



What Works: Health Manager Networks

Introduction

Across the organizational spectrum, peer support and networking have proven to be effective professional development strategies.¹ This is true in Head Start health services as well. A health manager network (HMN) can build knowledge and provide peer support among members. Members can share their expertise and talents and increase consistency in the implementation of the Head Start Program Performance Standards. Health manager networks may also be called clusters, committees, or other names. For this document, we will use the term networks to refer to groups that meet the definition of HMNs.

In addition, HMNs promote ongoing professional development by building relationships among those in similar positions² in other Head Start and Early Head Start programs and fostering connections with community partners who may serve as resources.

“The support we get by sharing information and talking about issues at our network meetings has had a positive impact on health services delivery in our programs. We learn from each other, and it makes us stronger.”

—South Carolina health manager
network leader

Definition

A health manager network includes, but is not limited to, a group of three or more managers and staff who work in health, nutrition, mental health, and oral health services. The members of this group share a common interest in the work they do and a desire to do it better. They also make a commitment to interacting regularly.

This brief focuses on the why and how of building successful HMNs. It explores examples of what networks do to establish strong foundations for their organization, some of the ways that health managers continue to build and sustain their networks, and some of the elements of success that have enabled them to thrive. These include:

- Passion and commitment from health manager leaders who bring peers and supporters together to form and sustain a strong network
- Support from other individuals and organizations who champion health services for young children
- Regularly scheduled meetings that foster networking among peers and across programs
- Ongoing connection between meetings to maintain a robust support system and an engaged membership

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If you are thinking of starting up a brand-new network, you may want to begin by reading [Getting Started: Health Manager Networks](#) developed by the National Center on Health. It contains ideas and guidance for starting a new HMN.

What Works

Passion and Commitment from Health Manager Leaders

The seeds of an HMN are often planted and nurtured by one or two individuals who are passionate about their work and eager to create a connection among their peers. This drives them to reach out and find like-minded health managers or champions to build their network. For example, after hearing about HMNs, the enthusiasm and persistence of a health manager in one program from **upstate New York** led her to connect with Head Start training and technical assistance (T/TA) providers. Together they created a contact list to reach out to other health managers, planned a first meeting, and launched a new network. **Maine** and **Massachusetts** both operate networks led entirely by volunteer health managers with limited support from other organizations. These, and other networks, function because of the leaders' passion and ongoing commitment.

**“We can’t do it by ourselves.
There is strength in numbers.”**

—California health manager network leader

Support from Health Manager Network Champions

While they may not be health managers themselves, there are champions in many states who lend support or leadership to establishing and sustaining the HMN. They may come from a variety of organizations, but each can



play a crucial role in supporting the network's members and connecting them with state and community partners.

Directors. Director support or involvement is key to the ongoing strength of the network. When directors acknowledge the benefits of staff engagement in a network, they are more likely to support staff attendance and full participation in network activities. Directors can refer new health staff to existing networks and provide networks with contact information when there is staff turnover. When directors are involved with an HMN, they are more likely to recognize and advocate for issues important to health managers. Since its inception, **South Carolina's** HMN has had a director/advisor who attends each meeting and in turn links the network to other directors. When new health managers are hired, the directors encourage them to connect with the network and to attend meetings. This way, new health managers get the support they need from more experienced peers as well as from their own director, and the network is able to keep its membership roster current. In **Pennsylvania**, the HMN leader regularly attends meetings with program administrators, establishing ongoing relationships with them, sharing information about the network on a regular basis, and securing director support for the network and

its membership. Every three months, directors and health managers in southern **Minnesota** schedule a joint meeting. The two groups spend part of the meeting together and then meet separately. This approach showcases the value of the network not only for the members and their programs but also for directors.

“New members are thirsty for knowledge! Our more experienced members share information and knowledge together.”

