

Family Home Visiting Breastfeeding Toolkit

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Summary

From February 2019 to February 2020, the Minnesota Department of Health (MDH) facilitated a twelve-month statewide Breastfeeding Learning Collaborative. The goals of this collaborative were to increase the intention, initiation, duration, and exclusivity of infants receiving breastmilk. Participants engaged in iterative cycles of training, testing and implementation of changes using the Plan-Do-Study-Act (PDSA) cycle, and evaluation. MDH provided tools to teams at the beginning of the Collaborative to support change. Teams also independently created tools to test and implement changes. A total of 29 home visiting programs participated in the Family Home Visiting Breastfeeding Learning Collaborative including:

MIECHV

- Anoka County
- Cass County
- City of Bloomington
- City of Minneapolis-MVNA
- Dakota County
- Faribault-Martin Counties
- Hennepin County
 - Catholic Charities
 - Headway Emotional Health Services
 - St. David's Center
- Kanabec County
- Mower County
- Partnership4Health CHB
- Polk-Norman-Mahnomen CHB
- Stearns County
- Supporting Hands Nurse Family Partnership
- Wadena County
- Washington County

Evidence Based Home Visiting (EBHV state-funded) teams

- Carver County
- Chisago County
- Goodhue-Rice-Winona Counties
- Isanti County

- Mille Lacs County
- North Country-Beltrami CHB
- Pine County
- Quin County
- Scott County

Other Teams

- Kandiyohi County
- Renville County
- Sherburne County

The Learning Collaborative focused on addressing five key areas of home visiting practice that have been demonstrated to improve breastfeeding:

- Competent and skilled workforce to support breastfeeding
- Active family involvement in infant feeding practices
- Strong community linkages to breastfeeding support systems
- Reliable and effective policies and practices that support families in breastfeeding decision-making
- Successful integration of parent leaders in continuous quality improvement (CQI) efforts

This toolkit is organized by the five practice areas and includes key takeaways learned from the Learning Collaborative. Key takeaways represent opportunities for improvement that supported positive change in one or more programming areas. This toolkit highlights helpful resources, but please refer to the [Breastfeeding Key Driver Diagram \(https://www.health.state.mn.us/docs/communities/fhv/breastfeedingdriverdiag.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/breastfeedingdriverdiag.pdf) for an extensive list of resources used during the collaborative.

Competent and Skilled Workforce to Support Breastfeeding

Home visitors provide invaluable services to families and children. Key takeaways to support a competent and skilled family home visiting workforce include:

- Provide, at minimum, basic lactation training within 3 months of hire
- Establish regular opportunities for continuing education on breastfeeding best practices
- Utilize reflective supervision with home visitors to assess staff competency to support lactation and address families' feeding barriers

As home visitors identify and strategically address areas for improvement, providing access to training can build staff skill and confidence in targeted areas. The [Institute for the Advancement](#)

of Family Support Professionals (<https://institutefsp.org>) offers free online modules. There is a three-part module available on breastfeeding that discusses how to support a mother's breastfeeding intent, initiation, and duration. [Breastfeeding 1: Helping Mothers Choose Breastfeeding](https://institutefsp.org/modules/breastfeeding-helping-mothers-choose-breastfeeding) (<https://institutefsp.org/modules/breastfeeding-helping-mothers-choose-breastfeeding>).

In-person trainings are more intensive and often expensive, but many home visitors that participated in the collaborative reported feeling that in-person trainings and certification courses were very helpful. [WIC Grow & Glow](https://wicworks.fns.usda.gov/resources/grow-and-glow-wic) (<https://wicworks.fns.usda.gov/resources/grow-and-glow-wic>) and the [Institute for the Advancement of Breastfeeding & Lactation Education](https://lacted.org/) (<https://lacted.org/>) offer two-day trainings in addition to many online training resources. Longer trainings of 40 or more hours are available for home visitors that would like to obtain a certification. These certifications include:

- [Indigenous Breastfeeding Counselor](https://www.cheerequity.org/indigenous-breastfeeding-counselor-course.html) (<https://www.cheerequity.org/indigenous-breastfeeding-counselor-course.html>)
- [Certified Lactation Counselor](https://www.alpp.org/certifications/certifications-clc) (<https://www.alpp.org/certifications/certifications-clc>)
- [Certified Lactation Educator](http://www.cappa.net/lactation-educator) (<http://www.cappa.net/lactation-educator>)
- [International Board Certified Lactation Consultant](https://iblce.org/) (<https://iblce.org/>)

Incorporating discussions of a home visitor's experience supporting breastfeeding women into reflective supervision can support continued learning and confidence building. The Alliance for the Advancement of Infant Mental Health has compiled [Best Practice Guidelines for Reflective Supervision](https://mi-aimh.org/wp-content/uploads/2019/01/Best-PracticeGuidelines-for-Reflective-Supervision-and-Consultation.pdf) (<https://mi-aimh.org/wp-content/uploads/2019/01/Best-PracticeGuidelines-for-Reflective-Supervision-and-Consultation.pdf>).

Active Family Involvement in Infant Feeding Practices

Home visitors can support families with breastfeeding prenatally and postpartum by offering assessments & affirmations, education, planning, and ongoing support. Providing culturally competent support is essential to understanding and addressing unique barriers that mothers of different cultures might experience.

Home visitors partnering with families to have discussions of the success and challenges of breastfeeding can help to improve initiation and duration. Ultimately, the role of a home visitor is to support a mother's choice in infant feeding and provide resources for whatever method(s) she has chosen. Key takeaways to support active family involvement in infant feeding practices include:

- Identify support needed by using a validated tool such as the Breastfeeding Self-Efficacy Scale
- Develop a co-written infant feeding plan prior to delivery
- Visit a new mother within one week of delivery

- Connect mothers and family members to community resources including peer counseling, support groups, and certified lactation support professionals
- Offer training in cultural responsiveness to staff

Assessment & Affirmation

The [Breastfeeding Self-Efficacy Scale \(BSES\)](#) is a validated tool that measures confidence in breastfeeding among mothers. The BSES is a copyrighted tool created by Cindy-Lee Dennis. Please contact Dr. Dennis at cindylee.dennis@utoronto.ca for permission to use this tool in and for best practice recommendations. The BSES can be used throughout pregnancy but it is recommended to use the tool during the last trimester of pregnancy and within the first few weeks and months postpartum. The BSES has 14 items that mothers respond to on a scale from one meaning not at all confident to five meaning always confident. A response of three or less on an individual item indicates the mother might be in need of breastfeeding support in that area.

[Breastfeeding conversation starters](#) at critical time points can address barriers to breastfeeding intention, initiation, and duration. Questions that are tailored to these time points can be used by home visitors to begin a conversation and identify areas for support without the use of a separate tool.

Education

This toolkit highlights several change tools that were tested and rated positively by home visitors that participated in the Breastfeeding Learning Collaborative. These change tools are focused on specific aspects of breastfeeding support, but the following general resources can be helpful when providing education and informational materials to families.

- [Prenatal toolkit from the Minnesota Breastfeeding Coalition \(https://mnbreastfeedingcoalition.org/prenatal-toolkit-2/\)](https://mnbreastfeedingcoalition.org/prenatal-toolkit-2/)
- [Lactation education handouts \(https://www.lactationtraining.com/resources/educational-materials/handouts-parents\)](https://www.lactationtraining.com/resources/educational-materials/handouts-parents)
- [MDH WIC Breastfeeding Handouts \(https://www.health.state.mn.us/people/wic/nutrition/morenutinfo.html#bfwomen\)](https://www.health.state.mn.us/people/wic/nutrition/morenutinfo.html#bfwomen)
- [WIC Breastfeeding Support \(https://wicbreastfeeding.fns.usda.gov/\)](https://wicbreastfeeding.fns.usda.gov/)

Planning

An [infant feeding plan](#) is a written document developed collaboratively between a home visitor and a mother. A written feeding plan can be shared with medical providers and hospital staff to support the mother's breastfeeding plan immediately after delivery. Home visitors found that when they visited new mothers in the hospital or as soon as possible at home after delivery, they were able to assist with initiation and address challenges to help mothers successfully

breastfeed and follow their written infant feeding plan. The “We’re Prepared Checklist” from Coffective can supplement a written infant feeding plan and provides a simple way to track which supports are needed, from where, and if they were received. To access a free download of the [We’re Prepared Checklist \(https://coffective.com/coffective-product/were-prepared-checklist/\)](https://coffective.com/coffective-product/were-prepared-checklist/). The We’re Prepared Checklist is available in English, Spanish, and Arabic.

