

# Part 1: Recruitment & Retention Skill-Building Session

Healthy Start Regions 7, 8,  
9, & 10 Meeting

Monday, May 1 from 11:45-12:45



**EDC**

Education  
Development  
Center

# SUPPORTING STAFF WELLNESS

Lessons from the Maternal, Infant, Early  
Childhood Home Visiting Program's HV CoIIN



# Early Childhood @ EDC

With a commitment to addressing disparities and ensuring equity, EDC promotes the overall health, development, and early learning of children—from before birth throughout childhood. Our work informs the field, supports families and caregivers, builds the capacity of organizations and people, and advances effective policy.

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1958

Commitment from  
the beginning  
(Hands-On  
Science, 1960;  
Head Start, 1978)

## GLOBAL REACH

50 U.S. states, Asia, Africa,  
and Latin America

>50 Projects

>80 Staff



**Influential Partners:**  
PBS, Sesame  
Workshop, Apple,  
Google, New  
America

**Funders:** HRSA, OHS, OCC, USAID, NSF,  
NIH, DoEd, SAMHSA, UNICEF, Heising-  
Simons Foundation, Wallace  
Foundation, LEGO Foundation, Bill &  
Melinda Gates Foundation, Overdeck  
Family Foundation



# Overall

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## AGENDA

Time:	Establishing Background: Part 1
10 minutes	Welcome, logistics & agenda overview
10 minutes	Getting to know each other
5 minutes	Setting the Stage: Home visiting
5 minutes	Break
20 minutes	Setting the Stage: Staff Wellness
10 minutes	Check In & Learning about your Priorities

# Overall

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## AGENDA

Time:	Building our Skills: Part 2
5 minutes	Welcome, logistics & agenda overview
10 minutes	Connecting and Building Relationships
10 minutes	Model for Improvement
20 minutes	Root Cause Analysis
10 minutes	Break
20 minutes	Plan-Do-Study-Act Cycles: the Engine for Change
25 minutes	Elevating the experience and well being of our workforce
5 minutes	Wrap up & Conclusion

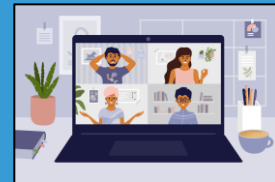


A close-up, intimate photograph of a Black woman with long, dark braids. She is wearing a large gold hoop earring and has a gentle smile as she cradles a young child. The child, wearing a white t-shirt, is sleeping peacefully with their head resting against the woman's chest. The background is softly blurred, showing a window with natural light. A semi-transparent dark grey banner is overlaid across the middle of the image, containing white text.

**WHAT IS ONE TAKE AWAY YOU  
WANT FROM OUR SESSION?**

# GETTING TO KNOW EACH OTHER

Time to make connections and start creating a space for shared learning



# WHAT'S THE STORY OF YOUR NAME?

- Name
- Organization
- # years in field

## At your tables

*Pick 2 to share...*

- Who named you?
- How many names do you have?
- Have you changed your name in some way?
- What's the meaning of your name?
- Who/ What/When are you named after?
- What is the connection to your name and life your parents/family lived? Do you like/dislike your name? Why?
- Does it provide you with advantage or disadvantage?





# Principles to Guide Our Learning

- **Everyone has their own life experience; this is important wisdom that we want you to bring in the room.**
- **There are no “right answers” or “right ways to think”, we can value everyone's perspective at the same time.**
- **Use history as a tool to understand what has happened and how to create solutions for the future.**







## **Group Agreements**

**What do you need in order to feel comfortable participating today?**

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# OVERVIEW OF HOME VISITING





*What does  
home visiting  
mean to you?*

# Maternal Infant Early Childhood Home Visiting (MIECHV) Program





# Evidenced- based Home Visiting Models



Attachment and  
Biobehavioral Catch-Up  
(ABC) Intervention

Child FIRST

Healthy Families  
America

Durham  
Connects/Family  
Connects

Home Instruction for  
Parents of Preschool  
Youngsters

Early Head Start –  
Home-Based Option

Maternal Early  
Childhood Sustained  
Home Visiting Program

Early Intervention  
Program for Adolescent  
Mothers

Minding the Baby

Early Start (New  
Zealand)

Nurse-Family  
Partnership

Family Check-Up for  
Children

Parents as Teachers

Family Spirit

Play and Learning  
Strategies – Infant

Health Access  
Nurturing  
Development Services  
(HANDS) Program

SafeCare Augmented

Healthy Beginnings

Maternal Infant Health  
Program (MIHP)

# What are the MIECHV's goals?

- Improve maternal and child health,
- Prevent child abuse and neglect,
- Encourage positive parenting, and
- Promote child development and school readiness.



# Why is MIECHV so meaningful?



***MIECHV creates a VISION*** by engaging partners in a collaborative process to plan and implement policies, procedures, standards, measures and funding mechanisms that support common goals that benefit families and communities;

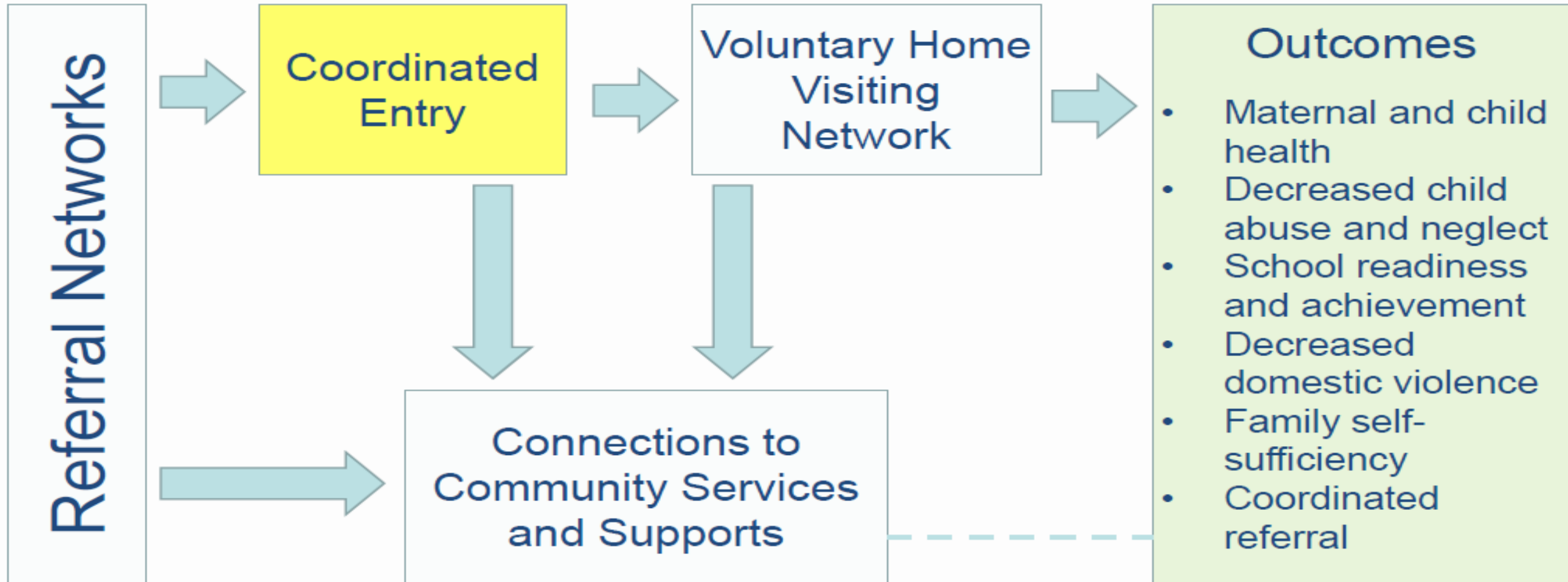


***MIECHV strengthens the Home Visiting INFRASTRUCTURE*** by improving the quality of the system of care and supporting the use of evidence-based model programs;



***MIECHV promotes POSITIVE OUTCOMES*** by measuring and reporting progress toward improving child health and safety, supporting healthy development, reducing family violence, improving maternal child health, and encouraging economic self-sufficiency.

# MIECHV Home Visiting System



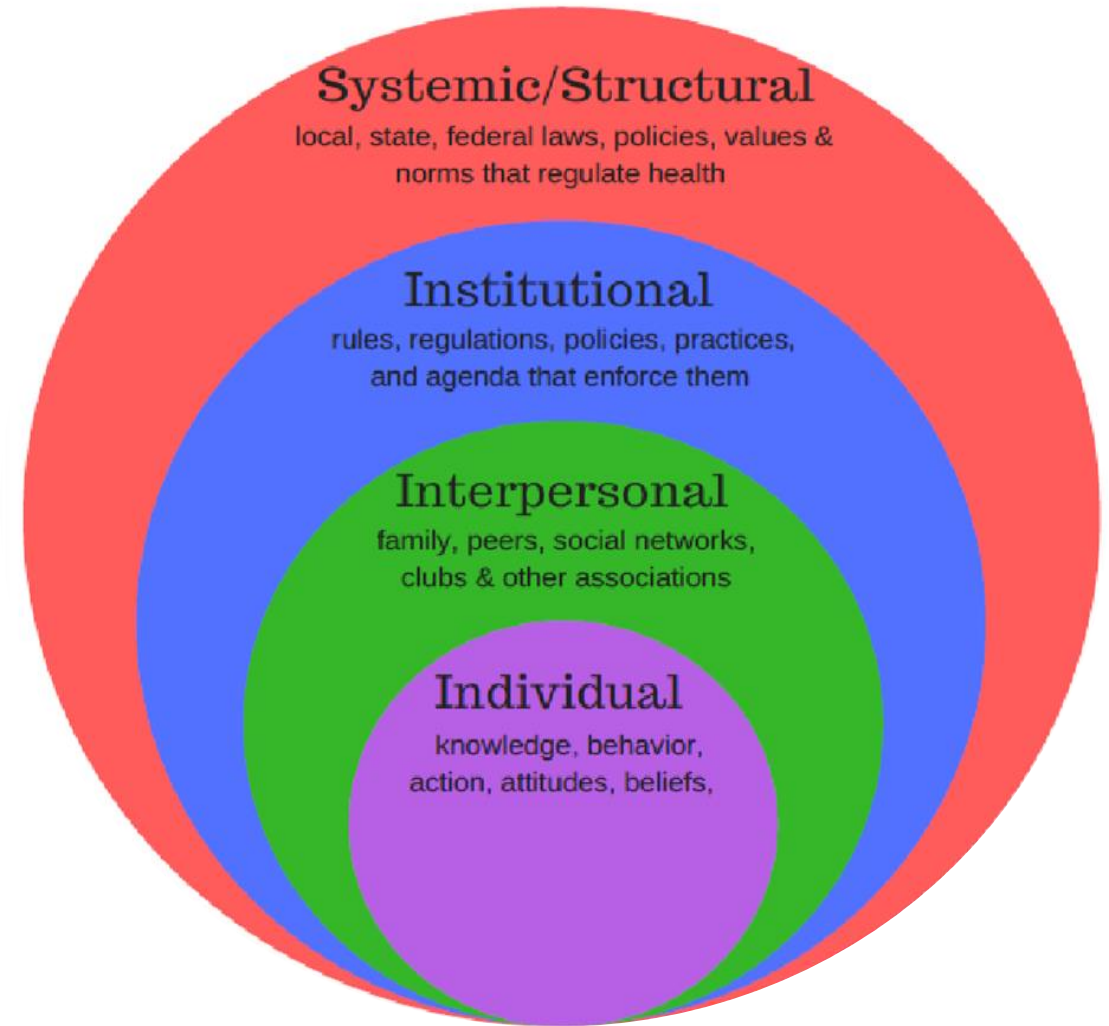
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# HEALTHY START & MIECHV

A history of shared goals

# Advancing Health Equity

**All families served by MIECHV & Healthy Start programs have fair and just opportunities to achieve the highest level of health and well-being.**





# A Shared Goal

## MIECHV Home Visiting

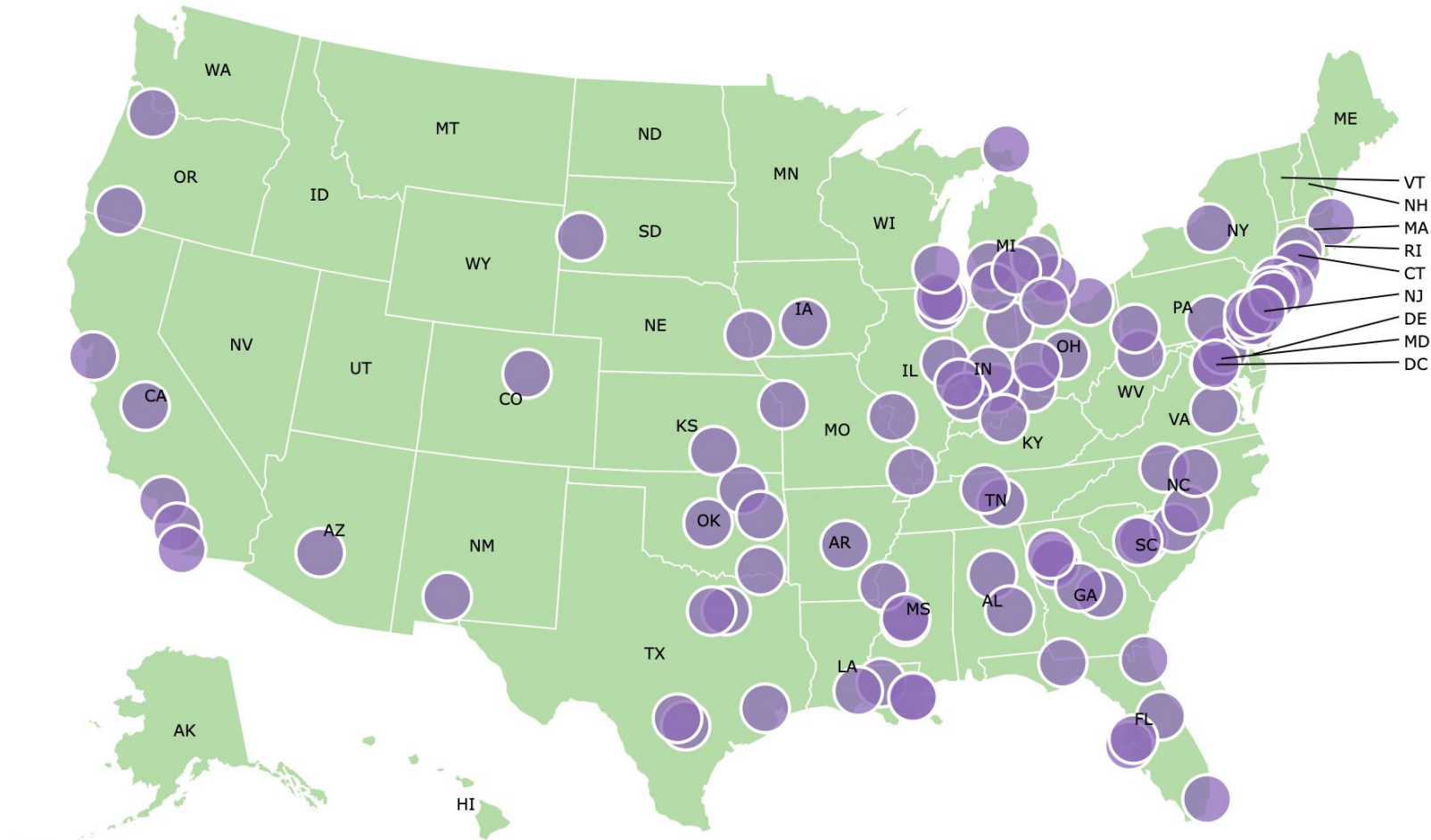
- **Improve:** maternal and child health
- **Prevent:** child abuse and neglect
- **Reduce:** crime and domestic violence
- **Increase:** family education level and earning potential
- **Promote:** children's development and readiness to participate in school
- **Connect:** families to needed community resources and supports

## Healthy Start

- **Improve** health outcomes before, during, and after pregnancy
- **Reduce** racial and ethnic differences in rates of infant deaths and negative maternal health outcomes
- Local projects enroll women, infants, children (up to 18 months), and partners. They **tailor their services** to their local community's needs.

