool.

**Key Finding: Two of the three state teams developed products during Year 2.**

Communities with the Oregon Title V breastfeeding strategies and activities. The state team shared this product with 14 breastfeeding grantees and presented it on the ASPHN first foods networking call. Wisconsin developed the O-SNAP tool in REDCap with associated guidance and training materials, shared the University of Minnesota Systems Approaches course information, and developed community conversations guides for Wisconsin Tribal Nations and Latino/a communities.

**Key Finding: States made gains to identify and use available data, and to collect new data if data were not available.**

Oregon developed a document that cross-walked the National Association of County and City Health Officials (NACCHO) Continuity of Care in Breastfeeding Support Blueprint for Communities with the Oregon Title V breastfeeding strategies and activities. The state team shared this product with 14 breastfeeding grantees and presented it on the ASPHN first foods networking call. Wisconsin developed the O-SNAP tool in REDCap with associated guidance and training materials, shared the University of Minnesota Systems Approaches course information, and developed community conversations guides for Wisconsin Tribal Nations and Latino/a communities.

The ASPHN 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. All three states included data strategies in their work plans, including strategies to use existing data, collect new data, and to use program evaluation.
Two of the three state team leads reported that they learned about new nutrition-related data sources. Both learned about the National Survey of Children’s Health. The Oregon state team lead also reported they received an opportunity to attend data equity training sponsored by the US Breastfeeding Committee. The third state team lead who reported they did not learn about new data sources noted that there is still a need for more nutrition-related data sources. States reported they learned more proxy measures such as the Youth Behavioral Risk Survey, which has limitations.

Two of the three state team leads reported that they somewhat increased their awareness of the value of MCH nutrition evaluation data. As one team started working on developing and implementing programs, they realized that they needed data to help them to make the case as to why the program is important. Another recognized the value when they learned how data are used on a national level and about the process to add questions to the National Survey of Children’s Health.

State team leads reported changes in their knowledge about MCH-nutrition related epidemiology. Changes described were that epidemiologists have more focus on how to get data for younger children, taking a deeper dive into data and how they present it, the perspective they take, and the language they use; and recognizing the data gaps.

Two of three state team leads reported they have increased awareness of the availability of MCH nutrition evaluation data a little. The increases included familiarization with surveillance systems and how to use them and learning about MCH Navigator and the MCH evidence-based library.

Two of three state teams engaged in research interactions during Year 2.

- Oregon worked with Program Design and Evaluation Services (PDES) to conduct the Title V Breastfeeding and Food Insecurity program evaluation, resulting in a completed draft report by end of year.
- Wisconsin made connections with faculty from the University of Wisconsin-Madison’s School of Human Ecology to identify potential for collaboration with research projects and interests that align with MCH-related efforts. Their state team also continued to work with UW-Madison’s IRB for approval for tribal and Latino/a community conversations and developed and implemented the online version of the O-SNAP tool.

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

- Updating data from the 2019-2020 National Survey of Children’s Health for Obesity and Food Insecurity and compiled new 5-year aggregated data.
- Updating the Head Start Program Information Report, Health Services report for weight status.
Providing feedback on the YRBS question selection for the 2023 survey for weight, nutrition, and physical activity.

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

- Identifying three new Oregon reports and data sources for future review and alignment with Title V priorities.
- Continuing to work with Program Design and Evaluation Services (PDES) on evaluation of breastfeeding and food security priorities at the state and local level for 2015-2021.
- Completing the draft report, *Program Evaluation of Local Grantee Experiences Implementing Breastfeeding and Food Insecurity Title V Priorities*.

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

- Evaluating existing data sources for inclusion and gaps in nutrition specific items. They found proxy data elements for school-aged children, but little to no data capturing nutrition that were specific to children.
- Meeting with the National Survey of Children’s Health through ASPHN and discussing additional new questions being added to the national survey to inform Title V across the U.S. The team submitted a question proposal and justification suggesting survey developers consider adding additional fields to capture the type of foods available and fields focused on the use and availability of healthy spaces.
- Converting the paper version of an out-of-school-time assessment (O-SNAP) into an electronic form in the REDCap system and developing accompanying training materials for the O-SNAP electronic tool (a webinar, manual, and best practices guide) for professionals (technical consultants) to support their local out-of-school-time providers to complete the O-SNAP tool and develop plans to improve their physical activity and nutrition environments.
- Initiating community conversations with four of Wisconsin’s Tribal Nations and Latino/a communities in Milwaukee and Madison. The team obtained IRB approval and secured data agreements that specified data ownership and use.

**What is the value of this funding to states?**
State teams used the funding they received in a variety of ways. They used it to pay consultants whose expertise they needed to support their projects and to make connections to partners. For example, one state worked with a consultant with food and nutrition insecurity expertise who works specifically in their state, and they were able to hire someone from the university to help them with a statewide assessment of training needs.

One state funded an evaluation to assess their past efforts regarding nutrition promotion to inform future efforts. They were able to learn about past initiatives, as well as what worked in the past, how well it worked, and what did not work. They will use future funding to support ongoing evaluation efforts such as key informant interviews and focus groups with Title V partners.

Funding supported preparation of an online food security course. While in-kind services primarily supported the video, the state needed funding to develop the actual video online.

States are planning to use funding to encourage and compensate community engagement. One state is currently working to build tribal partnerships and is hopeful that being able to support their initiatives will increase engagement. Another team would like to be able to compensate community members who participate in and support their activities.

