

 NATIONAL CENTER ON
Early Childhood Health and Wellness



Building and Coordinating Health Services Advisory Committees (HSACs)

Tobie Barton
National Center on Early Childhood Health and Wellness
Native American Child and Family Conference
March 13, 2018

School readiness begins with health!

Who's Here Today?

- Directors
- Health Managers
- Other Managers
- Teachers or home visitors
- Family service staff
- TTA staff
- Federal staff
- Parents
- Other



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Today, we'll answer these questions:

1. What is an HSAC?
2. How do I find and keep HSAC members?
3. How do I plan and run effective HSAC meetings?
4. How can my HSAC support my program's health services?

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What is an HSAC?



What is an HSAC?

The HSPPS require every Head Start program to establish an HSAC to advise on how to implement health services that meet the needs of enrolled children and families

- HSACs can make recommendations but don't have decision making authority

Committee members are volunteers

- Families, staff, and community representatives



The HSAC builds on broader program vision & mission by



- Reflecting the program's philosophy
- Focusing on programmatic health services



Head Start Program Performance Standards

Subpart D — Health Program Services

§1302.40 Purpose.

(a) A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child’s growth and school readiness.

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

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Early Childhood Health and Wellness <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-40-purpose>

ACTIVITY

What critical health issue in your community or Head Start/Early Head Start program can your HSAC help you address?

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How do I find and keep HSAC members?

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Share your experiences

What staff members serve on your HSAC?



Staff that frequently sit on HSACs:

- Program Director
- Health Manager
- Education/Child Development Manager
- Nutrition Manager or Consultant
- Family Services Manager
- Disabilities Manager
- Mental Health Consultant
- Teachers/Classroom Staff
- Tribal Council/Policy Council Member



Share your experiences

What community members serve on your HSAC?



Community members who sit on HSACs:

- Medical providers
- Oral health care providers
- Behavioral health providers
- Parents/guardians
- Disability specialists
- Representatives from public health dept
- WIC or other community nutrition service provider
- Indian Health Service representatives



How To Select HSAC Members

- Define membership criteria to get community partners that you want to recruit and retain
- Select members that represent the breadth and depth of a program's health services
- Add members to your HSAC based on the needs you identify



The HSAC includes individuals that are familiar with working with children that the program serves

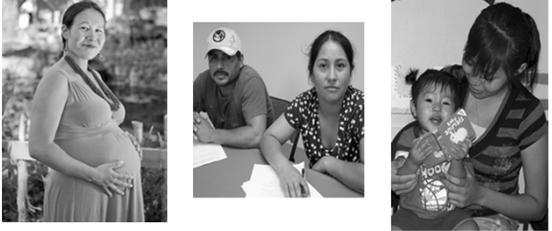


What can clinician members contribute?

- Credible information
- Science
- Assessments and planning
- Referrals
- Advocacy



The HSAC includes families who know about availability and quality of community services



ACTIVITY

Based on the health issue you identified, who do you need on your HSAC?



Words of Wisdom

"Build collaboration internally within your own organization, as well as, the relationships with community members. Find a champion that will be able to speak on your behalf."



-Sandra Reece,
Mid-America Regional Council
Kansas City, Missouri



How to Recruit HSAC Members

- **Intentional outreach:** Select someone to reach out and make a plan
- **Develop clear written expectations:** Define role and time commitment



Strategies to Engage and Empower Families

- Orientation Night presentation on HSAC
- HSAC brochure
- Parent leadership training
- Parent mentors
- Targeted outreach to families with interest in health issues or allied health professions



Words of Wisdom

"It takes time to grow your HSAC. Have patience. Trust your families and staff to identify the best people to recruit. Take time to meet with your community partners."

-Amada Flores,
Community Council of Idaho
Caldwell, Idaho





What strategies have been successful in recruiting HSAC members?





What challenges do you face in recruiting HSAC members?



Common Barriers to Participation

TIME



COST



DISTANCE



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Successful Strategy

"The greatest strategy was good, old-fashioned one to one conversations... People come together based on friendships, based on relationships, and based on the nature of the work."



-Sandra Reece,
Mid-America Regional Council
Kansas City, Missouri

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Retaining Members



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Tina Handeland, Director *Zaasijiwan Head Start Birth-5 Program*

- Lac du Flambeau Band of Lake Superior Chippewa Indians
- Lac du Flambeau Indian Reservation, Wisconsin
- 112 Head Start/Early Head Start children



Zaasijiwan Head Start

Zaasijiwan is the Ojibwe word meaning, it ripples.