MIECHV Performance Benchmarks		Healthy Start
Percent of primary caregivers enrolled in home visiting who reported that during the recent 6 consecutive months who had continuous health insurance.	Health Insurance	75% of Healthy Start women and child participants with health insurance.
Percent of mothers enrolled in home visiting who received a postpartum visit 7-42 days after delivery who received a postpartum visit from a provider within 8 weeks (56 days) of delivery.	Postpartum Visit	75% of Healthy Start women participants who receive a postpartum visit.
Percent of infants enrolled in home visiting who were placed to sleep on their backs, without loose bedding, and no bed sharing.	Safe Sleep	75% of Healthy Start participants who are placed to sleep on their backs, without loose bedding, place infant on their back on a firm sleep surface without loose bedding and no bed sharing).
Percent of infants (among mothers who breastfed prenatally) who were breastfed or pumped at 6 months.	Breastfeeding	75% of Healthy Start participants that breastfeed or pumped at 6 months.
Percent of children enrolled in home visiting who received a recommended visit based on the American Academy of Pediatrics (AAP) schedule.	Well Child Visits	75% of Healthy Start participants who receive well child visits.
Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool and, if screened positive, receive a referral for follow-up services (for those not enrolled prenatally, or within 6 months of delivery (for those enrolled prenatally).	Depression Screening	The percent of Healthy Start women participants screened for clinical depression using a validated standardized tool and, if screened positive, receive a referral for follow-up services.
Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence using a validated tool.	Intimate Partner Violence Screening	75% of Healthy Start women participants who receive intimate partner violence screening.
Percent of children enrolled in home visiting who reported that during a typical week, a family member sang songs with their child daily, every day.	Early Language and Literacy	75% of Healthy Start participants age 6 through 23 who report a family member 3 or more times per week, on average.

# Connecting & Building a Partnership



**Connect with  
your MIECHV  
Directors & CQI  
Leads!**

A close-up photograph of a person's hand holding a small, detailed model of a two-story house. The house has a brown gabled roof, a chimney, and a balcony on the second floor. The background is a blurred image of a person wearing a light blue shirt. The text is overlaid on the left side of the image.

Have you partnered with your  
MIECHV programs? Do you know  
who they are?



BREAK



# Setting the Stage: Supporting Staff Well Being





# Building on success!

Since 2013, HV CoIN has impacted:



**10,362 families**

And partnered with:



**21**

STATES/  
TERRITORIES



**1**

TRIBAL  
NATION



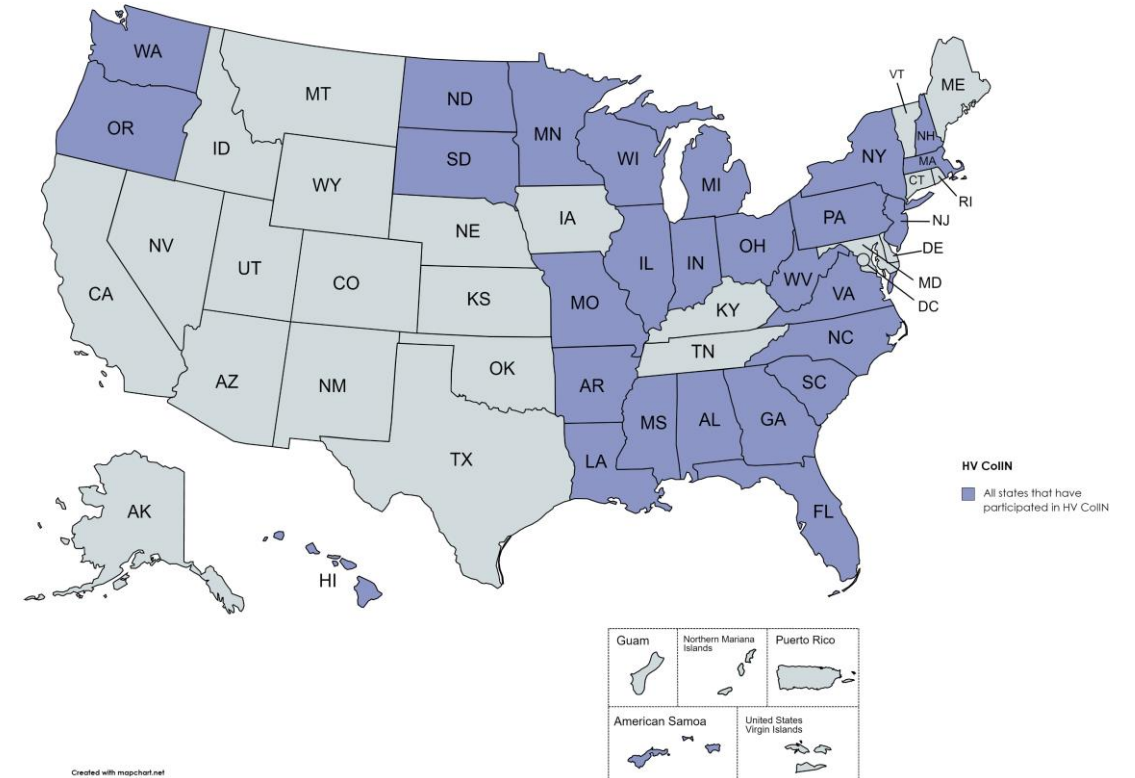
**136**

HOME VISITING  
AGENCIES



*So far [in HV CoIN 2.0],  
we have had 19 out of 23  
mothers report symptom  
improvement. We're so  
excited about that, and  
we really attribute a lot of  
that to HV CoIN. . . It has  
been a huge asset.*

—HV CoIN 2.0 State Awardee



# Family Leadership: *A Belief at the Core of HV CoIN*

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Every caregiver adds value when they have an equal opportunity to share and leverage their strengths and gifts toward change efforts.



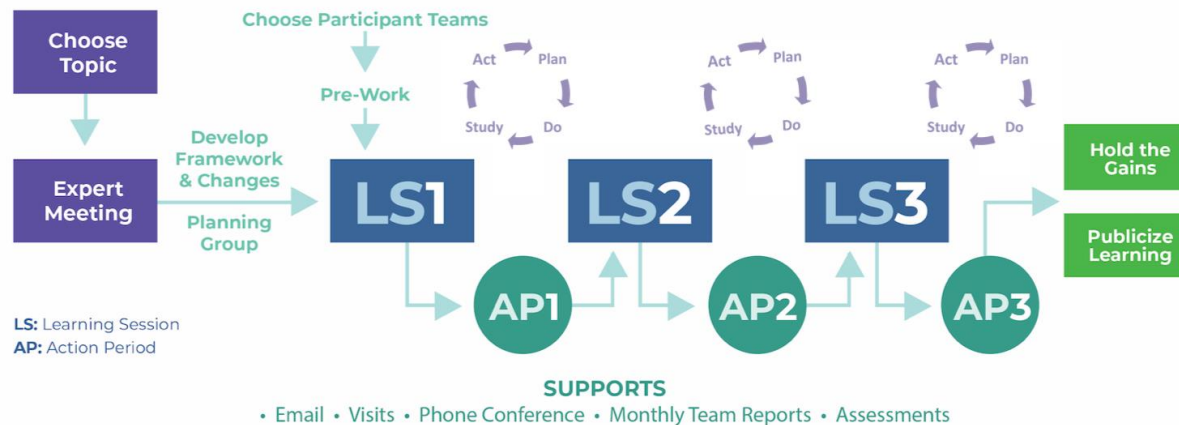
"I want to give back to my home visitor some of what she gives me. I am so glad to have an opportunity to help other moms through my experience."

— Parent Leader

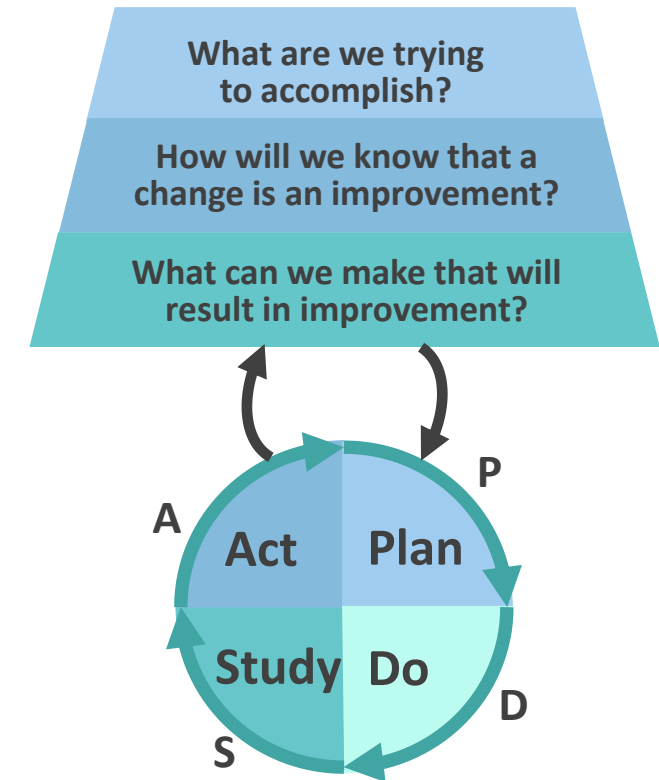
# Our Framework for Helping You Achieve Breakthrough Improvement

The **HV CoIIN team** will facilitate a traditional, time-limited learning activity using the *Breakthrough Series* framework:

## Collaborative Learning Breakthrough Series



**Local implementing agencies (LIAs)** use the Model for Improvement to guide their work:



# Experiencing Success



# SRR Key Driver Diagram

## Aim Statement

HV CoIN participants will work to improve the professional well-being of home visitors and home visiting supervisors, including:

- Job and pay satisfaction,
- Psychological well-being,
- Self-efficacy and confidence, and
- Job meaning and fulfillment.

**By April 2024**, 85% of home visiting staff will report they always feel supported to manage their work and still be present for the families or staff they support.

**Primary Driver 1.** Hiring Practices

**Primary Driver 2.** Home visiting workforce supports

**Primary Driver 3.** Physical and psychological health, wellness, and balance of home visiting professionals

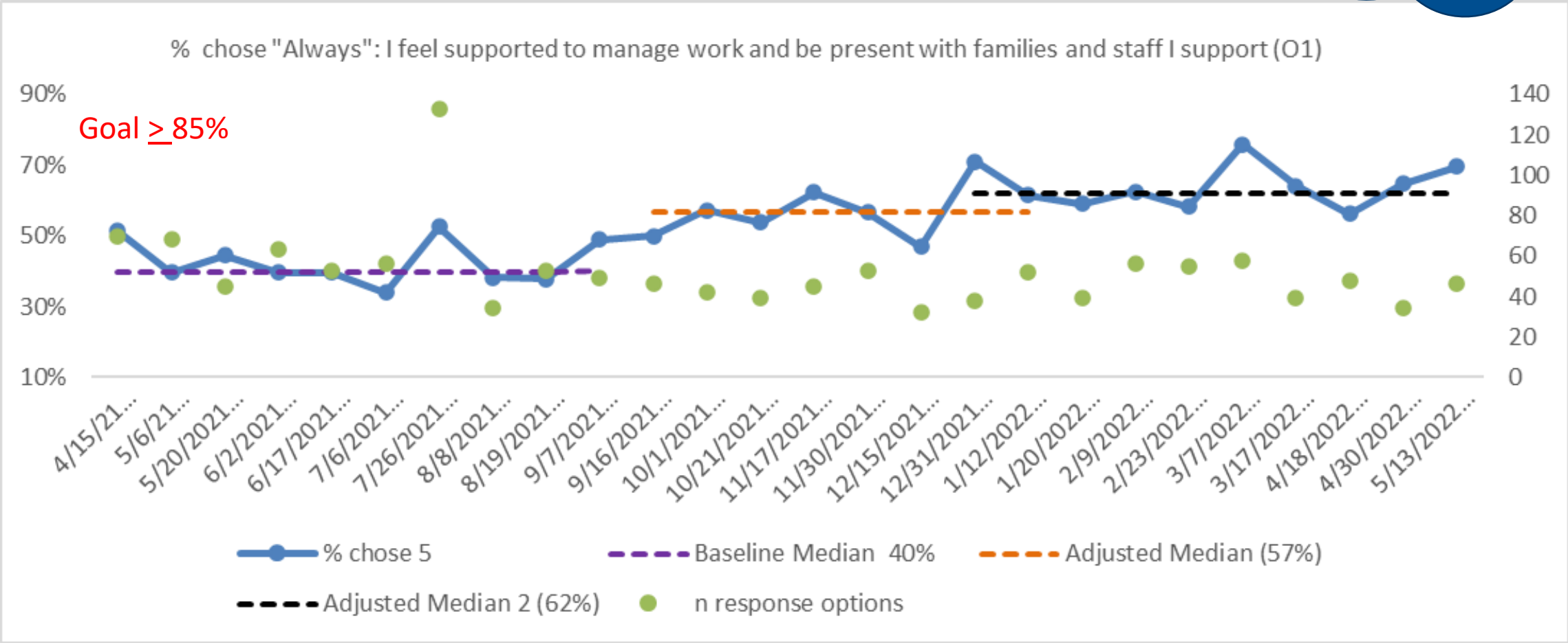
**Primary Driver 4.** Teamwork and communication



Median 40% to 62%

# Support to manage work and be present with families & staff

“Having a leader that looks like me makes me feel more welcomed and prouder”



