
Follow Along Program Redesign: Summative Report

Minnesota Department of Health
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Executive summary

The Minnesota Department of Health's (MDH) Follow Along Program (FAP) is a free, voluntary, statewide developmental screening initiative designed to identify concerns in young children and connect families to needed services. Despite strong statewide metrics in developmental screening, longstanding disparities have limited access among families who are African American, American Indian, rural, immigrant, low-income, or non-English-speaking.

Beginning in 2021, MDH launched a multi-year redesign process with support from Management Analysis and Development (MAD). This process centered on equity, access, technology, and partnership. Key features of the redesign include:

- Establishing a Community Engagement Team (CET) to co-design strategies with families, community partners, and public health staff.
- Launching Community Connectors in 2024 to provide trusted, culturally and linguistically aligned outreach in underserved communities.
- Expand existing electronic screening systems to administer developmental and social-emotional screening to children from birth to kindergarten entrance.
- Building a feedback loop between MDH, local public health partners, community organizations, and families to continuously improve cultural responsiveness and access.

Over four years, the redesign demonstrated that trust, cultural relevance, and local partnership are essential to reaching families who have historically been excluded from early childhood systems. Community Connectors proved especially effective at building relationships, addressing barriers, and amplifying family voices within the redesign process. These relationships have brought MDH closer to the people and organizations directly serving Minnesota's diverse communities, helping build both accountability in the work and trust with families. Challenges remain—including limited access to technology, the need for more support to strengthen Connector engagement, and community mistrust of government programs. Even so, the lessons learned from this project offer clear, practical strategies for ongoing improvement and provide a model that other statewide community health programs can learn from.

Key recommendations include:

- Continue to develop culturally and linguistically responsive outreach materials in plain language.
- Prioritize trust-building by partnering with local leaders and trusted messengers.
- Offer multiple enrollment pathways, avoiding reliance on digital tools alone.
- Continue to strengthen cross-sector collaboration among local public health, MDH, and community partners.
- Provide sustained support, training, and tools for Community Connectors to maximize their impact.

Together, these strategies advance the vision of a community-informed, equitable, and accessible statewide system that supports every Minnesota family in fostering their child's healthy development.

Introduction

What is the Follow Along Program?

The Minnesota Department of Health's (MDH) Follow Along Program (FAP) is a statewide developmental screening and referral initiative for young children. [See Follow Along Program webpage for more information \(www.health.state.mn.us/mnfap\)](http://www.health.state.mn.us/mnfap). Its primary aim is to identify developmental and social-emotional concerns in babies, toddlers, and preschool-aged children as early as possible and connect families to appropriate services. Participation is free, voluntary, and open to children from birth to age three (and in some cases, up to kindergarten entry), regardless of income, immigration status, or insurance coverage.

The program asks families to periodically complete standardized Ages and Stages Questionnaires (ASQ) to assess their child's development and social-emotional skills. Families complete the ASQ and send it back to the FAP program by mail. When a developmental concern is identified, local public health partners follow up to offer guidance, services, or support based on the family's priorities.

Initiating FAP redesign

Minnesota ranks high in child well-being metrics, yet significant racial and geographic disparities persist. Despite various statewide resources for early childhood supports, children from African American, American Indian, rural, low-income, immigrant, and non-English-speaking families are systematically less likely to receive timely developmental support.

FAP aims to close this gap—but it has not yet reached all communities equitably. In 2021, MDH began a multi-year project with support from Management Analysis and Development to understand core systemic challenges. These included:

- Inconsistent program implementation across counties
- Outdated technology and barriers to enrollment
- Limited cultural responsiveness
- Challenges in coordination among service providers

Early in 2021, MDH hosted focus groups that included local public health staff to address program challenges and help reimagine FAP. What emerged was a vision for FAP as a coordinated statewide system—one designed to be more culturally and linguistically responsive, increase enrollment through streamlined technology, and expand access by leveraging trusted community relationships. MAD consultants drafted a theory of change for FAP that called for multiple modes of enrollment, a stronger online presence, streamlined data sharing, and culturally appropriate materials and supports. These efforts would later shape the family centered elements of the redesign, including the creation of Community Connectors and the commitment to engage families as active partners. Taken together, these early initiatives underscored that lasting success depends on building culturally competent infrastructure so the program can connect with families in ways that are meaningful, trusted, and inclusive.

Redesign goals

In 2024, MDH engaged with MAD to undertake a phased redesign of the Follow Along Program. The redesign emphasized:

- **Equity:** Reaching families historically underserved by early childhood systems.
- **Access:** Providing multiple culturally and linguistically appropriate pathways into the program.
- **Technology:** Piloting a centralized statewide screening platform (set to pilot in the winter of 2025-2026).
- **Partnership:** Working with Community Connectors and a diverse community engagement team to co-create the redesign.

FAP redesign contributors

The Follow Along Program redesign is driven by three interconnected parties, each playing a distinct but complementary role that has contributed and informed this project.

1. **Community Connectors** are staff from community-based organizations and work directly with families, building trust, providing culturally and linguistically responsive outreach, and helping families navigate enrollment and participation.
2. **The Community Engagement Team (CET)** brings together families, community partners, staff from local public health partners, and other early childhood system partners to share insights, identify challenges, and codevelop strategies for improving the program's reach and effectiveness.
3. The Minnesota Department of Health-Children and Youth with Special Health Needs and Disabilities **(MDH-CYSHND) staff** provide statewide coordination, hosting CET and Community Connector meetings, supporting technology and resource development, providing policy guidance, and ensuring that lessons learned from Community Connectors and the CET inform system-level improvements.

Together, these three parties create a feedback loop that grounds the program in community experience while advancing a more equitable and accessible early childhood system.

Methodology and sources

This report draws on four years of documentation, reflection, and shared learning from Community Connectors, CET, and MDH-CYSHND staff, and other invested parties. Their insights were captured through meeting notes, written reflections, reports, surveys, interviews, planning documents, and shared tools—each shaped by real-time experiences and collaborative problem-solving. This report references core materials developed both by MAD and participating parties as listed in Table 1. The individual documents from Table 1 are included in the Appendix.

Table 1: Contributing documents

Document Name	Description	Contributors
FAP Community Engagement Team 2023–2024	A summary of early CET formation, activities, and efforts.	Members of CET and MDH-CYSHND staff
FAP Community Connectors Milestone Update 2024	An update of key milestones achieved by Community Connectors in 2024.	Community Connectors and MDH-CYSHND staff
FAP Community Connectors Milestone Update 2025	An update of key milestones achieved by Community Connectors in 2025.	Community Connectors and MDH-CYSHND staff
FAP Community Engagement Team Reflections 2024 to 2025	Feedback from CET on opportunities and challenges experienced in 2024–2025.	Members of CET and MDH-CYSHND staff
May 2025 Community Connector Event	Themes from notes and presentations collected at a May 2025 Community Connector gathering.	Community Connectors
Lessons Learned on Redesign Efforts	Themes from interviews focused on lessons learned from the FAP redesign.	MDH-CYSHND staff and early MAD consultant
2025 Community Connector Summative Reports	Summary report of Community Connector efforts in 2025 from Baby’s Space, Centro Tyrone Guzman, Change Inc., FamilyWise Services, Northfield HCI, Project FINE, REFA, and Steele County	Community Connectors

Overarching themes were synthesized across these materials to identify key milestones, inflection points, collective learning moments, and recommendations. In addition to these documents, meeting notes from MAD and MDH-CYSHND staff helped to provide contextual knowledge about the program’s evolution and supported the development of final recommendations.

Timeline of activities (2021–2025)

The Follow Along Program redesign has unfolded over several years through a series of interconnected phases, each building on the insights and partnerships developed from the one before it. The process began in 2021 with early focus groups that identified key challenges and opportunities for improvement. Since then, it has steadily evolved—integrating new technology, expanding community engagement, and enhancing cultural and linguistic responsiveness. With guidance from families, community partners, staff from local public health partners, and state agencies, the redesign has progressed from identifying problems to developing solutions, piloting implementation, and improving the approach from what was learned along the way. The visual timeline below highlights key milestones in this journey, a more detailed description in Table 2 follows.

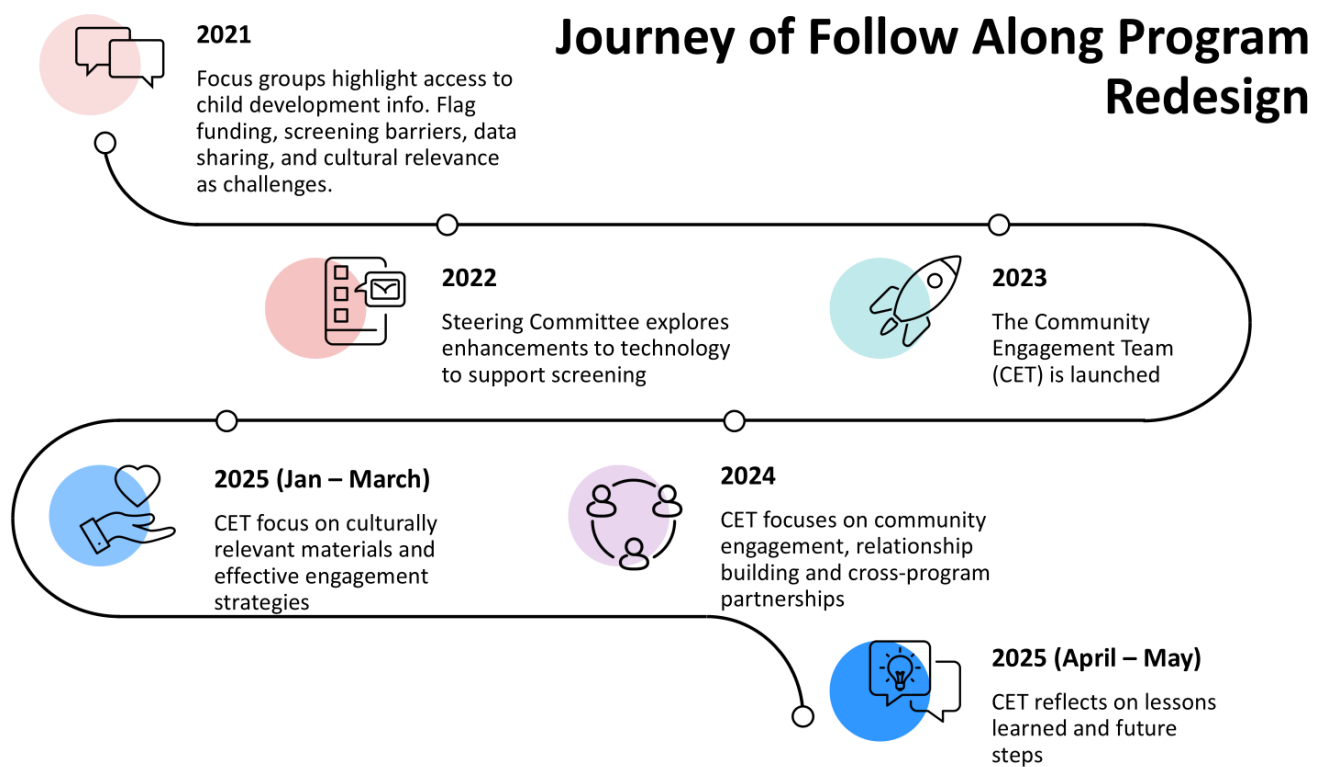


Table 2: FAP Timeline

Time period	Redesign Highlight
2021	Early focus groups with local public health staff identified benefits such as ease of access for caregivers to find out about their child's growth. Challenges included limited funding, barriers to screening, data sharing, and limited culturally relevant resources.
2022	A Steering Committee was formed to explore benefits of electronic data system to better meet screening and data collection needs.

Time period	Redesign Highlight
2023	The Follow Along Program Community Engagement Team (CET) was launched with families, staff from local public health partners, state agency, Tribal health, and community partners.
2024	The CET met regularly. Focus centered on community engagement, benefits and barriers to electronic screening and mobile app, relationship building, and cross-program partnerships to connect with families.
January to March 2025	CET members focused on culturally relevant materials and effective strategies for community engagement.
April to July 2025	CET reflected on lessons learned, practices, and key takeaways to bring to future advisory groups at the MN Department of Health.

FAP redesign: strategy and approach

The next section dives into key components of MDH’s redesign strategy, including the creation of a Community Engagement Team and the launch of Community Connectors. Together, these groups shaped recommendations for effective outreach and identified culturally and linguistically relevant practices to better serve diverse families.

Establishing a Community Engagement Team

MDH established a Community Engagement Team (CET) in 2023 to address program challenges and inform recommendations based on the FAP shared vision. From November 2023 to July 2025, the group met both virtually and in-person in focused, two-hour discussions. Members of the CET included:

- Parents and caregivers
- Childcare providers
- Staff from schools and Head Start
- Healthcare and Tribal health professionals
- Professionals from public health and community organizations
- State agency partners

From November 2023 to May 2024, the CET covered topics such as equity and engagement, FAP mobile app development, family resource support and connection needs, and developmental screening extension from age 3 to kindergarten entrance.

In the summer 2024, MDH engaged in a series of collaborative, virtual meetings with members of the CET. These meetings identified not only obstacles to family engagement, but also opportunities to identify cultural and language affirming strategies to support diverse families in FAP's priority populations. These ideas combined in the fall of 2024, when the Community Connectors identified two core goals of the redesign project's next phase:

1. Enhance coordination with local public health partners and community organizations.
2. Identify culturally, linguistically, and ability-affirming inclusive strategies to support professionals in facilitating families' enrollment, participation, and access to developmental resources and materials.

From October 2024 to July 2025, the Community Connectors in coordination with CET continued conversations focused on these two strategies to address barriers and gaps around engagement and develop and share culturally and linguistically appropriate materials.

One unintended, yet important outcome of these regular engagement efforts was that participants reported increased appreciation and awareness of the Follow Along Program. CET participants not only contributed ideas to the program redesign but also gained new insights into inclusive strategies they could apply within their own contexts to better serve a diverse group of Minnesota families. Participants reported using these insights to improve cultural responsiveness in their work, advocate more effectively for families, and actively promote the Follow Along Program within their professional and community networks. This ongoing engagement strategy—which fostered consistent feedback and dialogue among community partners—could serve as a model for other state agency programs aiming to enhance service delivery, strengthen community-level support, and ripple effect impacts across broader systems of community care.

Community Connectors: centering families in engagement

Another core component of the FAP redesign was the launching of the Community Connectors in February 2024. The goal of the Community Connectors was to build trust and improve outreach in underserved communities. Eight grantee organizations deployed culturally and linguistically aligned staff—called Community Connectors—to engage families, support enrollment, assist with questionnaires, and ensure meaningful participation in the program. The following organizations served as Community Connectors:

1. Baby's Space
2. Centro Tyrone Guzman
3. Change Inc.
4. Dodge-Steele County Community Health Board (Steele County CHB)
5. FamilyWise Services
6. Northfield Healthy Community Initiative (HCI)
7. Project FINE
8. Restoration For All (REFA)

These Community Connectors served as both navigators for families and as feedback loops to the MDH redesign effort. MDH facilitators used principles of cocreation, relational trust, and shared learning within their meetings and engagement efforts. During these meetings, Community Connectors would:

- Discuss and document barriers

- Elevate community needs
- Share promising practices for family engagement
- Inform program improvement

Community Connectors played a distinct and critical role in the Follow Along Program redesign. They are not simply outreach staff, but act as cultural brokers, trust builders, and system navigators who are working within communities that are historically left outside of public systems. The work of Community Connectors extends beyond information-sharing; it is relational, multilingual, and responsive to the unique lived experiences of families navigating early childhood services, parenthood, and challenges to meeting basic needs.

While MDH provides centralized protocols and infrastructure, and local public health partners facilitate enrollment and direct service connections, Community Connectors serve as a trusted resource and point of contact for families. Connectors proactively engage families through culturally relevant channels, identify community-specific barriers, and build bridges between families and local public health systems. This not only includes language translation and interpretation, but also the critical work of translating systems, explaining what developmental screening is, why it matters, and how families can participate—reducing fear, stigma, and bureaucratic burdens.