"We are like a drop of water; not much at first until it hits the surface. Then it expands, and keeps expanding, until it touches every possible place it can reach. Like a drop of water, our program tries to reach out to every child and family that we can."

(Anonymous)





Bring community expertise into the program



Strategies to Keep HSAC Members Engaged

- Orient new members to their role and the work of the HSAC
- Use Memoranda of Understanding and By-Laws to formalize the work
- Use members only as needed
- Organize subcommittees or workgroups



Other Tips for Engagement

- Allow HSAC members to visit Head Start settings
- Show members how much you value their contributions
- Celebrate successes
- Work on issues that are important to the members



Head Start Program Performance Standards

Part 1301 — Program Governance

§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.

<https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1301-5-training>



ACTIVITY

To address your identified health issue, what would you want your HSAC to know about the strengths in your program and community?



How do I plan and run effective HSAC meetings?



How often does your HSAC meet?

- Once a year
- Twice a year
- Three times a year
- Quarterly
- Monthly
- Other



How to Plan a Meeting

- Have a clear reason to meet
- Develop an agenda and share it ahead of time
- Select a facilitator
- Establish some ground rules
- Make sure everyone knows what the expectations are after they leave the meeting





What are typical agenda items at your HSAC meetings?



Benefits of Virtual Meetings



- Broader, more diverse participation
- Time and travel cost savings
- Archived meetings
- Engaged, interactive online community



How to Manage a Meeting

- Begin the meeting on time
- Stay on task
- Make sure everyone has an opportunity to share
- Keep the discussion moving
- Recap at the end of the meeting



How to Follow-up After a Meeting



- Send out meeting notes with reminders for those who agreed to complete tasks
- Follow up quickly and check-in over time
- Announce next meeting



How can my HSAC support my program's health services?



 Share your experiences

How has your HSAC supported your program?



HSACs assist local programs with:

- Reviewing or developing health-related policies and procedures
- Training staff and families on health topics
- Helping families access community health resources
- Connecting families to medical and dental homes
- Develop collaborative relationships with community health organizations and providers
- Referring families to Head Start and Early Head Start



ACTIVITY

What gaps can your HSAC fill to address your health issue?



Head Start Health Services



Photo courtesy of the Early Childhood Hearing Outreach (ECHO) Project



Examples of HSAC Activities

- Hosted an oral health roundtable to reach dentists who may not know about Head Start
- Wrote a grant to pay for hearing and vision screening equipment
- Wrote a grant to conduct health literacy and obesity prevention training for families
- Provided on-site mental health observations
- Kept fluoride in community water



Words of Wisdom

“The HSAC is another tool in your toolbox. If it isn’t working for you, something is wrong”.

- Casy Ziegler,
Heartland Programs
Salina, Kansas



ACTIVITY

What are your desired outcomes that will help you know if your HSAC is successful?



HSAC Resources on ECLKC



Health Services Management

<https://eclkc.ohs.acf.hhs.gov/health-services-management>



Health Services Advisory Committees

Health Services Advisory Committees (HSACs) help programs make decisions about health services. Learn how to plan, execute, and evaluate your HSAC.

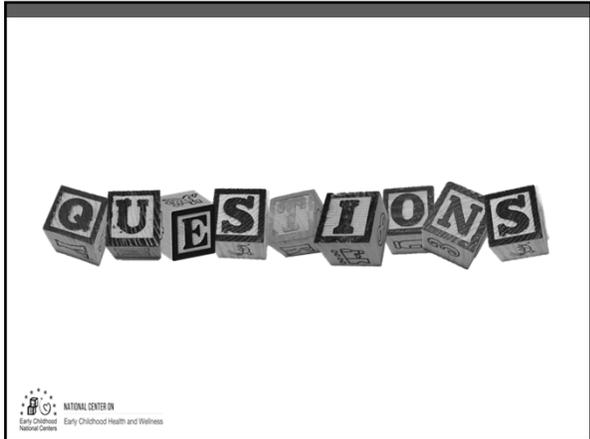
Learn More



<https://eclkc.ohs.acf.hhs.gov/health-services-management/health-services-advisory-committees>