An infant feeding plan may be used as a component of a more comprehensive Infant Feeding Toolkit. An Infant Feeding Toolkit designed for home visiting practice was utilized during the Breastfeeding Learning Collaborative. This Toolkit was developed by Dr. Elaine Fitzgerald and is designed as a complement to the [Office of Women’s Health Your Guide to Breastfeeding document \(https://www.womenshealth.gov/files/documents/your-guide-to-breastfeeding.pdf\)](https://www.womenshealth.gov/files/documents/your-guide-to-breastfeeding.pdf). For a copy of the Infant Feeding Toolkit, please email fitzgerald.elaine@gmail.com.

Ongoing Support

Support through peer counseling and support groups, such as Baby Café, provides new mothers with opportunities to connect with other mothers to learn and share their experiences. The transition back to work or school is a critical period when many mothers stop or reduce breastfeeding. A return to work or school plan can help a mother to brainstorm solutions to potential challenges and develop a support plan. Returning to work or school involves preparation, planning, and partnering with childcare providers to make the transition easier for Mom and baby. USDA WIC has a webpage with resources on breastfeeding when returning to work or school: [Going Back to Work \(https://wicbreastfeeding.fns.usda.gov/going-back-to-work/\)](https://wicbreastfeeding.fns.usda.gov/going-back-to-work/).

To engage the entire family in supporting infant feeding practices, home visitors can work with partners, fathers, and other family members to provide information and education on breastfeeding. The Institute for the Advancement of Family Support Professionals provides a module on the importance of engaging fathers in their children’s lives and the role that fathers can play in supporting breastfeeding. To access the Institute for the Advancement of Family Support Professionals fathers’ module, please refer to [The Dad Effect: Engaging Fathers in Their Children's Lives and in Home Visiting \(https://institutefsp.org/modules/the-dad-effect-engaging-fathers-in-their-childrens-lives-and-in-home-visiting\)](https://institutefsp.org/modules/the-dad-effect-engaging-fathers-in-their-childrens-lives-and-in-home-visiting). An additional resource for information on how fathers can support breastfeeding and bonding is the [Breastfeeding Center of Pittsburgh \(http://breastfeedingcenterofpittsburgh.com/bf101/fathers-breastfeeding-and-bonding/\)](http://breastfeedingcenterofpittsburgh.com/bf101/fathers-breastfeeding-and-bonding/).

Cultural Competency

Lastly, providing culturally competent care is very important as mothers of different backgrounds or who speak different languages might experience different barriers to breastfeeding. Home visitors in Minnesota frequently work with American Indian families. The U.S. Department of Health and Human Services Office on Women’s Health has developed a [Guide to Breastfeeding for American Indian and Alaska Native Families](#)

(<https://itcaonline.com/wp-content/uploads/2011/10/breastfeedingguide-nativeamerican-english.pdf>).

Everyone has implicit biases and completing an implicit bias training can assist home visitors with identifying those they might have. Implicit bias training modules are available from the Kirwan Institute: [Implicit Bias Module Series \(http://kirwaninstitute.osu.edu/implicit-bias-training/\)](http://kirwaninstitute.osu.edu/implicit-bias-training/).

To assess cultural competency, home visitors could complete a cultural competency assessment. There are many different cultural competency assessments available free online. To build cultural competency, home visitors could participate in coalitions and community gatherings to build relationships with community members that have experience providing culturally appropriate care.

Breastfeeding Self-Efficacy Scale

Breastfeeding Self-Efficacy Scale

Dennis, C.L.

