

Partnering With Families in Continuous Quality Improvement: The Maternal, Infant, and Early Childhood Home Visiting Program

Tip Sheet

August 2017

Continuous quality improvement (CQI) is most likely to be successful when it includes a variety of perspectives.¹ That is why CQI teams are typically multidisciplinary, with members who cut across program administration and service delivery roles. Some programs have found innovative ways to include another important stakeholder group on CQI teams: program participants and their families. Participants and families can offer valuable insight into how home visiting services are received and how they could be improved.

Participants and Families as Accelerators of Continuous Quality Improvement

Involving participants and families in CQI may represent a shift in philosophy for some programs—from improving services *for* families to improving services *with* families as partners.^{2 3} However, it is not a new concept.⁴

Partnering with participants and their families is part of a growing movement in health care and social services.⁵ Parent engagement is integral to the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and to programs like Head Start, and is included in the National Association for the Education of Young Children code of ethical conduct. The Institute of Medicine names patient-centered care as a key quality dimension of improving health care,⁶ and the U.S. Centers for Medicare and Medicaid Services has developed a strategic plan around person and family engagement.⁷ There is growing evidence that engaging or partnering with participants accelerates improvement in outcomes.^{8 9 10 11}

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) supports voluntary, evidence-based home visiting services to improve the lives of children and families. As part of that effort, MIECHV invests in continuous quality improvement (CQI). This tip sheet explains the benefits of including participants and families in CQI and provides strategies for engaging them as partners.



There are many potential benefits to partnering with participants in CQI:

- ▶ Collaboratively setting goals helps CQI teams prioritize work that provides direct value to participants. Reducing efforts that do not add value may reduce costs.
- ▶ Transparent data sharing with participants may build trust and increase ownership of results.
- ▶ New innovations that stem from lived experience may be developed and tested.
- ▶ Expanding the team’s capacity can help frontline home visitors, who often feel overstretched.
- ▶ Participants provide a constant reminder of why home visiting is important, which may motivate teams to sustain their CQI work.

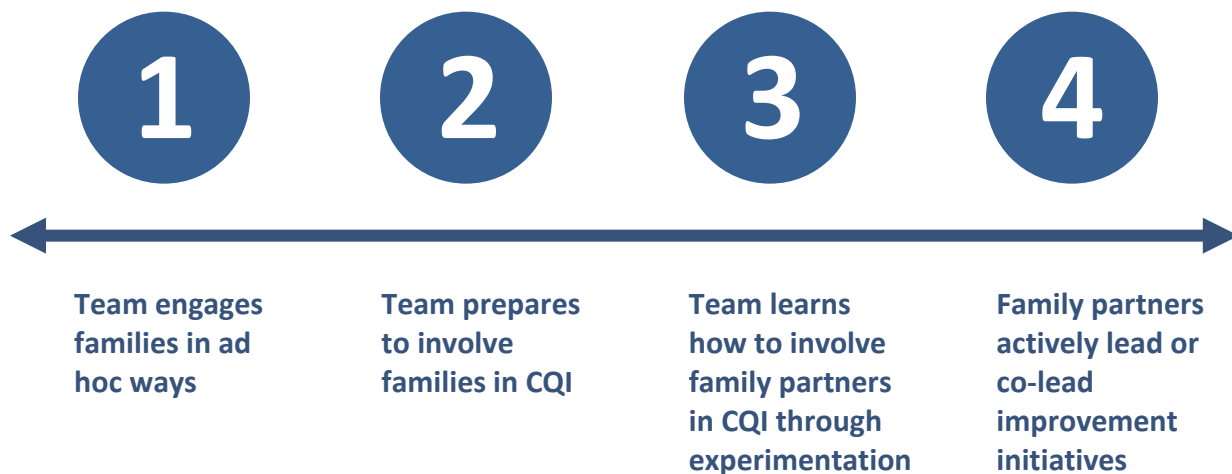
Strategies to Partner with Participants in Continuous Quality Improvement

CQI teams may feel nervous at first about engaging participants in CQI. Team members may have concerns about airing program issues in front of participants, exposing their data, or burdening participants. They may worry the team dynamic will change or participants will not be the right fit for CQI initiatives. These are valid concerns.

Finding the right family partners, developing relationships, and building trust all happen over time. Below are strategies and resources to use as you work along a continuum toward engaging family partners to actively lead or co-lead CQI initiatives.