- **Archived Webinars:**
 - Raising the Bar: Exemplary Head Start Health Services Advisory Committees
 - Virtual Health Services Advisory Committee Meetings
- **Weaving Connections: Health Services Advisory Committee Training Kit**
- **Head Start Health Services Newsletter: A 21st Century Vision for Your HSAC**
- **Handout:** AAP News: *Consider working with Head Start/Early Head Start to meet needs of vulnerable patients*





Contact Information

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AAP News

Consider working with Head Start/Early Head Start to meet needs of vulnerable patients

Marilyn J. Bull

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The online version of this article, along with updated information and services, is located on the
World Wide Web at:

<http://aapnews.aappublications.org/content/35/1/8>

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American Academy of Pediatrics

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Consider working with Head Start/Early Head Start to meet needs of vulnerable patients

by **Marilyn J. Bull, M.D., FAAP**

Pediatricians face opportunities and challenges every day to ensure the children and families for whom they care receive what they need from the health care system. The challenges can be compounded by social determinants of health such as poverty, violence and lack of quality education, which can affect a child's readiness for school and long-term health and well-being.

Head Start (HS) and Early Head Start (EHS) programs exist in many communities for the children and families who often are considered the most vulnerable. These are the families who pediatricians know need the support of the medical home.

Since the mid-1960s, HS has been providing high-quality, comprehensive early education for eligible children ages 3-5 years. In the mid-1990s, EHS began providing high-quality child care or home-based support for eligible children from birth to 3 years of age as well as care for pregnant mothers.

Children and families benefit when the systems in which they participate can coordinate effectively and communicate consistent messages. This is particularly true when families are at increased risk of physical, mental and emotional health issues and have unmet daily needs. When pediatricians work with their local HS/EHS programs, children are more likely to get the support they need to grow up healthy, safe and ready to learn.

What can you do?

Following are ideas on how pediatricians can get involved with their local HS/EHS program.

Start simple

- Find out where the local HS/EHS program is located, what services it offers and the process for referring a family (see resources).
- Meet with the HS director/staff and offer to leave business cards for families who need a medical home.
- Obtain materials with information on the HS/EHS program for families in your practice.

Share expertise

- Offer to provide health education materials or sessions for HS program staff or families on topics such as immunizations, infectious diseases and toxic stress or have Head Start staff present to the staff at your practice or institution.
- Participate in the local health services advisory committee to provide guidance on the program's health services.
- Write health-related articles for HS publications.
- Provide consultation to agencies that offer technical assistance to HS/EHS programs.

Advocate for high-quality early childhood education

- Work with Head Start Collaboration Offices, which facilitate partnerships between Head Start agencies and other state entities that provide services for low-income children and their families.
- Contact local media to promote quality early education and child care.
- Act as a legislative advocate.

Bring the health community to the Head

Start program

- Teach pediatric residents about Head Start and consider a rotation there.
- Participate in continuing medical education on Head Start.
- Establish a formal partnership between the HS/EHS program and your practice or institution to provide on-site clinical care.

Benefits of partnerships

The whole community benefits when children and families are offered high-quality early education and comprehensive child development services through child care or home-based services.

Children receive the support they need to learn, develop social-emotional skills and get ready to enter school. Family services provided by HS/EHS support parents in areas such as improving job skills, completing or continuing education, obtaining housing assistance, and accessing substance use disorder treatment.

HS/EHS programs also can be effective partners in ensuring the children served in the pediatric medical home have the support they need to stay healthy. In addition to monitoring physical health issues, HS/EHS programs are required to monitor a child's behavioral health. Programs often have access to mental health consultants and family support services that may not be known to the medical home.

Families are eligible for HS/EHS programs if their income is at or below the federal poverty level. Local programs, however, may enroll some children from families whose incomes are higher

than the federal poverty level if they meet other eligibility requirements. Families with circumstances such as homelessness, children in foster care, children with disabilities, or those receiving Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) may qualify for services.

Since 2011, the Academy has been supporting these types of collaborative efforts around the country through the Head Start National Center on Health.

Dr. Bull is an advocate for high quality early childhood care, like Head Start and Early Head Start, at the local, state and national levels. She also is chair of AAP District V and a member of the AAP Board of Directors.

RESOURCES

- Contact information for local Head Start and Early Head Start programs can be found at <http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices>.
- To learn from other pediatricians who are collaborating with their local HS/EHS programs, email nchinfo@aap.org or call 888-227-5125.