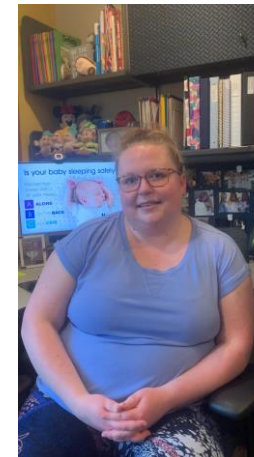


# Hiring & Recruitment

(Note: 7 teams had submitted final survey as of 5.18.22)

- **Improvement in all nine categories from pre to post survey**
- **Biggest improvements reported in the following areas (aggregate and in order of most improvement):**
  - Shadowing or virtual home visitor experience
  - Home visitor involvement in interviewing
  - Home visitor involvement in candidate selection
  - Process in place to hire culturally competent staff

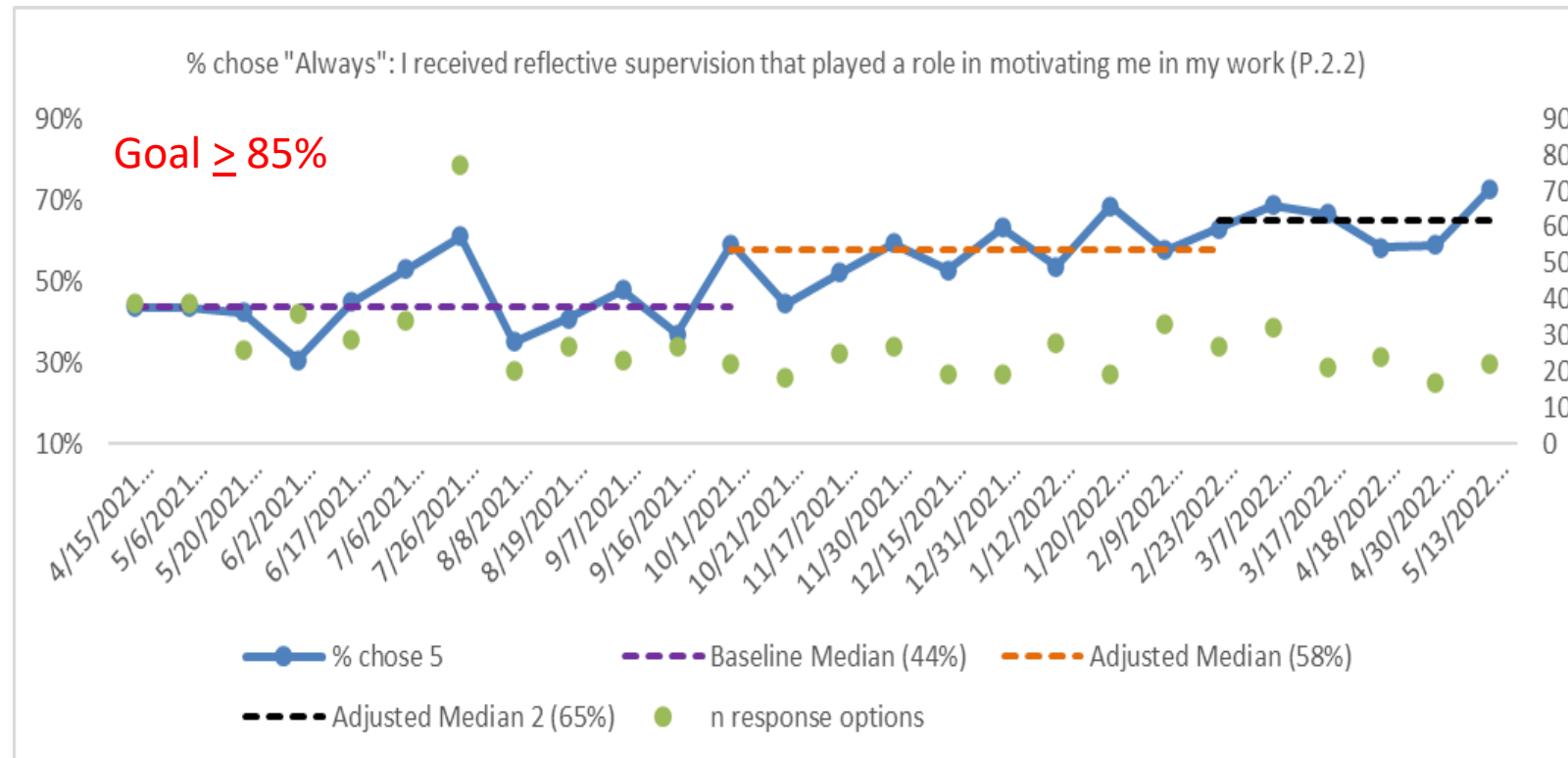
1. Hiring practices focus on home visiting skills and competencies
2. Hiring practices focus on equity, diversity, and inclusivity
3. Processes in place to hire qualified staff
4. Processes in place to hire diverse staff
5. Processes in place to hire culturally competent staff
6. Home visitor involvement in developing job descriptions
7. Home visitor involvement in interviewing
8. Home visitor involvement in candidate selection
9. Shadowing or virtual home visitor experience



**PRESS PLAY!**

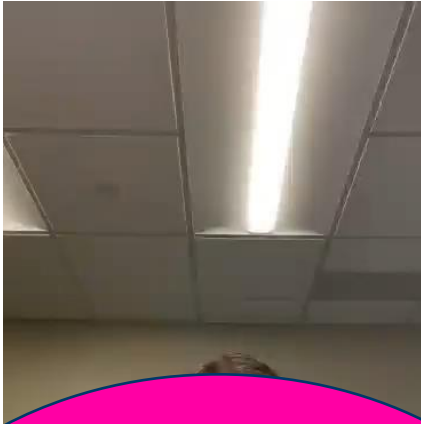


# Reflective Supervision

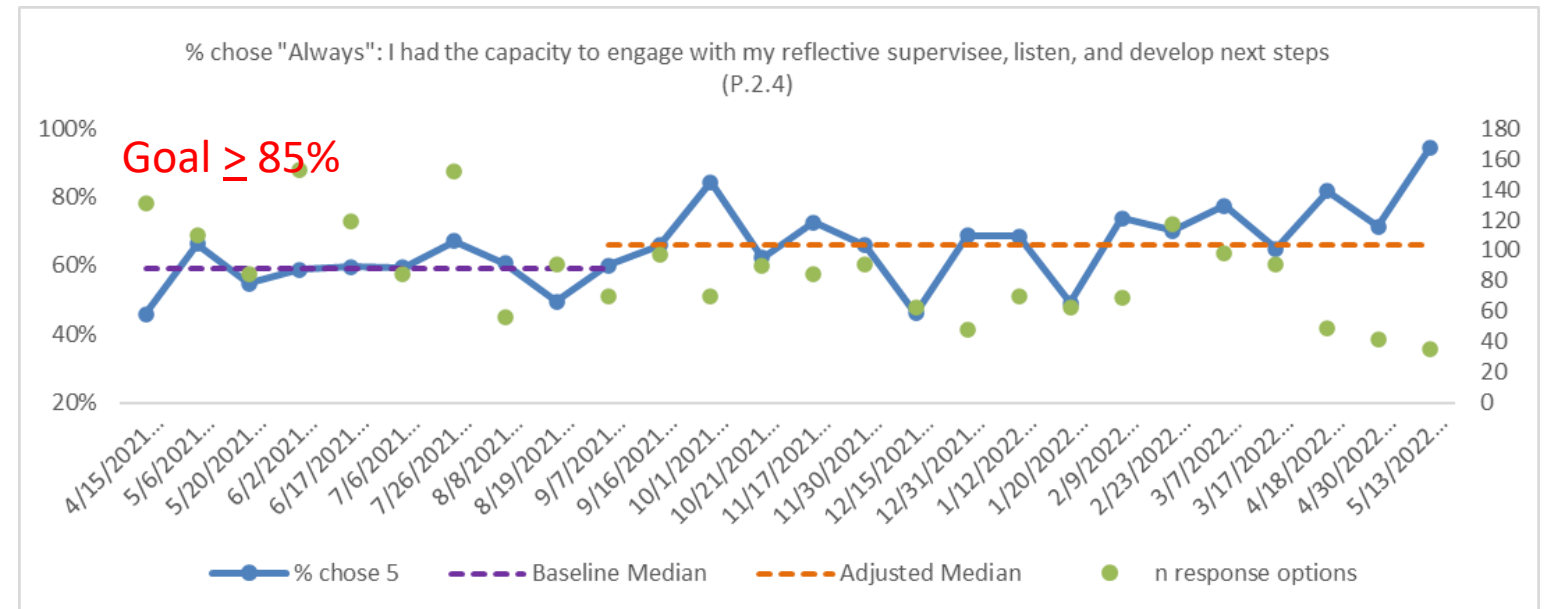
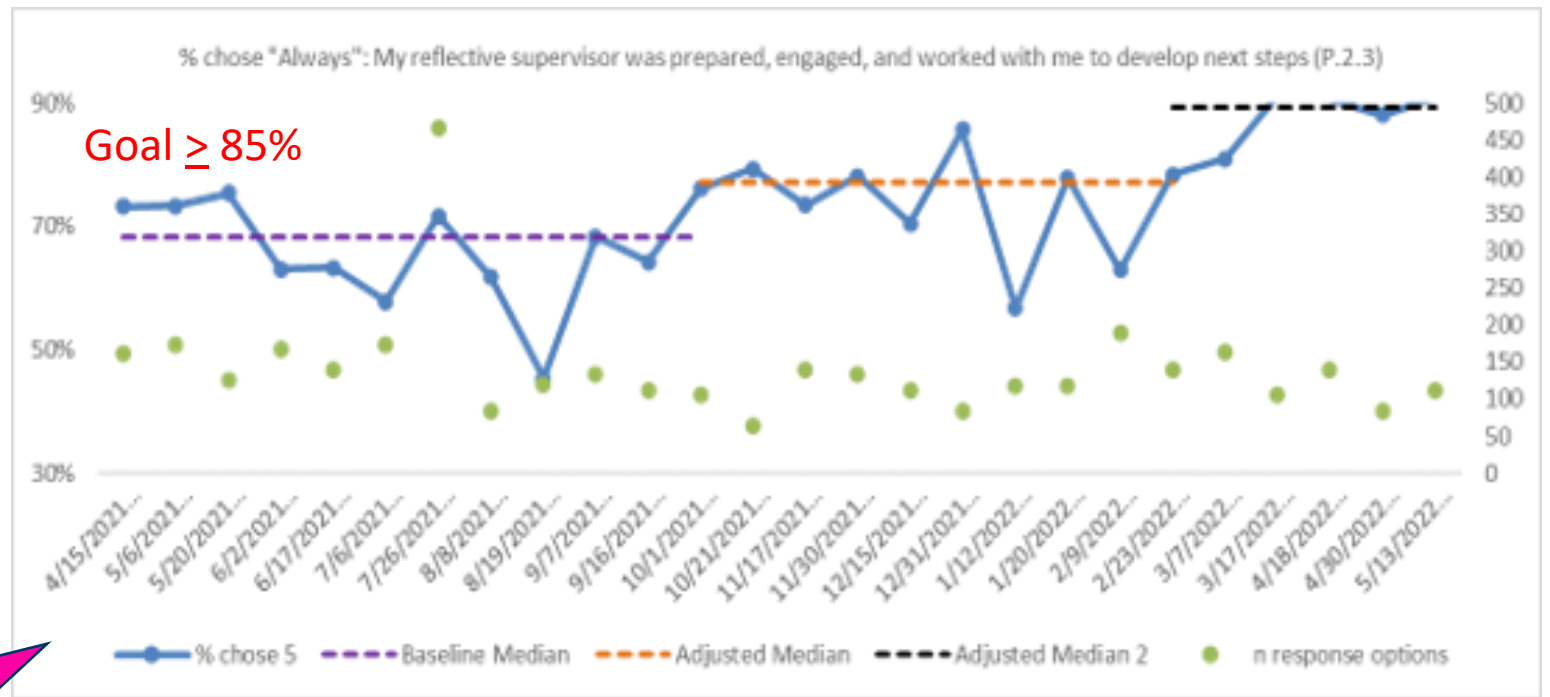


# More to Celebrate!

## Reflective Supervision!



I am part of a separate reflective group that does not include my supervisor - this time is EXTREMELY useful to me because I learn different tools from my peers.