Contributions of Community Connectors are particularly essential for families who:

- Have children with mental health needs and/or disabilities
- Are part of focus population groups including (but not limited to) Tribal Nations, American Indian, African American, Somali, Hmong, Latino, and Karen communities, as well as those from rural and socioeconomically disadvantaged communities.
- Speak a language other than English at home
- Have low literacy or limited digital access
- Are new to their community or newly parenting

In these contexts, Community Connectors are not just facilitating access—they are cocreating pathways into the system. Their feedback to MDH provides a vital voice to a public system: drawing on insights from family interactions, they share lived experience with system barriers and bring those insights back into the redesign process. This positions them not just as outreach workers, but as active participants in shaping a more equitable and responsive public health system.

In short, Community Connectors are both the front door and the feedback channel—making the system visible, navigable, and accountable to the families it aims to serve.

Community Connectors are uniquely positioned to provide grounded, real-time reflections on what's working—and what isn't—in program outreach and engagement. Throughout the year, MDH met regularly with Connectors to share strategies, troubleshoot challenges they encountered with families, and exchange culturally and linguistically appropriate materials. These sessions also created space to share insights and build shared practices across sites.

Even though Community Connectors came from diverse communities, cultures, and lived experiences, the Connectors shared a collective commitment to helping all families—particularly those raising children with mental health challenges or disabilities—access the resources and support they need. MDH deepened this

partnership by involving Community Connectors in Community Engagement Team meetings and statewide site visits, where they engaged directly with local public health partners, strengthened connections, and cultivated trust in spaces they may not otherwise have had access to. Trust building based on shared passions for helping families was key to partnership development between local public health and community partners.

Engagement strategies that reach all Minnesota families

Effective outreach for the Follow Along Program is not the responsibility of a single entity—it relies on a network of partners working together. Community organizations, local public health partners, and MDH each hold distinct but mutually reinforcing roles that, when coordinated, expand the program’s reach and strengthen family engagement. Community Connector organizations bring trusted relationships and cultural knowledge; local public health partners offer program administration, enrollment pathways, and service connections; and MDH provides statewide coordination, consistent messaging, and accessible resources.

The recommendations below in Table 3 were identified by Community Connectors, local public health partners, and the Follow Along Program Community Engagement Team. They highlight practical actions each partner can take to build stronger relationships, improve referral pathways, and share culturally-appropriate materials. Together, these efforts ensure families—particularly those who have been historically underserved—receive timely, accurate, and relevant information about the program, understand its benefits, and feel supported in participating. This collaborative approach reflects the broader vision of the FAP redesign: a coordinated, equitable, and community-driven system that supports every child’s healthy development.

Table 3: Recommendations for coordination and outreach

Recommendation	Community Organizations	Local Public Health Partners	MDH-FAP
Build strong relationships.	Provide name and contact information to LPH staff. Invite LPH to join in community events held at their organization.	Provide community partners the name and contact information of the FAP staff person who administers the ASQs. Attend community activities.	Host meetings that bring together LPH and partners. Celebrate partner achievements. Create opportunities for collective learning, collaboration, and discussion.
Ensure communication platforms provide sufficient details for reliable referrals.	Ensure MDH and LPH have a link to the organization’s website to share with families. Provide service details such as age range and counties served, languages available, contact info, and culture-specific resources.	Provide a link to community organizations on the LPH program website. Describe the benefits of the FAP and how families can enroll. Provide service details such as age range and counties served, languages available, contact info,	Ensure LPH websites are linked on the MDH-Follow Along Program website. Create a space on the MDH-FAP website with links to community organizations that support families with young children who are at-risk or have special health needs and disabilities.

Recommendation	Community Organizations	Local Public Health Partners	MDH-FAP
	Highlight specialized services provided by the organization so families know what type of support they can receive.	and culture-specific resources.	
Provide culturally-appropriate materials that are in plain language and accessible to all.	Provide one-page handouts and electronic links to resources for families that are in their primary language and explain developmental milestones. Share created resources with LPH and MDH.	Provide plain language talking points for community partners to share with families about the benefits of the program, family stories, developmental milestones, enrollment, and participation.	Provide accessible templates in plain language with visuals and audio that can be used for flyers, handouts, and videos. Provide a resource hub with outreach materials created by partners.

Building strong referral networks is only part of ensuring families participate in the Follow Along Program. Once families are aware of the program, sustained engagement depends on how well providers connect across cultural and linguistic differences, adapt to family priorities, and create a welcoming, accessible experience. The strategies in Table 3 reflect practices shared by partners who work closely with diverse communities statewide. These recommendations emphasize trust-building, culturally responsive communication, and flexible approaches that honor each family's unique context—ensuring the program is inclusive, relevant, and truly effective for all Minnesota families.

Table 4: Cultural and linguistic strategies to support enrollment

Recommendation	All providers working with families
Building trust for enrollment	Identify trusted community leaders to help promote word-of-mouth recommendations. Engage with families in their primary language to build connection and trust. Ensure consistency in resources across programs. Share stories that highlight experiences of a wide variety of families who benefited from the program. Clearly explain to families, both in person and through written materials, what is expected of them in the program.
Meeting diverse needs for full participation	Meet families where they are at—acknowledging their unique journey and priorities. Provide flexible hours for families to meet when it's convenient for them. Share activities and resources designed for different stages in child's learning and growth. Create opportunities for back-and-forth discussions to create a dialogue with families.
Additional cultural strategies	When possible, provide in-person interpretation. Provide culturally relevant explanations or videos of concepts like "Peek-a-boo" to support translation and understanding Leverage visuals, audio, and mixed-media approaches support inclusion and access. Provide a list of common household items that families can use for developmental activities.

Reflections on cultural and linguistic outreach practices

In May 2025, Community Connectors gathered for a day-long, in-person retreat to reflect on outcomes achieved, common challenges, key learnings, and strategies for engaging families from a variety of cultures, languages, and communities—both urban and rural. They emphasized that a one-size-fits-all model will inevitably miss families the program is designed to reach. Connectors discussed approaches such as meeting families in varied settings, participating in community events, conducting faith-based outreach, and relying on word-of-mouth. *“You need a truth teller—a trusted person that says, this program is good.”*

Connectors described trust-building as a gradual, non-linear process, *“Successful processes are not linear—it circles and goes back and forth.”* In their navigator role, they often assisted families with needs beyond the Follow Along Program, including securing employment, making health care appointments, and finding housing. These efforts deepened relationships, reduced dropout, and fostered ongoing participation. Success, they noted, was measured by trust, amplified through referrals, and the quality of support provided. They worked to build emotional and psychological safety by making families feel supported, creating spaces they wanted to return to, and celebrating small wins along the way.

At the same time, Connectors affirmed the importance of their role in navigating ongoing systemic barriers that limit program awareness and hinder enrollment among families who could benefit most. They shared stories of confronting skepticism from families reluctant to share personal information or concerned about federal immigration policies, *“Fear within the community is real, and people are hesitant to engage.”* Others stressed the importance of plain language in translated materials, noting that *“speaking the language is not sufficient”* given the wide range of literacy levels. Connectors also described the difficulty of translating developmental expectations based on Western norms for families unfamiliar with them. Finally, they cited organizational delays that slowed engagement and logistical challenges in reaching families in very rural areas.

Program outcomes, enrollment, and participation

Seven agencies submitted summative reports on their Community Connector work at the end of July 2025 (see Appendix). These agencies were Baby’s Space, Centro Tyrone Guzman, Change Inc., FamilyWise Services, Northfield HCI, Project FINE, REFA, and Steele County CHB.

Across these reports, agencies demonstrated that strong engagement—despite persistent systemic challenges—was key to successfully reaching and enrolling families in priority populations. While each agency employed unique implementation strategies, all navigated their own challenges and achieved success in their own ways.

The following synthesis highlights key themes, strategies, and challenges reported by the seven agencies participating in the Community Connector initiative. Their experiences offer valuable lessons for future outreach, enrollment, and engagement efforts with priority populations.

What worked well

Finding new families

Community Connectors used a range of outreach strategies, including hosting or tabling at family events, meeting families at hospitals, connecting with those already engaged in other programs, and partnering with faith-based and nonprofit organizations to share flyers or conduct outreach at school gatherings and resource fairs. They emphasized that using both formal and informal opportunities and using plain-language flyers—available in multiple languages and featuring culturally relevant images—were essential for inviting families into the program.

Some leveraged mass communication tools, local media, and social media to expand their reach, using methods such as text messaging, WhatsApp, local public health websites, radio, Facebook, and other platforms. Many noted that a mix of in-person and virtual strategies was valuable, but in-person interactions were consistently the most effective for building trust and new connections.

Connecting to new families

Successful engagement depended on meeting new families where they are, both culturally and logistically. Culturally relevant materials written in a family’s first language boosted understanding and trust. Materials included culturally relevant flyers with images of cultural patterns or familiar toys, bilingual children’s books, parent workbooks, or worksheets with educational websites and resources.

- *"Having clear, easy-to-understand flyers in both English and Spanish made a difference in promoting the Program." —Northfield HCI*

Some agencies already had trusted messengers embedded in their programs, enabling easier access to new families and strong trust at the outset. Others were in the process of cultivating these connections to reach families they had not previously engaged.

- *“The use of trusted messengers such as community elders, mothers, interpreters, promotoras de salud, and faith leaders was one of the most effective strategies for building rapport and overcoming skepticism” —REFA*

Another agency used multiple methods to regularly engage with families navigating their early childhood programming, including sharing videos about FAP to interested families.

- *“[We used] video of families sharing their story about how participating in the Follow Along Program has helped them and their child.” —Baby’s Space*

Enrolling families

Once connections were made, agencies focused on streamlining the enrollment process to ensure families could easily access the Follow Along Program.

Community Connectors found that technology-assisted enrollment—such as QR codes linked to online forms—was effective for tech-savvy families. However, many families preferred paper applications due to technology concerns or comfort levels.

To streamline onboarding, some Connectors introduced the FAP alongside a paper copy of the ASQ, explaining the program and the questionnaire process immediately. In these cases, Connectors provided live demonstrations on completing the ASQ and guided families through how to prepare and mail the form.

- *“What worked with families participating in Follow Along was using the physical ASQ’s form when explaining about the program and showing example questions from the forms.” —Centro Tyrone Guzman*

Stronger relationships led to better outcomes

The FAP redesign process was responsive and made improvements over time. Both partners and Connectors shifted their work in real time in response to frequent and regular meetings hosted by DHS where they learned more about the program and heard feedback and best practices from their colleagues. As Community Connectors strengthened relationships with community partners and county public health staff, they reported better collaborations and improved outcomes.

- *“It is helpful to connect the faces in our community with their programs across the state and get a better idea of how the various MDH programs for young children connect and support families.” —Project Fine*
- *“By collaborating closely, we’ve been able to offer families a more coordinated system of support...This partnership has helped build a strong referral pathway to the Follow Along Program and other early childhood services.” —Northfield HCI*

Because counties administer FAP differently, these relationship-building efforts were tailored to local contexts. Examples included improving coordination between local public health partners and families, creating data-sharing agreements, and advocating for earlier developmental screenings—moving from eight months to four months—to allow for earlier intervention and support.

- *"We have recently met with Ramsey County public health to collaborate on what we have learned within the program as well as how they plan to implement. We discussed the need for early-on ROI [release of information] signing to ensure stronger collaboration can be had from the beginning." —FamilyWise Services*

Navigating persistent challenges

Technology and process barriers

While technology was effective in supporting online enrollment, it was not a universally effective tool for all families.

- *"We learned that relying solely on digital tools excluded families who either don't use smartphones regularly or don't feel confident navigating online forms." —Northfield HCI*

In addition, two Community Connectors shared that they had persistent challenges with families that were missing ASQs either because the family never received one or had lost it. Another shared about a family that received the wrong ASQ for their child's age, which unnecessarily delayed the family's participation in the program.

Balancing capacity and timing

Community Connectors reported difficulties in engaging some families in the program and in maintaining follow-up after initial contact. They noted that many families were preoccupied with meeting basic needs, managing other pressing priorities, or were simply not ready to discuss their child's developmental milestones.

- *"When enrollment was introduced too early in any conversation, families shut down." —REFA*
- *"Our Latine families have continuously been worried...[they] are prioritizing their families' basic needs, which means working, getting resource connections, and legal resources." —Centro Tyrone Guzman*

Other Connectors described difficulties in reaching families after the initial contact due to frequently changing phone numbers and unpredictable work schedules. They emphasized that enrolling families immediately—while engagement was still fresh—proved to be a more effective approach.

- *"Some families who initially expressed interest in the Follow Along Program were difficult to reach later due to changing phone numbers, lack of voicemail set-up, or shifting work schedules. This created missed opportunities for enrollment. We learned that immediate, on-the-spot enrollment tends to work better than delayed follow-up, whenever possible." —Northfield HCI*

Relationships and trust

Building relationships and trust has consistently emerged as a key theme throughout the FAP redesign. When missing, Community Connectors faced significant barriers in reaching the core populations the redesign aimed to support.

Connectors who are newer to working with certain communities emphasized the importance of partnering with trusted local figures or organizations to help with engagement. Without these trusted intermediaries, outreach efforts might fall flat.

- *"Reaching the Somali population has been harder than we thought. Breaking down the barriers has been difficult." —Steele County*

In addition to these relational challenges, Connectors observed broader ripple effects stemming from federal policy shifts that began in 2025. Connectors reported that these changes created fear and uncertainty especially among immigrant communities, further complicating engagement efforts.

- *"It has been devastating for the communities we work in to have to reset how we meet, how we provide services, and how we organize events due to fear of the anti-immigrant practices from the Federal Government" —Change Inc.*

Communication and accessibility

Quality translations and reliable interpreters weren't always available to Connectors. Communication was further complicated when taking into consideration different dialects or regional colloquialisms.

- *"Miscommunication occurred when interpretation wasn't available or materials relied on automated translation tools (e.g., Google Translate). Differences in dialects and cultural context rendered even well-intentioned translations ineffective in some cases." —REFA*

Community Connectors also shared that families were challenged by the technical jargon in enrollment documents that would allow them to more independently navigate program. Community Connectors needed to translate and interpret language but also bigger concepts like "developmental delay."

- *"The enrollment process, especially the forms with legal language, was often seen as complex or intimidating. Long, technical wording and unfamiliar concepts (e.g., "developmental delay") made it difficult for caregivers to engage without support." —REFA*

Reflections from MDH-CYSHND staff

In May 2025, MAD conducted interviews with two MDH-CYSHND staff members and a consultant involved in the initial stages of the FAP redesign pilot (see Appendix "Lessons Learned on Redesign Efforts") to reflect on the project's evolution, key challenges, and lessons learned. From early environmental scans to sustained partnerships with Local Public Health (LPH) agencies, the project's arc reveals a deliberate shift from transactional outreach to authentic collaboration. Interviewees emphasized that trust was cultivated through direct engagement—meeting partners "on their turf," listening deeply, and fostering shared ownership. This approach transformed stakeholders from strangers into allies, laying a foundation for continued dialogue and mutual investment. The consistent theme across narratives is that genuine relationships are not just a strength—they are the main engine of transformation.

Yet, the journey was not without obstacles. Interviews touched on persistent tensions between the need for flexibility and the constraints of existing policies and broader system barriers. Challenges included gaps in

translation in smaller counties and inconsistent interpretations of state policies, both of which complicated program service delivery. Staff turnover and fragmented redesign efforts early on further disrupted continuity, underscoring how internal shifts can slow progress. Interviewees called for clearer alignment between principles and practice, and for state systems that allow families to articulate their needs, and shift their processes to better accommodate family needs, rather than force them to navigate rigid bureaucratic structures. These reflections point to a critical lesson: adaptability must be built into the system, not bolted on as an afterthought.

Finally, the project's commitment to equity and cultural relevance emerged as both a driving force and a persistent challenge. Interviewees acknowledged that historically underrepresented communities were not adequately reached, and that structural biases within state systems continue to exclude certain groups. The pilot's rollout revealed disparities in participation and feedback, often skewed toward better-resourced counties. There was a shared call to elevate community voices in decision-making and to resist the drift toward centralized, siloed models that erode trust. Moving forward, the path must balance scalability with local flexibility, ensuring that programs remain responsive, inclusive, and rooted in the lived realities of the families they aim to serve.