Consider working with Head Start/Early Head Start to meet needs of vulnerable patients

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THE NATIONAL CENTER ON
Health

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Volume 2, Issue 5

Health Services Newsletter

A 21st Century Vision for Your Health Services Advisory Committee

The focus of Head Start health services is to prevent health problems whenever possible by carefully addressing the needs of enrolled children. Effective partnerships are the key to the success of this approach.

These partnerships enable Head Start to respond to the unique needs of children and families. A partnership with a community-based health care organization has advantages for both agencies as well as local communities. The community-based health care organization can refer new families when appropriate and join Head Start programs in speaking out for the needs of young children and families.

1304.41(b) Each grantee directly operating an Early Head Start or Head Start program, and each delegate agency, must establish and maintain a Health Services Advisory Committee, which includes Head Start parents, professionals, and other volunteers from the community. Grantee and delegate agencies also must establish and maintain such other service advisory committees as they deem appropriate to address program service issues such as community partnerships and to help agencies respond to community needs.

The Health Services Advisory Committee (HSAC) has broad advisory functions, determined by the local program. Each program's HSAC may offer guidance and support to build and maintain high-quality health services and health-related policies. The HSAC should inform and collaborate with the Policy Council and Governing Body whenever appropriate.

Families play a central role in the HSAC, as they 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. The HSAC plays an important role in ensuring that Head Start programs provide comprehensive, integrated, and effective health services to children and their families.



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HSACs can assist local programs in a variety of activities, including:

- Developing and reviewing health-related plans, policies, and procedures;
- Training staff and families on health topics;
- Advocating for interpreters and health information sensitive to the languages and cultures of families;
- Identifying current and emerging health issues affecting Head Start families; and
- Accessing community health resources.

DIVERSE MEMBERSHIP SUPPORTS A WIDE VARIETY OF HEALTH ISSUES

The HSAC brings together staff, families, and community members to address local health issues; establish and review health policies, procedures, and plans; and mobilize community resources. Possible community partners may include:

- Pediatricians, nurse practitioners, physician assistants, nurses (including school nurses)
- Dentists and hygienists
- Staff from local Boards of Health
- Nutritionists and staff from the WIC program
- Mental health providers and other local social service agencies
- Special education and related service providers
- OB-GYN providers, midwives, doulas, and lactation consultants
- Audiologists, ophthalmologists, and other specialists
- Emergency responders, such as paramedics and firefighters

“AS A HEAD START PARENT, JOINING YOUR LOCAL HSAC ALLOWS YOUR VOICE TO BE HEARD ON THE ISSUES THAT ARE IMPORTANT TO YOU IN THE AREA OF HEALTH, INCLUDING NUTRITION, MEDICAL, MENTAL AND DENTAL CARE.” – OMAIR SHAMIM, M.D., MHS, MK, HEALTH & NUTRITION SERVICES MANAGER

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.

The activities and members of the HSAC best determine meeting schedules. Working professionals often face many challenges in working together— time, **distance, and funds**. Today’s technology offers a wide variety of virtual meeting tools to help meet these challenges and facilitate productive working relationships by connecting members between regular meetings.

HSAC members can tailor virtual meeting tools to meet their needs. Members can use something as simple as a telephone to attend a meeting. The HSAC can also create an online community to share documents and post information.

Meeting virtually allows an HSAC to draw upon a wider group of members, including working parents and professionals with relevant knowledge or skills who may work some distance from the program or whose schedules do not permit them to attend meetings in-person. Instead of spending several hours traveling, attendees can take an hour or so to attend the meeting from the convenience of their home or office. In addition, those unable to attend the meeting can review an archived recording and members can discuss issues and trends before and after the live meetings.



What about families?

Programs may consider re-cruiting any interested family member to their HSAC; joining an HSAC may be of particular interest to family members who:

- Work as health care or allied health workers such as dental assistants, medical technicians, or community connectors
- Care for children with special health care needs
- Are experiencing challenges with health care delivery
- Are exploring training in the field of health care

THINKING OUTSIDE THE BOX

To improve the health and mental health of Head Start children and families, in its [2012 Final Report](#), the Advisory Committee on Head Start Research and Evaluation recommended:

“Increased collaboration among all Head Start stakeholders, including professional organizations, to better leverage local resources, and to improve the consistency of messages and services for the local Head Start programs.”¹

There really is no limit to what an HSAC might choose to focus on or do. There are always opportunities for innovation.