What were state teams able to accomplish?

**Key Finding:** State teams continued to build on their work in the first two years of the grant and are looking forward to accomplishing more during Year 3.
North Dakota

Provided $15,000 each to thirteen LPHUs and three tribal entities to implement evidence-based activities for breastfeeding, nutrition, and physical activity in children. Five will focus on breastfeeding and 11 will focus on child nutrition and physical activity.

Contracted with an Associate Professor at North Dakota State University Department of Public Health to assess the capacity of the public health workforce to integrate nutrition in the Title V Block Grant to increase the proportion of children at a healthy weight.

Collaborated with the PRAMS director to add three questions to the survey. The questions will go through IRB approvals at the state and federal level. Once approved they will be printed in the 2023 booklet.

Identified a continuity of care blueprint online for an infant friendly workplace designation program.

None mentioned.

To complete an assessment of their local public health workforce in the fall or winter of next year so they will know how to move forward with training.

To begin bringing in training programs in the spring.

To streamline how they work with local public health agencies and identify one or two areas where they can zero in to work together rather than broader strategies.

To have a pilot group to work on how they implement and build programs and identify one or two partners to help with it.
**Accomplishments**

Completed an evaluation to assess their past efforts regarding nutrition promotion to inform future efforts.

Wrote an invited blog for Place Matters Oregon on food security giving visibility to the issue among their subscribers and bringing awareness to the maternal child health focus.

Creation of the document that cross walked NACCHO continuity of care with Title V local strategies and activities.

Identified themes for Title V local grantee success in carrying out strategies and activities through their draft evaluation report. Themes for success included: (1) working across levels of influence of the Social-Ecological Model; (2) year-to-year consistency; (3) institutional supports and partnerships; and (4) limitations of the measures that grantees selected for their plans.

**Year 2 Potential Challenges**

None mentioned.

**Hopes for Success in Year 2**

Promote the online food security module throughout the state and partner with SNAP to promote it.

Prepare a brief lessons-learned with resources and tools for grantee use.

Launch a project integrated with home visiting and implement pieces identified in the loosely developed plan.

Provide support to tribal entities as directed by the tribes to ensure the support is what they need.
Wisconsin

Accomplishments

Made connections with the National Survey of Children’s Health.

Initiated Community Conversations in tribal and Latino/a communities.

Collaborated with Healthy Early partners to initiate a project to organize statewide nutrition and physical activity related resources for early childhood and out-of-school-time environments to create an accessible map of resources, trainings, and strategies aligned with YoungStar for providers.

Partnered with UW-Extension to roll out the systems course developed by the University of Minnesota. The state team paired coaches from UW-Extension and MCH staff to provide more in-depth, personalized connectivity with local/tribal health departments allowing for more intimate, facilitated conversations during peer learning calls.

Engaged in conversations with a small workgroup that formed in the state to utilize components of and incorporate an existing Farm to Early Care assessment tool for out-of-school-time environments.

Utilized the Harvard O-SNAP tool in practice with the Wisconsin quality rating improvement system for afterschool providers in partnership with YoungStar Technical Consultants.

Year 2 Potential Challenges

Funding. Title V does not get state matching funds, so they are required to pass the match on to subgrantees or contractors.

Having sufficient staff capacity to do all the work to implement their plans.

Hopes for Success in Year 2

Continue collaborative work with the University of Minnesota.

Implement the National Survey of Children’s Health proposal to add questions to the survey.

Continue to improve their out-of-school-time measure.
What did state teams learn through the PDSA process?

Key Finding: The Wisconsin state team engaged in continuous quality improvement activities.

Wisconsin began post-call surveys for their module learning series to gather information about its effectiveness. Participants were asked about what can be improved, how they can make calls more meaningful, and how participants are applying materials and connecting to others in the state. The loss of staff with evaluation expertise constrained Wisconsin’s team.

How have states planned for sustainability of their projects once CBP funding ends?

Key Finding: The Wisconsin state team began planning for sustainability of their nutrition and data capacity for the State Title V Program.

Wisconsin began talking with FoodWIse, a program of the University of Wisconsin-Madison Division of Extension, about taking ownership of the University of Minnesota systems change course so that it will continue to be available to MCH in the future.

Conclusions
The CHWCBP’s second year was successful in that states developed their Year 2 workplans, continued to engage new partners while strengthening relationships with existing partners, increased their public health nutrition and data knowledge and expertise, implemented their projects, and summarized their work in a Year 2 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.

How well did the CHWCBP function?
The CHWCBP functioned well during Year 2. Team leads described the experience positively. They encountered challenges and were able to identify facilitators to plan development and implementation. The team leads named several ASPHN actions that contributed to this success. States reported that monthly calls with the ASPHN Project Manager were especially helpful. In addition to the calls, support included resources, facilitation of valuable connections to expertise, bi-monthly calls with other states, and technical assistance to help them navigate and find data collected at the national level.

When the team leads were asked what they needed, they asked for technical assistance they will need for Year 3 initiatives that are in the planning phases, added support during a staff transition period, and more streamlined reporting.
What did the CHWCBP accomplish?

ASPHN and the state teams accomplished their objectives for this second year. State teams continued to build on their work from Year 1 and were looking forward to accomplishing more during Year 3. ASPHN provided the needed support and guidance for state teams to develop and implement their work plans that included workforce and data strategies.