2003. The Breastfeeding Self-Efficacy Scale: Psychometric Assessment of the Short Form. *Journal of Obstetric, Gynecologic & Neonatal Nursing*

Using 1 to mean "Not at all Confident" and 5 to mean "Always Confident"; how would you respond to the following statements?	Circle One				
1. I think I can determine that my baby is getting enough milk.	1	2	3	4	5
2. I think I can successfully cope with breastfeeding like I have with other challenging tasks.	1	2	3	4	5
3. I think I can breastfeed my baby without using formula as a supplement.	1	2	3	4	5
4. I think I can ensure that my baby is properly latched on for the whole feeding.	1	2	3	4	5
5. I think I can manage the breastfeeding situation to my satisfaction.	1	2	3	4	5
6. I think I can manage to breastfeed even if my baby is crying.	1	2	3	4	5
7. I think I can keep wanting to breastfeed.	1	2	3	4	5
8. I think I can comfortably breastfeed with my family members present.	1	2	3	4	5
9. I think I can be satisfied with my breastfeeding experience.	1	2	3	4	5
10. I think I can deal with the fact that breastfeeding can be time consuming.	1	2	3	4	5
11. I think I can finish feeding my baby on one breast before switching to the other breast.	1	2	3	4	5
12. I think I can continue to breastfeed my baby for every feeding.	1	2	3	4	5
13. I think I can manage to keep up with my baby's breastfeeding demands.	1	2	3	4	5
14. I think I can tell when my baby is finished breastfeeding.	1	2	3	4	5

*Note: If most responses are <3, spend time addressing client's concerns. If most responses are >3 praise client for her commitment and dedication to her baby's health

Breastfeeding Conversation Starters

Stage of Pregnancy or Parenthood	Conversation Starters
Prenatal Planning Stage	<ul style="list-style-type: none"> Do you know anyone who has breastfed?

BREASTFEEDING TOOLKIT

Stage of Pregnancy or Parenthood	Conversation Starters
	<ul style="list-style-type: none"> • What was the biggest factor in your decision to breast/formula feed? • Who supports your feeding decisions? Who will help you feed the baby during the first days? • What do you know about skin to skin? • Do you have any fears or concerns?
<p>Post-natal Initiation Stage (Immediately after birth; within 1 week of birth; within 2 weeks of birth; up to 3 months after birth)</p>	<p>For all women:</p> <ul style="list-style-type: none"> • Let’s revisit your feeding plan... • How did your expectation of feeding your baby match what happened?” • Tell me about feeding your baby yesterday?” • Have you utilized any outside supports such as WIC or a hospital CLC to answer any feeding questions?” • Do you feel like you need any additional support with feeding?” <p>For women that are breastfeeding:</p> <ul style="list-style-type: none"> • How is breastfeeding going? (What is going well for you? What has been challenging) • How are you doing and feeling? • How and where do you breastfeed? Who supports your breastfeeding? • How frequently are you feeding? • How is your milk supply? Would you like to discuss some strategies? • What concerns do you have about continuing to BF? • Do you have any major transitions coming up (housing, work, school, child care, etc) • Would you like some additional support in planning to maintain your milk supply? <p>For women that are formula feeding:</p> <ul style="list-style-type: none"> • How are you and the baby doing? • Have you tried to latch, or tried breastfeeding? • How frequently are you feeding?

BREASTFEEDING TOOLKIT

Stage of Pregnancy or Parenthood	Conversation Starters
	<ul style="list-style-type: none"> • After the baby was born, did anything make you consider breastfeeding? • Would you be interested in receiving some support to try BF now that you are home?(CLC visit or WIC peer counselor)
<p>Post-natal Maintenance Stage (3 months and beyond)</p>	<p>For all women:</p> <ul style="list-style-type: none"> • Do you have any questions about introducing solid foods? • Would you choose the same method of feeding for your next child? • How do you feel about how you are feeding your child? <p>For women that are breastfeeding:</p> <ul style="list-style-type: none"> • What has been the best thing about bf your child? • What concerns do you have about continuing to BF? • Do you have any major transitions coming up (housing, work, school, childcare, etc.) • What would want to say to a new mom who is deciding about breastfeeding? <p>For women that are formula feeding:</p> <ul style="list-style-type: none"> • What has been the best thing for you about formula-feeding your child? • What if any concerns do you have about feeding once you return to work or school?

Infant Feeding Plan

An example of an infant feeding plan developed by E. L. Fitzgerald, DrPH.