For example, an HSAC could address:

- Making more fresh produce available to children and families **by collaborating with local growers to establish a farmers’ market;**
- Making dangerous intersections safer for pedestrians and vehicular traffic by helping to secure new traffic signs, signals or crosswalks;
- Advocating for clean environments by engaging in local efforts to mitigate hazards in the soil, air or water; and
- Addressing health challenges and improving access to care by applying for funding from external sources (such as health foundations or local service organizations).

“Our health services advisory committee allows us to continue with the important work of health services within the Head Start world. Our committee is made up of community partners and community-based services from the arenas of health, dental, nutrition, and mental health. The HSAC provides us with the needed resources, workshops, brainstorming, goal setting and advice that allows us to better serve the children and families in our care.”--Judith Kunitz, Health Services Coordinator

Harnessing the Power of the HSAC during the Five Year Project Period

The new five year project period offers HSACs an opportunity to help programs plan, implement and report on the impacts for children and families, the organization and the community that align with their long range goals and objectives in each year of the project period.²

By analyzing data from their community wide strategic planning and needs assessment, HSACs can help programs to identify gaps in their health delivery system and locate additional resources to improve the health of children and families. HSACs can also help programs design ongoing monitoring systems that collect the data needed to determine the success of their efforts and make recommendations for continuous program improvement. Working together, Head Start staff, families, health professionals and other members of the HSAC can help programs engage their communities in meaningful ways to strengthen health services and achieve program goals and objectives.

**Revised Edition
Coming Soon!**

WEAVING CONNECTIONS
The Health Services Advisory Committee

CHILDREN & FAMILIES

3

¹ Administration for Children and Families, Office of Planning, Research & Evaluation. (2012, November). *Advisory Committee on Head Start Research and Evaluation: Final Report*, 82. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/mr/opre>

² Application for Federal financial assistance to operate a Head Start and/or Early Head Start program

RESOURCES

Care for Their Air: For Health Service Advisory Committees is a joint resource from the U.S. Department of Health and Human Services (HHS) and the Environmental Protection Agency (EPA). It is part of a campaign to promote smoke-free homes and cars. The tip sheet is available in English and Spanish to help Health Services Advisory Committees focus on awareness and prevention efforts.

Directory of Virtual Meeting Tools describes several forms of electronic media that groups can use to meet and collaborate outside of face-to-face meetings. *Coming soon to ECLKC.*

Embracing Our Future is a streaming video available in English and Spanish about Head Start health services featuring four children in Head Start and Early Head Start programs. It provides a picture of Head Start health services including examples of hearing screening, mental health, oral health, and prenatal services that programs can use to train families and members of the HSAC, Policy Council or Governing Body.

Health Manager Orientation Guide is a new resource from the National Center on Health that is in development. Health managers can use the Guide to learn about their role and responsibilities and learn more about Head Start. The current ***Head Start Orientation Guide for Health Coordinators*** is available at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/health-services-management/program-planning/TheHeadStartOr.htm>.

How To Make The Most of Your Health Services Advisory Committees identifies steps that you can take to get your community or state more involved in oral health.

Weaving Connections is an online resource that the NCH is currently updating that provides helpful hints on how to establish an HSAC and run a successful meeting. There is also a 17-minute video recounting HSAC success stories.

Fostering a culture of health and wellness for Head Start children, families, and staff.

NATIONAL CENTER ON HEALTH

Our Goal:

To help Head Start and Early Head Start programs implement best practices and effective approaches within medical and dental care access, health awareness, healthy active living, emergency preparedness, and environmental safety to support healthy outcomes and school readiness for young children and their families.

CONTACT US!

The National Center on Health welcomes your feedback on this newsletter issue as well as your suggestions for topics for future issues. Please forward your comments to nchinfo@aap.org or call (888) 227-5125.

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<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center>

School readiness begins with health!



Health Services Advisory Committee: Action Plan to Address an Identified Health Need

What critical health issue in your community or Head Start/Early Head Start program can your HSAC help you address?

Who should be in your HSAC to help you address this health issue?

To solve your identified health issue, what would you want your HSAC to know about the strengths in your program and community?

What gaps can your HSAC fill to address your health issue?

What are your desired outcomes that will help you know if your HSAC is successful?