Recommendations

Community Engagement Team (CET), and MDH-CHYSND staff highlight the need to keep strengthening FAP as a family-centered program. The lessons documented in this report are clear and consistent across the redesign journey. MDH-CHYSND staff led an engagement model that united two key groups: the CET, which provided ongoing feedback, and the Community Connectors, who handled outreach and surfaced on-the-ground challenges and opportunities. This model strengthened the Follow Along Program and offers a template other MDH programs can use to pursue community-centered redesign statewide. Local partnerships have also deepened MDH's connection to those serving Minnesota's diverse communities, promoting accountability and building trust with families. The recommendations that follow include several initiatives already underway and others that merit continued investment.

Prioritize trust-building and community engagement

Trust is foundational. Agencies that partnered with local leaders and used trusted messengers saw stronger engagement, especially in communities facing systemic barriers.

Recommendations:

- Continue hosting engagement opportunities in future program design with families, local public health partners, and Community Connectors leveraging Art of Hosting techniques like World Café.
- Leverage the FAP redesign process as a model for other statewide programs to ensure all communities in Minnesota are intentionally included and not excluded from state systems.
- Provide guidance on engaging multilingual staff and Community Connectors.
- Share strategies on how to build a word-of-mouth campaign.
- Promote “best places” to engage families (e.g., hospitals, schools, faith-based events).
- Provide ideas on how to create cost-effective incentives to encourage participation.

Continue to develop culturally-responsive communication materials

Families responded best to materials that were clear, culturally relevant, and available in their preferred language. Miscommunication and language inaccessibility were major barriers.

Recommendations:

- Provide clear, simple flyers in multiple languages.
- Ensure plain language is used across all materials.
- Include visuals to explain program benefits.
- Develop a script toolkit for Connectors to ensure consistent and culturally-responsive messaging.
- Provide ideas for culturally-specific activities (e.g., familiar toys, cultural patterns, bilingual books).

Offer multiple enrollment pathways and strategies

Enrollment is most effective when it is immediate, simple, and responsive to families' comfort levels. Avoid relying solely on technology—offer alternative enrollment options for families with limited digital access or preferences.

Recommendations:

- Use multiple enrollment options (paper, QR codes, online forms).
- Develop staff guidance to walk families through enrollment on the spot.
- Use visual demonstrations of ASQ completion.
- Avoid jargon and explain key concepts like “developmental delay” in accessible terms.
- Promote strategies that create a “door always open” relationship, recognizing that some families may delay engagement due to more urgent needs.

Continue to strengthen cross-sector collaboration

Stronger relationships with public health and community partners led to better coordination, earlier screenings, and more effective outreach.

Recommendations:

- Share lessons learned about cross-sector collaboration of the Follow Along Program.
- Provide shared learning opportunities with county public health partners to directly engage with frontline workers.
- Provide templates for information-sharing agreements to streamline referrals and follow-up among partners.

Provide sustained support and capacity building for Connectors

Connectors faced challenges with timing, capacity, and follow-up. Having tools, scripts, and clear guidance helped them stay responsive and effective.

Recommendations:

- Promote and continuously develop a script toolkit for Connectors.
- Provide training on timing and pacing of enrollment conversations—include role playing scenarios to help build confidence and practice.
- Build strategies to help Connectors provide support to families navigating technology barriers and follow-up logistics.

Conclusion

The Follow Along Program redesign has helped move Minnesota closer to a family-centered, equity-driven model of early childhood developmental screening. By embedding community voices, elevating cultural and linguistic responsiveness, and strengthening partnerships across public health and community systems, the program is reshaping how families engage with statewide services.

The central lesson is clear: systems change is relational. Trust cannot be mandated through policy or technology—it must be built through authentic engagement, shared learning, and ongoing collaboration with those most affected. The FAP engagement model, leveraging Community Connectors and the CET, illustrate how state agencies can partner meaningfully with families and communities to transform access and equity.

Looking ahead, sustaining this progress will require:

- Continuous investment in culturally-responsive infrastructure.
- Flexibility in enrollment and program delivery to meet families where they are.
- Deeper integration of community insights into statewide policy and practice.

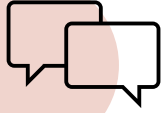
If maintained and scaled to other early childhood systems of support, the Follow Along Program offers a model for community-informed public health services—one where families are not only participants but also codesigners, ensuring that Minnesota’s youngest children, regardless of background, have the opportunity to thrive.

Appendix

The following supporting materials informed this report and were developed by MAD or Follow Along Program partners between 2021 and 2025.

1. Follow Along Program Redesign Timeline, prepared by MAD
2. FAP Community Engagement Team 2023–2024, prepared by MAD
3. FAP Community Connectors Milestone Update 2024, prepared by MAD
4. FAP Community Connectors Milestone Update 2025, prepared by MAD
5. FAP Community Engagement Team Reflections 2024 to 2025, prepared by MAD
6. Lessons Learned on Redesign Efforts, prepared by MAD
7. May 2025 Community Connector Event, prepared by MAD
8. Baby’s Space 2025 Community Connector Summative Report
9. Centro Tyrone Guzman 2025 Community Connector Summative Report
10. Change Inc. 2025 Community Connector Summative Report
11. FamilyWise 2025 Community Connector Summative Report
12. Northfield HCI 2025 Community Connector Summative Report
13. Project FINE 2025 Community Connector Summative Report
14. REFA 2025 Community Connector Summative Report
15. Steele County 2025 Community Connector Summative Report

Journey Of the Follow Along Program Redesign



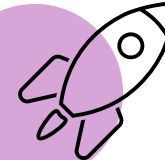
2021

Early focus groups with Local Public Health staff identified benefits such as ease of access for caregivers to find out about their child's growth. Challenges included limited funding, barriers to screening, data sharing, and limited culturally relevant resources.



2022

A Steering Committee is formed to explore benefits of electronic data system/mobile app to better meet screening and data collection needs.



2023

The Follow Along Program Community Engagement Team (CET) is launched with families, Local Public Health, State Agency, Tribal Health and community partners.



2024

The CET met regularly. Focus centered on community engagement, benefits and barriers to electronic screening and mobile app, relationship building, and cross-program partnerships to connect with families.



2025 (Jan – March)

CET members focus on culturally relevant materials and effective strategies for community engagement.



2025 (April – July)

CET reflected on lessons learned, practices, and key takeaways to bring to future advisory groups at the MN Department of Health.

Follow Along Program Community Engagement Team 2023-2024



The Minnesota Department of Health Follow Along Program invited 27 program partners and members of the public to participate in the Community Engagement Team from November 2023 through May 2024. When describing themselves, cohort members emphasized a variety of identities, often motherhood/parenthood. In surveys, the cohort varied considerably in geographic region, age (respondents ranged in age from 33 to 58), and preferred method of communication/information. Meanwhile, the cohort identified as disproportionately female, white, and middle or high income.

Core themes

The 2023-2024 Community Engagement Team returned to three core themes time and again:



- **Shared vision:** Every Minnesota family has a right to a high-quality early childhood system.
- **Persistent disparities:** While Minnesota has prioritized young children and families in systems work, troubling disparities still exist.
- **Five-year plan:** The Follow Along Program has adopted a Five-Year Plan that will be implemented using an implementation science framework.

Topics covered

Equity and Engagement

Illustrative question: How can the Follow Along Program reach and support all Minnesota families?

Illustrative quote: If all systems can “talk” once screenings and referral has been placed.

Electronic Platform with Mobile App and Data System

Illustrative question: What do you see as barriers for caregivers to using an Electronic Platform and Mobile App? What concerns do you have or predict related to data privacy?

Illustrative quote: I love all the features it has, activities, and easy to follow questionnaire. As a PHN I am curious if I will be able to interact with my family through the app as one of their coaches or how that works.

Connections to Supports and Services

Illustrative question: What resources are important to share with families?

Illustrative quote: The “why” is important to communicate. There is stigma that exists about the program especially within certain populations.

Importance of Developmental Screening and Extending to Kindergarten Entrance

Illustrative question: What are your reactions to expanding to Kindergarten?

Illustrative quote: Children over 3 are often found to have delays or the need of the FAP program. Having the program open to age 5 or older will be beneficial.

The Follow Along Program Community Connectors Milestone Update

August 2024

Background information

The Community Connector project is part of the Minnesota Department of Health (MDH) Follow Along Program redesign. The Follow Along Program is funded through the Healthy Beginnings, Healthy Families Act in Minnesota 2023 Statute 145.9575. An overview and background information on the Follow Along Program is provided below.

Follow Along Program Overview

The Follow Along Program identifies developmental and social-emotional areas of need in young children, connects them with services as early as possible and continues to support them in their development throughout early childhood. Families complete periodic questionnaires (called Ages and Stages Questionnaires) focused on developmental and social-emotional skills. When needs are identified, staff from local public health departments then follow-up with families. [Follow Along Program webpage \(www.health.state.mn.us/mnfap\)](http://www.health.state.mn.us/mnfap).

Minnesota is commonly at the top of state rankings for overall health, education, and economic outcomes. Ninety-five percent of parents of young children (0-5 years old) and 92% of parents of all children (0-17 years old) report their child's health as excellent or very good. However, underneath the impressive averages lie deep disparities that fall primarily along racial lines, with African American and American Indian communities experiencing the brunt of these inequities. Myers and Ha coined a term for this incongruity between the state's overall high measures of disparities, "the Minnesota Paradox." There are long-standing and enduring gaps in infant mortality, poverty rates, third grade reading proficiency levels, and a host of other indicators between white children and children of color and American Indian children.

Minnesota faces significant challenges in implementing a coordinated and equitable system that supports the well-being of young children and their families – leaving many without receiving needed services and supports. For instance, though 15-17% of children under age six are estimated to have one or more developmental disabilities, under 5% of children in that age group were served by early childhood special education (ECSE) services.

Minnesota's Follow Along Program was developed to help fill a gap in our state's early childhood system. The program does this by working with families to complete periodic questionnaires focused on developmental and social emotional skills and then connecting families with services and supports

based on areas of need identified through the questionnaires. The program does not have any eligibility requirements (other than children must be between the ages of birth to three years of age and sometimes up to kindergarten entrance, depending on the local Follow Along Program) and is provided at no-charge for families. Participating in the Follow Along Program does not require a face-to-face visit, nor any documentation to verify immigration status or citizenship. However, the program is not reaching all families in an equitable way. For instance, the program has low levels of enrollment and participation from families who speak a language other than English in the home, families new to the county, families with lower literacy levels, families from the more rural areas of the state, and families from other historically oppressed communities (such as Tribal Nations and African Americans).

For the Follow Along Program to be more inclusive for all families, MDH is in the process of evaluating and improving the program. The program updates will be implemented in phases and will include the following components – based on ongoing input from a wide variety of families, providers, and community partners:

- A cohesive program brand and culturally and linguistically inclusive and accessible communications/outreach materials.
- A centralized, statewide electronic screening platform (i.e., a mobile application) where families can access information about child development and complete developmental and social-emotional questionnaires. MDH expects to start piloting this platform in the Fall of 2024.
- A cadre of Community Connectors available to support families in more culturally and linguistically inclusive ways as they enroll and participate in the program for the duration of the Community Connector project (February 2024-July 2025).
- A community engagement team will be called on to give input to the process. The community engagement team is a group of partners that support young children and their families that meets on a monthly basis. The team makes recommendations and provides feedback to inform program updates. Members include local and tribal public health staff, families, staff from community-based organizations, schools, higher education, Head Start, child care, healthcare, social services, and interagency state partners.

Community Connectors Project Overview

MDH sought collaboration with a group of organizations to support a Community Connectors component of the Follow Along Program Redesign. The goal is to better reach populations that have been historically underserved by the Follow Along Program. Since February of 2024 the grantee organizations have been recruiting and deploying a group of Community Connectors to provide culturally and linguistically inclusive outreach and navigation support for families as they enroll and participate in the Follow Along Program. The Follow Along Program Community Connectors specifically serve families from a focus population group(s). Focus population groups are historically oppressed groups, including (but not limited to) Tribal Nations, American Indian, African American, Somali, Hmong, Latino, and Karen communities, as well as those from rural and socioeconomically disadvantaged communities.

There are eight Community Connectors organizations:

1. Baby's Space
2. Centro Tyrone Guzman
3. Change Inc.
4. Dodge-Steele County CHB
5. FamilyWise
6. Northfield Healthy Community Initiative
7. Project FINE
8. Restoration For All

Outreach, Enrollment, and Family Support

Community Connectors provide culturally and linguistically inclusive navigation assistance to families as they learn about the Follow Along Program, enroll, complete developmental questionnaires, and receive follow-up services. This includes providing outreach to families and caregivers with young children via social media, virtual meetings, and training events to teach them about the program. MDH provides outreach materials to Community Connectors to distribute electronically and/or at events. Community Connectors are available to interpret and translate materials as needed for families.

Once the Community Connectors have assisted a family or caregiver with enrollment into the Follow Along Program, they coordinate a collaboration plan that may include the local public health agency implementing the program. This allows the Connectors to assist families who may need language support in completing paper or electronic questionnaires, being connected with services, etc.

Community of Learning

Grantees participate in a community of learning facilitated by MDH. The community of learning includes monthly virtual opportunities for grantees to gather and learn collaboratively with and from one another. At least one Community Connector from each grantee organization is expected to attend all community of learning meetings.

As a part of the community of learning, grantees discuss and share promising practices that provide culturally and linguistically inclusive methods for assisting families. This includes how to support families in completing Ages and Stages Questionnaires, how to best share results and developmental activities, as well as recommendations for specific resources and/or service providers who specifically serve young children from the focus populations. MDH will compile the learning and development of activities and resources created by the Community Connectors. The result will be a toolkit and resource guide to support families statewide as they participate in the Follow Along Program and access services.

MDH Approach to ensure program success

MDH has purposefully employed a number of innovative strategies to help create an environment to help the Community Connectors be successful.

Values and Guiding Principles

First MDH guides the Community Connectors project based on a set of values and principles.

- Changing the power dynamic, with the state government as learners in the project. Community Connectors are teaching those who are traditionally in power.
- There is also mindset of co-creation instead of typical top-down approaches from government to grantees. The orientation to the Community Connector project is around “learning from each other”.
- Community Connectors are helping families navigate the Follow Along program in partnership with the family’s local public health agency. Their focus is on supporting families while documenting what barriers the family faces along the way. In ongoing Community of Learning meetings and activities, the Community Connectors share with MDH what families need to be successful when enrolling and participating in the Follow Along Program. MDH has arranged for one-on-one meeting with local public health Follow Along Program staff as well as coordinating in-person meeting across the state to help build capacity and sustainability within the Community Connector organizations.
- Recognizing that the Community Connectors program is based on relationships and partnerships. The program is an investment in relationship building and trust building. Relationships are at the core of the success of the Follow Along Program.

MDH Supportive Approaches and Mechanisms

1. **In-person site visits** - To kick-off the grant program, MDH staff visited each Community Connectors organization. MDH facilitated circle conversations using the Circle Way method “where we come together in a place of circle”. MDH staff asked each Community Connectors organization – what calls them or brings them to this work.
Note: The Circle Way gathers people into a circular shape with participants at the rim and the purpose in the center. Each person has a voice, and everyone can see and hear one another. Social agreements and practices help facilitate respectful conversation. The circle supports a leader in every chair.
2. **Basecamp** – MDH selected a technology platform for sharing parameters of the program as well as materials and ideas between and with grantees. Basecamp is a web-based collaborative workspace where Community Connectors can easily access and post materials that has a shared calendar to track contract deliverables.
3. **Frequently Asked Questions (FAQs) resource** – MDH assembled an ongoing list of frequently asked questions and answers/responses. Grantees then have a resource to access on Basecamp that addresses issues and questions for them.
4. **Open office hours** – MDH holds open office hours at least once a month as a mechanism for grantees to ask questions, express concerns, or issues and/or a place for grantees with similar questions to connect with each other.
5. **Community of Learning** – MDH facilitates the Community of Learning using the Art of Hosting as an underlying approach/practice. MDH is employing the philosophy of setting the stage to

bring folks together with the Community Connector project. The hosting approach allows the Community Connectors organization staff to lead the conversation in directions that are helpful for them. With the hosting approach, grantees are able to tell a story, share something important to them or ask questions of each other.