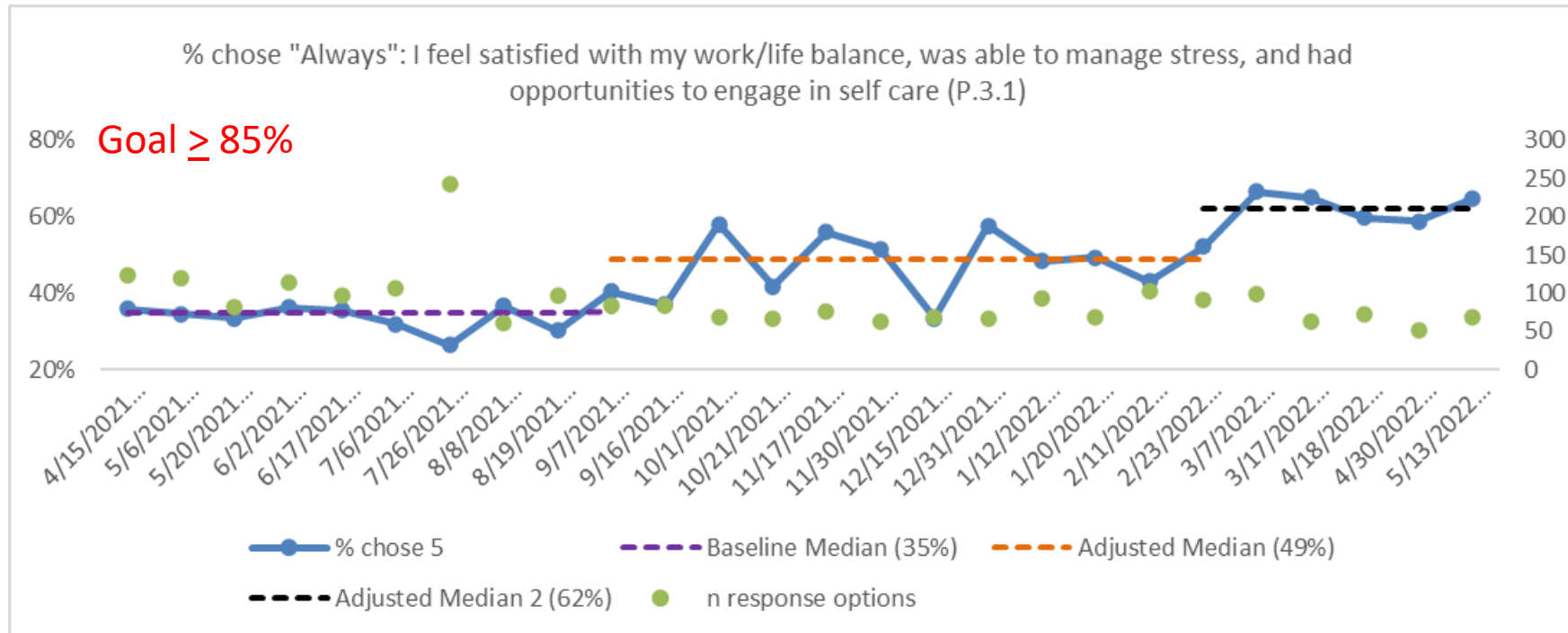


# Work Life Balance

Median 35% to 62%

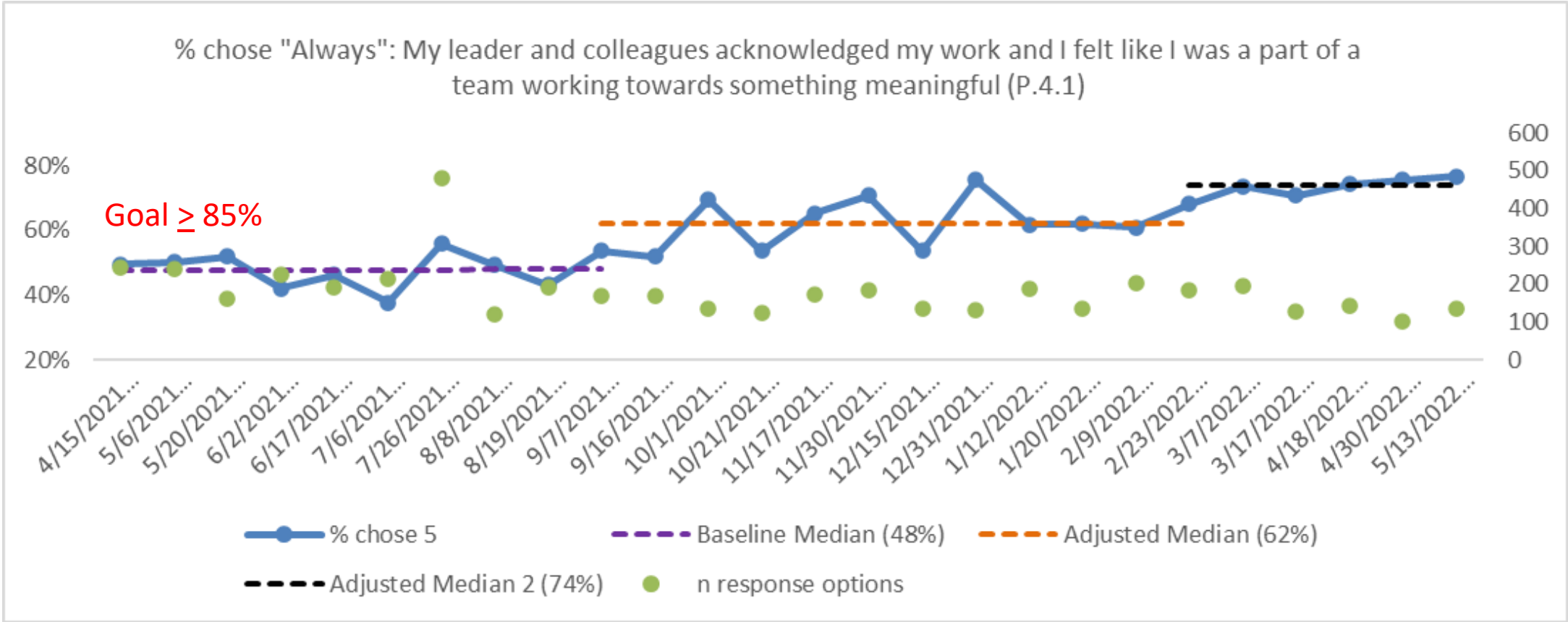
Some Strategies Tested:

- Meditation incorporated into meetings
- Walking meetings
- Better calendaring/scheduling



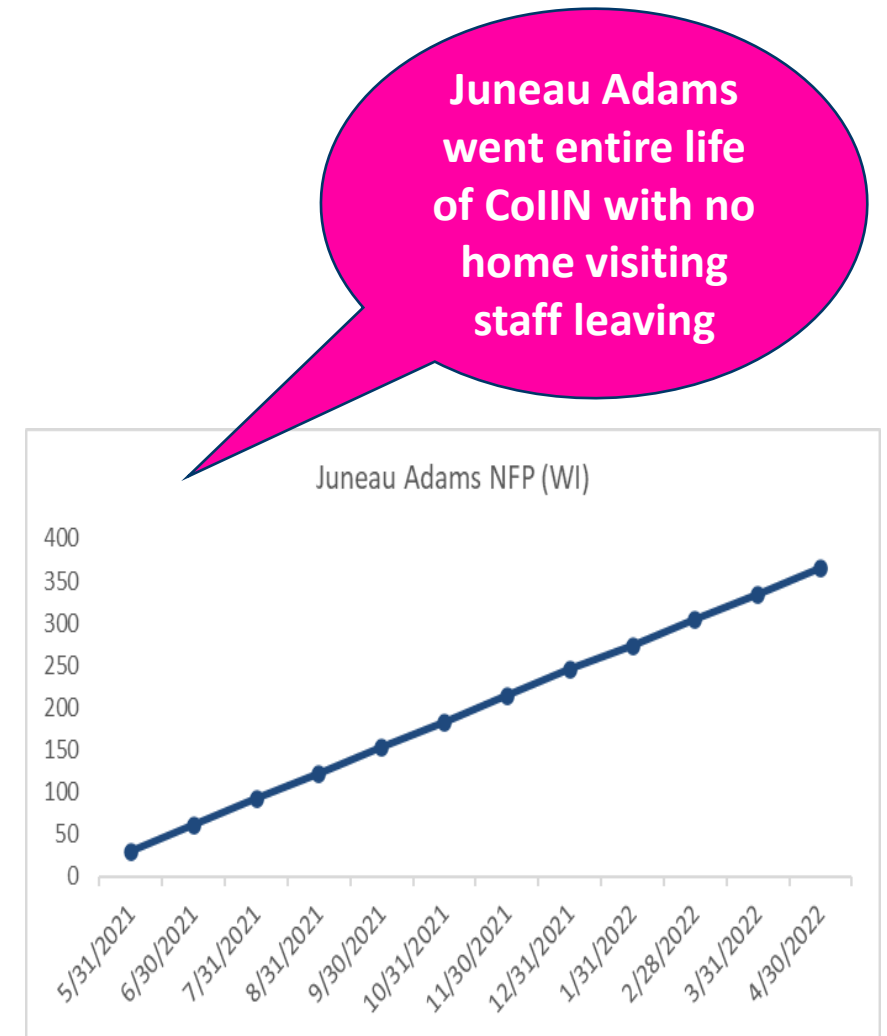
Median 48% to 74%

# Ongoing Support from Team



# Time (days) between Home Visitor Staff Leaving

- 9 out of 10 teams had favorable trends (5+ months in a row steadily ascending.) low turnover rate!
- 5 of 10 teams experienced the positive outcome mid-way through the project!
- Median # days between staff leaving was 169.5 days!
  - 7 teams > 154 days between staff leaving
  - 2 teams > 242 days between staff leaving





# Better Team Meetings!

- 100% of teams report incorporating learning into every team meeting!
- 100% of teams report spotlighting home visitor accomplishments at every team meeting!

Improvements to team meeting! We have started every team meeting with successes and wins- personally, professionally, and for the families we work with. We have also implemented an activity- either team building or mental health improvement- lead by team members weekly- Easterseals



# Check-in & Assessing your priorities in Staff Recruitment and Well Being

# PART 2

Building the skills to adapt to our settings



# Overall

## AGENDA

Time:	Building our Skills: Part 2
5 minutes	Welcome, logistics & agenda overview
10 minutes	Connecting and Building Relationships
10 minutes	Model for Improvement
20 minutes	Root Cause Analysis
10 minutes	Break
20 minutes	Plan-Do-Study-Act Cycles: the Engine for Change
25 minutes	What is possible!
5 minutes	Wrap up & Conclusion

