# **Health Services Advisory Committees**

The Backbone of Your Health Component



Head Start Regional TTA Network

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# **PERFORMANCE STANDARDS**

 1302.40(b) A program must establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.

### • 1302.42(b)(1)(i)

Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems.



§1301.5 Training. An agency must provide appropriate training and technical assistance or orientation to the governing body, any advisory committee members, and the policy council, including training on program performance standards and training indicated in §1302.12(m) to ensure the members understand the information they receive and can effectively oversee and participate in the programs in the Head Start agency.



- Family Members
- Program managers
- Program staff
- Health professionals
- Special education providers
- Representatives from Medicaid, the State Children's Health Insurance Program (SCHIP), and managed care organizations
- Other community partners who are representative of the racial and ethnic groups served by the local Head Start program



# HEAD START MANAGERS AND STAFF

Bring to the HSAC their in-depth knowledge of program practices as well as the day-to-day needs of children and families and the challenges they face.





### FAMILIES

Bring their perspective about the availability and quality of local services as well as the gaps and barriers to care for low-income families. This perspective creates the context for a family-centered focus for conversations with other HSAC members.





These professionals may include:

Pediatricians, nurses, nurse practitioners, dentists, nutritionists, mental health providers

 Special education and related services providers from Part B and Part C agencies, as defined in the Individuals with Disabilities Education Act (IDEA)

Staff from the Women, Infants, and Children (WIC) program and other local social service agencies

- Emergency responders, such as paramedics and firefighters
- OB-GYN providers, midwives, doulas, and lactation consultants (Early Head Start)
- Audiologists, ophthalmologists, and other specialists who meet the unique health needs of Head Start children and families



# **IMPROVED OUTCOMES**

Support improved outcomes by building relationships among the threads of a community.





- Develop health-related plans, policies, and procedures
- Train staff and families on health topics
- Inform health providers and community leaders about the needs of HS families
- Develop collaborative relationships with community health organizations and providers
- Connect families to community health resources

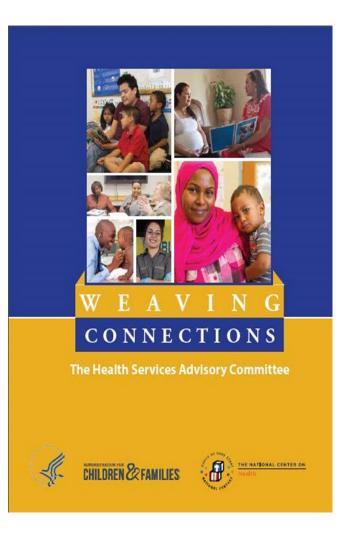


# **GUIDELINES REGARDING:**

- Accessing health, dental, and mental health services
- Serving Head Start children with special health care needs, such as asthma, allergies, and obesity
- Setting standards for prenatal care
- Scheduling tuberculin and lead tests
- Scheduling oral health visits and services
- Using topical fluoride, water fluoridation, and other dental services
- ♦ Testing and employing preventive measures for community health problems, including sickle cell anemia, intestinal parasites, fetal alcohol spectrum disorders (FASDs), early childhood caries (cavities), overweight conditions and obesity, head lice, and hepatitis A
- Scheduling immunizations
- Discussing the adequacy of local EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) services
- Integrating emergency planning within the broader community
- Supporting injury prevention activities to promote child safety
- Providing child developmental surveillance and screening



# WEAVING CONNECTIONS









# WHAT IS YOUR SITUATION?

If this describes your Head Start program	This module is a good place to start
Our HSAC meets twice a year, but staff have a hard time explaining the committee's purpose to HSAC members, and meetings feel obligatory.	Module 1
We know what needs to be done to support our program and the health of our community, but we never seem to be able to connect to the decision makers or the people who can make a difference.	Module 2
The families and staff of our program are not sure what the HSAC is, and community members don't have a good sense of what Head Start does and how health issues are involved.	Module 3



# **HEADING SECTION**

We have a great roster of HSAC members, and we know where we want to go with our health services, but it seems as though our committee never gets anywhere. We seem to have problems following through with all our great plans, and the HSAC is getting frustrated.	Module 4
Several community and health partners who are valuable to our work are unable to attend meetings. Others have logistical issues that make it hard for them to participate. We need flexible strategies to include all of these individuals in our HSAC.	Module 5
It feels as though our HSAC is on track, but when it comes time to communicate about what we have accomplished, we are not sure how to do it. We need a way to look systematically at what we are doing and communicate it to our families, staff, and larger community.	Module 6



Explain your current situation with your HSAC

What are the given recommendations to move you forward with your HSAC?

Did you find useful tools to accomplish your goals?

What will you do when you return to your program to improve the status of your HSAC?



#### What should be included in a training for a HSAC?