State team leads described ASPHN’s intensive model of support positively, including the regular technical support provided, expertise available, and the funding provided. States built new relationships as they continued to strengthen the relationships that they built during the first year of the CHWCBP. State teams engaged in collaborative service with their partners. State teams attended training and continuing education opportunities and received technical assistance provided by ASPHN and other sources. They also provided training continuing education and technical assistance to LPHUs, tribal entities, and others.

Two of the three state teams developed products during Year 2. State team leads learned about new nutrition-related data sources, increased their awareness of the value and availability of MCH nutrition evaluation data, and described changes in their knowledge about MCH nutrition-related epidemiology. They engaged in research interactions with evaluators and university researchers. They also initiated their own data collection initiatives such as surveys, research tools, and community listening sessions. One of the three states engaged in continuous quality improvement activities.

Funding provided was valuable to state teams to support implementation of their work plans such as hiring consultants, funding evaluation, supporting collaborators, and providing staff support. One state began thinking about and discussing sustainability of increasing the nutrition and data capacity of their State Title V Program.

Recommendations

✓ Continue to identify potential commonalities between projects and facilitate sharing of tools and data resources and to convene states on regular calls to facilitate connectivity and learning among states.
✓ Provide state teams with additional opportunities for networking and integration at the Federal level.
✓ Continue to streamline reporting processes while providing more feedback on reports submitted to ASPHN.
✓ Provide additional support to help state team leads to condense overly ambitious plans and ensure they are realistic.
✓ Help state teams to ensure their goals and objectives are specific with specific steps and check-in points.
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; 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. The impact will be 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 five-year performance period. 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 ASPHN can use the data 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. CES will update the Evaluation Plan yearly throughout the life of the grant period. Table 1 shares the 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 successfully implemented, 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 history 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 its programs and services that support public health nutritionists’ leadership capacity and provide them with skills needed to contribute to public health outcomes.

CES will assess ASPHN’s technical assistance (TA) and training effectiveness via a survey administered after key trainings, meetings, and networking webinars. Using feedback from this survey, ASPHN will adjust state-level TA 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 quarterly 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.

ASPHN intends the CBP will build the capacity of state Title V programs to integrate nutrition. Regarding 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?
- Regarding ASPHN’s technical assistance, what was most helpful to states and what could ASPHN improve?
- Regarding implementation of the CBP work plan, what worked well and what could ASPHN improve?

**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**

| Impact: Increase the proportion of children at a healthy weight. |

**Project Goals:**
- (1) Build the capacity of state Title V programs to integrate nutrition.
- (2) Increase the MCH nutrition competency of the state Title V workforce (workforce competency).
- (3) Optimize MCH nutrition-related data sources for effective program planning (data capacity).

<table>
<thead>
<tr>
<th>Project Target Audiences</th>
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<tbody>
<tr>
<td>State Title V programs</td>
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<td>Stakeholders in state and local organizations</td>
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<tr>
<th>Short Term (1-2 years)</th>
<th>Intermediate (3-5 years)</th>
<th>Long-Term (&gt;5 years)</th>
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<tr>
<td>States have increased:</td>
<td>States have increased:</td>
<td>1. Increased access to</td>
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<tr>
<td>1. Public health nutrition expertise focused on the MCH population</td>
<td>2. Collaboration among national, state, local, and tribal partners</td>
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<tr>
<td>2. Awareness by the Title V workforce of how nutrition can be integrated across a range of MCH priorities</td>
<td>3. Use of MCH nutrition program evaluation data</td>
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<tr>
<td>3. Relationships with organizations that connect with the MCH population</td>
<td>2. Improved nutrition status among the MCH population</td>
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<td>4. Awareness of nutrition-related data sources</td>
<td>3. Decreased obesity prevalence among children</td>
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<td>5. MCH-nutrition-related epidemiology and evaluation expertise</td>
<td>6. Use of MCH nutrition program evaluation data</td>
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<tr>
<td>6. Awareness of the value of MCH nutrition program evaluation data</td>
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**Inputs**
- State teams
- MCH8
- ASPHN
- Assoc. of MCH Programs (AMCHP)
- Council of State & Territorial Epidemiologists (CSTE)
- Subject matter experts
- Funding
- MCH nutrition-related data
- Evidence-informed nutrition
terventions
- Resources that demonstrate value of nutrition
- Resources to improve the public health infrastructure
- State and Community Partners

**Activities**
- ASPHN will provide MCH nutrition leadership for states on several activities related to Title V workforce competency and data capacity.
- Broadly, ASPHN will . . .
  - 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

**Outputs**
- **STATE SPECIFIC**
  - # and types of partnerships in the states.
  - # of promising practices that increase MCH nutrition competency and that optimize MCH nutrition data sources.
  - # of state Title V block grant applications that incorporate nutrition services, programs, and PSE strategies.
  - 3 state models of MCH nutrition integration.

- **ASPHN SPECIFIC**
  - # and type of partnerships with experts, state Title V programs, and other national groups.
  - # and types of resources, templates, and tools including dedicated webpage; shared online platform.
  - # and types of TA sessions, meetings, and trainings with # of attendees.
  - 1 evaluation plan and # of reports.
  - 1 coordinating center of expertise on integrating nutrition into state Title V programs.

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

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Evaluation Methods. Performance measurement is the process of defining, monitoring, and using objective indicators of the program performance on a regular basis. For this project, we will use a mixed-method approach to evaluate the attainment of our process outcomes (i.e., outputs) and our contributions to short-term, intermediate, and long-term outcomes. Data that CES will collect 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. CES will hold all evaluation data used in this evaluation in a secure location for a period of three years; ASPHN will hold evaluation information for 10 years.