# Icebreakers

**How do you identify  
racially, ethnically  
and culturally?**

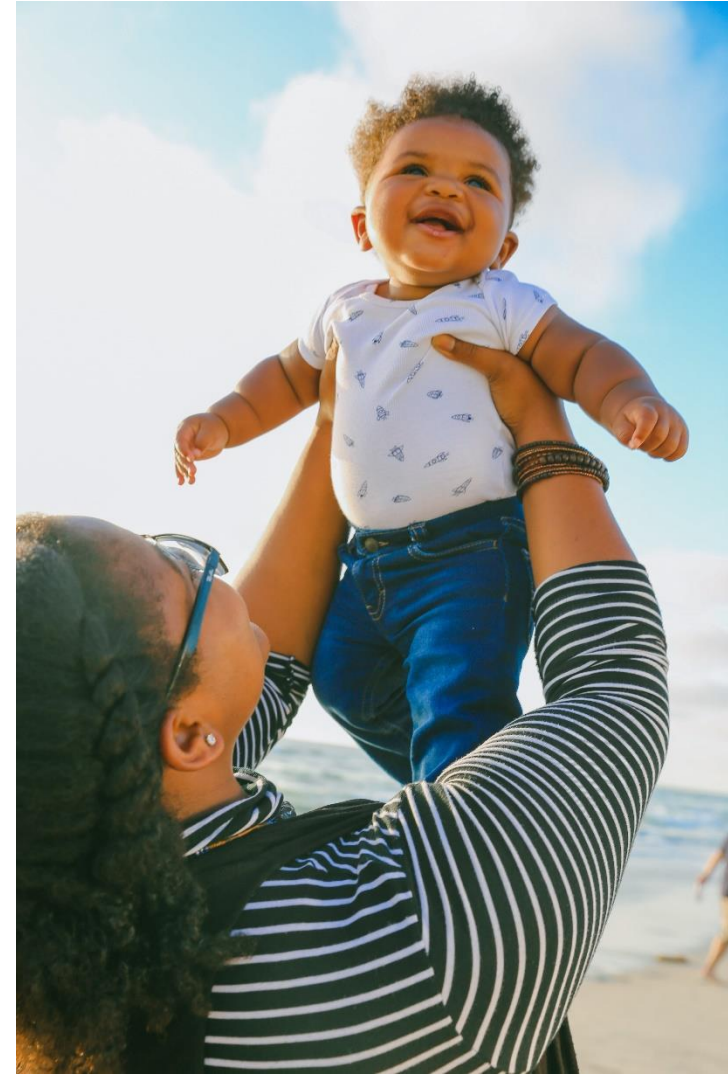






## SECTION 3

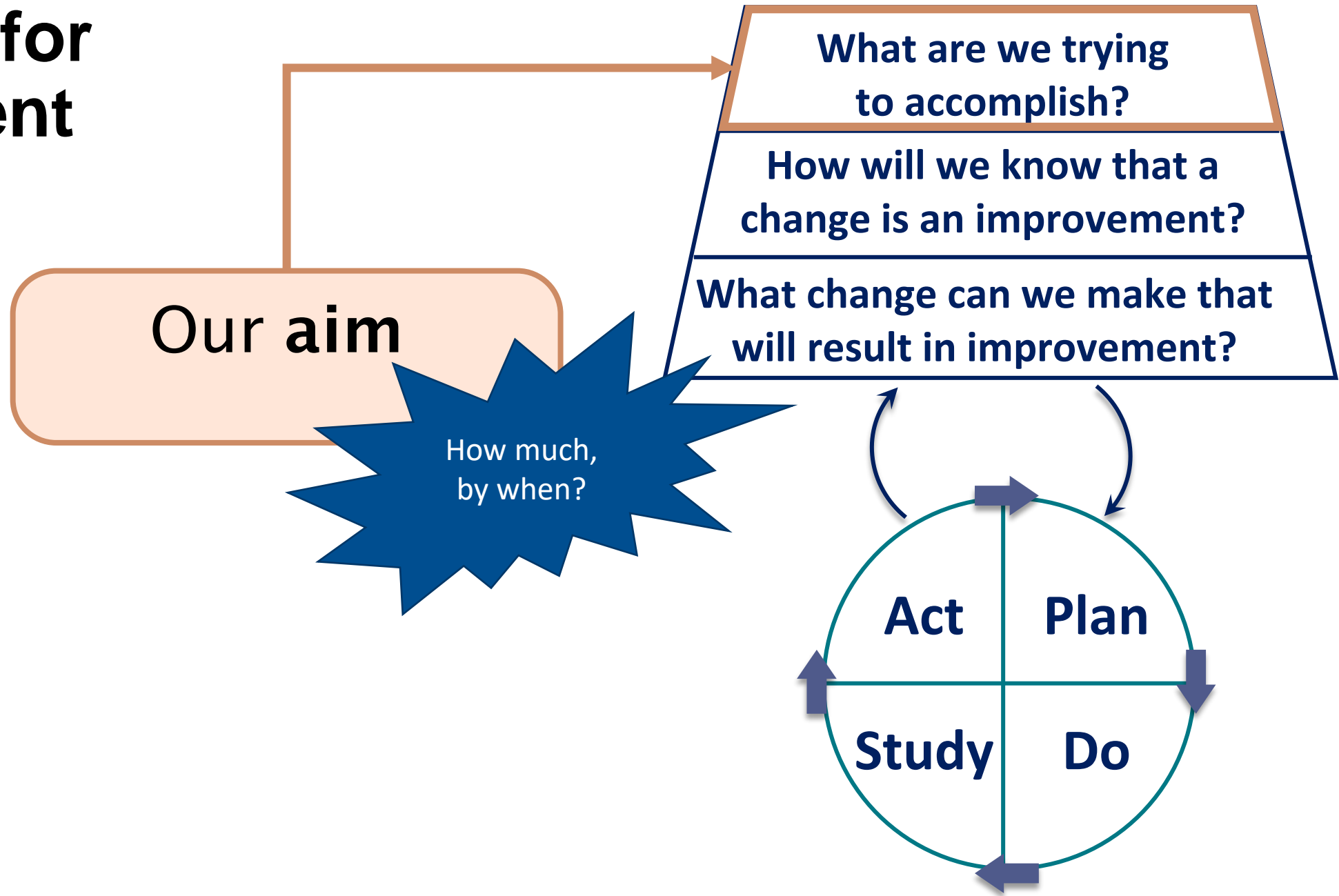
# Building your skills



# THE MODEL FOR IMPROVEMENT

Our Guide for making change

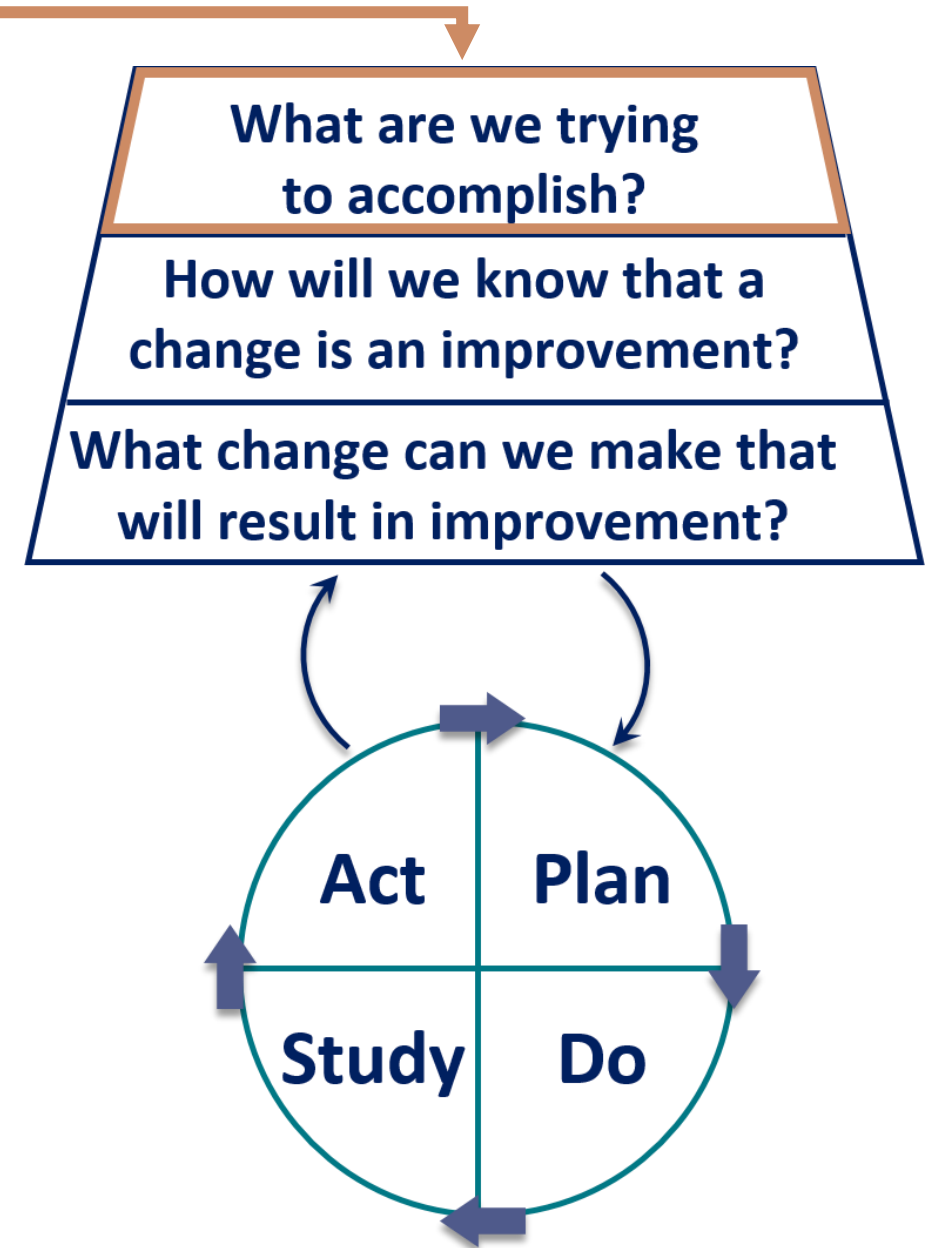
# The Model for Improvement



# Aim Statement

**By April 2024, engage caregivers in HV CoIIN so that they can shape our improvement efforts:**

- **At least 2 caregivers are included in our CQI team**
- **80% of team meetings have caregiver participation**
- **Caregivers report that their voices are heard**



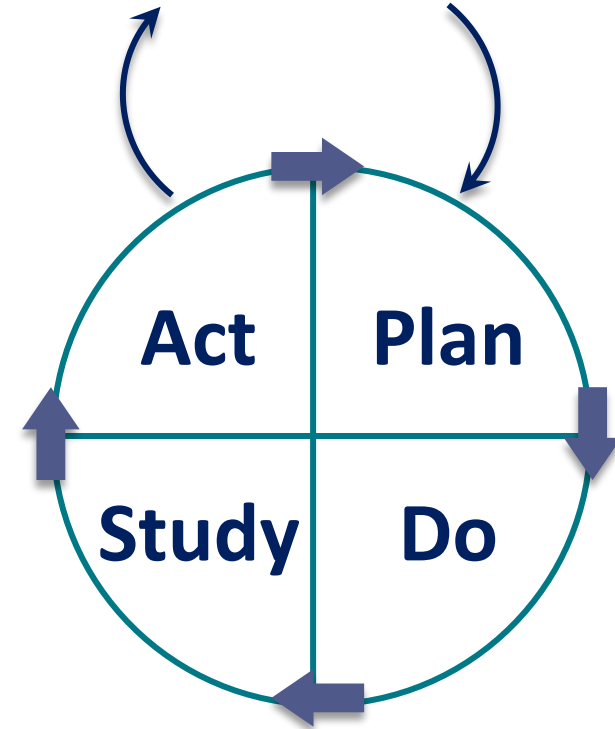


# The Model for Improvement

## Measures or data

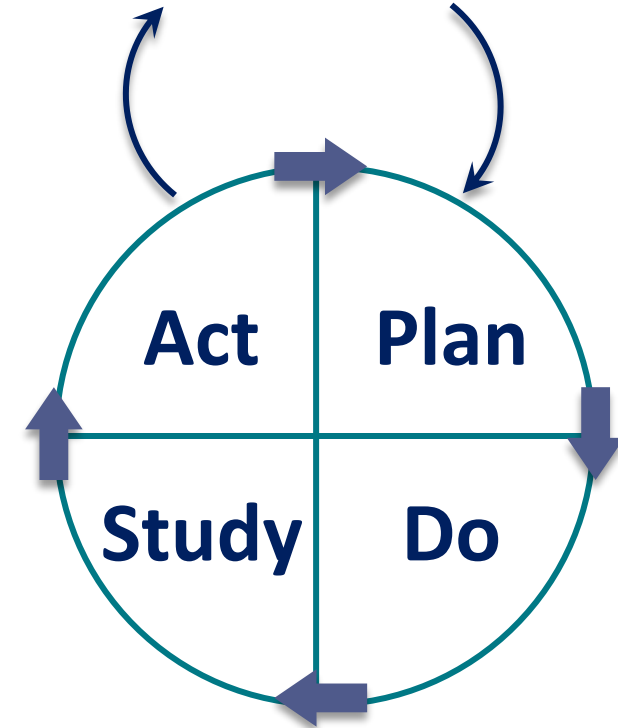
Measures should be:

- Directly tied to aim and key processes
- Collected regularly



# The Model for Improvement

# of caregivers on CQI team  
% of team meetings where  
a caregiver is present and  
participates



# The Model for Improvement

Changes or Ideas

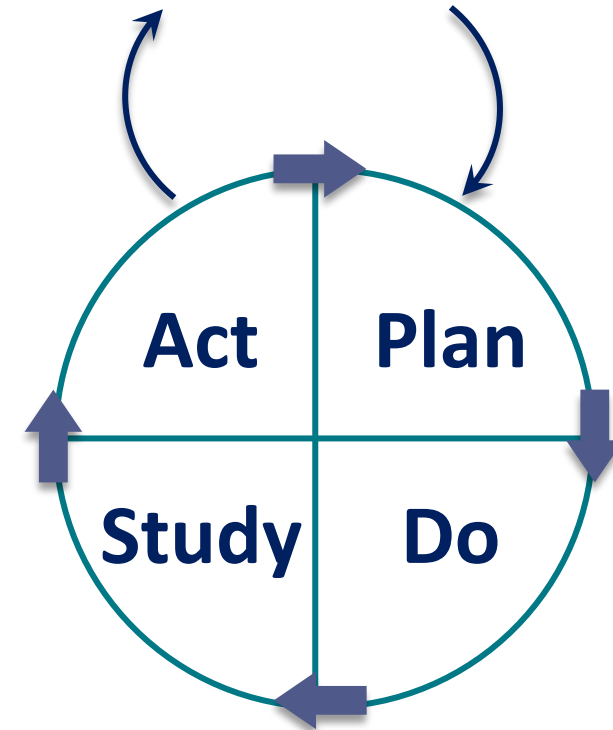
Sources include:

- HV CollN change packages
- Lived experience of clients
- Teams' frontline knowledge
- Literature
- Model Guidelines
- QI tools (process maps)

What are we trying to accomplish?

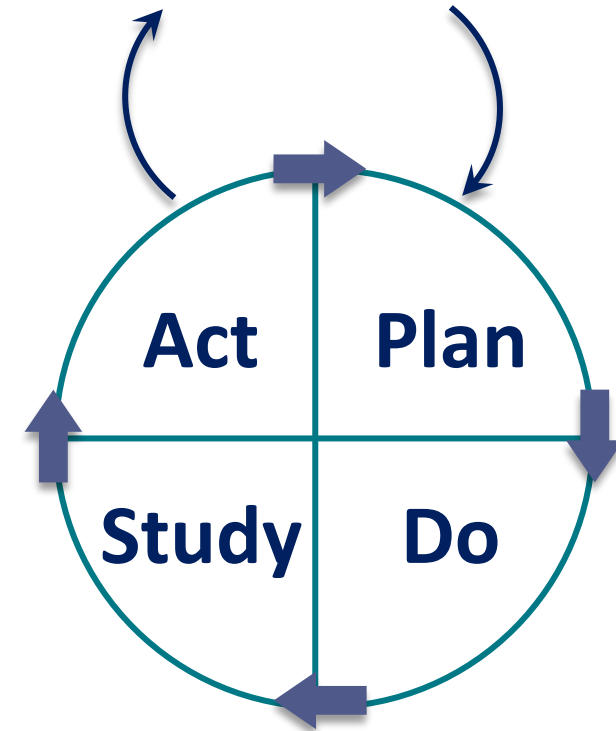
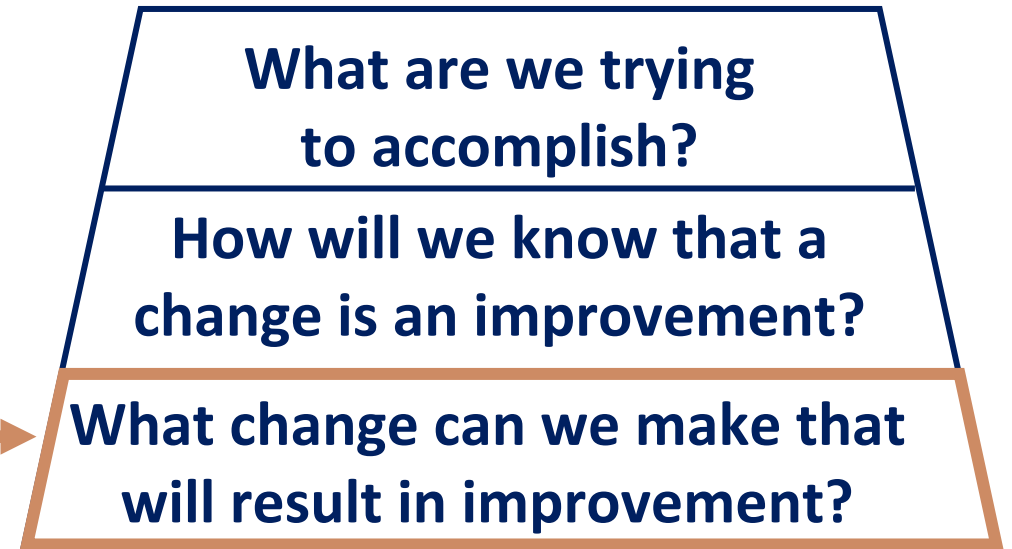
How will we know that a change is an improvement?

What change can we make that will result in improvement?



# The Model for Improvement

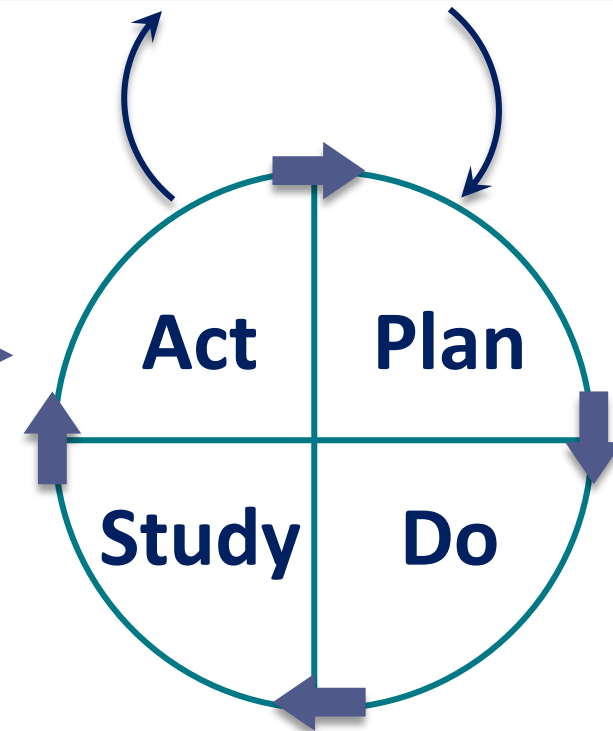
- Adjust team meetings to times that are convenient to caregivers
- Have pre-meeting with caregivers



# The Model for Improvement



Test the change using PDSA cycles; this is the **action** portion of the model





# Learning Check

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I have a lot of questions and need support to apply these concepts.

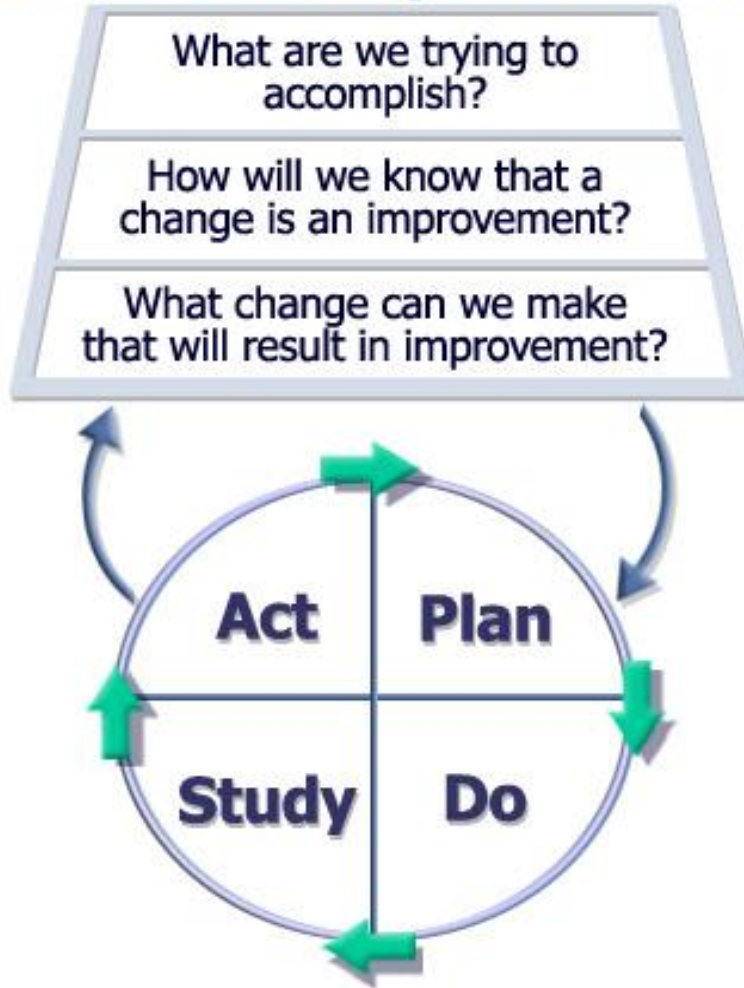
I have a few questions and may need some help applying the concepts.