6. **Building connections with local public health (LPH)** – MDH convened a series of meetings between Community Connectors and local public health in summer 2024. The goal was to build relationships, bridges, connections, and a sense of trust between Community Connectors and LPH.

Milestone Update – Summer 2024

Follow Along Community Connectors and MN Local Public Health Regional Summer 2024 Meetings

Meetings were organized to create an opportunity for Community Connectors and local public health staff to meet and discuss how they can support the Redesign of the Follow Along Program by incorporating culturally, linguistically, and ability-affirming strategies and resources.

MDH facilitated the meetings using relationship-building methods such as the Circle Way approach.

The meetings had the group focus on interactions with the following qualities “speak with intention”, “listen with attention” and “look after the well-being of the whole”.

These collaborative meetings between the Community Connectors and LPH were 3-hours in duration. The meetings were hosted by MDH in six areas of the state.

- **Metro** - June 26 at *Dakota County Northern Service Center* in West St. Paul (Service area: Anoka, Hennepin, Ramsey, Chisago, Carver, Scott, Washington, Dakota counties)
- **Southwest** - July 16 in *Redwood Falls at the Pizza Ranch* (Service area: Big Stone, Brown, Blue Earth, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac Qui Parle, LeSueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan, Yellow Medicine counties)
- **Northeast - July 31** at *Carlton County Health & Adult in Cloquet* (Service area: Aitkin, Carlton, Cook, Isanti, Itasca, Kanabec, Koochiching, Lake, Mille Lacs, Pine, St. Louis counties)
- **Northwest - August 13** at *Pennington County Government Center in Thief River Falls* (Service area: Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake, Roseau counties)
- **West Central - August 14** at *Otter Tail Government Center in Fergus Falls* (Service area: Becker, Benton, Cass, Clay, Crow Wing, Douglas, Grant, Morrison, Otter Tail, Pope, Sherburne, Stevens, Stearns, Todd, Traverse, Wadena, Wilkin, Wright counties)
- **Southeast - August 28** at *Olmsted Public Health in Rochester* (Service area: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Winona counties)

Benefits of FAP CC/LPH Meetings

Key take aways from meetings with LPH included:

- Timely communication with families is key, long breaks between connection disrupts relationships.
- Trust takes time and can be easily lost. Relationships matter, without it there will not be active participation in the program.
- Asset-based approach in what resources communities have and how we can collaborate.
- We need to use plain language to communicate what the Follow Along Program is and how it can support families. (e.g., instead of saying development, say learning and growing)
- Community organizations have been supporting families for generations and are often the trusted resource families go to first. They are public health.
- Not having formal partnerships between Local Public Health programs and community-based organizations is a barrier to coordinated support for families.
- Collaboration is critical to meeting the needs of children and families in our communities. We can't do this work alone, collaboration with local partners is key.

Hoped for Results and Next Steps from FAP CC/LPH Meetings

We have spent the initial 6 months of the Community Connector project learning about the Follow Along Program and how we will do outreach and awareness to enroll families. We have the next 9 months to learn how families can best participate and make the connection to supports and services. We will focus our ongoing conversations on the strategies and resources you have been using to shape the Redesign of the Follow Along Program to be culturally and linguistically inclusive.

The Follow Along Program Redesign

Community Connector Milestone Update

February 2025

Introduction

The Community Connector project is part of the Minnesota Department of Health (MDH) Follow Along Program redesign. The Follow Along Program (FAP) is funded through the Healthy Beginnings, Healthy Families Act in Minnesota 2023 Statute 145.9575. The goal of the program redesign is to better reach populations that have been historically underserved by the FAP. Since February 2024, grantee organizations have been recruiting and deploying a group of Community Connectors to provide culturally and linguistically inclusive outreach for families as they enroll and participate in the FAP.

The FAP Community Connectors specifically serve families from focus population groups, including (but not limited to) Tribal Nations, American Indian, African American, Somali, Hmong, Latino, and Karen communities, as well as those from rural and socioeconomically disadvantaged communities. In addition to Community Connectors, a Community Engagement Team serves the role as an advisory group for this project. The Community Engagement Team is made up of families, organizations, and state agency partners.

This milestone update provides community partners and local public health organizations a summary of key learnings along the way.

Identification of key considerations

MDH engaged community and local public health agency partners in the summer of 2024 in a series of in-person meetings to discuss how to incorporate culturally, linguistically, and ability-affirming strategies into the FAP redesign. Over the fall, the Community Engagement Team and Community Connectors reviewed the learnings from those meetings and identified key considerations and recommendations. These include:

- Coordination with Local Public Health (LPH) and community organizations, including outreach resources
- Culturally, linguistically, and ability affirming inclusive strategies to support professionals in facilitating families' enrollment, participation, and access to developmental resources and materials

Coordination and outreach resources for LPH and partners

A strong relationship and clear channels for communication between Local Public Health (LPH) and community organizations are essential for families enrolling in and participating in the FAP program. This foundation helps community partners to fully support families in accessing resources and materials that LPH provides. Reliable informational resources, such as an organization's website, provide clear channels for communication and referrals. Culturally appropriate materials available in plain language and ability affirming messages support easy

translation and interpretation of the program for partners and families. Supportive and clear messages will provide families what they need to do to enroll and participate.

Table 1: Recommendations for coordination and outreach

Recommendation	Community Organizations	Local Public Health	MDH – FAP
Build strong relationships	<p>Provide name and contact information to LPH staff.</p> <p>Invite LPH to join in community events held at their organization.</p>	<p>Provide community partners the name and contact information of the FAP staff person who administers the ASQs.</p> <p>Attend community activities</p>	<p>Host meetings that bring together LPH and partners.</p> <p>Celebrate partner achievements.</p> <p>Create opportunities for collective learning, collaboration, and discussion.</p>
Ensure communication platforms provide sufficient details for reliable referrals	<p>Ensure MDH and LPH have a link to your organization’s website to share with families.</p> <p>Provide details such as age range and counties served, languages available, contact info, and culture-specific resources.</p> <p>Highlight specialized services provided by your organization so families know what type of support they can receive.</p>	<p>Provide a link to community organizations on the LPH program website.</p> <p>Describe the benefits of the FAP and how families can enroll.</p> <p>Provide details such as age range and counties served, languages available, contact info, and culture-specific resources.</p>	<p>Ensure LPH websites are linked on the MDH-Follow Along Program website.</p> <p>Create a space on the MDH-FAP website with links to community organizations that support families with young children who are at-risk or have special health needs and disabilities.</p>
Provide culturally appropriate materials that are in plain language and accessible to all	<p>Provide one-page handouts and electronic links to resources for families that are in their primary language and explain developmental milestones.</p> <p>Share created resources with LPH and MDH.</p>	<p>Provide plain language talking points for community partners to share with families about the benefits of the program, family stories, developmental milestones, enrollment and participation.</p>	<p>Provide accessible templates in plain language with visuals and audio that can be used for flyers, handouts and videos.</p> <p>Provide a resource hub with outreach materials created by partners.</p>

Additional cultural and linguistic strategies for professionals to support enrollment, participation and access to resources

Community connectors, LPH and the Community Engagement Team emphasized the importance of centering the diversity of languages and culture to support enrollment, participation and trust building with families.

Table 2: Cultural and linguistic strategies to support enrollment and participation

Recommendation	All providers working with families
Building trust for enrollment	<ul style="list-style-type: none">Identify trusted community leaders to help promote word-of-mouth recommendationsEngage with families in their primary language to builds connection and trustEnsure consistency in resources across programsShare stories that highlight diverse family experiences who benefited from the programClearly explain to families, both in person and through written materials, what is expected of them in the program
Meeting diverse needs for full participation	<ul style="list-style-type: none">Meet families where they are at —acknowledging their unique journey and prioritiesProvide flexible hours for families to meet when it’s convenient for themShare activities and resources designed for different stages in child’s learning and growthCreate opportunities for back-and-forth discussions to create a dialogue with families
Additional cultural strategies	<ul style="list-style-type: none">When possible, provide in-person interpretationProvide culturally relevant explanations for western-derived concepts like “peek-a-boo”Leverage visuals, audio, and mixed-media approaches support inclusion, accessProvide a list of common household items that families can use for developmental activities

Early Reflections and Next Steps

Trust is key

Community partners, Local Public Health (LPH), and the Community Connectors emphasize trust and collaboration as catalysts to building a strong and vibrant Follow Along Program. Community connectors see their role as a trusted resource for families that can amplify messages that are shared by MDH and LPH. High trust helps to counteract social stigma a family might feel if their child is not meeting developmental milestones.

In their 4th quarter progress reports, community partners shared feedback on ways they've seen trust develop. One partner shared, "it's been beneficial to hear how Community Connectors explain the program to families." Others noted how relationship building has supported growth in enrollment and participation, and as alternatively expressed by another provider, "It seems that parents are hesitant to participate in a program that doesn't have a personal connection and that requires the completion of paperwork and questionnaires." Relationships built on trust motivate families to stay engaged with the program as they navigate resources supporting their children.

Community partners highlighted the trust building with LPH that resulted from the 2024 summer series. In their 4th quarter progress reports, one partner shared how their relationship with their LPH provider and timely communication has helped with family participation. "When they [LPH] process the enrollment or send out an ASQ, they email us so we are aware and our staff connect with the family about a week later to see if they need assistance completing the questionnaires." Partners acknowledge that trust requires ongoing investments of time and resources and hope for future opportunities to continue trust building and work together.

Developing a resource guide to support collaboration and implementation

Over the coming months, we will work with LPH, the Community Engagement Team, and Community Connectors to develop a resource guide to highlight key considerations, and layout further recommendations that support collaboration and cultural inclusive strategies necessary to implement the FAP redesign.

FAP: Community Engagement Reflections

Between October 2024 and May 2025, the Follow Along Program (FAP) convened a Community Engagement Team (CET), which met virtually seven times for two-hour sessions. These gatherings brought together a broad and diverse group of participants from across Minnesota—including parents, childcare providers, school and Head Start staff, healthcare and Tribal health professionals, public health, community organizations, and state agency partners. The rich cultural representation and cross-sector collaboration were key to shaping thoughtful, inclusive input for the Follow Along Program redesign. In July 2025, the CET provided feedback highlighting both growth and ongoing challenges.

Key insights

Increased appreciation and awareness: Most participants shared that their understanding of the FAP increased because of their engagement on the CET. Several shared that they were previously unaware of the program but now see it as a critical resource for child development and family support.

- *I really enjoyed learning about the Follow Along Program, having not known about it at all to now sharing details about it with all my pregnant friends and family. I have also learned about the complexity with which the program operates because of the various local government partners, health professionals, and other community members that make the program successful and resource-relevant for parents and families.*

Real world application: Participants report applying lessons they learned to improve cultural responsiveness in their professional practices, advocate for families, and share information about FAP widely. Several shared that they now consider literacy levels, language differences, and cultural contexts when creating materials or planning programs. Many shared they actively promote FAP with friends, clients, coworkers, and community groups.

- *I no longer assume just because someone speaks a language, that they can also read and write in it. This is something to take note of when I'm creating marketing materials.*

Persistent barriers: Challenges remain in program accessibility, parent retention, and community education and outreach. Suggested priorities include addressing language barriers, trust-building, and outreach to underrepresented communities.

- *I think the issue around retention of parents is one that needs to be resolved. The marketing materials can greatly improve, but if the program is not easy enough for parents to submit the forms, then all that hard work getting them into the program would go to waste.*

Future focus: Recommendations include building trust with families, maintaining co-design practices, expanding outreach, streamlining processes, and enhancing collaboration with other providers.

- *Continue bringing families to the table, continue using a co-design approach when making adjustments to programming.*

Suggested next steps

- Continue regular collaborative meetings including those with parents and community partners.
- Prioritize outreach strategies that are culturally relevant, accessible, and ongoing.
- Implement tools and activities that support retention and build pathways to resources for families.
- Monitor and adapt program processes to reduce barriers and build trust.

Lessons Learned on the Redesign Efforts:

FAP Interviews

May 2025

Core Themes

1. Core strengths included community engagement & relationship building

- Interviews recognized the value of trust building, emphasizing that everyone involved is driven by a passion for helping families.
- Interviews highlighted the importance of relationships and partnerships as central to the pilot's success.
- This included engaging LPH partners early on talking with them "on their turf" to shape the program model. This direct engagement method continued later with community connectors to strengthen local relationships.
- *"Work done all along the entire project to engage with LPH has been a success... we have a different relationship with LPH than other programs... they want to be involved."*
- *"We went from strangers to partners. How do we keep on convening and hosting conversations that strengthen local partnerships?"*

2. The Challenge of System Constraints & Flexibility

- Interviews noted tensions between flexibility and system constraints in delivering services.
- *"Families do not participate because they don't have time for transactional activities that are not helpful... The solution is to add a step that allows families to share what they need most."*
- Early on, barriers were identified at the LPH level, such as translation challenges and limited capacity in smaller counties. There were outstanding concerns about how state roles should evolve to address these needs.
- There are inherent tensions within state agencies, which can be more clearly felt depending on staff level interpretations of rules vs. principles of practice. (e.g., WIC coordinators having differing interpretations on the scope of their responsibilities in supporting FAP related activities).
- Staff changes and turnover created a fragmentation of redesign efforts, showing how internal complexity can hinder implementation progress.
- *"As more people have gotten involved, the redesign has turned into a more comprehensive project... but [efforts] are not always connected."*

3. Equity, Cultural Relevance & Access

- All identified that a key impetus for the pilot involved addressing concerns that historically underrepresented communities were not sufficiently reached.
- Inequities exist that impact pilot rollout. Counties with fewer resources had less participation, which feedback often skewed toward counties with more resources and staffing.
- Structural biases exist. State systems are often built in ways that unintentionally exclude certain groups, and there must be an effort to challenge inequitable frameworks in state work.
- *"The things that get in the way the most are internal biases. The colonialist structures... Who is it serving and not?"*

- The desire for community voices to reach those in power reflects a need for more inclusive, community responsive decision-making loops.
- *“When people hear things directly from the community—there is an extra level of importance that they place on that feedback.”*

4. Program Design & Scalability Tensions

- The FAP could be framed as an “introduction” to intervention programs like Family Home Visiting. Follow Along offers more flexibility and is less intensive in its engagement with families. This provides easy entry for families who are more averse to complex programs that require greater time commitment.
- It’s important to balance scalability under the umbrella of local flexibility and control. How can state systems be simplified to avoid overwhelming families? How do you ensure complex programs remain relevant to their needs and culture.
- Creating culturally relevant services while ensuring scalability across the state is an enduring challenge.
- Interviewees cautioned that shifting from a responsive, community-led model to a centralized, siloed structure risks eroding trust and reducing program effectiveness—especially when staff lack time to engage meaningfully.

Redesign Aspect	MDH-CYSHND Staff	MAD Consultant	MDHCYSHND Staff
Early focus	Laying the groundwork for redesign through environmental scanning and early partner input; initiated trust-building efforts and convened early workshops	Reimagining the program model with system partners (counties, LPH, etc.)	Directly engaging communities via community connectors and participatory discussions
Biggest Achievement	Sustaining LPH engagement through leadership transitions and limited resources; created consistent communication structures (newsletters, calls)	Securing buy-in from LPH partners and thinking through the operational model	Building strong community relationships, transitioning people from “strangers to partners”
Approach to system constraints	Highlighted how internal fragmentation and lack of alignment challenged redesign efforts; emphasized the need for context/grounding at the earliest stages to ensure continuity in the future	Opportunity to support LPH’s limited capacity. Challenge in addressing state’s role in supporting translation and equity	Viewed state agencies as needing mindset shifts, emphasizing rule vs. principle-based decision-making
Equity concerns	Observed uneven readiness across LPH for change;	Concerned that smaller counties were	Concerned that systemic biases and siloed

Redesign Aspect	MDH-CYSHND Staff	MAD Consultant	MDHCYSHND Staff
	stressed the importance of lifting up community voices to influence decision-makers	underrepresented in workshops, limiting feedback	approached reinforced structural inequities
Future considerations	How can we support stronger feedback loops and better positioning of community voices in decision-making spaces; importance of shoring up sustainability for partner collaboration	How to ensure scalability of culturally relevant practices across different counties	How to create greater transparency, accountability, and alignment between local flexibility and state-wide systems

Takeaways

- Interview perspectives highlight the importance of relationships, trust building, and community engagement for successful program transformation.
- Structural barriers—whether at the LPH level or within state agencies—must be addressed to create more adaptable and inclusive service delivery models.
- Scalability and cultural relevance remain ongoing challenges, requiring strategic coordination, flexibility, and equitable implementation.
- Sustainability hinges on strong coordination, policy advocacy, and maintaining both local flexibility and state-wide alignment.
- Future staffing shifts should include grounding, developing buy-in for purpose, reflection on the journey, and sharing the vision for redesign goals.