The evaluation plan specifies the key data collection activities regarding the program implementation process and overall program performance. We define key evaluation activities 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 to demonstrate the impact of funding. The plan includes an ongoing quality improvement strategy that collects data over time to be 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., outputs) 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 progress monthly as part of our continuous quality improvement process. We will use key informant interviews and state team participant surveys to gather outcome data. CES will be responsible for collecting outcome evaluation data through surveys and key informant interviews.

Limitations and Potential Barriers. We acknowledge 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. Year 2 Evaluation Plan.

<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>What were states able to achieve? (Aim 1) Results Level: Process</td>
<td>Three state team five-year plans developed</td>
<td>Y/N plans developed</td>
<td>Descriptive Statistics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• One-year work plans developed</td>
<td>Y/N work plans</td>
<td>12/15/21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sustainability plans developed</td>
<td>Y/N sustainability</td>
<td>3/15/22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• #/types of new and strengthened partnerships</td>
<td>Google form survey</td>
<td>6/15/22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• #/types of state agencies participating (EHB CB1)</td>
<td>Google form survey</td>
<td>9/15/22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• #/types of activities promoting and facilitating state capacity for advancing the health of MCH populations</td>
<td>State quarterly reports</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• # of promising practices identified</td>
<td>Google form survey</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• # of state Title V block grant applications that incorporate nutrition</td>
<td>Google form survey</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• # state Title V agencies with collaborative service, training, continuing education, technical assistance, product development, and research interactions. (EHB TF4)</td>
<td>Google form survey</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Three state models demonstrating MCH nutrition integration</td>
<td>Google form survey</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identification of reimbursable services codes to cover delivery of services (EHB CB1)</td>
<td>Google form survey</td>
<td></td>
</tr>
<tr>
<td>Evaluation Question</td>
<td>Indicator(s)</td>
<td>Method/Source</td>
<td>Analysis</td>
<td>Report Date</td>
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</tbody>
</table>
|                     | • Inclusion of specific language in Medicaid managed care contracts (EHB CB1)  
|                     | • Domains pertaining to which program addresses health equity (EHB Core 3)  
|                     | • #/types of ways addressing sustainability (EHB CB4)  
|                     | • # Family/youth engagement in MCH training programs elements checked (EHB TF1)  
|                     | • # Cultural and linguistic competence elements checked (EHB TF2)  
|                     | • #/types of new and strengthened partnerships  
|                     | • #/types of resources, templates, and tools shared (EHB CB6)  
|                     | • Types of needs identified  
|                     | • # of advisory team members, background of advisory team, attendance at meetings; attrition over the five years of the CBP  
|                     | • #/types of TA sessions, meetings and trainings provided, # trained by category (EHB CB1; CB2)  
|                     | • # of reports produced (EHB CB6)  
|                      | Google form survey  
|                      | Google form survey  
|                      | Google form survey  
|                      | Google form survey  
|                      | Google form survey  
|                      | Quarterly Reports  
|                      | Key informant interviews  
|                      | Descriptive statistics  
|                      | Qualitative – key themes  
|                     | Quarterly reports  
|                      | 12/15/21  
|                      | 3/15/22  
|                      | 6/15/22  
|                      | 9/15/22  

What was ASPHN able to achieve?  
What value was ASPHN support to state teams?  

Results Level: Outcome
<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>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 • State Examples</td>
<td>Key informant interviews</td>
<td>Descriptive statistics Qualitative – key themes</td>
<td>5/31/22</td>
</tr>
<tr>
<td>Results Level: Short-term Outcome</td>
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<td></td>
<td></td>
<td></td>
</tr>
<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 they can integrate nutrition across MCH programs • State Examples</td>
<td>Key informant interviews</td>
<td>Descriptive statistics Qualitative – key themes</td>
<td>5/31/22</td>
</tr>
<tr>
<td>Results Level: Intermediate Outcome</td>
<td></td>
<td></td>
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<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 states met • State Examples</td>
<td>ASPHN Records – health equity goal progress Key informant interviews</td>
<td>Descriptive statistics</td>
<td>5/31/22</td>
</tr>
<tr>
<td>Results Level: Intermediate Outcome</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Did states increase their relationships with organizations that connect with MCH populations?</td>
<td>• # of state organizations connected to each other who reach MCH populations • State Examples</td>
<td>Key informant interviews</td>
<td>Qualitative – key themes</td>
<td>5/31/22</td>
</tr>
<tr>
<td>Results Level: Short-term Outcome</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 • State Examples</td>
<td>Key Informant Interviews</td>
<td>Qualitative – key themes</td>
<td>5/31/22</td>
</tr>
<tr>
<td>Results Level: Short-term Outcome</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>To what extent did states increase their awareness of MCH nutrition program evaluation data?</td>
<td>• # of state team members that report increased awareness and • State Examples</td>
<td>Key Informant Interviews</td>
<td>Qualitative – key themes</td>
<td>5/31/22</td>
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<tr>
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</tr>
</tbody>
</table>
| (Aim 3)             | Value of MCH nutrition evaluation data  
• State Examples   |               |          |             |
Data analysis

CES will collect quantitative (survey) data in Survey Monkey and export it to Microsoft Excel. We will then upload the data to SPSS, statistical software used to analyze quantitative information. CES will provide frequencies and descriptive results for quantitative questions and conduct t-tests and ANOVAs where appropriate. We will examine open-ended answers for key themes. CES uses Max-QDA to analyze qualitative data. We will organize findings across and within workstreams where data are 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. CES will gather data on specific outcomes 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. The report will present details about background, methodology measures and detailed findings in the appendices. CES will submit slides created to visualize the Participant Survey results with the 1-3-25 reports.