Name:		Estimated Delivery Date:		
Intervention Site:		Home Visitor:		
Hospital:		Physician:		
Infant Feeding Goals (unless medically contraindicated) -Initial all that apply				
Within 24 - 48 hours after delivery	<input type="checkbox"/> I would like to hold my baby, skin to skin, immediately after delivery to begin breastfeeding			
	<input type="checkbox"/> I want my baby to room in with me			
	<input type="checkbox"/> I do not want my baby to use a pacifier			
	<input type="checkbox"/> I do not want to give my baby formula			
	<input type="checkbox"/> I want my baby to receive the benefits of colostrum			
<input type="checkbox"/> I want to feed my baby whenever he / she shows me he / she is hungry.				
I plan to breastfeed my baby for _____ (circle one: Days / Months / Years)				
I plan to not give my baby anything except breast milk (including formula) for _____ (circle one: Days / Months / Yrs)				
Supports – List the people in your life who supports your decision to breastfeed (Ex. Partner, Mother, Sister, Friends)				
Name		Relationship	Contact Information	
Support Plan – List important contacts available to support you to meet your breastfeeding goals. (Ex. Home Visitor, Lactation Counselor, WIC Peer Counselor, Support Group, Family, Friends)				
Name	Role	Contact Information	Check all that apply	
			Contact after delivery	Visit in Hospital

Return to Work or School Plan

Washington County has created a document that lists components of a return to work or school plan. Please refer to the [Washington County Breastfeeding Support \(http://livinghealthywc.org/breastfeeding-support/\)](http://livinghealthywc.org/breastfeeding-support/) web page to access education resources

including the [Returning to Work or School Plan \(http://2ky.ee1.myftpupload.com/wp-content/uploads/2017/07/7-Returning to Work or School 7-2016.pdf\)](http://2ky.ee1.myftpupload.com/wp-content/uploads/2017/07/7-Returning-to-Work-or-School-7-2016.pdf).

Strong Community Linkages to Breastfeeding Support Systems

Many home visitors find that to best support breastfeeding mothers, they make referrals or connections to other community resources. Developing relationships with key stakeholders that also serve lactating women, reviewing referral processes, and cultivating sustainable relationships can help home visitors to build their community linkages while reducing barriers to mothers getting the support they need. Key takeaways to identifying and developing strong linkages to breastfeeding support systems include:

- Participate in a breastfeeding coalition
- Partner with WIC staff for referrals and joint visits
- Identify healthcare provider champions and connect with healthcare systems
- Improve referral and follow-up processes using continuous quality improvement methods

The [Minnesota Breastfeeding Coalition \(https://mnbreastfeedingcoalition.org/\)](https://mnbreastfeedingcoalition.org/) hosts workshops and conferences for providers. Local coalitions and [SHIP communities \(https://www.health.state.mn.us/communities/ship/contacts.html#bearth\)](https://www.health.state.mn.us/communities/ship/contacts.html#bearth) meet regularly to form connections and keep up-to-date on resources and changes within their communities. Home visitors reported that participating in a breastfeeding coalition helped them to learn about different resources in their community and develop relationships with providers to whom they can make and receive referrals. Home visitors can also attend breastfeeding and new mom support groups in their community to learn more about how these groups work and what they can provide to new mothers. A list of support groups is available from [La Leche League \(http://www.illofmndas.org/find-a-group.html\)](http://www.illofmndas.org/find-a-group.html). By making connections with support groups, home visitors can share what to expect when mothers attend these events and answer any questions mothers might have about support groups.

Building relationships with other service providers can help home visitors to make warm hand-offs, which are a referral best practice. Home visiting agencies can partner with hospitals, clinics, individual providers, and doulas to identify provider champions. Provider champions are people who are interested in advocating for policy change and partnering with others to improve the services and healthcare provided to mothers.

Partnering with WIC and providing cross-training can help both WIC and home visitors to support the health of mothers, infants, and children. Some WIC offices provide opportunities for mothers to connect with other women that have experience breastfeeding through peer counseling program. For more information on how WIC supports breastfeeding, visit [How does WIC Support Breastfeeding? \(https://www.health.state.mn.us/people/wic/bf/support.html\)](https://www.health.state.mn.us/people/wic/bf/support.html).