Stages of Family Partnership Engagement

The continuum of strategies below for engaging participants in CQI work is based on a scale created by Cincinnati Children’s Hospital and Medical Center.¹²



The stages are not always linear. Teams with family partners who actively lead CQI initiatives may still need to survey a broader proportion of participants, recruit additional participants, and experiment with different ways to engage new team members. Not all family partners will want to participate regularly on a CQI team or actively lead an initiative, but they may still want to contribute. Develop a variety of ways for participants to contribute, and find the right opportunity for each person.

1 Stage 1: Team Engages Families in Ad Hoc Ways

Early efforts to involve family voices might include *ad hoc* or short-term methods to learn from participants' experience. Focus groups and surveys are fast, convenient methods to gather information. Below are examples from MIECHV awardees.

Administer surveys. Surveys are a way to gather information from a large group. For example, Healthy Families America at the East Bay Community Action Program in Rhode Island used surveys to support the development of an infant feeding curriculum. The team surveyed families who were receiving home visits to understand their perceptions on breastfeeding versus formula feeding and learn how home visiting services could support them. The results were instrumental in developing an infant feeding team structure and curriculum. Later, the team asked families for feedback on ideas to improve infant feeding. The surveys helped the team better understand and meet the needs of families.

Conduct focus groups. A focus group of 6–10 participants provides a structured way to gather qualitative information for CQI. For example, Kent County Healthy Families America in Michigan wanted to increase enrollment of eligible families. The team held two focus groups, one with families who

enrolled in home visiting and another with families who did not enroll, to identify factors that contributed to the decision to enroll or not. The team learned that clear messaging about the importance of home visiting was a critical factor. The program revised its brochure and enrollment messaging and tested refined protocols for providing information. Resources for conducting focus groups can be found online.¹³

The Michigan Home Visiting Initiative (MHVI) shared another strategy. As local CQI teams generate new ideas to test, they ask families for brief feedback during home visits. For example, a team created new marketing materials and asked families for suggestions to improve the materials.

Ad hoc methods are relatively easy ways to gain insight across a participant population or from a smaller group and to start involving participants as partners. However, these methods are limited in that they are short-term initiatives rather than long-term partnerships, and they typically share information in one direction only. Such methods can also be biased: participants are asked to explore only topics and questions deemed relevant by the frontline provider, rather than those developed together by providers and participants.

2 Stage 2: Team Prepares to Involve Families in Continuous Quality Improvement

Before inviting participants and families to join their efforts, CQI teams should internally take steps to ensure smooth integration. Below are strategies teams have found helpful.

Consult readiness assessment tools.¹⁴ The bibliography includes tools that can help CQI teams identify areas where they feel ready to engage

can address. The tools can open a dialogue among team members to explore the extent to which they—

- Believe families bring unique perspective and expertise
- Can listen to family partners and act respectfully
- Are prepared to treat family partners as full and valued team members
- Can describe clear expectations for the participation and role of family partners
- Feel comfortable sharing power and leadership with family partners
- Are committed to supporting family partners in sharing their voice and perspective

Recruit family partners. Examples of recruitment letters and materials can be found online.^{15 16} Try to include at least two family partners on the CQI team. Providing “strength in numbers” gives partners confidence to share their opinions and concerns.

Teams should strive to continually recruit new family partners and offer a variety of ways for them to participate. This helps teams increase engagement, withstand turnover, make family participation more robust and representative, and avoid burnout. If being a full team member is too much of a commitment for a good candidate, consider a smaller, short-term role, as discussed in stage 1.

Although all participants bring valued experience and knowledge, it is important to find family partners who are—

- Willing to share both positive and negative experiences in a respectful way
- Able to contribute their lived experience
- Willing to operate with discretion and not share confidential information
- Generally have a positive viewpoint and are able to listen to others, even when they disagree

- Excited about being an advocate to improve home visiting services for other families
- Prepared to commit the time necessary to participate on the team

Staff who work directly with families often can identify those who might be interested in a partner role. It is important, however, not to underestimate a family’s ability to participate or make that decision on their behalf. It is best to explore the opportunity directly with the family to determine their interest and readiness.

