**Part 1:
Recruitment &
Retention
Skill-Building Session**

Healthy Start Region 4
Meeting

Monday, April 17 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

Rachael Glisson

Kate Teague

Welcome from Your Presenters!

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.

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

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

>80 Staff

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

AGENDA

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

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	Elevating the experience and well being of our workforce
5 minutes	Wrap up & Conclusion

HVCoIIN3.0
Home Visiting Collaborative
Improvement and Innovation Network
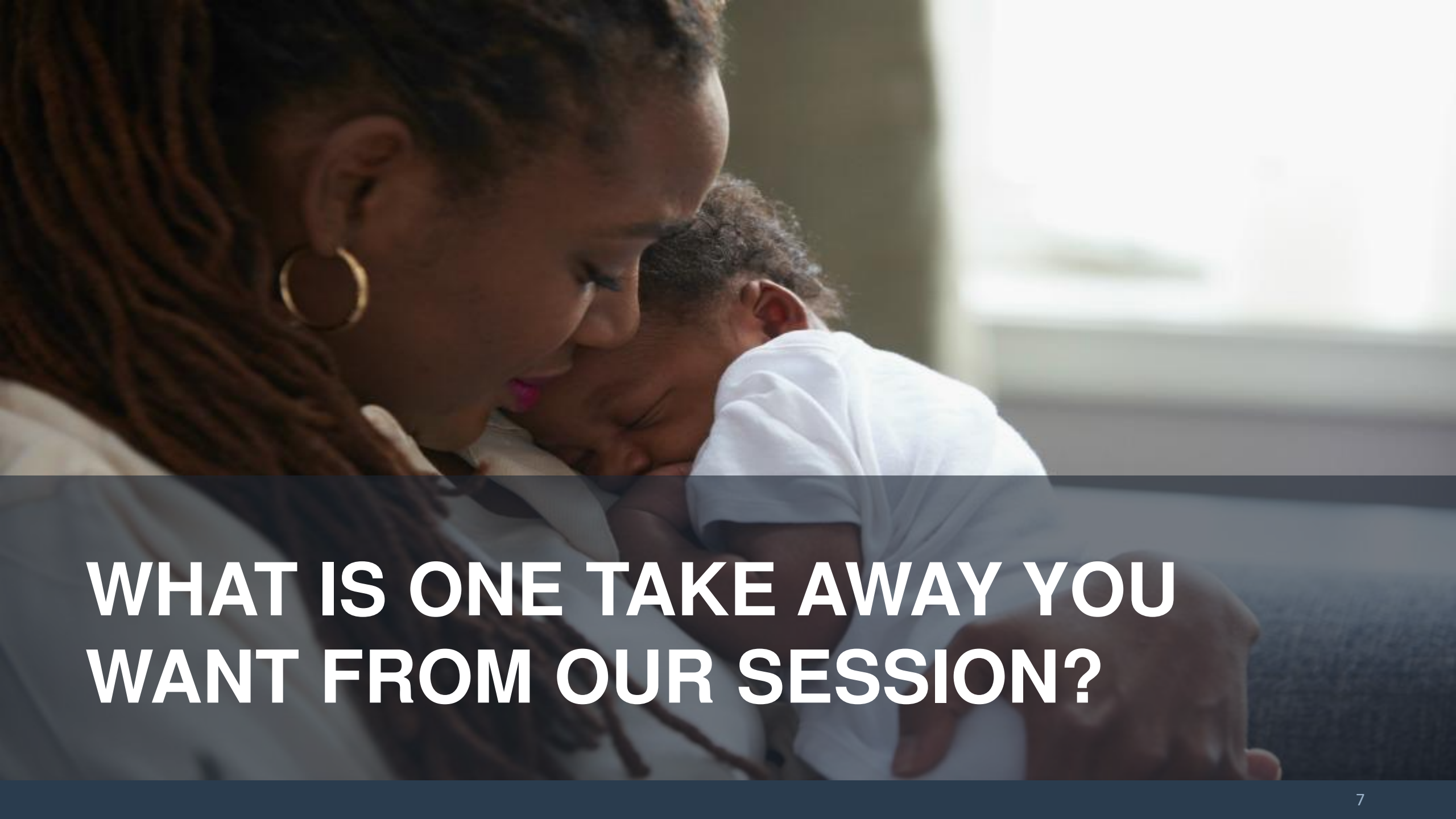
WHAT IS ONE TAKE AWAY YOU WANT FROM OUR SESSION?

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?

What did you notice?

Similarities? Differences?

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?

OVERVIEW OF HOME VISITING

What does home visiting mean to you?

Home Visiting

What is home visiting?

- Prevention strategy to support pregnant moms and new parents to:
  - Promote infant and child health
  - Foster education development and school readiness
  - Prevent child abuse and neglect

- Two generational approach

- Voluntary participation

How are services delivered?

- By home visitors who may be trained nurses, social workers, or child development specialists

- With a focus on service coordination and linkage

- Through the delivery of regular screenings to help parents identify possible health and developmental issues

Maternal Infant Early Childhood Home Visiting (MIECHV) Program

MIECHV early childhood home visiting programs provide **voluntary**, prevention-focused family support services in the homes of pregnant women and families with children aged 0-5.

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.

Home Visits may include:

- Supporting preventive health and prenatal practices

- Assisting mothers on how best to breastfeed and care for their babies

- Helping parents understand child development milestones and behaviors

- Promoting parents' use of praise and other positive parenting techniques

- Working with mothers to set goals for the future, continue their education, and find employment and childcare solutions

19
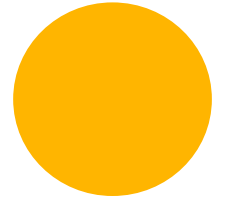
Why is MIECHV so meaningful?

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;
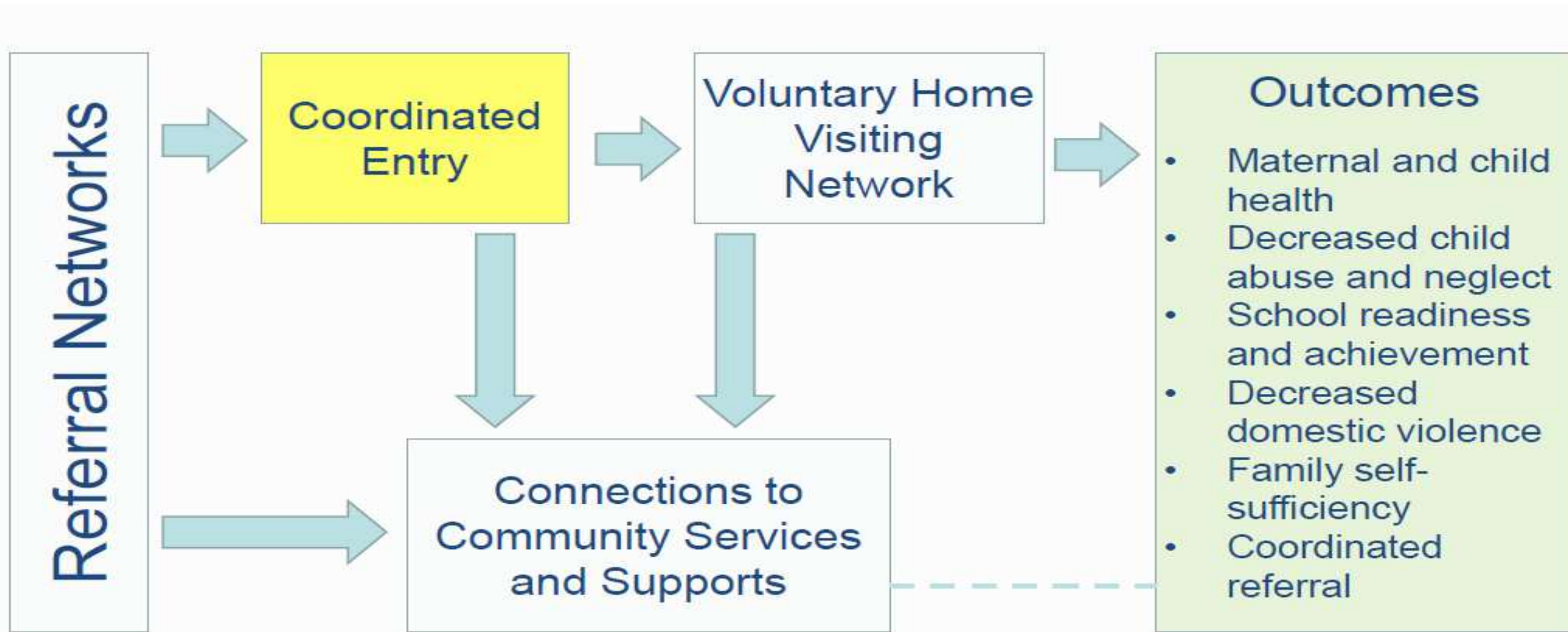
MIECHV strengthens the Home Visiting INFRASTRUCTURE by improving the quality of the system of care and supporting the use of evidence-based model programs;
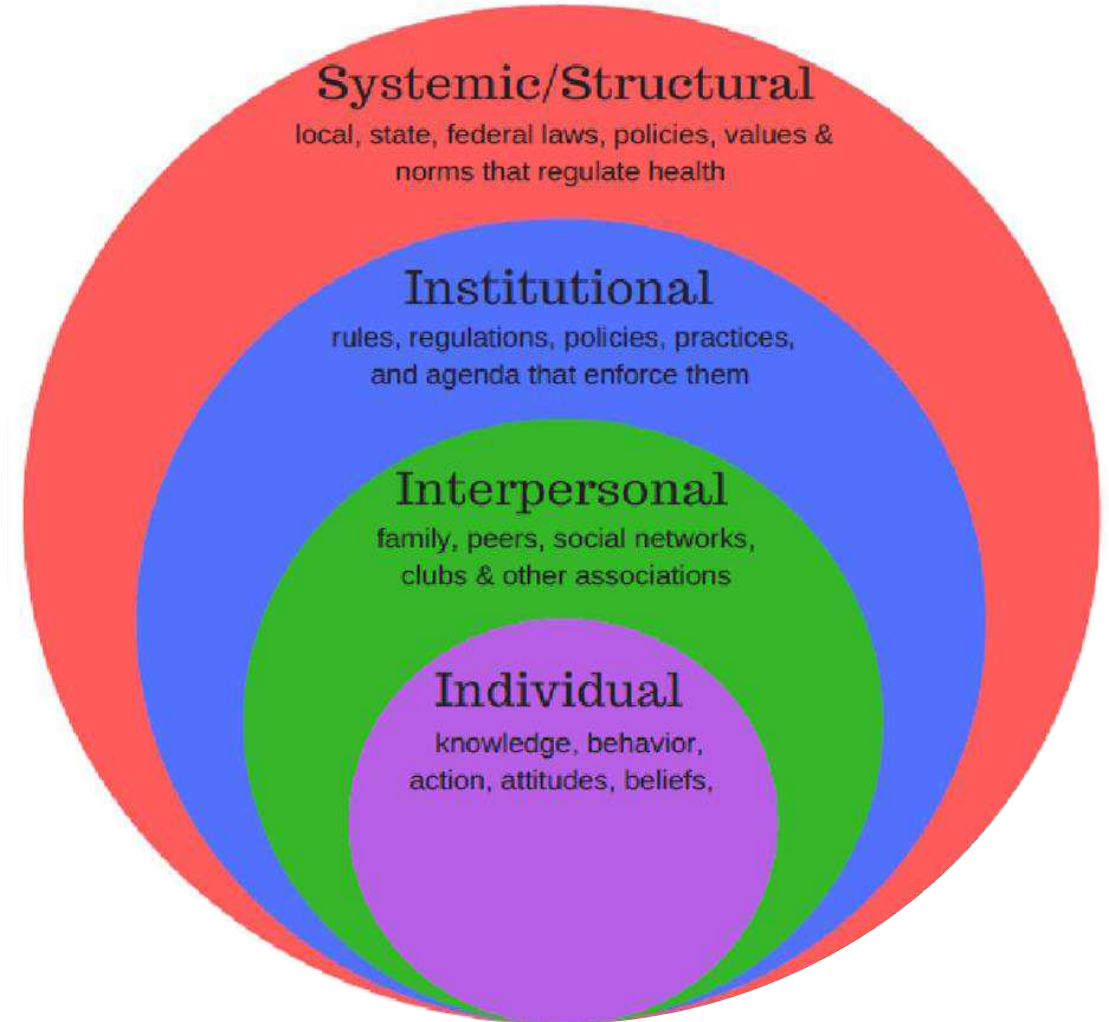
MIECHV promotes POSITIVE OUTCOMES by measuring and reporting progress toward improving child health and safety, supporting healthy development, reducing family violence, improving maternal child health, and encouraging economic self-sufficiency.