FAP: May 2025 Community Connector Convening

The following themes were identified from notes and slides shared at a May 16, 2025 Community Connector event hosted by MDH. Quotes provided are paraphrased in some cases and reflect the sentiment of the participants and presenters at this day long event. Community Connectors represent staff from Baby's Space, Centro Tyrone Guzman, Change Inc., FamilyWise Services, Northfield HCI, Project FINE, REFA, and Steele County CHB.

What needs do families have, and how do you support them in meeting those needs?

Needs of families

- Trust & Communication
 - Open communication about available help and resources
 - Meeting families where they are, ensuring flexibility in engagement
 - Providing time for families to understand systems and available programs
- Impact of Immigration Policies
 - Current immigration policies create fear and distrust among families
 - Families need clear guidance on legal rights and protections
 - Partnerships with trusted individuals help bridge gaps in support/address fears/build trust in larger systems; federal policies also challenge that trust
- Basic Needs & Essential Services
 - Housing, medical, dental care, and affordable childcare are ongoing concerns
 - Navigating government resources can feel overwhelming or intimidating
- Safety & Navigational Support
 - Families need education on legal rights
 - Families need safe spaces
 - Build understanding about child development and developmental milestones
 - Need for trusted advisors to guide families through complex systems
 - Connector need to be cultural interpreters, aware of community perceptions or assumptions of "medical illness" and be ready to navigate/address cultural taboos or stigmas
- Financial Stability & Literacy
 - Families need financial education and support to navigate economic challenges
 - Accessible resources that improve financial well-being

Support Strategies

- Building Connections & Reducing Stigma
 - Trusted connectors help families overcome barriers to support

- Active listening and relationship-building foster trust
 - Culturally appropriate services ensure families feel understood
- Flexible & Accessible Assistance
 - Support should adapt to families' evolving needs
 - Navigating logistical barriers, including delays in program access
 - Using community-informed approaches to deliver resources effectively
- Community-Led Information & Navigation Tools
 - Education on legal rights, financial literacy, and child development standards
 - Visual and language-accessible resources help families engage meaningfully
 - Programs should co-design solutions with the community to ensure relevance

What resources do you provide to help families and how do you know you are successful?

Resource Themes

- Basic Needs & Emergency Support
 - Helping families in crisis situations
 - Ensuring access to health insurance, housing, food, and early childhood support
 - Meeting fundamental needs first so families can focus on long-term growth
- Providing Connections to Human Services & Specialized Support
 - Psychology Today for mental health referrals, SMRLS for legal support
 - Programs like College Bound, Fare for All, and other trusted organizations
 - Listening to families and adapting services based on needs
- Community & Relationship Building
 - Churches, faith-based institutions, neighborhood connections
 - Word-of-mouth recommendations and building a positive reputation in the community
 - Trusted advisors, mentors, and culturally competent support systems
- Culturally and Linguistically Appropriate Services
 - Providing translators who understand cultural context and can navigate cultural perceptions or assumptions about child development, government help, perceptions about illness
 - Ensuring services are co-designed by the community for inclusivity
 - Creating safe spaces where families feel comfortable seeking help
- Sharing Available Resources, Navigation Tools
 - Printed materials with developmental charts and accessible guides
 - Community asset maps to help families find and navigate services
 - Shared databases of resources for cross-organizational support

Success Themes

- Concrete Outcomes
 - Securing jobs, healthcare appointments, and housing
 - Following through on a completed goal plan
- Trust & Relationship Building
 - Families expressing appreciation for services
 - Families continuing to attend programs and not drop out

- Community Impact & Referral Networks
 - Community members sharing resources and referrals
 - Word-of-mouth proving to be the most effective means of connection
 - Success being measured in how well resources were delivered, not just their availability
- Emotional & Psychological Safety
 - Families feeling safe and supported
 - Creating spaces where families are comfortable returning
 - Celebrating even small connections as wins
- Data-Driven Indicators
 - Tracking success through data collection
 - Feedback from families showing positive outcomes

Learning from our Work as Community Connectors

Common Goals Across Groups

- Building Trust & Relationships
 - Programs emphasize the importance of trust-building for engagement, especially with immigrant and refugee families. Relationships take time and cannot be rushed.
 - *"Trust is built through relationships, not programs. If you don't have the relationships, you will end up with an empty facility."*
- Culturally Responsive & Accessible Support
 - Recognizing that child development varies across cultures, programs emphasize culturally informed outreach and messaging.
 - *"The community isn't used to knowing what child development is (in a Western sense). So it feels like we started from behind."*
- Navigating Complex Systems & Enrollment
 - Families often need assistance understanding and navigating state and local services. Simplifying enrollment and providing ongoing support are essential.
 - *"Families have challenges with the online enrollment. 92% of families reported difficulty navigating the FAP website, and many rely on community connectors for help."*

Common Strategies Used

- Community-Led Outreach & Engagement
 - Faith-based outreach, word-of-mouth recommendations, and trusted community ambassadors play a vital role in engaging families.
 - *"You need a 'truth teller'—a trusted person that says, 'this program is good.'"*
- Flexible & Adaptive Support Models
 - Multilingual and culturally informed approaches help families feel comfortable and encourage participation.
 - *"Successful processes are not linear—it circles and goes back and forth."*
- Technology & Resource Navigation Improvements
 - Advocating for standardized digital enrollment platforms and better follow-up mechanisms to streamline access.
 - *"Can we create a digital platform that helps families enroll, do the ASQ, and get immediate feedback?"*

Common Challenges Faced

- Distrust & Barriers to Engagement
 - Families initially hesitate to participate due to skepticism, fear of exploitation, or real concerns about immigration policies.
 - *"Fear within the community is real, and people are hesitant to engage."*
 - *"There is stigma associated with childhood evaluations—stigma associated with 'there is something wrong with your kid.'"*
- Language & Cultural Barriers
 - Translation inconsistencies, literacy challenges, and differing cultural views on child development create obstacles.
 - *"Language is not always translatable... some materials just didn't translate well."*
- Logistical & Structural Limitations
 - Long waiting periods, staff turnover, and rural outreach difficulties hinder progress.
 - *Quote: "We enrolled a family, but the entire summer passed, and we finally connected in the fall. That was a challenge."*
 - *"Families are not always receiving ASQs. Hennepin wasn't sending until 9 months—while all other counties started at 4 months. When this gap was uncovered and advocated for, they shifted."*

Key Takeaways

- Trust-building and cultural sensitivity are central to program success.
- Community-driven outreach is an effective and necessary supplement to institutional approaches.
- Bureaucratic barriers need to be addressed through streamlined processes.
- Flexibility and adaptability ensure families can engage in ways that feel meaningful to them.

Follow Along Grant Status Update

Date: July 15, 2025

Organization: Baby's Space

Work Time Activity Dates: Through June 30, 2025

Work Preformed:

Project Team. The team continues to meet regularly basis to monitor progress, discuss challenges, and problem-solve.

Executive Director Debbie Lund, Child and Family Services Coordinator Julie Carlson, and Child Mental Health Services Director Rachel Johnson support these meetings and work directly with staff on the program. We continue training staff on how to support families around Follow Along/ASQs.

Julie Carlson, Family Service Program Lead Lanitra Anderson, and Director of School Age Programs Yolanda Reyes meet with families on an ongoing basis to help support them in learning about and enrolling in the Follow Along Program and to gather their feedback about the program. Our Infant, Toddler, Preschool, and PreK Program Lead Teachers support this work by helping engage the families of children enrolled in their classrooms.

Follow Along has helped our family coordinators learn more about how to talk about child development with families

Our goal is to continue to grow the partnership with Follow Along by having more families sign up and by developing ways to communicate more clearly with the Follow Along program. Toward that goal, we continue with the following parent outreach strategies, which have become more embedded in our daily work:

- Informal outreach at parent drop off and pickup.
- Table set up in the cafeteria during every "Monday Morning Muffins" gathering. Child and Family Services Coordinator Julia Carlson and other staff provide information to parents they come in, explain the benefits of signing up with Follow Along, and collect the names of parents newly-interested in signing up. Julia also supports families in in completing the ASQs in paper form, with the goal of getting them comfortable with the Follow Along portal so they can do ASQs online (either on their own or supported by Baby's Space staff, as needed).
- Follow up via phone to see if people actually signed up.
- Engaging our Infant, Toddler, Preschool, and PreK Program Lead Teachers in supporting this work.

Communications, Development, and Community Outreach Coordinator Lizzie Rose has been in communication with Follow Along to create materials that support Follow Along outreach and engagement. These materials include:

- Video of families sharing their story about how participating in the Follow Along Program has helped them and their child.
- Pictures of families who participate in and engage with the Follow Along Program (from “Monday Muffins” and other parent engagement activities).
- Culturally-representative graphic or visual elements that Follow Along could include in outreach materials.
- Documentation of strategies that are effective for engaging and supporting families.

Lizzie will continue to work with other Center staff to get input from parents about the development of these materials and to continue to include them as the materials themselves are being developed.

Issues:

- Communication via Base Camp continues to be challenging because there is so much information to wade through to find what’s needed.
- We continue to work to build trust with families, many of whom remain wary of putting their children’s information into an online system, when they are not sure who sees the information or what happens to it.
- While we continue our work to get parents more comfortable with the ASQs, some still feel overwhelmed them, particularly when ASQs get mailed to their home. Baby’s Space continues to do outreach to ensure parents know that they can bring the ASQs in or get Baby’s Space support for filling the ASQ out.

Invoice Rationale –

Debbie Lund, Julie Carlson, Rachel Johnson, Lanitra Anderson, and Yolanda Reyes, regularly participate in training and ongoing meetings for Follow Along, helping with outreach to families, and gathering input from families. The Lead Classroom Teachers support parent engagement. Lizzie Rose is working with Follow Along to create the videos and related outreach materials. Hours included in the invoice were spent conducting the activities listed above.



CENTRO
TYRONE GUZMAN

Work Plan Activity

Quarterly Report

April - June 2025

Follow Along

m DEPARTMENT
OF HEALTH

APRIL TO JUNE

Intro/Accomplishment:

In the months of April through June, our Community Connector enrolled seventy-five Latine families into the Follow Along Program in the grant year of 2024- 2025. These families live in different counties in Minnesota. One from Blue Earth, two from Watonwan, fifty-seven from Hennepin, four in Anoka, four in Ramsey, one in Scott and five in Dakota county. Our Community Connector worked with these families throughout the year for case management services, although there were a couple of families that discontinued our services or moved to a different state. Centro Tyrone Guzman has the focus to take care of the overall well-being of the client and their families. This is done through connecting them to resources in the community, providing educational workshops online or in person, giving parental and guidance tools and more than anything being emotional and physical support on their cases while learning independency.

During this year of the grant, our Community Connector has accomplished communication and relationship with families and the counties. The story takes a significant turn when Centro Tyrone Guzman, armed with the Community Connector's insights, advocated for a crucial change in Hennepin County. By presenting data-driven evidence from other Minnesota counties, they successfully convinced the county to initiate Ages and Stages Questionnaire (ASQ) screenings for Follow Along participants at four months of age, instead of the previous standard of eight months. This proactive approach promises earlier identification of developmental delays, allowing for timely intervention and support. Another accomplishment is the in-person and online workshops and events that were done to promote the Follow Along Program having a high number of audience and outreach viewers. Finally, the connection between other organizations that are involved in this grant and the relationship built to continuously supporting our communities.

Primarily, our Community Connector came across the common obstacles that families encounter when enrolling into the Follow Along Program. Thirty-two out of the

seventy-five (42%) participants received at least one of the ASQ's and twenty-one out of the thirty-two (65%) of the families that received the ASQ, at least once filled out the ASQ form and returned to the county. As a result, this leaves about forty-three (57%) participants with no ASQ sent to their home or either received it and misplaced it or lost interest in participating in our program or simply moving to different states due to living situations. The main obstacle that was encountered during this grant period regarding why families are not actively participating is primarily the basic needs families are prioritizing. Other obstacles are; filling out the online enrollment form, misplacement of forms/mail, mistrust on the state system, and delayed time receiving forms.

Family experience:

During this time, economic hardship loomed large, casting a shadow of uncertainty over many families. Job loss, housing insecurity, and the struggle to afford necessities forced families to prioritize immediate needs over long-term developmental goals. Lingering fear and mistrust of government agencies, fueled by concerns about immigration status, created barriers to engagement for some families. Ensuring families completed and returned the ASQ forms proved to be a persistent challenge. This was attributed to the factors of the family prioritizing basic needs, loss of forms, lack of understanding of the forms, mistrust in the state, and delays in the system.

Due to the income instability currently happening, in February of 2025, our Community Connector did a case closure on a family from Hennepin County. This Latine family had to leave the state due to not finding a job and not having enough income to sustain their basic needs for their family. The family left Minnesota to move to Illinois with the promise of obtaining a job and a home. Since the case was closed, our Community Connector discontinued the services, and the family no longer continued with the participation in the Follow Along Program. Due to certain circumstances, families may not participate in certain programs despite it being an educational tool, but rather have their priorities be different than receiving ASQ on the mail and having the time to fill out the

forms. If economic difficulties were not an obstacle, then perhaps there could be a higher percentage of families participating in the program and being more involved in other educational tools for their children. This also has been the case for another of our participants that moved to New York in June due to not finding a job and sustaining their family's needs.

In April, a new family that enrolled their five-month-old infant, who now is seven months old, into the program received their first ASQ in the mail two months after being enrolled. This family lived in the county of Hennepin and moved recently to the county of Dakota. When they received their first ASQ from the county, they received one that was not accurate to their infant's age. They had received a sixteen-month-old ASQ form in the mail. Which made this family not fill out the form and instead keep it stored to fill it out until their infant reached that age. Recently, our Community Connector did a check-in with the family and asked about the ASQ they had received. The family, after stating that they had it stored and kept until it was time to fill it out and upon moving, had stated that they had misplaced the form and had forgotten about it. This family has not yet called the county where they are currently living to notify them that they had moved and to obtain new ASQs for their infant. Despite our Community Connector's effort to motivate the family to call the county and request the ASQs, the family seem to not be prioritizing that now since they are still in the process of settling in their new home.

Currently, now reaching the month of June, our Community Connector has been closing cases to end the grant year and to obtain new cases for the following year. Our Community Connector has been tracking the families that have received an ASQ and the outcomes of it. Although some families state that they "have not received" an ASQ or did, they have been extremely thankful for the assistance our Community Connector has provided to their families.