The comprehensive report will focus on actionable information that will benefit MCHB and ASPHN to inform future work as it relates to state public health work for Title V and workforce development. Collaboration with ASPHN and MCHB on recommendations will enhance evaluation use which 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.
- 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, when assessing change in nutrition knowledge in Title V workforce, whether this is at the state or local levels, or both is unclear.
- The time and intensity needed to collect nutrition-related data in states is problematic and politically complicated.
- We will collect evaluation information 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.
➢ 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.
➢ Commitment to public health nutrition and the promotion of public health nutrition as a viable career.
Year 2: 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>Row #</th>
<th>ACTION STEPS</th>
<th>Activities</th>
<th>Time</th>
<th>LEAD PERSON &amp; PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<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). 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>Monthly meetings with ND Team</td>
<td>Monthly</td>
<td>S Perkins</td>
</tr>
<tr>
<td>2</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). 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>Monthly meetings with OR Team Lead</td>
<td>Monthly</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Row #</td>
<td>ACTION STEPS</td>
<td>Activities</td>
<td>Time</td>
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<td>3</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). 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>Monthly meetings with WI team</td>
<td>Monthly</td>
<td>S Perkins</td>
</tr>
<tr>
<td>4</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>Assess need/request for TA</td>
<td>Monthly, during team calls</td>
<td>S Perkins plus SMEs as needed</td>
</tr>
<tr>
<td>5</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>Work with advisory group and SME list to identify SME to provide TA</td>
<td>Monthly, as needed</td>
<td>S Perkins plus SMEs as needed</td>
</tr>
<tr>
<td>6</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>Agenda for monthly meetings</td>
<td>Monthly, 1 day before each meeting</td>
<td>S Perkins</td>
</tr>
<tr>
<td>7</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>Monthly meetings</td>
<td>Monthly</td>
<td>K Probert, S Perkins, C Atterbury, M Tissue, L Huffman, and M Morrissette</td>
</tr>
<tr>
<td>Row #</td>
<td>ACTION STEPS</td>
<td>Activities</td>
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<tr>
<td>8</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>Meeting notes from monthly meetings</td>
<td>Monthly, within 21 days of each meeting</td>
<td>S Perkins</td>
</tr>
<tr>
<td>9</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>Agenda for monthly meetings</td>
<td>Monthly, 1 day before each meeting</td>
<td>B. Spear</td>
</tr>
<tr>
<td>10</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>Monthly meetings</td>
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<td>B. Spear</td>
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<td>11</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>Meeting notes for monthly meetings</td>
<td>Monthly, Within 21 days of each meeting</td>
<td>B. Spear</td>
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<tr>
<td>12</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>. - 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>Identify Resources</td>
<td>Monthly, as identified.</td>
<td>S Perkins, advisory team, and SMES</td>
</tr>
<tr>
<td>Row #</td>
<td>ACTION STEPS</td>
<td>Activities</td>
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</table>
| 13    | 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, & Child Nutrition Course; ASPHN’s *Moving to the Future: Nutrition and Physical Activity Program Planning*; or the ASPHN resource *Incorporating Nutrition in the Title V MCH Services Block Grant National Performance Measures*.  
- 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.) | Distribute resources to state teams | Monthly, as identified. | S Perkins, advisory team, and SME |
<p>| 14    | 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. | Customize resources - related to Row # 12 and 13 | Monthly, as needed | S Perkins and another SME |</p>
<table>
<thead>
<tr>
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<tr>
<td>15</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>Develop and distribute resources.</td>
<td>Monthly, as needed</td>
<td>S Perkins and other SMEs</td>
</tr>
<tr>
<td>16</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>Collect, organize, and post resources</td>
<td>Monthly, as needed</td>
<td>S Perkins</td>
</tr>
<tr>
<td>17</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>Gather and develop resources</td>
<td>Monthly, as needed</td>
<td>S Perkins, P Chaparro, and other SMEs</td>
</tr>
<tr>
<td>18</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>Inform advisory group of all resources developed in this project.</td>
<td>Monthly</td>
<td>S Perkins</td>
</tr>
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<td>Row #</td>
<td>ACTION STEPS</td>
<td>Activities</td>
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<td>19</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>Solicit information from advisory group about related resources from other MCHB-funded projects.</td>
<td>Monthly</td>
<td>S Perkins</td>
</tr>
<tr>
<td>20</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>Disseminate information to advisory group and SME list.</td>
<td>Monthly</td>
<td>S Perkins</td>
</tr>
<tr>
<td>21</td>
<td>Dissemination. Disseminate resources from all states via webpage</td>
<td>Post resources on webpage</td>
<td>Monthly</td>
<td>S Perkins</td>
</tr>
<tr>
<td>22</td>
<td>Dissemination. Gather, organize and post resources on the virtual project management tool, Basecamp3.</td>
<td>Post resources in Basecamp3</td>
<td>Monthly</td>
<td>S Perkins</td>
</tr>
<tr>
<td>23</td>
<td>Networking. 3 State Focus As needed, hold virtual networking sessions of all 3 state teams on topics needed by state teams. - (Year 2) Hold a networking call to talk about how ND and OR support their state Title V nutrition position - (Year 2) Hold at least one networking webinar where state teams talk about their existing relationships with local agencies around Title V services. Ask 1-2 non-participating state Title V programs that have well-developed networks and collaborative relationships with local agencies to describe their model. Help</td>
<td>Agenda for networking sessions</td>
<td>Bimonthly, 3 days before each session</td>
<td>S Perkins, and SMEs</td>
</tr>