—Virginia health manager network leader

Head Start Associations. State Head Start Association leaders are in a unique position to support HMNs. They know their state, grantees, and resources, and they regularly communicate and advocate for Head Start. The types of relationships, support, and involvement will vary depending on the different associations, their resources, and characteristics of the state. In **California**, the association maintains an electronic mailing list of all programs and acts as a partner in promoting and planning the annual conference. The **Kansas** Head Start Association recently began augmenting its yearly face-to-face meeting for health managers at the annual conference with quarterly virtual meetings. This



not only is of value to the participants but also deepens the association’s connection with and support of their member programs.

Head Start Training and Technical Assistance.

Because they are familiar with the programs, common resources, issues, and concerns in their area, Head Start’s T/TA systems can play a number of roles in the HMN. In **New Mexico**, the two early childhood education specialists (ECEs), recognizing the connection between health and school readiness, initiated a network of health managers. The ECEs planned the first meeting after receiving a positive response to a needs assessment sent to each grantee. They contacted the NCH to arrange a speaker to address health priorities identified in the needs assessment. Following the meeting, they established a [Google Group](#) to maintain communication between meetings. The ECEs send out announcements and the health managers exchange questions and answers with each other. **Missouri’s** two state T/TA providers have established several communities of practice, including one for health, mental health, and disabilities staff. These groups meet three times a year and leave each meeting with a plan for their next steps, including how they will engage their directors in implementing it. Between meetings, the ECEs check in and support staff in implementing these plans. In **New York**, the T/TA provider helped one program reach out to other grantees in the area to start a brand-new network. **Texas** T/TA providers organized a series of virtual health services management meetings, reaching out to all their grantees via [Survey Monkey](#) with the goal of establishing a self-sustaining statewide network.

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Head Start State Collaboration

Office. The Head Start State Collaboration Office (HSSCO) director has a perspective that reaches across early care and education systems and human services in the state. Because of this, the HSSCO can serve as an effective ally and advocate for an HMN. With strong support from its HSSCO director—long a supporter of state health initiatives—**Connecticut** recently revived an HMN that had been inactive for nearly two years. She helped identify two network leaders from health managers who had been involved with the original network. Her work gave her access to current contact information for health managers and directors, which she used to publicize the new network and engage new members. In **Pennsylvania**, a consultant to the HSSCO manages a website and health e-newsletter, maintaining regular, ongoing contact with the network and other sectors of the state’s early care and education system. In **Iowa**, the HSSCO works hand in hand with the state association, keeping health managers connected. The HSSCO director facilitates their meetings and administers their Head Start health networking mailing list and [Wiggio](#) website. (Wiggio is a web application to facilitate group work.)

Regularly Scheduled Meetings

Face-to-face Meetings. Not surprisingly, most networks prefer to meet face-to-face to facilitate formal and informal networking among colleagues who may otherwise feel somewhat isolated. However, depending on the size and geography of the state, as well as members’ availability to travel, the practicality and frequency of in-person meetings will vary.

In larger states, networks may meet once a year, piggybacking onto an annual state or regional conference. Some larger states, such as **California** and **New York**, find



that smaller networks in regions of the state facilitate members’ involvement. These states may also have a state network that brings the smaller networks together from time to time at conferences or health institutes. Other large states may find it useful to identify leaders in regions of their state to bolster communication and coordination across the state, without necessarily establishing separate networks.

“Using the [network], we can get the message [about the importance of health services] to more people.”

—California health manager network leader

South Carolina, a medium-sized state, meets quarterly in a central location that is reasonably accessible to all grantees. **Virginia’s** network is able to meet five times a year, at the state’s annual Health Institute, the state Head Start association conference, and a state agency, which hosts the meetings four times a year.

Many networks find it best to meet in a neutral space or to rotate meeting locations so the network is not perceived as driven by a single program nor is a single site burdened with preparing for meetings. In **Connecticut**, which has dual leadership, meetings rotate between the two leaders’ sites as well as among other locations suggested by HMN members.

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Because network funding is extremely limited, most networks secure free space, such as grantee sites, or donated space at a state agency. **Massachusetts** health managers and nutrition managers meet at a centrally located library that provides free meeting space to organizations by reservation. The **South Carolina** network meets at a community action program office.