Ms. Albarracin is a client that our Community Connector has recently closed and is one out of many clients that expressed gratitude towards the work our community connector has done, stating, "gracias mi niña Jocelyn, usted fue una mano grande para

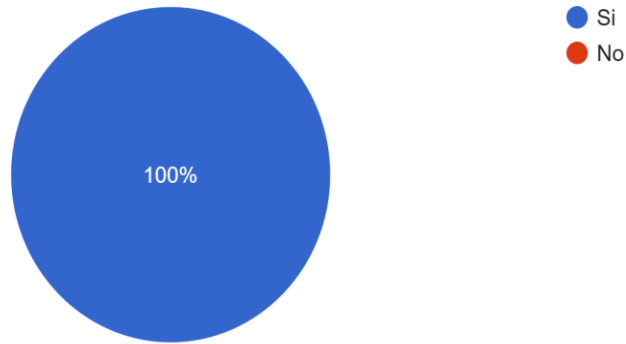
mi” *“Thank you my dear Jocelyn, you were a big support to me”*. She is a Latine mother that came to Centro Tyrone Guzman looking for assistance with obtaining her child’s birth certificate, social security, passport, and no job. As well as other resources she needed throughout the time, she had her case open. She was also enrolled into the Follow Along Program, but due to other needs she had at her time, she did not follow through with the program from the county. Ms. Albarracin was one of our participants that seemed to be unmotivated and was perhaps facing difficult times in her personal life that were not talked about in detail. After working with this client for about ten months, she is now an individual that has obtained assistance with understanding the system and getting official documents for her child. Ms. Albarracin would participate in our mental health workshops and started working, which made her feel more uplifted and motivated to achieve anything she had to do. She states *“me siento motivada a seguir adelante, gracias por lo que me haz ayudado”* *“I feel motivated to keep going, thank you for what you have helped me with”*. Clients like this and many more have felt that having a Community Connector that can deliver educational tools and assistance with basic needs has been a big part of their success as they continue to navigate through today’s society. Mainly, bringing emotional support to our clients has motivated our participants to feel more capable of continuing to achieve their goals.

Our Community Connector developed a survey for the families to give their feedback on our Community Connectors support asking some of the following questions;

Besides, the county. Did our Community Connector, Jocelyn, make you feel safe, respected and heard?

Aparte del Condado ¿La Educadora Comunitaria, Jocelyn, de Centro le hizo sentir segura, respetada y escuchada?

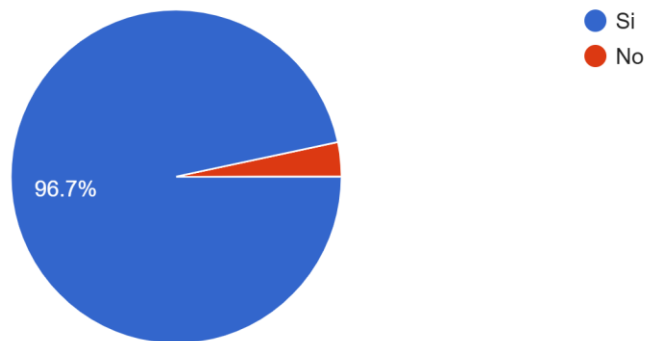
30 responses



Did the Community Connector assist you with the needs in the areas they could?

¿La Educadora Comunitaria asistio a sus necesidades en las areas que pudo?

30 responses



Our Community Connector also received feedback from families regarding the ASQ's from the county. Some of the comments were:

"I did not receive any forms from the county", "Not sure what forms I could've gotten from the county", "Did not have a respond from the county", "I did not get any forms".

These comments were made after asking about the ASQ's from the county if they have received them or not. Which justifies the points mentioned above with the families' priorities, loss of interest, losing or misplacing forms, not understanding emails from the counties that deliver their ASQ through an electronic way or simply not obtaining any ASQ's from the county to their homes.

Outreach:

During this quarter of the period only one event/celebration was done to the families to recognize their participation in the program. This event occurred on April 30th and ten families from the Follow Along Program were able to attend. In this event, a certificate of participation along with Montessori materials were given to each family.





During the month of June through the beginning of July our Community Connector did case closure for the participants who were in the program since the beginning of this grant year. This means that upon closure, our Community Connector contacted families who weren't able to attend the previous events, to pick up their certificate and Montessori materials to do an official case closure. Some of these families were transferred to other Community Connectors in different programs within our department and some were closed due to the age of the child being over three years old, which our department's age limit to provide services is until then.

Throughout the year of this grant, 5,305 reaches have been made through social media platforms, like Facebook, Instagram, and LinkedIn along with online/in-person presentations/events and outreach. Within those reaches, five in-person events were held in Centro with our Latine community.

Challenges:

The challenges that our Community Connector encountered during this quarter of the grant were a couple of them. The first and major challenge that continues to be encountered is the effects of the federal election. Our Latine families have continuously been worried about the situation that has been happening, which obligates families to prioritize the well-being of their families. This makes the families seek more than one job, getting more assistance by connecting them to food shelters, diaper bank locations, utility assistance, rent assistance, and legal resources.

Second, is the legal decision recently made with medical assistance for families. Families that are non-citizens are unable to apply or have paused in their process of obtaining medical insurance, especially children. Families want to prioritize working more to be able to afford medical attention, which times comes to be an obstacle to filling out forms. Another is parents prefer to take their children to medical providers and see one face-to-face to bring concerns of their children's development and health, then having to fill out forms and sending them out and obtaining a delayed answer or not after.

Also is doing case closures for families that moved to different states due to not having a stable job in Minnesota and not reaching their families' needs. Other families have their cases closed due to having an interest in continuing to participate in the Follow Along Program. Families who had their cases closed and did not continue with participation in the program were families that felt like their child was developing good according to their age and had no concerns about their development. Which made them to not invest time in the ASQ's despite having our Community Connector emphasis the importance of it.

Lastly, having families misplaced ASQs, being uninterested or simply not putting time into returning the ASQs back to the county. Due to having many mailing envelopes and discarding them or not having time to fill out the ASQ and eventually filling like it is repetitive.

Conclusion:

Overall, our Community Connector has seen and witnessed different challenges that the Follow Along Program has faced with different Community families throughout the state. Focusing on the Latine community, family members are living in a worrisome environment with the new presidency. Families are prioritizing their families' basic needs, which means working, getting resource connections, and legal resources. Having paper forms being used to send out to families via mail and email has been one of the difficulties families continuously have. Families tend to have more trust going to a medical provider and seeing them in-person instead of filling out forms to be concerned about their child's development, if there are any.

On the other hand, to improve the family's ability to complete the ASQ, utilizing a digital application may be a useful tool. The digital platform could also assist Connectors and county agents in helping families navigate the program to the best of their ability. This can allow all counties to have one standard delivery method and the same standard for all. This can eliminate the factor of families misplacing, not receiving, or waiting long to receive their first ASQ or have feedback received. Having a digital application can also reduce time and allow families to answer questions given, for example, videos or pictures. As a result, this could make families more interested in continually participating while also learning more about technology as our society continues to develop. This tool could also reduce time delays on the county's side to delivering families their ASQs.

What worked with families participating in Follow Along was using the physical ASQ's form when explaining about the program and showing example questions from the forms. Doing this explanation at the beginning of the encounter with families and before enrolling them in the program has been to help families understand more of what is used and what to expect. Another success that worked on families that at least fill out the forms and return them to the county, was explaining and physically showing families how to return them back to the county. Our Community Connector will explain step by step this action. For families that would receive their ASQ's via mail, our Community Connector will

explain the type of envelope they would get extra inside the enveloped sent from the county and explaining how families needed to put their address and where to locate in their mail to be sent out. Some families, due to not having much trust in their neighborhood, would prefer to take it to a nearby drop-off mailbox. If families prefer to drop off their ASQ form in a drop-off mailbox, then our Community Connector provides a nearby mailbox.

As we conclude this report, we are reminded of the power of connection, compassion, and unwavering dedication. The Follow Along Program has become more than just a program; it's a lifeline for Latine families seeking to build a brighter future for their children. While challenges remain, we are committed to learning from our experiences, adapting our strategies, and continuing to write a story of hope, resilience, and lasting impact.

Change Inc. Follow Along Summative Report February 2024-June 2025

Goal 1: To reach Latinx families of young children disconnected from the Follow Along program

Goal 2: Partner with MDH and other Community Connector organizations to create a practice that will support Latinx families of young children to connect to the Follow Along program

This summative report is based on information we have tracked over the course of the grant period, feedback from constituents such as families and partners, and a staff reflection process we call HITS/MISSES/CHANGES.

At Change Inc., we have a saying that “relationships are the key to Change.” Throughout the 16 months of our engagement with the Follow Along partners, the Minnesota Department of Health, local public health, and families, we have seen the truth of that statement play out time and again.

In the early months of 2024, we were a bit unsure about the best way to engage in the Follow Along work. We quickly learned about the value of the relationships being built through the Community of Practice hosted by MDH, office hours with the MDH team, and other opportunities to connect with partners. Once we understood the network structure, we prioritized attending and actively participating. In addition to these connections with MDH and fellow grantees, over the course of the grant period we were able to document the following community-based activities:

- Participated in 50+ events where we presented information about Follow Along, hosted tables where we could engage with participants, and/or distributed information.
- Held at least two FFN trainings a month where we shared information about Follow Along
- Delivered 30+ presentations about Follow Along
- Reached at least 359 families and family-support professionals and organizations through social media and other communication tools such as WhatsApp groups.
- Shared information about the Follow Along Program directly with more than 400 families.
- Shared information about the Follow Along Program directly with 248 childcare providers and other family-support professionals.
- Supported 14 families in accessing the Follow Along Program in Hennepin, Ramsey, and Watonwan Counties. An additional 7 potential participants decided not to continue with enrollment to avoid any government connection.

- Partnered with more than two dozen public and private agencies to share information about Follow Along and support families in accessing it. Agencies included NorthPoint Health and Wellness, Sojourner Truth, Ventanilla de Salud, St. Mary's Clinics, Centro Tyrone Guzman, Restoration for All, Health Community Initiative, Planned Parenthood, West Side ECFE, Keystone Food Center, Wilder, Crystal Police Department, Centro Nazareno de Compasión AGAPE, Latino Women's Expo, the Office of Family Engagement of Hennepin County, Saint Paul Public Libraries, and several local public health agencies.

As we were building our Latinx-focused Follow Along Community Connectors team, we recognized the importance and value of integrating our Follow Along work and our Family, Friends, Neighbors (FFN) support of Latinx childcare providers. There was and continues to be significant overlap between the people and the priorities of these programs. Under the larger umbrella of our Change Inc. Alianza initiative, we have been able to recruit FFN providers as ambassadors of Follow Along. This broadens our network of "trusted messengers" who can effectively present and distribute information and materials in Spanish and English to families and individuals about both programs. We have found that "tabling" at community events is a highly effective strategy. Listed below are the strategies we have found most useful for connecting with and supporting Latinx families and their support systems:

- Having trusted messengers who are already known in the community
- Participating in events that families are already attending, including:
 - School-based gatherings and activities, especially those specifically aimed at supporting new immigrant and/or Spanish-speaking families
 - Immigration Resource Fairs and other events aimed at immigrant families, though this has changed recently
 - Library-based events
- Having information and materials available in both Spanish and English and with culturally relevant images, concepts, and designs; we have included at the end of this report two postcards we developed to promote Follow Along in Spanish
- Using tools like Facebook and WhatsApp groups where families are already connected and sharing information and resources
- Providing technical support for accessing tools and resources, such as downloading, installing, and using the CDC's Milestone Track app in Spanish
- Having something fun and dynamic at events to attract attention; often this is one of our staff dressed as the character "Bluey"
- Being able to connect families with Change Inc. colleagues who are fluent in languages other than English or Spanish when needed

Having culturally and linguistically relevant materials as well as support for language access, not just translation, is key for the families we work with. It is important, for example, to avoid acronyms and jargon or idioms that don't have meaning in other languages and/or other cultures. Images matter as well, whether photos or design elements. We have created in English and in Spanish with culturally appropriate visuals, words, and concepts, flyers, social media posts, and other materials that we share at in-person events, through social media, and in communication apps. It is important that the information be simple and direct, helps parents understand what Follow Along is and what they can expect, and includes contact information for Community Connectors. Any information about Follow Along that is intended for parents or other caregivers should follow these guidelines and include parameters for eligibility, such as ages. Forms such as Ages and Stages Questionnaires and other materials used by local public health and other Follow Along providers should also be available in multiple languages and those delivering services accustomed to supporting language access for non-English speakers. Follow Along can be challenging to explain; current materials tend to be wordy and outdated in terms of the design. The Alianza team is committed to having effective tools to connect families to Follow Along services. As part of our ability to respond quickly and accessibly to families seeking services, we are pursuing the possibility of having a hub for Follow Along services in which a phone line or text message can be sent to inquire about the program and prompt an almost-immediate response. We look forward to working with MDH communications to create a brand that reflects all communities in Minnesota.

Having engagement with the partners involved in Follow Along redesign helped us learn about various aspects of how Follow Along is structured statewide. We came to learn that it is implemented differently in different counties. This can be especially challenging in terms of access when Follow Along services are delivered by school districts, which may or may not have the staffing needed to provide timely support. Two experiences early in the grant period highlight the challenge:

1. A young mom of two who was having a difficult time finding parenting support learned about Follow Along through her therapist. Her therapist helped her access information online and fill out the form for more information/support. After four months of increased anxiety about her children's development, this mom had not received any sort of follow-up related to Follow Along. When we connected with her to find out how things were going, she described how she has little faith in county programs and feels they make "empty promises." She told our Alianza staff member, "What is the point? More paperwork and they never get back to you. Here I am trying to do better and clueless on how to do so. And I actually WANT to do better. I am willing to put in the work, but what do I do? My family can't help me and apparently neither can the county."

2. Change Inc. Community Connectors helped a family enroll two of their children in Follow Along in late June 2024. Community Connectors also communicated with the local school district to inform them of the family's needs. Twelve weeks after the initial referrals were made, the school had not responded to the family or to Change Inc.

These and other experiences led to adding an activity to our work plan: spending time developing partnerships and relationships with Follow Along Service providers. We needed to do this to understand regional differences and to confidently refer families to the program. It also helped us know where we could refer families who needed services or resources we couldn't offer. We know that families often need a spectrum of coordinated supports, rather than just what one program or service can offer. Our commitment to relationships and connections helps us weave that web. Our greatest asset when it comes to our work with families is the time we spend building trust and connection; having a nuanced understanding of the different implementation models was critical to our ability to extend that trust and connection to and through Follow Along. Over the course of the grant, there has been significant collaboration between the partners and public health staff. The Follow Along team from MDH has built a community of practice in which all stakeholders, including Community Connectors, public health staff, and some schools have better communication and a clear understanding of how we can support each other.

Finally, it has been devastating for the communities we work in to have to reset how we meet, how we provide services, and how we organize events due to fear of the anti-immigrant practices from the Federal Government. We have significantly shifted the way we interact and share information. Moving forward, as cuts come to programs like Head Start and Medicaid, our families' and our communities' needs will shift and grow. Alianza is focused on how we as community partners respond.



DEPARTAMENTO DE SALUD DE MINNESOTA

¿Cómo están creciendo y aprendiendo tus niños?

DESCÚBRELO INSCRIBIÉNDOTE EN EL

Programa Follow Along

Aprende cuándo y cómo se desarrollan los niños
desde su nacimiento hasta los 5 años



¡Es Gratis!



CHANGE INC. ALIANZA

CONSEJO EN EL DESARROLLO INFANTIL



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CHANGE INC. ALIANZA

Follow Along

Progress Report (6) – July 15th, 2025

Organization name: FamilyWise Services

Project name: Follow Along Community Connectors

Progress Report Narrative:

Chief Program Officer continues to be the lead in the work progress for the Follow Along Program. We are deepening our knowledge based on feedback from staff and participants, creating accessible tools and sending them to participants, fellow community connectors and FamilyWise staff for continued improvement. This reporting period has been focused on partnerships within the community (other connectors) and public health and state, as well as tool creation that eases the understanding and engagement in Follow Along program. We have connected with Public health to brainstorm ways to be better partnered, have smoother case share and communication with families, as well as created tools to support these initiatives. We have presented to the community connector group, sharing our learnings and tools FamilyWise created for smooth service through the follow along program from the lens of participants.