<tr>
<td>Row #</td>
<td>ACTION STEPS</td>
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| 1     | the 3 state teams make a plan for connecting with local agencies.  
- (Year 2) Hold at least one networking webinar where state teams talk about their existing relationships with tribes. Also discuss ways to strengthen the relationship with tribes around the topic of integrating nutrition into Title V work. The WI state team could discuss the learning collaborative model (and community conversations) they are using with MCH staff in local and tribal health departments. | Virtual Networking Sessions | Bimonthly, on the 1st Tuesday of October, December, February, April, June, and August | S Perkins, and SMEs |
<p>| 24    | Networking. 3 State Focus As needed, hold virtual networking sessions of all 3 state teams on topics needed by state teams. Invite an SME on partnerships if needed to address common challenges. All-state Inclusion When appropriate invite state Title V programs and other public health nutritionists from non-participating states to networking and training webinars. | | | |</p>
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<tr>
<th>Row #</th>
<th>ACTION STEPS</th>
<th>Activities</th>
<th>Time</th>
<th>LEAD PERSON &amp; PARTNERS</th>
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<tr>
<td>25</td>
<td>Networking. 3 State Focus As needed, hold virtual networking sessions of all 3 state teams on topics needed by state teams. Invite an SME on partnerships if needed to address common challenges. 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>Post Networking Sessions Recording</td>
<td>Bimonthly, within 15 after days each session</td>
<td>S Perkins</td>
</tr>
<tr>
<td>26</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>Quarterly Progress Reports, submission (including expense report)</td>
<td>Quarterly, 15th day of December, March, and June</td>
<td>State Teams</td>
</tr>
<tr>
<td>27</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>Quarterly Progress Reports, review / approve (including expense report)</td>
<td>Quarterly, 20th day of December, March, and June</td>
<td>S Perkins</td>
</tr>
<tr>
<td>28</td>
<td>Resources. 3 State Focus Provide financial support to the 3 states in the CBP. Monitor use of funds.</td>
<td>Distribute funds</td>
<td>Quarterly, 30th day of December, March, and June</td>
<td>C Atterbury</td>
</tr>
<tr>
<td>29</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>Evaluation Plan available, upon request</td>
<td>Ongoing, as defined in Evaluation Plan</td>
<td>A Price, S Wolfe, and S Perkins</td>
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<td>Row #</td>
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<td>30</td>
<td>Management. Submit required progress, performance, and financial reports by the published deadlines.</td>
<td>Submit reports</td>
<td>Ongoing</td>
<td>K Probert, S Perkins, and C Atterbury</td>
</tr>
<tr>
<td>31</td>
<td>Meeting. As requested, participate in HRSA meetings</td>
<td>Participate in meetings</td>
<td>Ongoing</td>
<td>K Probert, S Perkins, and C Atterbury</td>
</tr>
<tr>
<td>32</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>Schedule standing call time</td>
<td>2021 09</td>
<td>S Perkins, B Spear and K Probert</td>
</tr>
<tr>
<td>33</td>
<td>Management. Prepare an annual evaluation plan</td>
<td>Prepare evaluation plan</td>
<td>2021 09</td>
<td>A Price, S Wolfe, S Perkins &amp; K Probert</td>
</tr>
<tr>
<td>34</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>Distribute State Annual Work Plans to advisory group and SME list.</td>
<td>2021 09</td>
<td>S Perkins</td>
</tr>
<tr>
<td>35</td>
<td>Resources. 3 State Focus Provide financial support to the 3 states in the CBP. Monitor use of funds.</td>
<td>Annual State Budgets, approved</td>
<td>2021 09</td>
<td>S Perkins</td>
</tr>
<tr>
<td>36</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>“Public Health Nutrition Workforce and Integration of Nutrition in State Title V Programs.”</td>
<td>2021 09</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Row #</td>
<td>ACTION STEPS</td>
<td>Activities</td>
<td>Time</td>
<td>LEAD PERSON &amp; PARTNERS</td>
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<tr>
<td>37</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>Review State Annual Work Plans and identify potential areas for coordination.</td>
<td>2021 09</td>
<td>S Perkins, advisory group, and SME list (including MCHB nutrition training grantees)</td>
</tr>
<tr>
<td>38</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>Solicit information from advisory group about topics for potential mini modules</td>
<td>2021 10</td>
<td>S Perkins and other SMEs</td>
</tr>
<tr>
<td>40</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>Recruit SMEs to assist in module development</td>
<td>2021 11</td>
<td>S Perkins and other SMEs</td>
</tr>
<tr>
<td>41</td>
<td>Dissemination. Catalogue, curate and summarize the work of each state, i.e. write up the 3 state models. These models can be reviewed by other state Title V programs looking for inspiration or guidance.</td>
<td>Complete write up of the North Dakota model (related to # 50 and 57)</td>
<td>2021 11</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Row #</td>
<td>ACTION STEPS</td>
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<td>42</td>
<td>Training. If deemed useful, have the epidemiologist of each state team attend an add-on workshop/training to the 2022 and 2024 ASPHN Annual Meeting or the 2022 and 2024 AMCHP Annual Conference that is focused on national and state data sources with nutrition-relevant data points.</td>
<td>Determine need / desire of epidemiologists to attend meeting</td>
<td>2021 12</td>
<td>S Perkins, P Chaparro, and other SMEs</td>
</tr>
<tr>
<td>43</td>
<td>Resources. Develop new educational resources (e.g., vignettes, briefs, podcasts) explaining why the unique Title V elements are important to optimal nutrition and describing nutrition interventions that Title V would be uniquely qualified to lead</td>
<td>Identify the unique Title V elements and corresponding nutrition interventions that Title V would be uniquely qualified to lead</td>
<td>2022 01</td>
<td>S Perkins and another SME</td>
</tr>
<tr>
<td>44</td>
<td>Resources. Solicit materials from OR, ND, and other states that have public health nutrition positions within their state Title V program (e.g., CA, NC, and LA). Obtain permission to share materials. Post materials on Basecamp3.</td>
<td>Identify states with public health nutrition positions within their state Title V programs.</td>
<td>2022 01</td>
<td>S Perkins and AMCHP staff</td>
</tr>
<tr>
<td>45</td>
<td>Resources. Solicit materials from OR, ND, and other states that have public health nutrition positions within their state Title V program (e.g., CA, NC, and LA). Obtain permission to share materials. Post materials on Basecamp3.</td>
