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MCH Innovations Database Practice Summary & Implementation Guidance

Tennessee MCHBG Asana Workflow Model

This practice implemented a standardized Asana-based workflow that improved coordination, accountability, and efficiency throughout the Maternal and Child Health Block Grant application and reporting process.



Location

Tennessee



Topic Area

Workforce Development



Setting

Virtual



Population Focus

Medical & Public Health
Professionals



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Section 1: Practice Summary

PRACTICE DESCRIPTION

In Tennessee, the MCH Block Grant (MCHBG) is managed by the Division of Family Health and Wellness in the Department of Health. This division boasts a workforce of over 200 people, many of whom work directly with MCH priorities. Before Asana, coordination and communication with the Division were time-consuming and often ineffective, utilizing a stagnant Excel document that restricted collaboration and communication. For MCHBG, a key issue was the lack of a centralized tool to organize complex tasks, ensure timely completion, and track progress across multiple teams. Evidence from previous grant cycles indicated that disorganization, missed deadlines, and fragmented communication hindered the successful execution of grant activities. It became clear a new approach was needed to effectively manage the grant application and report process and alleviate burdens to the Coordinator.

The geographic location spans the State, coordinating work with 218 staff to secure funding for local health department staff and external partners to provide programming for mothers, children, and their families, including children with special health care needs.

In response to these challenges, the MCHBG team integrated Asana, a project management software, to enhance the grant application process. Asana enabled task assignment, progress tracking, and resource sharing in a single platform, ensuring real-time updates and enhanced communication. Annually, 37 main narrative sections, 19 forms, and 11 supporting components must be completed. Each section requires collaboration with other staff in the Division and external partners to complete. Asana transformed the process by which we acquire this information.

Using Asana proved valuable for managing complex grant activities, improving team collaboration, and meeting deadlines. A key takeaway is the importance of utilizing user-friendly digital programs to improve project efficiency to enhance public health initiatives. This project's success offers a replicable model for other grant-funded initiatives focused on public health. A template was created to be replicated for future application cycles, including tasks, assignees, and rules.

CORE COMPONENTS & PRACTICE ACTIVITIES

The goal of our practice was to improve the coordination, timeliness, and quality of the annual Maternal and Child Health Block Grant (MCHBG) application and reporting process. We did this by implementing Asana to replace our outdated Excel-based system and enhance collaboration among more than 200 staff across Tennessee's Division of Family Health and Wellness (FHW). Core components of this practice included building a centralized task management; using Asana dashboards to monitor real-time progress and flag delays; embedding all communication and file sharing within the platform; and developing a reusable project template for future grant cycles. The process was supported through live user training, designated admin oversight, and evaluation using both task performance metrics and staff feedback



Core Components & Practice Activities

Core Component	Activities	Operational Details
Task Breakdown and Assignment	Broke down the MCHBG application/report into tasks (e.g., 37 narratives, 19 forms, 11 supporting docs); assigned to appropriate staff or teams	Used Asana's task/subtask features to assign responsibilities; included due dates, attachments, and dependencies to support progress tracking across teams
Real-Time Progress Monitoring	Monitored task statuses weekly; flagged delays; reviewed completion data	Used Asana timeline view to visualize progress and connect with teams when delays were identified.
Centralized Communication and File Sharing	Staff and collaborators commented directly within tasks, updated the file template, and tagged other teams members for input	Eliminated the need for excessive email chains; housed all documentation and correspondence in Asana; increased transparency
Template Development for Replication	After successful implementation, build a reusable Asana template with all standard tasks, roles, and rules pre-loaded	This allowed for faster setup in future cycles and ensured process consistency; minimized additional work each year
License and Sustainability Planning	Identified funding source for Asana licenses; developed sustainability strategy	Recommended securing funding for a 1-year pilot

COMMUNITY WELLNESS

By using Asana to coordinate MCHBG activities, Tennessee's Division of Family Health and Wellness significantly improved its ability to secure funding for programs that support maternal and child health statewide. With a more efficient internal process, staff were better able to focus on program content rather than logistical challenges, ultimately leading to higher-quality grant submissions and more responsive public health programming.

Evaluation data showed that 98% of grant-related deadlines were met, and there was a 20% increase in team productivity, as measured by task completion rates and qualitative staff feedback. Administrative errors due to



miscommunication or delays were markedly reduced. These improvements directly support community wellbeing by ensuring that essential MCH services are funded and implemented without disruption.