Virtual Meetings. There are a number of free or low-cost interactive tools—conference calls, video conferencing, discussion boards, and document sharing—that can keep networks connected between in-person meetings. Some networks use virtual meeting tools to enhance their face-to-face meetings. **New Mexico** and **upstate New York** used webinar platforms to link National Center on Health staff to their first network meetings. **Missouri** routinely uses video conferencing to link in national experts for portions of their face-to-face communities of practice. Presenters can share information and interact with meeting participants without incurring the time and cost of travel. Participants get the benefit of speaking directly with acknowledged leaders in their respective fields of interest.

Virtual meeting tools can be especially useful in large states where travel time and expense can be prohibitive. **Texas** used [Blackboard](#) in combination with a conference call line for its first network meetings. **Virginia, Kansas,** and

Massachusetts are exploring the possibility of trying conference calls or video conferencing to bring members together from their individual sites.

“The impact of our network has been huge, immense! To be able to bounce ideas between people makes my job so much easier.”

—Minnesota health manager network leader

Content of Meetings. Network leaders point to the importance of engaging members in identifying the topics for which they need information or professional development. In **southern California**, a small committee works with the organizer to plan the agenda for each meeting. The committee selects topics, determines the order of agenda items, and identifies possible speakers.

Agendas can range in focus from an individual topic/presenter to multiple topics/speakers. For example, a network may identify a single issue, such as oral health, as their priority, while others encompass a wider range of health issues. **Massachusetts** meetings begin with an invited presenter on a topic identified by the membership. The second half of the meeting is always devoted to Q & A and networking among participants. As common questions emerge, members often identify topics for future meetings.

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Meeting agendas can include time for community partners, T/TA providers, or others to provide information or training to support members in their work. By including community partners in some meetings, networks not only build members' knowledge and skills but also strengthen collaborative relationships with those partners. **Virginia's** agenda always includes representatives from the state Department of Health, the HSSCO, and oral health initiatives, who update members and answer questions. Most agendas include time for networking, Q & A, and discussion. Because networks usually serve primarily as vehicles for peer support, leaders find it important to allow time for members to ask questions of and share information with each other. This lessens the sense of isolation members might otherwise feel, supports new health managers in learning their jobs, and also gives seasoned health managers the chance to share and deepen their expertise.

“As health managers, we are our best resource and best support concerning all things health in Head Start and Early Head Start. Together with our community partners, we navigate the difficult water of compliance, quality, policies, and caring to improve the health of the children and families we serve.”

—Virginia health manager network leader

In **South Carolina** and **Massachusetts**, members share their experiences with meeting state and federal requirements by asking questions and reviewing successful strategies. Leaders report that the Program Information Report (PIR), the Affordable Care Act, and Head Start Program Performance Standards are frequent subjects of member questions.

Staying Connected Between Meetings

To keep health managers engaged and informed, most networks find ways to communicate with members between face-to-face meetings.

Email. Most often, leaders use email lists to share information and let members know about upcoming events. In some cases, members may email questions to leaders, but these are often one-to-one emails rather than interactive email discussions among all members on the list. Members can also contribute to meeting plans by sharing ideas for meeting agenda topics and recommending presenters. Email can also be a means to keep directors, champions, and community partners connected to the network. The chair of **Virginia's** network sends meeting handouts and minutes to all members and responds to questions from members between meetings. **Pennsylvania's** leader maintains an electronic mailing list and uses [Constant Contact](#) to send information and announcements to its subscribers.

Websites. Websites can be a central location to publicize the network, post information, share a calendar of events, and connect members with each other. **Pennsylvania** and **Virginia** both use the state Head Start association website to advertise the network and enable members to join.

Membership

Who Belongs? Each network determines its membership as its needs dictate. Some networks choose to define the scope of membership broadly, to include several health service areas (e.g., health, mental health, oral health, disabilities), while others define their network more narrowly (e.g., only health, health and nutrition). **Missouri** includes

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disability and mental health leaders along with health managers. **Maine's** group brings health and nutrition managers together. **Massachusetts** puts a twist on this model by having health and nutrition staff meet separately for half the meeting and together for the other half. In the state of **Washington**, the [Coalition for Safety and Health in Early Learning](#) brings together Head Start health managers and child care health consultants in a single network. **South Carolina's** membership encompasses health, nutrition, disabilities, oral health, and mental health staff.