MIECHV Home Visiting System

Referral Networks → **Coordinated Entry** → **Voluntary Home Visiting Network** → **Outcomes**

- Maternal and child health
- Decreased child abuse and neglect
- School readiness and achievement
- Decreased domestic violence
- Family self-sufficiency
- Coordinated referral

Connections to Community Services and Supports

Defining Health Equity

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

Systemic/Structural
local, state, federal laws, policies, values & norms that regulate health

Institutional
rules, regulations, policies, practices, and agenda that enforce them

Interpersonal
family, peers, social networks, clubs & other associations

Individual
knowledge, behavior, action, attitudes, beliefs,

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 caregiver... months who had continuous... recent 6 consecutive months. **Health Insurance**	The percent of Health Start (HS) women and child participants with...
Percent of mothers enrolled... days after delivery who rece... provider within 8 weeks (56 days) of delivery. **Postpartum Visit**	...en participants who receive a...
Percent of infants enrolled i... sleep on their backs, withou... **Safe Sleep**	...participants who are placed to sleep..., place infant on their back on a firm sleep surface without loose bedding and no bed sharing).
Percent of infants (among m... prenatally) who were breast... **Breastfeeding**	...cipants that breastfeed or pumped... y at 6 months.
Percent of children enrolled... recommended visit based o... (AAP) schedule. **Well Child Visits**	...participants who receive well child...
Percent of primary caregivers enrolled in home visiting who are screened for depression usir... enrollment (for those not er...ed prenatally) or within 3 months or delivery (for those enrolled prenatally). **Depression Screening**	The percent of Healthy Start women participants screened for clinical ...ate standardized tool and, if screened positive for depression,...ed a referral for follow-up services.
Percent of primary caregiver... screened for intimate partne... enrollment using a validated tool. **Intimate Partner Violence Screening**	...en participants who receive intimate...
Percent of children enrolled... who reported that during a... sang songs with their child daily, every day. **Early Language and Literacy**	...participants age 6 through 23...ily member 3 or more times per week, on average.

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

Connecting & Building a Partnership
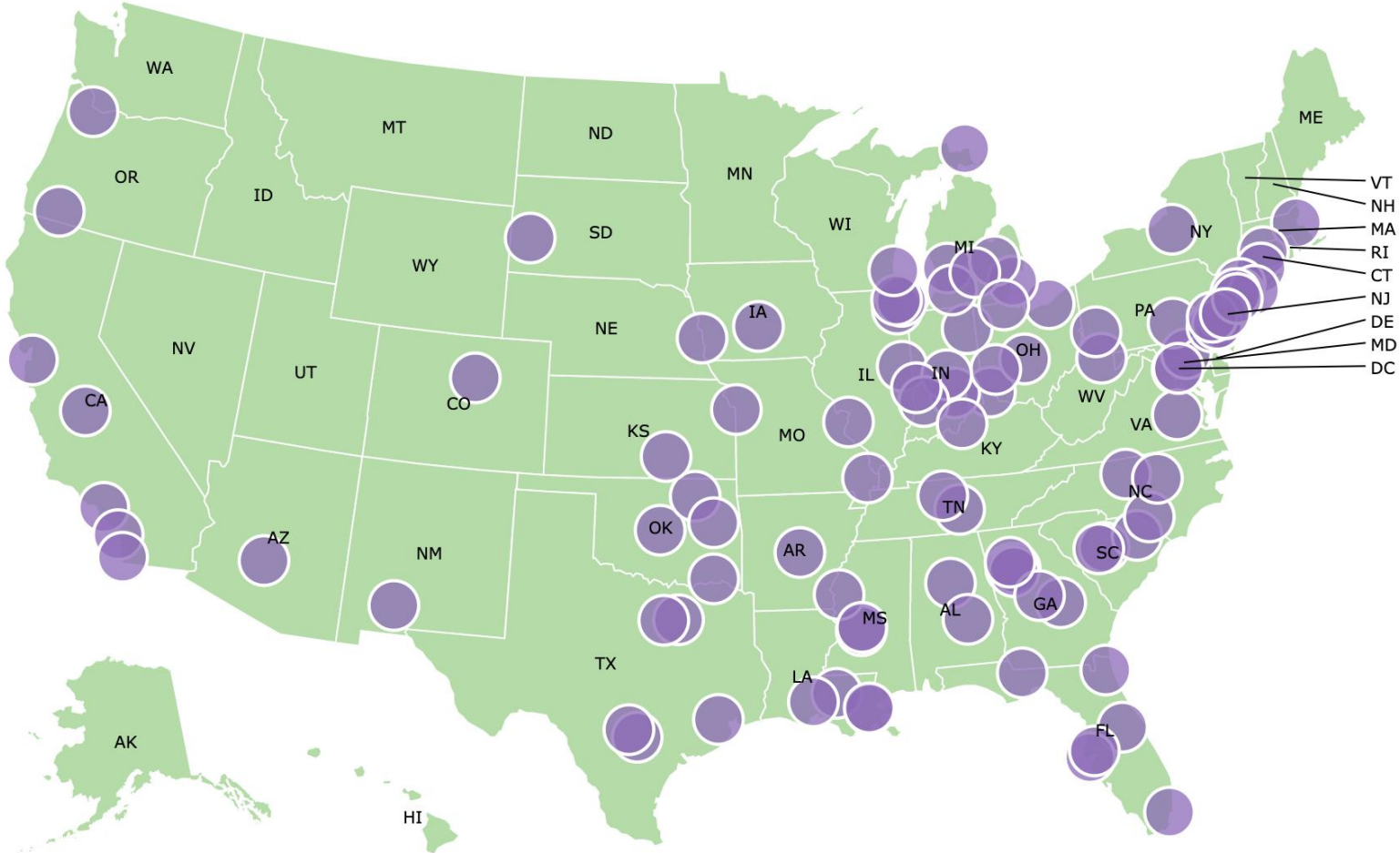
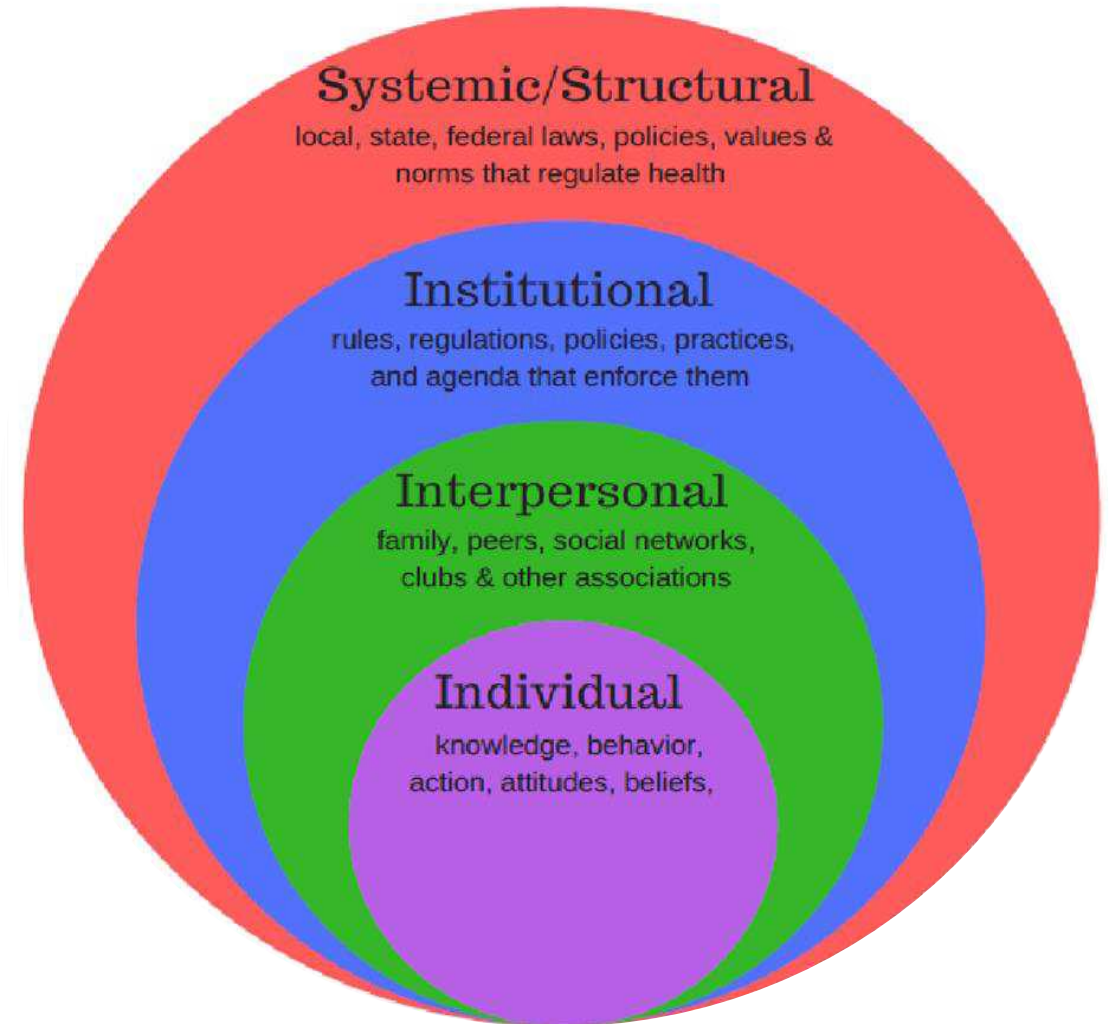Connect with your MIECHV Directors & CQI Leads!