Furthermore, this shift introduced a more equitable internal workflow by distributing responsibility across teams and reducing over-reliance on a single coordinator. This helped shift power from siloed leadership to collaborative teams.

EVIDENCE OF EFFECTIVENESS

Success for this practice was defined by four key indicators:

1. Timely submission of the MCHBG application and report.
2. High task completion rates within established deadlines.
3. Improved staff satisfaction and communication, based on qualitative feedback.
4. Creation of a replicable template for future cycles.

The project met all four criteria. All required documents were submitted on time, with 98% of tasks completed by their due date. Staff reported feeling more connected and informed throughout the process. The Asana template is now in place and ready for future grant cycles, reducing planning time for subsequent years.



Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

This practice involved close collaboration among key Maternal and Child Health (MCH) partners. Family Health and Wellness staff contributed content, completed assigned tasks through Asana, and brought both professional and lived MCH experience. The Title V Director provided oversight, reviewed major components, and ensured federal and administrative alignment. The SSDI Project Coordinator supported Asana implementation, contributed data-focused narrative content, and assisted with system improvements, impacting statewide MCH services. The Director of Strategic Initiatives offered high-level guidance, reviewed final materials, and ensured the work aligned with organizational goals and benefited MCH populations.

Practice Collaborators and Partners			
Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this stakeholder have lived experience/come from a community impacted by the practice?
MCH Block Grant Coordinator	<p>The Coordinator leads the development, organization, and execution of the MCHBG application and report. She guides content creation, coordinates workflows, ensures alignment with federal requirements, and supports decision-making across teams by identifying needs, resolving barriers, and maintaining timelines.</p> <p>She also creates and manages all aspects of the Division’s Asana project, which structures the workflow and guides contributors through the practice process.</p>	<p>The Coordinator collaborates with all contributors across Family Health and Wellness, providing structure, guidance, and technical support.</p> <p>She facilitates communication through Asana, assists with narrative development, synthesizes input from programs, and ensures the application reflects statewide priorities and partner contributions.</p>	<p>The Coordinator’s lived experience and professional experience working with MCH programs help ensure the application and report align with community needs.</p>
Family Health and Wellness (FHW) Staff	<p>FHW staff are responsible for contributing to the MCHBG application and report. Their input, expertise, and timely</p>	<p>They were engaged through Asana as assigned task owners and content collaborators.</p>	<p>Many FHW staff have professional and/or personal lived experience in</p>



	completion of assigned tasks are essential to grant success.		maternal and child health and work closely with programs serving MCH populations
Title V Director	The Title V Director provides oversight of the MCHBG and ensures alignment with federal priorities.	Reviewed key components of the grant, provided edit feedback, and ensured alignment with administrative requirements.	The Director ensures the needs of mothers, children, and families are prioritized throughout the application and report.
SSDI Project Coordinator	The SSDI Coordinator secured funding to support the implementation of Asana in the Division. She also contributed narrative content related to data systems, capacity building, and workforce development.	Collaborated on writing key sections of the MCHBG application and report, coordinated data-related tasks for Asana implementation, and provided technical assistance on system improvements.	She supports data and evaluation efforts that directly impact maternal and child health services statewide.
Director of Strategic Initiatives	The Director provides high-level oversight, ensuring alignment with organizational goals and maintaining quality standards for the MCHBG application and report.	Reviews and approves the application prior to the Title V Director, provides strategic guidance, and supports the team through leadership and decision-making.	She supports the efforts that benefit the maternal and child health populations statewide.

REPLICATION

A complete, ready-to-use Asana project template can be downloaded and shared with other teams or states. The template preserves all tasks, subtasks, timelines, assignees, task dependencies, and automated rules. This allows other users to replicate the full project structure and workflow without rebuilding it, ensuring consistency in project management, reporting processes, and coordination across teams. However, this practice has not been replicated.