Key findings:

- Outreach:
 - o Finalized Journey Map and translated into Spanish to support our youth population to better understand the program, it's longevity throughout the course of the child's life and what to expect. We learned that this program was confusing for many folks and a clean explanation of the service was needed.
- Enrollment in the Follow Along Program:
 - o Journey Map having an QR code attached for ease of accessibility – Still hearing from participants that the enrollment was completed with the FamilyWise worker and that the relationship was helpful for completion. We also learned that there is no substitute for that community connection with the rapport and accessibility of support that connectors have with each family and the ease and relief they feel having someone to support getting started and enrolling.
- Participation in the Follow Along Program:
 - o Created a Journey Map to support this explanation – hoping the journey map supports outreach and with full understanding participation
 - o ASQ calendar that supports families knowing when their child has hit milestones and when to expect ASQ's in the mail or via email to stay on top of dates. We understand that Public Health does an amazing job at reminding, but this supports autonomy and parental responsibility to understand and track their own child's milestones. Connectors also have access to ASQ's so it's an opportunity for families to be proactive within this program and complete with their connector or on their own prior to the program reminder.
 - o Still working on a definitions cheat sheet with staff in partnership with families– explaining the ASQ and defining some of the harder words or concepts for participants to have more confidence in completing assessment autonomously. We are hoping to have this as well as all other documents translated in at least Spanish.
- Coordination with Local Public Health:
 - o Continuing to build relationships across metro to ensure continuity of care. We are a community provider that will always be able to

support this enrollment process, so sustainability looks different for our participants. Ensuring they feel comfortable with making a call and filling out those ASQ's if services end. We have recently met with Ramsey County public health to collaborate on what we have learned within the program as well as how they plan to implement. We discussed the need for early on ROI signing to ensure stronger collaboration can be had from the beginning. This is something we would like to see be implemented as best practice, noting many referrals may come from community connectors that plan to support the program through partnership.

- Developmental Resources:
 - o Parent powered texts
 - o CDC Developmental website – walk through with participants
 - o Active Parenting Curriculum – break down brain in a very understanding way.
 - o FamilyWise Parent Workbook (I would be happy to send a couple to share what FamilyWise uses in our programming)
 - o Help Me connect website
- Strategies to support professionals working with our population: Kept from last report as I believe we are still working on something that could support this.
 - o Created a recommendations for rapport – that has been dually utilized as part of our onboarding at FamilyWise as we see it as a great framework for the value on rapport building.
 - o Created a readiness assessment that has gotten a lot of feedback, so plan is to update and send back.
 - o Ideas listed below:
 - Best place to enroll – We have thought about Hospitals as a strategy for connecting new parents - How to best capture them when they first have their child since that is when parents are most excited for resources and willing to get support.
 - Plain language – make it make sense
 - Families love parent testimonials, word of mouth is huge, how do we get those to parents.
 - A way to provide an incentive – if they complete x amount of forms by the time their child reached age 5 – they receive some sort of incentive?
 - Provide a certificate of completion?
 - Ability to use language line or connect with us so we can connect to the families

Please see below more detailed information regarding our goals, outputs and outcomes.

Work plan with Goal Progress Notes:

Goal	Task	Needs	Who	Timeline	Outputs	Progress
Recruit and deploy a group of Community Connectors that will provide culturally and linguistically inclusive outreach and navigation support for families as they enroll and participate in the Follow Along Program	Follow Along program training provided to all identified members of FamilyWise team: Tribal Project Director, Program Manager, Program Coordinators, Family Specialists, Community Connector, Bright Beginnings Mentor Specialist, Mentors and selected Circle of Parents facilitators	Training materials about Follow Along	Chief Program Officer	3/1/24-6/1/24	25 Familywise team members trained to determine eligibility and promote and connect eligible participants to Follow Along.	CPO has attended all mandatory meetings to support in the ongoing process of staff's involvement in FAP Next Steps: Continue to received feedback and share.
	Identify existing partners and new clinics and community organizations that currently serve the target population		Chief Program Officer	3/1/24-6/1/24	Completed contact list	Focus has been on gathering feedback from internal and statewide partners before outreach and feedback from community partners. Next Steps: Identified partnership with public health is priority and hone in on those relationships.
	Establish relationships w/ clinic and community organizations that serve target population. Provide Follow Along marketing materials as appropriate.	Marketing Material (brochures , swag, etc.)	Tribal Project Director, Program Manager, Program Coordinators, Family Specialists, Community Connector, Bright	3/1/24-6/30/25	FamilyWise will establish 1 new relationship each month.	Chief Program Officer has been in communication around conferences, resources fairs and other community events to attend and promote the Follow Along Program. Promoted Follow Along Program and enrollment at Bright Beginnings Events. Hired a mentor specialist in Bright Beginnings Program that will increase visibility of program with mentors and their mentees. Mentor plans to support

		Beginnings Mentor Specialist, Mentors			mentors in training on Follow Along Program. Next Steps: Continue growing strategic partners.
Create collaboration plan w/ Follow Along Program liaison		Chief Program Officer, Follow Along Program Liaison	3/1/24-9/1/24	Completed Collaboration Plan	Continue to build relationships with Public Health Next Steps: Continue to learn and share back regarding collaboration with public health
Connect with Senior Evaluation Specialist to create evaluation plan		Chief Program Officer, Senior Evaluation Plan	3/1/24-6/30/24	Completed Evaluation Plan	Evaluation Plan completed and sent to MDH Liaison on 6/24/24. Part of the evaluation plan is a staff survey to support in tracking ongoing experiences of staff and participants – to provide updates at community learning meetings. 90 days after Follow Along Referral is made, participants will receive a Participant Survey to fill out and they will receive a \$10 Target Gift Card. Both surveys were sent to MDH liaison 6/24/24. We have updated this as ‘review as we go’ when we get surveys. We have also

						requested that participants complete the survey with their case manager after they have received their first ASQ to get feedback quicker from case managers to CPO to share at community of practice meetings. We have seen a better response getting feedback via testimonials and less survey, providing gifts cards for testimonials. With the extension of program – plan to update the survey for more ease now that we have learned better specifics of what we want to learn and will hopefully continue to administer the feedback surveys to participants.
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	Designated lead to attend Community of Practice	Travel expenses	Chief Program Officer	3/1/24-6/30/25	FamilyWise lead will attend 100% of community practice meetings held.	<p>Chief Program Officer has attended the Community of Learning Meetings.</p> <p>Next Steps: Continue to attend 100% of Community of Learning meetings</p>
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Outcomes:

Increase number of families referred of focus population groups that are historically oppressed groups, including (but not limited to) Tribal Nations, American Indian, African American, Somali, Hmong, Latinx, and Karen communities, as well as those from rural and socioeconomically disadvantaged communities.	Outreach: Follow Along Program is integrated across all FamilyWise Programs. As eligibility is determined, Follow along presented to families engaged in FamilyWise programming	Printing Cost for Follow Along Materials	Tribal Project Director, Program Manager, Program Coordinators, Family Specialists/Community Connector, Bright Beginnings Mentor Specialist, Mentors and Circle of Parent facilitators	3/1/24 – 6/30/2025	Program Intakes are updated with Follow Along Program Information.	<p>We have gathered a lot of information on suggestions for how to best deliver FAP information to participants.</p> <p>Outcome ongoing.</p> <p>Next Steps: Creation of better outreach materials. Notes above.</p>
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Enrollment: Support rural and families in understanding referral and enrollment in Follow Along		Tribal Project Director, Program Manager, Program Coordinators, Family Specialists, Community Connector, Bright Beginnings Mentor Specialist, Mentors.	3/1/24-6/30/25	100 families referred to Follow Along	<p>We have gathered a lot of information on suggestions for how to better enroll participants, along with some suggestions of what are some barriers.</p> <p>Outcome ongoing.</p> <p>Next Steps: Creation of better “how to” materials. Notes above.</p>
Family Support: Provide 1:1 support for families ensuring accessibility to enrollment, questions on program and follow up services.		Program Coordinators, Family Specialists, Community Connector, Bright Beginnings Mentor Specialist, Mentors.	3/1/24-6/30/25	100 families referred to Follow Along	<p>We have had quite a bit of learning that it is about the rapport and relationships and support that help enrollment.</p> <p>Outcome ongoing.</p> <p>Next Steps: Creation of FAQ materials to better support families knowledge and ongoing education. Notes above.</p>
Host Community Events: Sharing program benefits and materials for enrollment; Facilitate virtual and in- person meetings and trainings with diverse communities	(Program supplies, program food, Incentives, etc.)	Chief Program Officer, FamilyWise Community Connector	3/1/24-6/30/25	Host at least 4 community events to disperse Follow Along Program Material	2 events this year: Successful event sharing resources and materials. Planning a winter event in December, hopeful to have some better materials to share around the FAP and enroll as well as get some feedback.

	<p>Outreach: Create and deploy a communications plan (social media, newsletters, email blasts) to FamilyWise Partnering organizations, FamilyWise Stakeholders and Circle of Parents Facilitators.</p>	Printing cost	Chief Development Officer and Chief Program Officer	3/1/24-6/30/25	Completed Communications Plan	<p>Communication plan created and sent to MDH liaison 6/24/24.</p> <p>Also, see above for collaboration plan.</p> <p>Next Steps: Working with Chief Development Officer on newsletter and social media posts to support marketing the Follow Along Program Project.</p>
	<p>Provide translation and community review of Follow Along promotional materials as needed.</p>		Tribal Project Director, Program Manager, Program Coordinators, Family Specialists, Mentors, Bright Beginnings Mentor Specialists.	3/1/24-6/30/25	Completed materials as needed.	<p>Ongoing; as needed.</p> <p>Next Steps: Stay on top of Basecamp for support opportunities.</p>

How many training sessions occurred?

A total of 14 training sessions were held throughout the grant period. These sessions focused on building staff knowledge, creating shared language, and fostering collaboration between Public Health and Growing Up Healthy team members.

How many participants attended the training?

Across the 14 sessions, 20 participants completed the training. These participants included community connectors, public health staff, and outreach workers directly involved in family engagement.

How did their understanding of the Follow Along Program improve as a result of the training?

The training process led to a stronger, aligned understanding of the Follow Along Program across both Public Health and Growing Up Healthy staff. As a result, the community connectors were better equipped to describe the program clearly, answer families' questions accurately, and offer culturally appropriate support during enrollment conversations.

How many conversations were had?

During the grant period, staff held 2,473 one-on-one conversations with families. These conversations took place in a variety of community settings, including schools, clinics, childcare centers, and informal gathering spaces.

What were the primary topics of the conversations?

The majority of conversations focused on education-related topics, such as helping families navigate school systems or understand early childhood developmental milestones. Many families also sought guidance on enrolling their children in preschool or childcare, scheduling developmental screenings, and accessing well-child visits. In addition, community connectors provided support around basic needs, such as housing, food security, and access to local resources, offering a wrap-around approach to family support.

How many conversations resulted in Follow Along enrollment?

Of the total conversations, 198 resulted in new enrollments in the Follow Along Program. These enrollments reflect the success of building trust with families over time and providing multiple opportunities for engagement.

How do families influence the Follow Along Program?

We conducted follow-up interviews with families who enrolled in the program to better understand their experiences and gather their feedback. These conversations informed adjustments to outreach approaches and helped ensure that materials and messaging are accessible and relevant to the community.

How many children were enrolled?

Through this outreach, 198 new children were successfully enrolled in the Follow Along Program.

What were the demographics of the children who were enrolled?

The majority of the children enrolled were from Hispanic and Latino families, reflecting the cultural and linguistic diversity of the community and highlighting the importance of bilingual, culturally responsive outreach.

What did you learn worked well for families? Can you share examples or stories?

Throughout the grant period, we identified several tools and strategies that resonated with families and supported deeper engagement in their child's early development:

Bilingual Children's Books (English & Spanish)

Books that depict everyday activities, healthy habits, and sensory development proved to be highly effective in connecting with families. These materials helped parents better understand their child's behaviors and needs, making developmental milestones more relatable. By sharing books that reflect daily life, we were able to encourage positive parenting practices and open the door to conversations about child development in a natural, accessible way.

Follow Along Program Flyers (English & Spanish)

Having clear, easy-to-understand flyers in both English and Spanish made a difference in promoting the program. These flyers provided families with tangible take-home materials, reinforcing conversations they had with staff and allowing them to share information with other caregivers or family members.

QR Codes and Paper Registration Forms

Offering multiple ways to register—including both QR codes for tech-savvy families and traditional paper forms for those who prefer in-person enrollment—helped meet families where they are. This flexibility removed barriers and ensured that all families had the opportunity to participate in the Follow Along Program in the way that felt most comfortable to them.

Culturally and Linguistically Responsive Outreach

Rice County's population is predominantly White, but it also includes a large Hispanic/Latino community across racial identities. We found that using Spanish when promoting the Follow Along Program—especially during community events and one-on-one conversations—helped build trust and made the program feel more accessible. Families appreciated seeing materials and hearing conversations in their preferred language.

Community Hubs Hosted by Growing Up Healthy and HCI

Through the community "Hubs," Growing Up Healthy and HCI created safe, supportive spaces for families to come together, share their experiences, and access information. These events gave families a chance to voice their challenges and connect with resources in real time. Introducing the Follow Along Program in this setting worked well because it tied developmental screenings to broader conversations about community care, parenting support, and family well-being. For many families, the Hubs were the first step toward enrolling in the program and learning about how to track their child's growth from birth to age three.

Ongoing Collaboration with Rice County Public Health

A key part of this work has been the continued partnership between Growing Up Healthy, HCI, and Rice County Public Health. By collaborating closely, we've been able to offer families a more coordinated system of support—whether they have specific concerns about their child's development or simply want to understand more about what to expect as their child grows. This partnership has helped build a strong referral pathway to the Follow Along Program and other early childhood services.

What did not work well? Can you share examples or stories?

While many strategies were successful, we also identified challenges and lessons learned that will shape how we improve the program moving forward. Some tools and approaches didn't work as well for all families, often due to issues of access, timing, or communication.

QR Codes Alone Were Not Enough

Although QR codes offered a convenient way for some families to access enrollment materials, we learned that relying solely on digital tools excluded families who either don't use smartphones regularly or don't feel confident navigating online forms. Some families expressed confusion about how the QR code worked or felt uncomfortable completing sensitive information on their phones in public spaces.

Timing and Readiness for Conversations

We found that not all families were ready to have developmental conversations at the moment we approached them. At large community events, families were often focused on other priorities—such as addressing immediate basic needs like housing, food, or employment—and sometimes felt overwhelmed by the idea of adding another program to their plate.

Limited Follow-Up Capacity

Because community connectors are balancing multiple roles and programs, there were instances when follow-up with interested families took longer than ideal. Some families who initially expressed interest in the Follow Along Program were difficult to reach later due to changing phone numbers, lack of voicemail set-up, or shifting work schedules. This created missed opportunities for enrollment. We learned that immediate, on-the-spot enrollment tends to work better than delayed follow-up, whenever possible.

Literacy and Language Barriers Beyond Spanish

While providing materials in Spanish was critical, we also realized that written materials—regardless of language—aren't always the best approach for all families. Some caregivers prefer verbal explanations or visual aids, especially if they have limited literacy or are more comfortable with oral storytelling traditions. Moving forward, we will consider adding more videos, visuals, and conversational outreach methods to reach a broader range of learning styles.

Resources or ideas you think should be shared in the guide

- Clear, simple program flyers in multiple languages
- Use plain language and visuals to explain program benefits.
- Multiple enrollment options: offer QR codes for tech-savvy families but always pair them with paper registration forms and in-person assistance.
- Guidance for staff to walk families through enrollment on the spot.

- Guidance on engaging bilingual staff and trusted community connectors.
- Build in regular opportunities for families to share their experiences with the program – provide evaluation questions/templates
- Guidance on cross-sector collaboration (like GUH/HCI + Public Health) to share outreach responsibilities, reduce duplication, and build trust with families.

Family Stories/Testimonials

- The Follow Along Program has been incredibly helpful for both my son and me. It has given me valuable guidance and reassurance as a parent, helping me understand his development and what to expect at each stage. The activities and check-ins have made it easier to support his learning and growth at home. Most importantly, it's helped me feel more confident and connected in my parenting journey, knowing that I have support and resources available when I need them. -- Cindy
- The follow along program has really helped my son grow and learn with this program! It also helps to spend time with him one on one doing the activities with him has helped me as well learn with him as well. Thank you to the follow along program. --Galya

FOLLOW ALONG PROGRAM Community Connector Grant

Progress Report

Name of Organization: Project FINE

Reporting Period: 4/1/25-6/30/25

Date of Report: 7/9/25

Name of Person Completing Report: Katie van Eijl

(Submit this report within 20 business days following the end of each quarter)

1. Describe your grant activities, individuals/communities you engaged and outcomes for this reporting period.

This quarter, we participated in Community of Practice meetings, engaged families through enrollment, outreach, assistance with ASQs and attended the grantee convening.