Clearly describe the role. Explain to partners their potential role on the CQI team and the time it would take. Examples of role descriptions can be found online.^{17 18 19} Common roles for family partners include—

- Leading or co-leading improvement projects, depending on time and interest
- Participating in regular CQI meetings
- Guiding the team in setting improvement goals that are important to families
- Interacting with stakeholders in the home visiting system, including local implementing agencies, partners, and awardees
- Sharing new ideas from their experience and building on the ideas of others
- Helping teams consider data and interpret the results
- Sharing their experiences as a family partner in CQI and potentially engaging others in improvement initiatives

Offer training. Family partners should understand the fundamentals of CQI so they can contribute their ideas during team meetings and perhaps eventually lead improvement initiatives. They may need training on CQI. MHVI, with the Early Childhood Investment Corporation and the Michigan Public Health Institute

(MPHI), hosted a one-day conference to inform parents about CQI, discuss their contribution to the CQI process, and share information on effective team membership. It may be important to offer training in other areas as well, such as empathy building (e.g., using Walk-a-Mile cards²⁰ to understand one another's perspectives), active listening, storytelling, and conflict resolution.²¹

Address other barriers as needed. For example, some teams encounter legal or institutional barriers to involving participants as partners. It may be necessary to address issues of participant confidentiality through training or by ensuring that information remains anonymous. Strive to make the process for obtaining permission and access for participants as smooth as possible. The Institute for Patient- and Family-Centered Care offers guidance.²²

3 Stage 3: Team Learns How to Involve Family Partners in Continuous Quality Improvement Through Experimentation

As teams invite and include family partners, they may need to adapt some of their habits to ensure that families participate regularly and feel their contributions are valued. This may involve experimentation to find what works best. Here are factors to consider:

Compensation. While it may not be possible to compensate family partners for their participation, especially early on, consider how to recognize their time. Some programs offer a modest honorarium. For example, Michigan has cross-agency policies to ensure that parent participation is acknowledged and comes at no cost to the family. The policies include an hourly honorarium rate, child care, and mileage reimbursement. Other reimbursements are provided as necessary for parents who participate in state and

local activities and are part of a larger statewide Parent Leadership Initiative.

Community. MHVI provides a bimonthly learning community for family partners to gather, learn from each other, and provide insight and information to Michigan's home visiting system. The community is valuable to the partners and helps sustain family engagement, even when there is turnover in individual roles.

Meeting time and space. While the CQI team may already have a set meeting time and space, this may need to be revisited to meet the needs of family partners. For example, holding meetings during school drop-off or pick-up times or after school might not be ideal. For working parents, daytime hours might be difficult as well. Virtual participation mitigates some of these issues, but in-person meetings are also important for building community and trust. Ask family partners what works best, and strive for a balance with other team members.

Active family participation. At first, it may be difficult for family partners to speak up and share their experiences. They may worry about affecting their relationship with the home visitor, or they may not yet fully understand their role. Teams can try different strategies to encourage family partners to contribute. For example, one program shared meeting agendas with family partners in advance to get their feedback and discuss logistics. Some programs assign a team member to be a liaison to the family partners and to advocate for them during meetings—for example, asking for their opinions and reminding the team to avoid speaking in jargon.

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Stage 4: Family Partners Actively Lead or Co-lead Improvement Initiatives

As family partners’ participation becomes steady and their confidence grows, teams may encourage them to assume more active leadership. One way to do this is to provide opportunities for family partners to lead or co-lead an improvement project that is of interest to them and important to the team. For example, some Michigan programs asked family partners to support outreach to other program participants. Other examples include collaboratively planning for home visits, leading information technology initiatives, and engaging other families in community-building events.

Family partners bring their experience as participants, but they also contribute their own professional skills and personal strengths. Providing leadership opportunities for those who are interested can help them grow while expanding your team’s capacity.

As teams formalize the role of family partners, they may decide to create structures to support ongoing participation, such as a family advisory council.²³ Some teams have created salaried roles (part- or full-time) for family partners.

Conclusion

Partnering with families in CQI offers enormous benefits. Families can help improve services they feel are important and make them even more effective for other families. Partnering with families also expands the capacity and perspective of the CQI team and allows the team to see why its work is critical. Over time, programs can develop true partnerships with families to improve quality and outcomes. These partnerships can be fostered throughout the stages of engagement, all while building confidence and trust between providers and families as they work together toward a common goal.

This tip sheet reflects the experiences of the following MIECHV participants in the Home Visiting Collaborative Improvement Network (HV CoIIN):

- Lac Courte Oreilles
- Tribal Mino Maajisewin Home Visitation Program, WI
- Michigan Home Visiting Initiative, MI
- East Bay Community Action Program, RI
- Children’s Friend, RI
- Meeting Street, RI
- Northeast Florida Healthy Start Coalition, FL
- Carolina Health Centers, SC

For more information about partnering with families in CQI, contact the DOHVE team: Susan Zaid, M.A., Deputy Project Director, James Bell Associates, szaid@jbassoc.com.

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