INTERNAL CAPACITY

Personnel Needed

Implementation of this practice required several key personnel roles:



- **MCH Block Grant Coordinator (1 FTE minimum):**
Led project development, managed all aspects of the Asana project, coordinated timelines, facilitated communication, and ensured alignment with federal requirements. Required strong project management skills, familiarity with MCH programs, technical skills with Asana, and the ability to synthesize information across teams. Significant time allocation was needed during application/report development periods.
- **Family Health and Wellness Program Staff (minimum number of contributors depends on program areas):**
Responsible for completing assigned content, reviewing program data, and meeting deadlines. Needed subject-matter expertise in their respective domains, strong writing and communication skills, and the ability to collaborate within a structured workflow. Time commitment varied by program size and deliverables.
- **SSDI Project Coordinator (1 position):**
Provided support for Asana implementation, contributed data system content, and assisted with evaluation- and capacity-related sections. Required skills in data systems, evaluation, and technical support.
- **Title V Director (1 position):**
Offered oversight, reviewed key components, and ensured alignment with federal and administrative priorities. Required leadership, familiarity with federal MCH requirements, and strong review/editing skills.
- **Director of Strategic Initiatives (1 position):**
Provided high-level strategic guidance, quality assurance, and final review before submission. Required leadership experience, strong analytic and writing skills, and the ability to ensure organizational alignment.

Supports That Helped Build Personnel Capacity

Personnel capacity was strengthened through:

- Leadership support, including clear expectations, consistent feedback, and timely review from the Title V Director and Director of Strategic Initiatives.
- Organizational structure, which enabled coordinated workflows across programs and clear lines of responsibility.
- Staff competency, including program expertise, prior grant-writing experience, and familiarity with MCH data sources.
- Technology supports, including Asana training provided internally and technical assistance from the SSDI Coordinator, which increased staff confidence and efficiency in using the platform.

PRACTICE TIMELINE

For more information on this practice's timeline and specific practice activities, please contact Elizabeth King directly at Elizabeth.King@tn.gov.

PRACTICE COST

Asana offers four pricing options: Free, Starter, Advanced, and Enterprise.

- **Free (Personal):** \$0 forever. Basic task management for 1–2 users, unlimited tasks/projects, 100 MB file limit, list/board/calendar views.



- **Starter:** \$10.99/user/month (when billed annually) or \$13.49/user/month (billed monthly). Includes timeline/Gantt view, workflow builder, project dashboards, custom fields, advanced search, and unlimited automations.
- **Advanced:** \$24.99/user/month (annual billing) or \$30.49/user/month (monthly). Adds features like goals, unlimited portfolios, advanced integrations (Salesforce, Power BI), approvals, and more security.
- **Enterprise / Enterprise+:** Custom pricing available via quote. These tiers offer enterprise-level features like resource management, SAML, audit logs, 24/7 support, and compliance controls. For more information on this practice's startup costs in Tennessee, please contact Elizabeth King directly at Elizabeth.King@tn.gov.

LESSONS LEARNED

Positive lessons:

- Introducing a digital project management tool drastically improved visibility, accountability, punctuality, and communication.
- Offering initial office hours and live support was critical to building user confidence and buy-in.
- Starting with a pilot project and using free trials helped address early budget constraints and reduce risk.

Challenges:

- Some initial resistance to using a new platform was encountered. Overcoming this required time, ongoing support, and strong leadership.
- Technical issues related to access and permissions required coordination with Asana's customer service, which slightly delayed onboarding.

Overall, the benefits of the platform far outweighed these early barriers.

One of the main challenges during implementation was initial resistance from staff who were accustomed to the old Excel-based system and were hesitant to adopt a new digital platform. To address this, we provided live demonstrations and hands-on training sessions, along with ongoing office hours for personalized support. Technical issues with access and navigation were resolved in partnership with Asana's customer service team, the MCHBG Coordinator, or the SSDI Project Coordinator, depending on the technical issue.

NEXT STEPS

The Asana-based workflow has already been transformed into a template for use in future MCHBG cycles, making the process even more efficient in years to come. Future plans include:

- Expanding the use of Asana to manage other grant programs within the Division
- Exploring integration with other platforms (e.g., SharePoint, Teams) for even smoother communication.

To further enhance the efficiency and functionality of our Asana-based workflow for the MCHBG application and reporting process, we plan to implement additional review options that enable multiple reviewers to provide input without replacing the original task assignee. This will preserve accountability while increasing collaborative feedback. We also intend to add customized columns and tags to better track review statuses, streamline communication, and improve visibility across all stages of the workflow. These refinements aim to reduce bottlenecks and ensure smoother coordination among leadership and staff.



RESOURCES PROVIDED

- For a project template, contact Elizabeth King directly at Elizabeth.King@tn.gov.

APPENDIX

- <https://asana.com/features/project-management>
- <https://asana.com/pricing>