The Community of Practice meetings and convening were wonderful learning experiences for our staff, allowing us to connect with organizations doing similar work. This is especially significant for those of us who are outstate, as there are less organizations focused on engaging diverse families and it can be difficult to create those connections. We were also pleased to meet colleagues from MN-ICECI, Family Health Ambassadors and Help Me Grow Parent Connectors and to learn more about their programs and approaches. Sometimes, in a more rural community you aren't aware of the official "name" of the services being provided, you are more connected to the person delivering those services. It is helpful to connect the faces in our community with their programs across the state and get a better idea of how the various MDH programs for young children connect and support families. We also appreciated the opportunity to learn how the other Community Connector organizations have been carrying out their grant activities and the outreach tools and approaches they are using.

During the reporting period, we continued to provide outreach to families. We enrolled 1 family with 1 child and connected with an additional 16 families. Of those 16 families, 6 were due at the very end of Q2 or beginning of Q3 and they plan to register soon, and the other 10 chose not to enroll at this time. We also completed 29 ASQ or ASQ-SE forms with families who received them from Winona County. Our total number of enrolled participants is 27 families, with 33 children. All the families who have been enrolled for 6 months are still participating in the program.

We also developed a social media campaign, with 6 posts that were shared on our Hmong and Spanish Facebook pages. The topics for each post were developed based on common questions our staff have received from families or areas that they felt people may not be familiar with. The first post includes information about the Follow Along Program and who is eligible; the second provides reasons why parents should join; the third explains the program format; the fourth provides information about ASQs; the fifth takes a deeper dive into the questions on the ASQ; and the sixth talks about potential referrals based on

ASQ responses. They were translated and posted throughout the month of June, reaching 4,420 followers of those Facebook pages.

2. What's going well/ what successes did you have? Share anecdotes, stories, or other narratives if possible.

We took one of the connections made during the grant a step further by bringing our staff to visit The Change Inc. as part of our annual staff retreat. During this retreat, we like to have fun but also incorporate learning or teambuilding activities. We love to visit and learn from colleagues, but as mentioned previously sometimes our connections to organizations with similar missions is limited because of geography and the type of cohorts and partnership activities we're engaged in. After participating in the Community of Practice meetings with Adriana and Renato, we were excited to learn about their history and mission. It was a wonderful visit, and we learned that our organizational culture and theirs are very similar and it was inspiring to hear about all they offer the community. We are so grateful to have that deeper connection, and it would not have happened without our involvement in this grant!

3. Are you on track to meet your projected outcomes? What challenges or barriers did you face? What strategies did you develop to address them?

We are on track, and anticipate that we will have several more registrations next quarter because of the number of recent births and upcoming due dates among the families we serve. There have been several referrals because of the Follow Along Program this quarter, which is also very encouraging. Sometimes, families have to hear about a program or service a few times before they decide to pursue it, and having more families engaged in the Follow Along Program is definitely helping speed the process along and share the value of those services. Having our staff involved in the enrollment and ASQ process is also helpful, as there is a transfer of trust from them to the Follow Along Program, and also to Winona County staff who contact them for concerns or referrals.

4. Describe external relationships and partnerships developed or continued during this reporting period. What is working well? What needs improvement?

We continued all our partnerships during the grant period, and deepened our partnership with The Change Inc. We also reconnected with Wabasha County for some other home visiting services but have not connected about the Follow Along Program at this time.

5. Are you sharing any additional resources, materials, and information with families to explain and/or promote the Follow Along Program materials, in addition to the current outreach materials in Basecamp, the Follow Along bookmarks and postcards.

For the visits, we have been using the provided Follow Along Program materials, but we did create a social media campaign, which we have added onto Basecamp.

Summative Report

Introduction

This report provides a synthesis of experiences, strategies, and lessons learned by Restoration for All Inc. (REFA) as a Community Connector for the Minnesota Department of Health's Follow Along Program (FAP). The findings are drawn from community events, advisory meetings, interviews, presentations, and ongoing collaboration with Dakota County and other local partners. It includes what worked, what didn't, and detailed suggestions to inform the FAP resource guide for more equitable, culturally competent, and effective outreach and engagement.

What Worked Well for Families

1. Community-Led Outreach and Trusted Messengers

REFA's outreach efforts were built "by the community, for the community." The use of trusted messengers such as community elders, mothers, interpreters, promotoras de salud, and faith leaders was one of the most effective strategies for building rapport and overcoming skepticism. Word-of-mouth referrals generated through natural, ongoing community interactions at grocery stores, churches, markets, and schools were more effective than mass distribution methods.

2. Relationship-Centered Approach

Families responded positively when engagement started with authentic conversations rather than transactional requests to fill out forms. For example, beginning with statements like:

"I'm inviting you to be a decision-maker about your child. What do you want me to know about them?"

This framing will help build mutual respect and allow families to see themselves as empowered, valued participants.

3. Culturally Tailored Materials

We created bilingual and multilingual flyers and videos in English, Spanish, and Somali. These materials were well-received, especially when paired with visuals, local dialects, and culturally relevant symbols (e.g., African patterns, familiar toys, food references). Events tailored to specific cultural norms such as African Women's Wellness Nights or Spanish-language parenting circles created inclusive environments for discussion.

4. Flexible, Multi-Channel Communication

Face-to-face connections were optimal, but families appreciated having multiple engagement methods: social media outreach, 24/7 hotlines, WhatsApp groups, phone calls, and flyers. This flexibility allowed us to meet families where they were literally and figuratively.

5. Holistic Family Support

Families often prioritize needs like housing, food security, or immigration concerns. When we acknowledged those needs before introducing FAP, families were more receptive. Positioning the program as a resource *in addition to*, not *instead of*, their immediate priorities helped reduce resistance.

What Did Not Work Well

1. Initial Skepticism and Mistrust

Many families expressed fear related to immigration enforcement, data sharing, or being misdiagnosed due to cultural misunderstandings. Some worried FAP participation might affect their public charge status or expose them to governmental scrutiny.

2. Enrollment and Consent Barriers

The enrollment process, especially the forms with legal language, was often seen as complex or intimidating. Long, technical wording and unfamiliar concepts (e.g., “developmental delay”) made it difficult for caregivers to engage without support. When enrollment was introduced too early in any conversation, families shut down.

3. Cultural Gaps in Screening Tools

Several families, especially in immigrant communities, found the Ages & Stages Questionnaires (ASQ) screening tool to be culturally inappropriate. For example, some children had not yet been exposed to certain toys or social behaviors assumed in the ASQs, leading to confusion or concern about scoring low.

4. Lack of Real-Time Translation and Interpretation

Miscommunication occurred when interpretation wasn’t available or materials relied on automated translation tools (e.g., Google Translate). Differences in dialects and cultural context rendered even well-intentioned translations ineffective in some cases.

5. Limited Inclusion of Non-Traditional Caregivers

Fathers, grandparents, older siblings, and communal caregivers are often central figures in many communities but were not always addressed in materials or events. Their exclusion created missed opportunities for engagement and support.

Recommended Resources and Ideas for the FAP Guide

A. Culturally Specific Activity Ideas

- Home-based developmental activities using common household items (e.g., cooking, water play, dancing, drumming)
- Music and language songs relevant to the family’s culture

- Storytelling and games from African, Latino, Somali, and Asian traditions
- Coloring books and art prompts featuring cultural elements
- Picture-based instruction cards for caregivers with limited literacy

B. Talking Points for Outreach Workers

Create a script toolkit with:

- Strength-based phrases like “you are your child’s first and best teacher”
- Simple explanations of what FAP is (e.g., “a free check-in service to support your child’s learning and development”)
- Testimonials or short stories from participating families
- Reassurances regarding privacy, immigration safety, and no-cost participation

C. Visual and Media Tools

- Short videos introducing the program, featuring diverse families and real connectors
- Sample completed ASQs with annotations for common questions
- “What to expect” visuals for each questionnaire stage
- Companion documents showing milestone examples in multiple cultural contexts

D. Materials for Non-Traditional Caregivers

- Grandparent guides
- Tips for fathers and male caregivers
- Printable playtime calendars for whole-family involvement
- Group activities that can be done with cousins, siblings, or community

E. Translation and Interpretation Resources

- Glossaries of key developmental terms in Somali, Spanish, Oromo, Hmong, and Amharic
- Access to real-time interpretation services or language line options
- Pre-recorded voice notes explaining how to fill out ASQs in different languages

F. Community Connector Tools

- A simple referral checklist and follow-up tracker
- Online or mobile platform where families can complete enrollment in a guided format
- Contact sheets of LPH leads by region, language availability, and support levels
- Flowchart diagrams of the process with visual icons

1. How can we increase diversity and representation of people of color and immigrants in the design and delivery of educational programs?

- **Authentic Community Leadership:** Engage community leaders—promotoras, faith-based organizers, elders, cultural navigators—from Latinx, African, Somali, Hmong, and other communities.

- **Bilingual and Multilingual Materials:** Provide flyers, videos, conversation guides, and program explanations not only in Spanish but also Somali, Oromo, Hmong, Amharic, and other prevalent languages.
- **Media Featuring Representation:** Use imagery and stories in outreach materials that reflect the communities being served.
- **Inclusive Staffing and Hiring:** Prioritize hiring staff or contractors who share the lived backgrounds of target communities.

2. What strategies can we implement to improve communication and understanding between educators, assessment professionals, and families from immigrant and refugee communities?

- **Pre-Enrollment Relationship Building:** Begin conversations with identity-affirming messaging.
- **Use of Cultural Language Interpreters:** Ensure live, trained interpreters are available during screenings.
- **Visual and Interactive Tools:** Produce annotated sample ASQ questionnaires in multiple languages.
- **Flexible Communication Channels:** Offer families options: online questionnaires, WhatsApp support groups, paper forms.
- **Normalize Questions & Address Skepticism:** Equip staff with scripts to address fears about public charge, data use, etc.

3. How can we ensure that educational screening tools are culturally appropriate and accurately assess the skills of children from diverse backgrounds?

- **Adaptation of ASQ for Cultural Contexts:** Review the standard Ages & Stages Questionnaires and identify culturally mismatched items.
- **Supplemental Examples & Activities:** Provide milestone explanations using culturally relevant household activities.
- **Ongoing Feedback Loops:** Use feedback to revise guidance notes or develop orientation materials.
- **Collaborative Review Panels:** Convene panels of parents and community connectors to review tools.
- **Clear Guidance for Non-Standard Situations:** Provide guidance for interpreting scores when tools lack context.

What Worked Well for Families (Key Take-aways)

- Community-oriented Events with Fun Activities
- Culturally Tailored Visual Materials
- Support During Enrollment
- Free Resources & Incentives
- Word-of-Mouth and Trusted Referrals

What Did Not Work Well (Challenges Identified)

- Technical Language and Form Complexity
- Inadequate Interpretation Options
- Screening Tools with Cultural Blindspots
- Exclusion of Extended Family

Recommended Additions to the Program Resource Guide

1. Culturally Informed Outreach Toolkits
2. Family-Friendly Enrollment Support
3. Connector Resource Materials
4. Screening Tools Context Guides
5. Activities Library
6. Caregiver Inclusion Materials
7. Privacy, Rights & Trust Information
8. Feedback and Adjustment Channels

Conclusion

The Follow Along Program has tremendous potential to strengthen early childhood development for diverse families across Minnesota. However, to unlock this potential equitably, the program must continue evolving in its cultural relevance, flexibility, and community trust. Centering families' experiences, celebrating their wisdom, and removing access barriers are essential. This report provides foundational insights and practical tools to ensure the FAP resource guide supports families not just with forms but with dignity, belonging, and hope. Redesigning the Follow Along Program as more inclusive and community-centered not only increases effectiveness but also advances equity. The proposed ideas support staff, connectors, and caregivers to work together with respect and shared purpose.

Steele County Follow Along Program Summative Report July -June 2025

- **How many families you served or enrolled, and any information about their participation-**

Steele County has served 167 families over this reporting period, representing a wide range of diversity. We have had good engagement with high completion rate of periodic screenings. Our CHW's have been performing outreach to our families to assure participation and retention, with an increase in enrollment from underserved populations.

- **What worked well for families, including examples and stories-**

Things that worked well for us was having our CHW's spend 1:1 time educating families in detail about the program. Relationship building and personal contact is key.

- **What didn't work as expected, and what you learned from those experiences-**

Reaching the Somali population has been harder than we thought. Breaking down the barriers has been difficult. We also thought that talking about this program more frequently and sharing this information, would get people signed up. This hasn't always been the case. "I don't want to be bothered with this", was the perceived feeling.

- **Any tools or ideas you think should be shared in the resource guide-**

Sustained investment in early developmental monitoring and family engagement can significantly impact children's long-term health, academic success, and social well-being.

- **Communication Plan & Partnerships: Your evaluation plan mentioned a strategic communications plan and partnerships with local clinics and community organizations. Could you please share a summary of that plan and list the key partners involved?**

The capacity to communicate with the residents of Steele County depends heavily on partnerships with government agencies and community partners.

Steele County Website

Steele County Facebook Page

Four Seasons Center Digital Sign

Mass Media

- SCPH sends information to contacts at the Owatonna's People Press, the Steele County Times, and the KOWZ and KRUE radio stations. These contacts will advertise public service events for free on their respective platforms.

Community Outreach

- CPH has compiled a list of contacts at community resource agencies, health care providers, places of worship, local businesses, schools, and other community organizations. SCPH sends a mass email out to these contacts asking for their support in promoting SCPH events through their communication channels, whether that be Facebook pages, church bulletins, or physical flyers posted at their facility.

- Multidisciplinary FAP Team: Please describe the team members, structure, and how this team supported tailored outreach and services.**

FAP coordinator attend meetings and help coordinate outreach efforts.

CHW, Somali and Spanish speaking, for outreach to public health clients and staff, and to the community, especially to those specific cultures.

FHV outreach to clients and people around them.

WIC staff – WIC participants and proxies.

Community Health team – outreach materials, radio, and social media.

All staff outreach at events (parades, health fairs).

Accounting staff – help manage grant.
- Survey Data: Your workplan included a goal to increase participant satisfaction return rates by 10% between Q1 2024 and Q2 2025. Please include the “from” and “to” data points to show progress.**

In looking back from 2021 from July 1, 2022- June 31, 2022 and subsequent years we increased from 33% return rate in 2022 to 44% return rate in 2023, 47% return rate in 2024 and 47% return rate in 2025. We stayed the same from before the grant to after, however, our participation numbers went from 90 in 2023 to 124 in 2024 and 164 in 2025. The amount of ASQ’s and ASQ SE’s sent out increased from 347 total ASQ’s and SE’s sent out in 2023 to 466 in 2024 and this past year to 565. I summary, we have had more success with our program, and we are keeping the participants longer in the program than in years past.
- Digital Campaign: Please share details about the digital campaign your team launched, including platforms, content, and any current results.**

We did not end up moving forward with a digital campaign - we chose to do a radio campaign advertising our family fun day event hosted by the Follow Along Program. The radio campaign occurred over a 2 week period and played on the radio a total of 156 times across 3 radio stations.

Additional to this campaign, we promoted the Follow Along Program via Facebook using the attached images in 3 different languages. This reached about 368 people. Along with attached images, we had caption stating “Want to know how your child is learning and growing? Join the Follow Along Program! It helps you see how your child plays, talks, moves, and acts for their age. Sign up today at www.health.state.mn.us/mnfap or contact Public Health for more information at SCPHN@SteeleCountyMN.gov or (507) 444-7650.”

The Family Fun Day event was also promoted through the County’s Facebook page, This advertising reached about 8,892 individuals in total.
- Resource Directory: If available, please send a copy or summary of the updated early childhood resource directory you mentioned.**

(see attachement)