<td>Request materials (position descriptions etc)</td>
<td>2022 02</td>
<td>S Perkins</td>
</tr>
<tr>
<td>46</td>
<td>Resources. Solicit materials from OR, ND, and other states that have public health nutrition positions within their state Title V program (e.g., CA, NC, and LA). Obtain permission to share materials. Post materials on Basecamp3.</td>
<td>Obtain Permission to share</td>
<td>2022 02, As received</td>
<td>S Perkins</td>
</tr>
<tr>
<td>Row #</td>
<td>ACTION STEPS</td>
<td>Activities</td>
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<tr>
<td>47</td>
<td>Resources. Solicit materials from OR, ND, and other states that have public health nutrition positions within their state Title V program (e.g., CA, NC, and LA). Obtain permission to share materials. Post materials on Basecamp3.</td>
<td>Post on Basecamp3</td>
<td>2022 02, As received</td>
<td>S Perkins</td>
</tr>
<tr>
<td>48</td>
<td>Dissemination. Catalogue, curate and summarize the work of each state, i.e., write up the 3 state models. These models can be reviewed by other state Title V programs looking for inspiration or guidance.</td>
<td>Complete write up of the Wisconsin model (related to # 43 and 57)</td>
<td>2022 02</td>
<td>S Perkins</td>
</tr>
<tr>
<td>49</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>Create resource</td>
<td>2022 02</td>
<td>S. Perkins and P Chaparro</td>
</tr>
<tr>
<td>50</td>
<td>Training. If deemed useful, have the epidemiologist of each state team attend an add-on workshop/training to the 2022 and 2024 ASPHN Annual Meeting or the 2022 and 2024 AMCHP Annual Conference that is focused on national and state data sources with nutrition-relevant data points.</td>
<td>If deemed useful, plan meeting</td>
<td>2022 02 - 2022 06</td>
<td>S Perkins, P Chaparro, and other SMEs</td>
</tr>
<tr>
<td>51</td>
<td>Technical Assistance. Work with the 3 states to determine if any new data points would help the state Title V programs integrate nutrition into block grant applications.</td>
<td>Needs assessment for new data points</td>
<td>2022 03</td>
<td>S Perkins, P Chaparro, and other SMEs</td>
</tr>
<tr>
<td>52</td>
<td>Resources. Develop new educational resources (e.g., vignettes, briefs, podcasts) explaining why the unique Title V elements</td>
<td>Identify the best format for the resources</td>
<td>2022 03</td>
<td>S Perkins and another SME</td>
</tr>
<tr>
<td>Row #</td>
<td><strong>ACTION STEPS</strong></td>
<td><strong>Activities</strong></td>
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<tr>
<td>53</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>MCH Nutrition Training Grantees</td>
<td>2022 03</td>
<td>S Perkins</td>
</tr>
<tr>
<td>54</td>
<td>Technical Assistance. Work with the 3 states to determine if any new data points would help the state Title V programs integrate nutrition into block grant applications.</td>
<td>Analyze needs assessment results</td>
<td>2022 04</td>
<td>S Perkins, P Chaparro, and other SMEs</td>
</tr>
<tr>
<td>55</td>
<td>Resources. Develop new educational resources (e.g., vignettes, briefs, podcasts) explaining why the unique Title V elements are important to optimal nutrition and describing nutrition interventions that Title V would be uniquely qualified to lead</td>
<td>Create at least 1 resource</td>
<td>2022 05</td>
<td>S Perkins and another SME</td>
</tr>
<tr>
<td>56</td>
<td>Dissemination. Catalogue, curate and summarize the work of each state, i.e., write up the 3 state models. These models can be reviewed by other state Title V programs looking for inspiration or guidance.</td>
<td>Complete write up of the Oregon model (related to row # 43 and 50)</td>
<td>2022 05</td>
<td>S Perkins</td>
</tr>
<tr>
<td>57</td>
<td>Technical Assistance and Resources. Develop a list of possible survey questions that would provide data on what is currently missing. Figure out what data source to use to collect the new information and determine how to get a question added.</td>
<td>Develop list, related to row # 52 and 55</td>
<td>2022 06</td>
<td>S Perkins, P Chaparro, project advisory team, and other SMEs</td>
</tr>
<tr>
<td>58</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>Develop training, if needed.</td>
<td>2022 06</td>
<td>S Perkins and SMEs</td>
</tr>
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<td>Row #</td>
<td>ACTION STEPS</td>
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<tr>
<td>59</td>
<td>Training. If deemed useful, have the epidemiologist of each state team attend an add-on workshop/training to the 2022 and 2024 ASPHN Annual Meeting or the 2022 and 2024 AMCHP Annual Conference that is focused on national and state data sources with nutrition-relevant data points.</td>
<td>If deemed useful, hold meeting</td>
<td>2022 06</td>
<td>S Perkins, P Chaparro, and other SMEs</td>
</tr>
<tr>
<td>60</td>
<td>Dissemination. Help state teams submit effective interventions to Innovation Station (IS) and other databases with evidence-informed programs. We will remind state teams that acceptance into IS makes a practice eligible for funded replication in another setting.</td>
<td>Help states with IS application.</td>
<td>2022 07</td>
<td>S Perkins and AMCHP staff</td>
</tr>
<tr>
<td>61</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>Draft Action Plan</td>
<td>2022 07</td>
<td>S Perkins, B Spear and K Probert</td>
</tr>
<tr>
<td>62</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>Review Action Plan</td>
<td>2022 08</td>
<td>Advisory Team</td>
</tr>
<tr>
<td>63</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>Develop at least 1 mini module</td>
<td>2022 08</td>
<td>S Perkins and other SMEs</td>
</tr>
<tr>
<td>64</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.</td>
<td>Develop plan for gather evaluation data.</td>
<td>2022 08</td>
<td>S Perkins, A Price, S Wolfe, and other SMEs</td>
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<tr>
<td>Row #</td>
<td>ACTION STEPS</td>
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<tr>
<td>65</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.</td>
<td>Component of Annual Work Plan</td>
<td>2022 08</td>
<td>S Perkins and State Teams</td>
</tr>
<tr>
<td>66</td>
<td>Three State Focus. Work with each state team to develop a detailed Work Plan for all State strategies and objectives for the following year</td>
<td>Annual Work Plan, including detailed training plan, evaluation plan, evaluation report, and annual budget.</td>
<td>2022 08 (due 9/15/2022)</td>
<td>S Perkins and State Teams</td>
</tr>
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This evaluation employed a multimethod data collection approach that included a review of administrative documents and data, meeting attendance, 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.