BREAK

Part 1
Setting the Stage: Using Quality Improvement

Defining Health Equity

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

Systemic/Structural
local, state, federal laws, policies, values & norms that regulate health

Institutional
rules, regulations, policies, practices, and agenda that enforce them

Interpersonal
family, peers, social networks, clubs & other associations

Individual
knowledge, behavior, action, attitudes, beliefs,

Family Leadership: *A Belief at the Core of HV CoIIN*

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

HVCoIIN2.0

Home Visiting Collaborative Improvement and Innovation Network 2.0:

Toolkit to Build Parent Leadership in Continuous Quality Improvement

"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

HVCoIIN3.0
Home Visiting Collaborative Improvement and Innovation Network

Building on success!

Since 2013, HV CoIIN has impacted:

10,362 families

And partnered with:

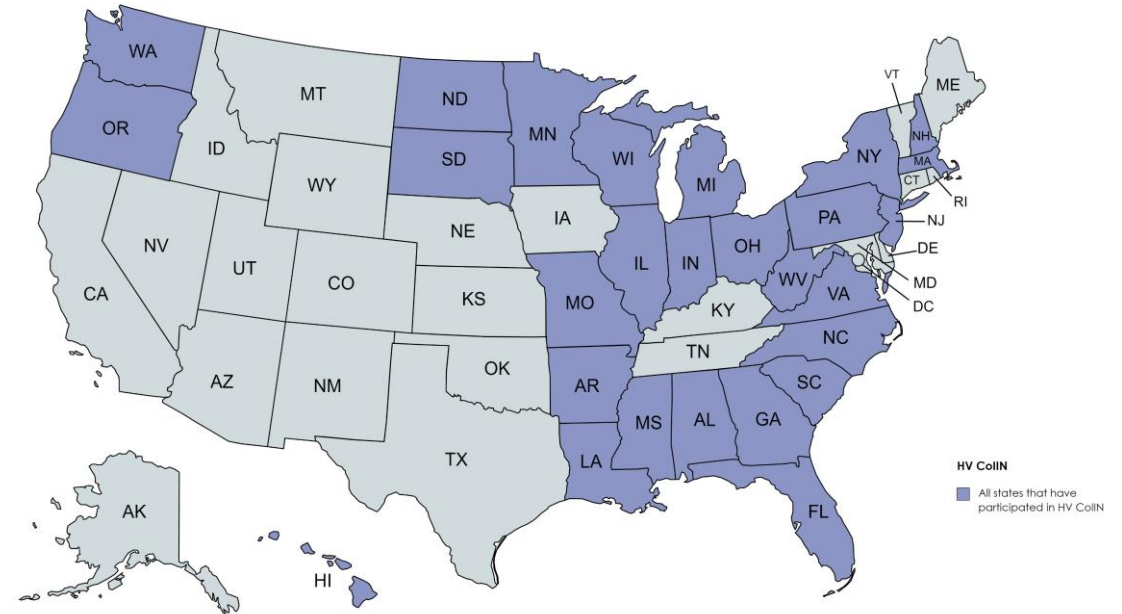**21** STATES/ TERRITORIES

1 TRIBAL NATION

136 HOME VISITING AGENCIES

So far [in HV CoIIN 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 CoIIN. . . It has been a huge asset.
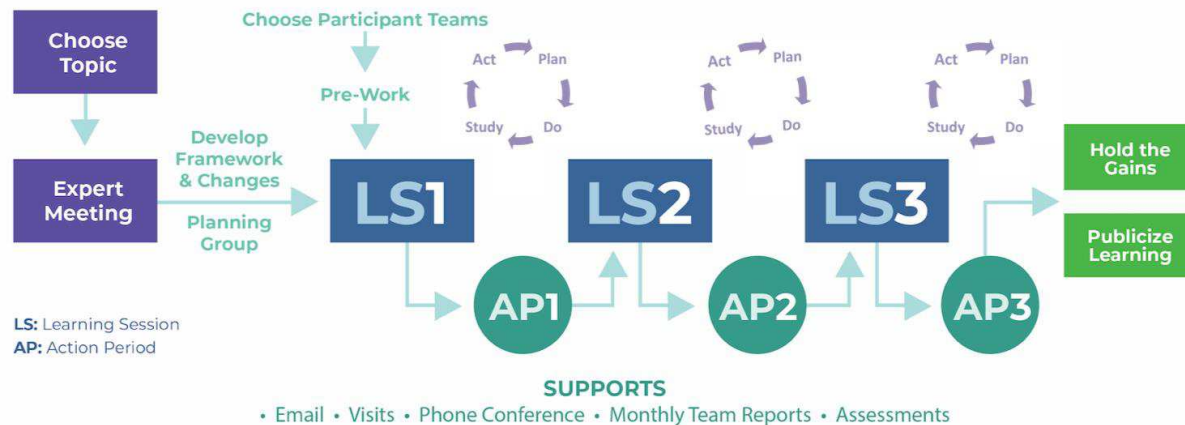
–HV CoIIN 2.0 State Awardee

HV CoIIN

All states that have participated in HV CoIIN
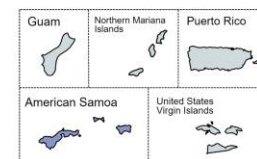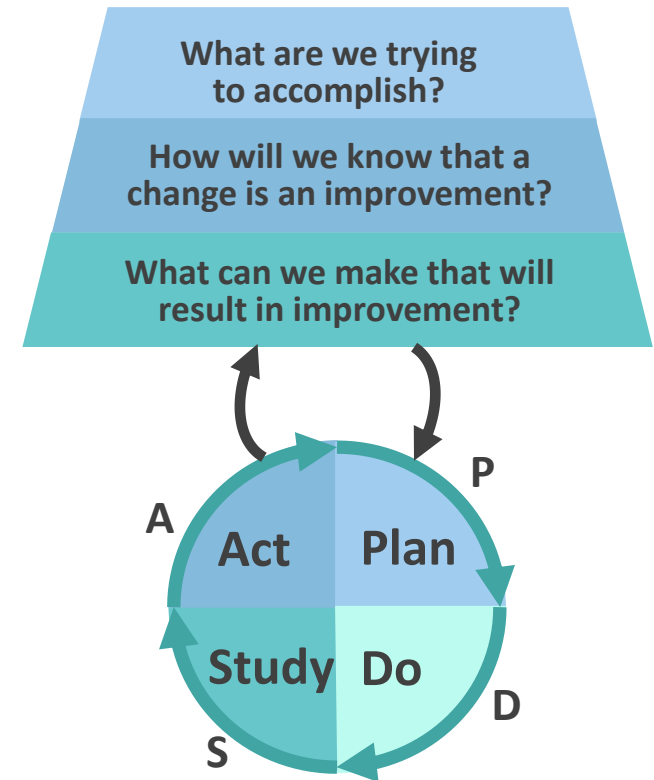
Created with mapchart.net

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:

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

SRR Key Driver Diagram

Aim Statement

HV CoIIN 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

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PD1: Hiring Practices

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

Change Ideas: The "What" That Needs to Be in Place

When recruiting

When interviewing

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

Change Ideas: The "What" That Needs to Be in Place

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

Changes to Test

👥	When recruiting

👥	When interviewing

✓ 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

HVCoIIN2.0
Home Visiting Collaborative
Improvement and Innovation Network

Plan-Do-Study-Act Planning Form

Agency: Pinellas		Primary Driver: 2
Cycle # (use a ramp planning form for multiple cycles):	Start Date: August 10th End Date:	

Questions
What questions are you trying to answer with this PDSA cycle?
If we…use standard interview questions related to equity

It will result in…better assessment of candidates in regards to health equity knowledge, ability to put into practice

Plan
Plan for this Test
1. What: Equity related questions will be asked in interview

2. Who: Linda, Noelle and Susan

3. With whom: one parent eductor candidate

4. Start Date/End Date

5. Where: Zoom

6. Task or tools required to setup: Noelle to include equity related questions and assessment into interview rating form

Plan for Collection of Data:
1. 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

2. Who: Noelle

Questions to integrate into the interview form:

1. 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.)