WIC staff can be cross-trained to complete referrals to home visiting or lactation support services. Completing a referral could involve working through a checklist of needed supports or

doing the Breastfeeding Self-Efficacy Scale to provide the referral receiving person or agency with some more information on what the mother is experiencing. Partnering on referrals in this way can reduce the amount of times mothers have to explain to new providers what they are experiencing or struggling with.

To improve connections to breastfeeding support systems, home visitors can utilize continuous quality improvement tools to assess current processes. For example, a home visiting agency may review their current procedures for making referrals and identify any gaps using a [Swim Lane Map](https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html) (<https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html>) or [Decision Tree](https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/treedigram.html) (<https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/treedigram.html>). These tools can support sustainability of community linkages as well through identifying when, how often, and who will be maintaining connections to stakeholders, providers, and support groups.

Reliable and Effective Policies and Practices that Support Families in Breastfeeding Decision-Making

Reviewing and improving policies and practices related to breastfeeding training and support can build home visitor confidence in providing services to lactating women. Key takeaways for improving reliable and effective policies and practices that support families in breastfeeding decision-making include:

- Incorporate breastfeeding training into new hire orientation
- Develop protocols for when home visitors should complete certain tools and how to share information between families and providers
- Review data regularly to track the use of tools, providing education, and discussions of critical breastfeeding time points
- Monitor referrals and follow-up to ensure families are being successfully connected to resources

As noted in the [competent and skilled workforce to support breastfeeding section](#), there are several types of trainings available for home visitors. Incorporating these trainings into new hire orientation protocols and planning for in-person trainings can improve completion of these trainings. Building training into home visitor professional development plans can improve sustainability of continued breastfeeding education.

When incorporating new tools or resources into practice, it can be helpful to develop a written protocol detailing when and how the home visitor will be expected to use the new tool or resource. For example, a protocol for the use of the Breastfeeding Self-Efficacy Scale (BSES) might include when during pregnancy and postpartum a home visitor will use the BSES with a mother, how to respond to an identified need for support, and where information on the BSES score will be recorded. When the infant feeding plan is used, a protocol should detail how a home visitor will share the feeding plan with other providers.

Home visitors must collect and share a lot of information about the families they are working with. Many home visitors have very large caseloads and managing data can become a big task and source of frustration. Organizational efforts to improve data-tracking systems can ease burden on home visitors to keep track of contacts made with families.

Successful Integration of Parent Leaders in Continuous Quality Improvement (CQI) Efforts

Parent involvement in CQI can lead to improvements that are co-created and client-centered. Parents are the experts on their own families and provide invaluable input as stakeholders. Involving parent leaders has been shown to improve outcomes. However, involving parent stakeholders as leaders in CQI is a process that requires planning. Key takeaways to successfully integrate parent leaders in CQI efforts include:

- Complete a parent readiness assessment
- Survey parents to learn about what they view as successes, challenges, and areas for improvement in home visiting and breastfeeding supports
- Set goals and develop action steps to incorporate parents as leaders in the home visiting organization and in CQI

The Home Visiting Collaborative Improvement and Innovation Network 2.0 (HV CoIIN 2.0) has developed a toolkit to build parent leadership in CQI. This toolkit provides information on the different continuum stages of building parent leadership in CQI. The toolkit provides resources for developing a parent satisfaction survey, hosting a parent focus group, and writing a CQI Team Parent Leader application. The parent leadership toolkit is available on the [MDH FHV Toolkits webpage \(https://www.health.state.mn.us/communities/fhv/toolkits.html\)](https://www.health.state.mn.us/communities/fhv/toolkits.html).

The Department of Health and Human Services has created a brief report on the many benefits that parent leaders bring to home visiting CQI projects and the stages that agencies move through when building parent leadership capacity. To access the Department of Health and Human Services report go to [Partnering with Families in Continuous Quality Improvement \(https://www.ibassoc.com/resource/partnering-families-continuous-quality-improvement/\)](https://www.ibassoc.com/resource/partnering-families-continuous-quality-improvement/).

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