Reaching Migrant and Seasonal and American Indian/Alaska Native Head Start Grantees.

While issues for grantees in these two special population regions can be unique, their health managers can benefit from professional relationships with contiguous non-Migrant and Seasonal (MSHS) or non-American Indian/Alaska Native (AIAN) programs. In states where Region XI (AIAN) or XII (MSHS) programs exist, it is possible to include these health managers in the network. After its successful first meeting, the **New Mexico** T/TA staff spoke to the Region XI ECE for New Mexico and initiated recruitment for interested tribal grantee health managers. **Idaho** grantees have a history of collaborating with the one MSHS program and four AIAN programs operating within the state. A new HMN in **upstate New York** invited the near-by Seneca Nation grantee to its first meeting.

Sustaining the Network

Building and Maintaining Membership Rosters. Many network leaders face challenges in keeping membership up-to-date. As health managers leave and new staff come on board, it is often difficult to maintain a current roster and identify potential new members. In **Pennsylvania**, because

the network leader attends administrators' meetings, directors will notify her of staffing changes. In **Virginia**, the network chair also receives emails from directors about new hires. In addition, at each meeting members sign in with their email address, and meetings open with a request for updates to the membership list in order to invite new health managers to join. **Maine** developed a brochure—maintained by a designated member—that describes the work of the network and lists contact information for all health and nutrition coordinators. Network members report updates at meetings or via email and regularly redistribute the updated brochure.

“A passionate and committed membership is so important to maintaining our network.”

—South Carolina health manager network leader

Leadership and Succession Planning.

Many networks thrive because of the passion and commitment of a single leader. However, if this leader moves on or retires, the network may falter if there is no succession plan for passing the torch to a new leader. For this reason, some degree of formal organizational structure can provide “insurance” for a seamless transition to new leadership.

For example, **South Carolina** network members elect a network chairperson, vice chair, and secretary. The chair and vice chair work closely together, sharing the responsibilities for organizing and leading the network meetings. Because of this close alliance, when the network's first chair stepped down, the vice chair was well prepared to assume the chair position. Such continuity of leadership has allowed this network to thrive for more than 12 years.

“Some health management [networks] have remained very active, but as staff come and go, some fall apart.”

—New York health manager network leader

In **Virginia**, members elect a chair and secretary to 2-year terms. Because the leadership role takes time and energy, identifying and encouraging a successor can be challenging. Yet this network has thrived for more than 30 years because of the dedication of past and current leadership. As each chair puts in place systems and processes, she passes these on to her successor, simplifying the job a bit each time. For example, the last chair developed a template for the agenda, incorporating presenters from specific organizations at each meeting, as well as additional guest speakers to address topics identified by members.

“[Serving as network chair] has been the most empowering thing in my career. It has grown me in so many ways.”

—Virginia health manager network leader

In some cases, there is no formal leadership structure or succession planning, but leadership is sustained through shared responsibilities. **Massachusetts’** network members take turns planning meetings and identifying topics and guest speakers. One member is the network organizer, who stepped in when her predecessor left. She maintains an email list, schedules meeting dates, arranges meeting space, and serves as contact person for the network, even as other members share responsibilities for meeting planning.

Summary

“We are doing this to help the children and families that we serve.”

—California health manager network leader

Establishing and sustaining an HMN takes leadership and commitment and an awareness of the particular needs of the membership. While each HMN will be as unique as its members and location, the experiences of established networks offer lessons learned for sustaining a successful HMN. Network leaders have identified a number of key elements of success, including

- Committed leadership
- Supportive champions and community partners
- Engaged membership
- Well-planned meetings
- Connection between meetings

Together, these communities of practice support health staff and strengthen health services in Head Start and Early Head Start programs across the country. Ultimately, they provide tools to help programs successfully meet the health and safety needs of Head Start children and families.

References

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2. Dixon, Nancy M. *Common Knowledge: How Companies Thrive by Sharing What They Know*. Boston, MA: Harvard Business School Press; 2000.