I fully understand and can apply these concepts independently.

# ROOT CAUSE ANALYSIS

Help your team clarify processes and  
identify changes to test

## Model for Improvement



Q: How do we identify changes to test to help us accomplish the aim?

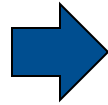
A: Start by determining the root cause(s) of the problem!

# Identifying and Analyzing Root Causes

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Getting to the root of  
the problem

WHAT WE SEE ON  
THE SURFACE



BELOW THE  
SURFACE



# Root Cause Analysis (RCA)

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## What is RCA?

- **Team-based approach to identifying the underlying cause of an issue so that the most effective changes can be identified and tested**

## Why is RCA important in CQI?

- Saves your team valuable time and energy
- Enables you to visualize and prioritize different causes and related changes
- Supports strategic and data-informed decisions

# 5 Whys





# 5 Whys

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- **Helps to identify the root cause of a problem....not just the symptoms**
- **Ask “why” five times to get to the root cause**
  1. Write down the specific problem
  2. Ask why the problem happens
  3. Write down the answer
  4. If answer is not write down the answer
  5. Repeat step 3 until all agree that you have identified the root cause the root cause of the problem in step 1, ask “why” again and



They brought in a pigeon expert.



He determined  
that the birds  
were there to  
eat the  
spiders.

# Learning Check

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I have a lot of questions and need support to apply these concepts.

I have a few questions and may need some help applying the concepts.

I fully understand and can apply these concepts independently.



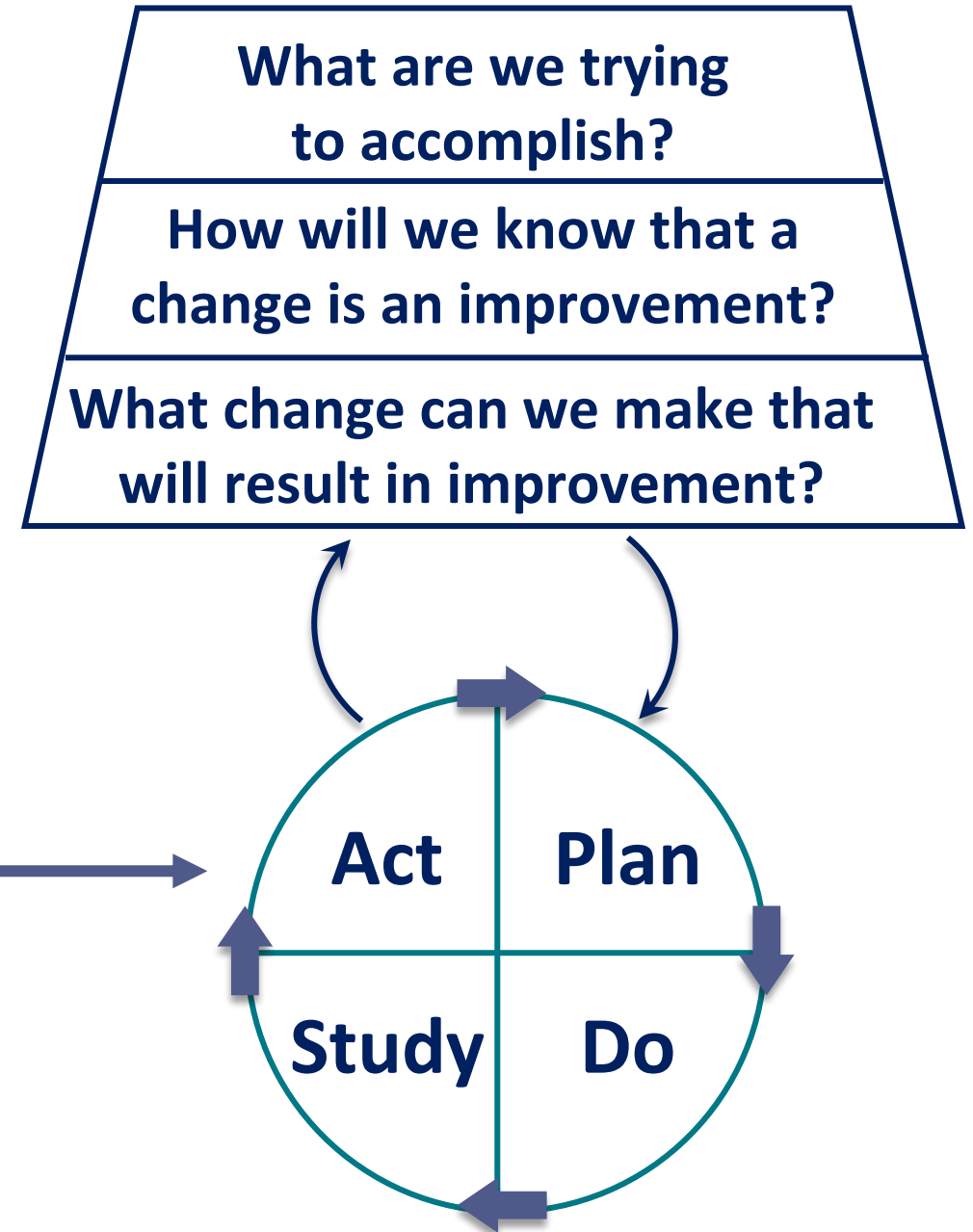
BREAK

# PLAN-DO-STUDY-ACT CYCLES

The engine of change

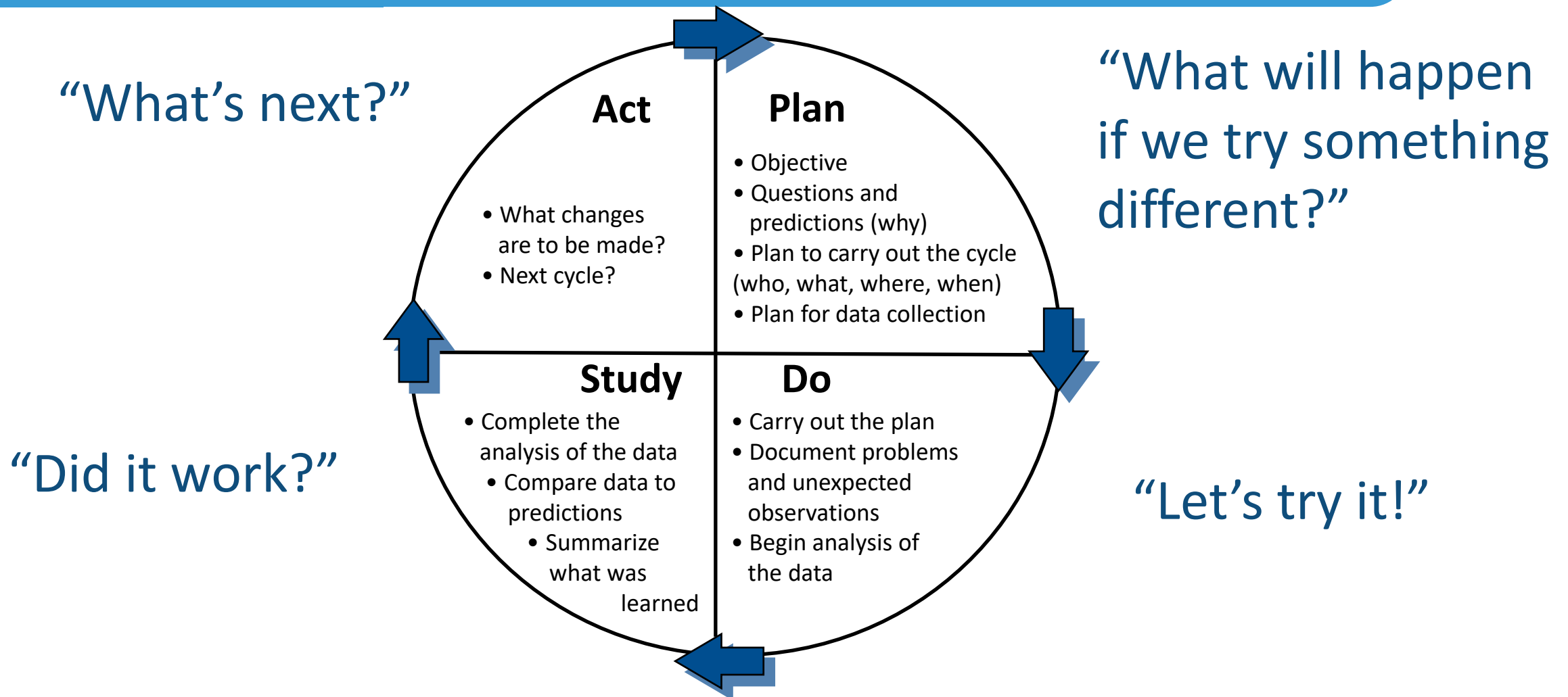
# The Model for Improvement

Test the change using PDSA cycles;  
this is the **action** portion of  
the model

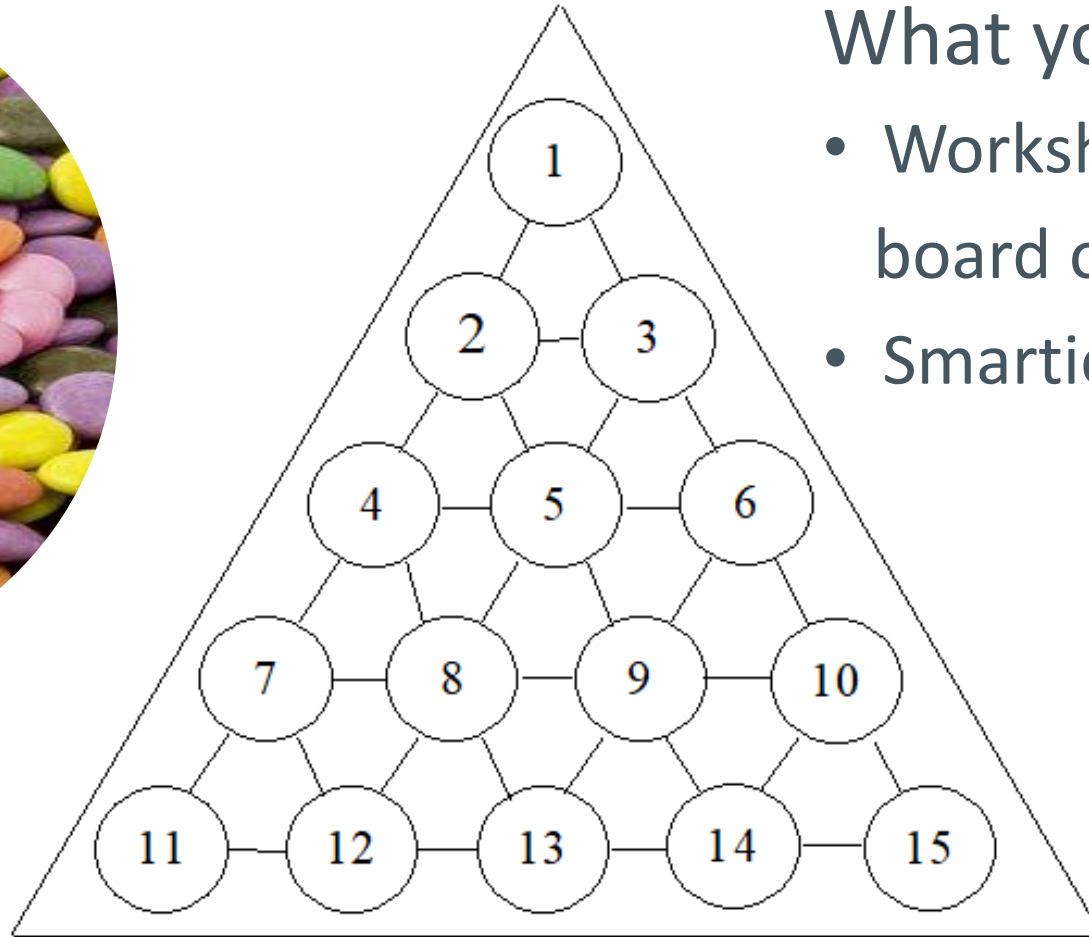




# The PDSA Cycle



# The Peg Exercise



What you will need:

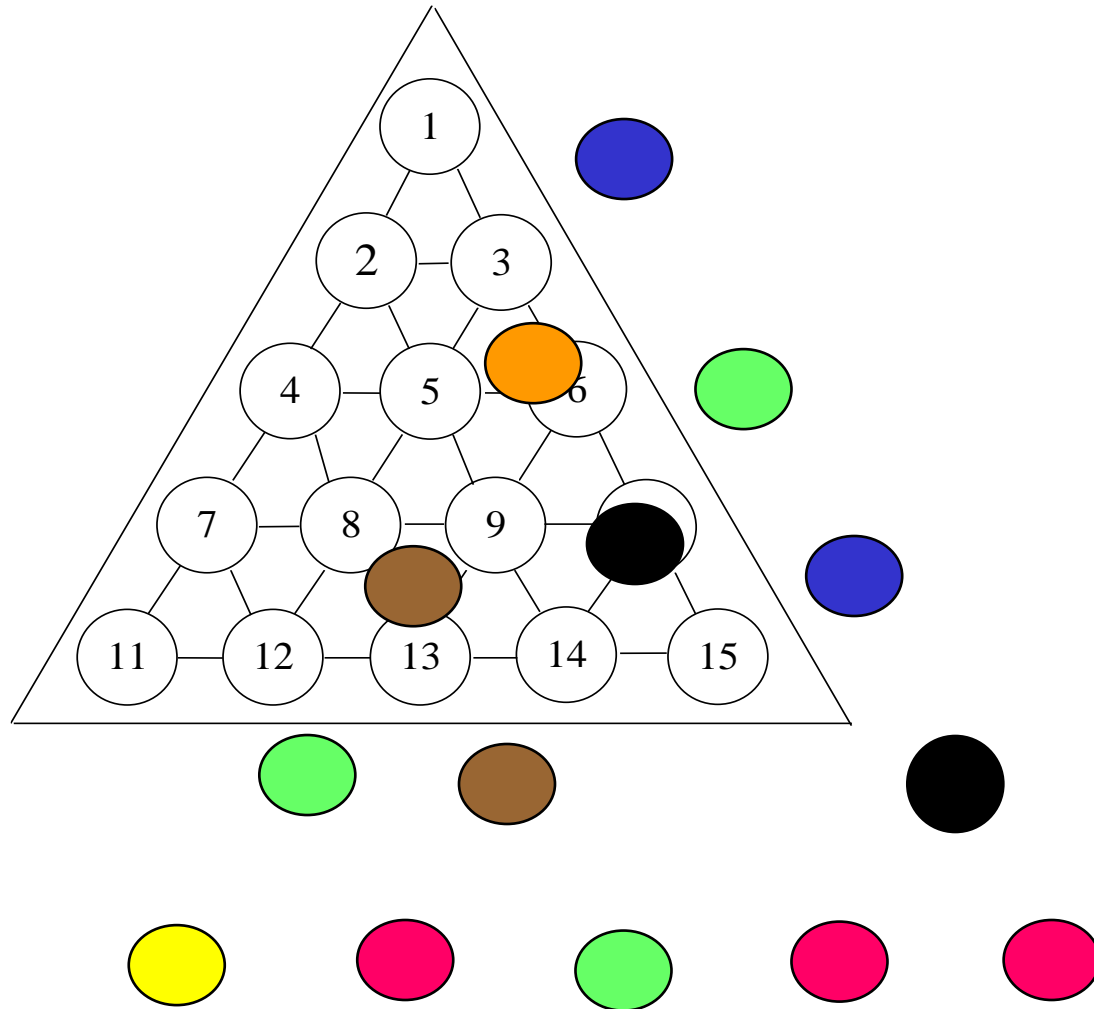
- Worksheet with this peg board on it
- Smarties

# Instructions

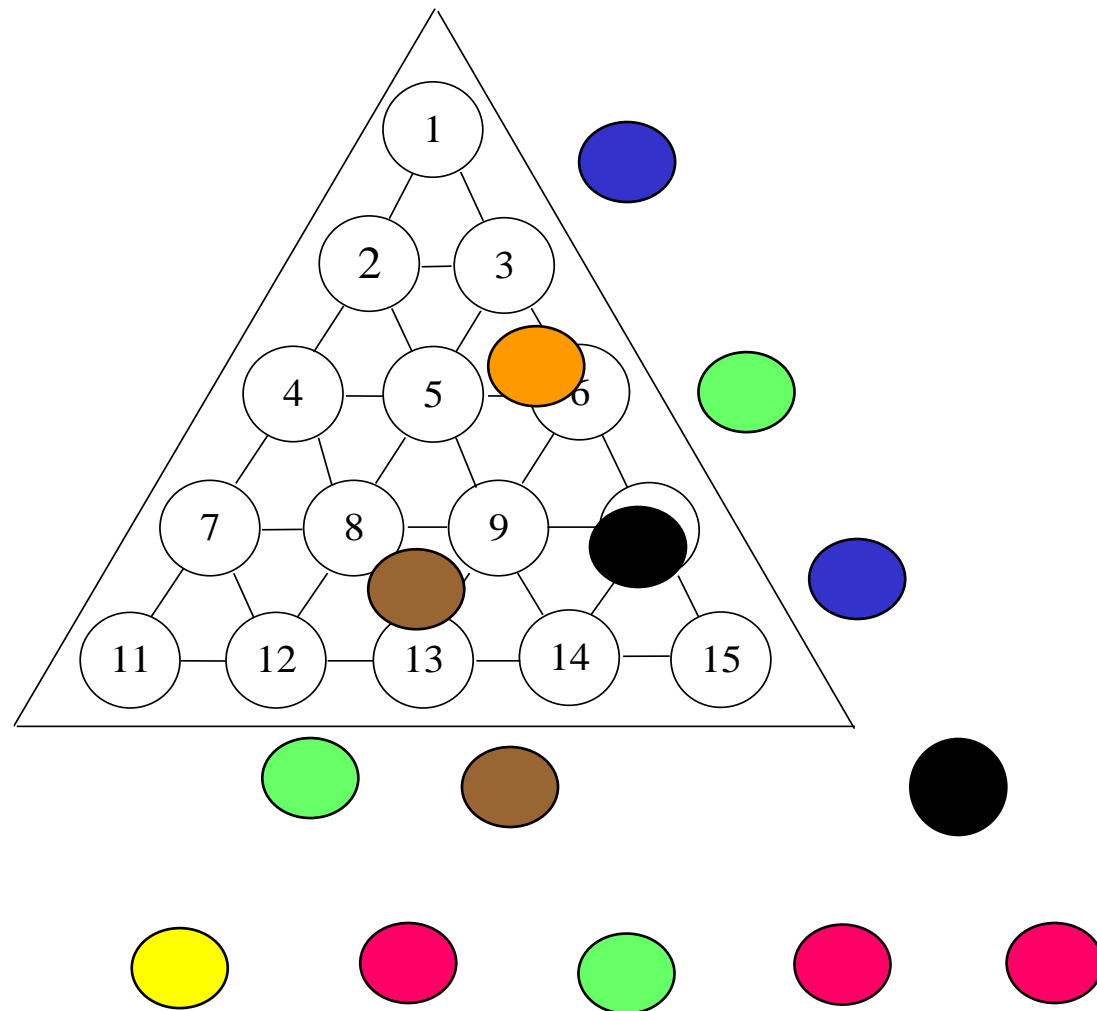
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- Consists of an exercise board of a “representative” equilateral triangle with 15 circles within the exercise field
- Each circle is consecutively numbered from one to 15.
- Smarties are placed on all but one position (any position can be left open - your choice!).
- The goal is to jump a single, adjacent marker along the path lines indicated and to remove the jumped Smartie.
- The exercise is over when no more Smarties can be jumped.
- The desired finishing point is only one Smartie remaining on the exercise board.
- Each participant should note how many Smarties you had left on the exercise board at the end.
- **WAIT UNTIL PROMPTED TO CLEAR YOUR BOARD AND START AGAIN!**

# How it works....a quick tutorial...



Place your markers....



## **Give it a try...**

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- **Remember to stop after your first attempt (2-3 minutes to complete)**
- **Note how many markers you have remaining on your board**



# Collecting our data - Round #1

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- 5 or more markers remaining
- 4 markers?
- 3 markers?
- 2 markers?
- 1 marker?

# And the experts say...

---

75



# Give it another try...

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- Based on what we have learned from the “experts”
- Remember to stop after your next attempt
- Note how many markers you have remaining on your board

## Data for round #2

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- 5 or more markers remaining
- 4 markers?
- 3 markers?
- 2 markers?
- 1 marker?

# PDSAs

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- **As a group, about how many PDSAs have we run?**



## To Be Considered a PDSA Cycle:

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- The test or observation was planned (including a plan for collecting data).
- The plan was attempted (do the plan).
- Time was set aside to analyze the data and study the results.
- Action was rationally based on what was learned.

# Model for Improvement

What are we trying to accomplish?

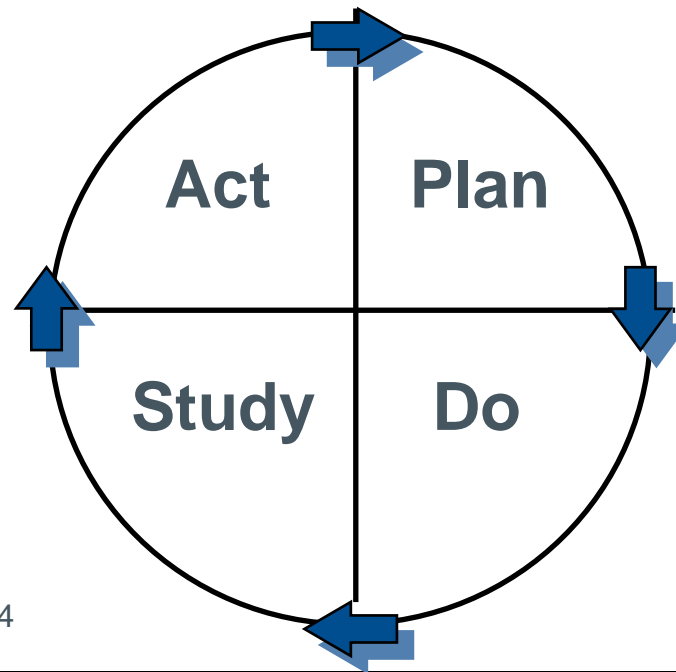
How will we know that a change is an improvement?

**What change can we make that will result in improvement?**

Leave as few Smarties as legally possible on game board

Our “score” will improve

- Start w/# xx empty
- Center-out
- Corner-in
- Keep ‘em bunched
- Random
- ??



# PDSA Cycle for Peg Exercise

- Did approach leave 1 Smartie?
- What will you try next?

Act

- Objective: Test another approach to removing the pegs (SPECIFY WHAT)
- Predictions: We think we will have fewer pegs left if we try this.
- Plan (who/what/when/ where/data to collect) Going to carry out plan and have someone record moves and any changes to plan along the way.

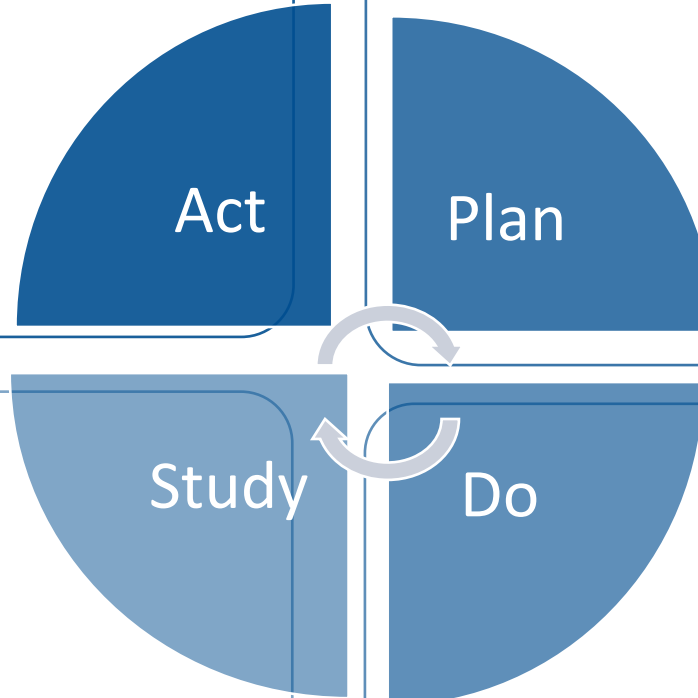
Plan

- How did predictions compare with results?

Study

- Note problems or changes.

Do



# Give it another try...

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- **Using the PDSA cycle**
  - Recording moves
  - Recording changes along the way
- **Remember to stop after your next attempt**
- **Note how many Smarties you have remaining on your board**

# Data for round #3

---

- 5 or more markers remaining
- 4 markers?
- 3 markers?
- 2 markers?
- 1 marker?

And the experts now  
say...

---

**What did you learn from  
this simple activity?**





# APPLYING OUR SKILLS

Staff Recruitment & Retention

# SRR Key Driver Diagram

## Aim Statement

HV CoIN participants will work to improve the professional well-being of home visitors and home visiting supervisors, including:

- Job and pay satisfaction,
- Psychological well-being,
- Self-efficacy and confidence, and
- Job meaning and fulfillment.

**By April 2024**, 85% of home visiting staff will report they always feel supported to manage their work and still be present for the families or staff they support.

**Primary Driver 1.** Hiring Practices

**Primary Driver 2.** Home visiting workforce supports

**Primary Driver 3.** Physical and psychological health, wellness, and balance of home visiting professionals

**Primary Driver 4.** Teamwork and communication



# PD1: Hiring Practices

**Secondary Drivers:** the time when or places where a change can occur



When recruiting



When interviewing

**Change Ideas:** The “What” That Needs to Be in Place

## Changes to Test

- ✓ **Create recruitment & outreach action plans to reach diverse community members, including former program participants**
- ✓ **Partner with nearby community colleges/universities to introduce home visiting field to students**

# Example PDSAs to Test

- **Coordinate speaking engagements with local community college and university students who are interested in the social sciences.**



- **Prospective home visitors shadow current home visitors to get a better understanding of what it is like to be a home visitor.**



# PD1: Hiring Practices

**Secondary Drivers:** the time when or places where a change can occur



When recruiting



When interviewing

**Change Ideas:** The “What” That Needs to Be in Place

## Changes to Test

- ✓ **Develop clear and accurate job descriptions that include home visiting competencies staff must bring to the job**
- ✓ **Use videos or live opportunities to shadow/experience a day in the life of a home visitor**

# Home Visiting Jobs: Stories from the field





# PD1: Hiring Practices

**Secondary Drivers:** the time when or places where a change can occur



When recruiting




When interviewing

**Change Ideas:** The “What” That Needs to Be in Place

## Changes to Test

- ✓ **Use diverse interview panels, including home visitors, to assess candidates and make hiring decisions**
- ✓ **Include interview questions and scoring criteria that explicitly ask about candidate experiences and values with equity, inclusion, and cultural competency**

# Change Tested: Integrate Health Equity-specific Questions to Interview Process

 <b>Plan-Do-Study-Act Planning Form</b>	
<b>Agency:</b> Pinellas	<b>Primary Driver:</b> 2
<b>Cycle #</b> (use a ramp planning form for multiple cycles):	<b>Start Date:</b> August 10 <sup>th</sup> <b>End Date:</b>
<b>Questions</b>	<p><b>What questions are you trying to answer with this PDSA cycle?</b> If we...use standard interview questions related to equity</p> <p>It will result in...better assessment of candidates in regards to health equity knowledge, ability to put into practice</p>
<b>Plan</b>	<p><b>Plan for this Test</b></p> <ol style="list-style-type: none"> <li>What: Equity related questions will be asked in interview</li> <li>Who: Linda, Noelle and Susan</li> <li>With whom: one parent educator candidate</li> <li>Start Date/End Date</li> <li>Where: Zoom</li> <li>Task or tools required to setup: Noelle to include equity related questions and assessment into interview rating form</li> </ol> <p><b>Plan for Collection of Data:</b></p> <ol style="list-style-type: none"> <li>What: # of clarifying questions regarding new interview questions. On a scale 1-5, how easy was it to rate the candidates answers On a scale 1-5, how helpful were the questions in assessing candidate's knowledge, skills and abilities in serving diverse populations</li> <li>Who: Noelle</li> </ol>

**Questions to integrate into the interview form:**

- Please describe a situation in which you worked on a project with people who were from backgrounds other than your own. What was challenging for you in this work? What did you do to make your work together successful? (Listen to see if the candidate has reflected on the opportunities and challenges of creating inclusive workplace cultures.)
- How has your culture influenced your career goals?
- What opportunities have you participated in to increase your knowledge of racial equity, inclusion, or diversity? What did you learn, and how did you apply the learning?
- Tell us about a situation in which you were required to provide services to a diverse group of people.