2. How has your culture influenced your career goals?

3. 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?

4. 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

Change Ideas: The "What" That Needs to Be in Place

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

Changes to Test

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

When recruiting

When interviewing

Transforming Systems

Systemic/Structural
Local, state, federal laws, policies, values & norms that regulate health

Institutional
Rules, regulations, policies, practices, and agenda that enforce them

Interpersonal
Family, peers, social network, clubs & other associations

Individual
Knowledge, behavior, action, attitudes, beliefs
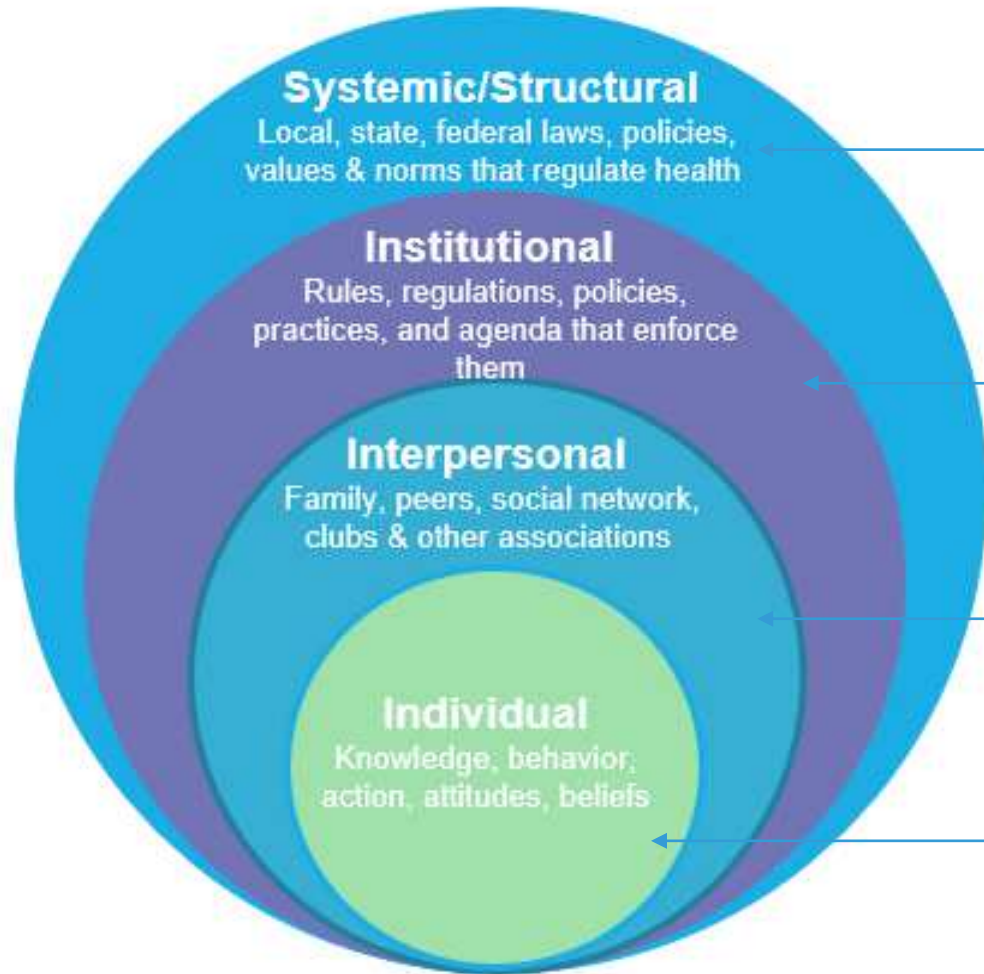
Access to educational opportunities, job market, childcare, and affordable housing limits who becomes and stays a home visitor.

Home visiting workforce pay and incentives may affect who applies, stays, and how well they're able to support families toward health equity.

How we build community and communicate in our home visiting staff teams can support retention and invite sharing diverse perspectives toward health equity.

Program staff understanding of and commitment to health equity can be supported through supervision and other professional development opportunities.

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

Part 2: Recruitment & Retention Skill-Building Session

Healthy Start Region 4 Meeting

Monday, April 17 from 1:45-3:30

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

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Home Visiting Collaborative
Improvement and Innovation Network

Icebreakers

How do you identify racially, ethnically and culturally?

What did you learn?

Similarities? Differences? How does this diversity support the workforce?

Applying the tools to our field
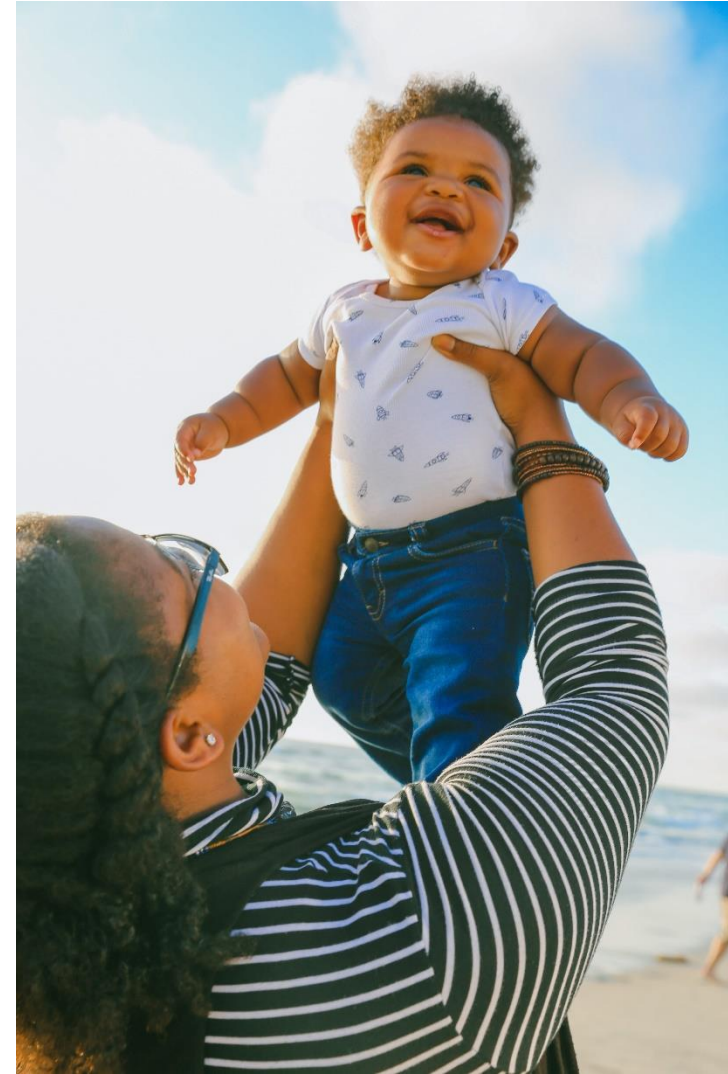
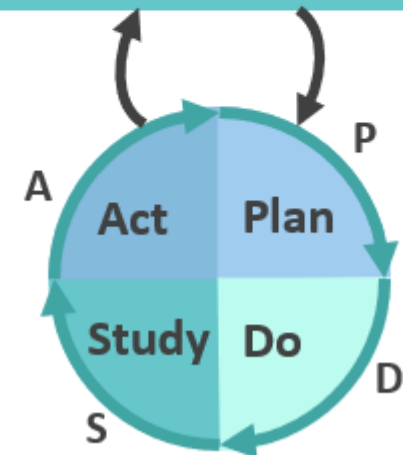# Our Guide for Improvement