**Meeting Attendance**
The external evaluator, CES, attended key meetings to include Networking Meetings and Advisory Council meetings.

**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.
## Appendix D: HRSA Performance Measures

### 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.
**Evaluation**

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.

**Quality Improvement Activities**

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.

**Resource/TA and Training Centers**

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

- # of Requests Received
- # of Requests Answered
- # of continuing Education Credits Provided
- # of Individuals/Participants Reached
- # of Organizations Assisted

**Major Type of TA or Training Provided:** Continuing Education Courses; Workshops; On-site Assistance; Distance Learning Classes; One-on-one Remote Consultation; Other

**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)

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 in 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 -

DATE RANGES FOR EACH QUARTER
First Quarter: August 2021 through October 2021
Second Quarter: November 2021 through January 2022
Third Quarter: February 2022 through April 2022
Fourth Quarter: May 2022 through July 2022

Please enter today's date.

Below is a list of the NON-STATE ORGANIZATIONS that the state STRENGTHENED its relationships with during the last reporting period. Please check all of the organizations that you continued to partner with between DATE RANGE.

Please list all NEW PARTNERSHIPS with NON-STATE ORGANIZATIONS that were developed during this period, DATE RANGE. Please describe the partnership and whether your partnership includes service, training, continuing education, technical assistance, product development, or research.

Below is a list of STATE AGENCIES that participated during the last reporting period. Please check all of the state agencies that continued to participate between DATE RANGE.

Please name all STATE AGENCIES that PARTICIPATED FOR THE FIRST TIME during the period between DATE RANGE. 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 DATE RANGE.

Describe PROMISING PRACTICES that were identified during this time period from DATE RANGE.

Please describe COLLABORATIVE SERVICES 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 DATE RANGE. 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
ASPHN-MCHB Key Informant Interview Protocol 2022

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?

Tell me how it is and is not meeting your expectations?

Tell me about the challenges and successes you had in developing your Year 2 one-year work plans.

Regarding 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)

YES NO

(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 with 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 second year, what do you see as the greatest accomplishments of the capacity building program?

Have you engaged in any continuous quality improvement activities? y/n

YES NO

(if yes) Please tell me about them.

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)

YES NO

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

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

Has your state program’s evaluation capacity increased? (y/n)

YES NO

(if y) Would you say it has increased a little, somewhat, or a lot?
(if y) Please describe some of the ways your evaluation capacity 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?

YES  NO

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

A LITTLE  SOMewhat  A LOT

(if y) Please describe how it has increased.

Have you increased your awareness of the availability of MCH nutrition evaluation data?

YES  NO

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

A LITTLE  SOMewhat  A LOT

(if y) Please describe how it has increased.

Looking Forward

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

Have you thought about or discussed sustainability of increasing the nutrition and data capacity of your State Title V program? (y/n)

YES  NO

(If yes) What have you thought or talked about?

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?