53 • HEALTH EQUITY *in* HOME VISITING

**Key Resource:**  
Applying an Equity Lens to Recruiting, Interviewing, Hiring & Retaining Employees

# PD1: Hiring Practices

**Secondary Drivers:** the time when or places where a change can occur



When recruiting



When interviewing

**Change Ideas:** The “What” That Needs to Be in Place

## Changes to Test

- ✓ **Develop onboarding process that extends through the majority of the first year of work**

# SRR Key Driver Diagram

## Aim Statement

HV CoIN participants will work to improve the professional well-being of home visitors and home visiting supervisors, including:

- Job and pay satisfaction,
- Psychological well-being,
- Self-efficacy and confidence, and
- Job meaning and fulfillment.

**By April 2024**, 85% of home visiting staff will report they always feel supported to manage their work and still be present for the families or staff they support.

**Primary Driver 1.** Hiring Practices

**Primary Driver 2.** Home visiting workforce supports

**Primary Driver 3.** Physical and psychological health, wellness, and balance of home visiting professionals

**Primary Driver 4.** Teamwork and communication



## PD3: Physical and psychological health, wellness, and balance of home visiting professionals

### Change Ideas: The “What” That Needs to Be in Place



For or during home visits



When assessing and developing policies & procedures



For or during administrative time

### Changes to Test

- ✓ **Use mobile apps to check in/know home visitors' location in the field**
- ✓ **Provide support and communication for staff on setting clear boundaries and expectations with program participants (re: availability outside normal business hours)**
- ✓ **Offer discrete and non-threatening mechanism for staff to report events that may cause physical or psychological harm**



## PDSA Cycle

### Details

PDSA Cycle #: PD3.SD1.C2.Example 1. Contact Cards

**Primary Driver 3:** Physical and psychological health, wellness, and balance of home visiting professionals

**Secondary Driver:** For or during home visits

**Change Idea:** Provide support and communication for staff on setting clear boundaries and expectations with program participants (re: availability outside normal business hours)

**Change Idea:** Contact cards for families with available hours and contact methods

What changes can we make that will result in an improvement?

### Prediction

**If we...** provide a contact card to families that includes how home visitors can be reached and when

**It will result in...** greater clarity for families around how to reach their home visitor and less pressure for home visitors to respond to calls and messages outside of their working hours.

### Plan

**What:** Home visitor will share a contact card with their information filled in (name, phone number, email) and available hours. Card will include language about how family can get support outside of the home visitor's hours. This will include available support lines / services in the community, as well as a space for the family to identify their own support



## PD3: Physical and psychological health, wellness, and balance of home visiting professionals

### Change Ideas: The “What” That Needs to Be in Place



For or during home visits



When assessing and developing policies & procedures



For or during administrative time

#### Changes to Test

- ✓ **Write clear and transparent policies and communication around personal time off and flex time for hours worked outside of typical workday (e.g., family leave)**
- ✓ **Organizational assessment if cultural linguistic competence**
- ✓ **Create workplace policies or benefits that support physical and psychological well being and safety including during pandemics and other disasters**

# Changes tested: organizational assessment of cultural/linguistic competence



## PDSA Cycle

### Details

PDSA Cycle #: PD3.SD2.C2.Example 1. Cultural Competence in Reflective Supervision

**Primary Driver 3:** Physical and psychological health, wellness, and balance of home visiting professionals

**Secondary Driver:** When assessing and developing policies & procedures

**Change Idea:** Organizational assessment of cultural / linguistic competence

**Change idea:** Incorporate meaningful discussion about cultural competence as part of ongoing reflective supervision  
What changes can we make that will result in an improvement?

### Prediction

**If we...** incorporate meaningful discussion about cultural competence, such as personal experiences of bias and differences in values with other staff or families, into reflective sessions

**It will result in...** a better understanding of individual and team professional development needs and lead to concrete next steps for staff and our program

### Plan

**What:** One supervisor will use next week's reflective sessions with three home visitors to explore cultural competence. Reflective prompts may include hearing from the home visitors about how they relate to families whose backgrounds

## Ten Things You Should Do To Promote Cultural Competence<sup>1</sup>

1. Make a commitment to expand knowledge about culture, cultural competence and the various dimensions of culture in your organization.
2. Make a commitment to develop an understanding of the various cultural groups within communities served by your agency.
3. Include culture and cultural competence principles in the strategic planning, policy development, program design, and service delivery process. Increase the organizational and individual understanding of how the various dimensions of culture impact the families the agency serves and the staff that works with them.
4. Be committed to promoting cultural competence. Develop this commitment through staff development and training, hiring, retention, career advancement, performance evaluations, and employee policies that support culturally competent and linguistically appropriate practice.
5. Create a safe, secure, and supportive environment where staff can explore and develop an understanding for all cultures. Create formal partnerships with community organizations and encourage staff to actively engage communities and families in the development of policy, program design, and service delivery models.
6. Be active in local communities. Engage communities by recruiting local citizens for the Board of Directors, in voting positions, and on advisory teams and task forces.  
Encourage and support staff to become involved in community boards and cultural

## PD3: Physical and psychological health, wellness, and balance of home visiting professionals



For or during home visits



When assessing and developing policies & procedures



For or during administrative time

### Change Ideas: The “What” That Needs to Be in Place

#### Changes to Test

- ✓ **Provide access to routine infant early childhood mental health consultation and Employee Assistance Program**
- ✓ **Incorporate culturally relevant staff wellness and mindfulness techniques into team meetings, daily routines, and workflow**
- ✓ **Incorporate process for engaging in supportive and courageous conversations around racism, oppression & equity**

# SRR Key Driver Diagram

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**Primary Driver 4.** Teamwork and communication



## PD4: Teamwork and Communication



Recognition and celebration



When developing plans for career path advancement



During staff meetings



Developing relationships and shared decision making between leadership and staff

### Change Ideas: The “What” That Needs to Be in Place

#### Changes to Test

- ✓ **Develop formal and informal recognition processes that incorporate individual preferences for forms of recognition**
- ✓ **Use huddles, debriefs, and team activities to reflect on and celebrate team successes**

## PD4: Teamwork and Communication



Recognition and celebration



When developing plans for career path advancement



During staff meetings



Developing relationships and shared decision making between leadership and staff

## Change Ideas: The “What” That Needs to Be in Place

### Changes to Test

- ✓ Develop task force with home visiting program staff and relevant organization and awardee leadership to build buy in and engage in strategic planning on incentives, career pathways and living wage
- ✓ Partner with agency and awardee leadership to build buy in, develop, and implement plan for home visiting career pathways
- ✓ Develop Lead and Senior home visitor positions for those who stay on the job
- ✓ Partner with agency and awardee leadership to build buy in, develop and implement plan to conduct internal/state/regional audit to assess and respond to pay inequities



## PD4: Teamwork and Communication



Recognition and celebration



When developing plans for career path advancement



During staff meetings



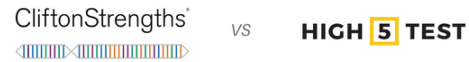
Developing relationships and shared decision making between leadership and staff

### Change Ideas: The “What” That Needs to Be in Place

#### Changes to Test

- ✓ **Incorporate teambuilding activities to build trust and familiarity between co-workers**
- ✓ **Use strength-finder and/or leadership style resources to identify individual and collective strengths, particularly at times of change**
- ✓ **Use regularly scheduled staff social events or shared meals to promote team building**

# Resources

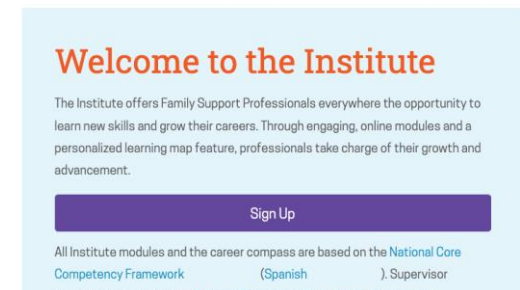


## CliftonStrengths Assessment - Free Alternative To Gallup's Strengths Test

People are switching from the CliftonStrengths (formerly the StrengthsFinder) to HIGH5. Here's why...



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- College Credit
- Continuing Education Units (CEUs)
- Digital Badges
- Frequently Asked Questions
- National Family Support Certification Registry
- Pre-Assessment

### Quick Access

### 18 best Icebreaker questions for what-if

What if you could fly? What if aliens landed on earth? Great questions to have unlimited fun Icebreaker conversations.

[See all categories](#)

### 18 best Icebreaker questions for what-if

Best for - [Introspection](#)

Picking the right team building questions to ask your team is one of the best ways to make every member of your company feel involved and engaged. So, how do you get started? Look no further. It's true. We know you can't wait for your days in the office to end. That's why we've made a list of funny and entertaining icebreakers so you can have some fun during these long, tedious hours.

1. What if you could live anywhere on the planet?
2. What if you could be President for 1 week, what would you change?

FREE ICEBREAKERS TOOL

Kaapi helps you have fun at work, start meetings the right way and build trust!

[See how](#)

3100+ ICEBREAKER QUESTIONS

[Get them in your inbox](#)

## PD4: Teamwork and Communication



Recognition and celebration



When developing plans for career path advancement



During staff meetings



Developing relationships and shared decision making between leadership and staff

### Change Ideas: The “What” That Needs to Be in Place

#### Changes to Test

- ✓ **Train leadership staff in participative management, team building, and consensus decision-making**
- ✓ **Leaders intentionally spend time connecting to the work of the home visiting program (e.g., attending parent group, shadowing HV)**



## PDSA Cycle

### Details

PDSA Cycle #: PD4.SD4.C1.Example 1. Collaborative  
Agenda Setting

**Primary Driver 4:** Teamwork and Communication

**Secondary Driver:** Developing relationships and shared  
decision making between leadership and staff

**Change Idea:** Train leadership staff in participative  
management, team building, and consensus decision-  
making

**Change to test in PDSA ramp:** Collaborative agenda setting

What changes can we make that will result in an improvement?

### Prediction

**If we...** Invite all staff to contribute agenda items and ideas to our team meeting agendas

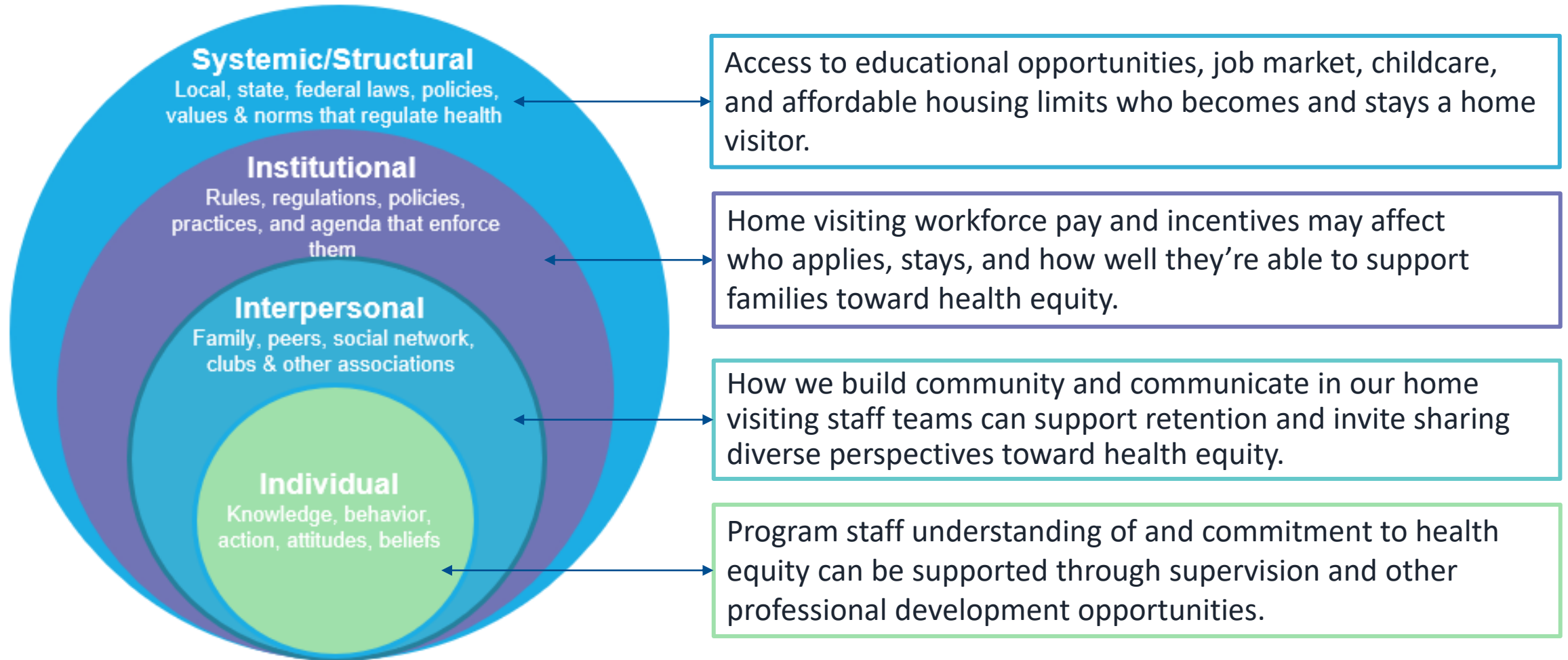
**It will result in...** home visitors feeling they have more power over how our team time is spent. We also predict this will improve staff assessments of our team meetings through higher ratings of how useful the meeting was to their work and how satisfied they were with the meeting.

### Plan

**What:** Keep a team meeting agenda template on the shared drive and invite all staff to contribute agenda items as well as note particular questions or talking points they would like addressed

What idea are you testing in this PDSA cycle? (script to introduce depression screening)

# Transforming Systems



# PDSA Worksheet (short version)

1: Define your aim, the overall goal you wish to achieve. 2. Plan the first (or next) test of change toward achieving the aim. 3. Do the test; 4. record and study the results. 5. Act to modify the plan for your next test.

**Aim:**

## Plan

Describe your first (or next) test of change:

Who is responsible:	When is it to be done:	Where is it to be done:

List the tasks needed to set up this test:	Who:	When:	Where:

Predict what will happen when the test is performed:	List measures for assessing the predictions:



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What is one  
action you will  
take as a result of  
this session?



# THANK YOU

Rachael Glisson

[Zlevesque@edc.org](mailto:Zlevesque@edc.org)



# Thank you!

*Healthy Start Regions 7, 8, 9, & 10 Regional Meeting*

**NICHQ**  
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Children's Health Quality

**HEALTHY**  
**start**  
TA & SUPPORT CENTER