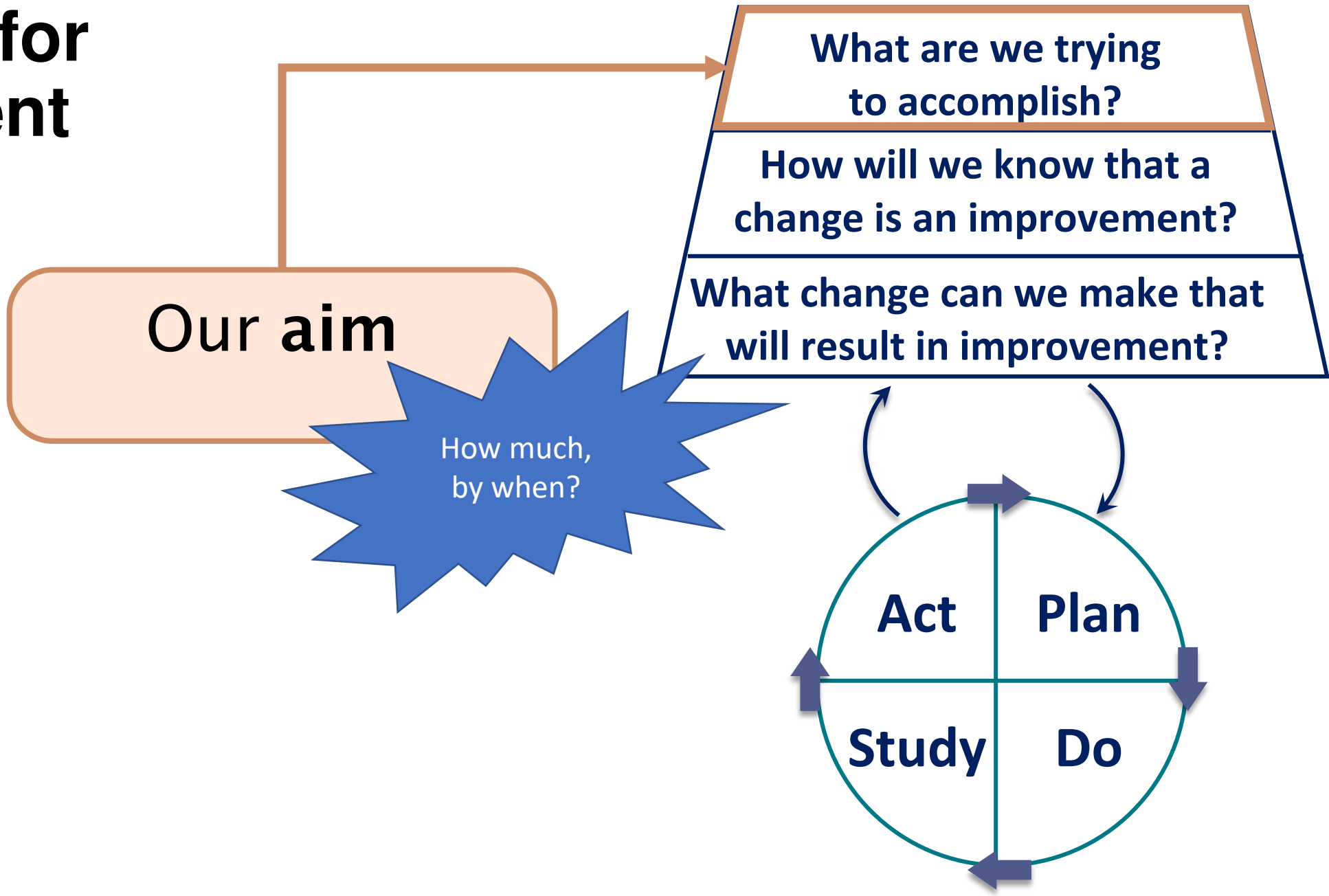# The Model for Improvement

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?**

Our **aim**

How much, by when?

Act Plan

Study Do

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
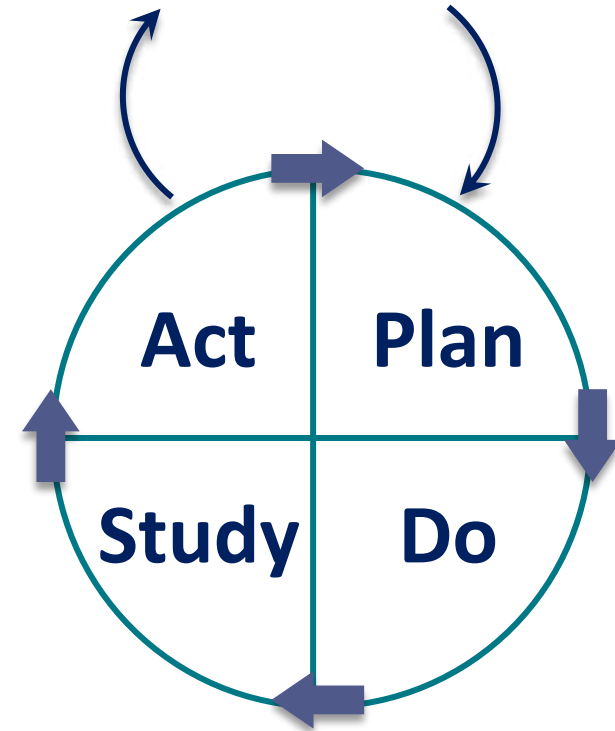- Caregivers report that their voices are heard

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?

Act

Plan

Study

Do

The Model for Improvement

What are we trying to accomplish?

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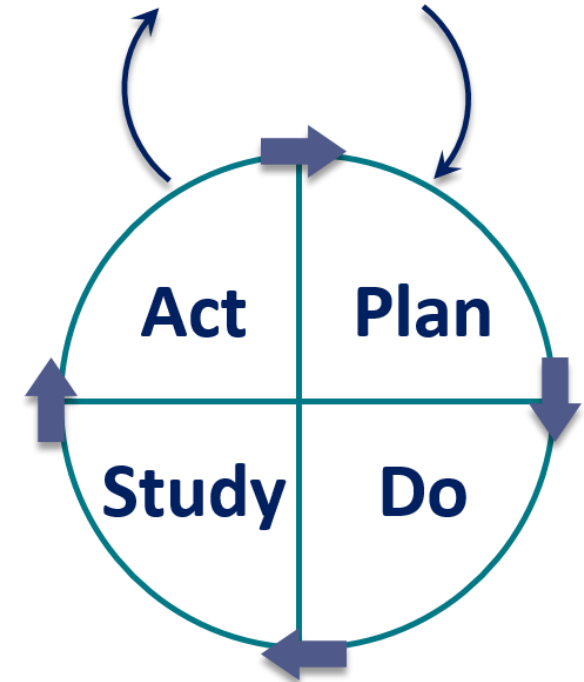
What change can we make that will result in improvement?

Measures or **data**

Measures should be:
- Directly tied to aim and key processes
- Collected regularly

Act | **Plan**

Study | **Do**

The 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?

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

Act | Plan

Study | Do

The Model for Improvement

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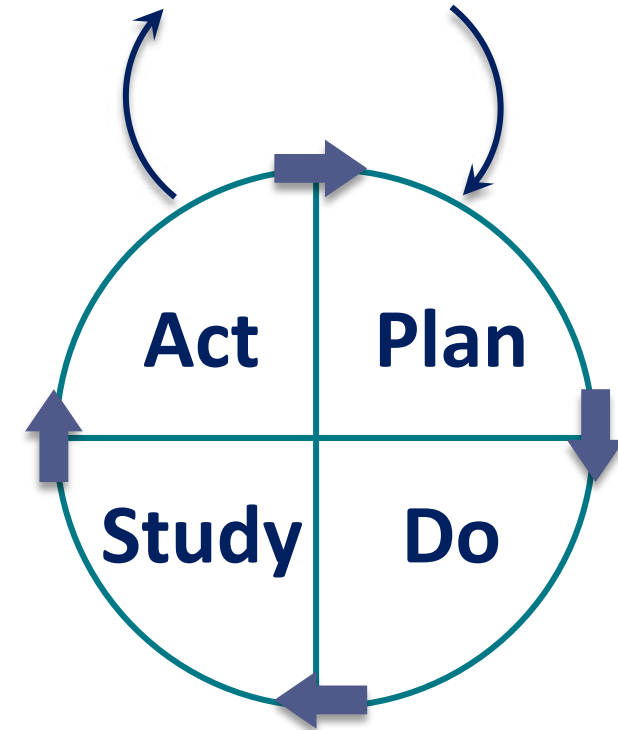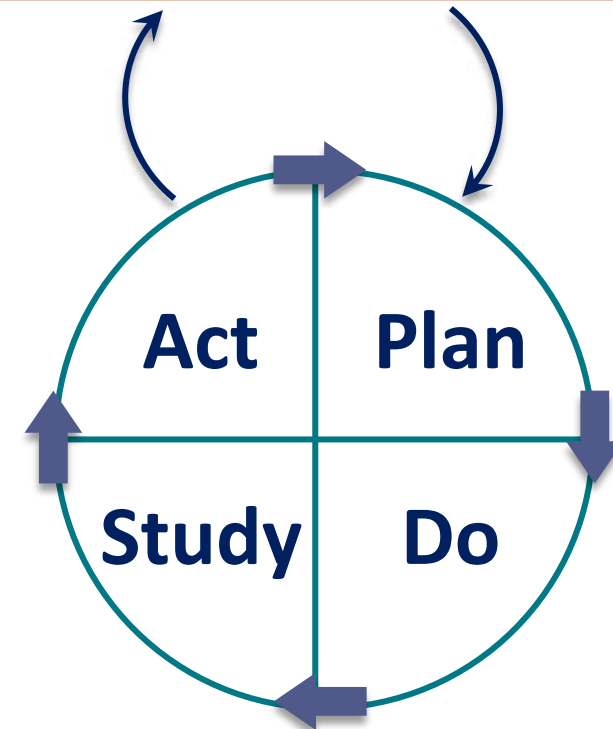
What change can we make that will result in improvement?

Changes or Ideas

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

Act **Plan**

Study **Do**
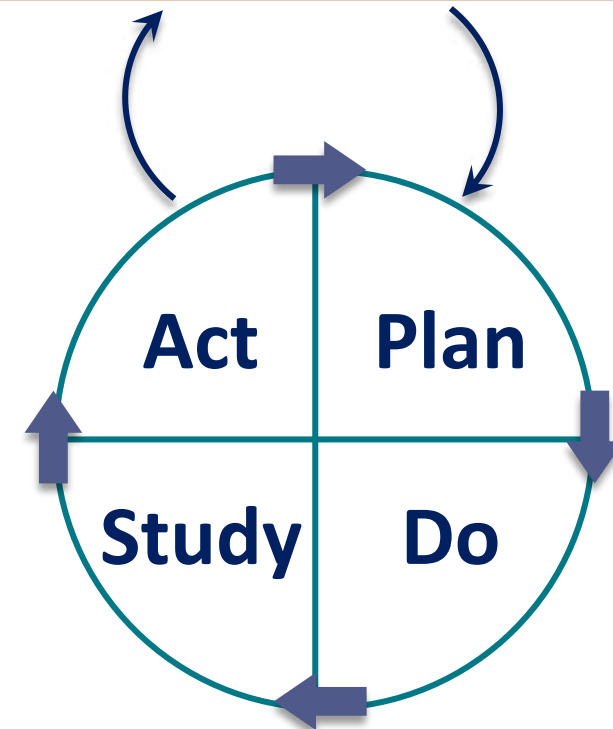
The Model for Improvement

- Adjust team meetings to times that are convenient to caregivers
- Have pre-meeting with caregivers
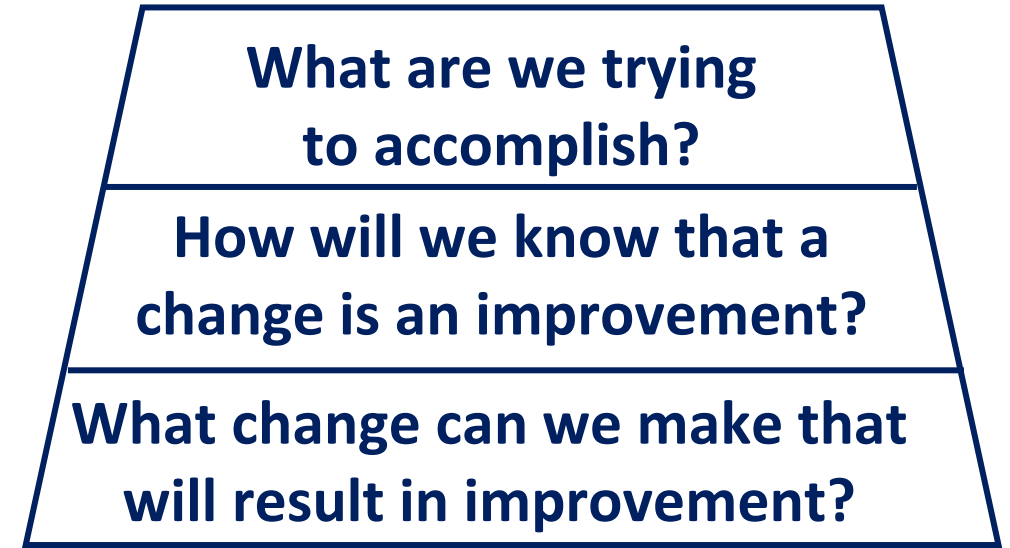
What are we trying to accomplish?

How will we know that a change is an improvement?

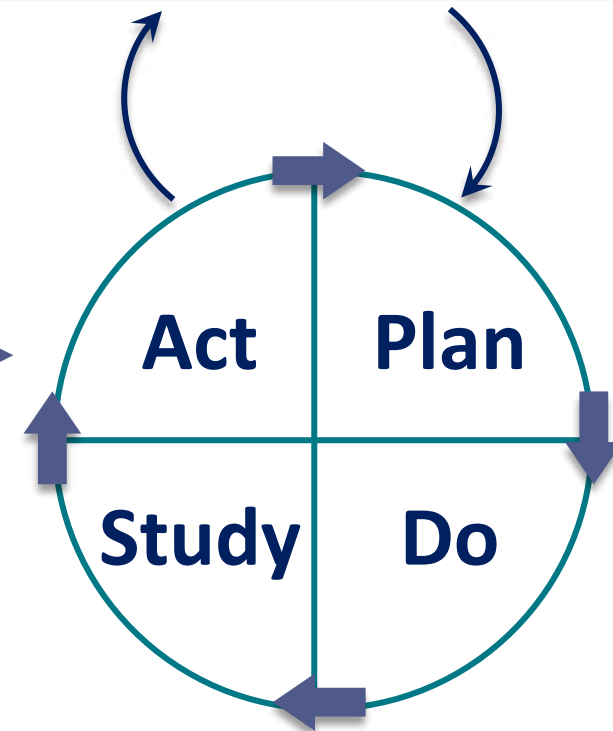What change can we make that will result in improvement?

Act Plan

Study Do

The 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?

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

Act | **Plan**

Study | **Do**

Learning Check

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

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?

Act | Plan
Study | Do

TOP TIPS

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!

Source: Langley, G. J. (2009). *The improvement guide: A practical approach to enhancing organizational performance.* San Francisco: Jossey-Bass.

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Improvement and Innovation Network

HRSA
Maternal & Child Health

Identifying and Analyzing Root Causes

Getting to the root of the problem

WHAT WE SEE ON THE SURFACE →
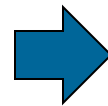
BELOW THE SURFACE →

Root Cause Analysis (RCA)

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

- 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

Learning Check

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.

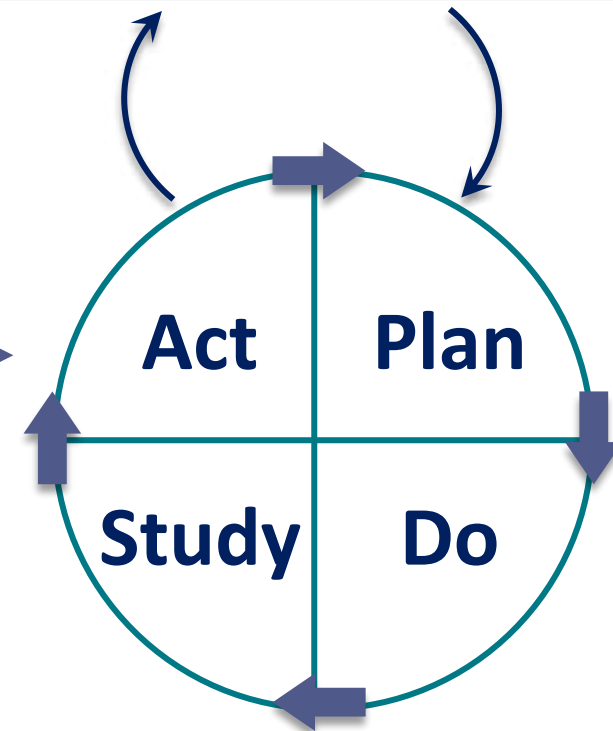I fully understand and can apply these concepts independently.

BREAK

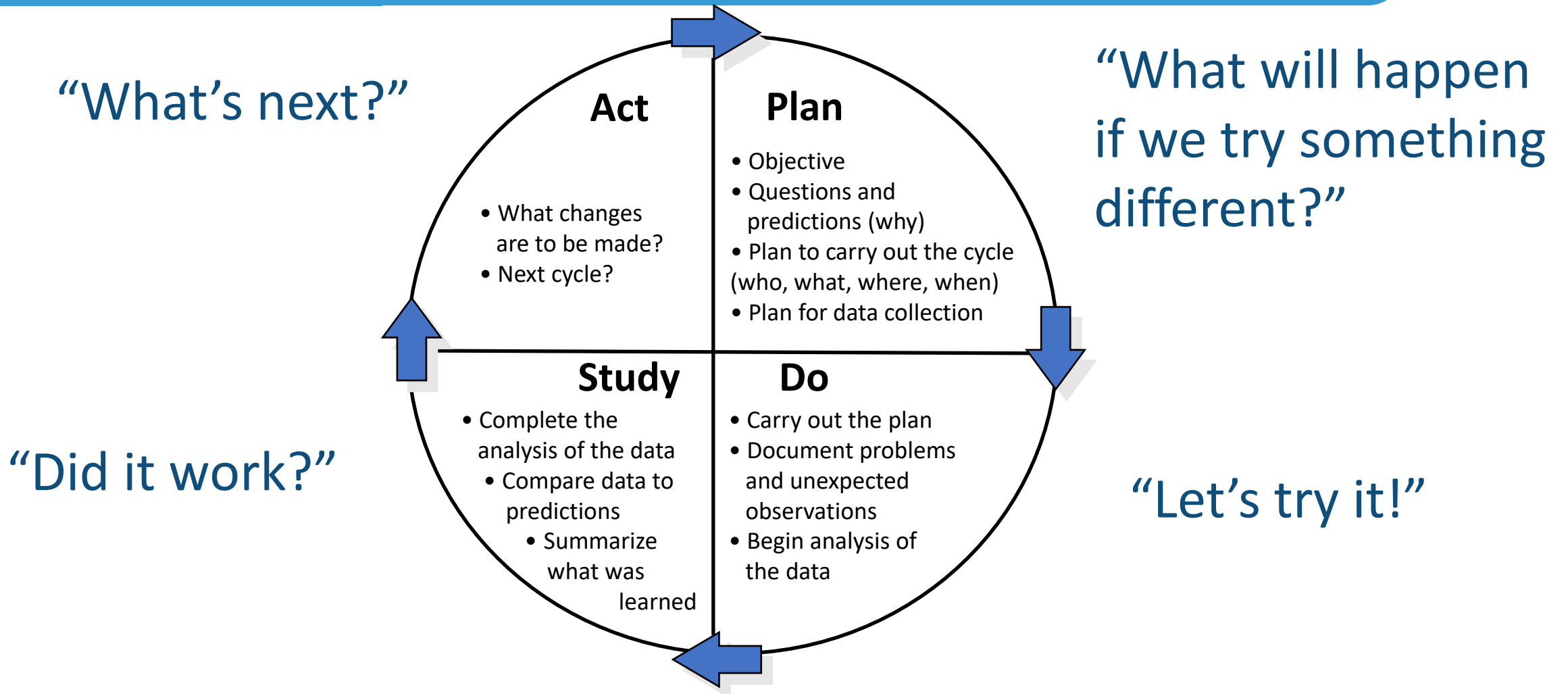# PLAN DO STUDY ACT CYCLES

The 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?

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

Act Plan

Study Do

The PDSA Cycle

Act
- What changes are to be made?
- Next cycle?

Plan
- Objective
- Questions and predictions (why)
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

Study
- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

Do
- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data

"What's next?"

"What will happen if we try something different?"

"Did it work?"

"Let's try it!"

The Peg Exercise

What you will need:

- Worksheet with this peg board on it

- Smarties

Instructions

- 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!**
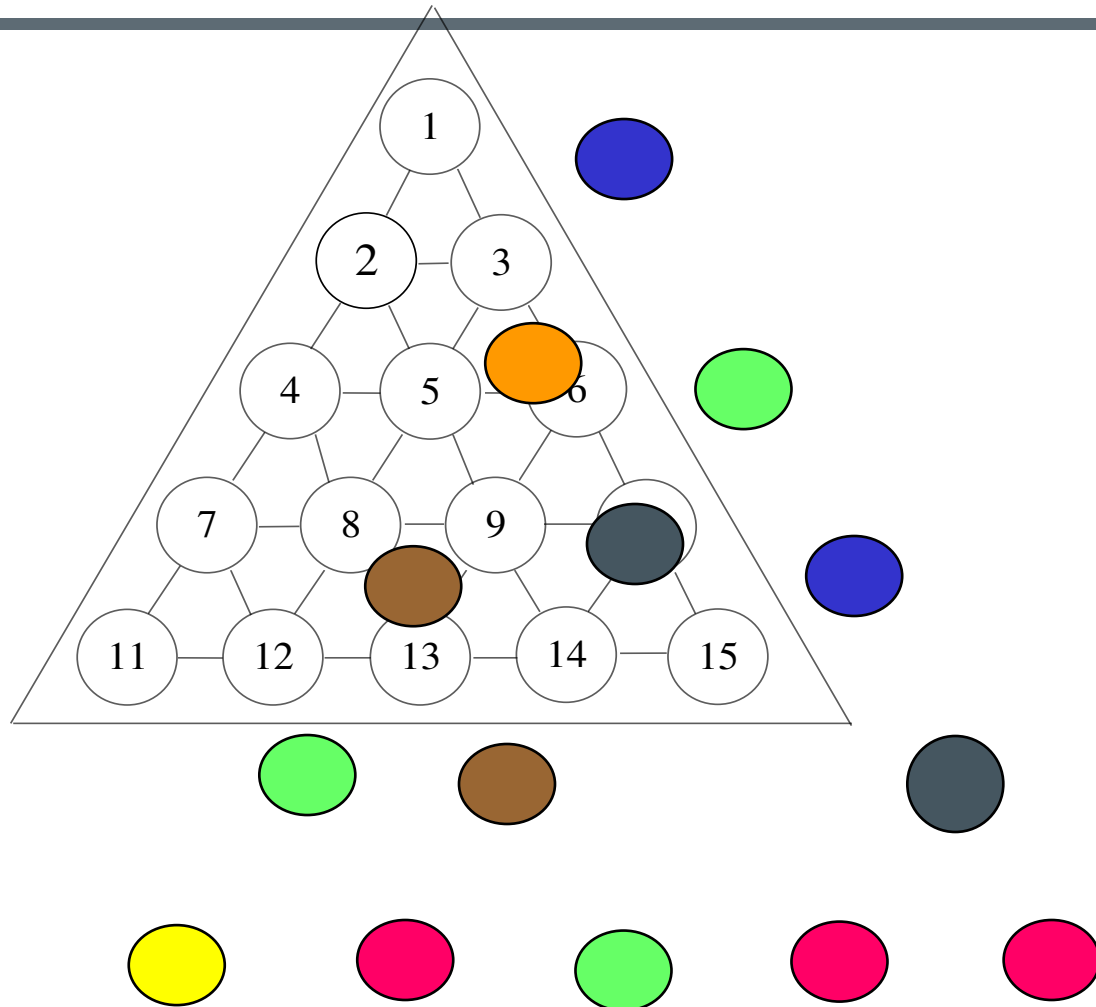
How it works….a quick tutorial…
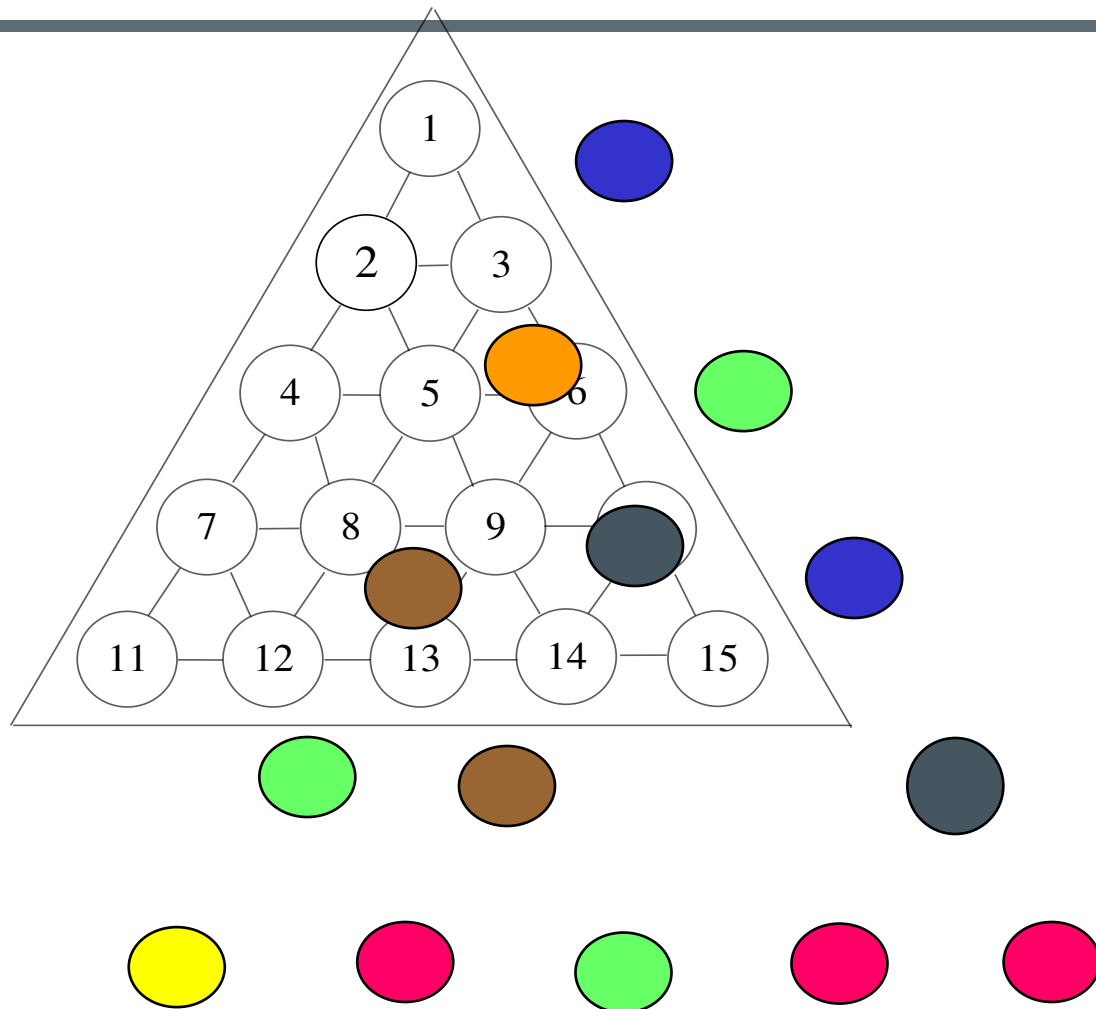
Place your markers….

Give it a try…

- 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

- 5 or more markers remaining

- 4 markers?

- 3 markers?

- 2 markers?

- 1 marker?

And the experts say…

Give it another try…

- 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

- 5 or more markers remaining

- 4 markers?

- 3 markers?

- 2 markers?

- 1 marker?

PDSAs

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

To Be Considered a PDSA Cycle:

- 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.
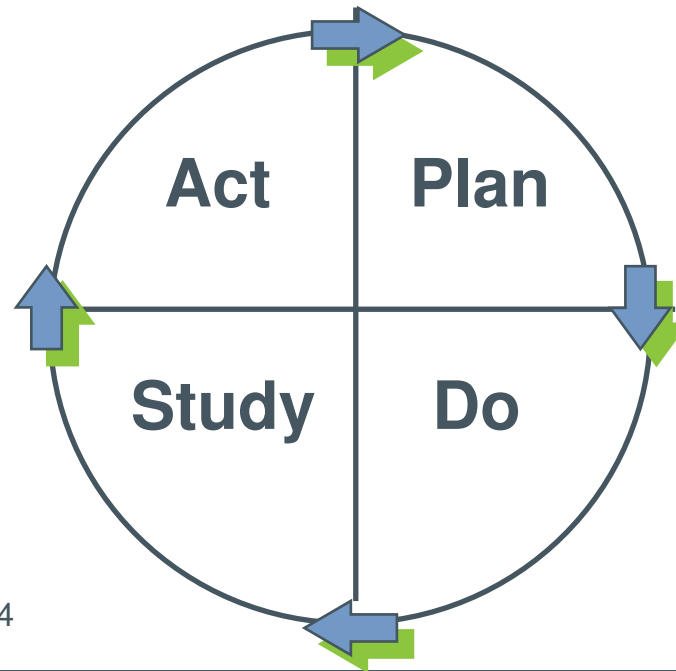
- Action was rationally based on what was learned.
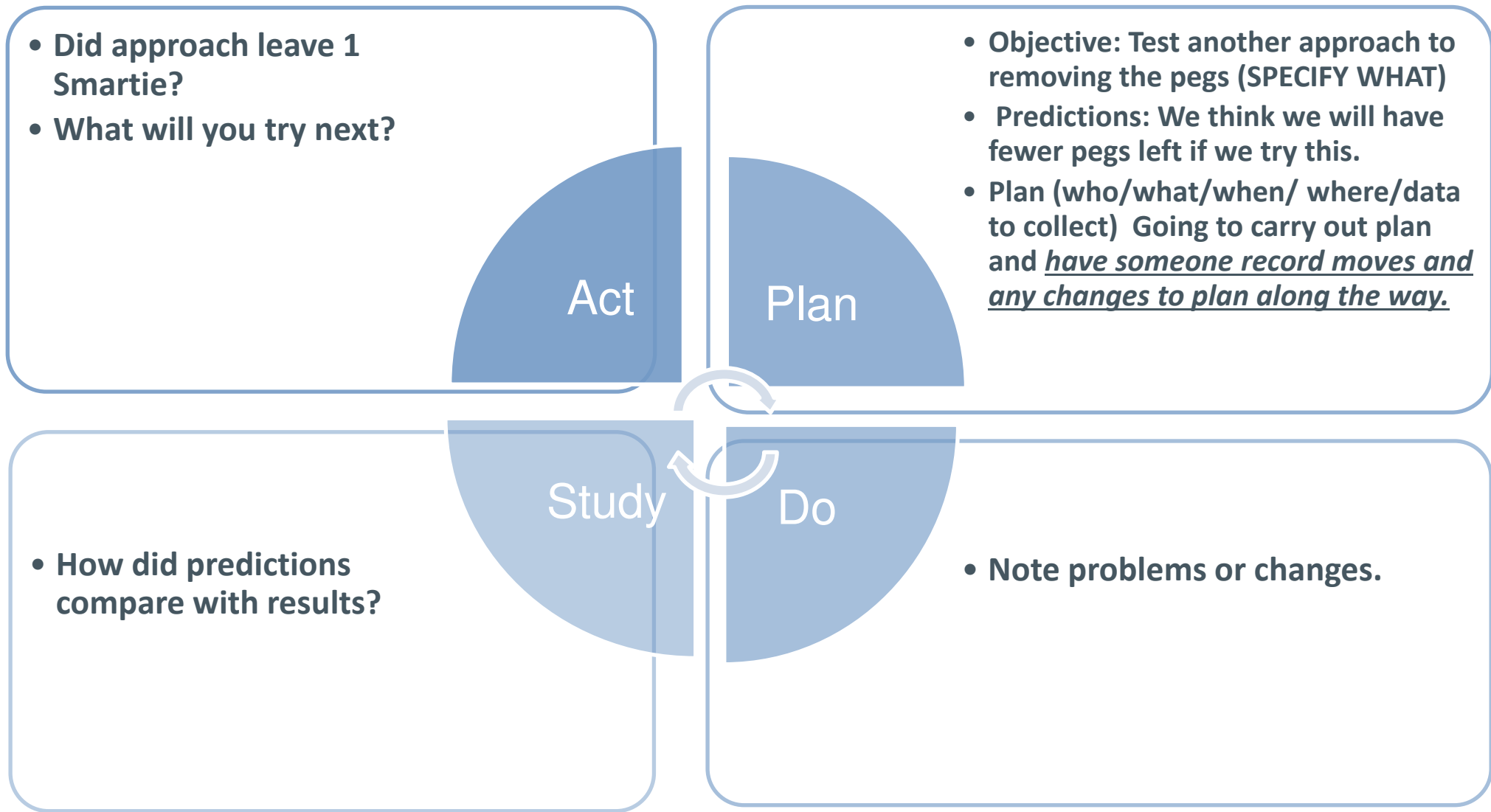
Model for Improvement

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?
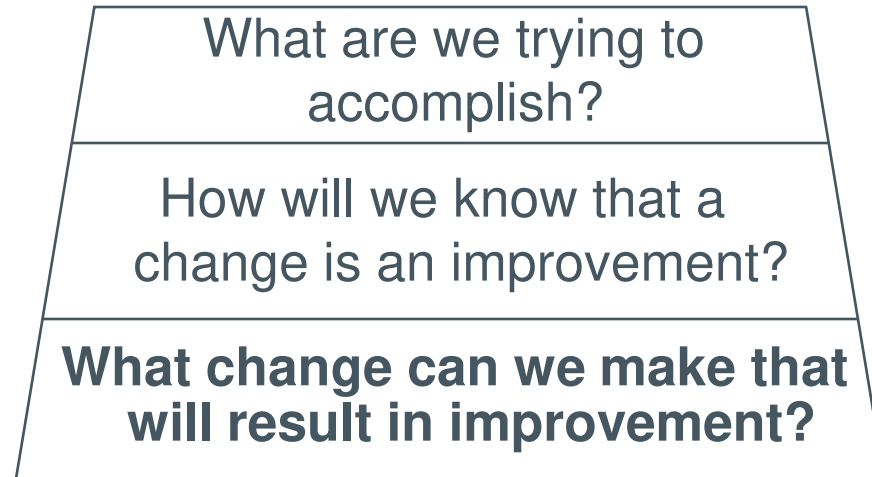
Leave as few Smarties as legally possible on game board

Our "score" will improve

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

Act **Plan**

Study **Do**

PDSA Cycle for Peg Exercise

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

Plan
- 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.*

Study
- How did predictions compare with results?

Do
- Note problems or changes.

Give it another try…

- 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-PLANNING YOUR PDSA

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:

Predict what will happen when the test is performed:

List measures for assessing the predictions:

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:

Institute *for* Healthcare Improvement

Experiencing Success

Creator: skynesher | Credit: Getty Images
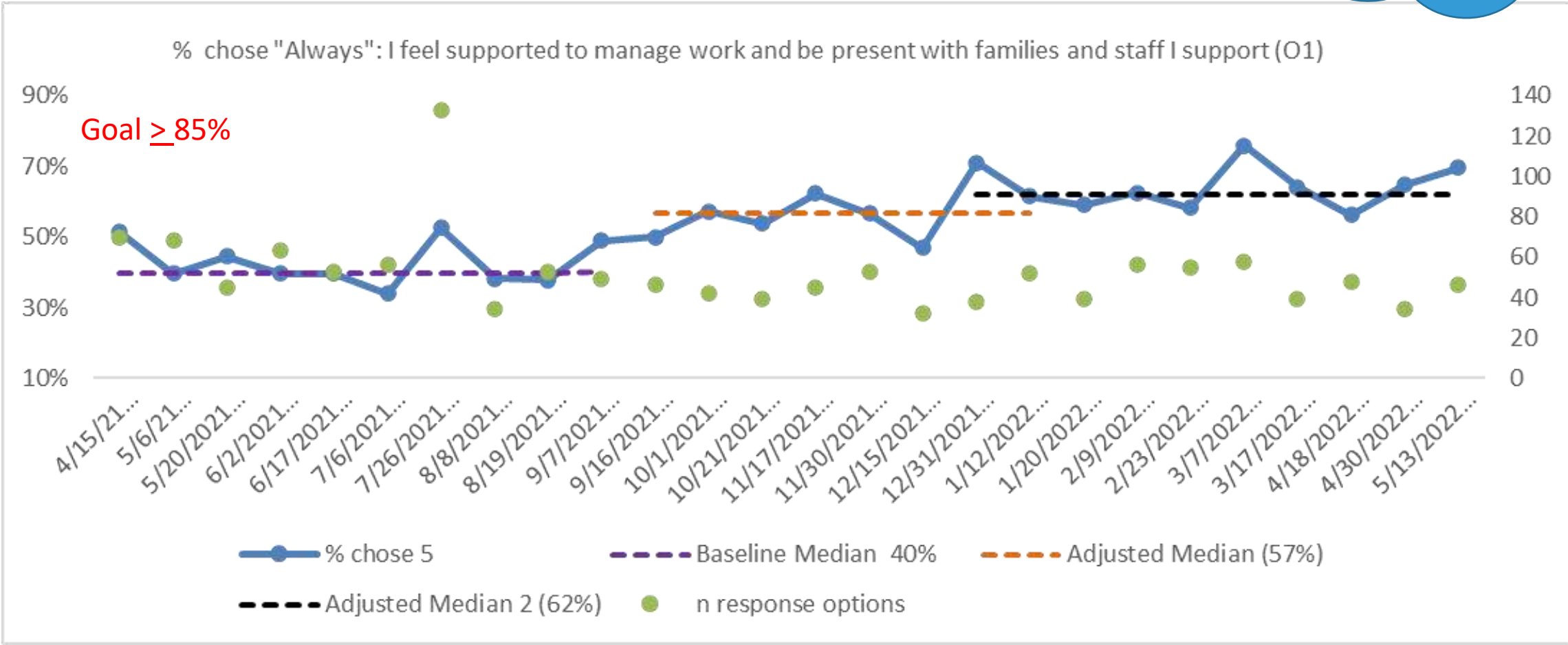
What is one action you will take as a result of this session?

Additional Resources for Root Cause Analysis

- Quality Improvement Toolkit Root Cause Analysis tools: https://hrsa-mall.huddle.com/workspace/924040/files/#/folder/2899997/list

- Fishbone Diagram (Cause and Effect Diagram) Video: http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard16.aspx

Remember!

Change ideas can be:
- ✓ Doing something new
- ✓ Doing something differently
- ✓ NOT doing something

Thank you!

Healthy Start Region 4 Regional Meeting
Hosted by the Healthy Start TA & Support Center at NICHQ

NICHQ
National Institute for
Children's Health Quality

HEALTHY start
TA & SUPPORT CENTER